

Chapter 14

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Complacency & Relapse

Caring for Our Recovery

First, the good news. The risk of relapse declines with the passage of time! While roughly 95% of uneducated smokers who attempt to stop smoking relapse within a year, the relapse rate declines to just 2 to 4% per year from years 2 to 10, and then falls to less than 1% after 10 years.¹

Keep in mind that those rates were generated by ex-users who generally had little understanding of nicotine dependency and no formal respect for the [Law of Addiction](#). If obedient to Law, our risk of failure remains zero. But just one powerful hit of nicotine and the addict is back.

While ignorance of the [Law](#) is no excuse, the vast majority of ex-users do not remain ex-users because of understanding or respect for the Law, or because of "one puff" relapse rates seen in studies. They've never heard of the Law.

They do so because once home they discover that life without using is vastly better than using.

While the relapse rate for years 2 though 10 may seem small, when added together the risk becomes significant. A 2008 study suggests that as many as 17% who succeed for 1 year may eventually relapse.²

These ex-users don't relapse because they dislike being home. They do so because they lose sight of how they got there, who they are, and the captivity they escaped.



Photo by National Cancer Institute

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- 1 Krall EA, et al, [Smoking relapse after 2 years of abstinence: findings from the VA Normative Aging Study](#), Nicotine and Tobacco Research, February 2002, Volume 4(1), Pages 95-100.
 - 2 Hughes JR, et al, [Relapse to smoking after 1 year of abstinence: a meta-analysis](#), Addictive Behaviors, December 2008, Volume 33(12), Pages 1516-1520.

Among educated ex-users there appear to be three primary factors associated with relapse: (1) a natural suppression of memories of recovery's early challenges, (2) they rewrite, amend or decide to test the and (3) they pretend that they have a legitimate excuse to break or ignore it.

Should these factors combine with an offer of a free cigar, alcohol use around those still using³ or occur in an impulsive-type person,⁴ the risk of relapse gets magnified.

Recovery Memory Suppression

It's normal to slowly grow complacent during the months and years after ending nicotine use. Complacency is fueled by failing memories of daily captivity and the factors that compelled us to seek freedom. It's also fueled by an inability to recall the intensity of early withdrawal anxieties, the power of cue triggered crave episodes, or the duration of conscious fixation.

Most of us failed to keep a detailed record of why we commenced recovery or what those first two weeks were like. Without a record to remind us, we're forced to rely upon our memory to accurately and vividly preserve the truth, the whole truth and nothing but the truth. But now, the memory in which we placed our trust has failed us.



National Institute of Health

It isn't that our memory is bad, faulty or doing anything wrong. In fact, it's working as designed to preserve in as much detail as possible life's joyful events, while suppressing and helping us forget life's stressful events, anxieties, trauma and pain.

To do otherwise would make life inside these minds unbearable. In fact, post-traumatic stress disorder (PTSD) is believed to reflect a breakdown in the mind's ability to forget.⁵

If women were forced to remember the agony and pain of childbirth, most would likely have only one child. We are each blessed with the ability to forget.

So how does the recovered nicotine addict who failed to record their journey home revive their passion for freedom and recall liberty's price? If we forget the past are we destined to repeat it? Not necessarily.

But just as any loving relationship needs nourishment to flourish, we should not take our recovery

3 Krall EA, et al, Smoking relapse after 2 years of abstinence: findings from the VA Normative Aging Study, Nicotine and Tobacco Research, February 2002, Volume 4(1), Pages 95-100.

4 Doran N, Impulsivity and smoking relapse, Nicotine and Tobacco Research, August 2004, Volume 6(4), Pages 641-647.

5 Geraerts E, McNally RJ, Forgetting unwanted memories: directed forgetting and thought suppression methods, Acta Psychologica (Amst), March 2008, Volume 127(3), Pages 614-622; also see, Levy BJ, Anderson MC, Individual differences in the suppression of unwanted memories: the executive deficit hypothesis, Acta Psychologica (Amst), March 2008, Volume 127(3), Pages 623-635.

for granted or the flame could eventually die, and the fire go out.

It's my goal to protect my freedom until I draw my last breath. If you feel the same, then we need to nourish our desires. If we do, we win. If not, we risk complacency allowing nicotine back into our bloodstream. We risk dying as slaves.

Whether daily, monthly or just once a year, our recovery benefits from care. But where do we turn if our recovery memories have been suppressed and we've kept no record? Our best resource is probably our brothers and sisters still in bondage. Why not enlist their help in revitalizing our own memories of active dependency?

Talk to them. Let them know what you seek. Encourage them to be as candid and truthful as possible. Although it may look like they're enjoying their addiction, their primary objective is to stay one step ahead of insula driven urges and craves.

Tell them the truth about where you now find yourself. Although not always the case, with most you'll find their responses inspiring. Be kind and sincere. It wasn't long ago that those were our shoes.

