

Chapter 4

The Law of Addiction

"Administration of a drug to an addict will cause re-establishment of chemical dependence upon the addictive substance."

The Law Defined

According to the World Health Organization, "In the 20th century, the tobacco epidemic killed 100 million people worldwide. During the 21st century, it could kill one billion."¹¹⁶ Year after year, at least 70% of surveyed smokers say they want to stop,¹¹⁷ and 40% make an attempt of at least one day.¹¹⁸

There is no lack of desire or effort. Sadly, what they do not know is "how." Key to breaking free and staying free is an understanding of the "Law of Addiction." Whether users know it by name or simply understand the basic premise, failure to self-discover or to be taught this law is a horrible reason to die. The "Law of Addiction" is not man-made law. It is as fundamental as the law of gravity and refusal to abide by it may result in serious injury or death.

The Law is rather simple. It states, "Administration of a drug to an addict will cause re-establishment of chemical dependence upon the addictive substance."

Mastering it requires acceptance of three fundamental principles: (1) that dependency upon using nicotine is true chemical addiction, captivating the same brain dopamine reward pathways as alcoholism, cocaine or heroin addiction; (2) that once established we cannot cure or kill an addiction but only arrest it; and (3) that once arrested, regardless of how long we have remained nicotine free, that just one hit of nicotine will create a high degree of probability of a full relapse.

Why?

We need not guess as to what happens inside a human brain that's subjected to nicotine during recovery. The evidence seen on brain PET scans is undeniable. Just one puff of nicotine and within ten seconds up to 50% of the brain's nicotinic-type acetylcholine receptors will become occupied by nicotine.¹¹⁹

116 World Health Organization, [WHO Report on the Global Tobacco Epidemic, 2008](#), The MPOWER Package, Fresh and Alive, Forward by WHO Director General, 2008.

117 U.S. Centers for Disease Control, [Cigarette Smoking Among Adults - United States, 2000](#), Weekly MMWR, July 26, 2002, Volume 51(29), Pages 642-645.

118 U.S. Centers for Disease Control, [Cigarette Smoking Among Adults - United States, 2007](#), Weekly MMWR, November 14, 2008, Volume 57(45), Pages 1221-1226.

119 Brody AL et al, [Cigarette smoking saturates brain alpha 4 beta 2 nicotinic acetylcholine receptors](#), Archives of General Psychiatry, August 2006, Volume 63(8), Pages 907-915.

While the smoker's conscious mind may find itself struggling with tobacco toxin tissue burning sensations and carbon monoxide induced dizziness, well-engineered dopamine pay-attention pathways will find the resulting dopamine "aaah" sensation nearly impossible to forget. We may actually walk away from the relapse experience thinking we have gotten away with using. But it won't be long before our brain is begging for more.

Recovery isn't about battling an entire pack, pouch, tin or box of our particular nicotine delivery vehicle. It's about that first bolus of nicotine striking the brain, a hit that will end our journey, cost us liberty, and land us behind bars.

Unfortunately, conventional "quitting" wisdom invites relapse with statements such as "Don't let a little slip put you back to smoking." As Joel says, it's like telling the alcoholic, "Don't let a sip put you back to drinking" or the heroin addict, "Don't let shooting-up put you back to using."

Experts are fond of stating that "on average, it takes between 3-5 serious quitting attempts before breaking free of tobacco dependence," and that "every time you make an effort you're smarter and you can use that information to increase the likelihood that your subsequent quit attempt is successful."

What these so called experts fail to reveal is the precise lesson eventually learned. Why? Why can't it be taught and mastered prior to a user's first attempt ever? They don't teach it because most don't understand it themselves. Instead they excuse failure before it even occurs, as if trying to protect the particular quitting product they are pushing from being blamed for defeat.

The lesson eventually gleaned from the school of hard-recovery-knocks is that "if I take so much as one puff, dip or chew I will relapse." Just one, just once and defeat is all but assured.

"The idea that you can't quit the first time is absolutely wrong," says Joel.¹²⁰ "The only reason it takes most people multiple attempts to quit is that they don't understand their addiction to nicotine. How could they, no one really teaches it. People have to learn by screwing up one attempt after another until it finally dawns on them that each time they lost it, it happened by taking a puff. If you understand this concept from the get-go, you don't have to go through chronic quitting and smoking."

The Law Reflected in Studies

Yes, once all nicotine use ends, a single subsequent use is extremely accurate in predicting full and complete relapse. Whether it happens immediately or even when we think we've gotten away it, the brain's "pay attention" circuitry records the relapse event in high definition memory. It will be etched along side survival instinct memories recording the behaviors needed to keep us alive.

