

CHOICES

Consumers Helping
Others Improve
Their Condition by
Ending Smoking

CHOICES NEWSLETTER - APRIL 2014

Volume 7 Issue 1

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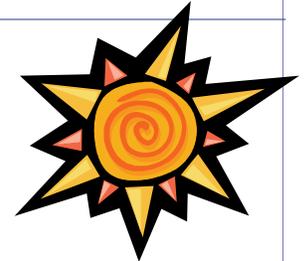


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America's Mental Hospitals: Where Smoking Buys You Sunshine

By Melody Moezzi



Imagine a place in the United States where most everyone smokes, where smoking is in fact encouraged, where cigarettes are used as rewards, and where at times, you may even be denied outdoors unless it's for a smoke. I know it sounds crazy in this day and age of "no tampering with smoke detectors" in lavatories and smoke-free bars that such a place could exist, but it does. Crazy still, this smokers' paradise exists -- in fact thrives -- within establishments charged with the very task of *combating* insanity, namely, our mental hospitals. And while we're on the topic of insanity, it's worth noting here that this includes correctional facilities, as prisons are now this country's largest mental health facilities.

While I've never been convicted of a crime, I have spent my fair share of time in private mental hospitals, wherein I've witnessed what

may well be our nation's last great bastion of tobacco, tar and nicotine.

Though it has been five years since my last inpatient psychiatric hospitalization, word on the street is that things haven't changed. Stop by any parking lot after a mental health support group meeting and you'll see for yourself. You don't need to work hard to convince anyone with a mental illness that smoking is a serious and widespread problem within our community. We know it all too well, both first and secondhand.

But should you be reluctant to accept the word of a lone writer and former mental patient, I refer you to an opinion piece published last week in *JAMA Psychiatry*. The authors -- Jill Williams, MD; Jeffery Willet, PhD and Gregory Miller, MD -- effectively summarize their case in the title of the editorial:

"Partnership between Tobacco

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Control Programs and Offices of Mental Health Needed to Reduce Smoking Rates in the United States."

No argument here. Still, more and stronger partnerships are needed. As the authors note, smoking rates are at least twice as high among those of us living with mental illness than among the general population. Over 75 percent of people with serious mental illnesses are addicted to tobacco products.

Add to this the fact that our obesity rates are also significantly higher than those of the general population, and it's easy to see why our incidence of cardiovascular disease, as well as lung and other cancers, blows away that of our "normal" counterparts -- let alone why, on average, we die 25 years sooner.

Given these gloomy statistics, it's clear that public health professionals, mental health providers and health policymakers need to step it up all around when it comes to tobacco prevention and cessation measures. Together, they must do whatever is in their power to ensure that people with mental illness get better access to and coverage for

tobacco prevention and cessation programs. Still, that's not enough. People like me -- those of us in the trenches, who struggle personally with serious mental disorders on a daily basis -- have stood on the sidelines here for far too long. At this point, our problem isn't just that the cards are stacked against us. It's that we're not even in the game.

The first full cigarette I ever smoked was in the small outdoor atrium of an inpatient psychiatric facility. Only smokers were permitted in the atrium outside of certain specified time periods, so that cigarette was my ticket to sunshine.

No one should ever have to make that kind of trade-off.

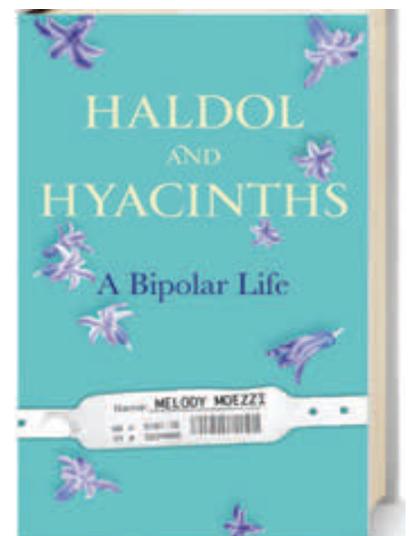
By joining with mental health providers, public health professionals and policymakers to demand more and better smoking prevention and cessation efforts, those of us living with mental illnesses can lead this charge and foster a new smoke-free culture among ourselves. True, this would require a huge cultural shift in our community, but it's not an impossible one. We've seen dramatic shifts within the general American population's rates of and attitudes toward smoking over the past 60 years, so

we know that meaningful change is possible. Now it's up to those of us living with mental illnesses to get off the sidelines, step out of the shadows of shame, and get our brains and bodies in the game. It's time we join together, stand up for ourselves and speak out for all our coughing and wheezing comrades who can't.

*Source: Huffington Post
11/08/2013*

Melody Moezzi is an Author, Speaker, Attorney, and UN Global Expert

In her new book, *Haldol and Hyacinths*, Iranian-American author and activist Moezzi presents a captivating autobiographical account of her struggle with bipolar disorder. *Available on-line and in bookstores.*



The CHOICES Team is Growing!

