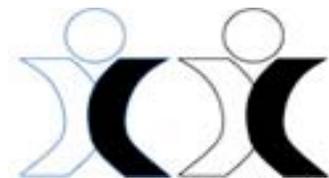


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E-Cigarettes

ARE THEY SAFE?

By Deidre Stenard, CTA



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I was asked to write an article for the newsletter and I decided to write an article on the E-Cigarette. Users of E-Cigarettes swear that it has been the best stop smoking method available and that it kills their cravings better than any Nicotine Replacement Therapy now available. So they come to the defense of the E-Cigarette and are caught in the controversy surrounding the E-Cigarette. The controversy is that the FDA, the Food and Drug Administration, a federal agency, has not determined that E-Cigarettes are safe or effective. The FDA has not conducted the studies necessary to prove whether E-Cigarettes are safe or not, yet the FDA claims the authority to regulate E-Cigarettes because they contain nicotine, a drug.

I have done some research on the E-Cigarette (out of curiosity) because it is something that I haven't tried. I looked online in my research, and there are a lot of people using the E-Cigarette as an alternative to smoking or a way to stop smoking. The actual E-Cigarette is a plastic and metal

device with a cartridge in it that contains a liquid nicotine solution. When the E-Cigarette is used, it creates a vapor that is inhaled. Using the E-Cigarette is known as "vaping" to those who use it.

I also looked at an online forum in my research and saw that people were reporting weird side effects from the E-Cigarette, ranging from **chest pains** to **dizziness** to being "high" to getting a **swollen throat** to being **tired**. It sounds like "vaping" or sucking on an E-Cigarette can be dangerous. "Vaping" can also be complicated in the sense that there are different nicotine strengths in a cartridge and it may be difficult to figure out how much to use. So "vaping" can be complicated and dangerous. But I've also heard the opposite: that the E-Cigarette is not as dangerous as it seems, that these side effects are temporary, and don't happen to everyone. The studies are yet to be done, and I'm sure they will be eye-opening to the people currently "vaping" as well as others who are curious. I wouldn't
(continued on next Page)

E-Cigarettes (cont. from page 1)

Recommend the E Cigarette unless I was sure it was safe.

When I quit smoking 3 years ago, I used the Nicotine Replacement therapy that was available, and proven in clinical trials to be safe and effective. I've used everything from the nasal spray to the gum to the patch to the inhaler to the lozenge. There are many options available for Nicotine Replacement Therapy that have been well researched methods to stop smoking. I would, of course, recommend these methods because they worked for me. If I had tried to stop smoking a year or two later, I may have been "vaping" myself. But, I am glad I didn't have to take any risks. I look forward to the studies being completed, so we will know whether E-Cigarettes pose a danger.

In fact, the FDA has been so concerned about the safety of the E-Cigarette, that they recently sent out warning letters to 5 E-Cigarette companies warning them that the E-Cigarette is a drug-delivery device and that they have to work with the FDA to ensure that their E-Cigarettes are safe and effective.

A Journey Quitting Smoking

By Karla Kiefer

One year and 8 months ago, I quit smoking. In the 2 phases of long-term smoking, I racked up about 14 years of cigarette smoking.

With God's help, friends, Nicotine Anonymous, and NJ QuitLine, I have fought the habit and urges. I first contacted CHOICES through the drop-in center in Wildwood, NJ. I was tested by Diane, the counselor, to have high levels of toxic chemicals in my breath. Also, I won a cup after answering a question right. The cup is made with "CHOICES" written in a pretty blue print on a white background. So, a constant reminder of wanting to quit was by my sink.

I remember humorously, now, how I threw away almost a full carton of cigarettes when I was trying to quit. It went into an almost empty dumpster behind my apartment building. Then, very soon after throwing the carton away, I wanted it back, but for the life of me, I could not reach the bottom of the dumpster to retrieve it. I

am glad to say I was not desperate enough to crawl into the dumpster

A year of going to a Nicotine Anonymous group in Wildwood helped me keep my perspective about how difficult quitting was for many people.

