



CONSUMERS HELPING
OTHERS IMPROVE
THEIR CONDITION BY
ENDING SMOKING

Fall 2008

Volume 2 Issue 7

My Journey with CHOICES Continues

By Yasmin Halim

My Interview with Michelle

Michelle has been smoke free for 21 years now. She smoked for 11 years before quitting. She had been smoking since she was 16 years old. She thought it was cool and wanted to “fit in.” She remembers the first time she smoked, she coughed but overall she liked it.

Her parents had given her permission to smoke. Her parents, sister and brother smoked except for one of her brothers. Her mom died from esophageal cancer at age 66 and her dad died from colon cancer when he was 69. She worries that her brother and sister will get cancer too.

She decided to quit smoking because she was getting sore throats all the time. The most she smoked was 2 packs a day then she went to 1 pack. She tried Nicorette gum but did not like

the taste. She tried to limit herself to 1 cigarette an hour but that did not work either. She finally quit cold turkey and has never went back. Michelle says that she will never pick up another cigarette. She does not want to go through the whole quitting process again and does not like the smell of smoke in her clothes and hair. One challenge to quitting was eating a lot of food. Michelle also had thyroid surgery. She originally gained weight but has now lost 48lbs.

My Interview with Jack

I met Jack at a day program. He quit smoking on June 25th 2007, 16 months ago. He decided to quit when his doctor told him he had a spot on his right lung. His father, uncle, and grandfather all died of lung cancer. His grandfather was a chain smoker. His uncle was also heavy smoker. His dad smoked 1 ½ packs of Camels per day. Jack

Continued on page 3

***About the Author—Yasmin Halim—**Every few months, Martha Dwyer and Dr. Jill Williams send me stories and poems that have been submitted for the next CHOICES newsletter. I look through and try to figure out which one would be the most interesting to our readers. Sometimes it's easy, the story is about a hot topic that Dr. Williams wants to bring to everyone's attention, other times it's very difficult, because they're all good. So I pick the one that will fit best. This month I looked through the files and saw that there were four interviews submitted by Yasmin Halim. Yasmin has been a Consumer Tobacco Advocate for CHOICES from the very beginning. I remembered Yasmin when she first joined the CHOICES team and how much coaxing it took to get her to write something, I looked back at beautiful article that Yasmin wrote for our newsletter in the Spring 2005 issue entitled “My Journey with CHOICES” which was really the beginning of her journey and now I look at Yasmin and she's a co-lecturer in Dr. Williams' two-day training offered to psychiatrists and advanced practice nurses. As Dr. Williams' would say “Yasmin – you rock!”. I admire the CTAs and I hope you enjoy reading this newsletter as much as I enjoy the preparation ~ Nancy Szkodny*

CONSUMER PERSPECTIVE

By Lynn

Many, many times I've asked the question. Why? Why do I have to cope with a mental illness? Or Why do I have such a difficult time?

In some ways coping with mental illness and the difficult times I have quitting smoking are related. Why is smoking such a strong coping mechanism for the mentally ill? For me it makes me feel happy when I know I have the freedom to buy and smoke a cigarette.

But what is this act really doing for me? Let's stop and think. Is it making me less mentally ill? Did it truly make me more happy? I'm still the same person in the same situation I was before I inhaled. It did not change my life, it did not make me more happy.

Let's think about the things that actually will and have been shown to make us feel well. For instance, support from a good counselor, exercise, group activity, and recreation, but knowing what to do and not following through or not knowing what to do or where to turn may be even worse.

"In some ways coping with mental illness and the difficult times I have quitting smoking are related. Why is smoking such a strong coping mechanism for the mentally ill?"

So let's start with a good counselor, someone who is patient and kind with a sympathetic air. Then let's add a little exercise. I try to walk every day. I stated out at the recommended ½ hour and now have even increased my walking to an hour at a time which really feels good. What about group activity? There are many kinds of group activity like volunteering in the community, joining a church, or having a friend or family gathering.

I want to tell you about one experience with a group activity that I will never forget. It all started when I decided to have inpatient counseling at Mayo Clinic in Rochester Minnesota to quit smoking. There were a group of 6 of us who after a week of this type of group activity begot 6 of the closest friends I have ever had in a long time. I found that through this experience nothing can surpass the interpersonal relationships that are cultivated from this one example. How about recreating? It's fun, it can be relaxing or exciting, or however you want to make it. But definitely fit it into your schedule. We all need to get away to that place or find the time to somehow feel like we are on vacation. So get involved and above all don't give up you can be smoke-free. Have a great smoke-free day!



