



S-625—Senator Vitale’s Bill to Allow Tobacco-Free State Psychiatric Hospitals

TRENTON, N.J. – A bill sponsored by Senator Joseph Vitale, which would allow State psychiatric hospitals to ban on-campus smoking as long as a smoking cessation program is offered for clients, patients and employees, was approved on March 3, 2008 by the full Senate by a vote of 25-11.

Both Kevin Martone and Jacob Bucher submitted testimony before the Senate Committee in support of this very important measure. Following is some of their testimony. Their entire testimony can be found on our website: <http://www.njchoices.org>.

Testimony Given by Mr. Kevin Martone, Assistant Commissioner, Department of Health Services, Division of Mental Health Services

Good afternoon Chairman Vitale, and members of the Committee. Thank you for the opportunity to discuss the Division of Mental Health Services support for S-625. In addition to managing New Jersey’s community-based mental health system, the Division operates 5 psychiatric hospitals whose mission is to provide for the psychiatric and physical well-being of people with serious mental illness. This bill is consistent with our reform activities.

Smoking kills—Gone are the days when “Just let them smoke” is an acceptable response. On average, people with mental illness die 25 years sooner than you and I; 25 years! Considering that 75% are addicted to nicotine, smoking is known as a large driver of premature death in this population. Given what we know, we as a State should not contribute to this process while patients are under our care.

As a Board member of the National Association of State Mental Health Program Directors (NASMHPD), I also bring some national perspective on this topic. In October 2006, NASMHPD issued a position paper and technical report on smoking in state operated mental health facilities. The report states, “science as well as experiences in mental health facilities have also shown that tobacco smoking leads to negative outcomes for mental health treatment,

Collaborative Support Programs of New Jersey (CSP-NJ) supports S 625 Smoking Cessation

I am Jacob Bucher, the Executive Director of CSP-NJ, a consumer run mental health agency. I thank you for the opportunity to share our position on the smoking ban at the state psychiatric hospitals. As a person living with a mental illness who has received services from in and out patient psychiatric settings, and who also is a former **heavy long term smoker**, I will share my personal perspective as well as the perspective of our agency that strives to promote wellness oriented services.

The Problem—Adult consumers living with mental illness die *25 years younger than other Americans. This means that men living with mental illness will likely to die by age 53, compared with a man of the same age (who can be expected to live until age 78). Examination of the causes of death show that about 15-20 years of the disparity can be attributed to chronic diseases, such as heart and circulatory disorders, diabetes, or other long-term diseases*. People who live a bit longer than 53 (like me) live with chronic physical health problems. Most consumers (we consume over 50% of cigarettes in this country) are smokers and smoking significantly contributes to dying younger and living with chronic physical health problems that severely impacts quality of life and is quite costly to society. . . .

Planting the Seeds: The Oasis Program

For many people with chronic mental illness the process of recovery involves treatment at a psychiatric hospital followed by a transitional program providing rehabilitative services to assist individuals returning back into the larger community. Located on the grounds of Ancora State Psychiatric Hospital, the Oasis Program of Family Service of Burlington County is a partial day program for 15 consumers who have been discharged from Ancora after a minimum stay of 6 months and require such rehabilitative services. Oasis' clients represent the full spectrum of mental illness and many have developmental disabilities and / or a history of substance abuse problems. Oasis demonstrates that no matter where a person is in the recovery process it is possible to successfully address tobacco use.

