



Consumers Helping
Others Improve
Their Condition by
Ending Smoking

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An Update on the E-Cigarette

By Deidre Stenard

What is an e-cigarette?

It is an electronic (e) fake cigarette made by the tobacco companies. Because you inhale vapor and not smoke, the tobacco industry wants you to think it's safe. E-cigarettes are new products with limited data available regarding their safety.

as a drug-device. As a result, the FDA will regulate e-cigarettes the way they regulate traditional cigarettes. In May 2012, the FDA announced that it has decided not to appeal the ruling.

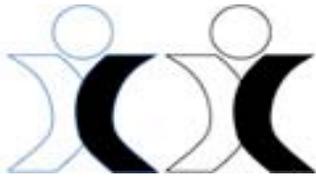
In addition to the warnings of the FDA, a small study was conducted in Greece a few months ago that showed that the airway resistance in both smokers and non-smokers was increased after inhaling the vapor of an e-cigarette for 10 minutes. A higher airway resistance means a lower absorption of oxygen into the blood. They concluded in this study that there is damage to the lungs when you inhale an e-cigarette.

The risk of using e-cigarettes doesn't stop there. Several months ago, in Florida, an e-cigarette exploded in a man's face while he was using it, ripping out his teeth and part of his tongue. He had to spend time in the hospital recovering and he is suing the maker of

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The FDA (Food and Drug Administration) would like to regulate the e-cigarette because it contains nicotine, a drug. There has been a tug-of-war between the FDA and e-cigarette companies. The FDA has stressed that e-cigarettes may not be safe and that studies have to be done before the devices are considered safe enough to use. The FDA has done a small study which showed the presence of toxic chemicals in the e-cigarette vapor and at least one of those chemicals was carcinogenic (cancer-causing).

In the latest victory for the e-cigarette companies, the U.S. District Court of Appeals in Washington D.C. will not allow the FDA to regulate e-cigarettes



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the e-cigarette.

Despite all of the possible risk associated with e-cigarettes, the annual sales for e-cigarettes in the United States are at \$500 million and e-cigarettes are gaining in popularity. E-cigarettes are marketed to make it seem like e-cigarettes are *cool*.

E-cigarette makers, such as Blu ECigs and NJoy, Inc. are running advertisements on cable networks. There is a NJoy advertisement that has Foreigner's hit song "Feels Like the First Time" playing in the background while a sexy guy puffs on an e-cigarette, with the caption at the end of the commercial: "Cigarettes, You've Met Your Match." (E-cigarette makers can

advertise on television because it hasn't been outlawed).

There are millions of people who have used e-cigarettes to quit and they are adamant about using e-cigarettes. People that use the e-cigarette flock to the website <http://www.e-cigarette-forum.com>, to get tips on what flavor of e-liquid to buy and where to buy it. E-liquid comes in various flavors such as menthol, vanilla and coffee and it is spiked with various concentrations of nicotine. E-liquid can come in a bottle or a pre-filled disposable cartridge, and these are used in the e-cigarette to produce the vapor that users inhale. Users are very enthusiastic about the variety of e-liquid flavors

available.

As exciting as the e-cigarette seems to be, there is a risk in using e-cigarettes. When I quit tobacco, I used evidence-based Nicotine Replacement Therapy and a support group. Naturally, I would suggest quitting tobacco the way that I did. But it is your choice. Good Luck quitting tobacco with whatever you choose to do! The following is an image from the NJoy television advertisement:



"A Quest for Light"

Painting on Canvas by Wayne Holland, CTA



This picture shows three lamps without light bulbs. Two of them are dedicated to my mother who died of emphysema, and one is dedicated to my stepmother who died of lung cancer. When I painted this picture, I called it "A Quest for Light." What light? The light of Hope, the light of Mercy, the light of God,

Forgiveness, and Salvation. Especially, the light of Hope where we will see our loved ones in the next life.

My father lived to be 85, because he quit smoking in time. When he died, I was stressed out, but didn't start smoking again, because he wouldn't want me to. Bless him, and bless all of those who have passed on.

New Jersey Comes in DEAD Last for Tobacco Prevention Funding

By Trish Dooley

NEW JERSEY	FY 2013	FY 2012
State Ranking	50	43
State spending on tobacco prevention	\$0.0 million	\$1.2 million
% of CDC recommended Spending (\$119.8 million)	0.0%	1.0%

The U.S. Centers for Disease Control and Prevention (CDC) recommends that New Jersey spend \$119.8 million a year to have an effective, comprehensive tobacco prevention program. As you can see in the above table, as of fiscal year 2013, New Jersey comes in at a pathetic 0. For a state that receives over \$997 MILLION dollars in tobacco revenue – through tobacco taxes and settlement payments, this is hard to believe. New Jersey was once a national leader in tobacco control and prevention, and currently exists through federal grants.

