

CHOICES

Consumers Helping
Others Improve
Their Condition by
Ending Smoking

CHOICES NEWSLETTER - NOVEMBER 2014

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Tobacco Free Retailers

By Lisa Evans

There is a growing trend among some of the nation's largest retailers to stop selling cigarettes. You cannot buy cigarettes at Target, Wegmans, and CVS. However, you can still buy cigarettes at Wal-Mart, Walgreens, and Family Dollar. Everyday more stores are choosing to no longer sell tobacco products and now there are two new national initiatives that urge all retailers to stop selling cigarettes.



First, CVS Caremark, a subsidiary of CVS Health that manages prescriptions for insurance companies and employers, is adding a co-pay premium to consumers who fill prescriptions at pharmacies that sell cigarettes. The company is developing a "tobacco-free network" that will start next year and include subsidiaries, Target and CVS pharmacies, as well as other local and regional pharmacies that do not sell tobacco products. The co-pay premium could be as much as \$15. Large employers that use Caremark as a pharmacy benefit manager can decide whether or not to opt in to the network.

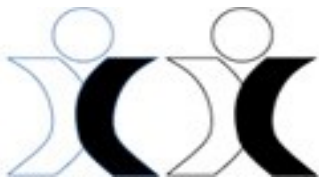
In October 2014, CVS walked away from 2 billion dollars in cigarette sales because the sales conflicted with its corporate healthcare mission. The company launched a smoking-cessation campaign as an option in its in-store MinuteClinics. The Start to Stop smoking cessation program accepts most insurance or consumers can pay out of

pocket for the service. For more information visit <http://www.cvs.com/minuteclinic/resources/smoking-cessation>.



CVSquitsforgood

The second national effort was also launched in October 2014 by The Campaign for Tobacco-Free Kids. *continued on page 6*



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What I Did This Summer...

by Yasmin Halim

This is a common theme for the essay you write on your first day back to school when you are age 11. You can write about how you went on vacation to some cool place with your parents, went to summer camp, swam at the community pool, and even maybe made a little money doing a paper route. How about working on a tobacco farm?

There are several hundred thousand kids legally working in agriculture in the U.S., and thousands of them are going to tobacco farms. They board yellow school buses every morning, but they are not going to summer school. Among the many other hazards of farm work, children who work in the tobacco fields fall ill with acute nicotine poisoning called "Green Tobacco Sickness" from handling tobacco plants, especially when the leaves are wet and get gummy. The children have nausea, they vomit, get dizzy, and have headaches. "Green Tobacco Sickness" decreases their appetite and sleep but they are not even smoking.

An organization called Human Rights Watch interviewed close to 150 kids ranging from age 7 to 17 who spend year after year of their summer vacations working on tobacco farms to help out their families with rent or to buy school supplies for the fall. The children work long hours, 10-14 hrs a day, with only a break for lunch sometimes. There is no toilet or place to wash hands in a crop field. It's very hot, and no shady trees, so heat exhaustion is common. Many times they aren't given any protective gear like gloves or masks when pulling tobacco in the fields. Some kids buy black plastic trash bags to wear over their clothes to stay dry from dew or rain.

"Green Tobacco Sickness" is not the only way children working on tobacco farms get hurt.

Pesticides used on tobacco farms have neurotoxins in them which can make changes in the nervous system of children and teens whose brains and bodies are still developing. Side effects include possible development of cancer, learning and behavior problems, and reproductive problems. When a field is getting sprayed nearby, some of the pesticide drifts toward the children. They can vomit, get dizzy, have trouble breathing, or their eyes are burning, but they keep working. It is easy for a child to fall when he or she is required to climb on rafters that are several stories high in order to hang tobacco leaves to dry.

Children are given axes, machetes, or hatchets to remove weeds and cut the tobacco plants for harvest and then put the plants on long pointy spears to carry to the barn for drying. This causes them to get cuts and puncture wounds on their arms, legs, hands, and feet. There are lots of ways to get injured. The children are not getting safety training like you would if you were working in a factory. They also don't get health education for their job. Agriculture has more injuries to workers under 18 yrs old than any other industry.

The children that were interviewed worked on average, 50-60 hrs/ week and most of them were being paid \$7.25/hr. To a child, that is a lot of money and there is no other way to earn that much money. Despite the money, they said in the future, they would not want their own kids to have to do the same type of work.

