



Stop Smoking Medications Available in the NJ State Psychiatric Hospitals

By Jill Williams, M.D.

Many state psychiatric hospitals across the country are trying to do more to help their patients stop smoking. Quitting smoking can be the most important thing a person does to improve their physical health and reduce the chances they will have a heart attack or cancer. Trying to quit smoking in the hospital can have some advantages compared to trying to quit in your own home, especially if you live with other smokers. In the hospital there is extra support and counseling available from staff. Many psychiatric hospitals in NJ are now running groups to help people try to stop smoking. If the hospital is a smoke-free environment, quitting can be easier because all of the cues and triggers related to smoking are no longer there (like seeing other people smoke or smelling smoke).

In New Jersey, the Division of Mental Health Services is doing even more to give smokers every chance to quit while in the hospital. They are making it easy to receive nicotine patches, nicotine gum or nicotine lozenges for any patient hospitalized in one of the state psychiatric hospitals. Nicotine medications are helpful in taking away the uncomfortable symptoms of nicotine withdrawal that occur when you stop smoking. These include feeling hungry, irritable or restless.

If you want to try using nicotine medications in the hospital, all you need to do is ask your doctor or nurse. If you prefer to try one of the stop smoking medications that requires a doctor's prescription (including Chantix

(varenicline), Wellbutrin/Zyban (bupropion), or Nicotine Nasal Spray or Nicotine Inhaler), your doctor or nurse can help you to get those as well. Luckily in NJ, most insurance programs are covering these prescription medications, for both inpatients and outpatients.

So although no one looks forward to having to go to the hospital, maybe for some people it can be a new opportunity to kick the habit and quit using tobacco for good!

Meet our Newest Consumer Tobacco Advocate—Eric Arauz

We are very pleased to announce our newest Consumer Tobacco Advocate to the CHOICES Program, Eric Arauz.

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 also works with NAMI (National Alliance on Mental Illness) as an "In Your Own Voice" Speaker. He is an ex-smoker and tobacco chewer motivated to see other consumers achieve full and healthy lives. Eric is a dynamic and energetic speaker whose enthusiasm to see others succeed over their personal obstacles is contagious. We are so happy to have Eric working for us—Please help us welcome him to the TEAM!

WELCOME

The Missing Voice

By Marie Verna, Center for Excellence in Psychiatry, UBHC, University of Medicine and Dentistry of NJ

Since the **CHOICES** program began, Consumer Tobacco Advocates have worked to gather information from consumers not only about their use of tobacco, but also their attitudes about policies and programs that might help them quit. To do this, advocates distributed a survey approved by the Institutional Review Board (IRB) of the University of Medicine & Dentistry of NJ, Robert Wood Johnson Medical School. To date, approximately 300 surveys have been returned, and in the course of educating consumers about the risks of smoking, **CHOICES** Tobacco Advocates have heard from the “missing voice” of consumers who **want** to quit, have **tried** many times to quit and who believe that mental healthcare systems should **help** them with that effort.

New Jersey has been a leader in efforts to respond to the early morbidity and mortality of people in the public mental health system due primarily to their heavy use of cigarettes. Our Division of Mental Health Services (DMHS) is one of very few states to have funded a program like **CHOICES**, a peer-run education program that educates consumers in the effort to help them decide **on**

their own whether they want to quit.

In addition, the state has funded the creation of a tobacco treatment manual, designed for individuals living with mental illness for provider agencies, entitled **Learning About Healthy Living: Tobacco and You**. The manual was authored by researchers and practitioners from the Robert Wood Johnson Medical School, University Behavioral Healthcare and the UMDNJ-Tobacco Dependence Program. Additionally, the NJ DMHS has supported the training of 61 mental health agencies across the state in how to use the program. This manual has been included in “Tobacco-Free Living in Psychiatric Settings,” a best-practices toolkit promoting wellness and recovery released this year by the National Association of State Mental Health Program Directors (NASMHPD).

Both of these programs, **CHOICES** and **Learning About Healthy Living: Tobacco and You**, have gained the attention of the federal Center for Mental Health Services’ (CMHS) efforts to lower the mortality rate of people with mental illness **by 10 years in 10 years**.

To reach that goal, New Jersey—like many states around the country – has begun efforts to address this problem in our state psychiatric hospitals, where many consumers say their tobacco habit started. Here, especially, we need to listen to the missing voice of consumers who want to quit. Here are some of their thoughts:

“I was not allowed to smoke at the hospital and quit for three weeks. I had no desire at the time of discharge to smoke, but started again at my second hospitalization because smoke breaks were given.”

“The only way patients would be allowed to go outside for 15 minutes 4 times a day was when they were carrying a cigarette.”

“Smoking was used as an award, an activity to get off the unit.”