120 Spitzer J, [Is this your first time quitting?](http://www.ffn.yuku.com/topic/11623) <http://www.ffn.yuku.com/topic/11623>, December 29, 2001.

The 1990 Brandon lapse/relapse study followed 129 smokers who successfully completed a two-week stop smoking program for two additional years.¹²¹ Lapse was defined as any tobacco use regardless of how much.

Among those who lapsed, the mean number of days between the end of the “quitting” program and lapse was two months (58 days), with nearly all lapsing within the first three months. While 14% took only one or two puffs, 42% smoked the entire cigarette, while the average smoked about two-thirds. A second cigarette was smoked by 93.5% who had lapsed. Nearly half (47%) smoked that second cigarette within 24 hours, with one in five smoking it within an hour (21%). Still, a mean average of nine days passed between subjects sampling their first and second cigarette. Clearly, most of them likely thought they’d gotten away with it, that they were controlling the uncontrollable.

The Brandon study found that 60% who lapsed “asked for” the cigarette (bummed it), 23% purchased it, 9% found it, 6% stole it, and 2% were offered it. Also of note, 47% who lapsed drank alcohol prior to doing so.

Overall, the study found that 88% who “tasted” a cigarette relapsed. In discussing the finding Brandon wrote, “The high rate of return to regular smoking (88%) once a cigarette is tasted suggests that the distinction between an initial lapse and full relapse may be unnecessary.” “In our study, high initial confidence levels may have reduced subjects' motivation to acquire skills and engage productively in treatment.”

The Brandon study’s finding was echoed by the 1990 Boreland study, which followed callers to an Australian telephone quit smoking line. There, among 339 participants who lapsed (123 who didn’t make it an entire day and 172 who stopped for at least 24 hours) 295 or 87% experienced relapse within 90 days.¹²²

Although the challenges of recovery have ended for hundreds of millions of now comfortable ex-users, each lives with nicotine dependency’s imprint permanently burned into their brain. Even after 10, 20 or 30 years, they remain wired for relapse.

We’re not stronger than nicotine but then we don’t need to be. It is only a chemical. Like the salt or pepper in our shakers, it has an I.Q. of zero. Like the sugar in our sugar bowl, it cannot plot, plan, think or conspire. And it is not some big or little monster that dwells inside us.

Our blood serum becomes nicotine-free and withdrawal peaks in intensity within three days of ending all nicotine use. But just one powerful jolt of nicotine and the deck gets stacked against us. The odds of us having the stamina to withstand and endure nicotine’s influence upon the brain without relapsing are horrible. While Brandon and Boreland teach us that relapse isn’t 100% guaranteed, I encourage you to treat and see one hit of nicotine as though

121 Brandon, TH et al, [Postcessation cigarette use: the process of relapse](#), Addictive Behaviors, 1990; 15(2), pages 105-114.

122 Borland R., [Slip-ups and relapse in attempts to quit smoking](#), Addictive Behaviors, 1990, Volume 15(3), Pages 235-45.

it were.

Our greatest weapon has always been our infinitely superior intelligence. The most important recovery lesson our intelligence can master is that being 99% successful at not using nicotine equates to an 87% to 88% chance of defeat.

As Joel Spitzer has now burned into my brain, there's just one controlling principle determining the outcome for all. Unlike "quitting" products, total adherence to a personal commitment to not violate the law of addiction provides a 100% guarantee of success. Although obedience may not always be easy, the law is clear, concise and simple - no nicotine today, not one puff, dip or chew!

Missed Lessons

In 1984 Joel wrote an article with the heartless sounding title, "The Lucky Ones Get Hooked."¹²³ It's anything but callous. In it, Joel makes the important point that those who experience full relapse within days of taking a puff, dip or chew are fortunate in that the experience offers potential to self-teach them the most critical recovery lesson of all, "The Law of Addiction."

But as the Brandon study teaches, while nearly half who smoke nicotine will experience full relapse within one day, a mean average of nine days passed between their first and second nicotine fixes. Those who quickly experience full relapse increase the likelihood of learning, right away, the critical lesson of the power of using nicotine just once. But the more time and distance there is between that first use and full dependency resumption, the greater likelihood there is of learning the wrong lesson, a lesson that for far too many smokers proves deadly.



"The ex-smoker who takes a drag and doesn't get hooked gets a false sense of confidence," writes Joel. "He thinks he can take one any time he wants and not get hooked. Usually, within a short period of time sneaking a drag here and there, he will become hooked. One day he too may try to quit and actually succeed. He may quit for a week, month, or even years. But always in the back of his mind he feels, "I know I can have one if I really want to. After all, I did it last time and didn't get hooked right away. One day, at a party or under stress or just out of boredom he will try one again. Maybe this time he will get hooked, maybe not. But you can be sure that there will be a next time. Eventually he will become hooked again."