You may be asking yourself, "How is all of this legal?" Under U.S. labor law, the rules are different for agriculture than for other jobs. At age 12 a child can work unlimited hours on any farm with parent permission. On a small farm there is no minimum age limit to work. At age 16, a child can do hazardous work that in other industries you have to be at least 18 to do.

continued on page 6

Does Your Insurance Plan Cover Medications To Stop Smoking?

Icon Legend: = Covered = Coverage Varies = Not Covered

MEDICAID COVERAGE

The New Jersey Medicaid program covers:

<input checked="" type="checkbox"/> NRT Gum	<input type="checkbox"/> NRT Inhaler	<input type="checkbox"/> Individual Counseling
<input checked="" type="checkbox"/> NRT Patch	<input type="checkbox"/> Varenicline (Chantix)	<input type="checkbox"/> Quitline
<input type="checkbox"/> NRT Nasal Spray	<input checked="" type="checkbox"/> Bupropion (Zyban)	<input type="checkbox"/> Submitted Section 2502 SPA
<input type="checkbox"/> NRT Lozenge	<input type="checkbox"/> Group Counseling	

Limitations to coverage, including those on duration and number of quit attempts that are covered, vary by plan. Co-payments or prior authorization may be required.

For more information, please call the

Division of Medical Assistance and Health Services at 800-356-1561, or visit their website at <http://www.state.nj.us/humanservices/dmahs/dhsmed.html>

Limitations to coverage, including those on duration and number of quit attempts that are covered, vary by plan. Co-payments or prior authorization may be required.

HEALTH INSURANCE MARKET PLACE COVERAGE

All plans in the Health Insurance Marketplace are required to cover tobacco cessation treatment. Specific coverage varies by plan. Check with your insurance plan to find out what is covered. (This is the type of insurance that you usually get from your employer or may purchase on your own).

QUITLINE COVERAGE

Contact Information: (866) 657-8677; <http://www.njquitline.org/> Hours: 8 AM - 3 AM Monday-Sunday

Medications provided:

<input checked="" type="checkbox"/> NRT Gum	<input type="checkbox"/> NRT Inhaler
<input checked="" type="checkbox"/> NRT Patch	<input type="checkbox"/> Varenicline (Chantix)
<input type="checkbox"/> NRT Nasal Spray	<input checked="" type="checkbox"/> Bupropion (Zyban)
<input type="checkbox"/> NRT Lozenge	<input type="checkbox"/> Group Counseling

Eligibility to receive counseling:

- Resident of NJ.
- Must be 18 years of age or older.
- Must be registered for Medicaid or currently Uninsured.

AMERICAN LUNG ASSOCIATION RESOURCES

The American Lung Association's Freedom From Smoking® program is widely available in community locations throughout New Jersey. In addition, Not On Tobacco is offered in select high schools. Additional options include Freedom From Smoking® Online, a program available 24/7 at <http://www.ffsonline.org> and the American Lung Association's Lung HelpLine (800-LUNG-USA). For more information about program locations and schedules, call 1-800-LUNGUSA, or visit <http://www.lunginfo.org>.

E-Cigarettes Going Wild

By Deidre Stenard

What is an e-cigarette? An e-cigarette is an electronic or fake cigarette that is made by the tobacco companies. Tobacco companies have invested heavily in e-cigarettes and are hoping that you get swept up in the excitement and buy one yourself.

Currently, there are 7,000 flavors available for e-cigarette users, with 250 more flavors being introduced each month. Flavors such as Banana Split, Apple Pie, and Gingerbread Man are available and the e-cigarette makers with the most flavors are beating the competition in sales. E-cigarette users are said to be flocking to the internet and to specialty stores for the e-cigarettes and e-liquid that they buy in different flavors and in different strengths of nicotine. This differs from last year, when e-cigarettes sales were higher in convenience stores. The trend toward the internet and specialty shops has moved so quickly that one of top-selling e-cigarette companies had their market share drop rapidly to 10% from over 20% because they sold e-cigarettes primarily in convenience stores.

