

Chapter 4

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Use Rationalizations

What if you truly believed that there was absolutely nothing good about spending the balance of life as nicotine's slave? Nothing!

Imagine being totally unafraid to let go entirely of your chemical relationship to nicotine. Willing to let go, imagine recovery involving far fewer fear driven anxieties than during any prior attempt. Instead of fighting recovery, imagine welcoming and embracing it.

This chapter will aid in recognizing, analyzing and destroying common use justifications, if that is your desire. And I hope it is. Imagine how much easier letting go would be if totally convinced that absolutely nothing of value was being left behind.

Inventing Use Rationalizations

How many times did we tell ourselves that we needed to use nicotine because we were happy or sad, to stimulate or relax us, to accompany a thrill or because we were bored, to help us concentrate or to take our mind off things, or because we were around other smokers or alone and lonely?

To "rationalize" is to attempt to explain or justify our actions or beliefs, often with little or no regard for truth. We invented a reason as to why this was the perfect time to use for nearly every situation imaginable.

Rationalizations are defense mechanisms for making threatening conduct non-threatening. They are a means by which we attempt to justify or make tolerable feelings, behaviors and motives that would otherwise be intolerable.¹

Rationalizations are often personal and compelling. While a young smoker, I looked upon my chain-smoking mother with her emphysema-riddled lungs and non-stop cough and rationalized to myself, "I'm still young, far younger than she is." "I haven't hurt myself yet, so it's still safe for me



¹ Online Medical Dictionary, [Rationalization](#), Department of Medical Oncology, University of Newcastle upon Tyne, July 2, 2008.

to smoke, at least for now."

Little did I then appreciate that I was already just as addicted as mom. I also couldn't foresee how emphysema would so weaken her that it would diminish her cancer treatment options, and that she'd die just two years after her own mother's death.

It's normal to think that plenty of time remains to get serious about breaking free. It's logical to think that we'll get serious at the first sign of a serious tobacco related health concern. Unfortunately, when truth slaps such rationalizations hard, we simply invent new ones.

What percentage of the roughly half of U.S. adult smokers who'll lose an average of 13 to 14 years of life will ride the "there's still time" rationalization until it collides with "it's too late now" hopelessness? How many will journey from "I'll stop soon" to "you have to die of something"?

Will seriousness arrive once the doctor diagnoses you with your first smoking related disease, once told that you have chronic bronchitis, circulatory disease, adult onset diabetes or emphysema? If an oral user, will that first precancerous leukoplakia or that first root canal be enough?

The problem is, while fear can and often does motivate action, it has little sustaining power. We can only remain afraid for so long before growing numb to it.

A 2002 study found that only 22% of lung cancer patients who attempted to stop smoking by enrolling in the Mayo Clinic Nicotine Dependence Center were smoke-free six months after the program.²

Imagine the birth of hundreds of additional use rationalizations between "I'm still young" and "It's too late." Imagine each being invented by a mind that knows amazingly little about nicotine dependency or recovery from it.

Imagine being the user who always justified today's nicotine purchase (always only a single day's supply) by promising yourself that tomorrow you'd stop. Alternatively, imagine being the user who always purchased a multiple days' supply, inviting the rationalization that now isn't the right time to stop because your remaining supply would go to waste.

Tobacco industry marketing is designed to support the addict's need for alternative use explanations.

Pleasure, taste, a 2 for 1 sale, improved menthol, a coupon, your store's new "come to where the flavor is"



2 Sanderson CL, et al, Tobacco use outcomes among patients with lung cancer treated for nicotine dependence, Journal of Clinical Psychology, August 2002, Vol. 20, Issue 16, Pages 3461-3469.

sign, a fantastic price on cartons, U.S. tobacco companies spend at least \$14 billion annually to keep us convinced that we use their products for every reason imaginable, except the truth.

We use them because we must. We do so because tonic dopamine declines and anxieties rise when we don't. Stated another way, the tobacco industry spends billions each year to keep you brainwashed and believing that there's value in using, to make you fear letting go.

Even the names of most brands, a name repeated each time we purchased more, burned into our brain a sense that we'd lose something if we stopped. Think about the emotional sense of loss in breaking strong self-identity ties to such brand names as:

Alpine, Apollo, Apple Jack, Basic, Beech Nut, Belair, Belmont, Best Value, Big Mountain, Black Owl, Blu, Bond, Bucks, Buglar, Bull Smoke, Cambridge, Camel, Cannon Ball, Capital, Captain Black, Champion, Chesterfield, Class A, Classic, Copenhagen, Cleopatra, Cloud 9, Cougar, Dark Horse, Davidoff, Derby, Dunhill, Eagle, Eclipse, Envy, Focus, Gold Coast, Gold River, Golden Gate, Grand Prix, Green Smoke, Grizzly, Half & Half, Halo, Husky, Jade, Kayak, Kent, King Edward, Kiss, Kodiak, Kool, Knights, L & M, Lady, Lark, Liberty, Lucky Strike, Main Street, Marlboro, Marshal, Maverick, Merit, Mild Seven, Misty, Monarch, Montecristo, More, Mustang, Natural American Spirit, Newport, Njoy, Now, Palace, Paladin, Pall Mall, Parliament, Passion, Passport, Peachy, Players, Pride, Prince, Prince Albert's, Pure Natural, Pyramid, Quality, Rave, Red Man, Red River, Red & White, Rich, Riviera, Romeo y Julieta, Rooster, Rosebud, Rosetta, Samson, Satin, Savannah, Signature, Silver Creek, Sir Walter Raleigh, Sky Dancer, Sonic, SouthBeach, Southern Harvest, Sport, Springwater, Style, Sundance, Swisher Sweets, Tempo, Top, Tourney, Triumph, True, USA Gold, Vantage, Velvet, Viceroy, Virginia Slims, V2, Vogue, Wave, White Cloud, Wild Geese, Wildfire, Wildhorse, Wind, Windsail, Winston, Workhorse, Yours and Zig Zag.



Clearly, the industry fully understands chemical dependency upon nicotine and intentionally plays upon the wanting within in keeping users hooked.

Our lack of dependency understanding made us rather inventive when trying to explain our continuing need to feed. Let's look at a few common use rationalizations that were bred and fueled by our lack of understanding.

As we review common use rationalizations, notice that there are three basic types: (1) alternative use explanations that aid in denying dependency; (2) rationalizations that minimize the costs and harms of use; and (3) recovery avoidance or relapse justifications.

"Just One" "Just Once"

Let's start with the most costly and destructive tease of all, that we can cheat the [Law of Addiction](#) (Chapter 2).

Why torment your yourself with a lie? Why pretend that brain imaging studies were all wrong, that one hit of nicotine won't cause up to half of your brain dopamine pathway receptors to become occupied by nicotine, that your brain won't soon be wanting or even begging for more?

"Just one" or "just once" denies who we are, real drug addicts.

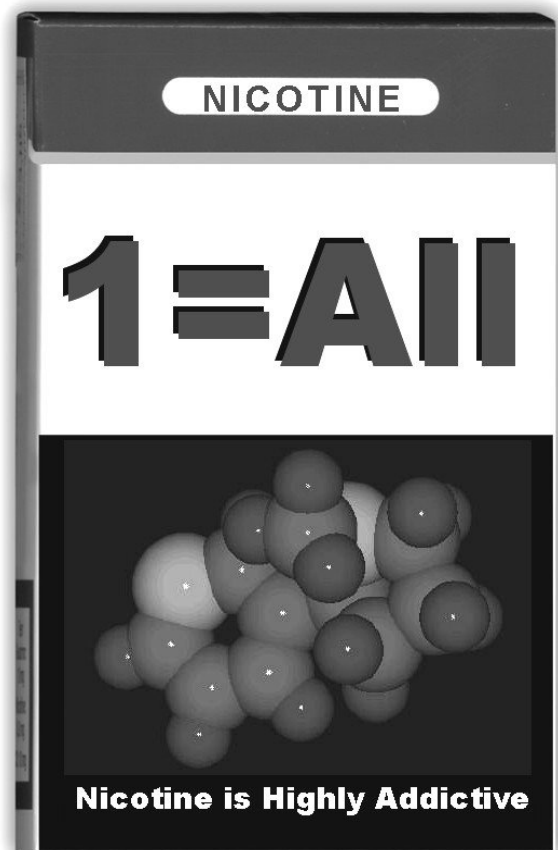
Whether free for 10 hours, 10 days, 10 months or 10 years, just one hit of nicotine and permanently compromised brain dopamine pathways will again re-assign using nicotine again, the same priority as eating food.