Program Supervisor, Matt Baron, says that smoking has been addressed as part of an overall plan of wellness and recovery for over three years and is integrated into the daily flow of the program. Oasis' goal is to plant the seeds to motivate individuals to stop smoking and provide support for those ready to quit. Matt attributes much of their success in addressing tobacco to the hard work and dedication of case manager, Bob Craven. In addition to facilitating a weekly smoking cessation group called Healthy Breathing, Bob incorporates tobacco in other groups and whenever the opportunity presents itself. For example, in Health Group clients learn about the diseases caused by tobacco

and how quitting smoking improves your health. Bob assists individual consumers in making the link between their illnesses and their tobacco use. When learning budgeting skills clients calculate how much they actually spend on cigarettes and learn that insurance is more expensive for a smoker than for a non-smoker. In the Meditation and Positive Affirmations Group clients discuss the importance of respecting one's body and how smoking is disrespectful of oneself. Tobacco is incorporated in the daily Relapse Prevention Group where alcohol, tobacco and other drugs are addressed together in developing a relapse prevention plan. In the Pre-Vocational Group Bob notes that employers are reluctant to hire people who smoke and that fellow employees resent smokers because they take extra time for smoke-breaks and expose their co-workers to secondhand smoke. Newspaper articles on tobacco, videos, and other resources are used as topics for discussion at community meetings. Matt notes that even non-smokers enjoy learning about tobacco because of the positive manner in which tobacco use is addressed. Special recognition is given to those who have successfully quit, even if it is for only a couple of days. Oasis offers nicotine gum to assist clients in quitting.

Outside speakers from organizations, such as the American Lung Association, the American Cancer Society, Atlantic Prevention Resources and the Camden County Community Partnership against Tobacco (PACT), come on a

regular basis to meet with the clients to reinforce the message that quitting smoking is important to their recovery. The CHOICES Consumer Tobacco Advocates meet with their peers at Oasis to share their experience with quitting, talk about the resources available to help people quit and lend their support.

Oasis anticipated client resistance when tobacco was first introduced as a treatment issue. In fact, their experience has been the exact opposite. Clients are receptive to learning about tobacco and even non-smokers enjoy attending tobacco-specific groups. According to Bob and Matt, their experience at Oasis supports the knowledge that most consumers want to quit smoking but feel they cannot be successful. Several clients note it is difficult to quit when they see others around them smoking. Many express the desire to quit and there is a positive atmosphere of mutual support for those trying to quit. The success of one client in particular has motivated others to work on quitting. Oasis applauds quit attempts and use them as learning experiences, not as failures.



For more information on the Oasis Program, visit their website at <http://www.fam-serv.org/services/adultcommunity/index.cfm>

A Success Story

by C.S.

I started to smoke when I was about fourteen years old. Other kids were smoking and they urged me to join them. Looking back I see that I wanted to belong, to be accepted. From then on, I smoked about a pack a week, (continued on page 3)

usually a day with a friend. From the time I was 21 I smoked a pack a day for the next 20 years. I realize now that I was literally hooked on the nicotine and the other chemicals in the cigarette.

When my program, Oasis, started to cut back on the use of cigarettes, I adjusted to it. My schedule had already been disrupted by my years in the hospital.

From cutting back I went to not smoking at all. There were times in the past where I had stopped for days, weeks, and even a month or so. I have just celebrated one year tobacco free and they had a party for me at Oasis. Food tastes good, I am not coughing as I did, my clothes don't stink, I can walk better without getting winded, and for some reason I actually feel better around people. This probably doesn't have anything to do with not smoking, but it all happened at the same time.

The first couple of weeks were not easy for me. There were times that I did not know what I was going to do. There were some hard times that were not pleasant. I got the nicotine patch and that has helped immensely.

One of the helps I have is to think of the money that I am saving. At roughly \$100 a month, I now have \$500 that I have not spent with the serious medical bills that I have. This money has helped take an edge off my financial worries. I can work toward paying my bills, and have some spending money too.

A great source of comfort that I have is listening to a CD set on the Twelve Steps. Nicotine is an addiction, and although these tapes are not specifically designed for smoking, they offer

a great deal of insight into basic healthy living and attitudes. One part that has really struck me is about loving yourself. When I look at all the health risks involved, cancer, heart problems, yellow teeth, smelly clothes, I realize I was not thinking about taking care of myself.

Even with the patch I have had times where I was so disgusted that I asked staff for a cig, once I even took my patch off. Since I was not given a cig, I put a patch back on and continued on my recovery plan.

