

Chapter 2

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The Law of Addiction

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

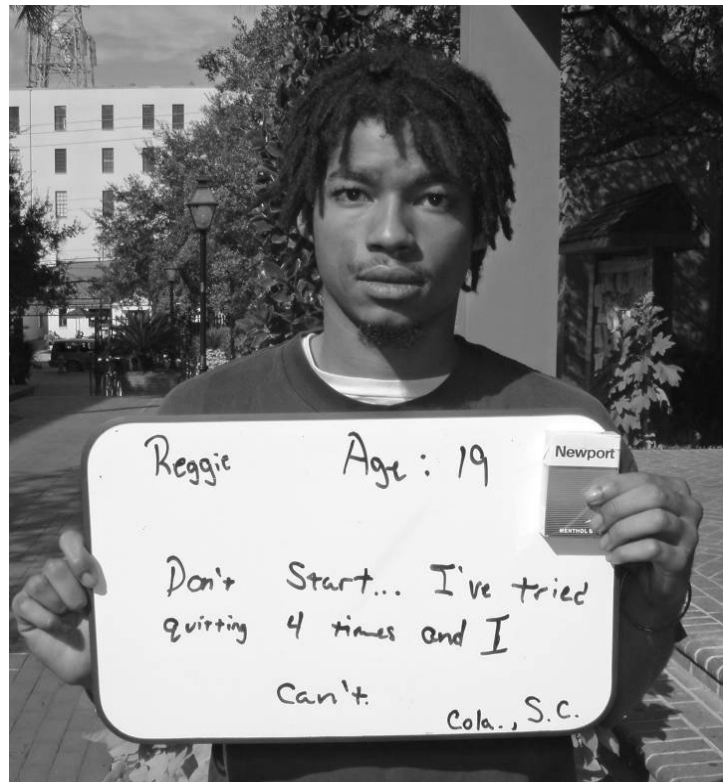
The Law Defined

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."¹

Year after year, at least 70% of surveyed smokers say they want to stop,² and each year 40% make an attempt of at least one day.³

There is no lack of desire or effort. What's lacking is know-how. Key to breaking and staying free is understanding 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



- 1 World Health Organization, [WHO Report on the Global Tobacco Epidemic, 2008](#), The MPOWER Package, Fresh and Alive, Forward by WHO Director General, 2008.
- 2 U.S. Centers for Disease Control, [Cigarette Smoking Among Adults - United States, 2000](#), Weekly MMWR, July 26, 2002, Volume 51(29), Pages 642-645.
- 3 U.S. Centers for Disease Control, [Cigarette Smoking Among Adults - United States, 2007](#), Weekly MMWR, November 14, 2008, Volume 57(45), Pages 1221-1226.

horrible reason to die. The "Law of Addiction" is not man-made law. It's as fundamental as the law of gravity and refusal to abide by it will result in 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 a true chemical addiction, captivating the same brain dopamine wanting relief 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 creates an extremely high probability of full relapse.

We need not guess as to what happens inside a brain that attempts to "cheat" and use nicotine during recovery. The evidence seen on brain PET scans is undeniable. Just one puff of nicotine and up to 50 percent of the brain's nicotinic-type acetylcholine receptors become occupied by nicotine.⁴

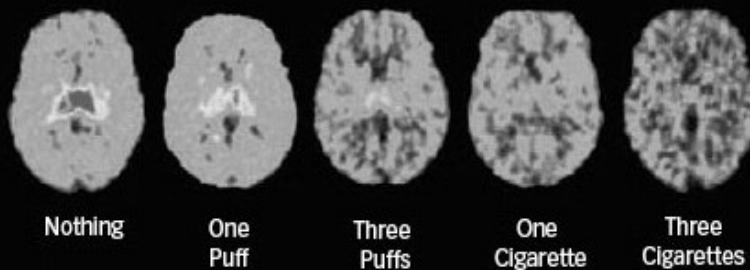
During relapse, while the smoker's conscious mind may find itself struggling with tobacco toxin tissue burning sensations and carbon monoxide induced dizziness, well-engineered dopamine pay-attention pathways are recording the event and will make the resulting dopamine "aaah" wanting relief sensation nearly impossible, in the short-term, to forget.