And that re-established use priority shall remain until you once again successfully navigate recovery, if ever.

Let go of thoughts of "just one" or "just once." Laugh at them. You're far too intelligent to see the dopamine pathway wanting, urges and craves that you felt for nicotine as being any different than the dopamine pathway wanting, urges and craves felt by the alcoholic, heroin or meth addict for their drug.

While focus and fixation upon the thought of "just one" or "just once" is the most common cessation torture inflicted upon the unschooled mind, that's not us anymore. We now understand exactly what happens if we use again. We know that for us, one will always equal all, that lapse will always equal relapse, and one puff, vape, dip, pinch or chew will always be too many, while thousands are never enough.

And be honest about it. As Joel says, don't say that we don't want one when we do. Rather,



acknowledge the desire, but then ask yourself, do I want all the others that go with it? When the thought of "just one" or "just once" enters your mind, try to picture all of them, the thousands upon thousands that would follow.

"Use relieves stress and anxiety"

The falsehood that nicotine use relieves stress is almost as destructive as the tease of "just one" or "just once." For example, a June 2013 study found that roughly 1 million U.S. ex-smokers relapsed to smoking following the World Trade Center terrorist attacks on September 11, 2001.³

Nearly all of those 1 million ex-smokers deeply believed that smoking relieves stress. It is normal and natural to believe that smoking is a stress-buster, that it calms us during crisis. How could we not believe it? We felt it happen hundreds or maybe even thousands of times. Or, did we?

Stress relief is the most deeply believed yet easily debunked use rationalizations of all. And this false belief certainly isn't news to the nicotine addiction industry.



Library of Congress

According to a once secret 1983 Brown & Williamson research memo, "People smoke to maintain nicotine levels" and "stress robs the body of nicotine, implying a smoker smokes more in times of stress due to withdrawal, not to relax."⁴

The physiological effects of stress cause urine to turn more acidic. Urine acidification accelerates elimination of nicotine from the bloodstream, forcing early replenishment.⁵ Additionally, nicotine itself is an alkaloid and extremely sensitive to acids.

GlaxoSmithKline's Nicorette website warns nicotine gum chewers that, "Eating or drinking even mildly acidic foods and beverages directly before using or during use of Nicorette inhibits nicotine absorption into your bloodstream."⁶

Whether inhaled or juiced, nicotine does not relieve anxiety but only its own absence. Hundreds or even thousands of times, the time needed for replenishment combined with arrival of a new supply of nicotine to relieve intense wanting felt by a nicotine addict in the throws of early withdrawal. It left us totally yet falsely convinced that nicotine was an emotional solution to crisis.

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 and then immediately reaches for a jack to

3 Caba, J, 9/11 Attacks Made 1 Million Former Smokers Pick Up Cigarettes Again, MedicalDaily.com, Jun 21, 2013.

4 Brown & Williamson Tobacco Corporation, Internal Correspondence, March 25, 1983, Bates Number: 670508492; <http://legacy.library.ucsf.edu/tid/uly04f00>

5 Benowitz NL, Jacob P 3rd, Nicotine renal excretion rate influences nicotine intake during cigarette smoking. Journal of Pharmacology and Experimental Therapeutics, July 1985, Volume 234(1), Pages 153-155.

6 GlaxoSmithKline, Nicorette: Frequently Asked Questions, Nicorette.com/faqs.aspx, May 23, 2012.

change the tire. And the smoker reaches for a? That's right, a cigarette. But why?

Stress, anger, worry and fear cause our urine to turn more acidic. Stress generated acids accelerate elimination of the alkaloid nicotine from the bloodstream. The more stressful the situation, the faster nicotine is eliminated. The further from your last nicotine replenishment when stress occurs, the greater the decline in tonic dopamine, and the sooner and more intense stress induced wanting is felt.

The stressed nicotine addict is forced to reach for a central nervous system stimulant in order to battle the sudden onset of early nicotine withdrawal, before turning their attention to the underlying stressful event (the flat tire).



Whether urine acidification is caused by sudden emotional turmoil, alcohol use or acidic foods or juices, the more acidic our urine, the greater the rate of nicotine depletion.⁷ Although it sounds totally backwards, the literature suggests that the rate of elimination has to do with how the kidneys function.

In one study, an increase in urine acidity from a pH of 5.6 to a pH of 4.5 (making it 11 times more acidic) caused a 206% increase in the rate nicotine was eliminated from the bloodstream by the kidneys.⁸

Urine acidification during crisis occurs in stressed never-smokers and ex-smokers too. The difference is that there is no nicotine in their bloodstreams, no accelerated nicotine elimination, and no battle against the onset of withdrawal.

Life as a nicotine addict is hard. It's more stressful, not less. We compounded stressful situations by adding withdrawal to them. And once done servicing our addiction the tire was still flat.

Never once in our life did nicotine resolve the underlying crisis. If the tire was flat, it was still flat. If some other event made us frightened or angry, escape into servicing our addiction totally ignored the event.

And if the flat tire or other stressful situation is tackled and resolved without using, the nicotine addict is still not going to feel good or satisfied. Why? Because addressing the initial cause of stress does not ease withdrawal. Only re-administration of nicotine, or navigating withdrawal and

7 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.

8 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.

the up to 72 hours needed to eliminate nicotine from the body and move beyond peak withdrawal, can bring relief.

Unlike total nicotine elimination, replenishment's relief is temporary. While it calms for the moment, the user will again soon be forced to confront the chemical clock governing their life (nicotine's two-hour chemical half-life), or witness accelerated depletion brought on by encountering stress, consuming alcohol or by drinking or eating acidic foods.

Joel makes one final yet important point here. Nicotine's false calming effect quickly becomes a rationalization crutch reached for during stressful situations. The crutch and nicotine's impact upon the user's life is "more far-reaching than just making initial stress effects more severe."

According to Joel, "it affects how the person may deal with conflict and sadness in a way that may not be obvious, but is nonetheless serious. In a way, it affects the ability to communicate and maybe even in some ways, to grow from the experience."⁹

Joel shares an example. "Let's say you don't like the way a significant other in your life squeezes toothpaste. If you point out how it's a problem to you in a calm rational manner, maybe the person will change and do it in a way that is not disturbing to you. By communicating your feelings you make a minor annoyance basically disappear."

"But now let's say you're a smoker who sees the tube of toothpaste, gets a little upset, and is about to say something, again, to address the problem. But wait. Because you are a little annoyed, you lose nicotine, go into withdrawal, and before you are able to deal with the problem, you have to go smoke."

"You smoke, alleviate the withdrawal and, in fact, you feel better. At the same time, you put a little time between you and the toothpaste situation and on further evaluation, you decide it's not that big of a deal, and you forget it."

"Sounds like and feels like you resolved the stress. But in fact, you didn't. You suppressed the feeling. It is still there, not resolved, not communicated. Next time it happens again, you again get mad. You go into withdrawal. You have to smoke. You repeat the cycle, again not communicating and not resolving the conflict," explains Joel. "Over and over again, maybe for years this pattern is repeated."

"One day you stop smoking. You may in fact be off for weeks, maybe months. All of a sudden, one day the exact problem presents itself again, that annoying toothpaste. You don't have that automatic withdrawal kicking in and pulling you away from the situation. You see it, nothing else affecting you and you blow up. If the person is within earshot, you may explode."

