



Consumers Helping
Others Improve
Their Condition by
Ending Smoking

Fall 2011, Volume 5, Issue 1

CHOICES in Michigan!

By John Fryer

CHOICES
c/o Trish Dooley
UMDNJ-RWJMS
317 George Street
Suite 105
New Brunswick, NJ
08901
Phone: 732-235-8232
dooleypc@umdnj.edu
www.njchoices.org



Inside this Issue

Graphic Cigarette Warning Labels are Center of Controversy	2
CHOICES on the Radio... In Canada!	3
Is Your Building Going Smoke-Free?	3
What to do to get ready to quit smoking	3
Peer Support Specialists receive tobacco education	4
The Joy of Sax	4
Finding the Decisive Moment to Quit	5

The CHOICES peer to peer initiative in tobacco dependence education and intervention has been introduced to Michigan Certified Peer Support Specialists. In August CHOICES conducted an intensive four day training to implement a smoke-free outreach program. Trish Dooley Budsock, Mia Hanos Zimmermann, and Eric Arauz travelled through a hurricane to spread knowledge and provide supportive services about tobacco use among people with serious mental illness. Sixteen certified peers completed the training with plans on implementing the curriculum statewide. The Michigan Department of Community Health sponsored the training in an effort to decrease the morbidity and mortality rate among persons with serious mental illness served by the public mental health system.

Certified Peers around the state of Michigan are now implementing CHOICES in their own lives and the lives of mental health consumers that we serve. Living recovery, sharing our life experiences, and providing support are vital components of peer support that lead to systems transformation and health integration. By sharing strengths, success and leading by example we inspire others to make CHOICES that are best for them. With over 875 Certified Peer Support Specialists working throughout Michigan we can make changes with CHOICES.

In October 2006 the National Association of State Mental Health Program Directors (NASMHPD) reported in an executive summary that "People with serious mental illness (SMI) die, on average, 25 years earlier than the general population." Smoking is one modifiable risk factor that is preventable. This devastating statistic serves as a strong motivator for both individuals and health care providers to implement smoking cessation programs. CHOICES is a strong program that is based on peer to peer support. The CHOICES model is fundamental to the peer support movement and when implemented will have a direct effect on increasing life expectancy.

At JIMHO, Justice in Mental Health Organization, a consumer run drop-in center in Lansing, Michigan we are excited to add CHOICES to our list of wellness tools. In October 2010 we introduced a "Sharing Strengths" smoking cessation support group. We engage consumers in healthy activities providing encouragement to live a smoke-free lifestyle. Tracking CO meter readings on a weekly basis provides participants with a concrete measure of the harmful effects due to smoking. Consumers aim to lower their meter readings from week to week and also compare with each other in a supportive environment. Since so many people are at different levels of readiness education, awareness, and support is needed in diverse ways. People want help with ending tobacco addiction and incorporating CHOICES into the "Sharing Strengths" group at JIMHO enhances recovery services provided.

Freedom of CHOICES and addressing tobacco dependence is imperative to increasing life expectancy for persons who have a serious mental illness. Thanks again New Jersey for your guidance and collaboration. Together we will move forward to save lives!!

John Fryer is a Certified Peer Support Specialist and the Associate Director of Project Doors, Justice in Mental Health Organization, Michigan.



Graphic Cigarette Warning Labels are Center of Controversy

By: Deidre Stenard, CTA

In June of 2011, the FDA approved nine new warning labels that tobacco companies will be printing on cigarette packs, front and back. The new warnings will include the number of a telephone hotline for quitting smoking. The graphic warning labels are to be rotated on the cigarette packs. The FDA approved these warning labels to be on cigarette packs by September 2012.

Images include a graphic of a huge scar on a man's chest, accompanied by "Smoking can kill you". Another image captures a man's smile, tobacco stained teeth and a sore on his lip, with "Cigarettes cause cancer" next to it. Another image has smoke coming out of a tracheotomy tube, accompanied by "Cigarettes are addictive".

Following the announcement by the FDA, several tobacco companies including R.J. Reynolds, Lorillard Tobacco Company, Commonwealth Brands, Liggett Group LLC and Santa Fe Natural Tobacco Co., Inc. filed a lawsuit against the federal government that says their First Amendment rights would be infringed upon by the regulation that graphic cigarette warning labels have to be on cigarette packs. Altria Group Inc., parent company of the nation's largest cigarette maker, Marlboro maker Philip Morris USA, is not a part of the lawsuit. The cigarette makers want a decision on the lawsuit by November or December 2011. If they have to repackage their cigarettes with warning labels, they will have to get to work on it by the end of the year.

