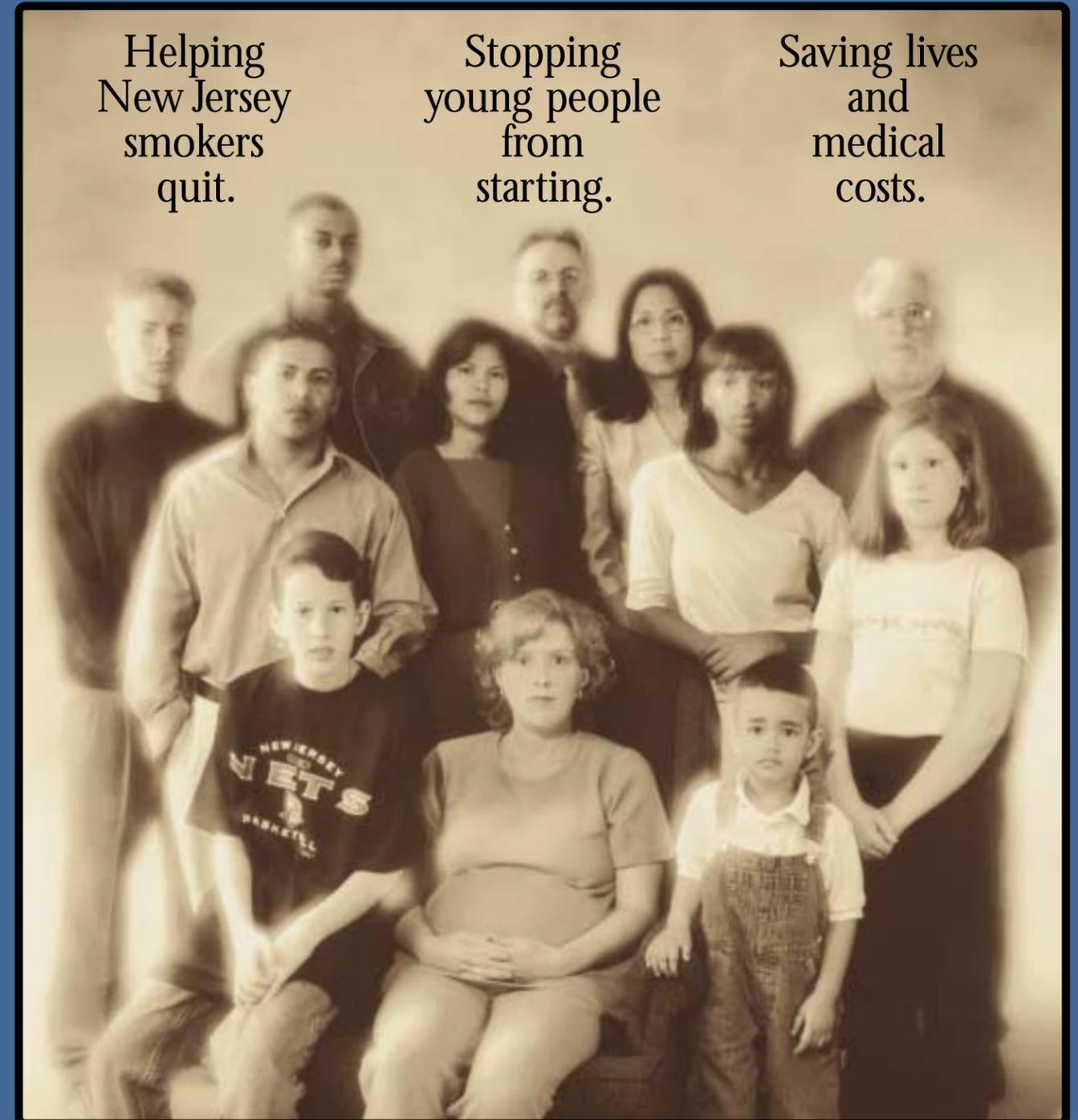


Annual Report

The Department of Health and Senior Services  
is committed to  
improving the health and the lives  
of all New Jersey residents.

NJ CTCP GOALS

1. Decrease the acceptance of tobacco among all people
2. Decrease the number of youths under 18 and young adults 18 to 24 who start smoking
3. Increase the number of people who start treatment for nicotine addiction
4. Decrease the exposure to environmental tobacco smoke
5. Reduce disparities in tobacco use and effects among different population groups



## The Department of Health and Senior Services (DHSS) considers the Comprehensive Tobacco Control Program (CTCP) one of its highest priorities for *this year* and for *generations* to come.

Smoking is responsible for more than 13,000 deaths annually in New Jersey. It is the single most preventable cause of death and disease. More Americans die from smoking each year than from AIDS, alcohol, motor vehicle accidents, homicide, other drugs, and suicide combined. New Jersey's CTCP is an evidence-based program designed to attack the problem of tobacco addiction from many different directions at the same time.

This comprehensive program exemplifies DHSS's commitment to provide New Jerseyans with the knowledge and tools to live longer, healthier lives. Early efforts to build and expand strategic partnerships have already resulted in new programs that are widely accessible and are helping New Jerseyans to make informed choices about tobacco use and to choose among treatment options based on personal preferences.

The CTCP uses evidence-based research and is in accordance with the Centers for Disease Control and Prevention's (CDC) best practices. The CTCP is based on the principle of effective resource utilization. Analysis of these New Jersey baseline surveys and studies and evaluations of other states' experiments in tobacco control, including those of California and Massachusetts, resulted in the development of New Jersey's strategic plan. The five key goals are to: (1) decrease the acceptability of tobacco use among all populations, (2) decrease the initiation of tobacco use by youth under 18 years of age and youth 18 to 24 years of age, (3) increase the number of youth and adult tobacco users who initiate treatment, (4) decrease exposure to environmental tobacco smoke (ETS), and (5) reduce disparities related to tobacco use and its effects among different population groups.

These goals have a single purpose: to change social norms, forever altering perceptions regarding the acceptability of tobacco. New Jersey can do it.

The state is making wise use of the money provided by the Master Settlement Agreement (MSA) — the landmark legal settlement in which tobacco companies agreed to compensate states for the damage their products have caused. The MSA has given the state the means to finance programs that will change the life of every resident. This year DHSS will have spent 30 million MSA dollars. This allocation of funds ranks New Jersey as No. 11 in the nation in committing a substantial portion of settlement money into tobacco control programs.

