Chapter 3

Prior | Table of Contents | Next

Quitting "You"

The real "you" never, ever needed nicotine. You were fine on your own. The real "you" didn't need the sense of wanting satisfaction that arrived with each new supply, or the anxieties associated with needing more.

The real us typically functioned more towards the center, without nicotine's feeding cycle mood swings.

So what if you never, ever needed to inhale or juice nicotine again? What if your mind was once again allowed to be itself, filled with a rich sense of calm while stimulating its dopamine pathways the natural way, via great flavors, 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?

Recovery Instead of Quitting

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 dependent

pathways suppressed all remaining memory of the beauty of life without nicotine, when no longer able to recall how fantastic we functioned without it.

FFN-TJH isn't about quitting. It's about recovering a person long ago forgotten, the real and wonderful "you!"

The word "quitting" tends to paint 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. Instead, it boldly embraces who we became, and every aspect of this temporary journey of re-adjustment.

When knowledge based, we're looking for recovery symptoms, emotions, conditioning and junkie thinking, and view each encounter as an opportunity to reclaim another piece of a nicotine-free life.

Nicotine dependency recovery presents an opportunity to experience what may be our richest period of repair and self-discovery ever. Tissues are allowed to heal. Senses awaken and brain's neuro-chemicals again flow in response to life not nicotine.

It's a period where each challenge overcome awards us another piece of our 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 (at least not entirely). 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 objective.

Although probably impossible to believe right now, you won't be leaving anything of value behind. Nothing! Everything done while under nicotine's influence can be done as well as or better as "us."

Buried Alive by Nicotine "Aaah"s

Again, 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?

Possibly the most fascinating aspect of drug addiction is just how quickly all remaining memory of life without the drug gets buried by high-definition wanting-relief memories.

As explored in Chapter 4, 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 each 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, why fear it?

How wonderful would it be to again reside inside a quiet mind where our addiction's chatter gradually becomes infrequent and then rare?

Slave to our 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 water or food.

I recently read disturbing comments posted by more than one 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."[1]

We can only hope that such honesty leads her to ask and answer the bigger question, "why?" Hopefully someday soon she'll feel what it's like to comfortably engage her entire day without once wanting for nicotine.

Contrary to the false survival training lesson constantly being pounded into her brain by her hijacked priorities teacher, she'd be leaving nothing of value behind. Even the love in her heart, she'd get to bring it with her.

An Infected Life

Whether a closet user who hides their addiction, a low tolerance level addict whose twice daily use has them denying it, or a heavy and open addict like I was, our dependency infected far more of life than we care or cared to admit. Once we permit ourselves to begin looking closely, it becomes hard to find any aspect of life that wasn't, to some degree, touched by our addiction.

Our endless feeding cycle was a perpetual interruption. Aside from the time devoted to use, there was non-stop use planning, the need to re-supply, clean-up and returning to the activity use had previously interrupted, or to a new one.

As smokers, how many times daily did we suck 1 milligram of nicotine into our lungs? As snuff users, how many times did a 2.5 gram pinch stay in your mouth until generating 3.6 milligrams of pure nicotine juice? If a

1 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.

chewer, how many times daily was 7.9 grams of loose tobacco jawed until letting go of 4.5 milligrams?[2]

And then we'd wait for nicotine's two-hour elimination half-life and a falling tonic dopamine level to command us to use again. Or we could accelerate elimination by encountering stress, drinking alcohol or consuming vitamin C.[3]

Nicotine's presence altered our body's natural sensitivities. It destroyed our ability to relax, hijacked our priorities and consumed precious time. Smoking it diminished lung function while gradually destroying our body's ability to receive and transport oxygen.

Whether smoked, chewed or sucked, tobacco diminished the accuracy of our smell and taste, while making us home to smoke's more than 4,000 chemicals or oral tobacco's more than 2,550.[4] If a smoker, we introduced up to 81 cancer causing chemicals[5] and up to 28 carcinogens if an oral tobacco user.[6]

Like a mouse on an exercise wheel, there can be no end to this endless cycle of madness unless we get off, unless nicotine's arrival ends.

