

# Freedom from Nicotine

## The Journey Home

John R. Polito

[WhyQuit.com](http://WhyQuit.com)

### **Medical Advice Disclaimer**

This book is designed to support, not replace, the relationship that exists between a reader and his/her physician. Do not rely upon any information in this book to replace individual consultations with your doctor or other health care provider.

### **Acknowledgment**

This book would not exist if not for the insights of my 20-year teacher and mentor Joel Spitzer.



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# Introduction

There are hundreds of quitting books but only one referenced and footnoted in the 699 pages of the U.S. Surgeon General's 2020 Smoking Cessation Report:

***“Polito JR, Freedom from Nicotine The Journey Home, 2013.”[1]***

As hard as this may be to believe, ending nicotine use need not be horrible or even bad. In fact, it's my hope that you'll someday soon look back upon this temporary journey of re-adjustment as your greatest personal awakening ever.

You see, nicotine addiction is about living a lie. Life here on Easy Street is calm, rich and wonderful, not stressful, boring or horrible.

With knowledge as your ally, you're about to discover that you've journeyed far from that peaceful pre-addiction mind that you once called home.

How many times have we heard the phrase "knowledge is power"? But when it comes to breaking nicotine's grip upon us, until now you've probably resisted devoting the time needed to educate your intelligence.

Instead, most of us turned to worthless products, pills, or procedures: to quick fix magic cures promising fast, easy, or effortless success.

You're about to become smarter and wiser than your addiction is strong. No longer its captive, somewhere along the way it will hit you, that knowledge and insight truly is a recovery method.

Understanding and the confidence flowing from it destroy needless fears that ignorance once festered into anxiety or even panic.

Think about it. It's nearly impossible to appreciate the beauty gradually unfolding before us if consumed and gripped by anxiety and fear.

And during prior attempts (if any) our fears were many: fear of failure, fear that life as an ex-smoker would be horrible, that we were leaving something valuable behind, that we'd be unable to cope with stress, that the next challenge would be too big to handle, or even fear of success, that we really had taken our last puff ever.

The anguish of attempting to break free in ignorance and darkness can easily overwhelm freedom's dreams. What once may have seemed beyond our grasp is brought within reach by destroying needless fears.



This book's objective is to remove the mystery and as much anxiety as possible, so as to afford you the ability to notice and savor the full flavor of coming home. Knowledge is about to put you in the driver's seat of your mind. Relax and enjoy the ride!

I wish I could claim credit for most of what you are about to read. I can't. The insights that follow weren't discovered during my own thirty-years of chemical captivity. Nor do they flow from my own failed history of roughly a dozen serious attempts.

This book is not the result of the invention of some new method or product, or of ideas or concepts born inside this mind.

Instead, nearly all of the lessons shared were mined from the discoveries and accomplishments of others. It's the reason for hundreds of footnotes.

Take your own poll of all the ex-smokers who have been free from all nicotine and all stop smoking products for at least one year. How did they do it? You'll likely discover a giant elephant in the room, that someone has been lying to you.

Those selling stop smoking products want you to fear your natural instincts. They will never tell you that, depending on where you live, cold turkey continues to be the recovery method responsible for helping more nicotine addicts arrest their dependency than all other quitting methods combined.[2]

These ex-users owe their success to ending use of all nicotine, not to devices that replace it, designer drugs that imitate it, vaccines that partially block its entry into the brain, or to magic herbs, vitamins, hypnosis, needles, lasers that imitate needles, to motion sickness shots that make you too sick to smoke, or to Billy Bob's Lima Bean Butter.

There are hundreds of millions of worldwide cold turkey success stories. Education and understanding hold promise to swell their numbers even greater.

But it takes strong observational skills to notice the elephant in the room while accurately separating truth from fiction.

Frankly, this book would not exist without the insights and teachings of Joel Spitzer of Chicago. Since 2000, I've studied and shared Joel's clinical observations.

They are insights he began harvesting as early as 1972, first as a volunteer smoking prevention speaker for the American Cancer Society, and then as a smoking cessation counselor and paid staff member beginning in 1977.

I challenge you to locate any other person who has devoted their entire work-life, over 40 years, full-time, to helping smokers break free. More than 350 six-session stop smoking



clinics, 690 single-session seminars, and an additional 20 years working online with smokers, Joel truly is the Henry Aaron or Babe Ruth of smoking cessation.

On January 20, 2000, out of the blue, a man I'd never met e-mailed me offering to share the more than 80 stop smoking articles he'd written.

