

## Blum, Alan

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**From:** Thomas Frieden [tfrieden@health.nyc.gov]  
**Sent:** Thursday, May 02, 2002 3:50 PM  
**To:** Blum, Alan  
**Cc:** Anna Caffarelli; Christina Chang  
**Subject:** RE: FW: Cessation clinics

OK, thanks.

>>> "Blum, Alan" <ABlum@cchs.ua.edu> 05/02/02 02:50PM >>>  
Thanks, Tom. What I intended to do was look for some of the most representative examples through the years, from the smoke-blowing Camel sign in Times Square to current club scene ads for Marlboro and Kool in The Village Voice. I also have a good record of NYC billboards, subway, bus, bus shelter, taxi, and sports arena ads, as well as storefronts, newsstands, other point-of-purchase, free sampling, and sponsorships. The assumption many people make in this field is that every ad is aimed at children or that the ads are blatant and blaring. To the contrary, marketing today has become far more sophisticated, and I think it is soberingly essential to show a photo of the cigarette displays (and front window promotion) at a Duane Reade to help people to understand how the industry subverts and co-opts the very health contexts in which we think we're making progress. Duplicating the images wouldn't be possible at this point, and the context would be lost. Five minutes would be fine.

Last night Dr. Anselm and I began working on the 10-minute presentation on smoking cessation. We intend to produce the brief written proposal you suggested, through which we will facilitate a discussion on ways to enhance clinicians' involvement in smoking cessation. We may lean toward showing a few slides as well.

Alan

-----Original Message-----

From: Thomas Frieden [mailto:tfrieden@health.nyc.gov]  
Sent: Thursday, May 02, 2002 12:39 PM  
To: Blum, Alan  
Cc: Christina Chang; eanselm@msn.com  
Subject: Re: FW: Cessation clinics

Perhaps during lunch, but no more than 5 minutes. Better yet, if you email us, we can print them color and have them in the folders.

>>> "Blum, Alan" <ABlum@cchs.ua.edu> 05/01/02 09:05PM >>>  
Hi, Tom. I'm looking forward to seeing you next week. Christina was kind enough to fill me in on the overall outline of the day's doings. As you requested, I will put together a brief presentation on issues in smoking cessation, for which I will also rely on Dr. Anselm's expertise. If possible, I would still like to provide a 5-10 minute pictorial overview of tobacco advertising and promotion in New York over the past 25 years (perhaps during lunch?), in part as a way to illustrate the dynamism, subtlety, and creativity of tobacco companies, even today. I think if we are going to discuss media campaigns and school-based education, both of which perforce touch on cigarette advertising messages, then we all need to see how the other side operates. I had planned to spend this coming week-end reviewing several thousand slides to select ones from New York. If I can put the best ones together, this could form the basis for a useful presentation that others might utilize.

Alan

-----Original Message-----

From: Thomas Frieden [mailto:tfrieden@health.nyc.gov]  
Sent: Tuesday, April 23, 2002 7:11 AM  
To: Blum, Alan  
Cc: blum@dbtech.net  
Subject: RE: Cessation clinics

Glad you liked the booklets! We worked hard on them, and they were tremendously useful in NYC. I made similar things in India for TB. In NYC alone, we gave out something like a million copies of the various things...

We could potentially contract you for the booklet, tho that takes time. I'm also concerned, first, to get the CHI out. What we did in TB was get the CHI right (on treatment, not the prevention one, which is not ideal), then the TB-At-A-Glance, then the pocket card.

>>> "Blum, Alan" <Ablum@cchs.ua.edu> 04/22/02 11:08PM >>>

Thanks for the note, Tom. To add to Dr. Anselm's excellent comments, I have been admiring and thinking over the booklets on tuberculosis. It goes without saying that Dr. Anselm, Eric Solberg, and I could come up with a nifty fold-out booklet on tobacco problems for physicians, residents, and medical students. I really don't know of a great one that has been done. But rather than just a table on medication, I would envision it as including illustrations that could be shown to patients:

in essence, a truly usable pocket device as relevant and practical as a stethoscope or reflex hammer. Thanks for the inspiration. Alan

(please

cc reply to blum@dbtech.net)

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## Blum, Alan

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**From:** Thomas Frieden [tfrieden@health.nyc.gov]  
**Sent:** Sunday, April 21, 2002 7:31 PM  
**To:** Blum, Alan  
**Cc:** Christina Chang; Colin McCord  
**Subject:** Re: Cessation clinics

Well, I typed a long reply to this but my computer froze and I lost it....

Briefly...

Great to hear from you!

The meeting is the 9th, not 7th -- see you there.

Would be great if you would send us materials which you feel are good and useful as background. Also, if you can put together a 2-3 page position paper on issues and perspectives on cessation programs -- what works and what doesn't -- that would be great.

The CHI is still in process -- it's a priority for me. Alan had some concerns.

I'd be interested in knowing the details of the phone cessation service you contract for (price, details, unit pricing, etc.)

My perspective on cessation (in addition to larger structural and educational efforts) is to take an approach similar to what we do in TB. A register of every smoker on Jan 1, and how many remain smokers on Dec 31. Also a register of every new quit attempt and the outcomes at 1/6/12 months. Basically a prospective cohort approach with quarterly reporting. Do you have this data for HIP patients?