It is much easier now and I fully plan not to go back to smoking.

Support Groups Helped me to Quit Smoking

Hi! My name is Cathy C. I have smoked since my early 20's. I always told myself I'd quit later. My uncle died from COPD (chronic obstructive pulmonary disease, such as bronchitis, emphysema, pneumonia) - but that didn't stop me. Both my father and aunt smoked. The worst was a couple of years ago when my brother-in-law died in the hospital Intensive Care Unit. My sister told me they can tell where the cancer was. My brother-in-law's cancer was in each lung. He smoked Marlboro Red Box. I went to Dr. Slade's quit smoking group. I only got 1 day cigarette-free. I looked in my computer for the Quit Smoking Program. I got a phone number. I called and went in for an interview. I keep going to Dr. Jill's quit smoking group. I now quit again for 4 weeks. Without it I am convinced I couldn't stay stopped.

A Story by M.S.

When I was five years old, my mother asked me to light her cigarette. I did this for five years. When I was ten years old, she bought me my own pack of cigarettes. I smoked a little over a pack a week. I did this for a year. Then my mother would not buy cigarettes for me, so my sister did. I continued this until I lived on my own, and smoked a pack a day. I kept this up for a long time, quitting and starting up again. The longest I went without smoking was one month.

Since January 31st, I have not been smoking, except for one every now and then. Mostly, I have not smoked during this time. It is hard to quit, but I want to stop.



A Story by T.D.

I started smoking when I was 17 years old. My girlfriend smoked, but she would not give me any cigarettes, so I went and bought my own.

When I started working, I went to two packs a day. When I first went into the hospital, I cut down because we were not given that many cigarettes. When I got out of the hospital, I went back to two packs a day. In the hospital again, I had to cut back. Now I am smoking 7 cigarettes a day because of the program schedule.

I have quit a few times but always went back to smoking. It is hard to quit. I know how bad cigarettes are for me, and that I have an addiction to the nicotine. Even though I know that I should stop, what makes it hard for me to stop is the nicotine. It's a very bad addiction, and I don't wish it on anyone. At this time I have stopped again and hope I can stay this way.

Consumer Reports

by Bill Newbold

CHOICES volunteer, Bill Newbold, did a series of interviews in October 2007. He interviewed people thinking about quitting smoking & people who successfully quit.

J.M. was a two pack a day smoker and he spent a quarter of his day smoking. He quit for himself and for health reasons. Money was the most important factor in helping him quit. J.M. used the nicotine patch and the nicotine gum for six weeks. After being hospitalized for other problems he realized that the hospital was a major factor in helping him quit. A problem that was occurring was that he was spending money to feel sick. There was also a lot of pressure on him to stop smoking. J.M. was very glad that he had stopped smoking.

J.M. feels that to actively deal with the situations at hand (as they might trigger a smoke) is one of the best ways to resolve the urge to smoke. He also feels that changing people, places, and things is a must for him to quit smoking. The best part of quitting for J.M. is the extra money and that nobody asked him to stop smoking. With his extra money he plans to join a music club on the internet and buy music albums.

S.D. is glad that he can take the Zyban (stop smoking medication) with Celexa (medication for his depression). S.D. has had problems with sugar and glucose, but he knows it will get better as he continues to quit smoking by using the Zyban in the morning.

S.D. smoked toxically and felt years older from cigarette abuse. His parents seemed to be healthier then he was because of his tobacco abuse. His doctor says he may have prostate cancer.

S.D. goes to a program in Plainsboro and has a good attitude about quitting. He plans to continue to go to the quit smoking group discussions even after he finishes the smoking study. S.D. tentatively planned to quit smoking on Oct 9th 2007. He is going to get rid of the smoking paraphernalia the day before he quits. He is going to tell his friends and staff that he is quitting in order for extra support in helping him quit.

