

Chapter 2

Quitting “You”

The real “you” never, ever needed nicotine. You were fine on your own. The real “you” never experienced the artificial highs brought on by elevated nicotine levels or the devastating lows that often accompany withdrawal. We typically functioned more towards the center without such violent or disturbing neuro-chemical mood swings.

So what if you never, ever needed to smoke, dip, chew or suck nicotine again? What if your mind was once again itself, filled with a constant sense of calmness and getting its dopamine releases the natural way, from great food, big hugs, cool water, a sense of accomplishment, friendship, nurturing, love and intimacy? What if days, weeks or even months passed comfortably, without once thinking about wanting to use nicotine? Would that be a good thing or bad?



Quitting vs. Recovery

Quitting is a word that tugs at emotion. By definition it associates itself with departing, leaving, forsaking and abandonment. But the real abandonment took place on the day nicotine assumed control of our mind, when new salient memories made us forget that we functioned well without it, when we abandoned “us.” This book isn’t about quitting. It’s about recovering a person long forgotten, the real neuro-chemical “you.”

The word “quitting” tends to paint or dress nicotine cessation in gray and black, in the doom and gloom of bad and horrible. It breeds anticipatory fears, inner demons, needless anxieties, external enemies and visions of suffering. It fosters a natural sense of self-deprivation, of leaving something valuable behind.

Now contrast quitting with recovery. Recovery doesn’t run or hide from our addiction but instead boldly embraces every aspect of this temporary journey of re-adjustment. It sees

each symptom and challenge as a sign of the depth to which nicotine had infected our mind. When knowledge based, it recognizes the symptoms and celebrates each new challenge as an opportunity to reclaim yet another aspect of a life once drenched in nicotine.

Nicotine dependency recovery presents an opportunity to experience what may be our richest period of self-discovery ever. It's a time when tissues heal, senses awaken and the brain's neuro-chemicals again flow in response to life not nicotine. It's a period where each challenge overcome awards the recovering addict another piece of a puzzle, a puzzle that once complete reflects a life reclaimed.

It is not necessary that we delete the word "quit" from our thinking, vocabulary or this book. But it might be helpful to reflect upon when the real "quitting" took place, when freedom ended and that next fix became life's primary focus. Although nearly impossible to believe right now, you won't be leaving anything of value behind - nothing. Everything you did while using nicotine can be done as well, or better as "you." All of the neuro-chemicals once controlled by nicotine were present before we started using and will gradually return to pre-nicotine levels. Every brain chemical that nicotine caused to flow is still present. They were always there and always yours.

Buried Alive by Nicotine "Aaah"s

Try to remember. What was it like being you? What was it like to function every morning without nicotine, to finish a meal, travel, talk on the phone, have a disagreement, start a project or take a break without putting nicotine into your body? What was it like before nicotine took control? What was it like residing inside a mind that did not want for nicotine?

One of the most fascinating aspects of drug addiction is just how quickly nearly all remaining memory of life without the external chemical gets buried by high definition dopamine "aaah" memories generated by using it. It's a common thread among all drug addicts. We'll discuss this in more detail later but I pose this to you now. How can we claim to like or love something when we have almost no remaining memory of what life without it was like? What basis exists for honest comparison?

Why be afraid of returning to a calm and quiet place where you no longer crave a chemical that today, every day, you cannot seem to get off your mind, a chemical that is a mandatory part of every day's plan? Why fear arriving here on Easy Street with nearly a billion comfortably recovered nicotine addicts? Is freedom of thought and action a good thing or bad? If good, then why fear life without it?

How wonderful would it be to again reside inside an undisturbed mind where addiction chatter gradually becomes infrequent, then rare? Again, I ask you, "What was it like being you?" Why fear coming home?

Slave to the world of "nicotine normal," we were each provided a new identity. Captive

brain dopamine pathways did their designed job and did it well. They left us convinced that our next nicotine fix was central to survival, as important as drinking water or eating food.