"When you look back, in retrospect, you feel you have blown up inappropriately, that your reaction was greatly exaggerated for the situation. You faced it hundreds of times before and nothing like this ever happened. You begin to question what happened to you, to turn you into such a horrible or

9 Spitzer, J, New Reactions to Anger as an Ex-smoker, an article in Joel's free PDF book Never Take Another Puff, <http://whyquit.com/joel>

explosive person."

"Understand what happened," writes Joel. "You are not blowing up at what just happened, you are blowing up for what has been bothering you for years. And now, because of the build up of frustration, you are blowing up much more severely than you ever would have if you had addressed it early on. It is like pulling a cork out of a shaken carbonated bottle: the more shaken, the worse the explosion."

Sooner or later, even if we fail to break free from nicotine, that unresolved stress will most probably result in either a blowup or onset of one or more anxiety related diseases.

Don't for a second think that hiding from life by escaping into a stimulated wanting relief sensation is an answer or solution. It's our problem.

As we climb back into our mind's driver's seat we need to listen to our feelings and emotions. We may discover that we need to learn to address the root causes of once suppressed anxiety or anger in positive and healthy ways.

The only lasting solution to anxieties brought on by rapidly falling nicotine reserves - anxieties that interfere with healthy conflict resolution - is to bring active dependency to an end. And as you do, dump the destructive falsehood that a stimulant relieves stress.

"Nicotine is my friend"

Imagine the illness inside a mind that looks upon nicotine as a "friend." It was always there, never let us down, calmed us during crisis (or so we thought), never argued, a loyal and trusted companion more dependable than a dog. Pretending that our addiction is human comes easily, at least until honesty arrives.

Like table salt, nicotine cannot talk. Not a word. Unlike a dog, it never, ever demonstrates affection or was happy to see us. Nicotine's most dependable attribute is its ability to keep us dependent upon it, to ever so briefly silence wanting.

"My Cigarette, My Friend" is likely the most famous "friend" rationalization buster ever.¹⁰ Written by Joel, in it he asks, "How do you feel about a friend who has to go everywhere with you? Not only does he tag along all the time, but since he is so offensive and vulgar, you become unwelcome when with him. He has a peculiar odor



10 Spitzer, J., "[My Cigarette, My Friend](#)," WhyQuit.com, Joel's Library, 1990.

that sticks to you wherever you go. Others think both of you stink."

As Joel notes, nicotine addiction is about surrendering control. It's about putting life on pause come replenishment time. It compels smokers to find an acceptable place to feed, even during bad weather. It's about being forced to go buy more, spending thousands upon thousands during our years as users.

As a nicotine smoker it deprives us of engaging in prolonged vigorous activities. "Your friend won't let you," writes Joel. "He doesn't believe in physical activity. In his opinion, you are too old to have that kind of fun. So he kind of sits on your chest and makes it difficult for you to breathe. Now you don't want to go off and play with other people when you can't breathe, do you?"

Our "friend," notes Joel, "does not believe in being healthy. He is really repulsed by the thought of you living a long and productive life. So every chance he gets he makes you sick. He helps you catch colds and flu." "He carries thousands of poisons with him, which he constantly blows in your face. When you inhale some of them, they wipe out cilia in your lungs which would have helped you prevent these diseases."

"But colds and flu are just his form of child's play. He especially likes diseases that slowly cripple you - like emphysema. He considers this disease great. Once he gets you to have this, you will give up all your other friends, family, career goals, activities - everything. You will just sit home and caress him, telling him what a great friend he is while you desperately gasp for air."

"But eventually your friend tires of you," Joel reminds us. "He decides he no longer wishes to have your company. Instead of letting you go your separate ways, he decides to kill you. He has a wonderful arsenal of weapons behind him. In fact, he has been plotting your death since the day you met him. He picked all the top killers in society and did everything in his power to ensure you would get one of them. He overworked your heart and lungs. He clogged up the arteries to your heart, brain, and every other



part of your body. In case you were too strong to succumb to this, he constantly exposed you to cancer causing agents. He knew he would get you sooner or later."

Our cigarette, e-cig, cigar, pipe, chew, dip, snus, gum or lozenge was simply the means by which nicotine entered our bloodstream. It is no more a friend than is a stainless steel spoon. "Friend," asks Joel? Cigarettes are "expensive, addictive, socially unacceptable and deadly."

Expense, time demands, and increasing social unacceptability are common to all forms of nicotine delivery. While each poses different levels and types of risks, the form of delivery does not alter the super-toxin nicotine's risks, including its ability to keep us its slave.

It's increasingly common to see those hooked on nicotine replacement products or e-cigarettes treat their form of delivery as though their savior or hero. Clearly, the risks posed by nicotine alone are vastly less than smoking's. However, nicotine's continued use, in any form, is NOT safe.

If you have Internet access, go to www.PubMed.gov. PubMed is the U.S. government's medical study search engine. Search the word "nicotine." My search on August 29, 2008, produced 10,205 journal articles having nicotine in the title.

In the footnote below I cite titles to a few of the nicotine medical journal articles published during August 2008, when this chapter was written.¹¹ As you can see, it isn't necessary for anyone to resort to scare tactics or exaggeration regarding nicotine's effects upon the body. The truth is frightening enough.

While personifying any chemical artificially inflates emotional bonds and attachments to it, it's still just a chemical. While nicotine cannot think or feel, just one puff will activate up to half of our brain's dopamine pathway receptors.

One sure fire way to end the need to invent chemical friends is to make sure all nicotine stays on the outside.

"I like it" "I love it"

Think hard. What, if anything, do you love about smoking, vaping or about using oral tobacco or NRT?

If a smoker, what's so wonderful that we were willing to destroy this body, creating a 50/50 chance

11 Vaglenova J, Long-lasting teratogenic effects of nicotine on cognition: Gender specificity and role of AMPA receptor function, *The Neurobiology of Learning and Memory*, August 12, 2008 [Epub ahead of print]; also see, Somme E, et al, Prenatal Nicotine Exposure Alters Early Pancreatic Islet and Adipose Tissue Development with Consequences on the Control of Body Weight and Glucose Metabolism Later in Life, *Endocrinology*, August 7, 2008 [Epub ahead of print]; also see Huang YY, et al, Chronic nicotine exposure induces a long-lasting and pathway-specific facilitation of LTP in the amygdala, *Learning & Memory*, August 6, 2008, Volume 6;15(8), Pages 603-610; also see, Zhang J, et al, Nicotine Induces Resistance to Chemotherapy by Modulating Mitochondrial Signaling in Lung Cancer, *American Journal of Respiratory Cell & Molecular Biology*, August 1, 2008 [Epub ahead of print]; also see, Baykan A, et al, The protective effect of melatonin on nicotine-induced myocardial injury in newborn rats whose mothers received nicotine, *Anadolu Kardiyol Dergisi*, August 2008, Volume 8(4), Pages 243-248; also see, Marchei E, et al, Ultrasensitive detection of nicotine and cotinine in teeth by high-performance liquid chromatography/tandem mass spectrometry, *Rapid Communications in Mass Spectrometry*, August 2008, Volume 22(16), Pages 2609-2612.

of departing earth 5,000 days early? If an oral tobacco user, how much love does it take to permanently expose your mouth to unadulterated tobacco's 2,550 chemicals?

As dependent users we lived a constant struggle to maintain a narrow range of nicotine in our bloodstream, so as to remain in our nicotine-normal zone of comfort. Each time our blood serum nicotine level fell below our minimum limit, our tonic dopamine level declined and we starting sensing the onset of urges and wanting.

We grew tense, anxious, irritable and depressed, and the only path to immediate relief was more nicotine. Once replenished, we were left totally convinced that we "enjoyed smoking," "liked chewing," "relished vaping," or "loved our snus."

On the other end, we also had to be cautious not to use too much nicotine and exceed our upper limit of tolerance, or risk suffering varying degrees of nicotine poisoning. Early symptoms can include feeling sick, nauseous and dizzy.