“There is no smoking allowed in hospitals. They are helpful for not smoking. I am trying to stop smoking.”

“When I was in the hospital, the only people who got off the unit were the ones who smoked.”

“Cigarettes were used as rewards or punishment.”

“With the mental health system, smoking was always condoned. Everyone simply smoked.”

“I smoke because I’m bored or nobody cares.”

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My Experience: Cigarettes and the VA Hospital

By Eric Arauz

My experience with smoking in state hospitals begins and ends with my hospitalization in the maximum security wing of a Veterans Administration hospital in 1996. I was in the grips of mania due to my bipolar I disorder and had to be locked down. There was not smoking on this ward, we did not go outside and our meals were brought in to the clients. Each time the familiar beeping of the meal cart came down the hall I knew two things:

1. That I would be eating soon.
2. After the meal, 30 veterans and I would be in the bathroom passing around community cigarettes.

I do not know to this day where the cigarettes came from but when the staff needed our cooperation, the cigarettes magically appeared and back into the bathroom we went for a smoke.

I was not much of a smoker when I entered the hospital but when I was released five months later, I was a full blown addict.

Cigarettes meant more to me than just a quick puff because my body wanted it. I was now indoctrinated into the culture of state hospital smoking. Cigarettes meant I would be accepted by those also smoking.

Cigarettes meant that I was obedient and didn't cause problems.

Cigarettes meant that I may actually go outside after months of incarceration.

Cigarettes meant hope and freedom, like I could escape the grounds with the exhaled plumes of smoke that flew into the horizon.

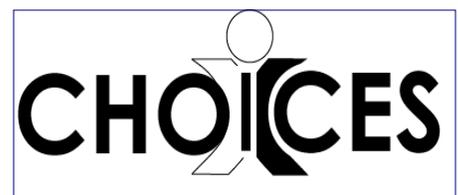
It has taken a long time to address and break that cycle of behavioral modifications I was first exposed to in the VA, but today I am aware of the process and that brings a daily reprieve.

I am now facing more of the physical problems from my addiction to all forms of tobacco. My back molars are cracking at a breakneck pace and I am hoping for a volume discount on root canals from my dentist.

As I write this I have just returned from my doctor's visit to treat my returning asthma, a disease that I thought I outgrew.

The culture of smoke I was initiated into at the VA hospital has been a lifetime battle to disengage from and overcome my tobacco addiction.

I do not resolve myself to a life where a cigarette is my only solace and I beg others to hold mental health consumers in a more positive and optimistic light. Mental health consumers deserve better than all the disease associated with cigarettes and cigarette smoke as their only solace. We deserve the opportunity to achieve and thrive to our fullest potential as any other patient with a chronic illness would be granted.



ANSWER TO PUZZLE: A SERVICE
TO MANKIND WOULD BE NRT IN
VENDING MACHINES AND FREE
OF COST TO SMOKERS!

Not Smoking Was The Answer To Not Getting Cancer

By Wayne Holland

Two months ago I noticed a lump on my tongue but didn't do anything about it, hoping it would go away. Finally, I went to my regular doctor. He was so concerned that he sent me the very same day to an ear, nose and throat specialist. I was really scared. The specialist asked if I used tobacco. I told him I hadn't smoked in 5 years. Having quit

5 years ago turned out to be to my advantage because the specialist said that if I were still a smoker, he would have had to put me in the hospital that same day. That's how worried he was about it. So obviously it was serious enough that it merited his attention. The doctor said he doubted it was cancer because it was so round, but there was still a chance it could

be malignant (cancer). He told me the lump needed to be biopsied and in surgery he would check my mouth to see if there were any other signs of cancer. As it turned out, there weren't. But I did have spider veins in the inside of my mouth which he removed to ensure they wouldn't develop into something more serious. At my follow-up appointment I was never so relieved in my life to hear that I didn't have cancer.

Smoke Screen is Clouding the Truth about Smoking and Mental Illness

Jill Williams, MD

There has been a lot of recent controversy across the country about whether or not all smoking should be banned in psychiatric hospitals. Psychiatric hospitals and clinics may be the only remaining parts of the American health care system that often don't treat smoking. At state funded psychiatric hospitals, administrators are trying to pass policies that restrict all tobacco use in these facilities- not only in buildings but on all adjacent outdoor areas or "grounds". Tobacco-free hospital policies are intended to create a healthy environment for everyone who comes there to receive care, visit a patient or work. These policies can help people in the hospital "detox" from smoking and receive necessary treatment for tobacco addiction. People with serious mental illness are dying 25 years earlier than other people in the US and often their deaths are from tobacco-caused illnesses like heart disease. Not enough is being done to help.