SEND YOUR DOCTOR TO OUR CONFERENCE FOR FREE!



Twice a year in November and March there is a 2 day training conference entitled Treating Tobacco Dependence at Robert Wood Johnson Medical School in New Brunswick. This helps psychiatrists and psychiatric nurses learn about updates in treating smokers. These professionals have not traditionally received training in treating smokers although they are skilled in the treatment of other addictions. Scholarships are available for psychiatrists and psychiatric nurses practicing in outpatient settings in the State of New Jersey.

If your doctor or nurse qualifies for a scholarship, then they can attend the training for free and receive up to 12 hours of continuing education (CME) credits. To apply for a scholarship your doctor or nurse has to fill out an application. (Available by calling Nancy at 732-235-4053). Professionals who attend this training will be able to learn how to better treat tobacco addiction in individuals with mental illness. They will learn about the medication and counseling treatments that are proven to work. So please share this with your doctor or nurse so that we can better spread the word- we want to make sure that every mental health consumer in NJ has access to effective tobacco treatments!

Scholarships are made possible by NJ State Department of Health and Senior Services, Comprehensive Tobacco Control Program

My Journey Continues from front page

smoked for 37 years. At the top of his habit he smoked 3 packs/day. He started smoking when he was 12 years old. He and a bunch of friends found a cigarette pack on the ground. When he smoked that first cigarette, he felt dizzy but it was enough to get him addicted. Smoking used to make Jack feel good but also anxious at the same time. He used to give some of his cigarettes away to other people.

The first time Jack tried to quit smoking he kept it a secret. He quit on and off for about three months. Nine months later he used the Commit lozenges. Then he stopped the Commit and did not smoke anymore. He got a lot of support from other clients in the program and by talking to the counselors. When he told his doctor that he quit smoking, she was very proud of him. Jack is not so worried about getting smoking related diseases but still thinks about cancer and emphysema sometimes because there are no guarantees. He is a little worried because he still hangs around smokers and is concerned about second hand smoke. When he first goes out with them he gets the urge to smoke but then it passes. He said that quitting smoking was the best thing he ever did. It gave him more confidence that he was able to do this. He likes to read a lot now. He reads things like self help books, novels and non fiction. He watches action movies on DVD. He can sit down and enjoy a movie without smoking a cigarette. He eats healthier and

goes walking. He is planning to do more exercise and possibly get a job doing maintenance work. Originally, he gained some weight but it is slowly coming off. Jack said that smoking contributes to dying a premature death, "like putting another nail in the coffin."

My Interview with Barbara

Barbara smoked for over 30 years from when she was 15 years old until age 57. She decided to quit because she was spending too much money on cigarettes and for medical reasons. She had pains in her chest and could not go up the stairs anymore. Some things that helped her were her son telling her not to smoke and joining a church. She also has diabetes which can get worse with smoking. She says she feels great since she stopped smoking. She has tried about ten times before. She said that setting a quit date made it easier this time. She quit "cold turkey", completely abstaining from cigarettes. She did not use nicotine medication.

My Interview with Missy, Libardo Ospina and L.T.

Missy started smoking when she was 17 years old. She is now 42 and recently quit smoking last winter. She has been smoking for over 20 years. She did not like cigarettes when she first started to smoke. She started smoking because she was depressed. Her friends smoked and she thought cigarettes were very cool. When she stopped hanging out with these friends she did not think

cigarettes were cool anymore. She did not like the chemicals in them, how it made her breath stink or turn her lungs black but she still continued to smoke. Missy used to work in an office building as a housekeeper. She remembers having trouble concentrating on her work because she was thinking about smoking all the time. She has even missed a bus or train because of smoking.

Occupying her mind by doing things like listening to music, taking walks, dancing a lot, and drawing helped. Getting support from her family was also very important. Her family would tell her smoking was not good for her and when she felt like smoking she would call them to come be with her to get through it. She quit on her first try and did not use medicine to help her quit. Missy said she stopped smoking because cigarettes are bad. She used to smoke Newport cigarettes. They became too expensive and she stopped buying them. She was also worried about her health. She is diabetic and has cancer. She feels very relieved that she quit. When I asked her what advice she would give to others, she said try gum, listen to music, talk to someone that quit, and keep trying until you don't do it anymore. Missy still has friends that smoke. Quitting did not affect her friendship with them in a negative way. She said she can still be around people that smoke as long as they don't blow smoke in her face.