In fact, most actually walk away from their relapse experience thinking that they have gotten away with cheating and using just once. But it won't be long before their awakened dependency is again wanting, conspiring or even begging for more.

⁴ 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.

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

How Nicotine Saturates Receptors



Smoking Saturates Receptors: Brain images showing smoked nicotine as it attaches to $\alpha 4\beta 2$ -type acetylcholine receptors in the brain and displaces a radiolabeled tracer (red and yellow indicate high levels of the tracer, green indicates intermediate levels, and blue indicates low levels). Just one puff will cause up to half of $\alpha 4\beta 2$ receptors to become occupied by nicotine, with three puffs causing up to 75 percent occupancy. Brody, A.L., et al. International Journal of Neuropsychopharmacology, 2008. Image NIDA

Unfortunately, conventional recovery 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 recovery 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 attempt is successful."

What these so called experts fail to reveal is the precise lesson eventually learned. Why? And why can't that lesson be taught and mastered before a user's first attempt ever?

They don't teach it because most don't understand it themselves. Instead they excuse failure before it occurs, as if trying to protect the particular smoking cessation 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 stop the first time is absolutely wrong," says Joel.⁵ "The only reason it takes most people multiple attempts 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 [stopping and starting]."

The Law Reflected in Studies

Yes, once all nicotine use ends, a single subsequent use is extremely accurate in predicting full and complete relapse.

⁵ 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.⁶ Lapse was defined as any tobacco use regardless of how much.

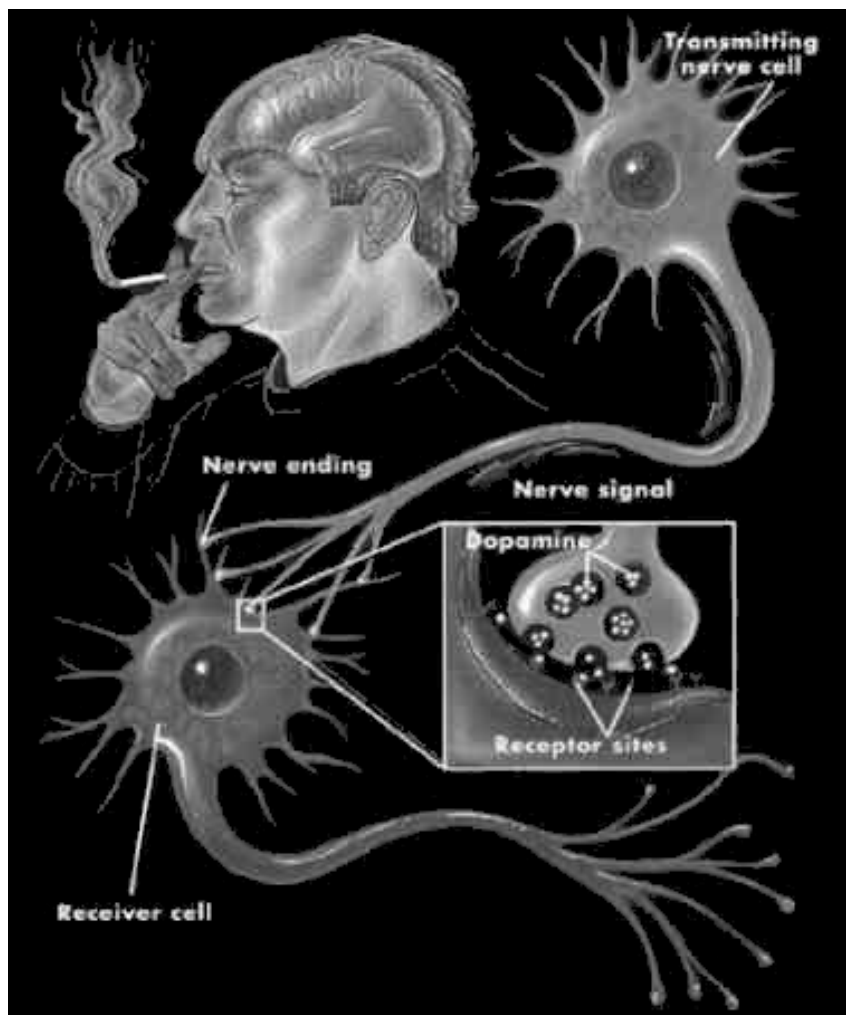
Among those who lapsed, the mean number of days between the end of the smoking cessation program and lapse was two months (58 days), with nearly all lapsing within the first three months.