As Joel notes, being a successful user is like being an accomplished tightrope walker, constantly maintaining a balance between these two painful extremes of too much or too little.¹²

According to Philip Michels, PhD, a USC School of Medicine professor and cessation facilitator, it is normal for us to look to our own behavior in order to obtain clues about our attitudes and beliefs. We tend to draw conclusions about what we must like, by watching what we see ourselves doing. Such self-analysis goes like this:

Logical Yet False Reasoning

- **I don't do things I don't like to do.**
- **I smoke lots and lots of cigarettes.**
- **Thus, I must really love smoking.**

Ignorance is bliss. Now let's look at how informed analysis might flow:

Logical & True Reasoning

- **I don't do things I don't like to do.**
- **I smoke lots and lots of cigarettes.**



¹² Spitzer, J, "[I smoke because I like smoking.](http://whyquit.com/joel)" an article in Joel's free PDF book [Never Take Another Puff](#), <http://whyquit.com/joel>

- **Each puff destroys more of my body.**
- **I'm actually slowly killing myself.**
- **I've learned nicotine is highly addictive.**
- **I've tried breaking free but failed.**
- **Thus, I'm probably a "real" drug addict.**

The most compelling argument supporting like or love revolves around the undeniable dopamine "aaah" wanting relief sensation that arrives following replenishment. However, even here the rationalization relies heavily upon selective memory.

When valuing replenishment, is it fair to ignore the urges and anxieties that preceded our "aaah" relief sensation? If we had waited longer prior to using, wouldn't every wanting relief sensation have had a corresponding anxiety and depression riddled low preceding it? Tanking up early and often allowed us to avoid the downside.

Still, most nicotine addicts know that "WHERE ARE MY CIGARETTES?" feeling, and the emotions that accompany the "I need a nicotine fix ... AND NOW" feeling!!!

At Joel's clinics he identifies the two pack-a-day smokers who insist that they smoke because of the "good cigarettes" or because they "like" smoking.

"First I ask them to tell me which cigarettes stand out in their mind as being really great cigarettes on any given day. Usually they will offer up the first one or two they have when they wake up, the ones after meals and maybe one or two others that they have on certain breaks."

Joel watches as they try to think of other good ones but none seem to come to mind.¹³

"I simply point out that we have a mathematical problem occurring here. They have come up with five to seven good cigarettes yet they are smoking forty or more cigarettes a day. Where are those other cigarettes?"

As Joel points out, a few were smoked and tasted nasty while others were marginal but as soon as they were snuffed out they can't even be recalled. "So here we have a few good cigarettes, a few lousy cigarettes and a whole bunch of what now seem to be insignificant cigarettes."

As Joel notes, while there may be some good ones, they have to be accompanied by all of the mediocre and miserable ones, and when it comes down to it, "all of them, even the good ones, are killing them."

Regarding the few identified as "good cigarettes," Joel poses a follow-up question. "How much do you like smoking? Do you like smoking more than you like something like, oh, I don't know. ... something like maybe ... breathing?"

If we say we "like smoking" are we also saying we like the morning phlegm in our lungs and the need for water for a "horribly dry throat"? What about the nasty taste it leaves in our mouth and

13 Spitzer, J, ["I smoke because I like smoking"](http://www.whyquit.com) February 21, 2001, <http://www.whyquit.com/topic/17137>

how it makes foods taste bland? If a pack-a-day smoker, do we like devoting an hour and a half each day to feeding our addiction?

What about often feeling hurried, the dirty brown film on the inside of the car windshield, rush hour anxieties depleting nicotine reserves quicker, being unable to smoke while at work, attempting to run and being left with a throbbing heart that wants to explode, or standing in line to buy more nicotine, are we saying we like those things too?¹⁴

How can we claim to like or love something when we have no legitimate basis for comparison?

If no longer able to remember and explain what it felt like to reside inside our mind before nicotine took control, if we cannot recall the calm and quiet mind we once called home, then what basis exists for asserting that we love using nicotine more than we miss the pre-nicotine us? How can we talk about love if we cannot remember who we were before climbing aboard an endless roller-coaster ride of nicotine-dopamine-adrenaline highs and lows?

As real drug addicts in every sense, with blind obedience to the wanting within, "what's love got to do with it"?

"I'm just a little bit addicted"

Nicotine dependency diagnostic standards are reflected by official looking acronyms such as DSM-IV, FTND, MNWS, M-NRQ and HONC. These standards claim to measure the onset, existence or depth of nicotine dependency. But being a little bit addicted is like being a little bit pregnant.

It's normal to want to rationalize that we don't have a problem, or if we do that it's just some "nasty little habit," or if not and we really are addicted that we're just a little bit addicted. It's normal to compare our situation with that of other drug or nicotine addicts and rationalize that it isn't nearly as bad.¹⁵

The easiest such minimization is to compare how frequently we use nicotine, our level of tolerance. But let's not kid ourselves. Whether our brain demands a single nicotine fix daily or twenty, having lost the autonomy to simply turn and walk away, why pretend superiority once a full-fledged addict?

Pretending superiority is a dependency minimization rationalization that helps keep millions trapped behind bars.

"I do it for flavor and taste"

Flavor? Taste? How many tastebuds are inside human lungs, the place we suck and briefly hold all smoke? Answer: zero, none!

14 Spitzer, J, "Boy, do I miss smoking!" March 9, 2001. <http://www.ffn.yuku.com/topic/20665>

15 Craig, Kathleen, Not Much of a Smoker, Originally posted at MSN's Freedom from Tobacco's on February 29, 2004, and today shared on Yuku's Freedom from Nicotine forum on the site's Rationalizations message board.

Imagine blaming continuing use on what we describe as tobacco's wonderful smells and tastes. This rationalization ignores the hundreds of smell and flavor additives used by the tobacco industry to engineer a vast spectrum of sensory sensations.

It also ignores the fact that hundreds of other plants, products and people smell good too but never once did we find it necessary to light any of them on fire and suck their smoke deep into our lungs in order to complete the experience. But if soaked in nicotine, stand back. We'll likely try chewing or lighting them ablaze too.

A 1972 memo from Brown & Williamson consultants entitled "Youth Cigarette - New Concepts" recommends the company create a "sweet flavor cigarette."s "It's a well-known fact that teenagers like sweet products. Honey might be considered." It also recommends apple-flavored cigarettes. "Apples connote goodness and freshness and we see many possibilities for our youth-oriented cigarette with this flavor."¹⁶

Since 1972, almost 700 industry tobacco flavor additives have been identified including:

Alfalfa extract, allspice extract, anise, angelica root extract, apple fructose, apricot extract, balsam oil, banana fructose, bark oil, basil oil, bay leaf, beet juice, black current buds, blackberry fructose, beeswax, bergamot oil, brandy, caffeine, cajeput oil, camphor oil, cananga oil, carob bean extract, caramel, caraway oil, carrot seed oil, cassia cocoa, cedarwood oil, celery seed extract, chocolate, chicory extract, cinnamon leaf oil and extract, citric acid, clary sage oil, clove oil, coffee extract, cognac oil, coriander oil, corn oil, corn syrup, corn silk, costus root oil, cubeb oil, cypress oil, dandelion root extract, date fructose, davana oil, dill seed oil, fennel sweet oil, fenugreek, fig juice, ginger oil, geranium rose oil, gentian root extract, grape fructose, honey, hops oil, jasmine, lactic acid, juniper berry oil, leucine, lavandin oil, kola nut extract, lemon oil, lavender oil, licorice, lemongrass oil, lime oil, linaloe wood oil, lovage oil, longosa oil, locust bean gum, linden flowers, menthol, mandarin oil, maple syrup, milk solids, wild mint oil, garden mint oil, mullein flowers, nutmeg, oak moss, oak bark extract, olibanum oil, olive oil, orange leaf, orange blossoms, orange peel oil, orris root, palmarosa oil, peach extract, pear extract, plum extract, peruvian oil, patchouli oil, parsley seed oil, peach kernel oil, pectin, pepper oil, peppermint oil, plumb juice, pimenta leaf oil, pine needle oil, pineapple extract, pipsissewa leaf extract, prune extract, quebracho bark, raisin extract, raspberry extract, rose water, rose oil, rosemary oil, rum, saccharin, saffron, sage oil, sandalwood oil, sclareolide, sherry, smoke flavor, sodium, spearmint oil, spike lavender oil, snakeroot oil, starch, star anise oil, strawberry extract, styrax gum, sucrose syrup, tamarind extract, solanone, tangerine oil, sugar alcohols, sugars, tarragon oil, thyme oil, rye extract, thymol, toasting flavors, tobacco extracts, tolu balsam gum, tagetes oil, tuberose oil, turpentine oil, urea, vinegar, valine, wild cherry bark, xanthan gum, valerian root, vanilla beans and extract, vanillin, vetiver oil, violet leaf oil, walnut extractables, wheat extract, wine, whiskey, yeast and ylang ylang oil.