123 Spitzer, J, Joel's Library, [The Lucky Ones Get Hooked](http://whyquit.com/joel), 1984, <http://whyquit.com/joel>

Living a series of perpetual relapses, having to quit again, and again, and again, each time enduring a two-week withdrawal process, it's no way to live life. "Taking the first drag is a no-win situation," writes Joel.

Over the years, hundreds of millions of ex-users have been able to discover the power of one puff, dip or chew of nicotine totally on their own. But self-discovery of the Law of Addiction has become increasingly difficult with each passing year and arrival of each new magic "quitting" cure.

Think back to 1980, prior to arrival of nicotine replacement therapy (NRT) and nicotine gum. Yes, the traveling hypnotist came to town every now and then. But the only readily available alternatives to cold turkey and abrupt nicotine cessation were forms of gradual nicotine weaning or tapering which had proven dismal. The likelihood of any particular attempt being a cold turkey attempt was substantial. Thus, the chances of self-discovering the Law of Addiction were significant.

Absent was the negative influence of pharmaceutical company marketing, marketing intentionally designed to shatter confidence in our natural instincts and abilities. Cold turkey had cornered the recovery market. When NRT arrived the pharmaceutical industry saw no alternative but to attack. Industry assaults falsely paint stopping nicotine use abruptly or cold turkey as nearly impossible and with very few succeeding.

Cold turkey is free. It has no bank account, economic muscle or political clout. The industry's attacks, representations and its makeover of cessation literature have gone largely unchallenged.¹²⁴ Industry influence was soon writing national cessation policy.¹²⁵

Unopposed, by June 2000 its muscle had grown so powerful that U.S. cessation policy was rewritten so as to make use of pharmaceutical industry cessation products mandatory unless the user's medical condition prohibited it.¹²⁶ Amazingly, ending nicotine use abruptly, the method responsible for generating almost 90% of all long-term successful ex-users, was effectively outlawed and blacklisted by official U.S. policy.

Instead of teaching the Law of Addiction and the power of nicotine to foster relapse, the pharmaceutical industry teaches that nicotine is "medicine" and that nicotine's use is "therapy." It has never made a commercial announcing to smokers that it redefined "quitting smoking" from its traditional meaning of ending both smoking and nicotine use, to meaning an end to smoking nicotine while replacing it with pharmaceutical nicotine.

The pharmaceutical industry has yet to reveal that its almost 200 "quitting medication" studies have nothing to do with drug addicts arresting their chemical dependency. It has no idea -- worse yet it doesn't seem to care -- how many former smokers continue to be

124 Polito, JR, [Flawed research equates placebo to cold turkey](#), WhyQuit.com, March 12, 2007.

125 Helliker, K, [Nicotine Fix - Behind Antismoking Policy, Influence of Drug Industry](#), Wall Street Journal - February 8, 2007, Page A1; also see, Polito JR, [U.S. quit smoking policy integrity drowns in pharmaceutical influence](#), WhyQuit.com, May 13, 2008.

126 Polito, JR, [Does updated tobacco treatment "Guideline" reflect sham science?](#) WhyQuit.com, May 5, 2008.

dependent upon pharmaceutical forms of nicotine delivery at study's end or have turned to oral tobacco.

That is why it is so important that as recovered addicts we reach out within our sphere of influence to those who are still in nicotine bondage and share the most important lesson of all, "The Law of Addiction." Why? Because being unable to discover the Law due to corporate ambition burying this truth is a horrible reason to remain trapped in bondage with increased risk of dependency induced disease, disability or death.

Just one rule - "No nicotine today!"

While there are scores of stop smoking books and and quick-fix magic cures promising near painless and sure-fire success, there is but one principle that affords a 100% guarantee of success to all adhering to it ... "No nicotine today."

While the Brandon and Boreland studies afford the junkie-mind an ever so slight amount of wiggle-room on the violation side of "The Law," there is zero wiggle-room for those of us who fully take it to heart. It is impossible to fail so long as no nicotine enters our bloodstream. If we want to live nicotine-free then why toy with horrible odds?

The Final Truth

Assume for a moment that we made it! We learned how to remain patient during the few minutes a crave episode clamored for compliance. We knocked them dead. We stuck with it for the full 72 hours it took to empty our blood, brain and body of all nicotine. At last we were clean! Our healing and glory continued for the roughly two to three weeks it took for our mind to adjust to chemically functioning without nicotine and all the other chemicals that arrived with it. We confronted and extinguished all but our remote, infrequent or seasonal subconscious crave triggers, and tasted that very first day of total and complete comfort where we never once thought about wanting to use nicotine.