We are very proud of you Missy !

Libardo Ospina also smokes Newports. He finds it impossible to quit smoking. Right now he is kind of interested in quitting smoking. Currently he smokes a pack a day and would like to cut down to ten cigarettes / day. Libardo has been smoking for about 18 years. He started at age 13 and is now 31. At first he smoked without inhaling. When he started inhaling he felt sick and lightheaded. He doesn't know why he kept smoking. He did not hang around friends that smoked and did not like it but now he needs it. Libardo thinks about the diseases associated with smoking. When he sees the anti-smoking commercials on TV of the man with the robot voice or the one with the gangrene foot, it makes him want to quit. What he likes about cigarettes is how they calm him down when he is happy, sad or angry. He knows this is because of the withdrawal of being addicted and he also doesn't like the coughing he gets from smoking or that he needs one as soon as he gets up in the morning. Libardo realizes that a good reason not to smoke is that he will continue to get more addicted over time. His mom tells him not smoke so much. She knows because she smokes also. Libardo's advice is, "Don't start smoking because you'll get addicted."

Good luck Libardo !

L.T. currently smokes. He has been smoking for 43 years. He started at age 12. He used to freeze up and he thought a

cigarette might help. He likes that smoking helps him relax and keeps him from being bored. L.T. said that he has tried quitting a few times but always seems to fail. Most people around him smoke. It's hard to say "no" when your friend or loved one asks you for cigarettes. He tends to give in, and goes out to buy them. One time L.T. didn't smoke for a whole month while he was in the hospital. He was able to stay smoke free for 2 more weeks before starting to smoke again.

L.T. used to smoke Kools but now smokes 1 ½ packs of Vaccaros which are little cigars. He says they taste like Kools but are cheaper by \$6. He also said that they are stronger and relieve his urge better. When he blew on the carbon monoxide meter, it registered a very high number so he has a severely dangerous amount of carbon monoxide going through his system.

Things that L.T. does not like about smoking are getting burn holes in his clothes and how cigarette ashes make things dusty. He feels more slowed down and achy. Even though he exercises the benefits do not last long because of smoking. He thinks about the health consequences of smoking such as cancer and emphysema more than he used to.

For L.T., smoking is getting monotonous. He is tired of spending his money on them. When he looks in his pocket and sees no cigarettes, it's time to spend money on them again which he could spend on other things. L.T. works as a janitor.

Since he can't smoke at work, he eats peppermints to help with the cravings.

L.T. used to be addicted to drugs and alcohol but is now 8 years clean. Quitting smoking seems just as hard as quitting drugs and alcohol but since he licked drinking and drugs, he thinks he can lick smoking too. He did not try using nicotine replacement products before but is considering it now. He intends to put more interest into quitting and plan more next time.

Good luck L.T. !

Death By Smoke

By Shelly Kiser

Just recently my husband and his mother went to change the decorations on my sister-in-law's grave. Though she died over a year and a half ago, my mother-in-law remains dedicated to keeping her spot covered in pumpkins, four-leaf clovers, hearts or whatever the season requires. She still cries for hours, too, as though the grief were as new as the day of Allena's death.

My sister-in-law Allena had schizophrenia, but that wasn't what killed her. In fact, she was doing quite well. She had family and friends, even a boyfriend. She hadn't been in the hospital for many years.

At the age of 41, she was diagnosed with cancer. Her doctor told her that if she continued smoking she was

Death by Smoke (continued)

not likely to survive. She didn't want to smoke. She had tried to quit before, but was terribly addicted, so hadn't been successful. She tried again now that she had cancer. I found out about a program that offered free nicotine replacement therapy. But the program required that she attend a number of group counseling sessions to qualify and that was too intimidating for her. She just couldn't stop smoking. So,

Allena's condition worsened. And she died at the age of 43.

People with severe mental illnesses smoke at alarming rates with severe consequences to their health. Recently a group of state agencies, foundations and health organizations has begun work to find ways to make sure that consumers addicted to nicotine get the help they need in the way that's most appropriate for them so they can stop smoking. I'm proud to

be serving on the advisory group.

The clinical director of psychiatry at the University of Wisconsin, Dr. Eric Heiligenstein, studied the relationship between smoking and people with psychiatric disorders. He said, "These people won't die from their illness. They will die from smoking."

