

How to quit smoking

by [John R. Polito](#)

How to quit smoking? Why not trust your natural instincts? If doubting them, take your own poll of all ex-smokers you know who have quit for at least one full year. Truth is, regardless of where you live, cold turkey generates more long-term ex-smokers each year than all other quit smoking methods combined.[1]

The short video to the right is entitled "How to quit smoking." It was created by Joel Spitzer, my nicotine cessation mentor since January 2000. In it, Joel shares his top 16 tips on how to quit smoking.

The question of how to quit smoking is really two issues: (1) what method to use and (2) tips on how to succeed at that method. The first tip shared in Joel's video is to "quit cold turkey." The next 15 are tips on how to succeed going cold. The balance of this article is devoted to presenting evidence as to why quitting cold is an extremely wise decision.

Listen closely to commercials by those selling quitting products. Most either directly or indirectly bash cold turkey quitting. Why? Because they must. Knowing that the vast majority succeed by going cold. They need to diminish confidence in your natural instincts. They must if they are to have any hope of convincing you to purchase their magic cures, their nicotine gum, patch, lozenge, Zyban, Chantix, Champix or e-cigarette.

They also know that the natural confidence of smokers who previously went cold turkey and failed has already been shaken. Instead of teaching them why their attempt failed and the cold turkey insights needed to succeed, they use and play upon that failure to help sell their product.

But then, is it really fair to expect anyone with a direct or indirect interest in selling quitting products to tell smokers the truth, that each year more smokers quit smoking cold turkey than by all other quitting methods combined?

Although undisputed, you won't find reference to this simple truth on any quitting product website.[2] Instead, most will try to convince you that quitting without buying and using their product is nearly impossible. [3]

Table 3. Percent of Current and Former US Adult Smokers* Using Recommended Cessation Methods

	Current Smokers (%)*	Former Smokers (%)*
Followed recommended therapy (drug therapy and/or counseling)	15.1	6.8
Quit "cold turkey" or slowly decreased amount smoked	82.4	91.4
Other	2.5	2.1

*Weighted percents are age-adjusted; data for the analyses were derived from the National Health Interview Survey, 2000, National Center for Health Statistics, Centers for Disease Control and Prevention.

Source: American Cancer Society's "Cancer Facts and Figures 2003" report, Table 3, Page 25

Nor will it be mentioned by any major health organization that accepts pharmaceutical industry contributions,[4] nor on any government health site with ongoing industry partnerships. [5]

But answering the question of how to quit smoking is broader than simply recognizing cold turkey as being the most productive quitting method. Which quitting method has the highest success rate?