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%).

The Brandon study found that 60% who lapsed "asked for" the cigarette (bumped it), 23% purchased it, 9% found it, 6% stole it, and 2% were offered it. Also of note, 47% who lapsed drank alcohol before 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



⁶ Brandon, TH et al, Postcessation cigarette use: the process of relapse, Addictive Behaviors, 1990; 15(2), pages 105-114.

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 stop 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.⁷

The 1992 Garvey study followed 235 adult smokers for one full year after attempting to quit. It found that, "Those who smoked any cigarettes at all in the post-cessation period (i.e. lapsed) had a 95% probability of resuming their regular pattern of smoking subsequently."⁸

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 of freedom we 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 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.

Brandon, Boreland and Garvey teach us that while relapse isn't 100% guaranteed, that the odds are so high, that to not treat lapse as relapse is a recipe for defeat, disease and death.

Our greatest weapon has always been our infinitely superior intelligence.

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

8 Garvey AJ et al, Predictors of smoking relapse among self-quitters: a report from the Normative Aging Study, Addictive Behaviors, 1992, Volume 17(4), Pages 367-377.

As taught by Garvey, the most important recovery lesson our intelligence can master is that being 99% successful at not using nicotine produces up to 95% odds of defeat.

As Joel Spitzer's lessons have burned deeply into my brain, there's just one controlling principle determining the outcome for all. It's that 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 Relapse Lesson

In 1984 Joel wrote an article with the heartless sounding title, "The Lucky Ones Get Hooked."⁹ Frankly, it's anything but callous.

It makes the important point that those who experience full relapse within a few 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."

In the Brandon study, while nearly half who lapsed experienced full relapse within one day, the study's mean average from lapse to relapse was nine days.

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 between that first use and full dependency

⁹ Spitzer, J, Joel's Library, [The Lucky Ones Get Hooked](http://whyquit.com/joel), 1984, <http://whyquit.com/joel>

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 stop and actually succeed. He may stop 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."

Living a series of perpetual relapses, trying to break free again and again and again, each time enduring withdrawal and recovery is no way to live. "Taking the first drag is a no-win situation," cautions Joel.

Over the years, hundreds of millions of ex-users have discovered the power of one puff, dip or chew totally on their own. But over the years, with arrival of each new magic cure, self-discovery of the Law of Addiction has become increasingly difficult.

If old enough, think back to 1980, before arrival of nicotine replacement therapy (NRT) and nicotine gum. Remember the traveling smoking cessation hypnotist coming to town? There really wasn't much else. The only real alternatives to



cold turkey were gradual weaning or tapering schemes, with extremely dismal results (roughly half as effective as cold turkey/abrupt cessation).¹⁰

The likelihood of any particular attempt being cold turkey was substantial. Thus, the odds of self-discovering the Law of Addiction were good. Absent was the negative influence of pharmaceutical company marketing, marketing designed to intentionally shatter confidence in our natural recovery instincts.

Cold turkey had cornered the recovery market. When NRT arrived the industry saw no alternative but to attack it. Three decades of industry brainwashing has falsely painted cold turkey as nearly impossible with few succeeding.

Cold turkey is free yet poor. It has no bank account, economic muscle or political clout. The industry's attacks, false representations and gradual takeover of government cessation policy went largely unnoticed and unchallenged.¹¹

Today, pharmaceutical industry financial influence has played a major role in authoring official national cessation policy in nearly every developed nation on earth.¹²

Unopposed, by June 2000 the industry's muscle had grown so powerful here in the U.S. that cessation policy was rewritten so as to make use of pharmaceutical industry cessation products mandatory unless the user's



10 Cheong Y, Yong HH and Borland R, Does how you quit affect success? A comparison between abrupt and gradual methods using data from the International Tobacco Control Policy Evaluation Study, Nicotine & Tobacco Research, August 2007, Volume 9(8), Pages 801-810; also see West R, Fidler J, Smoking and Smoking Cessation in England 2010, August 13, 2011, www.smokinginengland.info, STS 23.

