The United States Surgeon General Tweets His Support For CHOICES During Washington, D.C. Meeting

by Deidre Stenard

The Centers for Disease Control and Prevention held a meeting for the Interagency Committee on Smoking and Health (ICSH) down in Washington, D.C. on June 14, 2018. The US Surgeon General, Dr. Jerome Adams, presided over the meeting, and there were speakers on the intersection of tobacco use and behavioral health populations including those suffering from mental illness and/or substance abuse disorders. Dr. Williams was invited to speak, and in turn, requested that I come along and speak as well as a member of the CHOICES team. Several speakers spoke during the morning session, we ate lunch, and

HUD Public Housing Units Are Going Smoke Free July 31

by Lisa Evans

After more than 10 years in the making, a HUD ruling to ban smoking in all public housing will take effect on July 31, 2018. The ruling applies to public housing and multiple family buildings, but not Section 8 or group homes. The purpose of the rule is to provide clean air, free of the toxic chemicals in cigarette smoke, to all residents.

Harold P. Wimmer, president of the National Lung Association, said "This new lifesaving rule will protect millions of people living in public housing from the harmful effects of secondhand smoke".

The ruling prohibits smoking hookah, cigars, cigarettes, pipes and any process which burns tobacco leaves in any housing unit, hallway, common area, or within 25 feet of all buildings.
Many alcoholics also smoke, and at the June 2005 annual meeting of the Research Society on Alcoholism in Santa Barbara, CA, a symposium reviewed the effects of smoking and drinking on the brain.

Dieter J. Meyerhoff, a professor of radiology at UCSF and associate researcher at the Veteran’s Affairs Medical Center San Francisco, discussed the findings:

"Specific cognitive dysfunction among active chronic smokers has been reported for auditory-verbal learning and memory, prospective memory, working memory, executive functions, visual search speeds, psychomotor speed and cognitive flexibility, general intellectual abilities, and balance," Meyerhoff said.

"We also believe that the adverse effects of smoking, just like drinking, likely take many years to impact brain function significantly, and interact with age to produce a level of dysfunction that is apparent on cognitive tests."

Also:

"Our analyses showed that chronically smoking alcoholics have greater brain abnormalities “ that is, less brain tissue measured by structural MRI, and more neuronal injury measured by MRI“ at the beginning of their treatment for alcoholism than non-smoking alcoholics. And both groups had more brain abnormalities than non-smoking light drinkers."

Co-Author of the study, Timothy Durazzo, also mentioned that continued smoking in recovering alcoholics imparted a major source of dangerous free radicals and in combination with carbon monoxide exposure and reduced brain blood perfusion, could possibly hinder brain tissue recovery in smoking recovering alcoholics. Furthermore, quantitative MRI results suggested that chronic alcoholism and smoking were both associated with cortical gray matter loss in the brain. This might lead to greater than normal cognitive decline and memory impairment and may increase the risk for earlier and more rapid cognitive decline in old age.

So, smoking alcoholics may place themselves at great risk for abnormal cognitive function with advancing years and should really think about giving up the alcohol and the tobacco.


The CHOICES Team Is Growing!

By Trish Dooley-Budsock

Please welcome our newest Consumer Tobacco Advocate, Azeem Sitabkhan, to the team! Azeem joined CHOICES in August 2017 as a volunteer and transitioned to a part time position in February 2018. He is a former, 20 year, pack a day smoker who used many of the tools advocated by the CHOICES team to help him quit. He quit smoking about 7 years ago and is passionate about sharing his story with other consumers about trying to quit. He also has a great deal of experience facilitating groups for DBSA, the Depression and Bipolar Support Alliance of New Jersey. He is a great addition to the team, and is very committed to spreading the CHOICES message!
I started smoking when I was about 15. I used small cigars. The impetus to smoke came primarily from perceiving others in the act. I can remember the aroma of cigars permeating the air on warm summer nights at Shea Stadium, and that greatly influenced me. I was not a constant smoker, but a binge smoker. This initial teenage phase lasted until I joined the Navy when I was 17. I really can’t remember specifically when I started smoking again. It wasn’t until I was a member as a mental health consumer at UMDNJ in the 1990’s when I resumed the habit. But cigars started to give me headaches so I switched to cigarettes. I smoked the brand Newports, but then the Newports gave me headaches. I believe that this was caused by the “menthol” ingredients within the cigarettes. Some other undesirable effects derived from smoking were the “stale” odor that was emitted from the exterior of my body and the discoloring of my teeth. Besides, all this was destructive to my health and consumed much of my disability income. Quitting was imperative.