Joel's articles quickly became the centerpiece at both WhyQuit.com (WhyQuit), a motivational website I started in July 1999, and at Freedom,[3] what was then an anything-goes, free online peer-support recovery forum that Joel could clearly see was floundering horribly.

Joel had written his collection of articles as follow-up reinforcement and relapse prevention letters, which were sent to graduates of his two-week clinics. During his program, he'd taught them to take recovery just one challenge and day at a time.

Now, for the first time, he used the closing of each article to remind them how to stay free, by simply sticking with their original commitment to "Never Take Another Puff!"

As I read through the 80 articles I was hammered by ringing truths on a wide range of cessation issues. Joel raised scores of concerns that I'd never considered. How could I have overlooked all this?

I was left stunned and humbled by how little I actually knew about smoking or stopping. Who was I to think that I was somehow qualified to create and co-manage an online stop smoking support group? This guy was the real deal.

Nicotine's relationship to eating, stress, alcohol, vitamin C, anger, its influence upon heart rate, depression, and sleep, how did I miss all this? Where had I been?

Why hadn't I seen smoking nicotine as true chemical dependency, how replacement nicotine undermines resolve, or grasped the necessity of extinguishing crave triggers or cessation crutch avoidance?

Before Joel arrived, Freedom's co-founder, Joanne Diehl, and I had grown horribly frustrated. Members were relapsing to smoking left and right. Failure was everywhere. It was as if our support group was somehow fostering defeat.

Each new announcement of a member's failure and return to smoking brought lots of virtual member hugs, and encouragement for them to once again jump into the pool. It was as if the group's affection and attention was an invitation for others to relapse too, so that they could return and enjoy their own relapse party.

More than once Joanne had wanted to pull the plug and shut down. But now, here was a guy whose entire life had prepared him to deliver on the forum's name, Freedom.



Without hesitation, we begged Joel to take charge of what was then little more than an anything-goes motivational pep-rally. Although he declined, he did agree to join us and assist as a co-manager and become our director of education.

I fondly named his collection of reinforcement letters "Joel's Library" and placed them center-stage at WhyQuit. Two decades later, freely available to all, that's where they remain.

The collection has grown to more than 100 articles and now includes more than 500 free video counseling lessons. Joel's life's work remains the heartbeat of our online work.[4]

Today, the often-repeated title of Joel's popular free e-book, "Never Take Another Puff," has become relapse prevention insurance for countless thousands, including more than 13,000 cold turkey quitters at Turkeyville, our Facebook support group.

Roy, who was six weeks into recovery, said it well. "The 'Never Take Another Puff' mantra is one of the most powerful phrases I've ever heard in my life. It can move mountains. It was my only shining light in a mass of darkness and guided me back to a normal nicotine-free life. It is effective because it is so simple and innocent. It has the power of innocence."

I've searched long and hard for any work comparable to Joel's. Except for individual lessons here and there by particular counselors and authors, and Allen Carr's excellent assault upon smoking rationalizations, I've been unable to locate any collection of work that comes close.

What I did find were individual studies by scores of dedicated researchers, studies that aid us in better understanding the amazing effects upon humans of this chemical called nicotine.

I took my last puff of nicotine on May 15, 1999 at 10:00 pm. Since then, I've been on a quest for answers and at every opportunity possible have shared what I've learned. So here it is in a nutshell. As health care futurist Joe Flower puts it, you're about to find yourself "in the mush," the same mush I encountered when Joel arrived.

According to Flower, there are four phases to change induced learning: (1) unconscious incompetence [not knowing that I knew almost nothing about my addiction], (2) conscious incompetence [Joel making me aware of how little I knew], (3) conscious competence [mastering Joel's teachings], and (4) unconscious competence [having those lessons become as second nature as walking].

As Flower suggests, once competence is achieved it becomes difficult to recall how we could ever have been anything else.[5]



Although the contents of Freedom from Nicotine are freely available at WhyQuit.com, it's my hope that the printed version reaches those without Internet access, non-visitors, and all requesting a printed version. More than 300 pages, hopefully low printing costs result in greater distribution.

If this book aids you in achieving conscious competence, please don't allow it to collect dust on some shelf. Consider sharing it with a friend or loved one still trapped in active dependency.

Being deprived of the insights needed to end our self-destruction is a horrible reason to die.

If just starting out, congratulations on your decision to reclaim your mind and life! You are about to live the time-tested adage that "knowledge is power! Yes you can!

