



**Consumers Helping  
Others Improve  
Their Condition by  
Ending Smoking**

Spring 2011, Volume 4, Issue 1

**CHOICES**  
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*Inside this Issue*

NJ Needs CHOICES By Trish Dooley	2
Celebration of Change By Phuong T.	2
Third Hand Smoke By Yasmin Halim	2-3
Stigma A Poem by Wayne Holland	3
The E-Cigarette Controversy By Deidre Stenard	3
Quitting Smoking Puzzle By Phuong T.	4
Medicaid Coverage for Nicotine Replacement Therapy Products	5

## Please Support the CHOICES Program

We are pleased to announce that we are sponsoring a 1 Day CE/CME Activity on June 6th. featuring presentations by the CHOICES Team:

### “Peers Helping Peers: Innovations in Tobacco Dependence Education and Intervention”

**Date:** Monday, June 6, 2011

**Time:** 8:30 am—4:30 pm

**Place:** 335 George Street, New Brunswick, NJ 08901

Please join us for a full day of training focused on the important role of peer support and peer delivered services. We will teach participants how to develop and implement a peer outreach program to address tobacco using the example of the CHOICES program, our award winning peer initiative.

Topics covered include: Hiring and Training the Peer Counselor Team; Kicking off Your Program: Supervising and Evaluating the Activities of the Team, Organizing Site Visits to Community Programs and much more.

**Registration Fee:** \$100.00 which includes tuition, ongoing technical assistance, daily parking, breakfast, lunch, educational handout materials and continuing education credit. A discounted registration fee of \$30.00 is available to peer specialists accompanying a registered clinical/administrative team member.

For more information about this program and to register, please visit our website at [njchoices.org](http://njchoices.org) or call 732-235-4053.

**Accreditation:** Physicians: 6.5 AMA PRA Category 1 Credits; Certified Counselors: 7 clock hours; Nurses: 6.5 contact hours; Psychologists: 7 CE credits; Social Work: 7 CE clock hours; CADC: 7 hours of C204 training; CTTs: 7 recertification credits.



## NJ Needs CHOICES

*Trish Dooley, M.A., LPC*

Out of 50 states, New Jersey ranks 46th in the nation in funding programs to prevent kids from smoking and to help smokers quit. The American Cancer Society released the report in November, 2010, one day before the Great American Smokeout.

The report finds New Jersey currently spends \$600,000 annually on tobacco prevention and cessation programs. That's down from \$7.6 million last year. The money has been shifted to help balance the budget. Gov. Chris Christie's budget approved by the Legislature took \$7.5 million used last year on smoking cessation programs and transferred nearly all of it to the general fund.

"The fact that New Jersey has one of the highest tobacco taxes in the country and spends less than 0.1 percent of its extensive tobacco revenue on prevention programs is unconscionable," said Howard Levite, spokesman for the American Heart Assoc.

"The state is otherwise so advanced—leaders in comprehensive cancer control with a model program," said Arnold Baskies, board president of the American Cancer Society for New York and New Jersey. "But this data is embarrassing to the state."

CHOICES continues to operate on a modest budget, and has flourished since 2005, reaching every corner of the state to meet with mental health consumers who smoke. The ongoing

mission of CHOICES is to increase awareness of the importance of addressing tobacco use and to create a strong peer support network that encourages mental health consumers to make a positive healthy lifestyle change by addressing smoking and tobacco use.

## CELEBRATION OF CHANGE

*By Phuong T.*

I recently stopped smoking. It has been 4 months since I quit cold turkey. I decided to take the challenge after attending the CHOICES program. I had been smoking for 2 ½ years. I had tried to quit several times by using the patch, but it didn't work for me. I knew how bad smoking affected my health, and the dangerous impact it had on my body.

I wanted to quit so I made a plan to first cut down after my use. After about 2 weeks, I picked a quit date as recommended by the CHOICES team. I spoke with my case manager and got counseling and support to maintain my abstinence. I drank lots of water, chewed gum, and sucked hard candy to stop the urges. It was very difficult for the first couple of weeks. I managed to stay away from people who smoked, and talked to people who supported my quitting. I kept very busy by walking and going out a lot. I stayed positive about what I was doing for myself. The longer I stayed away from smoking, the better I felt. I felt powerful and successful in my accomplishment.