11 Polito, JR, Flawed research equates placebo to cold turkey, WhyQuit.com, March 12, 2007.

12 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.

medical condition prohibited it.¹³

Instead of teaching the Law of Addiction and the power of nicotine to foster relapse, the pharmaceutical industry teaches that nicotine is "medicine" and its use is "therapy."

It has never made a commercial announcing to smokers that it redefined "stopping smoking" from its traditional meaning of ending both smoking and nicotine use, to just a single method of nicotine delivery, smoking it.

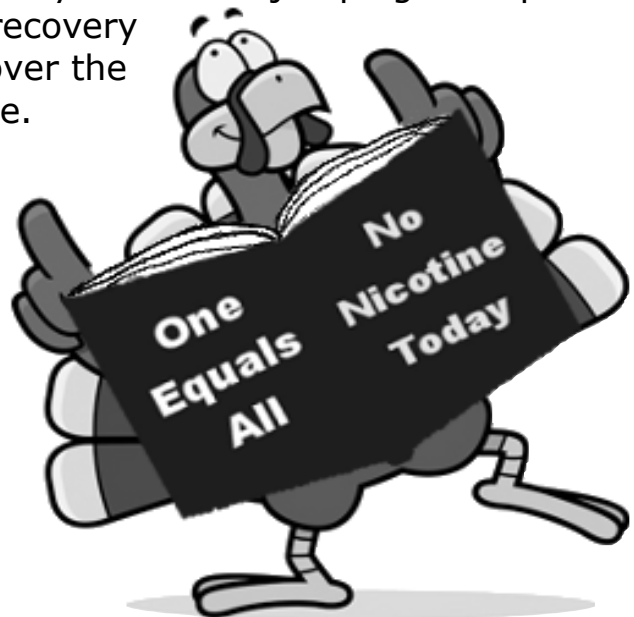
The industry has yet to reveal that its more than 200 "medication" studies were not about drug addicts arresting their chemical dependency upon nicotine. Those studies did not test body fluids to see if any participant actually became nicotine free. Instead, they tested the breath of participants for expired carbon monoxide, to see if participants had stopped smoking it.

One of the best-kept industry secrets is the percentage of former smokers who continued to remain dependent upon replacement nicotine at study's end or who turned to oral tobacco.

That's why it's so important that each of us teach the Law of Addiction to users within our sphere of influence. Why? Because jumping from product to product while fearing your natural recovery instincts, it's getting hard to self-discover the Law, and that's a horrible reason to die.

**Just one rule
"No Nicotine Today!"**

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



¹³ Polito, JR, [Does updated tobacco treatment "Guideline" reflect sham science?](#) WhyQuit.com, May 5, 2008.

While the Brandon, Boreland and Garvey studies afford the junkie mind a tiny sliver of junkie thinking wiggle-room in believing that the "Law of Addiction" can be cheated, it's impossible to fail by living the "Law" as an absolute.

Why test the ability of our dopamine pathways to make pathway-activating events extremely difficult to forget or ignore? Why challenge our brain's design? Why toy with disastrous odds?

One hit will be too many, while a thousand never enough. We cannot fail so long as all nicotine remains on the outside. Just one rule to staying free, none today!

Breathe deep, hug hard, live long,

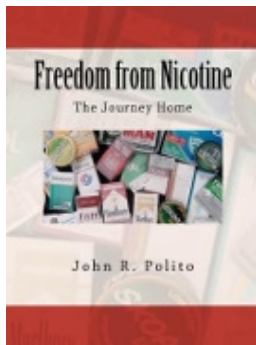
A handwritten signature in black ink, appearing to read "John". The signature is written in a cursive style with a large, sweeping initial letter.

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