Please welcome our newest Consumer Tobacco Advocate, Lisa Evans, to the team! Lisa joined CHOICES in October 2013. She is a former long time smoker who admits she was in denial about the health and financial consequences of smoking. Lisa feels fortunate to have found help at the Tobacco Dependence Program at Rutgers, where she had individualized counseling, nicotine replacement therapy and joined the support group. On her second quit attempt, she was successful and remains smoke free. Lisa's message to consumers is since she has quit, she feels better, breathes better, looks better, and has extra money in her pocket. Lisa is a great addition to the team, and is very committed to spreading the CHOICES message!



Social Stigma

By Wayne Holland

Now I want to talk about Social Stigma. Why is it so hard for people to understand mental illness, and how come people can't call us consumers instead of crazy? I get so tired of getting called crazy, when asked about it, or people say it to me, I tell them sometimes I'm crazy and I have rights in America too.

They don't enforce those rights in America for people who are crazy, but I'm told crazy people do have rights. One thing: People may be crazy, but they can be smart, very smart.

People can't understand mental illness, I guess it is like rocket science for some people -that's why only PhDs can understand it. So, if you are hassled, and people tell you you're crazy, tell them, Yes, but I have rights, too!

Say Hello and Goodbye to Third Hand Smoke

By Lisa Evans

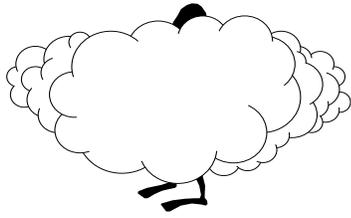
Most people are aware of the devastating health consequences of being exposed to second hand smoke. As the public has become more educated on second hand smoke, legislation has easily passed banning smoking in public buildings and smokers are taking more care in where they light up. However, the public is not generally aware of the health

consequences of third hand smoke or even the term "third hand smoke."

Third hand smoke is the residue of cigarette tar, chemicals, and metals that cling to surfaces in a confined space after the cigarette is extinguished and the smoke has cleared out. Smoke pollutants can attach to surfaces and slip into crevices for long

periods of time. Recent studies have found that third hand smoke includes as many as eleven carcinogens that react with common indoor pollutants to create a toxic mix posing a potential health hazard to anyone exposed to it. Children and people with compromised heart, respiratory or immune

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systems are at greatest risk.

A 2010 study published in the Proceedings of the National Academy of Sciences journal found that the residue coating interior car or room surfaces can react with nitrous acid present in the air to create tobacco-specific nitrosamines, which are carcinogens found in tobacco products. Although research is still ongoing, parents should be aware that when young children come in contact with environments where there has been smoking, they are at significant risk for future health problems that may not manifest until later in life.

Studies show that third hand smoke clings to hair, skin, clothes, furniture, drapes, walls, bedding, carpets, dust, vehicles and other surfaces, and cannot be eliminated by using fans, air conditioners, or confining smoking to specific areas of the home. Removing third hand smoke is not as easy as it may seem. You may have a smoke-free environment now but consider your next

purchase of a used car, home, or apartment/home rental.

In the article, Getting Rid of Third-hand Smoke, nosmokev.com offers the following tips to help you eliminate third hand smoke in your environment:

- * Wash down your walls and ceilings with strong detergent and hot water. This is to remove the tar and nicotine residue. Wash, rinse and repeat until thoroughly cleaned. Be sure to use clean rags each time to avoid just pushing the residue around.
- * Have all your carpets and drapes steam cleaned. If they smell of smoke even after cleaning, it means there's still residue in them. Either have them re-cleaned or consider replacing them totally.
- * After stripping the floors of carpeting, have them professionally cleaned.
- * Have your clothes, linens and towels professionally cleaned. Again, ensure that there are no traces of smoke smell left, otherwise, have them

re-cleaned or replaced.

- * After a thorough washing of walls and ceilings, consider repainting them with two to three coats of fresh paint. Ensure that the walls are cleaned prior to painting because nicotine can still seep through layers of paint.
- * Thoroughly clean ventilation ducts and replace air filters. Heaters and air conditioners circulate air in an apartment, and that includes smoke.

While removing third-hand smoke from your home seems to be expensive and needs a lot of work, the fact is, it's better to eradicate it from your home than to continually expose your loved ones to it. The best tip to avoid third hand smoke in your home and car is to maintain a truly smoke-free environment, inhabited by non-smokers.