This past month, I had strong urges to smoke and talked to different coaches by telephone on the NJ QuitLine. That number is **1-866-657-8677**. One of the coaches suggested that I write a list of things I like about being a non-smoker. The list follows.

- Lungs are clear and not tight
- Don't worry about cancer of nose and throat
- Nostrils aren't dirty when I blow and clean my nose
- Don't smell like smoke
- Don't feel unclean because of dirty habit
- Saving money rather than spending on cigarettes

God willing, I have quit smoking



NJ Consumers Educate Others Around the World

by Marie Verna, Advocacy Director

CHOICES stands for **Consumers Helping Others Improve Their Condition by Ending Smoking**. We've done tremendous work over the years, with support from the NJ Division of Mental Health Services (DMHS), educating and raising awareness among consumers all around the state.

In September we were able to able to work on a project that will help consumers ***all over the world***.

University Behavioral HealthCare (UBHC), another school within the University of Medicine and Dentistry of New Jersey, along with Robert Wood Johnson Medical School, learned about the project being developed by Dartmouth College.

Dartmouth's Psychiatric Research Center is working on a tool that will be available on the Internet to consumers making decisions about quitting smoking.

Because the tool will be available on the worldwide web, CHOICES is now able to help consumers everywhere.

UBHC has been talking with Dartmouth about becoming a test site for the software, "*Electronic Decision Support*

System (EDSS) for People with Severe Mental Illness" as soon as it is available in early winter, 2011. UBHC runs several programs where the tool could be very useful in helping consumers learn about the effects of smoking and make their own plans to quit.

Because of CHOICES' success, UBHC naturally reached out to CHOICES to help. The first task was to find consumers from New Jersey who would be willing to be videotaped telling their story of how they quit. CHOICES has always advocated that consumers who want to quit benefit ***most*** by hearing the stories of other consumers, so it was a natural fit.

Because of our wide network of consumers, we helped find the people Dartmouth needed. They traveled to UBHC in September to be videotaped, and since then, Dartmouth's team has been working on incorporating the videotape into the software.

Once it's finished, UBHC will test the software in their programs. The final version will be available on the Internet, and CHOICES will be able to share the link with all of the consumers on our email list and those who visit our website www.njchoices.org

CHOICES thanks the consumers from New Jersey who told their stories: Galen Valley, Catherine Thompson, Judy Baner, Lisa Negron, Douglas Wonderlin, and Bill Newbold. To hear their perspective on the project, see Yasmin Halim's article, "The Electronic Decision Support



No Joke

by Wayne Holland

You may quit heroin,
You may quit Coke,
But to put down the cigarette
It ain't no joke
When I see smokers
They cough and choke
They know the cigarette
Ain't no joke
On a joint or a cigarette
You may take a poke
Any kind of smoking
It ain't no joke
So plan a quit date
Don't be dope
If you stop smoking
There is nothing but hope!



The Electronic Decision Support System

By Yasmin Halim, CTA

In September 2010, Joelle Ferron from the Dartmouth College Psychiatric Research Center came to the UBHC in Piscataway, NJ to videotape mental health consumers who have quit smoking using various evidence based treatments for her software project named, "The Quit Smoking Electronic Decision Support System (EDSS) For People With Severe Mental Illness." EDSS is a, "shared decision making," tool which is an up and coming best practice in the field of mental health. The participants were filmed on two days. During the first day they told their story into a camera and on the second day they went to a group home and acted it out. I was fortunate to be able to talk with a few of the participants.