I recently read disturbing comments posted by more than a hundred long-term nicotine gum addicts. One, a 36 year-old woman, wrote, “I have to say, I traded one problem for another. I chew 4 mg 24/7 and can go through 170 pieces in less than 6 days. I have been chewing Nicorette now for 12 years. If I run out for a short time my mood becomes irrational. It is costing me more money than I have. I have chosen Nicorette over food many times.”⁶⁸

Although the word "quitting" is part of the fabric of nicotine cessation, such thinking can unconsciously tease and play upon old nicotine use memories, making us feel as though we've left something of tremendous value behind. If allowed, it can tease and inflame false fears, fears born of nicotine urge and replenishment memories, durable memories whose purpose was to convince us that nicotine is vital to survival, memories that should never have been present in the first place, memories only made possible because a foreign substance entered the brain and was able to disrupt priorities.

When you think about “quitting” I hope you’ll ponder when the real “quitting” took place. The journey home is about recognizing and embracing truth. But be prepared; learning that for years we were fooled and lived a lie can invoke a host of emotions including anger. Baby steps, patience, honesty and you too will soon be entirely comfortable again engaging all aspects of life without nicotine. Contrary to deeply held beliefs that were pounded into your brain by an endless cycle of urges and rewards, you are leaving absolutely nothing of value behind. To quote a line from one of my favorite movies, “even the love in our heart, we get to bring it with us!”

An Infected Life

Whether a closet addict who tries to hide their addiction, an addict with a low tolerance level of just 1-2 fixes per day, or someone who uses much more than the average user (as I did), our dependency infects far more of life than receipt of a command for replenishment, compliance and the alert dopamine “aaah” that follows. This endless feeding cycle constantly interrupted life. Aside from the time devoted to use, it requires a degree of planning, re-supplying, clean-up and returning to the activity previously interrupted or to a new activity. Like a mouse on an exercise wheel, there is no end to this endless cycle unless we get off, unless nicotine’s arrival ends.

Roughly 1 milligram of nicotine enters the average smoker’s bloodstream with each cigarette smoked. Holding 2.5 grams of moist snuff in the mouth for 30 minutes delivers an average of 3.6 milligrams of nicotine into the bloodstream. Chewing 7.9 grams of chewing tobacco over 30 minutes results in 4.5 milligrams entering the bloodstream.⁶⁹

68 AskAPatient.com , [Nicorette User Database](#), January 25, 2008 comments by a 36 year-old female user. Also see Polito JR, [Long-term Nicorette gum users losing hair and teeth](#), WhyQuit.com, December 1, 2008.

69 Benowitz NL, [Systemic Absorption and Effects of Nicotine from Smokeless Tobacco](#), Advances in Dental

Nicotine is eliminated from the body at a rate of approximately one-half every two hours. Elimination is accelerated by encountering stress, drinking alcohol or consuming vitamin C.⁷⁰ Driven by the need to maintain a comfortable level of nicotine in our bloodstream, nicotine's intake increases when its elimination is accelerated.

Nicotine's presence altered our body's natural sensitivities and diminished our ability to relax. It changed priorities and consumed precious time. Smoking it diminished lung function while gradually destroying the ability of our blood vessels to transport and deliver life-giving oxygen. Whether smoked, chewed or sucked, tobacco diminished the accuracy of smell and taste, while making us home to smoke's more than 4,000 chemicals or unadulterated oral tobacco's more than 2,550 chemicals.⁷¹ It brought scores of cancer causing chemicals into our body, up to 81 potential carcinogens when smoking⁷² and up to 28 carcinogens in oral tobacco⁷³.

Once we permit ourselves to begin looking closely, it becomes hard to find any aspect of life that wasn't, to some degree, affected by our addiction.