In the 18 short months since the CTCP has been in effect, DHSS can point to an impressive string of accomplishments:

- New Jersey's combination of tobacco cessation services (Quitnet, Quitline and Quitcenters) are unique in the nation.
- A major effort to recruit and train influential youth for a youth-led, anti-tobacco social movement has resulted in NJ REBEL (Reaching Everyone By Exposing Lies), the cornerstone of the state's youth anti-tobacco movement.
- New Jersey has provided grants to all 21 counties to support grassroots programs tailored to the needs of an ethnically diverse population and to support local health departments.
- A public awareness and media campaign is aggressively publicizing both the prevention and cessation services. For example, 19,000 "black box" quit-smoking kits have been distributed to New Jersey's health care community.
- A comprehensive assessment of current tobacco attitudes, knowledge and behavior among youth and adults in New Jersey is complete. It will provide baseline measures for designing and evaluating the future effectiveness of the CTCP.

The DHSS cannot do this work alone. The department is dependent upon its many partners to meet its goals. Our collaboration with the American Cancer Society, the American Heart Association, the American Lung Association, NJBreathes, New Jersey GASP, local health departments, the New Jersey Prevention Network, the professional health communities, and many others is the basis for the major achievements to date. By drawing on its collective expertise, New Jersey is making the best possible use of its best natural resource — its people.

Together with its partners, DHSS is helping people understand the addictive power of tobacco, the importance of preventing New Jersey's young people from ever starting to smoke, and ways for smokers to quit smoking for good.

Thank you all for your commitment to New Jersey's Comprehensive Tobacco Control Program. After little more than a year, this state has made a healthy start.

Sincerely,



CHRISTINE GRANT  
Department of Health and Senior Services  
Commissioner

## New Jersey Comprehensive Tobacco Control Program

### Tobacco is addictive. The facts are clear.

- No magic bullet exists to break the deadly habit that every year takes 13,000 lives in New Jersey.
- On average, smoking robs its victims of 13.4 years of their lives.
- Nearly one in five (18.4%) New Jersey adults smoke.
- More than one in four (28.1%) of young adults (18 – 24 years of age) in New Jersey smoke.
- Of pregnant women in New Jersey, 9% smoked during their last trimester.
- While more than 70% of smokers want to quit, less than 3% are successful.

Our mission is simple:  
**Decrease deaths, sickness and disability** among New Jersey residents who use tobacco or are exposed to environmental tobacco smoke.

### Our children use tobacco.

- Nearly 27.6% of New Jersey high school students and 10.5% of middle school students have smoked cigarettes in the last 30 days.
- The tobacco industry counts on new smokers to maintain the market for their products and replace those who die. Prior to the Master Settlement Agreement, the tobacco industry marketed directly to children. We still feel the effect of that practice.

"Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens...The smoking patterns of teenagers are particularly important to Philip Morris."

— Report to VP of Research and Development, Philip Morris, 1981

"Younger adult smokers are the only source of replacement smokers."

— R. J. Reynolds Tobacco Company internal memorandum, February 29, 1984

### Tobacco costs all of us.

- New Jersey citizens pay approximately \$1.7 billion in annual health care costs for smoking-related illnesses.

But there is an answer.

The Department of Health and Senior Services (DHSS) has researched tobacco use in New Jersey, applied the Centers for Disease Control and Prevention’s (CDC’s) best practices, and examined the methods and models other states have applied to tobacco control. The conclusion: A comprehensive approach – one that changes what people know about tobacco and how they think about tobacco – *does* work. DHSS is in the front lines helping smokers to stop and helping young people to make positive choices not to use tobacco based on this knowledge. Day by day, New Jersey is loosening the tobacco industry’s hold on its citizens. *This is possible through funding from the Master Settlement Agreement.*

The Master Settlement Agreement (MSA)

“The greatest opportunity to save lives since the development of the polio vaccine.”

— Federal health officials, commenting on the MSA

The 1998 Master Settlement Agreement between 46 states and five U.S. territories with the tobacco industry is the landmark legal settlement in which tobacco companies agreed to compensate states for the damage their products have caused. According to the provisions of this settlement, New Jersey is to receive approximately \$7.6 billion over 25 years.

New Jersey was among the first states to endorse litigation that led to the National Tobacco Settlement. It is one of only 15 states to commit to using the majority of the MSA funds for health-related programs, providing persuasive evidence of the state’s commitment to public health.

In State Fiscal Year (SFY) 2000, the New Jersey Department of Health and Senior Services received \$10.3 million of the MSA to fund the startup of the Comprehensive Tobacco Control Program. In SFY 2001, the Department was appropriated \$30 million. While these dollars do not

add up to the estimated \$157 million that the tobacco industry annually spends on advertising and marketing in New Jersey, they do give DHSS an historic opportunity to accelerate change.

With MSA funds and partnerships with the American Cancer Society, the American Heart Association, the American Lung Association, NJBreathes, New Jersey GASP, and many others, DHSS has put into place its Comprehensive Tobacco Control Program (CTCP), customized for New Jersey residents.

Clear Goals

Before drafting its program, DHSS evaluated the best tobacco control programs in other states and confirmed that no single component will achieve lasting results. In best-practice states, success depends upon the sum of the program parts. New Jersey set about developing a program that would reach and protect all citizens. The stated mission is to decrease death, sickness and disability among New Jerseyans associated with the use of tobacco and exposure to environmental tobacco smoke. To achieve success, DHSS outlined five clear goals:

- Decrease the acceptability of tobacco use among all populations
- Decrease the initiation of tobacco use by youth under 18 years of age and youth 18 to 24 years of age
- Increase the number of youth and adult tobacco users who initiate treatment
- Decrease exposure to environmental tobacco smoke
- Reduce disparities related to tobacco use and its effects among different population groups

THE CHALLENGE

Nearly **one out of five** New Jersey adults smoke.  
**38.9%** of New Jersey high school students have used tobacco in the last 30 days.  
**18.9%** of New Jersey middle school students have used tobacco in the last 30 days.  
 Nearly **70%** of smokers want to quit.  
 Less than **3%** are successful each year.  
 More than **four out of five** adults who smoke had their first cigarette before they turned **18**.

New Jersey’s Comprehensive Tobacco Control Program (CTCP) is designed to produce long-term lasting effects by influencing social norms that will make tobacco use less desirable, less acceptable, and less accessible. By reaching out to all communities, New Jersey can reduce the disparities among different population groups.