Try hard to recall those first two weeks without nicotine. Think about earlier uneducated attempts. What were they like? Can you recall your mind begging to be fed? Feel the anxieties. Were you able to concentrate? How was your sleep?

Did you feel depressed, angry, irritable, frustrated, restless or anxious? Were there rapidly cycling emotions, irrational thinking or emotional outbursts? Do you remember these things? Do you remember the price you paid? Do you recall the reasons you willingly paid it?



Photo by National Cancer Institute

If you have access to a computer, go online and visit any of the scores of smoking cessation support groups. There we'll find thousands of battles being fought, hear a multitude of cries and watch hundreds struggling for survival as they dream of the calmness and quiet you now call home.

The newbies you'll see cannot begin to imagine traveling so far, that recalling the turmoil they now feel will someday soon become their greatest challenge of all.

If permitted, send a message to those in need. The most important thing you can tell them is the truth about why you came. If still in the first few days, they may be facing significant anxieties. Their mind may have them convinced that their emotional storm will never end.

Don't pretend that you can feel their anxiety. Instead give them what they need, the truth. Let them know that you've traveled so far that it's now difficult to relate. Tell them how comfortable and complacent you've grown. Describe last week and how many seconds, if any, that you devoted to thinking about using.

Fear of the unknown is frightening. Teach them what life on Easy Street is like. By aiding them we aid ourselves.

It may be that complacency has you at a point where thoughts of wanting are again taking root. But think back. How long had you gone without wanting?

If it is happening, rekindling pride in the amazing journey you once made may silence such chatter.

If occurring, I'd encourage you to re-read [Chapter 4](#) and [Chapter 12](#), as I suspect that you've either developed a romantic fixation with using, or failed to let go of one during recovery.

Amending the [Law of Addiction](#)

The second complacency factor working against us is a strong, natural desire to want to believe that we've been fully cured, that we can now handle "just one" or "just once."

But just one puff, dip or chew and "do not pass go, do not collect \$200." Go directly to the addict's prison and surrender your freedom.

It isn't that we don't believe the [Law](#). It's probably more a matter of growing to believe that we're the exception to it. We convince ourselves that we're stronger, smarter or wiser than all addicts who came before us.

We amend the law. We put ourselves above it. "Just once, it'll be ok, I can handle it." "I'm stronger than them." "A little reward, it's been a while, I've earned it."

Such thoughts infect the mind and feed upon themselves. Unless interrupted by reason and truth, our period of healing and freedom may be nearing an end. If allowed to fester, all our dreams and hard work risk being flushed like a toilet.

Instead of pretending we can handle "just one," such encounters demand truth. Before reaching the point of throwing it all away we need to be honest about what's about to happen. If this moment should ever arrive, try telling yourself this before bringing nicotine back into your body:

"My freedom will now end!" "I'm going back." "I can handle all of them, give them all back to me, my entire addiction, all the trips to the store, the buys, the money, and the



empties." "I want it all back." "Go ahead, slowly harden my arteries, depress by life and eat my brain."

If a smoker, "fill my world with ash, cover me in that old familiar stench, and let morning again be for coughing." If an oral user, "take my hair, destroy my teeth, and put sores back into my mouth."⁶

"Put me back behind bars, make me an outcast, throw away the key and let me die with my master still circulating in my veins." "I accept my fate" "I'm ready to surrender!"

It's far easier for the junkie mind to create a one puff, dip or chew exception to the "law" than to admit the truth.

Instead of picturing just one or once, picture all of them. Try to imagine fitting them into your mouth all at once. Because day after day, month after month, year after year after year, that's exactly where they'll be going.

"To thine own self be true." You navigated recovery. You paid the price, if any. You deserve the truth!

If you find yourself attempting to rewrite the [Law](#), stop, think, remember, reflect, read, revisit, revive and give to others, but most important, be honest with you!

The Perfect Excuse

The final ingredient is an excuse. For many, any excuse will do, even joy. It could be a reunion with an old buddy who uses, one too many drinks with friends, a wedding, graduation, or even a baby's birth and someone handing you a cigar.

Imagine being curious about the new electronic or e-cigarette with its atomization chamber, smart chip, lithium battery, and cartridge filled with apple, cherry, strawberry, chocolate, vanilla, coffee, mint or tobacco flavored nicotine.

Imagine watching an e-cigarette instantly vaporize nicotine when sucked and seeing a little light at the end imitate a real cigarette's heat.

What about a chance encounter with a self service display offering two pieces of Nicorette's new Cinnamon Surge, "Fruit Chill" or "Cappuccino" flavors of nicotine gum for one penny!