Tobacco's smells and flavors are highly engineered. The few brands that do not use additives use flue curing for sweetness, genetic engineering, blending and/or faster nicotine delivery (more free-base nicotine) in order to make tobacco's natural harshness more acceptable to the senses.

¹⁶ Marketing Innovations Inc., Project: Youth Cigarette - New Concepts, September 1972, Brown & Williamson Document, Bates Number: 170042014

If you like one or more additives in your brand such as licorice or chocolate, then purchase licorice or chocolate and savor their flavors. I doubt you'll feel a need to light them on fire.

Again, there are zero tastebuds inside our lungs. Advertising that suggests that flavor or taste is the reason smokers suck nicotine laden smoke deep into their lungs is an insult to the smoker's intelligence.

Likewise, it's pathetic for oral tobacco product marketing to suggest that taste is the reason users cannot stop putting taste bud damaging and sensitivity destroying tobacco toxins into their mouth.

"My coffee won't taste the same"

There's some truth here but probably not for the reason you're thinking. Toxins in tobacco smoke seriously impair our ability to accurately smell both coffee and cigarettes.

It also increases the risk of taste impairment (an inability to detect very small amounts of one or more of the four basic tastes: sweet, salty, sour and bitter) by 71% in smokers smoking 20 or more cigarettes per day.¹⁷

As Joel teaches, smells and flavors may not be better after ending tobacco use but will certainly be more accurate. Once our senses heal, many find that coffee's smell and taste actually improves.

Your morning coffee experience can be far richer than when smoking. Imagine smelling the aroma of brewing coffee when the pot is more than 50 feet away.

"It helps me concentrate"

Although nicotine is undeniably a stimulant that activates fight or flight pathways and excites certain brain regions, it's also a super toxin that constricts blood vessels and promotes artery hardening. While a stimulant, so are three minutes of physical activity.

If smoked, large quantities of carbon monoxide and other toxins combine with nicotine to slowly destroy brain gray and white matter. And don't forget that concentration can be



17 Vennemann MM, et al, The association between smoking and smell and taste impairment in the general population, Journal of Neurology, July 28, 2008.

eliminated entirely by a nicotine-induced stroke, early dementia or a tobacco-induced death.

And where's the honesty in saying that being constantly interrupted by an endless cycle of wanting and urges, while pausing to refuel, aids concentration? As an excited Turkeyville newbie posted this morning, "I just finished programming for 4 hours straight with full concentration and forgot totally about nicotine. I don't remember the last time I did this."

Not only did wanting and urges break concentration while using, skipping breakfast or lunch during withdrawal impairs concentration by causing blood sugar to plummet. Experiencing this low blood sugar induced sense of mind fog reinforced the false belief that use aids concentration.

Avoid low blood sugar concentration impairment by sipping on natural fruit juice the first three days. Cranberry juice is excellent. Also, try not to skip meals for the first few weeks. It isn't necessary to eat more food but to learn to spread our normal calorie intake out more evenly over the day, so as to keep blood sugars as stable as possible.

Yes, where's the self-honesty in calling constantly interrupted concentration concentration? Protect your ability to concentrate. Fresh air and activity are vastly healthier stimulants.

"I do it to relieve boredom"

It's easy to relate nicotine use to boredom. However, as actively feeding addicts we needed to replenish constantly falling nicotine reserves whether bored to death, having the time of our life, and at all points in-between.

Nicotine use is more noticeable, and thus more memorable when bored. If doing nothing, it's hard not to notice when feeding time arrives. Yet, if busy, thinking or excited, we often didn't notice our refueling.

Although nicotine's half-life is roughly 2 hours, a falling tonic dopamine level would get our attention long before serious depletion anxieties arrived. We learned to tank up early and often, whether bored or not.

Have you ever noticed the minor anxieties that occur when bored? It's why we talk of "relieving" boredom.

Boredom is thought to be a means by which the mind motivates action. It causes us to seek accomplishment and the dopamine "aaah" that comes with anticipating completion or completing each task.



Photo by National Cancer Institute

What's sad is a mind that views successful nicotine replenishment as itself an important accomplishment.

Maybe that's why we make such a powerful association between not using nicotine and boredom. Instead of earning the phasic burst of dopamine that boredom's anxieties attempt to motivate, we'd steal it, over and over and over again.

Recovery presents a substantial increase in opportunities to experience boredom and to blame it on recovery. If we normally used nicotine 12 times per day, and each replenishment averaged 5 minutes, we now have an extra hour each day to either fill with some new activity or to sense boredom's anxieties.

But don't kid yourself. We didn't smoke, chew, dip or vape due to boredom. Never-users get horribly bored too but the thought of nicotine replenishment never once crosses their mind.

Nicotine depletion anxieties attempt to motivate replenishment. Boredom anxieties attempt to motivate activity. Unfortunately, the nicotine addict's act of replenishment satisfied both.

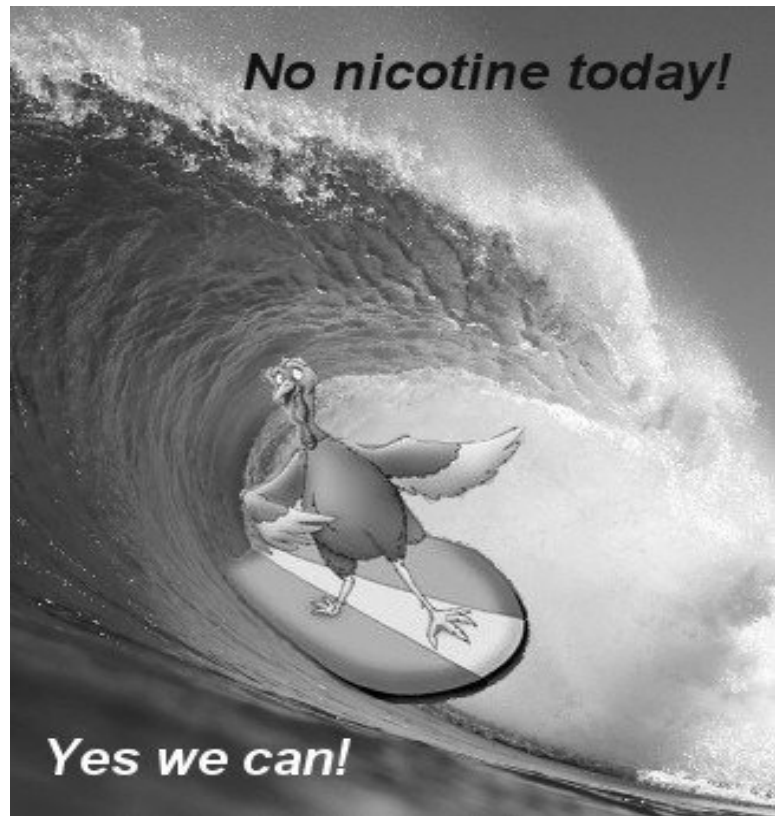
Boredom can be a productive emotion. Recovery will clearly add additional free time to each day. Hopefully, you'll learn to spend it in healthy, productive and satisfying ways.