The first person I spoke with, Lisa Negron, portrayed a person who quit smoking using nicotine gum. Lisa is the manager of the Brighter Days Self Help Center in Jackson, NJ. She first found out about the project by email, then Marie Verna brought it to her attention again at the NJ Division of Mental Health Services (DMHS) Planning Council meeting and two other people also called her. She initially hesitated about helping with the EDSS project until Marie explained more about it. The project leaders rewrote the script for her so she would

not have to be untruthful about her current smoking. This erased any moral dilemma she may have had. She had fun and enjoyed being in the project. Even before getting involved with this project, Lisa has been a leader for other mental health consumers. Lisa had quit smoking several times in three month increments and has recently returned back to smoking. She has a strong desire to quit smoking again. She has a lot of energy and motivates others in their recovery and spirituality.

The other person I spoke with who participated is Judy Banes. She found out about the EDSS project because she received the email that UBHC and CHOICES disseminated. It was interesting for her because it was from the angle of consumers and quitting smoking was a major accomplishment in her life. She felt some hesitation about helping at first because she was concerned about being on camera and being photographed. Judy knows that smoking is a hard addiction to give up but hopes the project will help some people. She hopes that when people see her video they will recognize the pride she has in her accomplishment of quitting smoking with the challenge of mental illness. Judy quit smoking 24 years ago after being a smoker for 20 years. She partnered with a close

friend. They were able to support and encourage each other through the challenges they faced while breaking their addiction. Judy used Nicorette gum which tasted bad at the time but still helped a lot. She also got information and quit tips from the American Lung Association. Judy is a leader, working with the self help centers of the northern region of New Jersey. She has been working in the consumer movement since 1974. She is a firm believer that if a person has had a problem and has dealt with it then that is a good qualification to help other people. CHOICES was contacted by UBHC to help with recruiting mental health consumers for the project because of our continued success supporting people statewide with quitting smoking. We hope to stay involved in the project as it continues.



Benefits of Quitting Smoking: A Family Story

By Wayne Holland, CTA

In thinking about my smoking, and smoking in general, I remember how both of my parents used to smoke. I also remember, how my father was able to quit, and quit early in life. But my mother wasn't able to. It was rough back then. They didn't have NRT like they do

Cont. on Page 5

today. It was amazing that my father quit without the patch, the gum, or any NRT. It was hard on my mother. My mother, who was already a cancer survivor, couldn't stay off cigarettes. Eventually she died in her 60s from Emphysema. It really hurt losing my mother. I loved my mother and will always miss her.

My father, who quit early in life, just had another birthday. He is 83 years old, so his quitting smoking helped, and because he quit smoking he may have many more birthdays to come. I love my father and am glad to still have him around.

Surgeon General Report on Tobacco

By Yasmin Halim, CTA

On December 9th, 2010, the current U.S. Surgeon General, Regina M. Benjamin released her first report on tobacco, called, "How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease." This is the 30th report issued by the Surgeon General's office since 1964.

The report found that exposure to tobacco smoke causes immediate cell damage and tissue inflammation. Repeated exposures to tobacco smoke weaken the body's ability to heal the damage that has

happened. Every time a person inhales the smoke, the chemicals in the tobacco smoke reach the lungs quickly and cause immediate damage. Inhaling the smallest of amount of smoke can also damage a person's DNA which can lead to cancer.



The report makes it clear that quitting smoking at any time will give your body a chance to heal the damage caused by smoking. It is never too late to quit smoking . . ."

There are 7,000 chemicals and compounds in tobacco smoke. Hundreds of them are toxic and at least 70 of them cause cancer. Every inhalation exposes the cells to 70 different chemicals that that might damage the DNA in a way that might cause cancer. Getting exposed to tobacco smoke will also decrease the benefits of chemotherapy and other cancer treatments if the person is already receiving them. Smoking causes 85% of lung cancers and can cause cancer almost anywhere in the body. In the US, 1 of 3 deaths is tobacco-related.

