

## SMOKING IN THE NEWS (continued)

### CIGARETTE BILLBOARDS REMOVED APRIL 23

Joe Camel, the Marlboro man, the come-hither Kool couples, and many more memorable personalities are officially gone from the highway's edge.

As part of the \$206 billion settlement between the tobacco industry and 46 states, cigarette billboards were removed nationwide by Friday, April 23. Also under the settlement, states were permitted to post anti-smoking ads on billboards still under lease to tobacco companies—at the tobacco companies' expense—and to keep them there until the leases expire.

Tobacco companies are still allowed to post ads 14 square feet or smaller at businesses where tobacco products are manufactured or sold.

The tobacco industry, which spends over \$500 million a year on advertising—and recently about 30% of it outdoors—is now expected to rely more heavily on print ads, as well as carefully targeted direct mail and special event advertising, to sell its products.

### SMOKING BANS' EFFECTS

Laws banning smoking in restaurants do not hurt tourist business, and may actually boost business, a new study shows.

Researchers at the University of California, San Francisco, examined tourist rates in three states (California, Utah and Vermont) and six cities (New York, Los Angeles, San Francisco, Mesa and Flagstaff, Arizona, and Boulder, Colorado) with laws requiring restaurants to be 100 percent smoke-free. They analyzed hotel revenues as a fraction of total retail sales, and found no significant change associated with the passage of smoke-free restaurant laws.

"This study debunks the tobacco industry allegation that smoke-free restaurant laws adversely affect tourism, including international tourism," the authors wrote in the analysis published in the Journal of the American Medical Association.

*Pittsburgh Post-Gazette,  
June 1, 1999*



*Thanks to Dr. Amy Jones-Barlock for her contributions to this newsletter.*



## University of Pittsburgh

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NEWSLETTER

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# ational Smoking Cessation Specialist Certificate Program NEWSLETTER

ISSUE NO. 7

JUNE 1999

## IN PRACTICE

Certified pharmacist Donna M. Lisi, Pharm.D. of the Veterans Affairs Medical Center, East Orange, NJ has developed a full range smoking cessation program at the hospital. Dr. Lisi works with a multidisciplinary team that includes a nurse, pulmonologist, dietitian, and dental hygienist.

The Veterans Affairs Program features an ongoing multi-level smoking cessation support group offered on Mondays and Tuesdays. All patients are welcome to attend the group no matter what stage they are at in the quitting process. It is felt that each patient can benefit from the others whether they are just considering a quit attempt or have been quit for a year.

Once a participant makes the decision to quit, he or she is provided a medical assessment by the pulmonologist. This includes a baseline EKG, baseline chest x-ray, smoking assessment, and a signed declaration to quit. Dr. Lisi is very proud that this routine screening has provided early detection of lung and throat cancer is several patients. Once approved for the quitting portion of the program, the patient normally uses Nicoderm CQ following the recommended tapering schedule. However, the VA formulary has

also recently approved Zyban for patient use. This portion of the program lasts twelve weeks but the patient may participate in the support group indefinitely. Generally there are eight to ten patients actively quitting and fifteen seeking ongoing support. This combination of patients usually makes for lively group interactions.

A third component of Dr. Lisi's ongoing intervention efforts is her display and stop smoking campaign for the Great American Smokeout. She has used the SCSCP materials to develop a patient education storyboard for this campaign.

Dr. Lisi states, "People want to help themselves to quit smoking, but they need the tools I provide to take responsibility and quit successfully."

### HERE'S A DIFFERENT SLANT ON THE QUITTING PROCESS FROM A SEEMINGLY UNLIKELY SOURCE.

According to His Holiness The Dalai Lama, in "The Art of Happiness," "The first step in change involves learning and education. The other factors involve conviction, determination, action and effort. Therefore: If you are trying to stop smoking first you have to be aware that smoking is harmful to the body. You have to be educated. I think, for instance, that effects of smoking have modified people's behavior. I think that now many fewer people smoke in Western countries than in a Communist country like China because of the availability of information. But that learning alone is often not sufficient. You have to increase that awareness until it leads to a firm conviction about the harmful effects of smoking. This strengthens your determination to change. Finally, you must exert the effort to establish new habit patterns. This is the way that inner change and transformation takes place in all things, no matter what you are trying to accomplish."

As always, we welcome your comments, suggestions, questions, and smoking cessation success stories. Contact Frank at 888-412-5821.

THE UNIVERSITY OF PITTSBURGH



## TEEN SMOKING BY THE NUMBERS

In our last issue we listed several teen/youth prevention and treatment resources. In this issue, we provide you with some additional facts and figures that may be of use in your efforts to work with this population.