B.M. has tried many times to quit smoking. The longest time she was able to quit for was two weeks. B.M. is interested in quitting because of health reasons as well. Her motivation to quit is her niece and being with her without the smell of cigarettes on her breath. B.M. also does not like the smell of cigarettes. She would smoke after coffee and enjoyed her first cigarette "high" in the morning. B.M. does not like cigarettes after sex, she would rather cuddle then.

B.M. has suffered from pneumonia three times this past year and the cigarettes also cause her asthma to act up. B.M. plans to set a good example for her niece by not smoking and she will use the nicotine Patch and nicotine Inhaler. Her being able to breathe will help her cut back on her smoking until she is ready

to quit completely. She knows she needs to change people, places, and things to make quitting easier. B.M. plans to go to the one-on-one session with a smoking cessation counselor and out-patient treatment.

Mr. A. uses cigarettes for stress relief and smoking gives him something to do as well. He likes to smoke after eating and with coffee. Mr. A. quit for six weeks using Chantix (stop smoking medication) but had a very difficult craving and went back slowly to smoking and now smokes more than before he quit. Mr. A. is on Zyban and knows people suffering from cancer. He has pressure from both directions — some want him to quit — others like smoking with him.

Mr. A. plans to quit cold turkey without any nicotine replacement medications. At one point he was in the hospital for 8 months and did not smoke because he was not allowed to. As soon as he was transferred to a less restrictive hospital, he went back to smoking. Mr. A. plans to quit in October or November 2007 when there is a special day that will be good to quit on.

Ms. G. quit cold turkey and went to Nicotine Anonymous Meetings. She has not smoked since April 16, 2000. She quit because she was worried about her health and coughing so much her throat hurt. Ms. G was very active on the phone calling other people in Nicotine Anonymous when her first attempt was successful. Ms. G. continues to see a social worker every two weeks and a psychiatrist every month.

Tobacco's Influence and Its Seductive Attempt

By Steve J.

R.F. was interviewed in October 8th 2007 and he is trying to help people quit smoking now that he has stopped smoking. He smoked for 29 years and quit in March 28, 2007. He did not like the coughing and the grinding feeling in his throat. He says it was extreme willpower that gave him the ability to quit. He used Chantix for two weeks then quit. He exercises regularly by walking up big hills.

R.F. does meditations of all different types and kinds after he exercises. He feels better and looks better now because he walks and jogs regularly. He tried to quit 8 or 9 times in the past. He realizes that he should never have given in to the cravings and gone back to tobacco use. He smoked because he was nervous and it seemed enjoyable, but he wasn't aware of the ill-effects caused by smoking. After R.F. quit he began to notice how badly people smell when they smoke. Emphysema is something that R.F. never wants to get.

R.F. thinks that by being with good people that do not smoke and being physically active, his life will improve. He feels that "mental illness is in its last few days." He has quit for six months by controlling the portions of the food he eats. He has lost seven pounds. He is consistently involved in self-improvement and his goal is to become the best person he can be. He wants to spread the message to as many people as possible — he quit smoking and it can be done and he feels great and it is all due to quitting smoking.



Seeing a pack of Salem menthol cigarettes in my mother's Buick Skylark back in the late 60's, early 70's sent a vibe that chilled my spine. Going through the glove compartment this gruesome discovery was made. My mother smokes cigarettes. Oh my! Should she be doing this? Does she not know this is bad for your health?

I sat in the front seat of the Buick named Sam which my mother gave it because the NJ license plates read SEM. My mother called it SAM.

Hope, ma's friend, smoked regularly. I never did see my mom smoking and when I found the cigarettes secretly stashed in the glove compartment, a sensation that she was trying to hide cigarettes made them more alluring.

Other than stumbling upon my mother's smoking habit, I remember at about 5 or 6 years old pretending to smoke with candy cigarettes. I thought I was real cool with that piece of candy sticking out of my mouth. Another warning was that my grandfather smoked. He would roll the tobacco to make his own cigarette. I do not remember how much he smoked when we would go to visit after church on Sunday afternoons. One of my uncles would also puff away. And more exposure slowly revealed that some of my friends involved in Boy Scouts smoked their few cigarettes defiantly disregarding authority or any health issues. Slowly this disobedience seemed cool. I knew everyone shunned cigarette smoking and I found it

something about these cigarettes. So many people are doing it. Heck, I used to stock my grandfather's and grandmother's shelf at their local deli store with cigarettes.