My rewards for quitting were amazing. My clothes smelled fresh, I was sleeping better, and physically feeling great. I saved money and treated myself by going out to dinner. I have been exercising and staying healthier. My family is extremely proud and happy for me.

CHOICES helped me make informed decisions to change. I take one day at a time and plan to never go back now that I am nicotine free. I share my story so I can be supportive to others who are interested in quitting.

## Third Hand Smoke

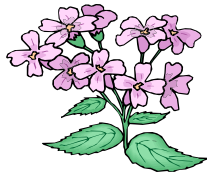
*By: Yasmin Halim*

We all know smoking is bad for the smoker's health and breathing in secondhand smoke is harmful for people who are present when someone is smoking. Now there are studies being done about the harmful effects of third hand smoke. Third hand smoke is the new buzz word referring to contamination that remains after a cigarette is extinguished. These are toxins that linger in carpets, sofas, clothes, inside cars, etc that hang around for hours or days after a cigarette is put out and the secondhand smoke is gone. Generally speaking, a lot of the same toxins and residues found in secondhand smoke are in third-hand smoke. One specific chemical reaction that was studied in third-hand smoke is the creation of tobacco specific nitrosamines (TSNA's) from the interaction of nicotine from

third-hand smoke with nitrous acid. Nitrous acid is a common indoor air pollutant found in homes with gas burning appliances and is also emitted from motor vehicle engines and seeps into the passenger compartment. TSNA's are carcinogenic. The health risks in being exposed to third-hand smoke are a lot greater for children than adults. It takes a smaller amount of toxin to affect children because their brains are still developing. Babies and children have a higher respiration rate than adults and are more likely to breathe in and ingest the toxins from third hand smoke because they are lower to the ground and touch things and then put their hands in their mouth. The body mass of a child or baby is smaller and that translates to a higher concentration of toxins in its body than there would be for an adult. It is not enough to open a window turn on a fan when smoking indoors. It is best to smoke outside.

As a CTA, I hope the news of third-hand smoke will motivate more mental health consumers to quit smoking sooner. It looks like there is going to be more stigma against smokers and more bans on smoking. New York already has a ban on some public places outdoors and co-op boards have banned smoking in some residential buildings. If you would like to quit smoking, a good resource to try is the

NJ Quitline at 1-866-NJ-STOPS. Many of the tobacco treatment centers of New Jersey have closed. Those that are still open have a smaller budget to work with. This makes it more important for consumers to be able to get tobacco treatment from their mental healthcare providers.



## The E-Cigarette Controversy

*By: Deidre Stenard*

In our last newsletter, I wrote an article on the E-Cigarette. I stated that I was glad that I hadn't risked using the E-Cigarette, known as *vaping*, because it had not been proven safe by studies by the FDA or anyone else. I have still read about strange side effects that people have had as a result of using them, and I'm sure that I don't want to experience any of those or take a risk in using the E-Cigarette with unknown health effects. I have continued researching this topic, and recently read an article by Paul Fetters posted on [www.LewRockwell.com](http://www.LewRockwell.com). According to Fetters, the E-Cigarette is taking off in the free market and has gone from making pennies and nickels to being a \$100 Million industry in just 12 months.

According to Fetters, each E-Cigarette evokes a vapor, which contains Propylene Glycol (or Vegetable Glycol), Nicotine, some natural flavor or another, and water. This view is the **pro E-Cigarette** view expressed by Paul Fetters. The FDA insisted that the E-Cigarette vapor contains Diethylene Glycol which **poses a health risk**, as it is commonly found in substances such as **anti-freeze**. This was a conclusion that the FDA came to after a short study was conducted. In turn, the **FDA is claiming that Diethylene Glycol is a carcinogen and the E-Cigarette shouldn't be used**.