A Strong Start

The CTCP is doing what works. In just a short time, the program has:

- Created the Communities Against Tobacco (CAT) coalitions in all 21 counties
- Funded a statewide quit-smoking help line in 26 languages called NJ Quitline — 1-866-NJ-STOPS
- Instituted a quit-smoking Web site customized for New Jersey residents called NJ Quitnet — [www.nj.quitnet.com](http://www.nj.quitnet.com)
- Opened nine Quitcenters around the state and has plans to open another six later this year to provide face-to-face counseling
- Sponsored a summit for 340-plus teen leaders to launch a New Jersey youth anti-tobacco movement naming themselves “REBEL” — Reaching Everyone By Exposing Lies
- Developed an anti-tobacco youth Web site, [www.njrebel.com](http://www.njrebel.com), which hosted 10,654 visitor sessions in its first four weeks
- Established a youth anti-tobacco advertising campaign exclusively for New Jersey teens titled “Not For Sale”

THE COST

There are **13,000** smoking-related deaths in New Jersey each year.  
**one out of three** New Jersey residents will die prematurely from smoking-related illnesses, with an average **12 to 15** years lost from a normal life expectancy.  
 The health care bill to treat smokers’ illnesses in New Jersey totals **\$1.7** billion.  
 Exposure to environmental tobacco smoke increases **nonsmokers’ risks** of lung cancer, heart disease, diabetes and respiratory problems in children.

- Distributed 19,000 quit-smoking kits to New Jersey health care professionals
- Established reliable baseline data to measure future progress and evaluate program success

Taking Action

To meet the goals of the Comprehensive Tobacco Control Program, DHSS has developed six program areas:

**Community Partnerships.** Develop programs at the grassroots level that decrease the acceptability and initiation of tobacco use by youth and young adults, and increase the number of tobacco users who initiate treatment.

**The Youth Program.** Coordinates the efforts of anti-tobacco youth groups throughout New Jersey to prevent tobacco use by youth and young adults.

**Treatment.** Funds three different ways to help smokers quit smoking and end their nicotine addiction.

**Enforcement.** Promotes New Jersey’s Tobacco Age of Sale laws to reduce exposure to environmental tobacco smoke (ETS) and stop the sale of tobacco products to minors.

**Measurement and Evaluation.** Oversees development of baseline data and research to measure the effectiveness of New Jersey’s CTCP.

**Marketing and Communications.** Oversees creative development and execution of advertising and public awareness campaigns promoting DHSS’s tobacco control programs.

## Community Involvement: Partnerships in Changing Behaviors

- Working with the Northfield Recreation Department to prohibit smoking in playground areas of Birch Grove Park, the largest municipal park in New Jersey.
- Establishing the first smoke-free beach on Union Lake in Millville.
- Getting eight restaurants in Passaic County to go smoke-free in two months.

### Changing Community Norms

The importance of partnerships to achieving the goals of New Jersey's Comprehensive Tobacco Control Program (CTCP) cannot be overestimated. These partners — the American Cancer Society, the American Lung Association, the American Heart Association, NJBreathes, New Jersey GASP, the New Jersey Medical Society, the Communities Against Tobacco, and local health departments — are the key players working with DHSS to establish nonsmoking as the social norm. Through its connections, CTCP is able to interact with New Jersey's many community- and faith-based organizations, local health systems, health care providers, professional associations, universities, and volunteer groups to educate New Jerseyans about the harmful effects of tobacco. With the community partners' support, familiarity with local issues and persistence, DHSS has launched programs capable of surmounting the problems of tobacco use on many fronts — in health care, communities, schools and in the workplace. Successful implementation has led to early accomplishments.

### Creating Tobacco-Free Environments

#### Communities Against Tobacco (CAT)

All 21 counties in the state have a Community Against Tobacco (CAT) coalition working to change or establish community norms, attitudes and behaviors around tobacco use. These coalitions bring hundreds of partners together across the state to develop community-based strategies to reduce smoking and public exposure to environmental tobacco smoke, support programs that help smokers quit smoking, and reach out to New Jersey's diverse populations.

Recent specific accomplishments include:

- Convincing the new Lakewood Blue Claws Minor League Baseball Park to open as a smoke-free facility.

#### NJBreathes

In 2001, NJBreathes, an anti-tobacco coalition of more than 40 statewide organizations dedicated to reducing tobacco use in New Jersey, received a grant from DHSS to launch a community partnership called the "Ambassadors' Program." This new initiative is designed to reach out to the leadership of New Jersey's diverse racial, ethnic and business organizations to increase their awareness of the impact of tobacco use in their communities. The goal is to assist them in planning a variety of customized tobacco control programs designed to meet the needs of New Jersey's diverse populations.

#### New Jersey GASP

DHSS supports the work of New Jersey GASP (Group Against Smoking Pollution), a nonprofit anti-tobacco organization that provides training and technical support to municipalities to reduce tobacco use in the community. Their advocacy for smoke-free workplaces, restaurants and municipalities has contributed to more than 200 local ordinances to control tobacco sales and 30 local government ordinances to control outdoor tobacco use.

#### Local Health Departments

DHSS reaches out to local health departments to assist in developing tobacco control policies and activities through a grant to the state's 24 LINC (Local Information Network Communication System) sites. Their activities include increasing tobacco control regulations, working with employers to establish smoke-free work environments, educating the public about the risks of environmental tobacco smoke, and encouraging tobacco age-of-sale laws that keep tobacco products out of the hands of children and teens.

The Comprehensive Tobacco Control Program unites these and other organizations in a common purpose through partnership initiatives. Through this collaborative effort resources are maximized, efficiency is increased, and overlap and duplication are reduced.

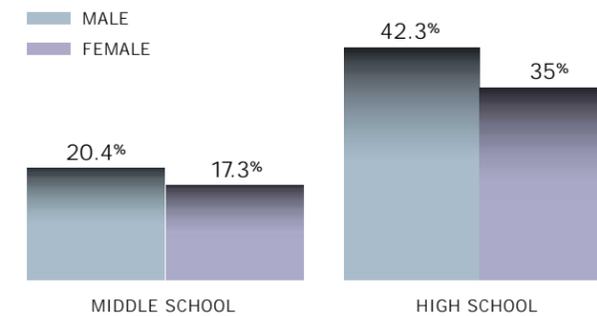
## Investing Wisely: The Youth Component

Each year, the tobacco industry spends more than \$6.8 billion on advertising and marketing to attract new smokers and to keep those who have already started. Every day, nationally, more than 3,000 kids — more than 1 million each year — become regular smokers. If current trends continue, more than 5 million of the kids alive today will die prematurely from tobacco-related illnesses, with 135,000 of those deaths occurring in New Jersey.