Breathe deep, hug hard, live long,

*John*

John R. Polito  
Nicotine Cessation Educator

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# Chapter 1: Nicotine Addiction 101

## That First Subtle "Aaah"

Remember how your body reacted to that first-ever inhaled puff, dip or chew of tobacco? Although some took to smoking like ants to sugar, what most recall is how utterly horrible it tasted.

You may have felt dizzy, nauseous or if like me, your face cycled through six shades of green. My mouth was filled with a terrible taste, my throat on fire, and my lungs in full rebellion as scores of powerful toxins assaulted, inflamed, and numbed all tissues touched.

Prior to that moment, you may have heard that tobacco can be addictive. Vaping e-cigs aside, after such an unpleasant introduction, you were convinced that it couldn't possibly happen to you. How could it? If like most, you didn't like what just happened. How could you possibly get hooked?

As strange as this may sound, even for e-cig users, like or dislike have little to do with chemical dependency.

Whether your body rebelled or not, nicotine had activated our brain dopamine pathways, the mind's survival instincts teacher and motivator. The primary purpose of that brain circuitry is to make activating events extremely difficult to forget or ignore.

How do brain dopamine pathways teach and motivate action? Knowing will aid in understanding both how we became hooked and why breaking free appears vastly more daunting than it is.



Remember how you felt as a child when first praised by your parents or teachers for keeping your coloring between the lines or for spelling your name correctly? Remember the "aaah" satisfaction sensation? Remember that same feeling after making and bonding with a new friend? "Aaah!"



We had just sampled the mind's motivational reward for accomplishment and peer bonding. An earned burst of dopamine was followed by an "aaah" wanting satisfaction sensation. It caught our attention, alerted us to what was important, and created a memory of the event that would help establish future priorities.

Bursts of dopamine were also felt when we anticipated accomplishment, peer bonding, or other species survival activities. We were now being motivated and working to satisfy dopamine pathway wanting, the "aaah" relief sensation felt when anticipating or experiencing desire's satisfaction.

Our sense of wanting being satisfied is generated by the release of dopamine within multiple brain regions, primarily in our mid brain, inside cell structures known as the ventral tegmental area (VTA) and the nucleus accumbens.[1]

Two different yet overlapping dopamine pathways are responsible for wanting and its satisfaction. Our "tonic," background or baseline dopamine level determines our level of wanting, if any. Our "phasic" level or bursts of dopamine generate the "aaah" sensations sensed as wanting is satisfied.

Generally, as our tonic or background dopamine level begins to decline we begin to experience wanting. As phasic burst releases occur, our tonic level is gradually replenished by burst overflow into our tonic pathway, and wanting subsides.[2] The word "tonic" means to restore normal tone.

Brain dopamine pathways were not engineered to act as wanting satisfaction brain candy. Satisfaction is earned. Both a carrot (phasic) and a stick (tonic), they are a preprogrammed and hard-wired survival tool that teaches and reinforces our basic survival instincts.

Dopamine pathways are present and strikingly similar in the brains of all animals. They originate in the deep inner primitive, compulsive region of the brain known as the limbic mind, and extend forward into the conscious, rational, thinking portion of the brain.

Pretend for a moment that you're extremely thirsty. Really thirsty! Can you sense "wanting" beginning to build? Now, imagine drinking a nice, cool glass of refreshing water. Did you notice the "wanting" subside, at least a little?

Compliance with wanting generates a noticeable "aaah" relief sensation. The greater our wanting, the more intense our "aaah."

Our dopamine pathways are the source of survival instinct anticipation, motivation, and reinforcement. Hard-wired





instincts include eating food, drinking liquids, accomplishment, companionship, group acceptance, reproduction, and child-rearing.[3]

Our brain dopamine pathways cause our compliance with wanting to be recorded in high definition memory, in our forehead just above our eyes (our prefrontal cortex). It's what researchers call "salient" or "pay attention" memories.[4]

Although still poorly understood, the intensity of dopamine pathway wanting appears to stem from a combination of at least three factors. Those factors include a diminishing tonic dopamine level, the collective tease and influence of old wanting satisfaction memories, and self-induced anxiety if satisfaction is delayed.

The tease of thousands of old wanting satisfaction memories can be triggered by a physical bodily need, by subconscious conditioning, or by conscious fixation.

Once their collective influence is triggered, as though bombarded by a thousand points of light, we have no choice but to recall exactly what needs to be done in order to satisfy wanting.

If you felt any wanting or relief with our pretend water-drinking example, it was due to old thirst and replenishment memories, not a biological need.