"I do it for pleasure"

"I smoke for pleasure." Pleasure? It's the Newport sales cry and it's highly effective.

Pleasure is defined as a state of gratification, a source of delight, satisfaction or joy. Wanting is defined as feeling a need, strong desire, suffering from the lack of something, or requiring it.

Calling the satisfaction of wanting pleasure is akin to saying that it feels good to stop pounding your thumb with a hammer. Still, it's high quality bait, one of the



most powerful use rationalizations of all, and the industry loves it.

The tobacco industry knows how easy it is to confuse wanting with pleasure. Look around. Industry pleasure marketing is everywhere, subliminal and constantly assaulting the subconscious mind.

Intentionally substituting joy for need, if pleasure marketing wasn't highly effective we wouldn't see so much of it.

Have you ever seen an advertisement showing a smoker badly in need of a smoke? And you won't. When photos or pictures are used with pleasure marketing they show smokers laughing, carefree and having the time of their life.

Our pleasure rationalization sinks its teeth into nicotine's dopamine induced "aaah" while totally ignoring the wanting, urge and anxiety that preceded it.

We are true drug addicts. This isn't about pleasure but about the mind's survival instincts teacher teaching another false lesson after having again been activated by nicotine.

Pleasure? Try to imagine anything more intellectually dishonest than suggesting that smokers smoke for pleasure. Try to imagine anything more criminal than to hang signs along public streets that falsely teach children that smoking is about pleasure.

"It's my choice and I choose to use"

"Quitters never win and I'm no quitter." "It's my choice and I choose to continue using!" Truth is, we lost "choice" the day nicotine took control.

But that doesn't stop the tobacco industry from spending billions building mighty neighborhood store marketing facades that each scream the message "smoking is an adult free-choice activity."

Think about the message and collective tease of hundreds of colorful and neatly arranged boxes, packs and tins behind the checkout counter. Each time we stepped-up to buy a new supply, our senses were flooded with the subconscious message that using is all about choice, lots and lots of choices.

Apparently, few tobacco executives are buying the "choice" lie. A former Winston Man, David Goerlitz, asked R.J. Reynolds executives, "Don't any of you smoke?" One executive answered, "Are you kidding? We reserve that right for the poor, the young, the black and the stupid."¹⁸

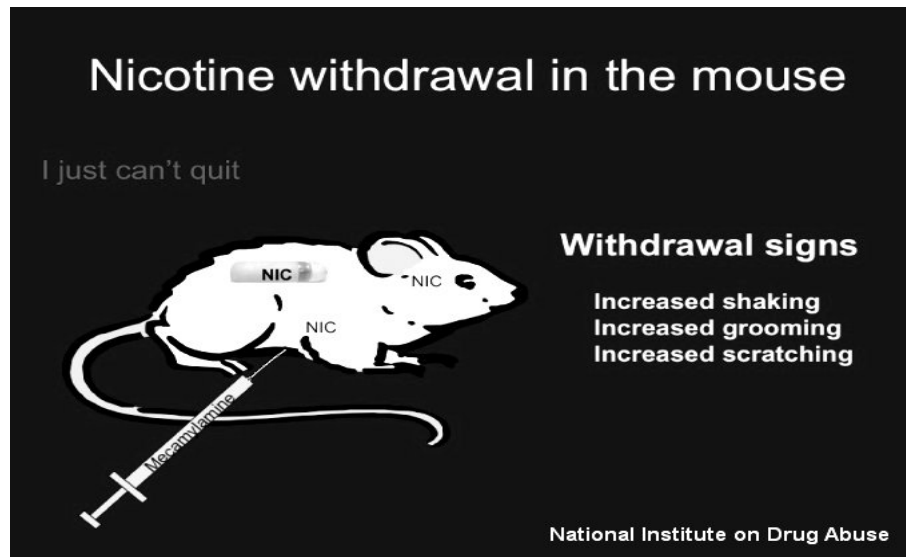
Once hooked, our only real alternative is the up to 72 hours needed to purge nicotine from our system and move beyond peak withdrawal. Choice? The only choice made while still using is to avoid withdrawal.

18 New York Times, [In America, Tobacco Dollars](#), by Bob Hebert, November 28, 1993.

It isn't that we like using nicotine but that we don't like what happens when we don't.

Then there are those who claim to smoke knowing full well that it's killing them. They suggest that they don't care what happens, that they don't want to get old, that we have to die of something, so why not smoking?

This self-destruction "choice" rationalization can be used to hide fears born of a history of failed attempts. It's often rooted in a false belief that we are somehow different from those who succeed, that we will never be able to stop.



But try to find any user who isn't shocked upon arrival of lung cancer, emphysema, a heart attack or stroke. As Joel writes, "no one ever called me enthusiastically proclaiming, 'It worked, it's killing me!' On the contrary, they were normally upset, scared and depressed."¹⁹

Choice? The only way to restore free choice is to come out from under our dependency's control. But even then, just one puff, dip or chew and our freedom and autonomy will again be lost, as our brain is soon wanting and begging for more.

"It's just a nasty little habit"

"Nasty little habit?" We are true drug addicts in every sense. That's right, look in the mirror and you'll see an honest to goodness drug addict looking back.

One of the most harmful rationalizations of all is pretending that all we have is nasty "habit." It confuses children and encourages experimentation.

Children and teens believe that it takes time and repetition to develop a habit. But research shows that "experimenting" with smoking nicotine just once may be sufficient to begin fostering the loss of autonomy to stop using it. it.²⁰

Adoption of the "habit" rationalization is also disabling to those already enslaved. Imagine pretending that someday, we'll awaken and at last discover how to mold, modify, manipulate and control our nicotine use, so as to allow us to use, or not use, as often as we please.

Imagine pretending that someday, we'll discover how to "have our cake and eat it too."

¹⁹ Spitzer, J, "I Smoke Because I'm Self-Destructive," an article in Joel's free PDF book Never Take Another Puff, <http://whyquit.com/joel>

²⁰ DiFranza JR, Hooked from the first cigarette, Scientific American, May 2008, Volume 298(5), Pages 82-87.

The phrase "nasty little habit" is simply more junkie thinking. Such soft fuzzy words minimize the hard cold reality of being chemically married to and dependent upon nicotine.

It's much easier to tell ourselves that all we have is some "nasty little habit." The warmth of the phrase is akin to the cute and cuddly word "slip," the addict's tool for sugarcoating relapse.