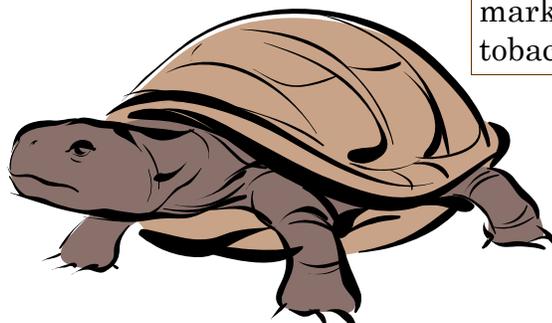
Despite this bad news, New Jersey is receiving \$2.6 million in federal funds dedicated to tobacco prevention and control:

- ◆ \$1.3 million from the U.S. Centers for Disease Control and Prevention in a 12-month grant for the period beginning April 2012 (from annual appropriations).
- ◆ \$508,958 from the Prevention and Public Health Fund in the new health care reform law for the period beginning

August 1, 2012.

- ◆ \$817,802 from the Food and Drug Administration for enforcement of the Family Smoking Prevention and Tobacco Control Act, including the provision regarding tobacco sales to minors.

Tobacco's Toll in New Jersey	
Adults who smoke	16.8%
High School students who smoke	16.1%
Deaths caused by smoking each year	11,200
Annual health care costs directly caused by smoking	\$3.17 billion
Residents' state & federal tax burden from smoking caused government expenditures	\$652/household
Annual tobacco company marketing in state	\$158 million
Ratio of tobacco company marketing to total spending on tobacco prevention	N/A



Source: The U.S. Centers for Disease Control and Prevention (CDC)

Quit Smoking with the NJ QuitLine (1-866-NJSTOPS)

While several areas within New Jersey have face-to-face smoking cessation counseling available, the New Jersey QuitLine is free and available to all New Jersey residents. Telephone quitlines are effective smoking cessation aids in the general population, but it has not yet received much attention with regard to smokers with serious mental illness. In an effort to learn more about the quitline from the perspective of consumers and of mental health staff, we conducted three focus groups for consumers with serious mental illness and three focus groups for staff. These focus groups were supported by New Jersey Department of Health & Senior Services Office of Tobacco Control grant DFHS12CTC005 awarded to Marc L. Steinberg, Ph.D.

While most views were positive, several concerns were raised. Below we propose solutions to these concerns that we hope you will find helpful.

Concern: Some consumers have limited cell phone minutes and if their primary phone is a cell phone, rather than a land line, they may have concerns about using up their minutes.

Marc L. Steinberg, Ph.D. & Donna Drummond, LPC, CTTS
Tobacco Free for a Healthy New Jersey
Robert Wood Johnson Medical School

Solution: A potential solution to this issue would be for consumers to use a land line phone number owned by supportive friends/family when calling the QuitLine. An alternative to the supportive friend/family phone would be a phone at the mental health program in an office in which the consumer could have privacy.

Concern: Some consumers live in housing situations in which there is only one common telephone for many people to share, and this telephone is situated in a public area.

Solution: Programs may offer an area within the program where consumers can speak with their Quit Coach in private. These calls last for 20 minutes, so be sure to find a phone and office which will be empty for that long so privacy concerns are honored.

Concern: Some consumers may not be comfortable talking with a counselor they cannot see. While most will not have a problem speaking on the phone, some could be uncomfortable

when talking to someone they have never met over the phone.

Solution: Program staff should meet with consumers interested in quitting smoking and describe what to expect when they call the Quitline. Program staff should stress the fact that the Quit Coaches are trained professionals who help people quit smoking all the time. They are there to help. Additional steps could include initiating the call *with* the consumer so he or she feels completely safe speaking to the Quit Coach. Program staff with heavy caseloads may not be available to sit in on the entire registration process, but they could probably sit in long enough to reduce the caller's discomfort.

While there are several valid concerns about using the NJ QuitLine in smokers with serious mental illness, we hope these proposed solutions will make it more likely that smokers with serious mental illness can comfortably, and successfully, use the NJ QuitLine and live a healthy, tobacco-free life.



An Update by Trish Dooley

From July 2012, through September, 2012 the Heart of CHOICES project was offered at various mental health centers across the state. As a result of the SAMHSA Million Hearts

20 minutes each, and personalized to each individual consumer. Following the session, participants received a mailing of their personalized heart health report, pedometer, and resources for where to get help to quit smoking.