Roughly 3,000 children in the U.S. become addicted to tobacco every day. One million teens start smoking every year.

Although it's illegal in all states to sell cigarettes to persons under 18, teens are able to buy cigarettes over the counter between 70 to 80 percent of the times they try. If you work in a retail setting, what are you doing to prevent the sale of tobacco to minors?

About 85 percent of the teens that buy cigarettes in the U.S. usually purchase Marlboro, Newport or Camel cigarettes, the nation's most heavily marketed brands. That's a much higher percentage than the overall adult market where these three brands account for just 35 percent of all cigarette brands.

Nationwide, 71 percent of high school students have tried cigarette smoking.

## SMOKING IN THE NEWS

### TEEN SMOKERS DO PERMANENT LUNG DAMAGE

WASHINGTON — Smoking in the teen-age years causes permanent genetic changes in the lungs and forever increases the risk of lung cancer — even if the smoker quits, a study finds. And the younger the smoking starts, the more damage is done.

The research, at a time when more than a third of teens take up the smoking habit, shows “there is something uniquely bad about starting young,” said John K. Wiencke, author of a study today in the Journal of the National Cancer Institute. Earlier studies have indicated that young smoking stunts the lungs’ full development and increases the risk of breathing problems later in life. Studies have also shown that smoking in the teen years is more addictive and that smokers who begin young are less likely to break the habit.

But Wiencke’s study for the first time shows enduring DNA damage caused by youthful smoking. About 3 million teen-agers now smoke, the government estimates. And about a third of all smokers will die of smoking-related illnesses, including lung and other types of cancers, heart disease, emphysema and chronic pulmonary obstruction.

In their study, Wiencke and colleagues tested for DNA alterations in the nontumor lung tissue of patients being treated for lung cancer. The group included 57 people who were current smokers, 79 who were former smokers, and seven who had never smoked. The healthy lung tissue was tested for the number of DNA alterations per 10 billion cells. Some alterations occur with age, but the number of gene changes was much higher among smokers — and highest of all among those who started smoking at a young age.

For nonsmokers, there were 32 DNA alterations per 10 billion cells. For current smokers, the alterations were about eight times higher. The findings were adjusted statistically for the number of years smoked and for the amount smoked. The startling discovery was that for former smokers, the important factor determining DNA damage was when they started smoking, not how long or how much. Former smokers who started at age seven through their 15th birthdays had an average of 164 genetic alterations. Ex-smokers who started from ages 15 through 17 had an average 115 alterations.

Among ex-smokers who didn’t start smoking until after they were 20, however, the DNA alterations averaged 81, fewer than half those of people who began smoking earliest.

Such alterations occur when chemicals in tobacco smoke fuse with genes in the DNA of lung cells. These chemical complexes, called adducts, cause mutations and significantly increase cancer risk.

**The Associated Press, Paul Recer**

*Continued on back page*

## PROGRAM FEATURED AT CANARY ISLAND CONFERENCE

The National Smoking Cessation Certificate program was recently spotlighted at the 2nd European and 1st Iberoamerican Conference on Tobacco or Health held in the Canary Islands, Spain, in February 1999. Frank Vitale, SCSCP Director, detailed the program at a symposium attended by healthcare professionals from throughout Europe and the Americas.



*The following page can be used as a patient handout.*

# CHANGE HOW YOU THINK

If you think something is difficult to do, it will be difficult...

If you think something is easy to do, it will be easy...

Many people think that quitting smoking is the most difficult thing they have ever done. They approach quitting with a negative, self-defeating attitude. Others tell themselves that quitting will kill them or will be unbearable. Focusing on these kinds of thoughts only makes quitting more difficult than it really is.

How about approaching quitting this way: “It will be a challenge but it is something I can do” or “I may be uncomfortable for a little while but I know the end result will be worth it.”

What you think about quitting can affect how successful you will be.

Remember: *Quitting Is As Easy As You Make It!!*

Here are some other helpful thoughts to replace those negative messages you may be giving yourself.

“If I make small changes every day I will make it.”

“I’m just going to take one day at a time.”

“Smoking is not going to solve any of my problems; only I can do that.”

“The craving will go away if I smoke or if I don’t smoke. I might as well not smoke.”

“I am in control, not the cigarettes.”

“I am proud to be a nonsmoker.”

Don’t think of quitting smoking as giving up something but as getting something..

Think of it as a chance to make some positive changes in your life...

In the space below, list five things you will welcome into your life now that cigarettes are no longer part of who you are...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_