The Potential Benefits of Nicotine, When Quitting Smoking  

By Deidre Stenard

Nicotine can benefit your health in a certain capacity. Dr. Anna Fels wrote in the New York Times on March 6, 2016 that she has a patient that says when she started smoking, it was like a “key that fit into a lock”. Her brain felt clearer, her thoughts more coherent, her mood and energy improved. She quit smoking because she didn’t want to damage her lungs. She started to chew nicotine gum and has been chewing nicotine gum for over a decade. She chews the same amount every day and does what

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Say What? Connection Between Smoking and Hearing  

By Yasmin Halim

The things they keep finding out about the harms of smoking continue to surprise me.

When we think about hearing loss, we don’t usually think about smoking. We think of old age or enjoying too many loud concerts or some kind of physical injury. There are now studies that show people even as young as 12 can have hearing damage from smoking, the smoker themselves and people being exposed to secondhand smoke.

One study showed that smokers have a 15% greater chance than non-smokers of losing hearing. Another showed non-smokers that live with a smoker are 28% more likely to have hearing loss compared to people living in non-smoking homes. A third study showed that if a woman smoked while pregnant then her child is 3X

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is called “dosing”---and makes sure she has the supply of nicotine gum that she needs.

Chewing nicotine gum is less addictive than smoking cigarettes because chewing nicotine gum delivers nicotine to the brain via the bloodstream at a much slower rate and with lower peak blood levels than smoking does. In the current Diagnostic and Statistical Manual of Mental Disorders, the DSM-5, an addiction, or a “substance-use disorder” can cause “such an intense activation of the reward system that normal activities may be neglected.” Dr Fels’ gum-chewing patient is married, has a child, friends and a successful career and certainly isn’t neglecting “normal activities”. The gum-chewing may actually help her to function.

Nicotine has been shown to improve cognition, memory, attention and mood, as well as reduce anxiety. People with serious mental illnesses, particularly schizophrenia and depression, smoke at much higher rates than people without them and have more difficulty quitting---because the nicotine may help with their symptoms. It is possible to use Nicotine Replacement Therapy in order to quit smoking. So, the nicotine still aids the patient after they stop smoking. There haven’t been any well-documented studies that show serious harmful effects of long-term use of Nicotine Replacement Therapy.

While there is evidence of the health benefits of nicotine, it’s an individual choice whether to stay on it or not.

Over this past year, I cut down significantly on the amount of Nicotine Replacement Therapy that I use and almost a year ago stopped using it altogether. I used Nicotine Replacement Therapy to stop smoking---I was on the patch, inhaler, nasal spray, gum and lozenge in order to quit and used them in combination with one another under the direction of a doctor. I needed more Nicotine Replacement than the average smoker because I smoked 3 packs a day. A year after I stopped smoking, I cut out the patch and the nasal spray. After 2 years, I cut out the inhaler. At 2 years I was just chewing nicotine gum, then I switched over to the lozenge and was using less of the lozenge. After almost 8 years off of cigarettes, I weaned myself off of Nicotine Replacement Therapy completely. For 3 months, I had cravings to continued on page 4

Believe

By Paulette Crawn

I began smoking at age 13. Over the years my smoking increased to 4 packs per day. That is when I stopped counting.

I never believed I could or would stop smoking.

One night as I was falling asleep (I was doubting the existence of God), I prayed “God if you are real, I will never want another cigarette”.

I never wanted another cigarette. I kept cigarettes in my locker, in my purse, in my freezer for 2 years.

It has been 27 years and I never wanted another cigarette. God is real.
“In a world where you have mental illness and you don’t have any control, some people say, ‘Well this is the one thing that someone has control over,’” says Jill Williams, MD, who directs the Division of Addiction Psychiatry at Rutgers University-Robert Wood Johnson Medical School. “Of course, I would say that’s flawed logic because the whole definition of addiction is that you don’t have control.”

Bipolar quitter Deidre Stenard used to smoke three packs a day. “If I was feeling anything,” she says, “I would have a cigarette. As a matter of fact, I would have a bunch of cigarettes. I was kind of a chain smoker. My experience is that my medicine was off, so that was just another reason to smoke more. I was trying to make myself feel better. But that really backfired on me: I was feeling like a beached whale.”

This is common: Except for that five-minute tease, tobacco can exacerbate anxiety or depression, says Morris.