There are furious arguments pro and con on the cigarette warning labels. There are several organizations that have stepped up and spoken in favor of the cigarette warning labels, such as American Academy of Pediatrics, the American Cancer Society, the American Heart Association, the American Legacy Foundation, the American Lung Association, the American Medical Association, the American Public Health Association, the Campaign for Tobacco-Free Kids, and Public Citizen. They have all said that the current written warnings on the side of cigarette packs that exist now are not sufficient warnings and the graphic images on cigarette packs are much more effective. These organizations all oppose the tobacco companies' lawsuit.

Also in opposition to the tobacco companies' lawsuit, the FDA said that the graphic warnings display the dangers of smoking and that is more important than the tobacco companies' free speech rights. The labels will cost the cigarette companies significant money, but it is more important to warn the public about the dangers of smoking.

The federal agency also argued that Congress gave the FDA the authority to require the new labels because the current labels are insufficient. The FDA said that the new cigarette warnings are similar to those used in other countries.

It certainly is a hotly contested regulation and I hope we will know what the court decides within a few months. In the meantime, the pros and cons are battling it out.

As described above, these graphic images are examples of the cigarette warnings:



WARNING:
Cigarettes cause cancer.

Health warnings for U.S. Food and Drug Administration proposed regulation
"Required Warnings for Cigarette Packages and Advertisements"



WARNING:
Cigarettes
are
addictive.



1-800-QUIT-NOW

WARNING:
Smoking can kill you.

CHOICES on the Radioin Canada!

By Trish Dooley, M.A., LPC

In May, 2011, the CHOICES program was approached by "People First Radio," which is a weekly community radio program about people, the society in which we live, and issues related to health and wellness. The initiative is a partnership between Columbian Centre Society and Radio Malaspina Society. People First Radio has been on the air since November 22, 2007, and is based in Vancouver, British Columbia.

CHOICES team members Yasmin Halim and Trish Dooley were interviewed, and featured on a series entitled, "On Smoking and Mental Illness," which was broadcast on May 26, 2011. You can hear the entire interview here:

http://www.columbiancentre.society.com/prfcontent/311_may_26_2011_sm.mp3

Is Your Building Going Smoke-Free?

By: Yasmin Halim

I was driving to work for a CHOICES team meeting when I heard a very interesting topic being discussed on a talk radio station. There had been an article in the paper that day about the growing trend of multi-family buildings going completely smoke free in NJ. As I was listening, I thought I would hear people calling into the radio program, angry about discrimination or freedom to smoke in their own home being taken away but I didn't. Most people who called had come across an issue in the past or present of a smoker living in the apartment next to them or above them or below, and being able to smell the smoke.

If you live in a residential building, it has been against the law to smoke in common areas like hallways for quite awhile but you could still smoke in your apartment. There is no change in law. Property managers and owners are starting to

turn the complexes they run completely smoke free. An example is the Bellmawr Senior Housing Association. They have two senior housing buildings in South Jersey. When it was time to renew leases, they had put new lines in the contracts about their new no-smoking policy. They had 20 tenants that smoked. No one refused to sign their contract. A few people decided to leave but more people decided to stay and quit smoking. There are approximately 24 public and private housing properties in NJ that do not allow smoking in private areas of the buildings. This trend is expected to grow.

Property managers have found many benefits to going smoke-free. They have reduced insurance costs, less risks of fire and other damage from smoking, a faster turn-around time to clean apartments for new tenants, and lower maintenance costs. Tenants like living in a cleaner, better smelling environment. If you are a smoker and you have been thinking about quitting on and off, this seems like the perfect time to give it a go.

What to do to get ready to quit smoking *By: Deidre Stenard, CTA*

Step 1: Set a quit date:

Pick a day that is good for you, leaving enough time to get ready

Step 2: Gather your Supplies:

Get all of your Nicotine replacement Therapy together, and if you are going to use Chantix or Zyban get that together.

Step 3: Reach out to others:

Let the people closest to you know that you are quitting smoking, let your doctor, nurse or therapist know. These people will probably form your support group in the early days and weeks of quitting.

Step 4: Get low calorie snacks and other supplies together:

An example of what to get together:



Celery & Carrot sticks

Cinnamon sticks

Finger foods such as seedless Grapes

Snack foods like nuts: Almonds, cashews, sunflower seeds (Be sure to only have a small handful of any of these as a snack because the almonds and cashews can have a lot of calories in them).

Water: When you quit, drink at least 8 big glasses of water daily to hydrate yourself.

Sugarless hard candies or gum. Both of these can be incredibly helpful in keeping the mouth busy and will help you with your cravings.