6 Polito JR, [Long-term Nicorette gum users losing hair and teeth](#), WhyQuit.com, December 1, 2008.

What about being tempted to try one of the other new nicotine delivery devices now hitting the streets? It's exactly what those selling them are hoping will happen.

Imagine being offered the new fully dissolvable tobacco/nicotine toothpicks, sticks, film or candy flavored orbs.

But joyful or even stupid nicotine relapse is harder to explain to ourselves and to those we love.

The smart addict waits for the great excuse, the one that will be easy to sell to both themselves and others. As sick as it may sound, the easiest to sell is probably the death of a loved one.

Although everyone we love is destined to die and it will happen sooner or later, for the reformed addict it's the perfect excuse for relapse. I mean, who can blame us for ingesting highly addictive drugs upon the death of our mother.

Anyone who does would have to be extremely insensitive or totally heartless! Right? Wrong! There is no legitimate excuse for relapse.

Losing a job, the end of a relationship, a serious illness, disease, a terrorist attack, financial problems, a flood, earthquake, hurricane, an auto accident, are all great excuses too - it's drug time again! The addict is back!

Utterly terrible events will happen in each of our lives. Such is life. Adding full-blown nicotine relapse to any situation won't fix, correct or undo our underlying concern.

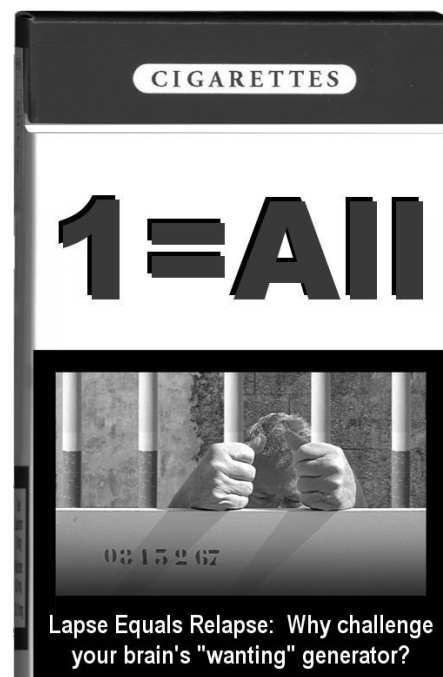
Take a moment now and picture yourself fully navigating the worst nightmare your mind can imagine.

Sooner or later it will happen. When it does, staying clean and free may be the most positive factor during this period of darkness.

Remember, we've only traded places with our chemical dependency and the key to the cell is that one hit of nicotine that will force your brain's survival instincts teacher to teach a false lesson, and make that lesson nearly impossible in the short term to forget.

As long as we stay on freedom's side of the bars, we are the jailers and our dependency our prisoner.

There are only two choices. We can complete this temporary period of adjustment and enjoy comfortable probation for life, or introduce nicotine back into our bloodstream, relapse, and intentionally inflict cruel and



unusual punishment upon these innocent bodies for the remainder of their time on earth.

If the first choice sounds better - lifetime probation - then we each need only follow one simple rule ... no nicotine today!

Relapse - The Lesson Learned

One of two things happens following relapse. The user will think they have gotten away with using and, as a result, with the passage of time a "false sense of confidence" will have them using again. Or, they'll quickly find themselves back using nicotine at their old level of daily intake or higher.

Although it sounds strange, as Joel notes, the lucky ones are those who quickly find themselves once again fully hooked.⁷

Why? Because this group stands a far better chance of associating that first puff, dip or chew of nicotine with full and complete relapse. Instead of learning the [Law of Addiction](#) from some book such as this, they stand a chance of self-discovering the law through experience and the school of hard-knocks.

It's a lesson that's become increasingly difficult to self-discover since 1984, when the FDA approved the first of a now vast array of nicotine replacement products (NRT), the nicotine gum. Today, the lesson that just one hit of nicotine spells relapse gets muddied and buried by promotion and marketing associated with ineffective nicotine weaning schemes.

Those standing to profit from the sale of NRT have re-labeled a natural poison medicine. They teach that instead of ending nicotine's use that you need to replace it, and describe doing so as "therapy."

It's why teaching and sharing the "[Law of Addiction](#)" with those still in bondage is the most important gift we can give.

Pre-NRT generations enjoyed clean mental chalkboards upon which to record prior relapse experiences. Today the chalkboards of millions are so filled with conflicting messages that identifying truth has become nearly impossible.

This generation needs us. They need our insights.

No Legitimate Justification for Relapse

Over the years we've heard nearly every relapse justification imaginable. Some relate extremely horrific and brutal life situations and then put their back against the wall as if daring you to tell them that their nicotine use and relapse wasn't justified.

7 Spitzer, J, [The Lucky Ones Get Hooked](#), WhyQuit.com, Joel's Library 1984.

Guess what? Again, there's absolutely no legitimate justification for relapse. None, zilch!

