



## Consumers Speak Out for Wellness— Getting Help to Quit Smoking

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By Martha Dwyer and Marie Verna

Over the last 18 months the CHOICES Consumer Tobacco Advocates have reached out to over 3,000 people with mental illness. People have shared how much it means to talk to a fellow consumer who understands that the struggle to quit smoking is not easy. The Advocates have spoken with many individuals who are frightened by the consequences of their smoking and discouraged by their inability to quit.

Unfortunately, smoking is still a significant part of the lives of many consumers. And it is at a great cost to them, both physically and financially. Smoking causes more death in people with mental illness than suicide or symptoms related to their illness. Many have chronic and debilitating medical conditions, such as emphysema and heart disease, caused by their smoking. New Jersey consumers spend approximately one third of their monthly disability check on cigarettes and other tobacco products.

The Mental Health Association in New Jersey (MHANJ) has long served as a consumer “voice” in the state. Consumers are being asked to take a more active role in deciding what issues they need to address as the emphasis of treatment shifts to one of wellness and recovery. Because smoking is such an important issue within the mental health community, the MHANJ, in initiatives led by Marie Verna, wanted to find out how consumers feel about their tobacco use. They wanted to get their thoughts about the need to develop tobacco treatment within the mental health setting. In 2005-2006 MHANJ conducted a survey to address these questions with the help of the CHOICES advocates including Yasmin Halim, Wayne Holland and Diane Beck. The survey gave the participants the opportunity to provide comments and asked open-ended questions, so that we learned some truths that may have been missed by other types of surveys. MHANJ and CHOICES were able to get to the real “grassroots.”

The results of the survey echo what our Advocates have been hearing as they travel throughout the state.

Of the 254 individuals who completed the survey, 71% were current smokers. The majority felt their smoking is a problem for them and, in fact, 75% tried to quit in the last year. Yet only one in five were confident that they could quit smoking now. This lack of confidence, in part, comes from their experience in the mental health setting. Many talked about smoking as an accepted part of the daily routine in their treatment programs. As one consumer put it, “With the mental health system, smoking was always condoned. Everyone simply smoked”. People also said they used smoking as a way to pass the time and deal with boredom. Some said it is easier to continue smoking, particularly since everyone around them smokes. In addition, family and friends often provide them with cigarettes and, in some cases, actively discourage them from quitting.

The majority of smokers said they were encouraged to quit by their mental health treatment provider and **over half felt their provider should provide them with tobacco treatment.** We think that’s a great step forward in helping consumers kick tobacco, yet the reality is that only very few consumers seeing a psychiatrist get treatment for smoking. Encouragement from one’s counselor is critical, but equally important is education and the provision of effective treatment services. One person captured the feeling of many when he wrote, “On average, mental health workers encouraged me to abstain from smoking considering the risks to my health. Although, the information given was of great help, continuing to smoke was my only option”. Consumers look to their provider for support in their journey of recovery, support in such areas as medication management and the teaching of life skills. But it must also include access to resources that will assist them in making educated decisions on how they choose to live their lives. Since the majority of consumers is concerned about their smoking and lacks the confidence to quit on their

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## Pets and Smoking – Another reason to quit?

By Yasmin Halim

### What kind of pet do you have?

Do you have an affectionate cat that curls up and purrs in your lap?

Maybe you have a playful puppy that rushes to greet you when you walk through the door or a loyal older dog that sits at your feet?

Pets give us unconditional love and we love them back the same.

If you smoke, you may be accidentally putting your pet in harm's way of a preventable disease. They are affected by second-hand smoke too. If you smoke where you live, they are inhaling and eating all the same smoke particles, poisons and chemicals you are. It is getting in their fur, on their skin, in their eyes, up their nose, in their mouth, down their throat, into their lungs, into their blood. You don't mean to do it but that is the insidious nature of tobacco smoke. The good news is that your pet's health will start improving immediately after this danger is taken away.

Studies have shown that dogs and cats living in environments where they are exposed to tobacco smoke on a regular basis have an increased risk of developing cancer. Dogs with long noses like collies and greyhounds filter out smoke and carcinogens (cancer causing chemicals) through their noses and are twice as likely to develop nasal and



sinus cancer. In dogs with short noses, the smoke goes right to their lungs. They are twice as likely to get lung cancer as dogs that live in non-smoking homes.