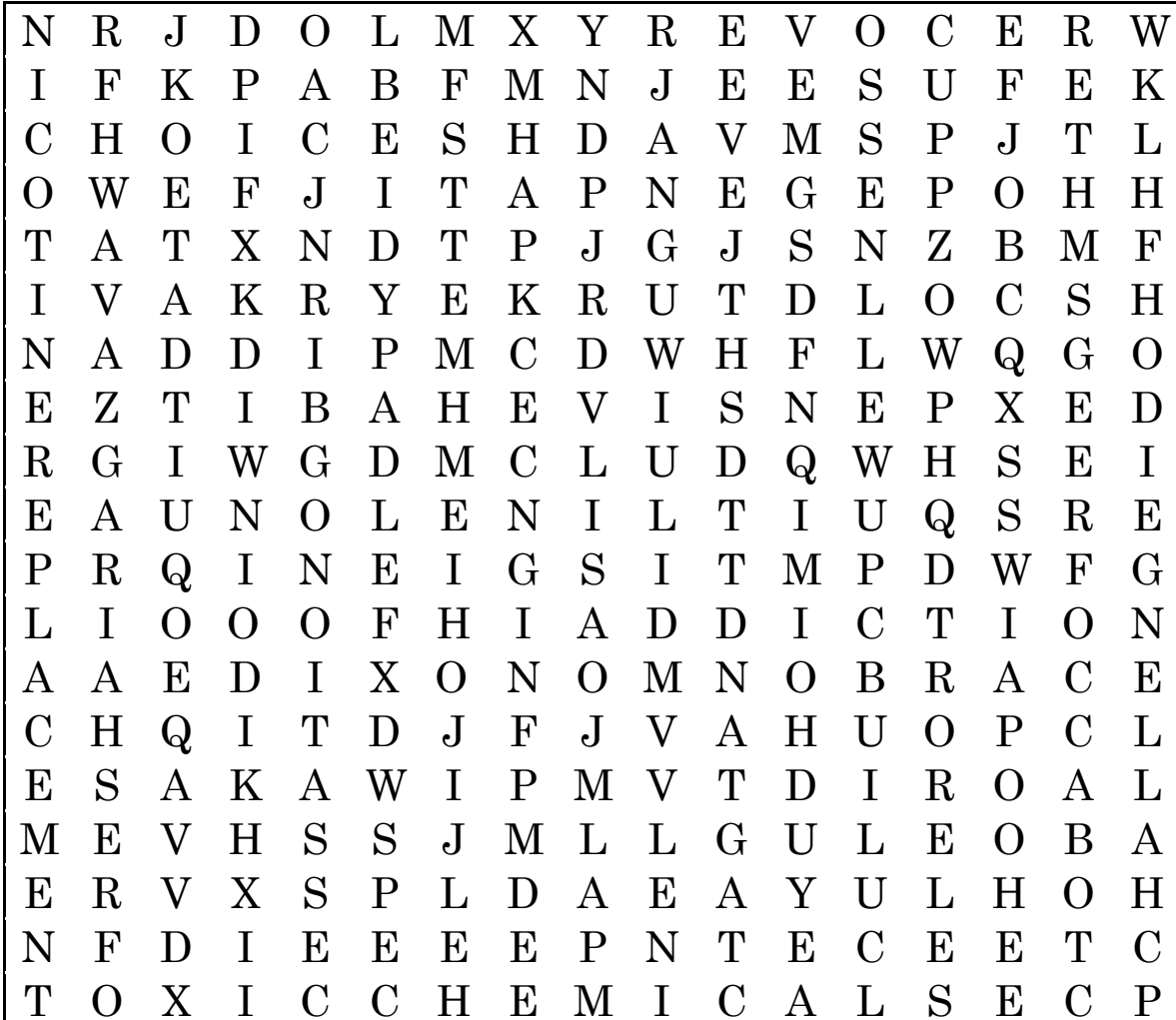
I, for one, would not use the E-cigarette unless I knew for sure that it was safe. On forums that I've looked at online, there are still people reporting a lot of strange side effects from the E-Cigarette. I think that the controversy for and against the E-Cigarette is going to go on for a couple of years until there are further studies done by the FDA.