I remember in 1998, Dr. Williams was assigned to me as my psychiatrist at UMDNJ. Coincidentally, and it may seem irrelevant, but I started drinking alcohol again at the same time. Double trouble! I remember consulting Dr. Williams. Quitting drinking was first; then I subsequently joined the new smoking cessation group at UMDNJ. At that time, Dr. Williams became director of the “CHOICES” program and led the group. I had some success with the “cold turkey” method. But the real credible results came when I used Chantix. I used it twice. I knew others who used it but it didn’t work for them; they complained about the side effects. But for me it was a very effective medication. One remarkable property of Chantix is if used as prescribed, it diminishes the satisfaction (enjoyment) of smoking an entire cigarette. I would extinguish the cigarette when partially through. Also, the time interval to the next cigarette becomes longer. It takes a week on the preliminary dosage, when one is allowed to smoke, before the full effect kicks in. After that, just trust the medication and try quitting as soon as possible.

After my last binge with smoking, which was about 6 years ago, I feel very confident that I can stay away from smoking altogether. It’s important to note from the 1990’s until now, I quit about a half-dozen times. I learned from statistics that the average smoker quits 6 or 7 times before finally kicking the habit, which was true for me. Other key factors that gave me encouragement to quit was staff support and group participation. It was a wonderful feeling knowing that I wasn’t going at it alone. If I ever do go back to smoking, it’s great to have Dr. Williams and Trish Dooley-Budsock in my corner. I have faith that another binge can be terminated quickly.

As to what my life has come to now? Well, as of the day of this writing, I am doing well with smoking cessation. Also, my life has turned around. I receive medical coverage through the Veteran’s Administration. Another reward is doing volunteer work for the CHOICES program. I’m really excited about this new door opening up, and I am looking forward to the future.

In conclusion, what’s to be learned from these experiences? Basically, it’s “do the right thing and the right thing will happen.” If one persists, great things will come to pass. And to all you smokers, good luck, and don’t hesitate to reach out to us at the CHOICES program.
Stop Smoking Resource Center

NEW FREE SUPPORT GROUP

CHOICES
PEER-LED SUPPORT GROUP

EVERY OTHER TUESDAY
11AM–12:30PM

RUTGERS-DIVISION OF ADDICTION PSYCHIATRY OFFICES AT
317 GEORGE ST, SUITE 105 IN NEW BRUNSWICK, NJ

FREE PATCHES AND LOZENGES !!!
(FOR A LIMITED TIME!)

Call for more information at
732-235-3361
or
stop in and see us.
www.njchoices.org

Every other Tuesday, Summer Dates:

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 10, 2018</td>
</tr>
<tr>
<td>July 24, 2018</td>
</tr>
<tr>
<td>August 7, 2018</td>
</tr>
<tr>
<td>August 22, 2018</td>
</tr>
<tr>
<td>September 4, 2018</td>
</tr>
</tbody>
</table>

and every other Tuesday in 2018

HUD Public Housing Units ... Continued from page 1

Electronic cigarettes (e-cigarettes, vaping) or other electronic smoking devices are not prohibited but each Public Housing Authority can decide to prohibit these items as part of their smoke-free policy.
If you are a resident of public housing and you smoke, please be aware that smoking in your home will be prohibited as of July 31, 2018. This mandate only prohibits where you can smoke. It is your choice to continue to smoke, however, you are being asked to smoke more than 25 feet from the building. If you do choose to quit, there may be free nicotine replacement products and programs to help you. Please check with your local Public Housing Authority representative, your doctor, or mental health professional for assistance with quitting.
CHOICES Participates In The “SmokeFree At Home” Meeting In Washington, DC

by Lisa Evans

Three CHOICES members, Dr. Jill Williams, Trish Dooley-Budsock and I, were invited to Washington, DC to join a collaboration between behavioral health, public housing, and related professionals from several different states. The purpose of the meeting was to share ideas about how to best serve behavioral health consumers who live in public housing and who will no longer be able to smoke at home starting July 31, 2018 because of HUD’s new smoke-free rule. The meeting was sponsored by a partnership between the American Lung Association and the Mental Health America with funding from the Robert Wood Johnson Foundation.

At the beginning, everyone introduced themselves and talked about their jobs. At first, I was a little intimidated by all of these professionals with so much knowledge and experience. I was very nervous to introduce myself and the work I do with CHOICES. I also wondered what I could contribute of value, as I am not a behavioral health professional.

There was no need for concern. I participated in several group exercises. I was able to share my experiences as both a mental health consumer and as a representative of the many consumers I meet at the hospitals, partial-care groups, self-help centers and health fairs that I visit as a CHOICES peer advocate. I had each of you in mind when I spoke and I found willing listeners.

I was also surprised to learn that several public housing authorities had implemented smoke-free housing compassionately and successfully. Many of the meeting participants were interested in modeling these implementations of the policy in their home states. I was also happy to see that all of the participants really cared about the health and wellbeing of mental health consumers who smoke. Many expressed concerns for any future penalty for violating the no-smoking rule and compassion and support was advocated as the best course of action for violators.

continued on page 7

The United States Surgeon General Tweets...continued from page 1

I was the first speaker after lunch. I spoke and then out of the blue, the US Surgeon General sent out a tweet about hearing me at the meeting, along with a photo he had taken of me up at the podium. He mentioned my name and NJ CHOICES. Obviously, it is good Public Relations for our small program. My immediate boss, Trish Dooley-Budsock told me about it. I was surprised and I hope I get another opportunity to speak at important meetings or events. He seemed very impressed that since I quit smoking, I have saved about $150,000!