Cats lick up the chemicals from their fur while grooming and have a higher rate of oral cancer. The skin in their mouth is very delicate. Feline Lymphoma is a deadly but common cancer for cats. Cats living with smokers are more likely to get this cancer of the lymph nodes. A lymph node is a filter for your blood. The carcinogens build up in them. Five years or more of exposure to heavy smoke increases the chances of cancer developing.

Does your cat have trouble breathing? Indoor pets like cats can have a strong reaction to the smoke particles in the air and easily develop breathing problems like asthma. Does your dog scratch, bite or chew at his skin? It could be an allergic reaction to second-hand smoke. This reaction is easily confused with fleas and food allergies. Your pet has sensitive lungs and smoke can damage them, making them inflamed (red, swollen, painful, hot). The fumes you exhale may lead to your pet getting a cough, cold or other more serious respiratory infection. An animal's esophagus is shorter than a human's so inhaling smoke will bother its throat before it bothers yours. Smoke also irritates their eyes.

There is not a whole lot of research on pets and second-hand smoke but it makes sense to me that pets are probably affected by second-hand smoke in a lot of other ways too. There is a whole



laundry list of ways smoke affects humans. We have the same organs and disease processes so pets might be affected in some of those ways too. Size matters. The smaller you are, the faster you will get affected. I met a girl who had a pet hamster who was very sickly looking. She used to smoke in the room. After she stopped, she could see a difference in a week. I didn't talk about nicotine poisoning in this article but that is a real concern as well. I hope this article has not made you depressed but I hope it made you see smoking in a different light. Smoking doesn't just hurt us. It hurts people and things around us too. If you are not ready to quit smoking, there are still things you can do to help your pet. Start smoking outside, thoroughly clean your living space, don't leave dirty ashtrays, cigarette butts and things around and wash your hands after smoking. There may be other things you can think of that I have not. Whether or not you want to quit smoking now, there are things you can do to help yourself as well but that is another article.

If you are curious as to where I got some of the information for this article and want to read more, check out these websites: VetCentric.com, Healthypet.com, and natureofanimals.com.

The information about cancer in dogs and cats came from these sources: ACS (American Cancer Society), ALA (American Lung Association), CVM (College of Veterinary Medicine)



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own, it only makes sense that they would want their provider (doctor, therapist or counselor) to offer the option of tobacco treatment.

The mental health community's lack of knowledge regarding effective tobacco treatment is keeping consumers from getting what they need. One individual voiced the experience of many consumers when he reported that his doctor was reluctant to recommend medications such as nicotine replacement therapy (for example, patch, gum or nasal spray), feeling he was already on enough medications. But these medications are an effective treatment that will help consumers quit smoking. Consumers motivated to quit said they could not afford nicotine medications (like patch, gum or lozenge that do not require a doctor's prescription) and were frustrated by the fact that Medicaid no longer covers these medications in New Jersey.

The results of the MHANJ survey and the experience of our Advocates indicate that many smokers with mental illness are concerned about their smoking and would like to quit. Yet there is inadequate support to help consumers address their tobacco use. There is a need for broad-based education to raise the awareness of consumers, their families & friends, treatment providers, and the mental health community at large of the tobacco treatment resources available for those who wish to quit.

## It's never too late to quit

By Peggy Swarbrick



I was able to stop smoking a few years ago after smoking 24 years, though it was not easy. I started smoking while I was on an inpatient mental health unit since there wasn't much else to do and that is how people passed time. I experienced smoking as a calming activity. It soon became a habit to deal with stress. When I started working on a doctoral degree, I began to read more about the negative health impacts. I met a researcher who suggested I focus my dissertation study on smoking cessation for persons diagnosed with mental illnesses. I did not let her know I myself was a smoker and felt like a hypocrite. I offered an excuse that I was not ready to decide on my dissertation topic. Shortly after realizing my personal health risks and the negative health impacts I started my personal plan for change. At the same time I would suggest to coworkers that we should help the people we serve towards smoking cessation. The general response I would receive from my colleagues was "Why take away the only thing that makes these people happy". I was astounded. This fueled my motivation even more to deal with my own smoking addiction so I could more openly talk about smoking cessation efforts in the mental health field. I developed my own personal behavior modification program. I was able to replace the time I generally smoked with a meaningful activity such as walking, swimming, or typing pieces of my dissertation. I also put money into a cup every time I had the urge to purchase a pack of cigarettes. I am now smoke free for five years. My clothes and car no longer smell and I now also have more money in my wallet at the end of the month. The cost savings was a big motivator for me and I am now more hopeful that my friend and families will not attend another untimely funeral.