It is important to keep in mind that smoking is already highly restricted in the hospital setting. This means that there are a lot of rules about who, when and where patients are allowed to smoke. From what I've seen from visiting hospitals across the country, I'm not sure that the way that people are allowed to smoke **now** in psychiatric hospitals is really helping anyone or giving patients that much control over their environment. Smoking is often used as a reward for patients who have been cooperative. For example, patients earn "privileges" to go outside to smoke. That usually means that the first few days of the hospital stay when patients are having the most nicotine withdrawal, they are not allowed to smoke. Furthermore, most hospitals do not allow anyone to smoke indoors. Facilities often allow only a certain number of smoke-breaks per day (usually 3 or 4) or restrict the number of

cigarettes allowed to be smoked to less than 10 per day. Smokers are at risk for having nicotine withdrawal symptoms if they smoked much more before coming to the hospital. Since patients are not allowed to hold onto their tobacco and lighters, staff (usually nursing or rehabilitation techs) must give out and then take away these things for smoke breaks. There can be a lot of arguing and conflicts between patients and staff about tobacco products and smoking. Studies of psychiatric hospitals that have gone tobacco-free report fewer behavior problems and less violence after the policies took effect. Staff also say there is more time to provide treatments when hospitals go tobacco-free.

Many other places in this country are becoming smoke-free. Fourteen states have already banned smoking in public places such as restaurants and bars. Smoking

is often banned in many workplaces, including government buildings, and schools. Smoking is often banned in train and bus stations, and on airplanes. Smoking is banned in movie theaters, museums, bowling alleys, libraries, stores, bingo halls and churches. As people with mental illnesses try to live in the community it will be harder for them to fit in if they are still smoking. Smokers have a harder time finding jobs and housing. Smoking is not

allowed at most general medical hospitals. Therefore, if psychiatric hospitals and clinics become the only part of health care that continues to have smoking that may cause people with mental illnesses to be further removed from society. On the other hand, if we use the hospital as a treatment site, we can give smokers a better chance at quitting. That means providing access to all the tobacco treatment medications and having group and counseling available in the

hospitals for all smokers. No one should have to suffer when they give up smoking- medications lessen the craving and withdrawal associated with quitting cold turkey.

Given what we know about the negative effects of smoking, both in the hospital and in the real world, it seems clear that making psychiatric hospitals and clinics smoke-free will have tremendous benefit for patients, in the short and the long-term.



Medication Treatments for Tobacco Dependence

Circle the words below.

The extra letters spell out a saying about our philosophy on the use of medications for tobacco dependence.

Puzzle By Yasmin Halim
Answer on Page 3

A S B R E L A H N I
E R U V I N C E T O
M A P N K A I X N D
W O R U L S L I D B
E N O R T A O T I N
H V P E N L Z N D I
C N I G M S E A A C
T H O I N P N H E S
A A N T N R G C O C
P O S T T A E M U G
O S M O K Y E R S !

Here are the words to find:

- Bupropion
- Chantix
- Gum
- Inhaler
- Lozenge
- Nasalspray
- Patch

Are you interested in participating in a research study?

Smokers with and without mental illness

You may be eligible to earn some extra money by participating in one of our research studies. **For more info . . . call 732-235-9711.** Read more about our research on the web at:

http://rwjms.umdnj.edu/addiction/participate_in_research.htm

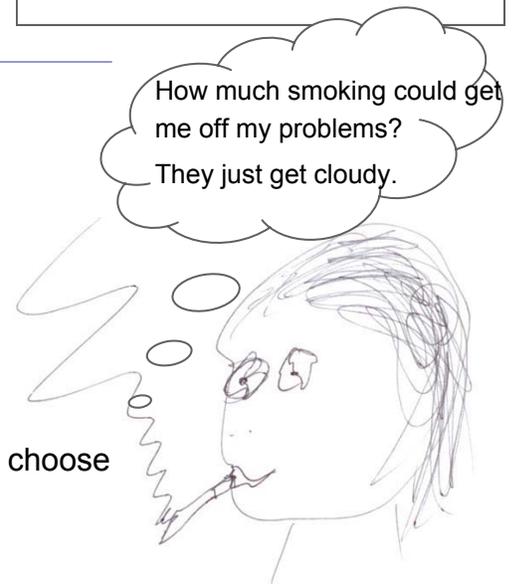
Smoke to Pass the Days Away

MPH where I found
how to smoke in place
of other drugs to take
It was the hospital state
the state hospital's will
that made the mistake
Marlboro Psychiatric Hospital's
rule a Marlboro a day would
keep the voices at bay
But inside me my life
I could not be the rainbow
flower child so free

It was a smoke away the day
that I came away with from my
stay at MPH the smoking was
taught

Today there is a way to solve
the smoking of . . .

Not how or why only if we try to choose
life for live and live today.



Poem and artwork by Bill Newbold



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