Adapt or Die

By Yasmin Halim

I've been going to CVS to get my meds for many years now. I was happy to hear they are going to stop selling cigarettes and other tobacco products starting October 1 of this year. CVS is the first major pharmacy retail chain in the U.S. to make the change, giving them a big advantage over their major competitors, Walgreens and Rite Aid who say they are "evaluating." These competitors are receiving pressure from senators so will probably eventually follow suit. Even though CVS/Caremark Corp will be losing \$2 billion dollars in sales (1.6% of the overall \$123 billion yearly profit), this act will have little negative effect on their own business or the tobacco industry. 75% of cigarette sales are from convenience stores, gas stations and in more recent years, dollar stores (dollar stores started selling cigarettes to bring in more customers who then start buying other things there as well). For a person who buys cigarettes from CVS regularly it's a minor annoyance but if you are thinking of quitting they will be offering smoking cessation therapy which will offer several counseling sessions with a nurse practitioner. In most cases the cost will be paid by insurance. CVS is planning to roll out this program in Spring and will issue a press release with the details.

What CVS did has large symbolic value. It's a paradox to offer healthcare services and sell tobacco products at the same time. CVS made the CHOICE to give up \$2 bill of guaranteed profit from their ongoing tobacco sales to rebrand themselves as a healthcare company. They are putting themselves in a great position for future



financial growth. There is currently a shortage of primary care doctors and at the same time a larger number of new people are getting healthcare coverage under the Affordable Care Act. This is turning drug store chains into big players in our nation's healthcare system. CVS also acts as a pharmacy benefit manager, has walk-in clinics and has partnerships with hospitals, insurance companies, employers and doctor's offices. CVS has received high praise from many different sources:

President Obama, the Navy Surgeon General, American Medical Association, Robert Wood Johnson Foundation, American Lung Association, American Cancer Society, American Society for Clinical Oncology, American Society for Cancer Research, public health policy makers, ex- smokers, people who have friends, family members or they themselves have a tobacco related illness, and people that are already contemplating quitting smoking.

The rate of decline of smoking has stagnated during these last ten years. If other stores also ban cigarette sales making it harder to get your hands on a pack of cigarettes and simultaneously, evidence based treatment is more easily available and affordable it could make a strong impact. What CVS did was bold and smart. They gave up a "sure" thing, easy and comfortable, selling cigarettes whose addictive quality ensures a built in market, for a chance at something bigger which is also better ethically. You can be bold and smart too by give up smoking now, prevent some smoking related diseases from developing within you, or at least minimize their impact. In exchange, a bigger, better quality of life is in store for you over the long term. Make the decision, the CHOICE is yours.

"The odds are in your favor"

– (Hunger Games film).

CHOICES IN THE NEWS

The following Letter to the Editor, written by our very own Deidre Stenard, appeared in the Trenton Times and Burlington County Times in January 2014

N.J. cessation funds went up in smoke

I am writing to urge Gov. Chris Christie to reinstate the New Jersey Comprehensive Tobacco Control Program, which was ended in 2009 after 10 years of crippling budget cuts. I am writing as a voter and former smoker. I was fortunate to be able to quit smoking with the help of the Tobacco Dependence Program in New Brunswick, a QuitCenter that used to be funded by the state. I attended a support group and got help from doctors in my journey toward quitting smoking and I attended one of the support groups there

for almost four years. I have gone on to work for CHOICES (Consumers Helping Others Improve Their Condition by Ending Smoking), and in spreading the message about the dangers of tobacco, I realize that the same help afforded me when I was quitting smoking is no longer available due to state funding cuts.

I have been smoke-free for six years, I work to help others quit smoking and I have saved \$70,000 as a result of stopping smoking. And I couldn't have done it without the help from the New Jersey Quitcenter. I feel strongly about giving the people of New Jersey the help they need to quit smoking.

New Jersey ranks 50th — last — when it comes

to funding programs that help prevent children from smoking and help smokers to quit. It is the only state that spends \$0 of state money to support tobacco prevention or treatment activities despite collecting more than \$700 million every year in cigarette taxes.

I urge Gov. Christie to reinstate the New Jersey Comprehensive Tobacco Control Program in the 2014 budget and help to save millions of lives.

-- Deidre Stenard, Princeton

**World No
Tobacco
Day
May 31st**

Is The E-Cigarette for Me?

By Deidre Stenard



What is an e-cigarette? An e-cigarette is an electronic or fake cigarette that is made by the tobacco companies. In November 2013, *The Wall Street Journal* published an article "10 Things E-Cigarettes Won't Tell You" and they point out

that all three big tobacco companies (Altria Group, Reynolds American, and Lorillard) have entered the e-cigarette market. Are they safe? Can I use them to quit smoking? As is typical of the tobacco companies, they

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want you to think it is safe because it is a vapor and not smoke. The scant evidence that we have on safety is only short-term evidence because e-cigarettes are so new that long-term studies haven't been done. However, The FDA wants to regulate them because they contain nicotine and by law, they have the right to regulate. In addition, there are laws that have been passed restricting or banning the sale or use of e-cigarettes on international, national, state and local levels.