Margaret (Peggy) Swarbrick is the Project Director for the Collaborative Support Program of New Jersey Incorporated. Visit their website at <http://www.cspnj.org> to learn more about this organization.

## Up in second-hand smoke

By Diane M. Beck

When I first came to CHOICES back in late July of 2006 as a Consumer Tobacco Advocate (CTA), I was shown how to use a carbon monoxide meter. I was asked to administer a test to myself to see what my carbon monoxide level was. To my astonishment I came up with a recording of 9 which is a level of some concern.

Having never smoked a day in my life, I was surprised by the results. I thought long and hard, and then was not so surprised by the results. No, it is not a result of air pollution, but a direct consequence of being in contact with second-hand smoke from consumers and friends who smoke.

You see I work two jobs, one as an Advocate with CHOICES and the other one as a consumer provider in Morris County. At my other job, I allowed consumers to smoke in the company car, and in my personal life, friends to smoke in my car. I then put two and two together, and realized that I was being subjected to second-hand smoke via my other job and in my personal life.

When I talk with consumers in my role as a CTA I often get asked about second-hand smoke and I invariably respond with this story. Now, I have also made it a hard and fast rule for my friends and consumers who smoke to not smoke in either my personal car or the company car. The bad news about carbon monoxide is that it takes the place of oxygen when you inhale and makes the heart pump harder in order that your body can get the proper amount of oxygen to the cells. The good news is that the damage is reversible after 2 to 3 days of not smoking or not being subjected to second-hand smoke— It goes down to 0! So please, smokers and nonsmokers, think about this important issue and handle it. The life you save may be your own!

# Featured Stories

## Smoking, Alcoholism, Mental Illness and More By: Raymond A. Jajko

It was so long ago that the memory of my first pack of Camels is quite fuzzy. It was probably 1955 and I was 15 years old...at least that's the age I always tell people if they ask when I started smoking. It was just plain "cool" to smoke and I certainly did everything possible to be "cool". Further, the "coolest" cigarettes were Camels, long before filters came along. In those days we didn't have all the warnings relating to the health hazards brought on by smoking. As a matter of fact, it was about two years prior when a doctor suggested to my mother that she start smoking to help with her nerves. And so she did. She died at the age of 59 as the result of small strokes and heart problems. Go figure! She was too young, energetic, and otherwise healthy.

In spite of the doctor's advice for her, Mom didn't want me to smoke. It took a bit of sneakiness for the first couple of months, but she caught me. Once it was out in the open Mom said I should not hide it...it was okay to smoke in the house. And so I did. For the next 37 years I smoked just about everywhere. It eventually reached the level of smoking 3 ½ packs each day. It was pure chain smoking. At night I snuffed out my cigarette and turned off the light to go to sleep. In the morning I rolled over, sat up on the edge of the bed and "lit up" before heading to the "john".

When and why did I "quit"? Being more accurate, when and where did I rid myself of something that was killing me? It was 1982, the February after my 42nd birthday, about a year-and-a-half into my second marriage. Life in general had not been easy for me, and ridding myself of the smoking addiction was equally difficult. There were other issues to simultaneously deal with.

One challenge was the polio I contracted at the age of four. Growing up with surgery, braces, crutches, and a noticeable limp was kind of rough, and by age 42 the redeveloping weakness of Post-Polio Syndrome was greatly reducing my physical ability. Further, I was dealing with clinical depression and anxiety, although I would not know it for another 10 or 12 years, when treatment began. For many years I was struggling to deal with my depression and anxiety by using the 12 steps of Alcoholics Anonymous.

By the way, I did not yet mention I am a recovering alcoholic. Smoking had been an integral part of my drinking days as well as my first 6 years of recovery. You know... those legendary smoke filled rooms in church basements where AA meetings were held. Lots of coffee and lots of smoking. There I was, newly remarried, in somewhat early recovery from alcoholism, struggling with undiagnosed depression & anxiety, and limping along with my cane. My wife, Sue, overcame the ugly smoking addiction about a year prior. Even as a smoker I began to hate the terrible smell of everything around me...my clothes, our car, the apartment and my office. Let me not overlook the physical problems such as the shortness of breath and awful coughing. Even though I had quit at least 200 times through the years (Yeh...right!!!), this was the time to honestly dump this addiction.