Unfortunately, this is something I know only too well.

The author of this article Shelly Kiser is a consumer, family member, and Director of Advocacy at the American Lung Association of Ohio.

Marie Verna's work highlighted in the Key Assistance Report, Focus on Wellness

Marie Verna, CHOICES co-founder, has been a tireless advocate for people with mental illness. Marie's work was recently highlighted in The Key Assistance Report, published by the National Mental Health Consumers' Self-Help Clearinghouse. The report, *Focus on Wellness* and is posted free at <http://www.mhselfhelp.org/pubs/index.php>. The following is an excerpt from the report:

"On the road to recovery, consumers of mental health services are being encouraged to pay more attention to their physical wellness. A 2006 study funded by the National Association of State Mental Health Program Directors has shown a deeply disturbing finding: On average, people with mental illnesses die 25 years earlier than the general public.

In her role at UMDNJ-UBHC, Verna delivers training and consultation services to behavioral health organizations nationwide with curricula focusing on healthy eating and physical activity. The program, Solutions for Wellness (SFW), which was designed for people with mental illnesses, is copyrighted, published, distributed and made accessible by Eli Lilly and Company, which also sponsors the training program. In turn, staff from the trained behavioral healthcare organizations use SFW materials to educate consumers on wellness. "Basically it starts with all the major assumptions of the consumer movement – that, with knowledge, a consumer can assess a situation and make healthy choices all the way around. But health – mental, physical and spiritual – has to start from the consumer," Verna says. She adds that she has heard reports of individuals losing 100 pounds, lowering glucose levels and no longer needing diabetes medication as a result of being involved in wellness programming.

To read the entire publication, visit the National Mental Health Consumers' Self-Help Clearinghouse website at <http://www.mhselfhelp.org/>



CONSUMER PERSPECTIVE

(Anonymous)

I have been a consumer in the Advance Housing Program for about 3 years. My case management team has been recently talking about all the trainings that they have been doing around wellness. As part of the changes they introduced a new wellness assessment that had a different way of doing things than before. While we were going over the new assessment my case manager and I were talking about things I would like to change. I have been smoking about 1-1/2 pack of cigarettes a day for years. I realized that I really don't like smoking. I wanted to stop but it's hard because of the addiction to the nicotine. I know that I need to take care of myself. This is important to me because of my

responsibility to my kids.

My case manager and I talked about the many different things I could try in order to stop smoking. I wanted to stop cold turkey but my case manager suggested that I try to reduce my smoking. I realized that I smoke when I am bored. My case manager and I explored some ways that I might avoid being bored. I found that the best things to do to take my mind off smoking was to ride on my exercise bike, take a one hour walk, rent a movie or cook with my friend. My friend is also trying to quit so we have been a big help to each other. My case manager also suggested I keep a log of when I smoked. The log helped me to discover that I smoke the most when I am

anxious. I have found that if I keep busy it helps with my anxiety.

From March 28th to June 2nd I have been able to reduce my smoking to 8-15 cigarettes a day. Most days its 8 cigarettes and today it was 5 cigarettes. Next week I plan to go cold turkey. I think I'm ready mentally.

Since I reduced my cigarettes I feel I'm less anxious. When I exercised before I could hear my breathing, I didn't feel right and I was dizzy. But now I am breathing better. And I like that I have more money now to go to the movies and to buy clothes. I'm most proud of my ability to make adjustments. To do what I say I'm going to do. I am better, stronger and healthier. Nothing but positive things has come from it.

Dreams caused from needing cigarettes
overwhelms

Weathers on holy mellowness
remembering you - am holding on
never wanting without another cigarette

holding on to me - needing you
forever in love forebodes me

oh for where there is true and holy
quitting cigarettes is important

I'm out of breath
and need some sort of treatment

'cause I defend the privacy
of the threshold of heaven

Truly yours

Patrick Donald Smith

Health and Wellness: My Journey to Quitting Smoking

By Connie Chaves

When the Solutions for Wellness Group started at SERV, I was immediately interested in learning about quitting smoking and improving my overall health. I knew that quitting smoking would not be easy because I have been smoking since the age of fifteen. In fact, it was one of the hardest things I ever had to do. I had to set my mind to it and committed myself to living healthier. I had used cigarettes as a way to calm me down when I was stressed out or nervous. The nicotine in cigarettes was a quick fix, but in the long run it was slowly taking my health away. I used (continued on Page 7)

the valuable information that I learned from our weekly Wellness Group meeting to develop a plan to stop my deadly habit of smoking five packs of cigarettes a day.