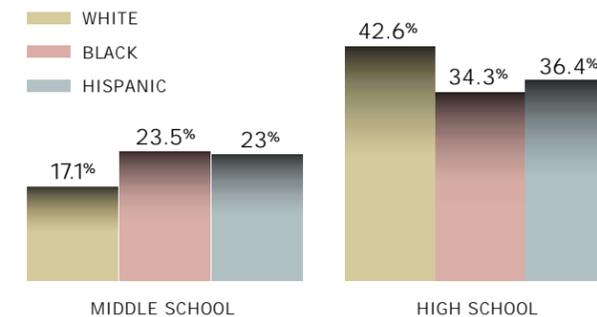
### Sizing Up the Problem

New Jersey is one of the few states to conduct its own youth tobacco survey. In 1999, DHSS commissioned the University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ – SPH) to survey 16,000 students in 164 middle and high schools about youth tobacco behavior and attitudes. Overall, 18.6% of New Jersey middle school students and 38.9% of high school students are current users of tobacco products (cigarettes, smokeless, cigars, or bidis).

NEW JERSEY YOUTH TOBACCO SURVEY RESULT  
Any Tobacco Use in Past 30 Days by Gender



NEW JERSEY YOUTH TOBACCO SURVEY RESULT  
Any Tobacco Use in Past 30 Days by Race / Ethnicity



This statewide data is used by DHSS and its partners, such as the Communities Against Tobacco coalitions, to develop youth anti-tobacco programs. A second New Jersey Youth Tobacco Survey will be conducted in the fall of 2001 and every two years after that to provide ongoing trend analysis of this important population.

### Empowering Teens

A series of focus groups among eighth- and 10th-graders was sponsored by DHSS and conducted during the summer of 2000 by Just Kids, Inc., a Connecticut-based, full-service kids marketing agency. They found that New Jersey teens were concerned about the health risks of tobacco use. Many worried about friends who smoked and expressed the desire to work to reduce tobacco use in their own communities or to work with young children to prevent them from starting to smoke.

Two events in June 2000 helped DHSS define the way it would sponsor the development of a statewide youth anti-tobacco movement.

The first was an editorial meeting on June 14, 2000, in New York City. Three New Jersey teens and former Governor Christine Whitman met with 19 editors and reporters of national teen and parent magazines. The teens impressed the panel with their discussion of what influence family, friends, and the media have on teens' decision to smoke or not.

The second event was the National Youth Anti-Tobacco Summit in Seattle, sponsored by the American Legacy Foundation, the national, independent, public health foundation established under the 1998 MSA. Twenty New Jersey teens attended the national summit as state representatives. They came home enthusiastic about using the skills they had learned to establish tobacco-use prevention programs in their own communities.

Based on these two events, DHSS recognized the need to provide support at the community level and a structured program to channel their energy and creativity.

"They (tobacco companies) try to make smoking look cool and sexy. That's not reality. The truth is, you end up a wrinkly, smelly, unhealthy person."

— Dyron Corley, 16, Newport, quoted in *Bridgeton Evening News*

## The New Jersey Statewide Youth Summit: Teen Power

To give more New Jersey teens the opportunity to become involved in a youth-led movement against tobacco, DHSS staged the first Statewide Youth Anti-Tobacco Summit on November 18-19, 2000. More than 340 teen leaders, including a number of the New Jersey participants from the National Summit, and 43 adult chaperons attended a "Kick Ash Weekend" in McAfee, New Jersey. DHSS recruited teens from every county through schools and community organizations, resulting in a multiplicity of ethnic and racial backgrounds. Participants ranged in ages from 14 to 17, with varying attitudes about smoking.



New Jersey teens have their own lively, interactive Web site, [www.njrebel.com](http://www.njrebel.com), where they share ideas and learn what's new in REBEL chapters throughout the state.



More than 340 enthusiastic teen leaders gathered in McAfee, N.J., November 18-19, to launch a youth movement to fight Big Tobacco.

They named their movement REBEL, Reaching Everyone By Exposing Lies.

Working with the Nixon Group, which led the program with involvement from Scholastic, Inc. and the national Campaign for Tobacco-Free Kids, DHSS participated in developing the program. Multiple skill building and educational workshops, "Motivate," "Activate," "Communicate" and "Gyrate" provided teens an opportunity to work together to define and name their movement, to explore ways of communicating their message and to use music, dance, literature and art to educate others about the dangers of tobacco use.

DHSS laid the groundwork for the event and established the support system teens would need after they returned home from the Summit. The department realized that teens would require a base of operations in their communities to apply what they had learned about organizing

anti-tobacco campaigns. DHSS worked with each CAT coalition to hire a youth coordinator to work with the teens in their counties.

The teens returned from the Summit having learned about the influence of the tobacco industry and how they could effectively counteract the messages of the tobacco companies. They elected to harness their power by joining together in a statewide youth-led anti-tobacco movement, which they named "REBEL" — Reaching Everyone By Exposing Lies.



New Jersey teens are Not For Sale! Billboards across the state take the message to New Jersey's ethnically diverse communities. The Not For Sale advertising campaign supports the REBEL movement with its message to choose freedom from tobacco use.



These youth leaders now form the core of a growing effort to spread the word on the dangers of smoking to other teens, family members and to their communities.

### Why REBEL?

REBEL (Reaching Everyone By Exposing Lies) is the name that the teens at the New Jersey Youth Summit selected to call their statewide movement against tobacco. They picked REBEL from a list of possibilities they had created in brainstorming sessions. Today, REBEL chapters operate in all 21 New Jersey counties. Teens work with their youth coordinators in each county to implement local action plans. They interact with the New Jersey Peer To Peer prevention programs based in middle schools. Their activ-



More than 700 cheering teens filled the Liberty Science Center to witness Acting Governor DiFrancesco and Commissioner Grant introduce the Not For Sale advertising campaign.

ities include recruitment events in malls featuring information booths, music, entertainment, and giveaways; smoke-free bowling nights; and "safe-nite" (alcohol- and tobacco-free) parties. These initiatives exemplify the initial efforts of REBEL groups to attract participants and gain recognition. Some of these groups have also begun reaching out to local media to talk about smoke-free environments and smoking prevention.