As Joel puts it, we understand why the person failed. They "violated the [Law of Addiction](#), used nicotine and are paying the mandatory penalty - relapse. We also know that any excuse that the person is attempting to give for having re-awakened an active chemical dependency is total nonsense. There is no acceptable reason for relapse."⁸

Don't expect any serious support group or competent nicotine dependency recovery counselor to allow relapse excuses to stand unchallenged. They can't, as silence is a teacher too. Here, a deadly one.

It's "like someone standing on a ledge of a building," writes Joel. "Do you want the people standing on the ground giving the person on the ledge reasons not to jump, or after listening to all the woes in the individual's life saying, 'Gosh, I understand what you are saying.' 'I feel that way too.' 'I guess if I were in your shoes I would jump too.' 'Don't feel guilty, though, we understand.'"

"I don't want this statement to be read like a mockery of those attempting to offer help," says Joel. "I am trying to illustrate an important point. Obviously, if the person on the ledge jumps he or she will die. But understand, that if a person relapses and doesn't quit, he or she is likely to face the same fate, just time delayed."

"Yes, if you saw a person on a ledge you would try to use empathy to coax him or her back. But, empathy would be in the form of explaining that you understand his or her plight but totally disapprove of his or her current tactic for dealing with it. There are better ways to resolve these problems than committing suicide."

"You may understand the feelings the person had. You may have even felt them at some point yourself. But you don't give into the feeling," writes Joel.

We are nicotine addicts: real, live honest to goodness drug addicts. If we were all heroin addicts sticking needles into our arms, when one of us relapsed and started again injecting heroin into their veins, would the rest of us pat them on the back and tell them that "it's ok"?

Would we tell them "don't worry about it," "it's just a little slip, nothing big" "you just keep slipping and we'll just keep hugging you each time you come back." "Hey, we all slip every once in a while, it's just part of life," that "it's no big deal"?

No big deal? Surrendering control of life to an external chemical is a big, big deal. The smoker waiting for the sky to fall while committing slow motion suicide is massive.

8 Spitzer, J, [We Understand Why You Relapsed](#), WhyQuit.com, Joel's Library, 2002.

Continuing Use Rationalizations

While the relapsed addict may feel that their reason for relapse was sufficient, it will not be sufficient to explain the fact that they continue to find themselves still using.

They now need a new rationalization to explain why their relapse justification has passed, yet they haven't stopped using.

"I'm just too weak to stop."⁹

This excuse dismisses or ignores having been successful up to the point of relapse. Obviously, they were not too weak then. This user would benefit by focusing upon and breathing renewed life into freedom's neglected dreams and desires.

During their next recovery, they need to master not only putting but keeping those dreams in the driver's seat of their mind, especially during challenge. They'd be wise to review the crave coping techniques shared in [Chapter 11](#) and prepare for battle by arming themselves with additional coping skills.

They need to appreciate that the growing pride they felt before they relapsed can take root anew in just a few hours, as they navigate withdrawal again, just one challenge at a time.

"Well, at least I tried."¹⁰

As Joel notes, chalking the attempt up to "experience" will mean absolutely nothing unless the user "objectively evaluates what caused his relapses."

"Instead of recognizing his past attempts as failures, he rationalizes a positive feeling of accomplishment about them. This type of rationalization all but assures failures in all future attempts."

He needs to understand that claimed use justifications never cause relapse. Administering another dose of nicotine is what causes relapse, not the circumstances surrounding it.

"I know I will stop again."¹¹

This addict justifies continued use today by promising to navigate withdrawal in the future. But what if their now shattered dreams and desires never again become sufficient to motivate them to stop? What if there just isn't time?

9 Spitzer, J, "[I'm just too weak to quit smoking!](#)" WhyQuit.com, Joel's Library, 1984.

10 Spitzer, J, "[Well, at least I attempted to quit. That is better than not trying at all!](#)" WhyQuit.com, Joel's Library, 1986. Note: references to the word quit have been replaced with the word stop or stopped.

11 Spitzer, J, "[I know I will quit again!](#)" February 22, 2001, <http://www.ffn.yuku.com/topic/22978>

What if continuing use causes fats and plaque building and gathering within an artery delivering oxygen to their brain, becomes fully blocked before arrival of the courage to again say "no"?

Once sufficiently re-motivated, why should they expect a different result if they still have little or no understanding as to why the last relapse occurred? If their motivations are sufficient now and they understand why they relapsed, what are they waiting for?

They are likely waiting because they've invented some new silly drug use rationalization as to why now just isn't the time.

"I've tried everything to stop and nothing works."

Joel tells the story of a clinic participant named Barbara. She "told me that she had once attended another clinic and liked it more than ours. I asked her how long she had stopped after that program and she said, 'Oh, I didn't stop at all.'"