My plan started with a visit to my primary care physician and a discussion about the best way for me to proceed. He suggested that I use a stop smoking aid called Chantix, but I knew that Chantix alone would not help me quit smoking. I started to drink water when I would get urges to smoke, I kept my hands busy by doing arts and crafts, reading books, knitting, and going for long walks that helped me relieve stress and anxiety. A big help in me quitting was having the support of my peers and counselors. I counted on their guidance and assistance to keep me from giving into my urges. I also posted a flyer on my bedroom door that listed all of the chemicals that are contained in cigarettes and reading that every day provided more motivation for me to quit.

I have not smoked for two and a half months now and I feel like a new person. I am able to taste food, smell flowers, and I don't have the horrible odor of cigarettes on my clothes. The greatest result was my eagerness to help my peers quit smoking. I wanted them to experience the freedom that I have attained from the dangers of smoking, but most of all I want to live a long and healthy life, so that I could spend it with my family and friends.

Tobacco-related illness: A women's issue

Published August 25, 2008 Trenton Times

As we celebrate the anniversary of women's right to vote tomorrow, Women's Equality Day, it is important to draw attention to the effects of tobacco use on women. Men, women and children are all harmed by tobacco use and dependence, but there are many health issues that are of special concern to women.

According to a recent report by the U.S. surgeon general, 27,000 more women died from lung cancer than from breast cancer in 2000. Smoking is associated with increased risk for cervical cancer, decreased bone density post-menopause, earlier menopause, and more menopausal symptoms than nonsmokers. Smoking while using oral contraceptives increases the risk of coronary heart disease. Women who smoke may encounter more problems when trying to conceive a child than nonsmoking women and pregnant smokers are at higher risk of having a premature birth, a low-birth-weight baby, a baby who dies of SIDS, and stillbirth. Girls who smoke as teenagers have reduced rates of lung growth.

As women, we have the power to save ourselves from the harms of tobacco use. Women are not stupid; we do not fall for tobacco advertising campaigns -- we know smoking will not make us desirable. We do not want our children to smoke and we know cigarette smoking kills. Women are role models.

Women have certainly come a long way since Aug. 26, 1920. We have been involved in many social and moral reform campaigns throughout our nation's history, and we must continue. Unlike so many other conditions, addictions and diseases, we have the power to prevent suffering from smoking-related illness or death.

-- NANCY SZKODNY, The writer is program communications specialist for the Mercer County Tobacco Dependence Program (MercerCountyTDP.com), University of Medicine and Dentistry-Robert Wood Johnson Medical School and editor of the CHOICES Newsletter.

Are you interested in quitting smoking?

If you live near the Central New Jersey area, you may be eligible to earn some extra money by participating in one of our research studies. Our office is only 3 blocks from the NJ Transit train station in New Brunswick.



SMOKERS WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER:

UMDNJ-Robert Wood Johnson Medical School in New Brunswick is conducting a study comparing an investigational medication (Chantix) vs. placebo to help people with schizophrenia or schizoaffective disorder quit smoking. If you smoke more than 15 cigarettes per day, and are motivated to quit smoking you may qualify to participate in a study. All office visits, medical care and investigational medications related to the study will be provided at no cost to participants. You will be compensated for your time. For further information, or to refer a patient, please call 732-235-3904.

NICOTINE INTAKE IN SMOKERS WITH SCHIZOPHRENIA

is a four-year, NIMH funded project designed to study differences in the way people smoke cigarettes. If you smoke more than ten cigarettes per day, you may qualify to participate in a study looking at cigarette-puffing behavior and nicotine intake. This study does not require subjects to quit smoking. Participants are paid \$100.00 for their participation in the study which takes about 2 - 3 days to complete. For further information, or to refer a patient, please contact Dr. Jill Williams at 732-235-4600 or at williajm@umdnj.edu

SMOKERS WITH SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER AND BIPOLAR 1 DISORDER

needed for a study comparing a single-session motivational interviewing session to a single-session educational intervention designed to motivate smokers to seek treatment for tobacco dependence. Participants are paid \$60 for attending three appointments (\$20 each appointment) in one month. Participants do not have to quit to participate. This study is funded by the National Institute on Drug Abuse. Principal Investigator: Marc Steinberg, PhD. To refer a patient, please call Dr. Steinberg at 732-235-8569.