Regular tobacco products are only allowed to have two

flavors, tobacco and menthol due to regulation that was passed in 2009. Potential regulation of e-cigarettes is looking to regulate both marketing and the number of flavors allowed, which the FDA (Food and Drug Administration) is studying carefully. So far, the FDA has not tightly regulated e-cigarettes and the e-cigarette market is going wild.

Lorillard and Reynolds plan a national marketing campaign for their e-cigarette venture, Vuse, including television advertisements in major markets. Matthew Myers, president of the Campaign for Tobacco Free Kids says that in the absence of marketing regulation for e-cigarettes, “The tobacco companies will set the agenda”; “The tobacco companies will drive the evolution of e-cigarettes in a way that serves their interests and not public health, and that’s exactly what’s happening”. That is also the way that the tobacco companies have operated going back to when they were marketing regular tobacco cigarettes.

We know that we all want to quit smoking. It is just a matter of how we choose to do it. In weighing our

options, we can remember that regular cigarettes can and do kill 480,000 people per year in the United States alone. We can remember Felicita from the Centers for Disease Control and Prevention’s “Tips from a Former Smoker” ad campaign on television. Felicita lost all of her teeth due to gum disease from smoking and by the time Felicita quit smoking it was too late to save her teeth. Her story has motivated tens of thousands of people to quit smoking. Felicita’s story can be viewed online at: <http://www.cdc.gov/tobacco/campaign/tips/stories/felicita.html>

I would choose to quit smoking with something that has been proven safe and effective, such as the nicotine patch or gum, instead of using something that is not FDA (Food and Drug Administration) approved. Good Luck quitting tobacco!



Felicita, 54, Florida; lost all her teeth by age 50

Love Your Lungs, Ladies By Trish Dooley

Lung cancer is the #1 cancer killer of women. In 1987, lung cancer surpassed breast cancer to become the leading cause of cancer death in women. Over the past 35 years, the rate of new lung cancer cases has dropped by 35 percent in men, but it has doubled in women.

Unfortunately, most lung cancer cases are not diagnosed until later stages when treatment options are limited. Only about half of women diagnosed with lung cancer will survive one year, and only one in five will survive five years.

Unlike mammography for breast cancer or colonoscopy for colon cancer, there is no widely accepted screening tool to detect lung cancer at an early stage. Annual low-dose CT screening is recommended for people who are at high risk for lung cancer. The American Lung Associa-

tion provides a free online tool that helps determine whether a person meets the guidelines for CT screening for lung cancer. Share this tool with your friends and family. That tool can be found here: <http://lungcancerscreening-saveslives.org/#home>.

But there is hope. Early Detection and treatment of lung cancer can translate to higher survival rates.

Lung cancer deaths can decrease if more of these cancers are detected early by low-dose CT screening among high-risk populations.

The evidence is clear, now more than ever, quit smoking today! Ask your mental health clinician, nurse, or psychiatrist about helpful ways to stop smoking. Help is also available at 1-866-NJSTOPS or www.quitnet.com.

Letter from a Proud Ex Smoker

Dear CHOICES,

I am an ex smoker. It all started at the tender age of 21 when I entered the US air force. I had my first cigarette and was unable to stop. After being discharged medically from the US Airforce for mental illness my cigarette use got worse. With each inpatient hospitalization my tolerance level and smoking grew. No one tells you that when you are in a state hospital "this place to get help" but the only time you get to see sunshine or get a break is when you are smoking it was literally a **DRAG** for me. After later being released and working on my recovery I sat one day with my daughter who is 11 years old. We were watching television a commercial came on about smoking and cancer. After months of my daughter begging me to stop and then watching this commercial it clicked. I could

Continued on page 6

Walking the Streets



Go ahead and Play Music
 Try to Feel the Beat
 If cigarettes are so glamorous
 Why do people put them out on
 the street?
 Ok walk around the hood
 But stay away from all the smoke
 Just like you know you should

It doesn't matter what you
 smoke
 It's not a joke to choke
 If you are able to stop
 It can benefit your wealth
 Not to mention how good it is
 For your mental and physical
 health.