But still, we have days where our mind becomes occupied with thoughts of lighting a fire between our lips, or of chewing "nicotiana tabacum" (the tobacco plant's biological name) or of a quick dip in nicotine's pond. Years of hard to suppress dopamine "aaah" replenishment memories keep teasing us.

How does the recovering, rationalizing or bargaining mind's vision of what it would be like to just once more use nicotine compare with the realities that occur during relapse?

Recall that the 1990 Brandon study examined lapse and relapse in smokers who'd successfully completed a two-week stop smoking program. The study also documented the primary emotion felt immediately following smoking nicotine.

Assume that at two weeks into recovery, each who lapsed during the Brandon study had already succeeded in fully navigating physical withdrawal. Assume that their brains had almost fully re-sensitized. Reflect on the fact that the addict's sense of "nicotine normal" no

longer existed. By that I mean, there was no chemical missing and nothing was in need of replenishment. The number of acetylcholine receptors had fully down-regulated, and the brain's sense of normal (homeostasis) had been fully restored. So what was their prime emotion following relapse?

The vast majority had a negative reaction. Among them, 13% felt depressed and hopeless, 33% experienced anxiety and tension, 16% were angry and irritated, and 12% felt boredom or fatigue. Only 3.6% reported what most of us would have expected following normal replenishment, which was "feeling relaxed."

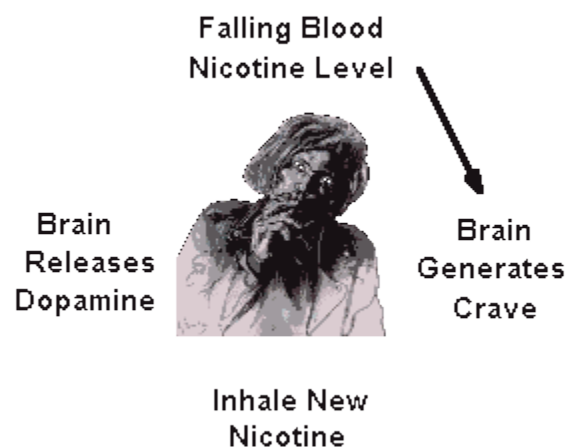
Although some of us hated bondage, there is no denying that each nicotine fix brought relief from falling blood nicotine levels that were beginning to deprive us of a level of dopamine to which we'd grown accustomed. Each nicotine fix played a vital role in restoring us to a relaxed level of comfort upon which we had each come to depend.

Chronic nicotine use creates its own artificial sense of normalcy, an addiction comfort level. Yes, each fix brought the addict in us a true sense of relief (from the pains of our own addiction) and yes, most of those memories still remain. However, one critical factor has changed. Our brain no longer has a chemical need for nicotine.

If we visit online recovery forums and dig back through messages describing relapses that occurred beyond week two, most will have a common ring to them. They read like this, "I had a mouth full of smoke, I was dizzy and I coughed, but I didn't get the sense of satisfaction I expected. It just didn't come!"

The thousands of enticing memories in their mind expected a sense of relief and satisfaction. But their body and mind had already adjusted to life without nicotine. Although they may have sensed the "aaah," in no way did it match the "aaah" generated during replenishment. It just wasn't there. Unlike when those old "aaah"s were created, there was nothing missing, no withdrawal induced anxieties or depression, and nothing that needed replenishing.

Without realizing it, while their conscious mind simply tinkered with the prospect of functioning without nicotine, their body and brain were on a path of real and significant physical healing. Falsely convinced of the need for nicotine in order to feel normal, while they briefly paused in using it, they did not embrace the prospect of life without it. They longed for what was left behind, blamed every healing sensation on its absence, and in doing so transformed a culprit into a cure. So, with great expectations they took that first puff; expectations now shattered.



So what happens next? Sadly, most are clueless as to why relapse doesn't match expectations. They find it hard not to believe and trust the small mountain of once true replenishment memories still enshrined within their head. Although relapse has already occurred and their brain will soon be begging for more, they keep digging inside the pack, pouch, tin, packet, tube or box, trying to get the experience to match expectations.

Sadly, eventually they succeed and use it long enough for replenishment to again be meaningful. Active dependency has at last been restored to its full-blown freedom shattering rage. They can then finally look in the mirror and say to themselves, "See, I was right." "Smoking did bring me a relaxed "aaah" feeling and a sense of relief!"

It's important to appreciate that any memories of those "perfect" fixes were created inside the mind of an actively feeding addict who was riding an endless cycle of highs and lows. They belong to who we once were. It's time to let go of the influence of these memories upon us. There's just one guiding principle we each need follow ... No nicotine today!