Yes, our "pay attention" pathways are a built-in, circular, self-reinforcing survival training school.

Wanting is triggered by our tonic dopamine level declining in response to a need, conditioning or desire. Old wanting satisfaction memories fuel wanting by constantly reminding us of exactly what needs to be done to make it end. Anticipating satisfaction may generate additional anxieties which further inflame wanting.

Obedience releases a sudden phasic burst of dopamine. Wanting ends once our need, conditioning or desire is satisfied and our tonic dopamine level returns to normal. The release also creates a vivid new high definition memory of how wanting was satisfied.

So, how does all of this relate to nicotine addiction?

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## **Chemical Slavery's Onset**

What would happen if, by chance, an external chemical so closely resembled the properties of the neurochemical responsible for activating brain dopamine pathways (acetylcholine), that once inside the brain it was capable of generating a stolen and unearned dopamine "aaah" wanting relief sensation?

Unfortunately, entirely by chance, nicotine is such a chemical.

Nicotine's polarities and chemical structure are so similar to acetylcholine, the brain's natural chemical messenger responsible for initiating normal dopamine pathway stimulation, that it bonds to acetylcholine receptors.

In those of us whose genetics or development made us susceptible to nicotine addiction, our dopamine pathways began to document and record nicotine use as though a preprogrammed species survival event.

Clearly, no inner "wanting" or desire existed when we first used nicotine. But if susceptible to dependency, it probably didn't take using too many times before repeated activation caused physical changes within our dopamine pathways.

Those changes would combine with constantly falling blood-serum nicotine levels to cause our tonic dopamine level to decline. This would trigger subtle background wanting, wanting that would motivate us to use again and again and again.

Each new supply of nicotine would be followed by a phasic dopamine release. The lower our tonic dopamine level, the more noticeable our "aaah" wanting relief sensation, the more vivid our newest use reinforcement memory.

Soon, an increasing number of high-definition nicotine use memories would themselves begin suggesting that we use early and often, so as to avoid sensing the onset of wanting.

As though bars to a prison cell, our thinking, planning, and day became surrounded by hundreds and then thousands of durable use memories, each forcing us to vividly recall how wanting gets satisfied.

We had developed a physical need that we couldn't then possibly understand. We found ourselves inventing reasons to explain and justify our continued use. Those reasons (false use rationalizations) would act as additional bars in our prison cell.



Collectively, our wanting satisfaction memories quickly became more durable and vivid than any negative memory of any toxic unpleasantness felt during our first few uses of tobacco.

In fact, it wasn't long before a growing number of high definition use memories buried all remaining memory of what life was like without nicotine.

Try recalling the calm, quiet, and relaxed mind you enjoyed before getting hooked. Try hard to remember going entire days and weeks without once wanting to use nicotine. You can't do it, can you! Don't feel alone. None of us can. It's a drug addiction hallmark.

Prisoners of hijacked pay-attention circuitry, wanting's satisfaction became our #1 priority. [1] We quickly forgot that it was ever possible to function without nicotine.

Our priorities teacher had been taken hostage. If we resisted and delayed using, we were disciplined with anxieties for failure to apply the lessons taught.

The brain's control room for coordinating and routing dopamine pathway functions appears to be the right insula. It's an oval, prune-sized brain structure above our ear.

The insula receives input from our senses, emotions, dopamine pathways, and from the prefrontal cortex, home to previously recorded "pay-attention" memories.

A 2007 study found that smokers who sustained brain damage to the right insula actually lost the urge to smoke,[2] suggesting that it also routes or coordinates use urges, craves, and anxieties.

Thank goodness it doesn't take traumatic brain injury or a stroke to make us stop craving nicotine. Thank goodness that recovery isn't nearly as difficult as our brain wanting disorder suggests.

Whether heroin, cocaine, methamphetamines, alcoholism, or nicotine, drug addiction is about brain dopamine pathways being taken hostage by an external chemical.

We nicotine smokers didn't suck tissue destroying tars that included ammonia, formaldehyde, arsenic, butane, hydrogen cyanide, lead, mercury, vinyl chloride, methane or vast quantities of carbon monoxide into our bodies because we wanted to watch each puff destroy a bit more of our capacity to receive and circulate life-giving oxygen. We did so to replenish constantly falling nicotine reserves.

Nicotine is a small molecule. This allows it to cross through our protective blood-brain filter. Once through, it docks with acetylcholine receptors and stimulates dopamine flow.