Coming up in years, in the early teens, we all had our neighborhood pals. Sometimes we would play with one kid or a group of kids and over time the group grew. Nonetheless, I hung out with my friend at the time, Jimmy. It would be fun to go to Jimmy's and hang out and shoot the breeze. Weight lifting became an activity yearned for—to develop strong bodies. Jimmy's parents smoked, not often but smoked and did leave a pack of cigarettes around from time to time. These were Tarrington filtered cigarettes. And they looked appealing. Was there something about this smoking that everyone did it? Or at least what appeared to be everyone. Or at least I thought there must be something to it. Even my friend Jimmy was captured by the seduction of this smoking stick that lingered to capture unknowing victims into its suction of addiction that is hard to break, if ever. So, there were these cigarettes and Jimmy's parents were out. We had nothing better to do. It almost seemed calculated, we both looked at each other with a devilish grin on our faces and then at the same time our eyes darted toward the pack of cigarettes. We looked at each other again and then back at the cigarettes. (continued on Page 6)



Are you interested in quitting smoking?

You may be eligible to earn some extra money by participating in one of our research studies.

For more information, please call 732-235-9711.

Out of sheer boredom and the ever quest to get into trouble, Jimmy and I agreed to take a cigarette and try one out, just inhale a few puffs. Jimmy got the pack and fumbled through the crinkly plastic fishing one out noticing that there were only five or six there. Jimmy's parents would not notice. And near the pack of cigarettes were some matches which definitely would be needed. So Jimmy grabbed them too and we agreed better to smoke outside not to cause any suspicion. So, Jimmy and I made through the back door and sat outside on the porch ready to light up.

Jimmy took the cancer stick in his mouth and had a dastardly look on his face. Along came the sulfur smell and the cigarette and match made their deadly meeting.

With the cigarette lit, Jimmy toked on it with immediately coughing as though it was unpleasant. Would this happen to me if I inhaled too? Will the smoke get on my clothes and my mother find out? More coughing from Jimmy as he let out the rest of the smoke. He covered his mouth with his one arm and then held out his other arm with the cigarette lit seemingly wanting nothing to do with it again. And then, it was my turn. Well, I grabbed the cigarette from Jimmy hesitantly watching him in utter discomfort. I knew this might or would happen to me and was not sure I wanted to get the same results. Peer pressure overcame as the cigarette guided by my arm and my elbow creased and

the filter then touched my lips as yet did not inhale. I could not let Jimmy down and have him suffer and I not. I looked at Jimmy and he looked daringly at me.

Removing all fear from my psyche I took a puff and I immediately hacked smoke out, my eyes turned red and I kept on choking while Jimmy seemed to be in delight. I too then held the cigarette out far away as wanting nothing more to do with it. Jimmy and I heard that one would not cough so much if they smoked for awhile and I gave the cigarette back to Jimmy who reluctantly accepted knowing he may have the same experience. So, he took another drag and began coughing. That was it for him. I, too, was still trying to gain composure as I kept hacking, eyes red, throat sore. Jimmy said forget this and put the end of the lit cigarette toward the brick on the porch and crushed out the end by seeing how others have done it. Looking oh so cool when they did it. What was so cool about coughing and getting teary eyed?

Thus, my first nasty taste of a cigarette. What was appealing about it? This was not for me. Jimmy agreed wholeheartedly. We looked at each other disgustingly and was glad the experience was over. That is at least for the time being.

Held Hostage

A Poem by Frank H.

I'm a hostage by the tobacco industry
Sure they said I'm free
It's your will to go on a spree

But what I don't see
Is the way I don't what to be?