The REBEL Web site, [www.njrebel.com](http://www.njrebel.com), provides New Jersey REBELS with a place to share information, resources and ideas. The DHSS-sponsored Web site invites visitors to join REBEL and highlights tobacco facts that resonate with teens. It features e-cards to

send to smokers, pictures of the damage tobacco can cause to their bodies, and a screening room with the latest New Jersey-sponsored youth commercials. In its first four weeks, [www.njrebel.com](http://www.njrebel.com) hosted 10,654 visitor sessions.

*R.E.B.E.L.*, an advocacy magazine written by teens for teens will be distributed to high schools throughout the state in May 2001. This one-time, colorful, news-filled publication was sponsored by DHSS and published by Scholastic, Inc. It contains articles and information on the dangers of tobacco use, tobacco industry marketing strategies, the New Jersey REBEL movement, and how to get involved as a cessation advocate.

### The Liberty Science Center Rally

Acting Governor Donald DiFrancesco and DHSS Commissioner Christine Grant joined more than 700 teens who came to the Liberty Science Center in Jersey City on February 16, 2001, to launch Not For Sale, the New Jersey youth anti-tobacco advertising campaign and to declare their independence from tobacco use. Acting Governor DiFrancesco told the large audience, "You are taking a stand on a very important issue. I am very proud of you."

Commissioner Christine Grant remarked, "It is exciting and encouraging to see New Jersey teens take hold of this critical issue — to stand up to Big Tobacco and say they are 'Not For Sale.'"

### The Not For Sale Advertising Campaign

Every movement has a rallying cry. Not For Sale, the theme of New Jersey's first anti-tobacco advertising campaign supports the REBEL movement. The message is to choose freedom from tobacco use. They are declaring to Big Tobacco that they are Not For Sale.

Not For Sale encompasses a variety of messages: New Jersey's youths are smart. They know that the tobacco industry lies about its products. Knowing the truth, they cannot be bought by advertising dollars and promotion. Not For Sale is an expression of freedom from the addiction, manipulation and death caused by Big Tobacco.

"The ads are great! They make you more aware of what tobacco companies are doing."

— Steve Wildt, 17, Wayne, quoted in *The Record*

Not For Sale builds upon the strengths of the national TRUTH campaign of the American Legacy Foundation. The TRUTH campaign teaches teens about the targeting and tactics used by Big Tobacco to influence their perceptions of tobacco and encourage them to smoke.

### Regional Summits

In July 2000, New Jersey received an award of \$2.2 million from the American Legacy Foundation. The three-year grant was given to expand the state's youth movement against tobacco through a series of regional mini-summits following the model of the Statewide Summit.

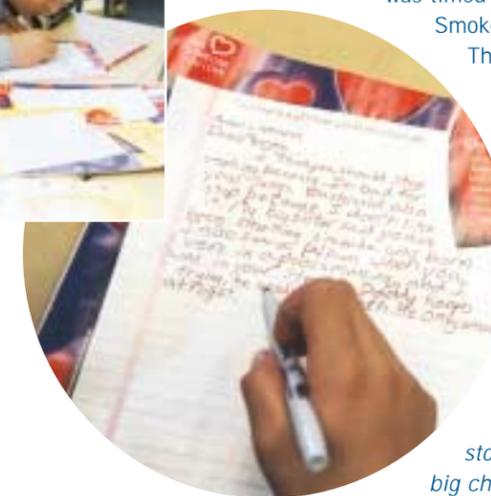
New Jersey was one of only 12 states to receive such an award in recognition of the youth tobacco-use research and program planning developed by DHSS. The first two regional summits (North and South New Jersey) will be held on May 12 and 19, 2001, respectively.

### School-Based Programs

DHSS funds a variety of education projects that fit into school curricula and foster novel approaches to tobacco-use prevention and reduction.



New Jersey third- and fourth-graders celebrated the Great American Smokeout by writing heartfelt messages urging loved ones to stop smoking.



### The New Jersey Middle School Peer Leadership Initiative

New Jersey Peer To Peer, developed by the Princeton Center for Leadership, is a school-based leadership development and prevention program for middle school students. DHSS sponsors these programs in 106 New Jersey middle schools in all 21 counties. More than 1,800 students have been trained. Peer leaders meet regularly with adult mentors to develop team-building and leadership skills and learn about substance-use prevention, including that of tobacco. They, in turn, lead prevention projects with their peers and younger kids.

The program was expanded to include a pilot program for parents in November 1999. Parents play a critical role in providing social and environmental support for nonuse of tobacco. The goal of the Parent Leadership Corps is to improve parents' ability to communicate with youth and help parents become advocates for youth and schools on tobacco and substance-abuse prevention.

"I don't want you to die."

— Dante Bethea, 8, Montclair, quoted in *The Star Ledger*

### Tell Someone You Love

"Tell Someone You Love" is a program that invites third- and fourth-graders across New Jersey to write to a loved one who smokes. The first annual letter-writing campaign was timed to coincide with the Great American Smokeout on November 16, 2000.

The letters were the culmination of a full lesson plan on the dangers of tobacco use developed by *Scholastic Magazine*.

The students used their own words to express their concern for loved ones who smoke:

"Dear Dad, I want you to stop smoking so when we go outside to play soccer, you can run fast."

"Dear Aunt Cathy, If you don't stop smoking, you are taking a really big chance."

If students didn't have family members who smoked, they were invited to send the letter to a friend of the family, a favorite actor, a sports figure, or any other celebrity they had seen smoking.

The letter included resources for quitting, including New Jersey's Quitnet and Quitline.

### Not On Tobacco (N-O-T)

DHSS is adopting the American Lung Association's N-O-T program in 20 pilot schools around the state in the fall of 2001. This new, state-of-the-art teen smoking-cessation program focuses on providing a total health approach to helping teens stop smoking. N-O-T targets high school students who are regular smokers and are likely to be addicted to nicotine. The goals are to help adolescents quit smoking or reduce cigarette use, increase healthy lifestyle behaviors, and improve life skills such as stress management and decision-making.

### Liberty Science Center Interactive Anti-Smoking Programs

DHSS funded Liberty Science Center (LSC) to produce onsite, offsite, and online innovative educational programs that will reach 500,000 five- to 18-year-old New Jersey students. Visitors to LSC can view an original anti-tobacco 3-D laser show and participate in videoconferencing programs with tobacco experts. New Jersey schools will host LSC's traveling science program on tobacco, "Hot Air." The LSC Web site features information on tobacco abuse.