"I then asked her how many of the other people succeeded. She replied, 'I don't know if anybody stopped.' I then asked, if nobody stopped then why did she like the program more? She answered, 'When I completed the program, I didn't feel bad about smoking!'"¹²

I often hear, "I've already tried cold turkey plenty of times!" What this person doesn't yet appreciate is that education is a recovery method.

In contrast to uneducated abrupt nicotine cessation, it's like turning on the lights. Products and procedures clearly can fail to produce as advertised. But it's a little hard to blame knowledge and understanding when our actions are contrary to them.

Like the public library, knowledge cannot take credit for being used, or blame for being ignored. Unlike products, FFN-TJH can never claim credit for having endured a single challenge for any reader.

Credit for their ongoing victory will always be 100 percent theirs. Likewise, responsibility for allowing nicotine back into their bloodstream and brain is totally theirs too.



¹² Spitzer, J, "I've tried everything to quit and nothing works" February 16, 2002, <http://www.ffa.yuku.com/topic/12121>

"Maybe I'm different."¹³ "Maybe I can't quit."¹⁴

It isn't that this person is different. In fact, they're the same as us. Relapse after relapse, with at least a dozen serious failed attempts of my own, I eventually came to believe that it was impossible for me to stop.

After one last failed attempt in early 1999, I surrendered to the fact that I was a drug addict, hopeless and would die an addict's death.

What I didn't then realize was that each of those battles was fought in ignorance and darkness. I was swinging blindly at an unseen opponent.

What I didn't realize was that I'd never once brought my greatest weapon to the battlefield, my intelligence.

I'd made recovery vastly more challenging than need be. I skipped meals, added hunger anxieties, mind fog, experienced caffeine doubling associated with at least a pot of coffee daily, and leaned heavily upon others for support.

Insanely, more than once I celebrated and rewarded myself with just one cigarette after three days, once the early anxieties began easing off a bit. I knew nothing of the body's abilities to rid itself of nicotine.

And having inter-spaced cold turkey with at least four NRT attempts, I was totally lost. Was nicotine medicine or was it what was keeping me hooked? How could I possibly self-discover the [Law of Addiction](#) via one puff and relapse when being taught that nicotine was medicine?

Was I weaker than the hundreds of millions who had successfully stopped? Was I different?

Certainly not with respect to what happens once nicotine enters the brain. As Joel notes, it is impossible to locate any person who relapsed who didn't introduce nicotine back into their bloodstream.

More Excuses Coming

As far as relapse excuses are concerned, life will provide an abundant supply for anyone looking for them. We will have friends or loved ones who will get sick, diseased and die.

Dying is a normal part of life. If the death of someone close to us is an acceptable reason for relapse then the freedom and healing of nearly a billion now comfortable ex-users is at risk.

Expect imperfect humans to do the unthinkable. We change, disagree, sometimes break promises,

13 Spitzer, J, "[Maybe I'm Different](#)" WhyQuit.com, Joel's Library, 1985.

14 Spitzer, J, "[I Can't Quit or I Won't Quit](#)", WhyQuit.com, Joel's Library, 1986.

argue, and start and end relationships. Expect financial distress as food, medicine, fuel and living costs continue to rise. The loss of a job or inability to work may only be an injury, disease or pink slip away.

Floods, droughts, fires, tornadoes, earthquakes and hurricanes will happen. People die, vehicles collide, sports teams lose, terrorists attack and wars will be waged, won and lost. Life promises loads of excuses to relapse. But freedom's promise is absolute. It is impossible to relapse so long as all nicotine remains on the outside.

We each have a 100 percent guarantee of staying free today so long as no nicotine gets inside.

Harm Reduction

What if we do relapse? What then? Hopefully, relapse will instill a deep and profound respect for the power of one hit of nicotine to again take the mind's priorities teacher hostage.

Hopefully, belief in the [Law of Addiction](#) will thereafter forever remain beyond question. Hopefully, we'll immediately work toward reviving and strengthening our dreams and soon start home again. But if not, what then?

And what if our relapse was to the dirtiest, most destructive and deadliest form of nicotine delivery ever devised, the cigarette?

We're told it accounts for 20% of all deaths in developed nations.¹⁵ According to the World Health Organization, smoking is expected to claim more than one billion nicotine addicts by the end of the 21st century.

Respected nicotine toxicologist Heinz Ginzel, MD writes, "burning tobacco ... generates more than 150 billion tar particles per cubic inch, constituting the visible portion of cigarette smoke. But this visible portion amounts to little more than 5 to 8 percent of what a lit cigarette discharges and what you inhale during puffing. The remaining 90% of the total output from a burning cigarette is in gaseous form and cannot be seen."¹⁶

Many health officials wish they could immediately transfer all smokers to less destructive forms of nicotine delivery. And some are now strongly advocating it.