Of course mentally ill people can quit, and they do, with immense benefits. Stenard figures she has saved $60,000 in not-bought cigarettes since the day she quit smoking—and she throws that figure around a lot at her New Brunswick, New Jersey job as a peer counselor helping other mentally ill people quit through a program called CHOICES. Mentally ill people re disproportionately poor and vice versa. And the current price tag on a pack of cigarettes is no small matter for people living on the margins, especially if they’re unable to work, never mind homeless.

“This is real money,” says Williams, who works with Stenard. “When people quit smoking, they can really can get a cellphone, buy a computer, move, go on vacation.”

But money is not as much of a motivator as you might think for people who are severely mentally ill. Other things can matter more.

This excerpt is from an article that appeared on the website, theinfluence.org, featuring CHOICES CTA, Deidre Stenard, and Medical Director, Dr. Jill Williams

**New Rules Tighter for E-Cigarettes**

By Deidre Stenard

On Thursday, May 5th the Food and Drug Administration or the FDA unveiled their long-awaited regulations for the e-cigarette, vape pens and other tobacco products. Most of the regulations are geared toward keeping e-cigarettes out of the hands of children and teenagers. It will now be illegal to sell e-cigarettes to those 18 years of age or younger and it will be law to check identification for those 26 or younger.

While the proportion of teenagers who smoke conventional cigarettes has fallen in recent years, the use of e-cigarettes, which provide nicotine in vapor form, continued on page 6
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smoke or use nicotine. After that, the cravings come and go. I feel just as good off of the nicotine as I did on nicotine. My head is clearer off of the nicotine. It has been almost a year that I’ve been off of it completely, and some of the consequences are very subtle. I’m staying off of it for now. Nicotine benefits your health in a way that varies from individual to individual and it is something you can discuss with your doctor. Good Luck with Quitting Smoking!

Source: New York Times, Can Nicotine Be Good for You?, March 6, 2016, Dr. Anna Fels, page 6
Is it true that cigarettes are more deadly than ever? The Campaign for Tobacco-Free Kids thinks so and they created an infographic (shown on page 4) that addresses changes to cigarettes over the past 50 years to illustrate the point. The Campaign for Tobacco-Free Kids is a non-profit that works towards a future free of death and disease caused by tobacco. The changes identified in the infographic have contributed to an increase in the instances of cancers in smokers and overall made smoking cigarettes more deadly. The research is based on scientific studies, tobacco industry documents, and the Surgeon General’s report. The research found that today’s smokers have a much higher risk for lung cancer and COPD than smokers in 1964, when the Surgeon General issued the first report on smoking. Surprisingly, the research found that even if today’s smokers smoke fewer cigarettes they still are at higher risk for smoking related cancers and illness than in 1964. How could this happen when it has been proven that cigarettes are a health risk? As much as we would like to believe that the Surgeon General or the federal government regulates the manufacturing of cigarettes, this is not the case. The cigarette manufacturers are free to make changes to their products and their manufacturing process for their products as any other manufacturer in the United States. Most of the regulations affecting the cigarette industry pertain to labeling and regulations which restrict advertisement of cigarettes, especially to children. Post 1964, there were efforts made to reduce the amount of tar and nicotine by producing a low tar cigarette. Prior to the introduction of low tar cigarettes the average cigarette yielded 38 mg tar and 2.7 mg nicotine. Those yields were reduced substantially to 12 mg and 0.95 mg with low tar cigarettes. Most of the decrease in tar and nicotine are a result of newly introduced filter tips which gained wide popularity. While the filter tips reduce the amount of tar and nicotine, the smoker tends to inhale much deeper, pushing cancer causing smoke far deeper into their lungs. New types of lung cancers developed in these deeper cavities of the lung. As the number of smoking adults began to decrease, the cigarette companies began to focus on teenagers as their new target market. To make cigarettes more appealing to a younger market, the manufacturers made changes that make the cigarette more pleasurable to use by adding sugar, flavors, and menthol to mask the effect in inhaling smoke and increasing the levels of nicotine to make the cigarette more addictive than ever. Regardless of how, why or when changes were made to the cigarettes, we now know that a as a direct result of these changes, a smoker today has more than twice the risk of lung cancer than a smoker 50 years ago. Cigarettes are more deadly than ever.

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and other tobacco products Using e-cigarettes, or vaping, is dangerous for teenagers because nicotine can “disrupt the formation of brain circuits that control attention, learning and susceptibility to addiction,” the CDC says. Public health experts also say that the vapor can contain carcinogens and metal particles.