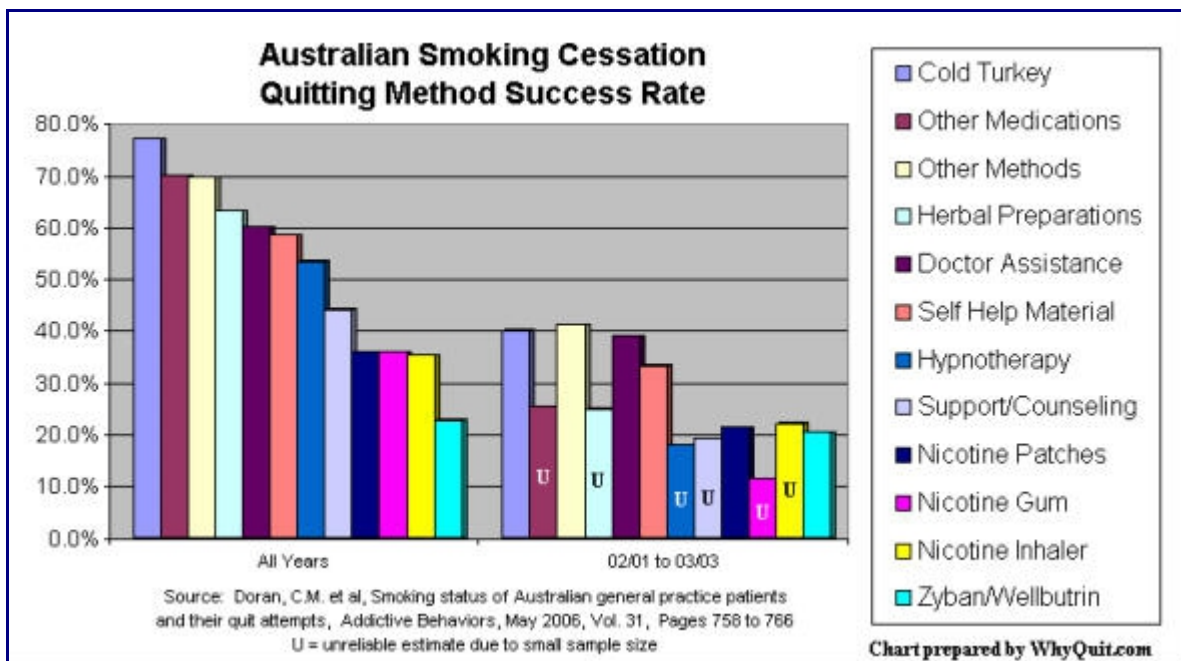
The correct answer to the highest success rate question depends on how success is measured. More than 200 quitting product clinical trials measured success against users of inert placebo look-a-like products. Real cold-turkey quitters were never involved. There, quitting product users generally did 1.5 to 2 times better than participants given placebo products.[6]

But out here in the real world placebo isn't a real quitting method. Although this may come as a shock, those using approved quitting products have failed to prevail over those quitting cold turkey in nearly every real-world population level quitting method survey conducted to date.[7]

Conclusion: "NRT appears no longer effective in increasing long-term successful cessation in California smokers."

Journal of the American Medical Association, Volume 288, Number 10, Pages 1260-1264, Sept. 11, 2002

For example, a 2006 study followed the smoking patients of 1,000 Australian family practice physicians. Not only did cold turkey quitters double the success rates seen among nicotine gum, nicotine patch, nicotine inhaler and Zyban quitters, cold turkey accounted for 1,942 of 2,207 of all successful quitters, a whopping 88% of all success stories.



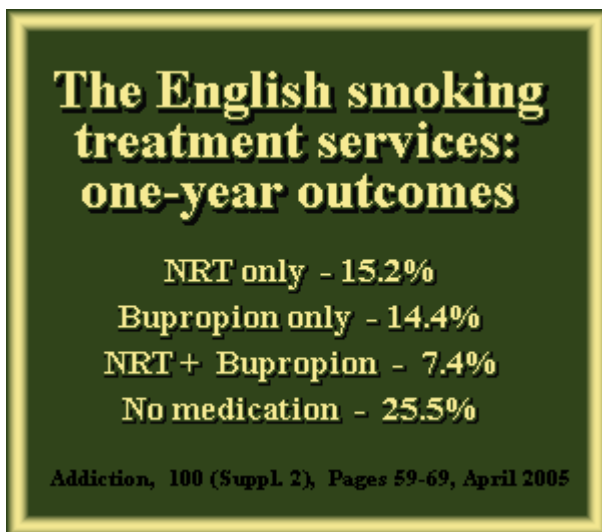
So how does the newest yet rather frightening magic cure, Pfizer's varenicline, compare? Varenicline is marketed as Chantix in the U.S. and Champix in the rest of the world. Although real-world performance data is being treated as top secret, a [2008 Pfizer clinical study](#) found "no significant differences" in the number of successful quitters when comparing varenicline to nicotine patch at 6 months or 1 year. That finding was echoed by a second [2010 patch versus Chantix study](#) which found "no significant difference in abstinence rates was observed between the 2 groups over weeks 9-12 and weeks 9-24."

If no more effective than nicotine replacement therapy (NRT) products, does it make sense to risk experiencing the long list of Chantix/Champix [serious injury side effects](#), that include risk of death?