My opportunity came in the form of a holiday weekend, when Sue would be there to support me for three consecutive days. That was the planned start, and it worked!!! I don't think there were nicotine patches or gum back then, so Saturday morning Sue got me a dozen assorted Dunkin' Donuts, which I quickly consumed in place of cigarettes, and withdrawal was under way. Yes, I did gain weight and although I temporarily lost it for periods of time, I still have most of that extra poundage (the trade-off is truly worthwhile). That was about 25 years ago, and even though I may be considered "portly", I am smoke-free and LOVIN' IT!!!

The first few weeks were truly tough, but I did it one day at a time...sometimes even an hour or a few minutes at a time. Today I almost never consider smoking. Maybe once every year or so the smoking urge hits me out of nowhere and for no reason. But it passes easily and quickly (never more than 10 or 15 seconds). That cloud of smoke has been lifted and I know that I have been given extra years of life. Further my world smells so much better, and the food I love tastes great. Everything is better, even the money. How much would I be spending each year for 3 ½ packs per day, multiplied by 25 years?

The bottom line is that if I can do it, you can do it. There is nothing magical or all-powerful about me. Just remember, you will not be quitting, you will be getting rid of a terrible, life-threatening, and expensive addiction. Beyond that you will be gaining a wonderful new and probably longer life, plus a lot of money. You can then move on to help others overcome their addictions.

By the way, Sue and I celebrated our 26th wedding anniversary in November, 2006. Most of those years have been smoke free for both of us!!! Life IS good.

# News & Updates

## 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.

## Help us make our newsletter better !!!

We've come a long way in the last year, but we're always looking for new material. You don't have to be a brilliant author, we'll help. Send us a story, an idea, a poem, a riddle, etc. Send an e-mail at [Nancy@njchoices.org](mailto:Nancy@njchoices.org) or [szkodna@umdnj.edu](mailto:szkodna@umdnj.edu).

## Other News

We continue to be very busy visiting programs in the community and presenting at consumer conferences and events and have expanded our efforts to outreach supported housing and self-help centers.

Recently our Consumer Tobacco Advocates were at the annual conference of the NJ Psychiatric Rehabilitation Association and presented at the UBHC-Bridging the Gap between Mental & Physical Health Conference. They also presented at the annual conferences of Collaborative Support Programs of NJ and the Coalition of Mental Health Consumer Organizations. Dr Williams and Marie Verna presented on CHOICES at the January 2007 Public Education Institute of Mental Health America (formerly the National Mental Health Association).

We hope to visit you soon. If CHOICES has not yet visited your mental health agency or program, please contact us at 732-235-4873 to schedule one.



## Interview with an Artist

Not too long ago, one of our Consumer Tobacco Advocates, Wayne Holland, interviewed Ms. Pat Graffi. Pat is starting a business making greeting cards. Pat really enjoys designing. Pat went to Middlesex County College for commercial art. It was something she always felt she wanted to do. When she started hearing voices and couldn't work, she started writing poetry. She figured it was something she could do for consumers that would make both her and others happy. She believes a lot of artists have some type of mental illness and it's part of the creating process.

Pat also wanted to share with our readers how she quit smoking. She used to smoke 4 packs of cigarettes a day! Pat quit 3-1/2 years ago. She started the quit process by using 2 patches, then worked down to one patch, used them for 4 months and then went down to nothing. She still uses the inhaler. Pat said that NRT really helped, but groups helped also. The most helpful things to her were consumer groups in New Brunswick.

Pictured is one of Pat's designs. Cards are available for about 50 cents each.  
Contact Nancy @[njchoices.org](mailto:njchoices.org) for ordering information.



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*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 is supported by grants from the American Legacy Foundation, the NJ Division of Mental Health Services and the Cancer Institute of NJ. These materials do not necessarily represent the views of the American Legacy Foundation, Foundation Staff or its Board of Directors.*

# We've updated OUR WEBSITE!

Please visit our newly updated website ([www.njchoices.org](http://www.njchoices.org)) which has new features including a consumer testimonials page and an expanded art gallery. As always, we welcome your input and suggestions. Please write to us and send us your story!



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