"I tried to stop once before, using the patch, but it got too expensive. This (NJ Quitnet) is working great!"  
— Kim Lutter, 21, Cedar Grove, quoted in *The Star Ledger*

## Treatment: Helping Smokers to Quit

DHSS's latest data from the New Jersey Adult Survey conducted in the summer of 2000 indicated that out of a total adult population of 6.2 million, 1.15 million adults are current smokers. More than half of them have attempted to quit in the past year. Because nicotine is



such a powerfully addictive drug, quitting can be very difficult and usually requires multiple attempts before succeeding.

In light of these facts and because tobacco use takes such a heavy toll on the lives and the health of New Jersey citizens, DHSS has made treatment a cornerstone of its Comprehensive Tobacco Control Program.

### Actually, Quitters Do Win

Research confirms that it's never too late to quit smoking. Even those who stop at the age of 60 have less risk of dying from smoking than lifelong smokers. Those who stop by the age of 30 have reduced their risk of developing tobacco-related cancer to that of a nonsmoker.

New Jersey is one of the first states in the nation to offer a menu of free treatment options to choose from based on each smoker's personal preference.

*In the first six weeks following the Quitnet launch, more than 9,000 New Jerseyans printed information from the Web site.*

*Matchbooks, coasters and cup holders deliver the quit-smoking message to smokers at their favorite coffee shops and bars.*



### Options for Quitting

New Jersey Quitnet<sup>SM</sup>, New Jersey Quitline<sup>SM</sup>, and New Jersey's Quitcenters

DHSS believes that smokers who want to quit should have several options, since no single method works for everyone. To increase the number of youth and adult tobacco users who initiate treatment, DHSS established New Jersey Quitnet, an online resource at [www.nj.quitnet.com](http://www.nj.quitnet.com) that offers a comprehensive, individual plan to quit smoking, and New Jersey Quitline, a hot line that offers callers one-on-one telephone counseling (1-866-NJ-STOPS).

NJ Quitnet, developed by Join Together and Boston University, gives smokers free online access to peer support groups and trained counselors 24 hours a day, seven days a week. Quitnet users receive a *Quitting Guide* to help them plan a strategy, get referrals to local programs and learn about medications. Information from New Jersey's Adult Tobacco Survey 2000 indicates that 73% of New Jersey smokers who want to quit have Internet access, and half of those said they would use the Internet to help them quit. About 40% said they would use a telephone hot line.

NJ Quitline, which is managed by the Mayo Foundation, provides smokers with free access to trained counselors in 26 languages. Callers receive expert assistance in developing comprehensive treatment plans tailored to their own special needs. NJ Quitline is open six days a week.

Smokers can find NJ Quitnet at [www.nj.quitnet.com](http://www.nj.quitnet.com) and NJ Quitline at 1-866-NJ-STOPS (1-866-657-8677).



New Jersey's Quitcenters are located at nine sites throughout the state to provide treatment for smokers who want face-to-face counseling. The Tobacco Dependence Program at the University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ – SPH) is providing specialist training and consultancy for these state-of-the-art clinics. By summer 2001, DHSS will have 15 Quitcenters in strategic geographic locations around the state.

New Jersey's Quitnet and Quitline, launched in October 2000, are the state's first treatment initiatives funded by the MSA.

Two months later in December, the first of nine Quitcenters — face-to-face counseling clinics — opened across the state. The centers are staffed by counselors trained through the Tobacco Dependence Program of the UMDNJ – SPH.

*Advertisements in newspapers and sports playbills inform readers that New Jersey Quitnet<sup>SM</sup> and New Jersey Quitline<sup>SM</sup> are available to smokers who want to quit.*



Buses transport eye-catching New Jersey Quitnet™ and New Jersey Quitline™ messages to commuters and passers-by throughout the state.

“It’s (NJ Quitline’s) been great so far. Really motivating.”

— Leah Herring, 21, Glassboro, quoted in *The Philadelphia Inquirer*

**Health Care Smoking-Cessation Kits for Health Professionals**

To encourage referrals and to educate the medical community about these services, more than 19,000 physicians, dentists, and other health care professionals through-

out New Jersey received special kits packed with information on New Jersey’s Quitnet and Quitline. Posters, fliers, and pocket calendars to display and distribute to patients were mailed in November 2000 and February 2001. Replacement materials will continue to be sent out periodically to keep doctors’ offices, hospitals, and clinics supplied. The program became known as the “Black Box Campaign,” because the kits were mailed in black boxes.

Expanding awareness of these smoking-treatment programs within the medical community is particularly important. Before the Quit programs existed, medical professionals did not know where to refer their patients who wanted to quit smoking.

Targeted populations included New Jersey’s many minority groups for the Black Box distribution. DHSS reached out to African-American, Asian, and Hispanic communities. A segment of New Jersey’s population is Spanish-speaking, so black boxes in Spanish were distributed throughout the state.

## Promoting New Jersey’s Tobacco Laws

One effective intervention to reduce youth smoking is to eliminate their access to tobacco products. While the sale of tobacco products to minors has been illegal for years, there was no specific agency responsible for enforcement. Nor was there funding support. The Tobacco Age of Sale Enforcement (TASE) legislation, enacted in 1996, named DHSS as the agency responsible for enforcement and provided funding for enforcement activities by increasing the fee for the New Jersey retail tobacco license. Before the TASE program began in 1996, noncompliance rates exceeded 80%, meaning that most vendors routinely sold tobacco to minors.

DHSS data from the 1999 Youth Tobacco Survey indicated that among current teen smokers, the most common way for high school students to obtain cigarettes is by buying them in stores (33.2%). More than one-third (39.1%) of teen smokers who purchased cigarettes within the previous 30-day period bought them from convenience stores, and 26.4% bought them at gas stations.

The goal of TASE is to significantly reduce the state non-compliance rate as required by federal law (the Synar legislation). This federal law mandates that each state enact such laws and enforcement measures as necessary to achieve their annual noncompliance rate goal. States that fail to do so risk losing up to 40% of their federal

grant. New Jersey met its noncompliance target of 25% going into 2001 with a noncompliance rate of 24.6%. However, we still have work to do. DHSS has a compliance target of 20%, which must be met by 2003.

The TASE program has two major components:

- Education of retail merchants on the law prohibiting sale of tobacco to minors.
- Active enforcement of the law through random unannounced inspections.

TASE, unlike other components of the Comprehensive Tobacco Control Program, is financed entirely from state tobacco retail licensing fees. It receives no monies from the Master Settlement Agreement.