## Stigma

*By: Wayne Holland*

Some say I'm lazy,  
Some say I'm crazy.  
It's hard for people to understand,  
Sometimes you need a helping hand.  
Some say I'm rude,  
Others know I'm in a mood.  
Some want to put me on a shelf,  
They don't understand it's mental health.  
I'm hoping someday I will find,  
People willing to be kind.  
For now it's an enigma,  
They call it social stigma.

## QUITTING SMOKING



*Can you find these words?*

- |                    |                          |
|--------------------|--------------------------|
| 1. CHOICES         | 10. FRESH AIR            |
| 2. HOPE            | 11. NICOTINE REPLACEMENT |
| 3. CHALLENGE       | 12. CELL DAMAGE          |
| 4. WELLNESS        | 13. CARBON MONOXIDE      |
| 5. QUIT LINE       | 14. CESSATION            |
| 6. COLD TURKEY     | 15. QUIT DATE            |
| 7. TOXIC CHEMICALS | 16. EXPENSIVE HABIT      |
| 8. ADDICTION       | 17. TOBACCO FREE         |
| 9. RECOVERY        | 18. HEALTH               |



*contributed by Phuong T.*

**\* \* \* IMPORTANT ANNOUNCEMENT \* \* \*****OVER-THE-COUNTER (OTC) NICOTINE REPLACEMENT THERAPY PRODUCTS ARE NOW COVERED FOR FEE-FOR-SERVICE MEDICAID CLIENTS**

**BACKGROUND:** The New Jersey Division of Medical Assistance and Health Services (DMAHS) provides coverage of legend smoking cessation products and nonlegend nicotine replacement therapies.

**COVERED OTC PRODUCTS:**

- ◆ Nicotine replacement patch (7mg, 14mg, and 21mg)
- ◆ Nicotine replacement lozenge (2mg and 4 mg)
- ◆ Nicotine replacement gum (2mg and 4mg)

**COVERED PRESCRIPTION PRODUCTS:**

- ◆ Zyban/Bupropion SR/Bupropion XL (150mg and 300mg)
- ◆ Nicotine Inhaler
- ◆ Nicotine Nasal Spray
- ◆ Chantix

**Coverage Guidelines:**

- ◆ Must be 18 years of age and older
- ◆ Coverage for nicotine replacement patches will be approved for those 13 years of age and older
- ◆ Combination treatment modalities will be approved as per evidence-based US Public Health Services Treatment Guidelines
- ◆ Extended treatment duration (i.e. beyond 24 weeks) will require prior authorization

**Reimbursement Restrictions**

Legend and non-legend drugs eligible for reimbursement by the State of New Jersey are those where a manufacturer has entered into a rebate agreement with the Centers for Medicare & Medicaid Services (CMS) (NJ FamilyCare/Medicaid beneficiaries) and/or where a manufacturer has entered into a rebate agreement with the State of New Jersey (Work First New Jersey beneficiaries). Ultimately, if one National Drug Code (NDC) is not covered because of rebate status, the pharmacist should inquire with Medicaid to determine which NDC should be used. It is imperative that the NDC billed to Medicaid is the NDC dispensed.

In response to concerns regarding which OTC nicotine replacement therapy products are covered by DMAHS, the Division is making available the services of the Unisys Medical Exception Process (MEP) unit to assist pharmacy providers in making a product selection.

Please note that the Pharmaceutical Assistance Program to the Aged and Disabled (PAAD), New Jersey Senior Gold (NJSG), and the AIDS Drug Distribution Program (ADDP) DO NOT provide coverage for non-legend products.

**ACTION:** Providers are encouraged to contact the Unisys MEP unit at 1-877-888-2939 to determine which nicotine replacement therapy products are eligible for coverage by DMAHS drug benefit programs.

If you have any questions regarding this Newsletter, please do not hesitate to contact Unisys Provider Services at 1-800-776-6334 or the Medicaid Hotline at 1-800-356-1561.



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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 (NNS)**—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 [williamj@umdnj.edu](mailto:williamj@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 .*