How many fewer deaths would occur? We don't really know. Although most harm reduction advocates are extremely optimistic and expect massive reductions, their suppositions ignore the fact that most smokers have already logged years of tobacco toxin and carcinogen exposure. How does their continuing use of the super-toxin nicotine factor into the damage already done?

What are the long-term risks associated oral tobacco, electronic cigarettes, and replacement

15 Wald NJ and Hackshaw AK, [Cigarette smoking: an epidemiological overview](#), British Medical Bulletin, January 1996, Volume 52(1), Pages 3-11.

16 Ginzel, KH, [Why Do You Smoke?](#) WhyQuit.com, February 6, 2007.

nicotine in long-term ex-smokers? It may take decades before science can untangle relative risks and draw reasonably reliable conclusions.

As for any traditional combustion-type cigarette claiming to be less harmful than another brand of burning cigarette, don't buy it. Inhaling gases and particles from a burning mini toxic waste dump is inherently dangerous and extremely destructive.

A 2008 study examined the effects of smoke from three brands claiming harm reduction upon normal embryonic stem cell development. It found that smoke from these so-called harm-reduction cigarettes inhibited normal cell development as much "or more" than traditional brands.¹⁷

Some public health advocates are alarmed that harm reduction campaigns may actually backfire, keeping millions who would have successfully arrested their chemical dependency hooked and cycling back and forth between cigarettes and other forms of nicotine delivery.

They are also concerned that harm reduction campaigns tossing about terms such as "safe," "safer," or "safety" may actually entice ex-smokers to relapse.

I hold in my hand sample packets containing two 2mg pieces of "Fresh Fruit" and "Ice Mint" Nicorette gum with tooth whiteners. I was told that these sample packs were being sold at self-service checkout counter displays in Canadian beer stores for one penny.

How many ex-smokers will be tempted to give it a try while drinking alcohol? How many will relapse? How much of this sample gum will end up in the hands of youth?

The second sentence on the back of each Canadian sample pack tells smokers that Nicorette gum isn't just for stopping smoking.

"Nicorette gum can also be used in cases in which you temporarily refrain from smoking, for example in smoke-free areas or in other situations which you wish to avoid smoking."

Imagine pharmaceutical companies dovetailing their marketing with that of tobacco companies in order to make continued smoking easier or more convenient.



¹⁷ Lin S, et al, Comparison of toxicity of smoke from traditional and harm-reduction cigarettes using mouse embryonic stem cells as a novel model for preimplantation development, Human Reproduction, November 29, 2008.

Have you ever wondered why you have never once heard any pharmaceutical industry stop smoking product commercial suggest that, "Smoking causes lung cancer, emphysema and circulatory disease, that you need to buy and use our product because smoking can kill you"?

You haven't and likely never will. But why?

As hard as this may be to believe, the pharmaceutical and tobacco industries have operated under a nicotine marketing partnership agreement since about 1984. The once secret documents evidencing their agreement are many, and suggest that neither side may directly attack the other side's products.¹⁸

The primary purpose of their partnership is to ensure the purchase and use of each side's dopamine pathway stimulation products. They want you to pay them to satisfy your dependency's wanting. FFN-TJH's purpose is to aid you in arresting it.

Back to harm reduction where both sides in the debate appear to be overstating their case.

Some opposed to harm reduction have argued that the risks associated with a smoker transferring to oral tobacco is like getting hit by a small car instead of a large truck, like shooting yourself in the foot instead of the head, or like jumping from a three-story building rather than one ten stories tall.

Lacking accurate relative risk data themselves, the harm reductionist counters by asserting that, "Based on the available literature on mortality from falls, we estimate that smoking presents a mortality risk similar to a fall of about 4 stories, while mortality risk from smokeless tobacco is no worse than that from an almost certainly non-fatal fall from less than 2 stories."¹⁹

"We estimate"? It's disturbing to see us stoop to educated-guessing when it comes to life or death.

It is also disturbing that no serious harm reduction advocate has yet been willing to provide an accurate accounting of known and suspected harms associated with chronic nicotine use.

They know that the amount of nicotine needed to kill a human is 166 times smaller than the amount of caffeine needed to do so (40-60 milligrams versus 10 grams).²⁰

Yet, in order to sell smokers on "safer" delivery many have resorted to falsely portraying nicotine

18 Shamasunder B, Bero L., Financial ties and conflicts of interest between pharmaceutical and tobacco companies, Journal of the American Medical Association, August 14, 2002, Volume 288(6), Pages 738-744; also see the following once secret tobacco industry documents available at TobaccoDocuments.org: PM USA internal memo dated 7/21/82, Bates #2023799798; PM USA internal memo dated 5/7/84, Bates #2023799799; PM USA internal memo dated 10/25/84, Bates #2023799801; PM USA letter dated 12/17/84, Bates #2023799804; PM USA internal memo dated 1/22/85, Bates #2023799803; PM USA internal memo dated 9/6/85, Bates #2023799796; 2nd PM USA internal memo dated 9/6/85, Bates #2023799795; PM USA internal memo dated 12/16/85, Bates #2023799789; PM USA internal memo dated 1/8/88, Bates #2500016765; PM USA letter dated 5/8/91, Bates #2083785672; British American Tobacco collection letter dated 8/1/91, Bates #500872678; PM International letter dated 4/23/98, Bates #2064952307.