“at least 80 percent of all heart disease, stroke, and type 2 diabetes and up to 40 percent of cancer could be prevented if people ate better, engaged in more physical activity and ceased to use tobacco,” excerpt from a statement made by Dr. Jerome Adams, Surgeon General of the United States before the committee on Health, Education, Labor, and Pensions, US Senate, on November 15, 2017
Juul: The New E-Cigarette by Deidre Stenard

When you look at what teens are doing these days, it’s what they aren’t doing that is just as revealing. Most of the studies that have been conducted point to a generation that doesn’t smoke cigarettes as much as they used to, and does what?!! Vape? Yes, vape. Juul is a very popular e-cigarette that you vape with. It is attractive and easy to hide. The sweet flavors that are available are appealing to teenagers.

There are risks and it is against the law to sell Juul or other e-cigarettes to minors. That doesn’t stop kids from getting and using Juul. Teenagers flock to various websites to get Juul, where there supposed to be age restrictions. Despite the age restriction and various company’s steadfast statement that Juul is for adults only, minors get Juul from the website and it is delivered to their doorstep. Juul is seen as the cool thing and there is a lot of peer pressure to use it.

However, there are risks that come with using Juul. I’ve written articles in the CHOICES newsletter about the risks of vaping. We on the CHOICES team also talk about the risks of e-cigarettes at sites around New Jersey. The risks include the fact that the vapor contains formaldehyde, a chemical known to cause cancer. There are also a lot of nanoparticles (tiny particles) in the vapor which cause inflammation and are associated with asthma, stroke, heart disease, and diabetes. Also, there is evidence that drinking or injecting e-liquids can be fatal in small children.

Juul began to find its foothold about a year ago. The company’s founders James Monsees and Adam Bowen are Stanford graduates who share a background in product design, and above all Juul is a good-looking object, a two-part system including a sleek temperature regulation device with a battery and a cartridge in colors seemingly inspired by the Farrow & Ball paint chart. The cartridge, or “pod,” contains the mouthpiece and the vapor-liquid.

Juul is made at Pax Labs in San Francisco, California. The company’s design of Juul is evolving and is getting rave reviews by critics and vapers. Resembling a memory stick on a computer, Juul conveys a sense of industry — you’re using your Juul while you study for tomorrow’s exam on your Macbook Pro — and it is so easy to conceal that one mother failed to notice that her daughter was vaping in the back seat of the car as she was driving. Also, some high school students say that Juul is a discreet way to vape in class.

A new study at New York University had exposed lab mice to nicotine vapor for 12 weeks and researchers concluded that e-cigarettes can cause damage to DNA. This increases the risk of cancer and heart disease because damage to the DNA impedes the ability of cells to repair themselves. Studies such as this one pose a significant risk in using Juul or other e-cigarettes. Also, vaping can lead to smoking regular cigarettes or even harder, stronger and illicit substances.

The New York Times, Feb 16, 2018, Cool-Looking and Sweet, Juul is a Vice Teens Can’t Resist, by Ginia Bellafante
Washington Square News, February 6, 2018, NYU Study Suggests Vaping Increases Risk of Cancer and Heart Diseases, by Mariana Castro and Christine Lee
Creatively Inclined

CHOICES is proud of our peers who are creatively inclined in the arts, poetry, and writing. Are you an artist, poet, or writer and want to see your work in print? We would love to share your art work, poem, or story! Please contact us via email at dooleypc@rutgers.edu.

Do you have a short,
What is this I hear
A cigarette lit will bring many tears
Aren’t you concerned about shorter years
That smoke is on your lungs
You call that having fun
Most of you are out in the sun
Yea it’s going to make you die young
Ask yourselves why
I don’t want to die
Smoking is not for me
For you see when you do
You mess others lungs too!
---Karen C.

Cathy T. proudly displays her dream board during the CHOICES workshop at the 2018 COMCHO conference. Participants were asked to imagine a world without smoking. Very creative!

Smoke-free at Home Meeting...continued from page 5

As a result of the meeting, there will be a follow up report with a recommendation for implementation of HUD’s no-smoking policy in public housing for residents who are living with behavioral health issues, such as mental illness and substance abuse disorders. I am anxious to see the final guidelines that will be presented. I am also excited to see how my thoughts and ideas might have contributed to the recommendation. Most importantly, I am very proud of the CHOICES organization and the work we do in New Jersey. I am especially proud to know that there are other people, all over the country, who now know about the CHOICES program.
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 Department of Health.