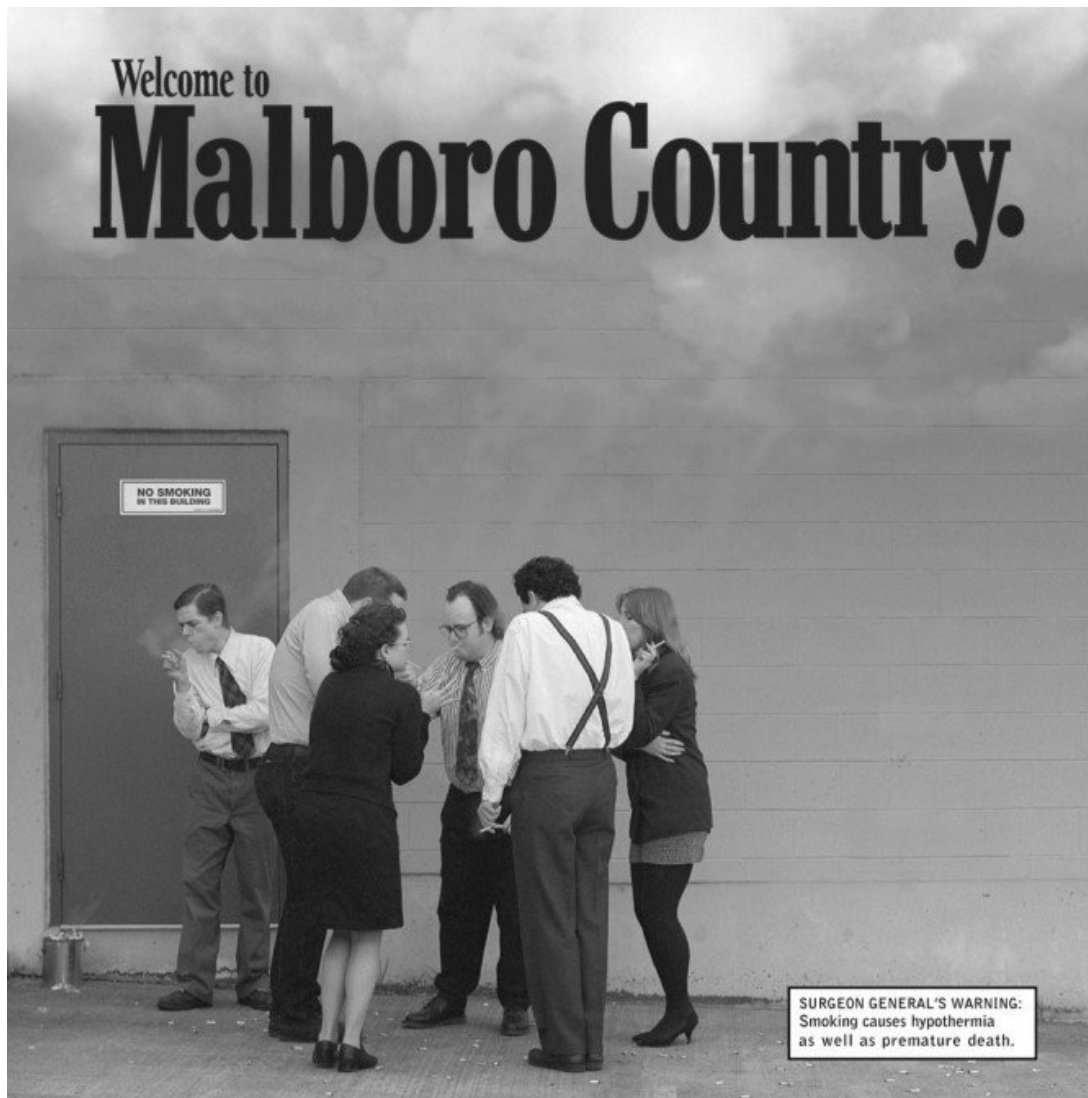
Failing to use turn signals while driving is a "habit" and so is using too many cuss words, cracking our knuckles or losing our temper too often. But we will not experience physical withdrawal if we start using turn signals, stop cussing or cracking our knuckles, or learn to keep our temper in check.

Chemical dependence does foster habits. It does so by forcing us to select patterns for the regular delivery of nicotine. Our dependency fathered our drug feeding habits, not the other way around. Calling chemical dependence a habit is like calling a young child a parent.

Yes, it was almost always nearing time for another fix. And yes, we developed habits, but not just for the sake of having habits. There were only two choices - use again or prepare for withdrawal.

I wish it were just a "nasty little habit," I truly do. There would be no need for FFN-TJH and far fewer deaths.

Truth is, my name is John and I'm a recovered nicotine addict. Effortlessly and comfortably, I live just one puff away from three packs a day. If I want to stay free, and to stay me, all I have to do is to ... never take another puff, dip or chew!



"I'll lose my friends"

Imagine convincing ourselves that if we arrest our chemical dependency that our friends won't want to be around us, or that we won't be able to be around them. Yes, it takes a bit of practice getting comfortable around users. But extinguishing all use conditioning is a necessary part of healing.

According to Philip Morris research, over 85% of smokers strongly agree with the statement, "I wish I had never started smoking."²¹

Secretly, most of our friends who use feel the same. They wish they knew how to stop. Imagine them soon having a friend who is both knowledgeable and skilled regarding nicotine dependency recovery.

21 Philip Morris, The Cigarette Consumer, March 20, 1984, Bates Number: 2077864835;
<http://legacy.library.ucsf.edu/tid/wos84a00>

Through use conditioning and association, most of us became convinced that nicotine use was central to our life, including friendships with other users.

While recovery means that we'll no longer use while with friends who do, no relationship whose foundation is deeper than shared drug use need be adversely affected by nicotine's absence.

Successful recovery need not deprive us of a single friend or loved one. On the contrary, tobacco use has likely cost us relationships. Fewer and fewer non-users are willing to tolerate being around the smells, smoke and stink. And oral tobacco use can be a major turn-off.

Aside from no longer using nicotine, our current lives do not need to change at all unless we want them to change. Mine did. I no longer sought situations that allowed me to feel comfortable smoking.

Fellow nicotine addicts don't normally try to make each other feel guilty for being hooked and using. In fact, there can be a very real sense of dependency camaraderie. We also serve as a form of "use" insurance for each other on those occasions when our supply runs out.

Obviously, I no longer frequented community ashtrays. In fact, for the first time in my adult life I found myself totally comfortable sitting beside non-users and ex-users for extended periods of time.

Gradually, yet increasingly, my circle of friends and acquaintances grew to include far more non-users and ex-users. It was as if my addiction had been picking friends for me.

"I'm still healthy"

Millions and millions ride the "I'm still healthy" rationalization until it collides with a massive heart attack, stroke, or until diagnosed with incurable cancer.

Each nicotine use activates the body's fight or flight response. That response releases extra fuel. You can't hear or see it but stored energy is released into the bloodstream, including cholesterol, the bad kind, LDL.

This energy was supposed to be burned and used fleeing or fighting to save our life. Instead, we sit or stand around doing little or nothing. Instead, released LDL cholesterol begins forming fatty deposits along artery walls.



On the outside, your body mass or size may have looked normal or even thin. Yet, on the inside an artery started acting as a gathering spot and roadblock for cholesterol, dead cells, waste and other fats.

Use after use, the plaques build, gather and grow. They become hardened by nicotine through a process known as angiogenesis. Eventually, the artery becomes totally blocked. All tissues serviced with oxygen via the artery suffocate and die. Whether the result is a heart or stroke, there may have been little warning that disaster was about to strike.

And we never once used tobacco without introducing more cancer causing chemicals into our body. There's no feeling, sensation or warning before a house falls on you and that first cancerous cell begins to divide and multiply.

"I feel fantastic." "I'm as healthy as a horse!" "I do aerobics." "I eat healthy." "I walk and run."
"I'm athletic."

What does any of that have to do with preventing the scores of cancer causing chemicals that you daily introduced into your body from eventually causing cancer? Wishful thinking?

Let's turn our attention to three common recovery rationalizations: (1) that we can't stop; (2) that if we try, internal forces will plot against us; and (3) that using "just once" won't hurt.

"I can't stop"

I've made no secret over the years about which Joel Spitzer article is my favorite.²² It's about a woman who enrolled in one of Joel's two-week clinics.

Prior to the start of the first session, she came up to Joel and told him, "I don't want to be called on during this clinic. I am stopping smoking but I don't want to talk about it. Please don't call on me."

Joel said, "Sure. I won't make you talk, but if you feel you would like to interject at anytime, please don't hesitate to."

She grew angry. "Maybe I am not making myself clear, I don't want to talk! If you make me talk I will get up and walk out of this room. If you look at me with an inquisitive look on your face, I am leaving! Am I making myself clear?"



²² Spitzer, J, I Can't Quit or I Won't Quit, WhyQuit.com, Joel's Library, 1986.

Surprised by the force of her reaction, Joel said he'd honor her request. Although he still hoped she'd change her mind and share her experiences with the group, Joel was no longer expecting it.

With approximately 20 participants, it was a good group except for two women in back who "gabbled constantly." Others were forced to turn around and ask them to be quiet. The women would stop for a few seconds and then were right back at it.

Sometimes, when other people were sharing sad, personal experiences, they'd be laughing at some humorous story they'd shared with each other, oblivious to surrounding happenings, recalls Joel.