Forgotten Relaxation

Is it normal to spend the balance of life under the influence of an adrenaline releasing central nervous system stimulant? Prior to climbing into bed to sleep is it normal to consume a chemical that will make our heart pound up to 17.5 beats per minute faster,⁷⁴ that elevates blood pressure, restricts extremity blood flow causing the temperature of our fingers to drop up to seven degrees,⁷⁵ that accelerates our breathing, dilates our pupils, perks our senses, shuts down digestion, and triggers the release of glucose and fats from our body's energy stores?

Two million years of evolution prepared us well to flee or stand and fight the now extinct saber tooth tiger. Our body's response to sensing danger or sudden stress is activation of the "fight or flight" pathways of the sympathetic nervous system. In addiction to stimulating the release of dopamine, nicotine also activates these pathways.⁷⁶ Nicotine's

Research, September 1997, Volume 11(3), Pages 336-341.

70 Spitzer, J, [Never Take Another Puff](#), WhyQuit.com, 2003.

71 U.S. Surgeon General, [Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General: 1989](#), Page 79.

72 Smith CJ et al, [IARC carcinogens reported in cigarette mainstream smoke and their calculated log P values](#), Food and Chemical Toxicology, June 2003, Volume 41(6), Pages 807-817.

73 IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, [Smokeless Tobacco and Some Tobacco-specific N-Nitrosamines](#), 2007, Volume 89.

74 Parrott AC et al, [Nicotine chewing gum \(2 mg, 4 mg\) and cigarette smoking: comparative effects upon vigilance and heart rate](#), Psychopharmacology (Berlin). 1989, Volume 97(2), Pages 257-261 (2 mg gum average increase of 5 beats per minute [bpm], 4 mg gum 10 bpm, smoking nicotine 17.5 bpm) Houlihan ME, et al, [A double blind study of the effects of smoking on heart rate: is there tachyphylaxis?](#) Psychopharmacology (Berlin), May 1999 Volume 144(1), Pages 38-44 (max increase of 15 bpm); also, Najem B, et al, [Acute cardiovascular and sympathetic effects of nicotine replacement therapy](#), Hypertension, June 2006, Volume 47(6), Pages 1162-1167 (average increase of 7 bpm).

75 Lorillard Tobacco Company, [Killian Research Laboratories, Inc.](#), 1949-1955, <http://tobacodocuments.org/lor/95309579-9589.html>

76 Haass M, et al, [Nicotine and sympathetic neurotransmission](#), Cardiovascular Drugs and Therapy, January 1997, Volume 10(6), Pages 657-665.

arrival in the brain causes the release of noradrenaline (norepinephrine), which in turn causes more than 100 neuro-chemicals to prepare the body to run for its life or fight. Yet nicotine addicts will tell you that they need nicotine to relax! Fight or flight is anything but a state of relaxation. We'll talk more about this later.

For now, try to imagine what it is like to go hours or an entire day without having adrenaline being pumped into your bloodstream. What's it like to stop beating a tired horse, to stop responding to non-existent saber tooth tigers, to again know full and complete relaxation for extended periods of time?

Forgotten Calm During Crisis

Have you ever noticed what you reach for during crisis? Imagine not adding the onset of early nicotine withdrawal to every stressful event life throws our way.

A never-smoker and a smoker both experience flat tires while driving in a freezing rain. They stop, get out and look at the flat. The never-smoker sighs then immediately reaches for a jack to change the tire. The smoker reaches for a That's right, a cigarette. But why?

Have you ever watched a liquid baking soda solution, a base (alkaloid) being poured over an acid covered car battery terminal or seen a child create a volcano by mixing baking soda with lemon juice or vinegar (acids)? You are watching ionization, the movement of hydrogen atoms as an acid and a base neutralize each other.

Emotional stress, anger, worry, and fear cause some of the body's fluids to become more acidic, including our urine. This accelerates removal of the alkaloid nicotine from our bloodstream. It forces the stressed nicotine addict to service their addiction and engage in replenishment before turning their attention to the underlying stressful event.