19 Phillips CV, et al, Deconstructing anti-harm-reduction metaphors: mortality risk from falls and other traumatic injuries compared to smokeless tobacco use, Harm Reduction Journal, April 18, 2006, Volume 3, Pages 1-5.

20 Polito, JR, Nicotine 166 Times More Deadly than Caffeine? WhyQuit.com, February 16, 2006.

as being as harmless as caffeine.

Harm reduction advocates have also done little to quiet concerns about the impact of marketing upon youth, messages already bombarding them with a wide array of tempting flavors being portrayed as vastly safer than smoking.

They seem unconcerned by an increasing number of adolescent nicotine harm studies showing nicotine's horrific toll on the developing adolescent brain.²¹ Let me give just one example among many. Ever wonder why those who started using nicotine as children or early teens tend to have greater difficulty learning through listening?

Research shows that adolescent nicotine disrupts normal development of auditory brain fibers. This damage may interfere with the ability of these fibers to pass sound, resulting in greater noise and diminished sound processing efficiency.²²

Harm reduction advocates not only ignore the harms inflicted by nicotine, they ignore nicotine's greatest cost of all, living every hour of your life as an actively feeding drug addict.

They must, otherwise they couldn't sell it. They focus on dying not living.

Some have resorted to accusing cessation educators and counselors unwilling to incorporate harm reduction lessons into their recovery programs as having a "stop or die" mentality.

It is as if they have no appreciation for the fact that bargaining is a normal phase of recovery, and there may be no more inviting bargain for a drug addict than one which invites them to keep their drug.

It's why it pains me to include this harm reduction section here at the tail end of FFN-TJH.

I worry that some new struggling ex-user reading this book, who would have succeeded if this section had not been included, will instead seize upon the words that follow as license to relapse.

But the alternative, the potential for relapse and then smoking yourself to death because relative risk had never been discussed or explained, is totally unacceptable.

Still, as Dr. Ginzler notes, it would be nice if we knew the actual relative risks in contrasting oral tobacco to NRT but we don't.

What is the relative risk when comparing cigarettes to oral tobacco or to electronic cigarettes or

21 Slotkin TA, et al, Adolescent nicotine treatment changes the response of acetylcholine systems to subsequent nicotine administration in adulthood, Brain Research Bulletin, May 15, 2008, Volume 76 (1-2), Pages 152-165; also see, Slotkin TA, If nicotine is a developmental neurotoxicant in animal studies, dare we recommend nicotine replacement therapy in pregnant women and adolescents? Neurotoxicology and Teratology, January 2008, Volume 30, Issue 1, Pages 1-19.

22 Jacobsen, LK, et al, Prenatal and Adolescent Exposure to Tobacco Smoke Modulates the Development of White Matter Microstructure, The Journal of Neuroscience, December 5, 2007, Volume 27(49), Pages 13491-13498.

replacement nicotine?

We know that cigarettes currently contribute to nearly five million deaths annually, and that cigarettes release more than 4,000 chemicals while oral tobacco releases 2,550 chemicals. We also know that 81 potential cancer-causing chemicals have been identified in cigarette smoke²³ versus 28 in oral tobacco.²⁴

The only as yet known harmful agent in both the new electronic or e-cigarettes (which uses an atomizer to create a nicotine mist)²⁵ and replacement nicotine (NRT) is nicotine, and trace amounts of tobacco-specific nitrosamines (TSNA's), which will hopefully be corrected via quality control.

Still, additional research is badly needed as we have little long-term data for pure nicotine, as nearly every user has years of cigarette or oral tobacco exposure, which makes it nearly impossible to determine direct and proximate cause.

Clearly, smokers face serious risk of many different types of cancers, a host of breathing disorders including emphysema, and serious circulatory disease as carbon monoxide combines with nicotine to destroy vessel walls and facilitate plaque buildup.

Smoking's risks and roughly 50% adult kill rate are well known. What wasn't being studied until recently were the health concerns being expressed by long-term NRT users.