Smoked nicotine contains at least one other as yet unidentified chemical that somehow diminishes two dopamine cleanup enzymes, MAO A and MAO B. Diminished MAO results in a delay in normal dopamine cleanup following a phasic release. It means that smoked nicotine's wanting relief sensation lingers longer than normal.

Think about how short-lived the "aaah" sensation is following a single potato chip or a sip of water when thirsty. Longer wanting relief makes smoked nicotine possibly the most perfectly designed form of addiction.

It may also help explain why e-cigarette and oral tobacco users often have higher daily blood nicotine concentrations than smokers.

E-cigs and smokeless tobacco do not inhibit MAO or normal dopamine clean-up. It may be that users of non-smoked forms of nicotine require higher levels of nicotine in order to keep their wanting at bay.

Whether smoked, vaped, or oral, an endless cycle of wanting and its brief absence following use left us totally yet falsely convinced that nicotine was essential to survival.

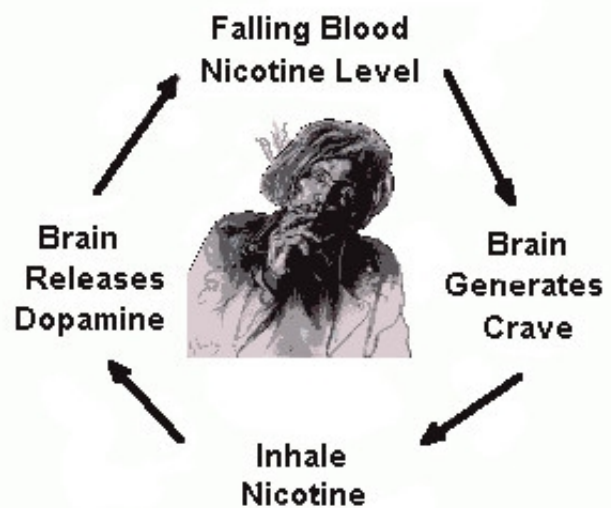
Our nicotine feeding cycle left many of us believing that use defined who we were, that nicotine gave us our edge, helped us cope, and that life without it would be horrible or even meaningless.

Punished with wanting that was satisfied by use, we quickly grew to believe that we could not function comfortably without it.

Why can't we starve ourselves to death? Not only is wanting for food satisfied with dopamine "aaah" relief sensations when we anticipate eating or actually do so, we are punished with anxieties and cravings when we wait too long between meals.

As for nicotine levels, like food, what goes up must come down. As our body slowly metabolized and rid itself of nicotine, we gradually experienced increasing mood deterioration and escalating distress, punctuated by anxiety, anger, and depression.

In fact, it's work living life as a nicotine addict. We endured greater extremes in daily mood swings than non-users, greater problematic anger,[3] and the greater our dependency the more unstable our moods.[4]





Our hijacked priorities teacher was fooled and started teaching a false lesson, that bringing a new supply of nicotine into the bloodstream was every bit as important as eating.

Extensive dopamine circuitry overlap,[5] nicotine cravings became as real as food cravings. Nicotine "aaah" wanting relief sensations became as important as food "aaah"s. Nearly indistinguishable, we experienced the same anxiety beatings, and similar dopamine wanting relief sensations upon surrender.

But there is one massive difference between dependency upon food and dependency upon nicotine. Without food we starve, without nicotine we thrive!

Unfortunately, our hostage dopamine circuitry is incapable of distinguishing fact from fiction. By design, it has buried and suppressed the beauty of never wanting or needing that existed prior to nicotine's arrival.

Would coming home to your calm and quiet yet forgotten mind be a good thing or bad? If good, what sense does it make to fear it?

The problem is that attempts to end nicotine use are often met with a rising tide of anxieties. Soon, our thousands of old nicotine use "aaah" relief memories begin looking like life jackets.

While we only needed to remain nicotine-free and stay afloat for a maximum of three days in order to navigate the roughest seas and move beyond peak withdrawal, hungry for calm, most of us took the hook and bit on our "aaah" memory bait.

We obeyed the false lessons generated by our chemically hijacked teacher. In doing so, we abandoned the only path home in exchange for a few minutes of relief.

When trying to stop using, it isn't unusual to find our mind's addiction chatter insanely trying to convince us that things will be fine if we just have a little more nicotine now, that we can stop using while using more.

I hate to think about how many times I told myself during a prior attempt that using just once more was my reward for having briefly succeeded in going without.

Obviously, this quick fix isn't a solution at all. It shows a total lack of understanding as to the purpose and function of brain dopamine pathways, to make circuitry activating activities nearly impossible, in the short term, to forget or ignore.

