A Wonderful Day of Celebration to Mark the CHOICES 10th Anniversary

By Trish Dooley

On Wednesday, November 11, 2015, the CHOICES team was honored for their 10th Anniversary, at Pierre’s of South Brunswick. Over 50 people attended the luncheon, including community partners and stakeholders from around the state, as well as faculty and staff from Rutgers University. The program featured speakers including Margaret Molnar, Christopher Kosseff, Robert Kley as well as program founders Dr. Jill Williams and Marie Verna.

It was a wonderful day to honor the accomplishments that the team has made over the past ten years, which includes meeting with over 33,000 consumers throughout the state of New Jersey. These meetings provide education about tobacco as...continued on page 6

Book Review: The Benefits of Smoking

By Yasmin Halim

Recently, I ran into a friendly woman at the NAMI NJ conference. I have seen her at other conferences before. She has written a book called, “The Benefits of Smoking: Why It’s So Hard to Quit Smoking & What You Can Do About It.” The author, Carol L Rickard, is a licensed social worker and tobacco treatment specialist as well as the founder of a health education company called, “Well YOUniversity.”

Ms. Rickard’s book promises that it will help the reader understand why it is so hard to quit smoking...continued on page 6
Take Back Tobacco Control in New Jersey!

By Deidre Stenard

In the United States, smoking rates have fallen to a new low from 20.9% in 2005 to 17.8% in 2013, 16.8% in 2014 and 14.9% in the first half of 2015—according to an editorial in the New York Times on 11/22/15. There are a few factors for this success including more smoking cessation coverage from the Affordable Care Act. However, this remarkable success is in danger if Congress approves two amendments attached to an appropriations bill for the 2016 fiscal year by a Republican-dominated House Committee. One rider would cut in half the Center for Disease Control’s budget for tobacco control from $216.5 million in 2015 to $105.5 million in 2016. The “Tips from Former Smokers” ad campaign could be eliminated with that kind of cut. There are other services, such as quit lines, that may be cut as well. These services have helped keep the national smoking rate low. The second rider would shield from regulation all e-cigarettes.

New Jersey currently has no funding at all for its comprehensive tobacco control program, including programs such as the Tobacco Dependence Program in New Brunswick that I used to quit smoking. The funds that New Jersey receives from the CDC and Master Settlement Agreement, have been used to balance the state budget.

I have been fortunate to quit smoking with the help of the Tobacco Dependence Program in New Brunswick, New Jersey before the cuts to the tobacco control program/NJ Quitcenters took place. 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 3 or 4 years. I have gone on to work for CHOICES, 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 funding cuts from the State of New Jersey.

I personally have saved over $100,000 in total as a result of stopping smoking. I’ve saved $50,000 because I’m no longer buying cigarettes. I’ve also earned over $50,000 additional dollars working for CHOICES in the 8 years since I’ve stopped smoking. My health has improved immeasurably, and I don’t know if I would have been able to stop smoking without the help of the Tobacco Dependence Program in New Brunswick. I was a heavy 3-pack-a-day smoker and I needed the help of a doctor and a support group. Quitting smoking has really changed my life, and I’d like others to have the same opportunity I’ve had.

Funding for the tobacco control program in New Jersey is dependent on what Congress approves and in turn what the New Jersey governor approves. It’s a good idea to watch what Congress decides to do and contact your elected officials to express support for tobacco control funding. It’s time to take back tobacco control in the State of New Jersey!
Smoking Rates Remain Alarmingly High Among American Indians, LGBT Smokers and People with Mental Health Issues

By Lisa Evans

While the overall number of people who smoke in the United States is at an all-time low, not everyone is quite ready to celebrate. "We're making great strides, but it's evident that there are large groups of people who continue to struggle with tobacco and the chronic diseases associated with it," said Amy Lukowski, Psy.D., clinical director of Health Initiatives at National Jewish Health in Denver and for its QuitLogix® program, the largest non-profit smoking quitline in the country. "We need to find ways to better reach and serve those vulnerable demographic groups that are disproportionately impacted by tobacco."

According to a recent study by the Centers for Disease Control and Prevention, 17.8 percent of adults now smoke in the United States. That's the lowest percentage since 1965, the first year statistics were kept, when more than 42 percent of adults smoked.

However, smoking rates remain alarmingly high among three groups: American Indians, those in the lesbian, gay, bisexual and transgender (LGBT) community, and those with mental health issues. "As an academic medical center devoted for decades to eliminating tobacco use and its associated disease states, we feel the imperative to better identify and understand the unique factors related to tobacco use in these groups and develop protocols that are specifically tailored to their needs," said Lukowski. "This is a high priority for us."