The report describes how smoking can affect the lungs,

the cardiovascular system and other effects. For example, the lining of the lungs is very delicate and becomes inflamed as soon as it is exposed to the chemical mixture in tobacco smoke. Over time, the repeated smoke exposures can cause serious diseases like emphysema and chronic bronchitis. Smoking can make it harder for diabetics to control their blood sugar, can make it harder for a woman to become pregnant, and can cause damage to fetal lungs and brain tissue. Brief exposure to second hand smoke can cause cardiovascular disease and can trigger an acute cardiac event like a heart attack. The chemicals in tobacco smoke quickly damage blood vessels and make blood more likely to clot.

In addition to the medical information, the report explains why it is so difficult to quit smoking. Today's cigarettes deliver nicotine more quickly and efficiently than the cigarettes they made many years ago. Fortunately, there are more effective ways to help people quit smoking too.

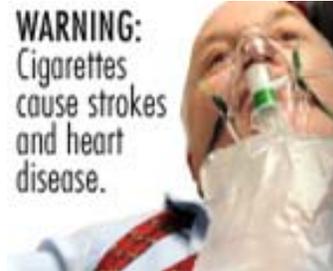
The report makes it clear that quitting smoking at any time will give your body a chance to heal the damage caused by smoking. It is never too late to quit smoking but the earlier you quit smoking the better it will be for your health.

Source: <http://www.hhs.gov/news> (U.S. Department of Health and Human Services)

Cigarette Packs to Get Graphic

Do you think it will make any difference?

By Trish Dooley



On November 10, 2010 the U.S. Department of Health and Human Services released a new tobacco control strategy that includes bolder health warnings on cigarette packages and advertisements.

Once final, these health warnings on cigarettes and in cigarette advertisements will be the **most significant change in more than 25 years**. These actions are part of a **broader strategy that will help tobacco users quit and prevent children from starting**.

As you may know, tobacco use is the leading cause of premature and preventable death in the United States, responsible for **443,000** deaths each year. Thirty percent of all

cancer deaths are due to tobacco. Each day **1,200** people die due to tobacco-related diseases.

The strategy includes a proposal issued by the Food and Drug Administration titled **"Required Warnings for Cigarette Packages and Advertisements."** The proposed rule details a requirement of the Family Smoking Prevention and Tobacco Control Act that nine (9) new large and noticeable warning statements and color graphic images depicting the negative health consequences of smoking appear on cigarette packages and in cigarette advertisements.

By **October 22, 2012**, manufacturers can no longer distrib-

ute cigarettes for sale in the United States that do not display the **new graphic health warnings**.

The FDA action is part of a broad department-wide strategy that was announced by Assistant Secretary for Health Howard K. Koh, MD, MPH. While progress has been made, smoking remains particularly high with low-income and within certain racial/ethnic groups and in certain populations, including people with mental illnesses and substance abuse disorders.

Pictured above are some examples of the **PROPOSED** warning labels. What do you think?

SOUND OFF

Let us know what you think about these new cigarette pack warnings? Do you think it will make any difference? Send us an email or snail mail to the following address :

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PARTICIPATE IN RESEARCH: The Division of Addiction Psychiatry is located at 317 George Street, Suite 105, New Brunswick, New Jersey. Our researchers are always looking for individuals to participate in our studies **Nicotine Nasal Spray**—If you smoke more than ten cigarettes per day, you may qualify to participate in a study looking at the quit rate of subjects who receive NNS and behavioral intervention compared to the quit rate of the control group who will receive the placebo spray plus same behavioral intervention. Participants are paid \$390 for their participation in the study, which takes about 15 weeks to complete. For further info, or to refer a patient, please contact Dr. Jill Williams at 732-235-3904 or at williajm@umdnj.edu.

The CHOICES team will come to you! The **CHOICES** team of peer advocates will visit your group or program in New Jersey and provide mental health consumers with education about the consequences of smoking and tobacco products along with information regarding treatment resources available to make quitting easier. Call us at 732-235-8232 to set up a date and time.



CHOICES is a partnership between UMDNJ-RWJMS Division of Addiction Psychiatry, the Mental Health Association of New Jersey (MHANJ) and the NJ Division of Mental Health Services and funded by the NJ Division of Mental Health Services.