Smokers must either find a way to succeed at quitting, or expect diminishing health as smoke's 81 known cancer causing chemicals and hundreds of toxins gradually destroy and kill them. Ask yourself, are the few who succeed while using these products doing so because of having used them, or in spite of having done so?

So why do quitting products prevail inside formal clinical trials yet fall flat on their face in real-world use? The primary reason (and there are many) is that most study participants were teased into joining clinical trials by the dangling of free quitting

products in front of them. Most had lengthy quitting histories and they hoped the product would diminish the intensity of withdrawal. The problem is that those 200 placebo-controlled clinical trials were not blind as claimed,[8] as experienced quitters had become



experts at recognizing their withdrawal syndrome.[9]

Would you have become frustrated if you had joined hoping to receive three months worth of free nicotine lozenges and realized within 48 hours of quitting that you had been given inert placebo lozenges instead? So did many of them, handing the product being tested an unearned frustrations victory.

I suggested in a November 2008 letter published in the [Canadian Medical Association Journal](#) that testing quitting products against placebo was a licence to steal, that "chemical dependency may be the only known research area in which blinding is impossible."

But what about the big picture consequences of millions of smokers deeply believing in 3 decades of headlines generated by hundreds of placebo-controlled clinical trials? I wrote about two victims of sham placebo studies in [November 2011](#), Neil age 53 and Helen age 50, members [Freedom](#) and Turkeyville, WhyQuit's online support groups.

As I asked in a February 2012 letter published in the [British Medical Journal](#), "If NRT is less effective long term than quitting without it, are quitters paying with their lives?" If so, should those who insist on generating additional sham science, or who grossly distort real-world survey findings, be held accountable for hundreds of thousands of needless deaths?

Table 1 Quitting success in the United States by method used to quit: 2002–2003. Data from the Tobacco Use Supplements of the Current Population Survey (TUS-CPS)^a

Baseline daily consumption level	Attempted to quit by method used	Reported status at 12-month follow-up			
		Current smoker, made quit attempt	Current former smoker, quit <3 months	Current former smoker, quit 3+ months	% Success (3+ months quit at follow-up)
	<i>N</i> (%)	<i>N</i>	<i>N</i>	<i>N</i>	%
Light smokers (<15 cpd)	576				
Used NRT or prescription medication	159 (29%)	112	17	30	19%
Used quitline, clinic, other organized help	30 (5%)	24	1	5	17%
Unassisted	387 (67%)	248	40	99	26%
Heavy smokers (15+ cpd)	654				
Used NRT or prescription medication	216 (33%)	187	9	20	9%
Used quitline, clinic, other organized help	51 (8%)	42	4	5	10%
Unassisted	387 (59%)	312	18	57	15%

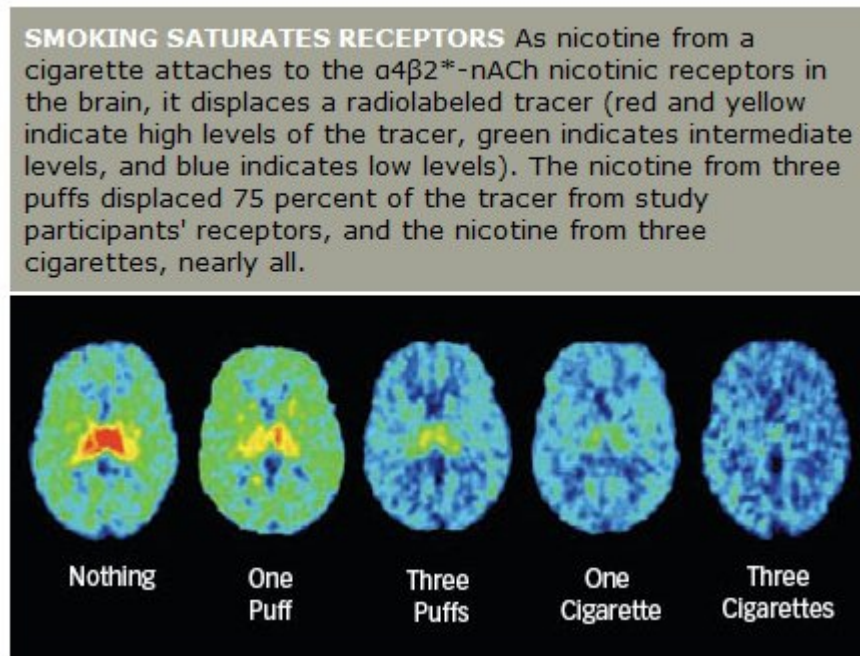
^aAbbreviations: cpd, cigarettes per day; NRT, nicotine replacement therapy.