Forgotten Relaxation

Two million years of evolution prepared us to fight or flee 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. Nicotine also activates these pathways.[7]

Nicotine's arrival in the brain causes the release of noradrenaline (nor-epinephrine), which in turn causes more than 100 neuro-chemicals to

2 Benowitz NL, Systemic Absorption and Effects of Nicotine from Smokeless Tobacco, Advances in Dental Research, September 1997, Volume 11(3), Pages 336-341.
3 Spitzer, J, Never Take Another Puff, WhyQuit.com, 2003.
4 U.S. Surgeon General, Reducing the Health Consequences of Smoking: 25 Years of Progress: A Report of the Surgeon General: 1989, Page 79.
5 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.
6 IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Smokeless Tobacco and Some Tobacco-specific N-Nitrosamines, 2007, Volume 89.
7 Haass M, et al, Nicotine and sympathetic neurotransmission, Cardiovascular Drugs and Therapy, January 1997, Volume 10(6), Pages 657-665.

prepare the body to run for its life or fight.

Photo SierraWild.gov

Is it normal to spend the balance of life under the influence of an adrenaline releasing central nervous system stimulant?

Before 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,[8] that elevates blood pressure, restricts extremity blood flow causing the temperature of our fingers to drop up to seven degrees,[9] that accelerates breathing, dilates our pupils, perks our senses, shuts down digestion, and that triggers the release of glucose and fats from our body's energy stores?

As active addicts, most of us claimed that nicotine helped us relax. But activating our fight or flight response shows just how neuro-chemically confused we became regarding nicotine's impact upon us. Try to imagine what it is like to go hours or an entire day without having adrenaline being pumped into your bloodstream.

What would it feel like to stop endlessly beating yourself as if whipping a

8 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); also see, 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 see, 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).

9 Lorillard Tobacco Company, Killian Research Laboratories, Inc., 1949-1955, http://tobaccodocuments.org/lor/95309579-9589.html

tired horse, to stop responding to non-existent saber tooth tigers, to again know and bask in full, deep and complete relaxation for extended periods of time?

Forgotten Calm During Crisis

Have you ever noticed what you reach for during crisis? That's right - as just reviewed - a nervous system stimulant that activates the body's fight or flight response. While stressful situations often by themselves activate our fight or flight response, why guarantee that it happens? When confronted with stress, why intentionally make your heart pound faster, elevate your blood pressure and induce additional anxiety?

Even more disturbing, intentionally adding your body's fight or flight response to every stressful situation was nothing compared to the reason why we reached for nicotine during crisis, because stress caused the onset of early withdrawal.

We'll review in detail how stressful situations threw us into withdrawal in the next chapter (Use Rationalizations) under the heading "Use helps me concentrate."

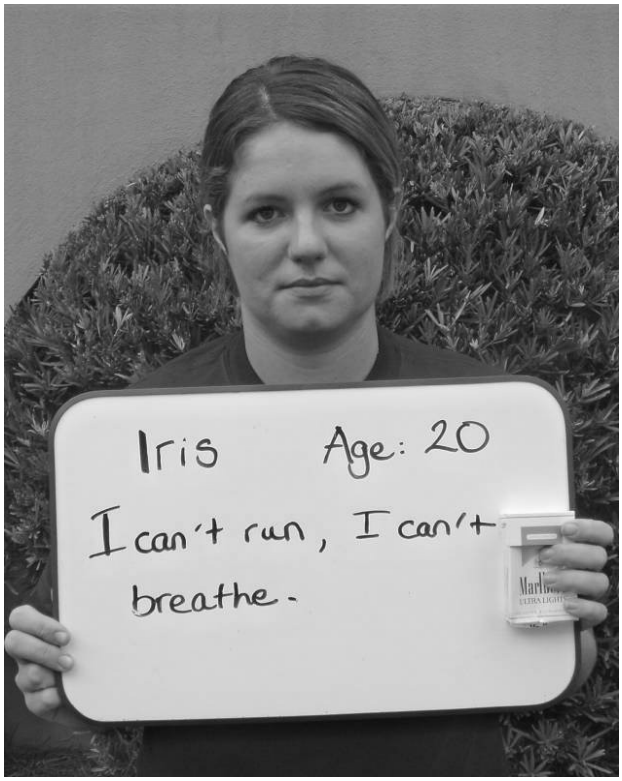
Here, simply ask yourself this. What would encounters with stress be like if fewer of them activated your fight or flight response, and none threw you into withdrawal?