The measure of the acidity or base (alkalinity) of a solution is known as its pH. The pH scale ranges from 0 to 14, with 0 being the strongest acid, 14 the strongest base, and 7 being neutral. A fluid with a pH of 5 is ten times more acidic than a fluid having a pH of 6.

Both human blood⁷⁷ and nicotine⁷⁸ are weak bases (alkaloids) having a pH of about 7.4. On the acid side, cranberry juice has a pH of 2.3 to 2.5, vinegar a pH of 3, orange juice 3.3 to 4.1,⁷⁹ table wine 3.3 to 3.7,⁸⁰ beer 3.7 to 4.1,⁸¹ and whisky a pH of about 5. Pure drinking water has a pH of 7 and fresh milk about 6.7.

The rate of elimination of un-metabolized nicotine from the bloodstream depends in part on

77 The Merck Manuals Online Medical Library, [Disorders of Nutrition and Metabolism, Acid-Base Balance](#), February 2003, <http://www.merck.com/>

78 International Programme on Chemical Safety, [INCHEM, Nicotine](#), March 1991, <http://www.inchem.org>

79 FDA, [Approximate pH of Foods and Food Products](#), April 2007.

80 Pandell, AJ, [The Acidity of Wine](#), 1999.

81 Murphy and Son Limited, [The pH of Beer](#), <http://www.murphyandson.co.uk>, July 4, 2008

the pH of our urine. Although it sounds totally backwards, the literature suggests that it has to do with how the kidneys function. Whether caused by sudden emotional turmoil, vitamin C or alcohol use, the more acidic our urine, the greater the rate of nicotine depletion.⁸²

In one study, an increase in urine acidity from a pH of 5.6 to a pH of 4.5 caused a 206% increase in the rate nicotine was eliminated from the kidneys and 41% increase in the rate of total nicotine clearance from the body.⁸³

While we cannot avoid all stressful situations or prevent them from causing chemical interactions within body fluids, there will be no impact upon nicotine reserves if nicotine isn't present in our bloodstream. This is but one example of how nicotine addicts are at a disadvantage. Early withdrawal is added to every stressful situation encountered. How stressful would a stressful situation be if the onset of early nicotine withdrawal weren't added to it? How much less stressful can life become?

As you journey home you may begin noticing an increased sense of calm during crisis. What a wonderful problem to have.

Forgotten Breathing & Endurance

Smokers not only suffer from nicotine addiction but the ravaging effects of thousands of inhaled chemicals upon their lungs and respiratory system. What was it like to run like the wind, to engage in an extended period of brisk physical activity without becoming seriously winded? What was it like to climb flight after flight of stairs, to play full-court basketball, or to chase a child or the family pet without ending up gasping for air?

Every now and then I meet a smoker who lets me know that they enjoy running. What they don't seem to appreciate is the tremendous strain they subject their heart and body to when doing so. It's a matter of availability of sufficient oxygen to keep vigorously working muscle well fueled and alive.

Carbon monoxide is a colorless, odorless toxic gas produced when any carbon-based material is burned, including tobacco. When smoking, the amount of carbon monoxide entering the bloodstream varies greatly (up to 25mg per cigarette) depending upon such factors as how intensely the smoker smokes, whether or not they cover the filter ventilation holes with their lips,



82 Schachter, S et al, Studies of the interaction of psychological and pharmacological determinants of smoking: II. [Effects of urinary pH on cigarette smoking](#), Journal of Experimental Psychology: General, March 1977, Volume 106(1), Pages 13-19.

83 Benowitz NL et al, [Nicotine renal excretion rate influences nicotine intake during cigarette smoking](#), Journal of Pharmacology and Experimental Therapy, July 1985, Volume 234(1), Pages 153-155.

and the particular brand smoked.