Ingredients that make me crave
Salivating all the way to my grave
Petty commercials on TV
On how I look like or it should be me
And it didn't stop me to grab a stogie

Very stylish form the day of doomed
Carcinogens here and every where
People are dying inside the same room

What they say about dead man walking
Is it true when you see smoke while their talking
Plenty of flavors to choose from
Handsome packaging were carefully groom
To entice and hypnotize the consumer
By using their product to feel better

An invisible gun pointed at me metaphorically
Paying my ransom constantly

I tried cold turkey and made me blue
It made me believe my clue is untrue

I'm desperate to get away from these goons
And the nasty monkey on my back that looms

If only I listened to my parents and the old wise men
I won't be hook by the crooks
And still have my subtle look

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Collaborative Support Programs of New Jersey

Statement of Support for Bill S-625

The Division of Mental Health Services is proposing a ban on smoking within the state hospitals. As you probably are aware this is a controversial issue. CSPNJ is supporting the proposed ban on cigarette smoking at state psychiatric hospitals. While we agree that this issue impacts personal rights and it appears that hospitalized patients are once again having their rights squashed, there are other factors that we believe trump persons right to smoke while being patients in inpatient facilities. We make the following argument taken from a Wellness perspective:

- Persons diagnosed with Serious Mental Illness on average live approximately 68 % of an average life span (men die on average at age 53 and women at age 59). While many factors contribute to this decreased life span, a major reason is most assuredly the high rates of smoking by this group.
- People diagnosed with Schizophrenia although only about 2% of the population account for approximately 40% of the cigarettes smoked nationally and all persons diagnosed with Serious Mental Illness account for over 50% of the cigarettes smoked.
- People diagnosed with Serious Mental Illness spend a considerable amount of their income on the escalating costs of cigarettes leaving less for food, clothing, shelter and non-addictive less lethal sources of enjoyment.

- People are not allowed to consume alcohol (another addictive but legal substance) in the hospital even though for many this soothes their pain and could make life harder without having the ability to have a drink. Society is obviously on the side of abstinence in regards to alcohol.

- In a Recovery/Wellness culture allowing and encouraging people to smoke when they are supposed to be working on their recovery within a hospital setting runs counter to people actually taking more control of their lives. Medical hospitals have restricted smoking for patients for the past several years because of the devastating medical problems cigarettes eventually cause. It is part of their mission to assist people in living healthier lifestyles. Shouldn't it be the same for psychiatric hospitals?

- If the rest of the society of smokers consumed as many cigarettes as people with Serious Mental Illness do, the country would be spending inestimably more on healthcare. It would be a major epidemic that many organizations and parts of government would be looking for solutions.

- Much money is being spent on treating mentally ill smokers with terminal illness and not on prevention. The resources are being used to provide treatments to ease people's pain and suffering but not provide any quality to their lives.

We feel that psychiatric hospitals should be held to the same standards as medical centers and

therefore should ban cigarettes as they do alcohol and other chemicals that are harmful to physical health. In a non-smoking hospital environment it is imperative that a menu of smoking cessation resources be available to assist people who have addictions in breaking the habit.

CHOICES Welcomes Newest Advocate—Deidre Stenard

My name is Deidre and I smoked for 31 years. Trust me when I say it was a challenge to quit. I had to try for 7 or 8 times before I was off of cigarettes forever. Now that I'm off of cigarettes, I never want to go back to smoking. Once I had severed the cycle of cigarette addiction, I became interested in living a healthier lifestyle by eating healthy foods and working out at a gym.

Since I've started working for CHOICES, it has strengthened my resolve to stay off of tobacco and live a healthy, well-informed lifestyle. CHOICES not only motives me to live healthier, but also made me realize that I can live up to my full potential and help others in the process.

I have a strong desire to help other mental health consumers become more informed and interested in quitting smoking. If you are interested in getting more information on CHOICES, please visit our website at <http://www.njchoices.org>.

WELCOME



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We welcome your input and suggestions. Please write to us and send us your story. 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 !

CHOICES 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 .