Following over a year of study of the tobacco use and cessation characteristics of the American Indian population across the country, QuitLogix® at National Jewish Health became the first quitline in the United States to hire Native coaches. Having coaches that share the same heritage was described as an important feature for quitlines to be successful in cessation efforts by American Indian commercial tobacco users.

More than 26 percent of American Indians are smokers, the highest rate of any ethnic group and considerably higher than the national average.

Until now, effective smoking cessation programs designed specifically for a heterogeneous population of American Indians across multiple tribes in different geographic locations did not exist.

Tobacco is an integral part of the American Indian culture. It holds a sacred place in their history and is still used in spiritual ceremonies and traditional practice. So, before launching the American Indian Commercial Tobacco Program (AICTP), Lukowski said researchers met with dozens of previous and potential participants of quitline services in various regions. "We needed to better understand the best ways to address commercial tobacco from community members themselves, while still honoring traditional tobacco practices," she said.

Quitline experts are also working to better help counsel those with mental illness, who smoke at a rate of 36 percent - more than twice the national average - and those in the LGBT community. Research suggests those in the LGBT community are up to 200 percent more likely than others to be addicted to cigarettes.

"Those high rates of tobacco use in these populations are no accident," said Lukowski. "Tobacco companies have identified and targeted... continued on page 7
Recently I visited a self-help program to do a CHOICES presentation. One of the audience members told me she was using hookah to quit smoking. She and other mental health consumers attending shared their beliefs about hookah as a safe alternative to cigarette smoking. At the time, I could not comment but I promised I would learn more and share the information.

Hookah is a water pipe used to smoke flavored and sweetened tobacco or an herb, known as shisha. To smoke hookah, charcoal is heated over the bowl, which contains the tobacco to create smoke. When users draw on the pipe, tobacco is puffed through the water chamber, where it is cooled before being inhaled. When purchasing hookah at a lounge, users select from a menu of specialty tobacco and flavors. An attendant sets up the hookah with the products ordered and a group of several users shares the pipe by smoking through the single mouthpiece.

The practice of smoking hookah is centuries old in other parts of the world but is growing in popularity in the United States. With easy access to hookah bars, no restriction on public use, the appeal of flavored tobacco products, and the socializing associated with using hookah, the practice is desirable to many young adults. Through word of mouth and the internet, there is a wide spread belief that hookah is safe and does not pose a health risk. Some have claimed that smoking hookah is better than smoking cigarettes because the smoke is filtered through water and removes harmful chemicals. Others believe that hookah does not contain nicotine and is not addictive, while others believe that the fruity, herbal substance known as shisha is harmless. Unfortunately, none of these assumptions is true.

For anyone ... continued on page 7

Word Scramble

Test your knowledge of smoking cessation terms. Answers on page 6.

Source: Discovery Education

1) ticddonai
2) leardenain
3) srat
4) aeehpymys
5) tresok
6) rsesst
7) srsteoecrihasol
8) ocnrihsibt
9) xralyn
10) fnsfu
11) lssmkesoe
12) atbcoco
13) nciinet
14) lciai
15) raccen
16) nccigerona
The CHOICES 10th Anniversary lunch was very nice and enjoyable. It was well thought out and planned. I have found that there were a lot of great presentations and speeches by the guest speakers. I really enjoyed everyone’s talk. Dr. Williams, Trish Dooley, and Marie Verna spoke very well. I was particularly impressed with the talk that Christopher Kosseff gave, as well as Margaret Molnar. I found that their talks were very compassionate, understanding, and supportive and also very well informed regarding the situation of smoking among mental health consumers.

With their expertise, it’s completely obvious why they have positions of such responsibility. I appreciate the words that everyone had to say, it was very moving, and I will always remember it. The food was delicious and the company was terrific.
Book Review
Continued from page 1

With an emphasis on wellness, it suggests strategies that a person can use to increase chances of success while attempting to stop smoking in conjunction with smoking cessation medications.

The book uses metaphors like dirty laundry or a Swiss army knife to illustrate concepts in a relatable way. It is controversial to say that there are benefits to smoking, but by acknowledging it, the author lowers resistance of those who really believe that smoking is beneficial to them. The author has a strong sense of optimism which comes through on every page. Her personal experience, training, and experience training others in the recovery movement uniquely qualify her to write on this topic.

The book is humorous and easy to relate to. Part of what makes the book so relatable is how the author weaves her own experience throughout the book to illustrate the points she is making. I like that she mentioned several times how relapse is normal and part of the process of quitting smoking. I like that she suggests other short motivational style books for a person to read that would be helpful. I thought a lot of the suggestions in part two would be useful even if you don’t smoke. One thing I would add to the book is to describe the benefits of social support, and how it is a powerful tool while quitting smoking and maintaining your quit attempt.