Without oxygen the body's cells suffocate and die. The primary function of our lungs is to allow the entry of life-giving oxygen from the atmosphere into our bloodstream, and to then transfer carbon dioxide from our bloodstream back out into the atmosphere. This exchange of gases takes place within an estimated 480 million⁸⁴ thinly walled air sacs called alveoli. But sucking large quantities of carbon monoxide into our lungs changes the playing field.

Hemoglobin is the portion of each red blood cell that transports a new supply of oxygen from the alveoli in our lungs to each living cell throughout the body. The problem is, when smoking, if both an oxygen molecule and a carbon monoxide molecule arrive at an air sac at the same time, the carbon monoxide molecule always wins and the oxygen molecule is left behind.

The chemical attraction between carbon monoxide and hemoglobin is 200–250 times greater than with oxygen.⁸⁵ What's worse, once attached to hemoglobin, carbon monoxide's long chemical bloodstream half-life of 2 to 6.5 hours⁸⁶ destroys the ability of red blood cells to engage in transporting oxygen.

Think about that last puff. One-half of the carbon monoxide in that puff will still be circulating inside your blood stream four hours later. Is it any wonder that our heart and body rebelled when we attempted vigorous exercise hours after smoking?

We don't just deprive our heart and muscles of oxygen. We daily paint the inside of our lungs with the 4,000 chemicals the tobacco industry collectively refers to as tar. It's too little oxygen and too much gunk.

We like to think that most of what we suck into our lungs is exhaled but it just isn't so. Ninety-seven percent of NNN (possibly the most potent lung cancer causing chemical of all) is not exhaled but remains within the lungs. It's the same absorption rate as nicotine. Ninety-seven percent of inhaled nicotine is not exhaled.⁸⁷ Imagine traveling through life with lungs so marinated and caked in toxic tars that it significantly diminishes lung function.

Now imagine what it would be like to allow your bronchial tube sweeper brooms to re-grow (our cilia) and begin the process of sweeping gunk from air passages. Imagine allowing all still functioning air sacs (alveoli) time to clean and heal. What would it be like to experience a significant increase in overall lung function? Imagine gifting yourself

84 Ochs M et al, [The number of alveoli in the human lung](#), American Journal of Respiratory and Critical Care Medicine, January 1, 2004, Volume 169(1), Pages 120-124.

85 Meredith T et al, [Carbon monoxide poisoning](#), British Medical Journal, January 1988, Volume 296, Pages 77-79.

86 World Health Organization. Environmental Health Criteria 213 - [Carbon Monoxide \(Second Edition\)](#). WHO, Geneva, 1999; ISBN 92 4 157213 2 (NLM classification: QV 662). ISSN 0250-863X.

87 Feng S, [A new method for estimating the retention of selected smoke constituents in the respiratory tract of smokers during cigarette smoking](#), Inhalation Toxicology, February 2007, Volume 19(2), Pages 169-179.

the ability to build cardiovascular endurance, to have nearly all your hemoglobin again transporting life-giving oxygen.

Forgotten Sensitivities

Where is the real neuro-chemical you? When life's moment calls for deep relaxation is it normal to administer a stimulant that makes the heart pound faster? When a friend is hurt or a loved one dies, is it normal to use an external chemical to induce a dopamine "aaah" reward sensation?

Our dependency robs us of our emotional self-identity and sensitivities. The millions of extra acetylcholine receptors that our dependency added to our brain not only created a barrier to feeling nicotine's full effects but a sensitivity barrier to feeling the full effects of life. It isn't that the basic person and personality underlying nicotine dependency is somehow different. It's that their addiction has the wrong chemicals flowing at the wrong times.

Aside from dopamine, nicotine has command and control of serotonin,⁸⁸ our stress busting neurotransmitter, with ties to mood, impulse control, anger and depression. Among the estimated 200 neuro-chemicals that nicotine controls, mediates or regulates are acetylcholine, arginine vasopressin,⁸⁹ GABA,⁹⁰ glucose,⁹¹ glutamate,⁹² neuropeptide S,⁹³ antiapoptotic XIAP,⁹⁴ epinephrine and norepinephrine.