Although we still don't know whether or not NRT user health concerns are in fact directly related to chronic nicotine use, online complaints among those who have used nicotine gum for one year or longer include:

Addiction with intense gum cravings, anxiety, irritability, dizziness, headaches, nervousness, hiccups, ringing in the ears, chronic depression, heart burn, elevated blood pressure, a rapid or irregular heart beat, sleep disruption, tiredness, a lack of motivation, a heavy feeling, recessed, bleeding and diseased gums, diminished sense of taste, tooth enamel damage, tooth loss, jaw-joint pain and damage (TMJ), canker sores with white patches on the tongue or mouth, bad breath, dry mouth, sore or irritated throat, difficulty swallowing, swollen glands, bronchitis, stomach problems and pain, gastritis, severe bloating, belching, achy muscles and joints, pins and needles in arms and hands, uncontrollable foul smelling gas that lingers, a lack of energy, loss of sex drive, acid reflux, stomach ulcers, fecal impaction from dehydration, scalp tingling, hair loss, acne, facial reddening, chronic skin rashes and concerns about immune system suppression.²⁶

As you can see, while the list of unproven possibilities are many, few concerns come anywhere

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

24 IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Smokeless Tobacco and Some Tobacco-specific N-Nitrosamines, 2007, Volume 89.

25 Polito JR, Do Kennedy and Waxman know about electronic or e-cigarettes? WhyQuit.com, March 29, 2008.

26 Polito JR, Long-term Nicorette gum users losing hair and teeth, WhyQuit.com, December 1, 2008.

near smoking's known risks. Clearly, smoking's harms are vastly greater and far more life threatening than nicotine's.

How many millions of additional air sacs would these lungs have today if I'd permanently transferred my dependency to nicotine gum the first time I used it in 1985 or 86?

If my goal had been long-term gum use instead of 8 to 12 weeks during cessation, would I have been more willing to accept gum's slower, less precise and less controllable delivery? If I'd permanently transferred my dependency to cleaner delivery in 1986, would I be able to run for more than a few hundred feet today? Would I have more teeth?

If I had allowed myself to become hooked on the cure, as an estimated 37% of U.S. nicotine gum users were as of 2003,²⁷ would I have had the motivation to eventually break free from all nicotine, as I did on May 15, 1999 when I stopped smoking?

Would I have created [WhyQuit](http://WhyQuit.com) two months later in July? Would I have met Joel Spitzer in January 2000? Would FFN-TJH have been written?

I don't know. Maybe, maybe not. Hopefully you understand a bit better my reluctance to suggest that if you relapse to smoking nicotine, that if a non-pregnant adult, that you consider attempting to adapt to a cleaner form of delivery. There, I've done it. You should.

But my dream isn't about seeing you develop the patience to allow yourself time to adapt to and remain slave to a cleaner and less destructive form of delivery. It's that you develop the "one day at a time" patience needed to go the distance and allow yourself to sample the amazing sense of quiet and calm that arrives once your addiction's chatter ends.

Closing Thoughts

My hope is greater than just "you" breaking and staying free. If you've read this far and have ended use, you may well be the most knowledgeable ex-user you've yet to meet. It's my hope that you won't be shy about sharing what you've learned with others in need.

One of life's greatest challenges is penetrating the actively feeding addict's thick protective wall of denial. We may only get a few seconds or a single chance before their defenses tune us out entirely. As with Twitter, what could we possibly say that would make a difference if limited to a maximum of 140 characters?

I leave you with this Tweet:

Once ready to stop, there's only one rule, that we are REAL drug addicts. For us there is no such thing as just one, as one equals all.

27 Bartosiewicz, P, [A Quitter's Dilemma: Hooked on the Cure](#), New York Times, Published: May 2, 2004; quoting, Shiffman S, Hughes JR, et al, [Persistent use of nicotine replacement therapy: an analysis of actual purchase patterns in a population based sample](#), Tobacco Control 2003 November; 12: 310-316.

As for your ongoing victory, please understand that it's totally your doing. As with any library, knowledge is simply a tool to be used or ignored. You are the one who put it to work. And the glory is 100% yours.

As Joel often reminds us, in that we refuse to accept the blame when someone violates the Law of Addiction, we have no business taking credit when they don't. I wish I could say that I endured even a single challenge for you. But, it simply isn't true.

Once free and comfortable, I pray you never forget the most important lesson of all. As my mentor taught me, the true measure of nicotine's power isn't in how hard it is to stop, but in how easy it is to relapse.

More than 100,000 words yet just one simple principle determining the outcome for all ... no nicotine today! Yes we can!

Breathe deep, hug hard, live long,

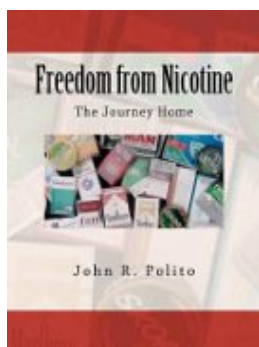
A handwritten signature in black ink, appearing to read "John". The signature is stylized with a large, sweeping initial "J" and a cursive "ohn".

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