We had a warm reception from consumers and staff where we did the Heart of CHOICES site visits, and have had requests for return visits. We continue to

promote the American Heart Association My Life Check assessment via our website, www.njchoices.org, our newsletter, and Twitter account @NJCHOICES.

The CHOICES team continues outreach visits to mental health agencies, self-help centers, health fairs, and educational conferences to spread the message that addressing tobacco is important, and to provide essential tools. These tools and interventions are all presented to consumers in a non-threatening, motivational interviewing style, where the focus is on personalization of feedback and materials.

award, we were able to purchase equipment and resource materials that support our mission of meeting with consumers and providing them with valuable information regarding their cardiovascular health. These sessions consisted of blood pressure monitoring, online life check assessments, and carbon monoxide readings. Each participant received a copy of the Counting on Wellness tool, developed by the UBHC Behavioral Research and Training Institute Technical Assistance Center. These sessions were approximately

CHOICES Presented at 11th Annual World Association for Psychosocial Rehabilitation Conference

On November 11, 2012, the CHOICES program was presented at the 11th Congress of the World Association for Psychosocial Rehabilitation, in Milan, Italy. The conference was held over the course of four days, and hosted speakers and authors from around the world. CHOICES presented with a panel of speakers discussing mental health consumers as providers. Other members of the panel discussed the role of consumers in mental health treatment, consumer

perspectives, and recovery processes of peer providers. Other countries represented in this panel were Norway, Israel, and Germany.



Michael's Story

By Yasmin Halim

Michael is a 33 year old student majoring in Psychology at Somerset Christian College. Currently, he smokes up to ½ a pack of cigarettes per day and is eager to quit smoking completely. Michael has been smoking since age 10. At first, he started off sneaking puffs from his mom's cigarette when she left it in the ashtray. He then began stealing loose cigarettes from his mom's pack, then entire packs and then cartons from the store, but just sporadically, as the opportunity presented itself. He had a childhood friend who was his same age who became his smoking buddy. By age 13, Michael had become a full time smoker. Smoking no longer felt like something he was choosing to do. It felt like an addiction. He was smoking a pack per day, preferring to smoke menthols because of their minty flavor. At the same

age, he also started smoking marijuana. He had a crew of friends that also smoked. Michael noticed that when he started using other substances he would also smoke more. When he started doing cocaine he also started chain smoking. For the past 10 years, he has been smoking regular cigarettes. He quit smoking for 2 years while incarcerated. At that time, the cost was \$1/ pack. It was so inexpensive because if a person smokes in prison, they are given a bag of tobacco and rolling papers to roll their own cigarettes. When Michael started having psychiatric problems he began smoking again too. He was released shortly afterwards and continued smoking.

Initially, Michael enjoyed smoking. He got a buzz off of it and felt like he was doing a cool thing. He smoked with friends and smoked alone. These days, he doesn't have friends that smoke. He smokes alone and hangs out with nicer people. Now when he smokes, he feels guilty. He thinks of the health consequences he may

encounter in the future if he continues smoking. If he closes his eyes and thinks of the various smoking related diseases, he can imagine them eating away at his body. He thinks of the money that is going toward cigarettes and where he could better use it. He thinks about how he is disappointing others, like his son, God, friends and family. He knows the people in his life are not trying to be hurtful when they talk to him about his smoking but still, he feels worse about himself as a result. Now he feels guilty but the smoking relieves the craving for a few minutes. It also helps with his anxiety, although he doesn't know if this is the nicotine addiction anxiety or his regular anxiety that is relieved when he smokes. He wheezes, gets tired quicker, and gets out of breath. It feels very cold to go outside to smoke in winter. He has tried to quit many times and has reduced the amount he smokes to ½ a pack. He plans on quitting as soon as possible.

Did You Know?

Smokers lose at least one decade of life expectancy, as compared with those who have never smoked. Cessation before the age of 40 years reduces the risk of death associated with continued smoking by about 90%.

Cessation at around 40 years of age results in approximately a 90% reduction in the excess risk of death associated with continued smoking in later middle age and old age. That is not to say, however, that it is safe to smoke until 40 years of age and then stop, for the remaining excess is substantial.

Jha P, Ramasundarahettige C, Landsman V, Rostron B, Thun M, Anderson RN, McAfee T, Peto R. 21st-Century Hazards of Smoking and Benefits of Cessation in the United States N Engl J Med 2013; 368:341-350

WORD PUZZLE

By Deidre Stenard

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

Can you find these words?

Heart Health

Nicotine Patch

Nicotine Replacement Therapy

Quitline

Cancer

Illness

Carcinogens

Chemicals

Chantix

Nicotine Gum

Tar

Thirdhand Smoke

Carbon Monoxide

Quit Date

Oxygen

Stop

Saving Money

CHOICES



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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 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.