What is it like to navigate nicotine dependency recovery, arrive home and for the first time in a long time allow life, not nicotine, to decide which neuro-chemicals your personality and awareness will sense?

Forgotten Senses

We sometimes hear tobacco users tell us that they smoke, chew or dip for the flavor or aroma. If you haven't heard others say it you certainly heard the tobacco industry marketing suggest it. The truth is that powerful tobacco toxins rob users of the ability to accurately smell and taste.

88 Rausch JL et al, [Effect of nicotine on human blood platelet serotonin uptake and efflux](#), Progress in Neuropsychopharmacology & Biological Psychiatry, 1989, Volume 13(6), Pages 907-916.

89 Yu G, et al, [Nicotine self-administration differentially regulates hypothalamic corticotropin-releasing factor and arginine vasopressin mRNAs and facilitates stress-induced neuronal activation](#), Journal of Neuroscience, March 12, 2008, Volume 28(11), Pages 2773-2782.

90 Zhu PJ, et al, [Nicotinic receptors mediate increased GABA release in brain through a tetrodotoxin-insensitive mechanism during prolonged exposure to nicotine](#), Neuroscience, 2002, Volume 115(1), Pages 137-144.

91 Morgan TM, et al, [Acute effects of nicotine on serum glucose insulin growth hormone and cortisol in healthy smokers](#), Metabolism, May 2004, Volume 53(5), Pages 578-582.

92 Liechti ME, [Role of the glutamatergic system in nicotine dependence](#), CNS Drugs, 2008, Volume 22(9), Pages 705-724.

93 Lage R, et al, [Nicotine treatment regulates neuropeptide S system expression in the rat brain](#), Neurotoxicology, November 2007, Volume 28(6), Pages 1129-1135.

94 Zhang J, et al, [Nicotine Induces Resistance to Chemotherapy by Modulating Mitochondrial Signaling in Lung Cancer](#), American Journal of Respiratory Cell and Molecular Biology, August 1, 2008, [Epub ahead of print].

I used to barely get through the bank door to make the daily deposit when one cashier, without looking up, would say “Hi John!” One day I made the mistake of asking how she knew it was me. “When the door closes behind you,” she said, “a rush of air that smells like an ashtray announces your arrival.” It hurt. I didn’t know whether to change banks or brands.

Sensory nerve endings in the mouth and nasal passages begin healing within three days of ending tobacco use. Does everything smell and taste better? No. As my mentor Joel puts it, you smell and taste everything more accurately but that does not necessarily mean better.

As Joel notes, that first spring will bring the aroma of flowers that will likely be far more intense than you perceived while smoking. But wait until you drive by a garbage dump or sewage treatment plant.

The same is true of taste. With an accurate sense of taste, there may be flavors you thought you liked that no longer appeal to you, or foods you were convinced were horrible that now become favorites.

What is it like to smell coffee brewing more than a hundred feet away? Imagine being able to identify smokers by their smell.

Flour isn’t just white and rain just wet. They both offer subtle yet distinct aroma experiences. Think about having missed out on the natural smell of those you love, the smell of a new baby, the aromas that tease us as we walk past a bakery or feeling compelled to sample the smell of very flower you pass, as if planted just for you. What is it like to live with healed senses? Come to where the flavor is. Come home to you!

Forgotten Mealtime

I almost never ate breakfast and usually skipped lunch. However, that’s not entirely accurate. You see, nicotine was my spoon. With each puff, nicotine activated my body’s flight or flight response, which would almost instantly pump



stored sugars and fats into my bloodstream. I would normally eat just one large meal at the end of each day. A portion of that meal was stored and the next day I'd use nicotine to release it.

The consequences of torturing my body this way were many, including a 44% increase in the risk of developing type II diabetes (29% for light smokers and 61% for heavy smokers of more than 20 cigarettes per day).⁹⁵ I had long ago forgotten how to properly fuel my body. Smoking 60 cigarettes per day, about one every 15 minutes, I had few hunger cravings and little experience satisfying them.