Imagine being far calmer during crisis. What would it be like to again be you?

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 current smoker who proudly boasts 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 the availability of sufficient oxygen to keep vigorously working muscles 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, 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 million thinly walled air sacs called alveoli.[10] But sucking large quantities of carbon monoxide into our lungs changes the playing field.

10 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.

Hemoglobin is the portion of each red blood cell that transports a new supply of oxygen from the alveoli (air sacs) in our lungs to more than 50 trillion living cells throughout the body. One hemoglobin molecule can transport up to 4 oxygen molecules.

Poster American Cancer Society

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 always left behind.

The chemical attraction between carbon monoxide and hemoglobin is 200-250 times greater than with oxygen.[11] What's worse, once attached to hemoglobin, carbon monoxide's long chemical bloodstream half-life of 2 to 6.5 hours[12] destroys the ability of red blood cells to engage in transporting oxygen.

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

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

---

11 Meredith T et al, Carbon monoxide poisoning, British Medical Journal, January 1988, Volume 296, Pages 77-79.

12 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.

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 inside.

It's the same absorption rate as nicotine. Ninety-seven percent of inhaled nicotine isn't exhaled.[13] Imagine traveling through life with lungs so marinated and caked in toxic tars that it significantly diminishes lung function.

What would it be like to allow nearly destroyed bronchial tube sweeper brooms, our cilia, to re-grow and begin the process of sweeping gunk from air passages? Imagine allowing all still functioning air sacs time to clean and heal.

What would it be like to experience a significant increase in overall lung function? Imagine gifting yourself the ability to build cardiovascular endurance again, to have nearly all of your hemoglobin transporting life-giving oxygen.

Forgotten Sensitivities

Where is the real neuro-chemical you? Is it normal to administer a stimulant that makes the heart pound 17 beats per minute faster when trying to relax?

Is it normal to use an external chemical to induce a dopamine "aaah" wanting relief sensation upon hearing that a friend has been hurt or a loved one has died?

Our dependency robs us of our emotional self-identity and sensitivities. The millions of extra acetylcholine receptors it grew inside our brain not only created a barrier to feeling nicotine's full effects but an insensitivity to life itself.

It isn't that the basic person and personality underlying nicotine dependency is significantly different. It's that their addiction has disrupted their sensitivities, and has the wrong chemicals flowing at the wrong times.

13 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.

Aside from dopamine, nicotine has command and control of serotonin, our stress busting neurotransmitter, with ties to mood, impulse control, anger and depression.[14]

Included among the estimated 200 neuro-chemicals that nicotine controls, mediates or regulates are acetylcholine, arginine vasopressin,[15] GABA,[16] glucose,[17] glutamate,[18] neuropeptide S,[19] anti-apoptotic XIAP,[20] epinephrine and nor-epinephrine.

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 awareness will sense?

Forgotten Senses

Some nicotine users claim to smoke, chew, dip or vape for the flavor or aroma. If you haven't heard others say it, you've certainly seen tobacco industry marketing suggest it. Truth is, powerful tobacco toxins rob users of the ability to accurately smell and taste.

Photo NCI

I used to barely get through the bank door to make the daily deposit when one cashier, without looking up, would say, "Hi John!"

---

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

15 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.

16 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.

17 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.

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

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

20 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.

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 smoke 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. Will everything smell and taste better? No. As 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 suddenly become wonderful.

What is it like to smell coffee brewing more than a hundred feet away? Imagine being able to identify every smoker you meet by the thousands of chemicals that coat their hair, skin and clothing.

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 scent of a new baby, the aromas that tease as we walk past a bakery, or feeling compelled to stop and smell every flower, 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 dump stored fats and sugars (glucose) from my liver into my bloodstream.

I'd 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 our 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).[21]

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 person?