You can use these ideas or some of your own. The idea is to be doing something to help you with cigarette cravings that may come up. Remember that your cigarette craving will go away whether you smoke or not.

Hang in there, Good Luck!

Peer Support Specialists receive tobacco education and cessation training

By: Sherry McCabe

A comfortable room full of Peer Support Specialists, tobacco control experts, good food and positive energy provided fodder for a growing movement: addressing tobacco at mental health and substance use disorder agencies at the policy and treatment level.

Peer Support Specialists have been identified by leading anti-tobacco advocates and treatment agencies as being one of the most effective types of treatment for consumers. These folks are dedicated and invested in their community and in a unique position to help others find hope and recovery. Several of the Peer Support Specialists identified themselves as tobacco users and a few shared a strong desire to quit by the end of the training.

Training components included general tobacco use and rate information, a Quitline overview, motivational interviewing, Carbon Monoxide monitor training and a review of support group curriculums. Tobacco use rates among mental health and substance using consumers are 2-4 times higher than the general population and often higher with specific diagnoses such as schizophrenia¹. Use rate issues coupled with a lack of quit resources, tobacco industry marketing, and environments that often promote tobacco use easily framed this as a social justice issue and provided motivation and engagement for the Peer Support Specialists.

The synergy of the training was by

far the highlight of the day. Inspired and motivated, several participants shared their thoughts from the day on Flip cam while another participant announced that she was quitting. These stories and the video will be featured on the Communities Putting Prevention to Work networking site, www.HealthyKingCounty.org. Mental health and substance use disorder agencies are on a parallel track working on tobacco policy which will ultimately result in 100% tobacco free sites. With the tobacco use rates being so high at these sites, Peer Support Specialists trained in tobacco cessation will be able to step in and offer support groups, education and information.

For more information about this project contact Sherry at Sherry.McCabe@kingcounty.gov

Sherry McCabe is the Project/Program Manager II at King County Mental Health, Chemical Abuse and Dependency Services Division, Seattle Washington.

1. Lesser K. Wesely BJ, Woolhandler S. *et. al.* Smoking and mental illness: a population-based prevalence study. *JAMA*. 2000;284:2606-2610

Participants shared their story on our Flip cam



The Joy of Sax By Wayne Holland

I had been playing trumpet for over a year. Despite all my efforts I was unable to learn how to play the trumpet the way I wanted to. I could play, but just get a high quality sound out of it. I thought about trying other instruments but didn't know what to do. One day, I went to a music store. I noticed there was a pretty girl behind the counter. I said "Hello," and she said "Hello" back. I looked at all the instruments hanging on the wall. Suddenly, I saw a soprano saxophone- an instrument I always wanted to play. I remembered I played saxophone in high school and a little in college. I asked the pretty girl behind the counter if I could try it. She said "Yes." As soon as I picked it up it all came back to me. The embouchure, the fingerings, I even could hit the high notes. It happened. I call it the joy of sax and because I had money from not smoking and had the wind to play it because I didn't smoke, I bought it and have been experiencing the joy of sax ever since.



Let me tell you all the fax

There's nothing like the joy of sax
 With plenty of wind you blow in the phone
 Makes you feel good, you're in the cool zone
 Without the bad habits of the past
 You know the joy of sax is gonna last
 With money in my pocket and plenty of air
 I got the time to practice with plenty to spare
 So listen to the music and try to relax
 Everybody can get into the joy of sax.

"Finding the Decisive Moment to Quit"

By: Timothy J. Egan

(Attended CHOICES site visit at Sussex House Health Fair)

It's hard to imagine what more can possibly be said with regard to the seemingly ever-present epidemic of the addictive usage of commercial tobacco products. We've all seen how smoking cigars and cigarettes used to be considered trendy, and even glamorous. Who doesn't recall those larger-than-life images of Bette Davis holding her elongated pencil-stick of a cigarette while coyishly keeping her drooling harems at bay? The idea of social acceptability in a climate (and indeed *culture*) of conformity-at-all-costs almost necessitated the mainstream middle-American "value" of being a smoker that simultaneously seemed to cast a small dose of scorn at those who scoffed at the notion of inhaling a foreign substance into one's own body as a habitual practice. And subsequently, reason and logic were deemed, well, quite the opposite.

Be a smoker, and you'll fit in...to a not-so-cozy hospital bed hooked up to a respirator clinging for dear life, and clean air.

But profit-motives seem to know no bounds. Tobacco corporations, like all (or most) businesses, have one agenda in mind, and we all know what that agenda most probably is. It's certainly not about curtailing the ever-increasing number of lung-cancer patients, nor is it about educating the public about the inevitable hazards of rapaciously breathing in tar, the addictive agent nicotine, and the all-too-tantalizing carcinogen. But the public has a voice. And spoke they did...and are.