Don't Forget to visit the CHOICES website <http://www.njchoices.org/>



We welcome your input and suggestions

Please write to us and send us your story, poem, recipe, etc. If you send in a submission to our newsletter and it's published, **we'll send you a free phone card**. You don't need to be from New Jersey!

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Eric Arauz

Hopeful Case - Advocate is anxious to tell story of his mental illness

Published September 14, 2008 The Sunday Star Ledger

Story by **ROBIN GABY FISHER** / Photo by **JERRY McCREA**

Eric Arauz's rendezvous with madness began in the sixth grade, when his father tried to run him down in the school parking lot.

Thirteen years later, insanity came calling again. By then, Arauz was grown, married, a veteran of the first Gulf War with a big IQ and college ambitions. His father, a highly educated, once prosperous businessman had succumbed to his mental demons and died the previous summer at a halfway house in the Palisades.

This time, the demons had come for the son. Arauz had separated from his wife and was distraught over the loss of his marriage, his stepdaughter, family life. The confluence of his depression and anxiety had sent him into a manic spin.

"In 1995, I woke up in a maximum-security mental hospital in New Jersey, shackled to a bed in four-point restraints," said Arauz, of North Brunswick, speaking on behalf of the National Alliance of Mental Illness to a group of Somerset County business professionals. "My father had just died of the same thing. I thought my life was over."

What makes this man's story different from so many others published in newspapers or splashed across the airwaves is that Arauz not only survived his mental illness -- even though doctors said he was a hopeless case -- but he is using it to reach out to others.

"I am not successful in spite of my mental illness," Arauz told his Somerset County audience earlier this month. "I am successful because of it."

Of his first of three hospitalizations in a maximum-security institution, Arauz remembers that the mattress was on the floor and the room was painted clinical white, the same color as the uniform worn by the attendant standing over him. His wrists were raw from the restraints, and he didn't know where he was or how he had gotten there. He screamed for his mother, but heard no sound.

"Good morning, Patient Number One," the attendant said in a Haitian accent. "Please do not be alarmed by the restraints. You have had a manic episode. You are bipolar, alcoholic and drug-addicted."

Later, this pessimistic prognosis by the attending psychiatrist: "Untreatable." Eight years have passed since the last time Arauz was held captive by his mental illness; 11 since he took his last drink or abused psychoactive drugs. Since then, he graduated with high honors from Rutgers University and earned a master's degree from Rutgers' School of Management and Labor Relations. He is married again, happily. "I am a good family member," he says.

If Arauz's disease is not uncommon -- an estimated 5.4 percent of Americans have a mental illness, and many use drugs and alcohol to try to blunt their symptoms -- his recovery is encouraging.

But it is his passion for sharing his story and his honest telling of it that have made him an overnight phenomenon in the mental health world.

"Eric is amazing," says Jill Zwick of the New Jersey chapter of the National Alliance of Mental Illness. "He is able to reach audiences the way few people can. He connects to people because he's so open and honest about his life."

Arauz, 38, first came to the attention of the National Alliance for Mental Illness last year, according to Zwick, the state coordinator and trainer.

"It's interesting," she says. "We get referrals for speakers. He actually sent a resume. He took the training, and he's been with us ever since."

Today, Arauz is in demand. He also represents the National Council on Alcohol and Drug Dependency, the New Jersey Citizen Advisory Board of the Division of Addiction Services and the smoking cessation program "Choices."

To read the rest of this article printed in the Star Ledger, please visit this website: http://blog.nj.com/iamnj/2008/09/eric_arauz.html

Eric Arauz is one of our CHOICES Consumer Tobacco Advocates. Eric is a strong advocate for the mentally ill. He is a professional motivational and inspirational speaker who shares his own story of battling mental illness and addiction throughout the state and country. Eric is a dynamic and energetic speaker whose enthusiasm to see others succeed over their personal obstacles is contagious. We are so very proud to have Eric working with us!



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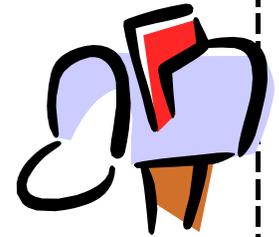
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The CHOICES team will come to you!

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 732-235-4873 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 .