I repeatedly tried to navigate early recovery without awareness that nicotine had become my spoon. Not only did I endure nicotine cravings, I added hunger cravings. I endured a number of hypoglycemic-type symptoms including mind fog and an inability to concentrate. An utter mess, I tried to eat my way out of food craves. It made recovery vastly more challenging than it needed to be. The result was always the same: needless cravings, anxieties, extra pounds, relapse and failure.

But back to our theme, what was it like to feed yourself, to fuel your body on a regular basis, to sit with friends and eat like a normal human? What would it be like to no longer make excuses to leave the meal early in order to replenish declining nicotine reserves, and to want the wonderful after dinner conversation to continue for as long as possible?

Extra Workweeks

A 12 cigarette a day smoker who spends an average of 5 minutes per cigarette devotes one hour per day to smoking. That's 365 smoking hours per year. Broken down into 40-hour workweeks, that's nine full workweeks, per year, spent servicing our chemical dependency.

Oral tobacco users can blend in and hide where those bellowing smoke cannot. Usually they require fewer nicotine fixes too, delivering more nicotine than consumed by smokers. But fair and honest calculation of the total time each day spent servicing their addiction is likely to show as many or more mental interruptions than for smokers. Waiting for nicotine to slowly penetrate cheek and gum tissues while replenishment anxieties build, leaving it in your mouth far longer, parking periods, spitting or swallowing juices, and disposing of used tobacco or gum, it all adds up.

Imagine giving yourself a two-month vacation from work each year. What would it be like to reclaim such a large slice of life? What would it be like for your days to belong entirely to you? What if your mouth and hands were yours again without precondition? Who, where and what might you become if not chained to regular nicotine feedings?

95 Willi C et al, [Active smoking and the risk of type 2 diabetes: a systematic review and meta-analysis](#), Journal of the American Medical Association, December 2007, Volume 12;298(22), Pages 2654-2664.

Forgotten Priorities, Forsaken Life

Is it entirely normal for drug users to truly and deeply believe that their drug use enhances their life, and that it punctuates rather than interrupts it? I doubt that I ever once stopped to reflect upon the full price of captivity and bondage.

Nicotine's two-hour elimination half-life in human blood is a clock without feeling or conscience. It has zero respect for life, time or human priorities. When nicotine reserves start falling and feeding anxieties begin to rise, it won't matter if the moment being interrupted is the most wonderful of our entire day, year or life.



The mind's survival priorities teacher, our dopamine pathways, have been taken hostage. The lesson its design is now compelled to teach is that nicotine use is core to survival, as important as eating. In fact, nicotine partially consumes and dominates our eating instincts too by activating the body's fight or flight response, which shut down digestion so as to allow more blood flow to be diverted to our large muscles.

Any activity lasting longer than the time we can comfortably go between nicotine feedings becomes a sacrificial lamb. Where might we have gone? What might we have done? Who might we have met? What learning was missed? Chemical dependency onset did more than simply modify our core survival instincts; it became elevated above family, friends, food, work, accomplishment, romance and love.

You'd think we would have immediately questioned such tremendous priority shifting. How could we not notice the amount of time devoted to nicotine and its impact upon our senses, sensitivities, relaxation, crisis management, meals and moods? We didn't notice because nicotine's "aaah" and urge influence had the questioner's focus diverted elsewhere?

Not anymore. Many of the truths beyond become obvious if willing to come out from under nicotine's influence. Choice gets introduced into the equation and only one choice is risk-free.

Once home, what may early on have felt like hurricane force anxiety winds will have diminished to an occasional breeze or gust. It's here that the full flavor of freedom can be savored and celebrated. As reviewed in the next chapter, there is nothing to lose by coming home for a visit. Adherence to just one guiding principle promises to get and keep you there ... no nicotine today.