The new Food and Drug Administration regulations will give manufacturers 2 years to apply for the approval of their products by submitting a sample of their products to the FDA. The review will apply to all products introduced on the market since February 15, 2007. All of the products will be reviewed for approval and manufacturers of all e-cigarettes will have to register with the FDA.

Previously, there have been 7,000 flavors available for e-cigarette users, with 250 more flavors being introduced each month. Flavors such as Banana Split, Apple Pie, and Gingerbread Man have been available and the e-cigarette makers with the most flavors were beating the competition in sales. E-cigarette users have been flocking to the internet and to specialty stores for the e-cigarettes and e-liquid that they have been buying in different flavors and in different strengths of nicotine. Sweet flavored e-cigarettes have been appealing to those 18 years old and younger and organizations such as Campaign for Tobacco-Free Kids want regulations which go further and prohibit the sale of sweeter flavors that appeal to children.

Some in the electronic cigarette industry see the new FDA regulations as a form of prohibition. In reality, the FDA proposed these rules 2 years ago and has produced a version which reflects that the rules have been given a lot of thought and careful reflection.


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more likely to develop a hearing problem by the time they are a teenager. One thing to be very concerned about it the type of hearing damage that smoking causes in both smokers and people exposed to second-hand smoke. The part of hearing that is most important to understand human speech, mid to high level frequencies is affected the most. One of the studies showed that teens exposed to second-hand smoke in the ages between 12-19 had double hearing loss across every sound frequency and especially the high frequencies. Possible reasons for smoking related hearing loss are the toxic chemical exposure from the smoke causing direct harm and the cardiovascular diseases that smoking causes. It is most likely a combination of both.

So now we know this new thing about smoking, what do we do? The recommendation is to give up or reduce smoking and reduce passive exposure to tobacco smoke. Part of why I think this is an important issue is that beyond the physical is also the social effects. Not being able to hear properly when people are talking with you isolates you and negatively affects your relationships, especially with the people that love you the most. When I was young, I did not know my dad had been in a motorcycle accident that distorted his high frequency hearing so when I, with my high pitched fast talking little girl voice would want to tell him what I did in school that day, I thought he was annoyed and didn’t want to listen or he didn’t like me. As an older man now, his hearing is worse. He can’t join in the conversations around him like he used to especially at a family get-together with so many competing noises.

Even though quitting smoking may be one of the hardest things you do, it is also one of the most rewarding. It could even save your hearing, apparently.

Despite a major decline in cigarette smoking in the general adult population, smoking rates in people with mental illness have remained the same for a decade, according to new research published in the *American Journal of Preventive Medicine*. In fact, one-third of current adult smokers suffer from some type of mental illness, and so far, anti-smoking efforts have not seemed to affect this particular population. “Individuals with mental illness represent approximately one-third of the adult smokers in the U.S., and we need to develop alternative tobacco control strategies, including targeted treatments for this vulnerable population,” said Marc L. Steinberg, Ph.D., associate professor of psychiatry at Robert Wood Johnson Medical School and lead author of the study. “Tobacco control has been relatively successful in helping some groups quit smoking, but the remaining smokers may be the ones who are the hardest to treat. We need to address the health disparities of the remaining smokers, such as those with lower socioeconomic status and mental health problems.” For the study, researchers analyzed data of New Jersey residents who had been surveyed by the Behavioral Risk Factor Surveillance System. In this system, data was collected from telephone surveys independently conducted in all 50 states that compiled chronic health information from adults aged 18 and older and then pooled by the federal Centers for Disease Control and Prevention (CDC). The findings show that during the 10-year period examined by researchers at Rutgers Robert Wood Johnson Medical School, smoking prevalence was greater in people suffering with behavioral health conditions, compared to persons with better mental health. “Our research found that while smoking rates have been going down in New Jersey adults without mental health problems, they have remained steady for those with mental health problems,” said Steinberg. “This suggests that tobacco control strategies are not reaching those with poor mental health, or, if they are, their messages are not translating into successful cessation.” Steinberg and his colleagues also examined quit attempts by current smokers. They found that those with poor mental health tried to quit just as often as those who were mentally healthy, but tended to relapse and start smoking again. “Evidence shows that there has been a significant decrease in smoking in adults, and our data indicates that people with mental illness attempt to quit smoking at the same rate as those without mental illness, yet they are not as successful,” said Steinberg. 

CHOICES
Rutgers-RWJMS
317 George Street
Suite 105
New Brunswick, NJ 08901

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 and Addiction Services and funded by the NJ Division of Mental Health and Addiction Services.