Source: Pierce JP et al, "... Do we need policy change?" Annual Review of Public Health, January 2012, 33: 12.1–12.16

Can you sense my outrage? Sorry, I'm doing my best to hide it. Please forgive me. Back to cold turkey. Answering "cold turkey" to the question of "how to quit smoking" does not tell

us the key or secret to successful cold turkey quitting.

The common thread among all successful cold turkey quitters is that they didn't allow any nicotine back into their bloodstream. The common thread among all who relapsed to smoking is that they did. My mentor Joel Spitzer refers to this as the "[Law of Addiction](#)." [10]



Research shows that just one puff and up to half of the brain's nicotinic-type receptors become occupied by nicotine. [11] Like alcoholism, nicotine addiction is a permanent disease, a brain wanting disorder. [12] While roughly half of quitters who try to cheat and smoke just once walk away thinking that they've gotten away with it, they soon find their brain wanting or even begging for more.

The wanting and desire felt following lapse is not a matter of a lack of willpower or weakness. It reflects the design, purpose and function of brain dopamine pathways, the mind's priorities teacher. It's their job to make activities which activate this circuitry nearly impossible, in the short term, to forget or ignore. It's why ending use of food or water is almost unthinkable.

We will never be stronger than nicotine's influence upon our mind's priorities teacher. But then, we don't need to be as nicotine is only a chemical with an I.Q. of zero. It cannot plot, plan or conspire against us, and is not some monster or demon that dwells within.



Attempting to quit without first learning how can

be frightening. Our greatest weapon is our superior intelligence but only if put to work. Key to dramatically enhancing our odds of success is in becoming more nicotine dependency recovery savvy than our addiction is strong.

That being said, it may be best to learn as you go. Why? Two studies have found that unplanned quitting attempts are twice as likely to be successful as planned ones.[13] Why worry about some future quitting date and allow time to gradually erode your resolve before ever starting? Jump in the recovery pool! The water is great and roughly half find the going vastly easier than their chemically dependent brain kept telling them.[14]

As for learning, the Internet is loaded with wonderful free cold turkey quitting resources. For example, [Joel's Library](#) is home to more than 100 original articles on every stop smoking topic imaginable, to Joel Spitzer's free e-book "Never Take Another Puff," and to more than 160 free video quitting lessons. Why quit afraid and alone in ignorance and darkness when we can turn on the lights?

If seeking support, give [Turkeyville](#) and [Freedom](#) a visit. [Turkeyville](#) is a cold turkey Facebook group where the primary objective is to educate and support new quitters in getting off to a solid start.

[Freedom](#) is the Internet's only 100% nicotine-free support site. Membership is limited to cold turkey quitters who have not used any nicotine for at least 72 hours, thus becoming 100% nicotine-free.

One final quitting method tip. While tempting, gradual weaning, tapering, step-down and other cut-down schemes are ineffective. A [2007 study](#) found that cold turkey roughly doubles your odds over cut-down schemes. Even there, the doubling that occurred was generally among uneducated and unsupported cold turkey quitters.

But whether educated, supported or not, there's just one rule which if followed provides a 100 percent guarantee of success to all. It's just three simple words: no nicotine today! The next few minutes are all any of us can control and each is entirely do-able.

Yes you can!

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