-Wayne Holland

(Tobacco Free Retailers) continued from page 1

This is the first-of-its-kind national campaign urging retailers to stop selling tobacco products. Matthew Myers, President of the Campaign for Tobacco-Free Kids, is asking retailers to stop selling tobacco. The organization believes that the more our children are exposed to cigarettes in retail stores, the more likely they are to smoke. By ending tobacco sales and providing tobacco free shopping, the organization feels that we will have a tobacco free generation. For more information on which retailers in your area are tobacco free and an opportunity to send a message to retailers who sell tobacco products, visit their website at <http://shoptobaccofree.org>. As recent as September of this year, Wal-Mart, Walgreens, and Family Dollar reportedly have no plans to cease selling tobacco products. A spokesperson for Walgreens noted that retail pharmacies account for only 4% of cigarette sales and said "... a retail pharmacy ban on tobacco sales would have little to no significant impact on actually reducing the use of tobacco." Consumers today are very conscious about the need and value of living a healthier life and shop for products that support their goal. Consumers are also selecting the retailers and brands that support their personal beliefs. With the smoking population rapidly diminishing, The Campaign for Tobacco-Free Kids will likely be meet their goal.

(Ex-Smoker) continued from page 5

really quit. Now don't get me wrong this has not been my first time trying to quit, but after the crying outburst and the sobbing that came from my daughter for me to stop smoking I finally did. With the help of therapy , replacement products, and my wonderful child I have been free of smoking for **three** months.

To help with cravings I suck on sugarless lollipops and hard candy. I also reward myself with something nice. Instead of all that money going towards cigarettes it now goes to family night out and a manicure pedicure for me once a month, which is something that before the smoking I was unable to do. I feel healthier. I feel like a better role model for my daughter and other consumers that need help with smoking.

My inspiration was my daughter? What will your inspiration be?

Sincerely,
Nancy Troche

*(What I did this Summer)
continued from page 2*

Human Rights Watch showed their research to 10 different tobacco companies and 2 large tobacco leaf merchants. The businesses acknowledged it was a problem and said they were concerned but it did not translate into policy on their part. Some of the companies have lower standards for child labor in the U.S. than child labor for the same thing in other countries.

There doesn't seem to be anything being done about this serious issue. Some regulations were proposed in 2011 to prohibit children under 16 from working on tobacco farms but were then quietly withdrawn in 2012.

Hmm.....

We don't always know what is going on down the supply chain when the finished product, in this case, a cigarette, is in our hand. Now that we know, we can chose not to keep adding the financial fuel needed to continue this fire of child exploitation in the tobacco fields of our own country.

Sources: Human Rights Watch and CNN.com

Interview with Jason: My Addiction

By Yasmin Halim

I recently had the pleasure of sitting down and talking with Jason after doing a presentation at his program with Wayne and Deidre who also work for the CHOICES program. Jason recently quit smoking in June of this year, 2014. He told me that he started smoking at age sixteen while in a psychiatric ward. He picked up a cigarette from an ashtray and then someone gave him a new cigarette. That is how his addiction began.

As an adult, he smoked one and a half packs of cigarettes daily. His brand of choice was Marlboro Light 100's. Several months before he started trying to quit, he found out he had emphysema. He related to me that his doctor told him that one third of his lung was worn down from smoking and his health was getting bad. His family was very mad, pushing him to stop smoking. One day his mom and sister demanded he give them the cigarettes but he did not want to give them up yet. He stopped smoking when he went to visit his parents but still smoked at his own apartment and at the day program.

His roommates and friends also started getting on his case about smoking. The things his doctor, family, friends and roommates said gave him incentive to quit smoking but he could not quit to please other people. He had to decide to do it for himself. Once he was firm in his decision he cut down from 30 cigarettes a day down to 10-15 per day. Then he stopped smoking altogether. Now that Jason has not been smoking for six

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CHOICES Educates Rutgers University Wellness and Recovery Students



You are encouraged to utilize and promote the services of CHOICES. Our class was privileged to have Ms. Yasmin Halim and Mr. Wayne Holland address

issues and concerns regarding tobacco products. These peer providers are knowledgeable experts in smoking cessation. Both Ms. Halim and Mr. Holland delivered a balanced and thoughtful presentation to the students and I (Instructor and Trainer for the Integrated Employment Institute within the Department of Psychiatric Rehabilitation and Counseling Professions, School of Health Related Professions).

Ms. Halim articulated valued details concerning the economic and social impact of tobacco on society and especially people who live with mental illness and addiction.