What would it be like to no longer make excuses to leave meals early in order to replenish missing nicotine, to stay and comfortably savor the after dinner conversation for as long as possible?

Extra Workweeks

A 12 cigarette per 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 9 full workweeks per year spent servicing their addiction.

---

21 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.

Even while spitting, oral tobacco users easily blend in and hide where bellowing smoke cannot. Usually they require fewer nicotine fixes, each delivering substantially more nicotine than inhaled from a cigarette. But honest calculation of the total time each day spent servicing the oral user's addiction is likely to show as much or more than for smokers.

Time spent locating a spit container, your tin, can, pouch, bag or box, tapping the lid, packing the can or opening the package, sniffing or otherwise packing or loading up, working the dip, wad, pouch, orb, strip, gum or lozenge, sucking or chewing while waiting for nicotine to slowly penetrate mouth tissues and enter the bloodstream as anxieties gradually build, spitting or swallowing juices, parking periods, and disposing of spit, 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 massive chunk of life? What would it be like for your days to be entirely yours?

What if your mouth, hands and time were again yours without precondition? Where would you go, what would you do, and what would you become if not chained to mandatory feedings?

Forgotten Priorities, Forsaken Life

It is entirely normal for drug addicts to truly and deeply believe that drug use enhances life, that it punctuates rather than interrupts it. Rarely did we stop and reflect upon the realities of captivity and full price of bondage.

Nicotine's two-hour elimination half-life in human blood serum is a feeding clock without feeling or conscience. It cannot respect life, time or priorities. When nicotine reserves and tonic dopamine begin falling, it will not matter if the moment being interrupted is the most wonderful of our

entire day, year or life.

The mind's survival instincts motivator is captive to nicotine. The lesson this circuitry's design now compels it to vividly and firmly implant within our brain is that nicotine use is core to survival, as important as food. In fact, nicotine use becomes more frequent and trumps eating instincts. Part of our body's fight or flight response is to shut down digestion, so as to divert more blood to large muscles.

Any activity lasting longer than the time we could comfortably go between nicotine feedings became a sacrificial lamb. Where might we have gone, what might we have done and whom 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, love and concentration.

You'd think we would have immediately questioned such a massive shift in priorities. 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?

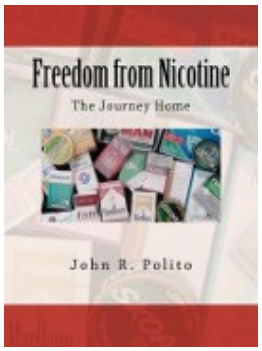
We didn't notice because nicotine had our focus diverted elsewhere. All we could think about was that next fix, satisfying that next urge, and feeling nicotine-normal again.

Once brave enough to venture beyond nicotine's influence, hidden truths become obvious. "Real choice" gets introduced into the equation. We become the jailer, and our dependency the inmate.

Once home, the full flavor of life can be savored and celebrated. What's there to lose by coming home for a visit? And there's just one rule to arriving ... none today.

Breathe deep, hug hard, live long,

Download other Chapters of FFN-TJH			
Cover & Title Page	(P)	Chapter 7: The Roadmap Home	(P)
Table of Contents	(P)	Chapter 8: The First 72 Hours	(P)
Introduction	(P)	Chapter 9: Physical Recovery	(P)
Chapter 1: Nicotine Addiction 101	(P)	Chapter 10: Emotional Recovery	(P)
Chapter 2: The Law of Addiction	(P)	Chapter 11: Subconscious Recovery	(P)
Chapter 3: Quitting "You"	(P)	Chapter 12: Conscious Recovery	(P)
Chapter 4: Use Rationalizations	(P)	Chapter 13: Homecoming	(P)
Chapter 5: Packing for the Journey	(P)	Chapter 14: Complacency & Relapse	(P)
Chapter 6: Common Hazards/Pitfalls	(P)	Appendix: Recovery Journal/Diary	(P)
Download Full PDF (P)			
*Chapter links for easier online reading, while (P) link is for printing.			



***Note:** Each Chapter link above is formatted in Verdana, a font that makes for easier online reading, while each (P) link is to a Print version formatted in Times New Roman for printing and offline reading.