The book has a few pictures, a lot of little illustrations throughout, and a lot of variation in font size, type, bold and italic. Also there are quite a few acronyms and small activities to do. She used these strategies in the book to stimulate both left and right side of the brain and to hold the reader’s interest.

I would recommend this book. I think it can be helpful for people who have been thinking about quitting smoking off and on, but haven’t gotten motivated enough to start the process. I think the second half of the book that deals with emotions and stress management tools would resonate with anyone in recovery.

This book is very easy to read. People of all different ages and cognitive ability will follow, and it is also entertaining. I could imagine it laying among a pile of books and magazines in the day room of an inpatient unit in a psychiatric hospital, the bright yellow background and red writing attracting the attention of a patient who is bored and wondering why they can’t go on a smoke break and why they have to wear a, “dumb” patch on their arm instead. The controversial beginning of the title, in itself, gives an impetus to open up this book and check it out.

This book is available on Amazon.com

Celebration
Continued from page 1

well as personal testimonies of quitting smoking. During these visits, each consumer also receives informational handouts to take with them, including health consequences of smoking and treatment resources that are available. They are also afforded the opportunity to have the carbon monoxide in their breath measured, and given feedback about their individual results. The CHOICES team strives to improve the health of mental health consumers throughout the state of NJ.

Here’s to the next 10 years!

Scramble Answers

1) addiction 9) larynx
2) adrenaline 10) snuff
3) tars 11) smokeless
4) emphysema 12) tobacco
5) stroke 13) nicotine
6) stress 14) cilia
7) atherosclerosis 15) cancer
8) bronchitis 16) carcinogen
Hookah
Continued from page 3

considering hookah to aid in their cigarette quit attempt or as a safe alternative to smoking cigarettes, they will be surprised to learn that hookah can be far worse. Regardless of what is in the bowl to be smoked, the sustained burning of the charcoal carries the risk of extended exposure to high levels of toxic compounds, including tar, carbon monoxide, heavy metals and cancer-causing chemicals. According to the Mayo Clinic, hookah smokers are exposed to more carbon monoxide and smoke than cigarette smokers. A typical hookah session is about 60 minutes of exposure to these chemicals. The Centers for Disease Control and Prevention (CDC) states that during one session, a user will smoke 200 puffs, while on average, a cigarette involves smoking only 20 puffs.

The CDC is clear that tobacco-based shisha and “herbal” shisha contain carbon monoxide and other toxic agents known to increase the risks for smoking-related cancers, heart disease, and lung disease. There have been numerous research studies that conclude that using a hookah to smoke tobacco poses serious health risks to smokers and others exposed to hookah smoke.

Multiple studies from a variety of medical authorities conclude smoking hookah poses a health risk. For this reason, there has been recent legislation in many cities and towns, prohibiting the use of hookah in public places. When I visit this self-help center again, I can confidently comment on what I have learned from my research. Smoking hookah is unsafe for smokers and non-smokers at the hookah lounge and smoking hookah is not a safe alternative to smoking cigarettes.

Smoking Rates
Continued from page 3

these groups as being populations more vulnerable to nicotine addiction and are shrewdly advertising directly to them." This type of marketing to susceptible populations continues to be prevalent in many direct and subtle ways.

One particular ad aimed at the LGBT community reads, "Whenever someone yells 'Dude, that's so gay,' we'll be there." "That's an ad for a tobacco company," said Lukowski. "As absurd as it may sound, it works. Tobacco companies are reaching young members of the LGBT community, in particular, to convince them that they actually empathize with them and support them, all while selling them deadly products," said Lukowski.

Other ads aimed at American Indians use traditional colors and imagery, and some claim to contain pure tobacco, insinuating that it's much like the tobacco grown, dried, cut and used in ceremonies. Tobacco companies also offer commercial products directly to tribes and, in some cases, it's been suggested that they may give tribal leaders commission for products that are sold.

"Unfortunately, their efforts are often effective, and once members of these particular groups become consumers, it does not take long to develop a physical addiction to the nicotine found in these tobacco products," said Lukowski. "If we're going to help members of these populations quit smoking, we need to show the same level of interest in these groups as tobacco companies do."

Source: National Jewish Health
Posted on http://www.news-medical.net/
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C/o Trish Dooley
317 George Street, Suite 105, New Brunswick, NJ 08901

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.

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 732-235-4600 or at williajm@rutgers.edu.