Under TASE, DHSS provides funds and technical assistance to local health departments (LHDs) to conduct the random compliance check inspections of licensed retail tobacco vendors. LHD participation in this program is voluntary, and 83 of the 111 eligible departments do participate. In nonparticipating health jurisdictions, public health representatives conduct compliance checks.

Each year, 9,500 of 16,000 licensed vendors are inspected. Clerks caught selling to minors are fined, while store-owners face fines and possible suspension or revocation of their licenses.

## Evaluation: Delivering on Our Commitments

### Evaluating the Effectiveness of the CTCP

The CTCP’s comprehensive evaluation plan incorporates quantitative and qualitative data collection from all components of the program to monitor the extent to which program components are achieving expected outcomes.

DHSS wants to know: Are fewer people smoking? Have those who want to quit succeeded? Are special populations being well-served? Ongoing research is essential to determining how tobacco-use attitudes, norms, and behaviors change over time in response to CTCP’s initiatives. Over the past 18 months, DHSS has instigated a number of surveys to obtain a baseline assessment of tobacco-use behaviors in New Jersey that will be used to evaluate the effectiveness of current tobacco control programs and to aid in future planning.

To amass this evaluation data, DHSS funded the University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ – SPH) from the Master Settlement Agreement. This project required compilation of data from several surveillance and evaluation sources. During the past year we have conducted the following surveys/studies:

- The New Jersey Youth Tobacco Survey (NJYTS) 1999 measured attitudes and behaviors related to tobacco use among middle and high school students.
- The New Jersey Adult Tobacco Survey (NJATS) 2000 assessed the prevalence of tobacco use among adults, existence of ETS policies, and attitudes about tobacco.
- The Prenatal Risk Assessment Monitoring System (PRAMS) 2000 evaluated the prevalence of tobacco use among pregnant women and covered ETS and cessation issues.
- The Media Tracking Study 2000 identified and monitored tobacco industry marketing and tobacco-control messages seen by New Jersey audiences.
- The School Tobacco Survey (STS) 2000 addressed issues of school health education and tobacco policies.

In addition to the surveys, DHSS commissioned UMDNJ – SPH to conduct the Minor Possession Study 2000 in order to evaluate the effectiveness of local ordinances that make it illegal for minors to possess and/or use tobacco. Using key informant interviews, investigators found that the large number of ordinances were only school-based. This suggests that little attempt has been made to reduce youth consumption of tobacco in the larger community. Moreover, no evidence existed to suggest that these ordinances had a deterrent effect in New Jersey, nor that the ordinances reduced tobacco consumption by youth in the state.

DHSS and its partners must continue to evaluate existing programs and be willing to try new approaches based on research, proven effectiveness and best practices. With the baseline data in place, DHSS now has the necessary tools to measure the impact of existing programs, the effectiveness of the CTCP as a whole, as well as the success rates of specific campaigns and activities.

## Public Awareness and the Media

The public awareness and media component provides important support for each of the preceding components of the CTCP. With funds from the MSA, DHSS was able to develop its own effective advertising campaigns that promote smoking cessation and youth prevention.

## Creating an Environment for Change Through Awareness

Two principal campaigns developed under DHSS contract with the advertising firm of BBDO/Minneapolis use compelling visual and auditory imagery to deliver the essential messages. The cessation campaign promoting NJ Quitnet and NJ Quitline conveys a variety of related messages that appeal to smokers who want to quit, such as “Actually, quitters do win,” “Give your lungs a breather,” “Light up our phone lines instead,” and, in Spanish, “No te quemes la vida.” These messages appear on billboards, posters, urban transit buses, Volkswagen autowraps, radio, in newspapers, bars, restaurants, and coffee-houses. The ads have captured the attention of the adult market, including young adults from 18 to 24.

The youth anti-tobacco campaign named “Not For Sale” speaks to teens and young adults from four radio metro regions, the New York and Philadelphia television markets, 250 movie theaters, four billboards, 250 poster placements in minority communities, multicultural newspapers, and two Interactive Display Vehicles that will tour the state throughout the spring and early summer. More than 90% of all New Jersey teens will be exposed to the Not For Sale message at least 20 times per month.

Not For Sale acknowledges the intelligence and ability of teens to make the positive choice to be free from tobacco and to “tell Big Tobacco” that they cannot be bought by their marketing tactics. Besides freedom, the campaign addresses the concepts of:

- Self-Esteem** — I like myself and the choices I am making with my life.
- Power** — I have the power to make the right choice.
- Accountability** — My choices have consequences that I accept.
- Motivation** — I can create change through positive peer pressure and action.

The three television advertisements, one 15-second and two 30-second spots, have been airing since early February. They can be seen on a variety of popular teen shows, including “Real World” and “Road Rules” (MTV), “Buffy the Vampire Slayer,” “Felicity” and

“Dawson’s Creek” (the WB Network), “The Simpsons” and “Malcolm in the Middle” (FOX).

To reinforce these messages through the media, DHSS utilizes the public relations expertise of Fleishman-Hillard and J. Curtis & Company, a New Jersey-based minority public relations firm. The multicultural outreach of the Not For Sale campaign includes African-American, Asian and Hispanic radio, newspaper, billboard, poster, and Internet advertisements with tailored messages in English and Spanish.



Sossy Megan and her teacher Zoe Fechner make some final changes to Sossy's letter saying her grandfather died from lung cancer.



Wearing an anti-smoking shirt, Leah Herring checks out a Web-based program to help smokers quit. The Rowan University junior said at a



Comprehensive news coverage of CTCP's new programs and services reaches hundreds of thousands of New Jersey citizens.

In addition to lending promotional support to the advertising campaigns, public relations initiatives are directed toward increasing public awareness of special events and important public health programs and services. Examples include coverage of the launch of Quitnet and Quitline, the Liberty Science Center Rally, the Tell Someone You Love campaign, and the New Year's Resolution To Stop Smoking campaign.

DHSS realizes that New Jersey's anti-tobacco public awareness and media campaign will never match what the tobacco industry spends in this state, but the goal is to achieve the maximum impact with the available dollars over time to build and sustain public awareness that tobacco use is NOT the social norm.