Looking forward to meeting you.

Tom

**Blum, Alan**

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**From:** Edward Anselm [eanselm@msn.com]  
**Sent:** Sunday, April 21, 2002 6:56 PM  
**To:** Blum, Alan; Thomas Frieden  
**Subject:** Re: Cessation clinics

Dear Alan,

Thanks for copying me on this and preceding exchanges. I am emerging from the throes of a family medical crisis and can now begin participating. Tom, I would like to say that reading about your appointment and your passion for tobacco control in the New York Times on February 15 was the first piece of good news in this domain since the passage of the NYC Indoor Pollution Control Act in 1987. No doubt you have already viewed the CHI draft I provided to Donna Shelley. I had been begging for the opportunity to write one for two years.

Tom, as Alan has mentioned, my special interest is smoking cessation. I have practical experience in all levels smoking cessation interventions and have designed, delivered, evaluated, administered, and advocated in this domain since 1984. My first effort was a series of smoking cessation classes at a city hospital. An independent evaluation showed that, without medications, I had a one year quit rate of 40%. I later ran classes at Beth Israel and Mount Sinai. Given my enthusiasm for the process, you will be surprised to learn that when I became s medical director at HIP Health Plan, I eliminated them. In fact, you will be hard pressed to find them here in New York. There is no question regarding the effectiveness, but people did not come to the classes.

I believe that smoking cessation classes are part of a comprehensive armamentarium of resources. These should reside in academic medical centers, hospitals, or other community centers that can draw on a large population of persons who have failed simpler interventions. I can provide a model for structuring a multi-disciplinary program. The old days of having a former smoker run a highly structured behavior modification program are over.

When we eliminated classes at HIP, we enhanced our already extant telephonic program and ultimately found a high quality vendor to outsource the program. Alan is correct in critiquing "quitlines" in general and one has to be very careful in evaluating this territory. Most ingenious was the Zyban Quitters Hotline which did nothing more than keep you on drug.

I am very enthusiastic about participating in the May 7 program. If there are any questions or materials you would like in advance, please let me know,

Ed Anselm, 212 630-8373

----- Original Message -----

**From:** Blum, Alan  
**Sent:** Saturday, April 20, 2002 10:50 PM  
**To:** Thomas Frieden  
**Cc:** eanselm@msn.com  
**Subject:** RE: Cessation clinics

Hi, Tom. This is a subject that's dear to my heart. And it's even

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closer to home for Dr. Anselm, who has worked unceasingly to stimulate greater involvement in smoking cessation on the part of clinicians and allied personnel in the primary care system. Without a doubt, mainstream practice should be the focus.

It's in vogue to have a quitline. Everybody and his uncle has one. The drug companies have them. Some state health departments have them. So do some of the voluntary health agencies. From what I gather, you couldn't distinguish one from another. I'm not opposed to the idea of quitlines per se (I'm enough of a heretic in the eyes of the tobacco control politburo to begin with, even though I was working on this issue before 99% of them arrived on the scene). In fact, I'm intrigued by the possibilities. But I think there are untapped opportunities for training those who'll man the hotline: for instance, I think that it would be important to move beyond the traditional hand-holding and positive reinforcement. We need to inject more humor, to explode the myth that one is hopelessly addicted to cigarettes (or that low-tar, filter, or light cigarette brands are in any way safer, or that one must use a medication to stop smoking), and to individualize and personalize each call. At the same time, we could enlist New York City celebrities to record a number of brief tapes (as in the city taxis) for people to listen to while they wait to speak to a live voice. I'll bet a few celebrities might even be willing to man the phones on occasion to call attention to this issue. And I'd also like to see more physicians, nurses, pharmacists, and medical students trained to talk with people on such a quit line. Dr. Anselm and I would relish the chance to train such a cadre.

I'd be interested in exchanging further emails on this subject. I'll also cc Dr. Anselm. I appreciated receiving the informative, engaging materials on tuberculosis. And I look forward to seeing you on May 9. I've made my plane reservation. As I discussed with Christina, I'd also like to put together a brief pictorial overview of the history of the tobacco issue in New York City for round-table discussion. I have a unique collection of images I've taken in the City through the years, and in a 15-20 minute presentation I believe I could help put the subject into better perspective (especially in regard to advertising, promotion, and counter-advertising).

I'll be away from the office between Tuesday and Sunday (heading to Virginia to give a medical grand rounds, then in New York over the week-end) but can be reached through my home number at 205-343-9678. Thanks for writing. Hope this helps.

Alan

-----Original Message-----

From: Thomas Frieden [mailto:tfrieden@health.nyc.gov]

Sent: Saturday, April 20, 2002 3:47 PM

To: Blum, Alan

Cc: Christina Chang; Colin McCord

Subject: Cessation clinics

Alan,

4/22/2002

To what extent do you think cessation activities should be done in cessation clinics and to what extent in mainstream practice?

Clearly the benefit of specific clinics is better quality, but the problem is that you lose reach.

One alternative might be a phone service (like a super quitline) which would individualize care and follow-up (including the best web services possible). So there would be a cessation service, but care would be through the primary care system, with a virtual referral system (HIPAA compliant, of course), of some sort or another.

Your thoughts?

Tom

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