In recent decades, the public backlash against tobacco addiction has grown leaps and bounds. There are no longer any smokers living above ground who are not aware of the health risks associated with smoking cigarettes and other tobacco products (including the rather peculiar habit of the chewing of tobacco). Yet the sales objective of tobacco loyalists ("lobbyists") has not been deterred. While claiming on one hand to be in favor of education with regard to addiction, potential health

risks, and the like, the sales of tobacco products continue at an alarming rate. Prices have skyrocketed to outrageous sums, and Public Relations campaigns have done little to alleviate the growing number of casualties that have resulted from this addictive behavior. In short, these corporations seem to have no compunction whatsoever in forsaking their own profit-motive in favor of the greater public good.

This, of course, is to be expected. And of course it is being continuously challenged on a multitude of fronts.

So, being that we live in a democracy, at least ostensibly, we still have the opportunity to shed light on where darkness would love to hide...and breed. As a long-time smoker myself, and now a recent ex-smoker, I can say first-hand just how gruelingly difficult it is to break this physically-enhanced psychological addiction, and how utterly imperative it is for "could-be" smokers to seriously listen up to what us smoking "veterans" have to say. We're not simply regurgitating text book facts and quotations from dispensers of anti-tobacco propaganda. We are speaking from on-the-ground experience and know all too well why smoking tobacco is, if nothing else, a complete waste of many cumulative paychecks.

It is not a rhetorical statement to make that smoking does indeed kill. But even worse, it is a sentence to a very painful and slow death. In many cases, the physical damage caused from prolonged smoking is irreversible, even after one has finally managed to wrench themselves away from that incessant beckoning. Some have claimed that displaying visual images of affected lungs would have a jarring effect on would-be smokers, as well as those who are already hooked. Perhaps this is the case, but the factual reality is that this addiction is so intensely powerful that even watching the slow, degenerative effects of this life-long practice does little to dissuade many who are stubbornly unwilling (as I most certainly was) to give even a peripheral listen to why smoking isn't such a smart idea. It's a conundrum to be sure, and I

can personally attest to this. Evidently though, there are many who *are* listening and have since managed to honestly begin to refer to themselves as ex-smokers.

But still, there are those, many in fact, who do want to give up this addictive pattern once and for all. And as cliché as it may sound, there is hope in this regard. Some may wish to quit suddenly, or "cold turkey," as I did, and others may prefer to wean themselves off gradually, through the optional assistance of using "the patch" or nicotine gum, as well as by other means.

But the point is clear enough: smoking, as a repetitive practice, will lead only to a dead end...and I don't mean that to sound callous; it simply is a cold scientific fact. Smoking is just plain uncool. It's deadly and is a drain on one's income.

I've used just about every rationale as can be dreamed up to postpone my cessation of tobacco use, and I know that finding the "right time" to quit is indeed an understandable factor, but the question remains: how long will the "right time" take to arrive before emphysema and terminal cancer has set in? Dealing with a degree of withdrawal symptoms is far beyond worth the effort in order to free oneself from this disease of the mind that will ultimately lead to a premature demise, as well as to live a quality of life that is optimal in every possible sense. Your heavier-wallet will leave you with even more self-gratitude.

That, and "replacement therapy" is, at least in my case, absolutely key.





Consumers Helping Others Improve
their Condition by Ending Smoking

c/o Trish Dooley
UMDNJ-RWJMS
317 George Street, Suite 105
New Brunswick, NJ 08901
732-235-8232—dooleypc@umdnj.edu

STAFF

Jill Williams, MD, Medical Director & Co-Founder
UMDNJ-RWJMS, Director, Division of Addiction Psychiatry
<http://www.rwjms.umdnj.edu/addiction/>
Marie Verna—UMDNJ-UBHC, Advocacy Director & Co-Founder
Trish Dooley, MA, LPC, CTTS, Program Director
Nancy Szkodny, Newsletter Editor
CHOICES Consumer Tobacco Advocates:
Eric Arauz (former) Yasmin Halim Bill Newbold (former)
Diane Beck (former) Wayne Holland Deidre Stenard

Join our FREE MAILING LIST— Please Print:

Name _____

Address _____

City _____

State _____ Zip _____

Telephone (_____) _____ - _____

Email: _____

Send this form to:
CHOICES
c/o Trish Dooley
317 George Street, Suite 105, New Brunswick, NJ 08901

CHOICES
UMDNJ-RWJMS
317 George Street
Suite 105
New Brunswick, NJ 08901

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. 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 .