Cigarettes and stress relief (consider identifying healthy strategies to lessen/eliminate stress)

- Negative impact on white blood cells fighting disease, contributing to poor circulation
- Cardiovascular (Heart & Circulatory Systems) and Respiratory disease
- Tobacco more addictive than cocaine and heroin
- Medicaid and varying doctor prescription coverage for smoking cessation support
- Medication, diabetes, and weight gain (nicotine impact)

(CHOICES Educate) continued from page 7

- Potential body recovery by quitting is helpful
- Nicotine is a stimulant; eat less and increases choosing cigarettes over food
- Disease prevention is quitting

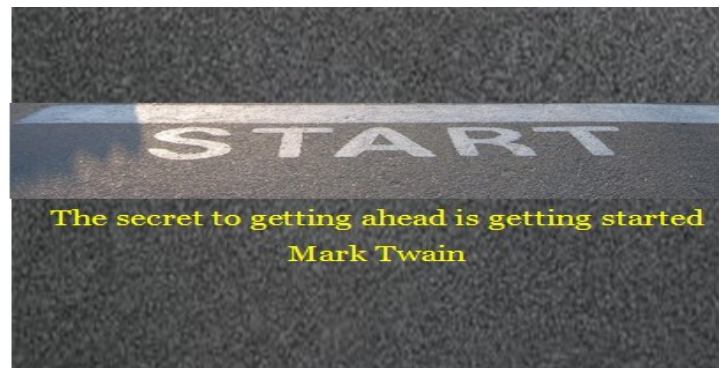
The wellness and recovery course I teach focuses on engaging people with mental illness and addiction toward living a healthy lifestyle. People with mental illness die on average 25 years younger than the average citizen. Students are required to create their own wellness plan.

We benefitted greatly from Mr. Holland who openly shared his psychiatric experience and is a former smoker of 13 years. Like others, he was able to stop by developing a quit plan. Mr. Holland seized an opportunity to better his health and energy level in order to work, save money, and partake in social activities. Mr. Holland took healthy risks to combat tobacco addiction in order to help his psychiatric recovery as well (tobacco takes medication out of the bloodstream). Furthermore, Mr. Holland had bravely taken incremental steps to make the choice to quit.

Our class had plenty to discuss and process after Ms. Halim and Mr. Holland's informative presentation. We were most uneasy and disgusted about the lack of ethics and lack of monitoring and oversight of the poisonous related chemicals and carcinogens legally allowed in tobacco causing addiction (physiological withdrawal symptoms), shortened lifespan, and the harming of others through second hand and third hand smoke, as well as the blatant and over taxed tobacco products and disregard of people's physiological and emotional

addiction. Furthermore, there is seemingly no plan to remove this billion dollar tobacco industry from society. This was an excellent tobacco lesson and reminded us about the purposefulness to improve our psychiatric rehabilitation skills and competency to empathetically help and engage individuals living with mental illness and addiction. I lost my mother, a smoker to congestive heart failure. I live with mental illness and although I am not a smoker, I, like many, am impacted by second hand and third hand smoke. Through the use of peer support, I believe we need to raise our own expectations of achieving a healthy lifestyle. Too much preventable disease, death, premature lost dreams, and diminished community integration exist in our valued social roles, of student, worker, neighbor, sibling, partner, parent, and voter.

George Brice is an instructor at Rutgers University School of Health Related Professions



(My Addiction) continued from page 7:

months he feels like the addiction is leaving. When he brushes his teeth he sees a little bit of tar coming out like brown speckles. His sense of taste is coming back. His favorite food is chicken parmesan from Emilio's, an Italian restaurant nearby. His sense of smell is coming back. Things smell cleaner. He likes the smell of the outdoors like the way grass smells. Although he did not use nicotine replacement or other medicine to help quit smoking this time around he said he would use it if it was necessary in the future.



Consumers Helping Others Improve
their Condition by Ending Smoking

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PARTICIPATE IN RESEARCH: The Division of Addiction Psychiatry is located at 317 George Street, Suite 105, New Brunswick, NJ. Our researchers are always looking for individuals to participate in our studies. For further info, please contact Dr. Jill Williams at 732-235-3904 or at williajm@rutgers.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 Rutgers-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 and Addiction Services.