BUDGET (in millions)	2001
Community Partnerships	\$ 7.0
Youth Programs	\$ 5.0
Treatment	\$ 8.7
Public Awareness / Media	\$ 6.3
Evaluation	\$ 3.0
<b>TOTAL</b>	<b>\$30.0</b>

Furthermore, tobacco's addictive nature makes it difficult for the smoker to quit for good. Just ask many of New Jersey's new mothers, 19% of whom report smoking going into pregnancy, according to the DHSS PRAMS Survey 2000. While that rate drops to 9% by the time the baby is born, it shoots back up to 14% six months after giving birth. Added to the fact that generally few smokers succeed in their first effort to quit, the need for a smart, sustainable program is apparent.

New Jersey's program can prevent young people from picking up that first cigarette and help those who want to quit achieve lasting success. To do so DHSS must continue to fund effective programs including:

- Partnership coalitions
- Community-based, youth-led anti-tobacco initiatives through the REBEL movement
- Youth-focused programs
- Aggressive treatment programs — New Jersey Quitnet, New Jersey Quitline and New Jersey's Quitcenters
- Effective public awareness and media campaigns
- Tobacco Age of Sale Enforcement

These efforts do not represent the end product. The ability to sustain and increase reductions in tobacco consumption is dependent on the investment New Jersey is willing to make.

## More to Be Done

**Reaching Out.** DHSS needs to accelerate what it has started by building on existing activities and developing new ones. In March 2001, DHSS issued an invitation to mayors of New Jersey's 567 municipalities to become directly involved in helping to reduce smoking. Over the next year, the department is asking mayors of local municipalities to become active in their communities' anti-tobacco programs. They can participate by proclaiming smoke-free zones surrounding schools and community youth centers, eliminating self-service cigarette sales at retail tobacco outlets, passing local ordinances to eliminate cigarette vending machines, or by hosting the local REBEL youth group at a municipal meeting.

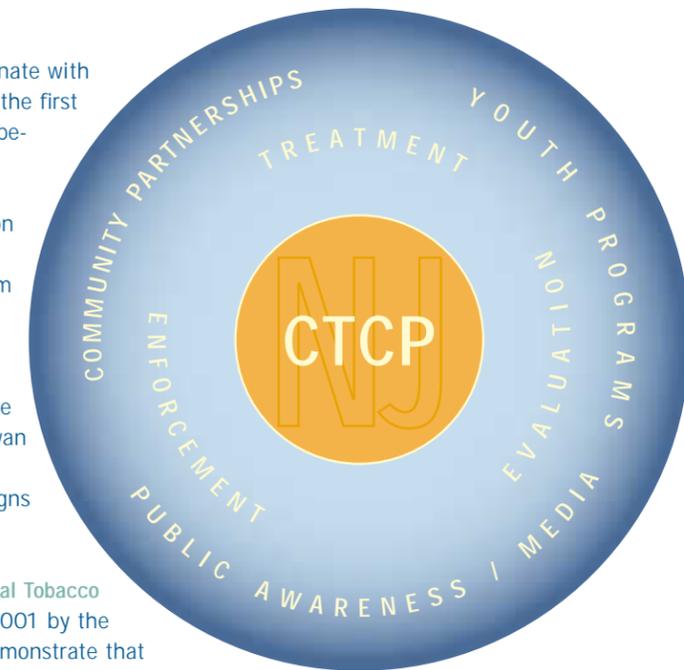
**Vulnerable Populations.** The 18- to 24-year-old age group presents a particular challenge. As the current favorite target of the tobacco industry, these young adults are smoking in greater numbers. DHSS must develop effective

programs on college campuses that resonate with students who are living on their own for the first time and making decisions about many behaviors including tobacco use.

This is another segment of the population that is difficult to reach, so DHSS has funded a Rowan University research team to investigate students' perceptions of tobacco use on New Jersey campuses. This information will help to develop an effective anti-tobacco program for college students. DHSS also works with the Rowan Communications Institute to develop campus-based public awareness campaigns about smoking cessation.

**Protecting New Jerseyans From Environmental Tobacco Smoke.** A new study released in March 2001 by the University of Minnesota is the first to demonstrate that tobacco smoke carcinogens — chemicals that cause cancer — are absorbed by people who live in homes with smokers. The study, published in the *Journal of the National Cancer Institute*, provides the first biochemical support for the connection between environmental tobacco smoke and lung cancer. The study found that environmental tobacco smoke has all the carcinogens that are contained in tobacco smoke.

Scientists have known for years that exposure to second-hand smoke is associated with low-birth-weight babies, SIDS, severe respiratory infections, ear infections, asthma, and cancers. In 1993, the U.S. Environmental Protection Agency issued a report calling second-hand



*The six strategic components of the CTCP include community partnerships, youth programs, public awareness/media, treatment, enforcement, and evaluation. No component is exclusive of the others, nor is any component complete without the others.*

smoke a Class A Carcinogen — the most dangerous classification. In an effort to decrease exposure to environmental tobacco smoke, DHSS is working with all New Jersey communities to promote voluntary restrictions on tobacco use in public places. Efforts to increase awareness of the health risks associated with ETS are being implemented across all audiences in collaboration with NJBreathes, New Jersey GASP, the Communities Against Tobacco, and through the local health departments.

More needs to be done. Too many children are exposed to second-hand smoke at home. Too many adults must breathe tobacco smoke in their workplaces.

## Looking to the Future

DHSS and its partners have implemented strong, new initiatives capable of measurably improving the long-term health of New Jersey residents. This document articulates CTCP's successes, but the work is not complete.

## Sustaining the Momentum

Counteracting the tobacco industry's marketing, which amounts to approximately \$157 million each year in New Jersey, is an ongoing challenge. The money they spend to attract young people as "replacement smokers" will not diminish. The March 2001 report on national cigarette sales and advertising of the Federal Trade Commission indicates that in the first year of spending affected by the MSA (1998 – 1999) the five-largest cigarette manufacturers increased their advertising and promotional expenditures by 22.3% from \$6.73 billion to \$8.24 billion.

It is no accident that 18- to 24-year-olds now have the highest smoking incidence of any age group in the state. The tobacco industry has made them the principal target of its marketing efforts in popular magazines, through direct mail, at points of sale, on the Internet, and with sponsored events in bars and nightclubs. Big Tobacco is profiting now more than ever.

## Meeting the challenge.

**The economic and social burden of tobacco use in New Jersey is immense. Tobacco has been glamorized and advertised for generations. Peeling away the effects of years of sleek marketing will take time. The ability to sustain and accelerate reduction in tobacco consumption is dependent on the investment New Jerseyans are willing to make. Tobacco use continues to be our number-one preventable cause of premature death. Are we ready to put an end to that fact?**