Everywhere we go as a CHOICES team, spreading the message of tobacco, we get questions about the E-Cigarette. Is the E-Cigarette a good way to stop smoking? A lot of people are using them to quit smoking. But, there is a health risk associated with e-cigarettes that the e-cigarette companies do not want you to know about. Inhaling nicotine can be dangerous and addictive and in a study conducted by the FDA, a carcinogen (cancer-causing agent) was found in the vapor of an e-cigarette. If you choose to use an e-cigarette to quit, there is a health risk.

Despite all of the possible risks associated with e-cigarettes, the annual sales for e-cigarettes in the United States are at \$1.8 billion (2013). That number

is skyrocketing as e-cigarettes have become very popular. Not only that, but according to the Time Magazine article "Waiting to Exhale" on September 30, 2013, Craig Weiss of NJoy believes that the NJoy e-cigarette is saving lives and that one of his scientists could receive the Nobel prize.

There are people who have used e-cigarettes to quit and they are adamant about using e-cigarettes. In the New York Times article "Mist Gets in Their Eyes" by Daniel Krieger, the Henley Vaporium in SoHo in New York City is a safe place for vaperers to gather. There is a mist curling up toward the ceiling. There is a sweet smell in the air. There are a couple of guys in white lab coats behind the bar which is filled with dozens of tiny bottles and a large menu of e-liquid flavors. E-liquid comes in various flavors such as menthol, vanilla, butter-scotch and coffee and it is spiked with various concentrations of nicotine. If you tell them what flavor you are looking for they will gladly make recommendations.

The e-cigarette industry has exploded and it is going to continue to grow. According to the Time Magazine article "Waiting to Exhale" on September 30, 2013 sales of e-cigarettes could reach \$10 billion by 2017.

Is the e-cigarette for me? 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.

The late Terri Hall



We can remember Terrie Hall, who died of cancer this past September due to smoking. She was the champion of the Centers for Disease Control and Prevention "Tips from a Former Smoker" ad campaign on television and her ads inspired tens of thousands of people to quit smoking. I would choose to use something that has been proven safe and effective, such as the nicotine patch or gum, instead of using something that is not FDA approved. Good Luck quitting tobacco!



Did You Know... In Code

By Yasmin Halim

Decipher this simple substitution code to reveal an interesting factoid about cigarette smoking.

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

N T N T B N
 R U C I E U R H Y H J C K H O E K H Q Y J U R
 T N T N N T M
 F U E K U R E H R O H C I R N O J W E H Y O X I Z H
 N . T B N N
 U O U R K J S H N U E K J O Q H H R W I G R N
 N T T B
 U R H T H Y P L J Y E I W E K H Q I N P
 N N N B T M .
 J R N H T H R U R Q Y H J O E X U S Z

Answer: Nicotine reaches the brain within ten seconds after smoke is inhaled. It has been found in every part of the body and even in breast milk.

CHOICES En Espanol By Yasmin Halim

On Tuesday, February 25, 2014, Lisa Evans, our newest peer advocate, and I did our first presentation for a Spanish speaking audience at Journey to Wellness in Perth Amboy. Journey to Wellness has outpatient and partial care programs and offers both mental health and addiction treatment services. During the presentation we spoke in English and a staff member translated our words to Spanish. She did a fantastic job. The clients would comment or ask questions in Spanish and the translator repeated it for us in English. There was a client there also who knew Spanish and English equally well and he would elaborate on the

translation or provide comic relief which helped people understand better and increased their interest, encouraging conversation and questions. After Lisa told her story about how smoking affected her life and how she quit smoking, people seemed more interested in the information we supplied moving forward. After the presentation we did some carbon monoxide readings and gave out some pens. As we were leaving, the staff said the presentation was very good and they learned things they didn't know before about smoking.

Having been born in the US, it's easy for us to take

our command of the English language for granted. The optimal time for our brains to learn a new language is up to age 7. By the end of puberty the window to learning a language quickly and effortlessly closes. English is a hard language to learn. It takes time to understand. Whether you come to America at age 20 or age 40 you will have an accent. If you have immigrated here from another country even if it was decades ago, like my parents, your first language will always be the one you can understand better, express yourself best in, and that you dream in. I in. I am so glad we were able to have our presentation translated to Spanish for this group of people.

CHOICES Accomplishments



2007 Mental Health America Innovative Programming Award



2009 American Psychiatric Association Silver Achievement Award



2011 Healthy People 2020 Community Innovations Award



2012 SAMHSA Wellness Initiative's Program for Peer-Run/Recovery Community Organizations Award



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their Condition by Ending Smoking

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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
Lisa Evans

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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 Services .