On the third day of the clinic it happened. The two women in the back were talking away as usual when a younger participant asked if she could speak to the group first, because she had to leave early. The two in the back continued their private conversation as if she wasn't there.

The young woman said, "I can't stay, I had a horrible tragedy in my family today, my brother was killed in an accident. I wasn't even supposed to come tonight. I am supposed to be helping my family making funeral arrangements. But I knew I had to stop by if I was going to continue to not smoke."

She'd remained nicotine-free for two days and not smoking was obviously important. Joel recalls that the group "felt terrible, but were so proud of her. It made what happened in their days seem so trivial. All except the two ladies in the back of the room. They actually heard none of what was happening," recalls Joel.

"When the young woman was telling how close she and her brother were, the two gossips actually broke out laughing. They weren't laughing at the story. They were laughing at something totally different not even aware of what was being discussed in the room."

The young woman excused herself to return to her family, said she'd keep in touch and thanked the group for their support.

A few minutes later Joel was relating a story to the group when all of a sudden the woman who had requested anonymity interrupted him. "Excuse me Joel," she said loudly.

"I wasn't going to say anything this whole program. The first day I told Joel not to call on me. I told him I would walk out if I had to talk. I told him I would leave if he tried to make me talk. I didn't want to burden anyone else with my problems. But today I feel I cannot keep quiet any longer. I must tell my story." The room went quiet.

"I have terminal lung cancer. I am going to die within two months. I am here to stop smoking. I want to make it clear that I am not kidding myself into thinking that if I stop I will save my life. It is too late for me. I am going to die and there is not a damn thing I can do about it. But I am going to stop smoking."

"You may wonder why I am stopping if I am going to die anyway. Well, I have my reasons. When my children were small, they always pestered me about my smoking. I told them over and over to

leave me alone, that I wanted to stop but couldn't. I said it so often they stopped begging."

"But now my children are in their twenties and thirties, and two of them smoke. When I found out about my cancer, I begged them to stop. They replied to me, with pained expressions on their faces, that they want to stop but they can't."

"I know where they learned that, and I am mad at myself for it. So I am stopping to show them I was wrong. It wasn't that I couldn't stop smoking, it was that I wouldn't!"

"I am off two days now, and I know I will not have another cigarette. I don't know if this will make anybody stop, but I had to prove to my children and to myself that I could stop smoking. And if I could stop, they could stop, anybody could stop."

"I enrolled in the clinic to pick up any tips that would make stopping a little easier and because I was real curious about how people who really were taught the dangers of smoking would react. If I knew then what I know now - well, anyway, I have sat and listened to all of you closely."

"I feel for each and every one of you and I pray you all make it. Even though I haven't said a word to anyone, I feel close to all of you. Your sharing has helped me. As I said, I wasn't going to talk. But today I have to. Let me tell you why."

She turned to the two women in the back who had listened to her every word. "The only reason I am speaking up now is because you two BITCHES are driving me crazy. You are partying in the back while everyone else is sharing with each other, trying to help save each other's lives."

She told them about the young woman whose brother was killed and how they laughed, totally unaware of her loss.

"Will you both do me a favor, just get the hell out of here! Go out and smoke, drop dead for all we care, you are learning and contributing nothing here." Joel recalls they sat stunned. He had to calm the group as things had become "quite charged."

Needless to say, recalls Joel, "that was the last of the gabbing from the back of the room for the entire two-week clinic."

All present that night were successful in remaining nicotine-free. The two women who had earlier talked only to each other were applauded by all during graduation, even by the woman with lung cancer.

"All was forgiven," recalls Joel. The woman who'd lost her brother was also present, nicotine-free and proud.

"And the lady with lung cancer proudly accepted her diploma and introduced one of her children. He had stopped smoking for over a week at that time. Actually, when the lady with cancer was sharing her story with us, she had not told her family yet that she had even stopped smoking."

Six weeks later his mother was dead.

When Joel telephoned to see how she was doing her son answered. He thanked Joel for helping her stop at the end, and told him how proud she was and how proud he was of her. "She never went back to smoking, and I will not either," he said.

She'd taught her children a falsehood and as her final lesson she corrected it. It wasn't that she couldn't stop but that she wouldn't.

I too was once totally convinced that I couldn't. But it was a lie, a lie born inside a hostage mind, a mind convinced that that next fix was more important than life itself.

"I'm fighting monsters and demons"

Once we decide to make an attempt, imagine turning our imaginary "friend" into an imaginary "foe." Imagine inventing destiny controlling monsters and demons that make successful recovery all but impossible.



The most famous smoking rationalization book is "The Easy Way to Stop Smoking" by the late Allen Carr of England.²³

We lost Allen to lung cancer on November 29, 2006 at age 72. Like me, Allen was a former thirty-year smoker. Ending his five pack-a-day dependency clearly contributed to buying him another 26 years of life.

Allen's book focuses almost exclusively on a single aspect of recovery, using honesty to demolish and destroy smoking rationalizations. Yet, more than 40 times he teaches readers that successful recovery involves killing "monsters" that reside within.

I wrote a smoking rationalization article in early 2000 that I entitled "Nicodemon's Lies." Clearly the the title suggests demon involvement. It wasn't long before Joel set me straight.

I first read Allen's book in May 2006 and found myself chuckling at all the references to monsters. Imagine two ex-smokers, an ocean apart, inventing and blaming continuing captivity on demons and monsters.

While Allen's work has helped millions to critically analyze their smoking justifications, there are no monsters and there is no Nicodemon. There never was.

Nicotine is simply a chemical. Like table salt, it cannot think, plan, plot or conspire and is not some monster or demon that dwells within. The fact that nicotine has an I.Q. of zero is reason for celebration.

23 Carr, A, The Easy Way to Stop Smoking, 1985, 2004 Edition, Sterling Publishing Company, Inc.

Although nicotine activates brain dopamine pathways, causes up-regulation of receptors and creates durable memories of how wanting gets satisfied, recovery is not some strength or willpower contest.

In fact, we will never be stronger than nicotine. We don't need to be. Our greatest weapon has always been our infinitely superior intelligence, but only if put to work.

As Joel puts it, although nicotine is the addictive chemical, it is "no more evil than arsenic or carbon monoxide or hydrogen cyanide - all chemicals found in tobacco smoke."²⁴ It is the mind's design that generates crave episodes, not some evil force.

According to Joel, terms such as Nicodemon or monster "make nicotine seem to have more power than it actually does. The personification given to it can make an individual feel that nicotine has the potential of tricking him or her into smoking. An inanimate object such as a chemical has no such power." "People do not overcome the grip of chemical addictions by being stronger than the drug but rather by being smarter than the drug."

"Lets not give nicotine more credit than it is due," writes Joel. "Lets not make it some cute and cuddly or evil and plotting entity. It is a chemical that alters brain chemistry. It is no different than heroin, cocaine or alcohol."

"These drugs don't have cute names given to them and giving cute names to nicotine can start to make it seem different than these other substances -- more trivial or less serious in a way. Nicotine is not more trivial than other drugs of addiction and in fact kills more people than all other drugs of addiction combined."

Monsters and demons are inventions of the uneducated mind. We needed them to help explain a want and yearning we couldn't understand.

Nicotine is just a chemical. So long as it does not enter our bloodstream, there will be no need to invent explanations for its continued presence. Adherence to just one guiding principle will prevent the need to invent demons ... no nicotine today.

Breathe deep, hug hard, live long,

A handwritten signature in black ink, appearing to read 'Joel', written in a cursive style.

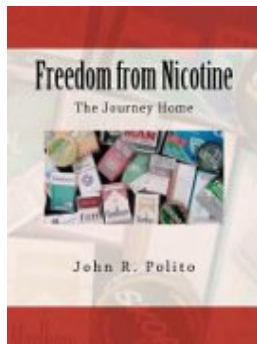
24 Spitzer, J, Once and for all, there is no Nicodemon, June 9, 2004, <http://www.ffn.yuku.com/topic/12829>

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