But bondage is more than a rising tide of anxieties being fostered by a diminishing tonic dopamine level, in response to constantly declining blood-serum nicotine reserves. And it's more than thousands of old use memories screaming the wrong way out.



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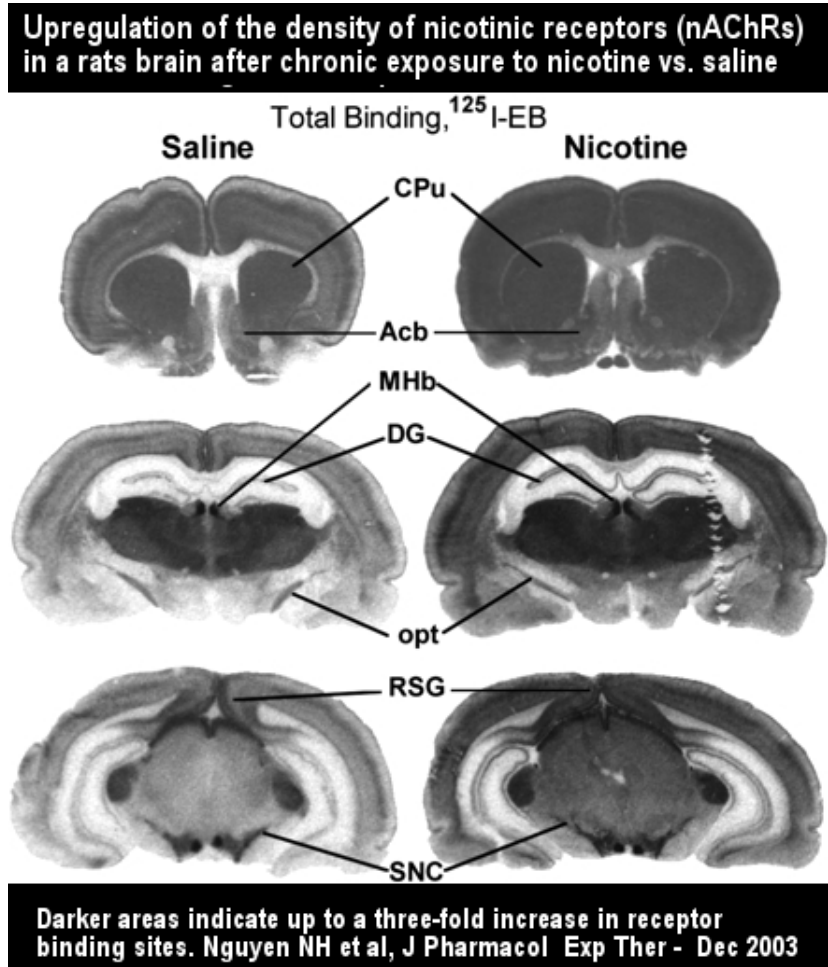
## Tolerance

As if nicotine taking our dopamine pathways captive wasn't enough, imagine the brain physically needing and requiring more nicotine over time.

Definitions of tolerance include:

1. Decreased responsiveness to a stimulus, especially over a period of continued exposure
2. Diminution in the response to a drug after prolonged use, or
3. Physiological resistance to a poison.[1]

The brain attempts to fight back against its toxic intruder. As if somehow knowing that too much unearned dopamine is flowing, it attempts to diminish nicotine's influence by more widely disbursing it. It does so by growing or activating millions of extra nicotinic type acetylcholine receptors in as many as eleven different brain regions.[2]





Although you'll generally see the average nicotine intake per cigarette stated as being about 1mg (milligram), in truth it varies significantly. For example, the average intake is 30% greater in African Americans at 1.41 milligrams of nicotine per cigarette, as compared to 1.09 milligrams in Caucasians.

Although often stated that the average user's body depletes and eliminates (metabolizes) nicotine at the rate of roughly one-half every two hours, there's variation there too. For example, nicotine's elimination half-life is 129 minutes in Caucasians and 134 minutes in African Americans.[3]

Tolerance ever so gradually pulls us deeper and deeper into dependency's forest. While nicotine's elimination half-life remains fixed, over time we gradually find ourselves sucking a wee bit harder, holding the smoke a bit longer, or using more nicotine in order to avoid wanting or achieve relief from it.

Two a day, three, four, four smoked hard, our brain gradually grew additional nicotinic-type acetylcholine receptors. Over the years, we gradually required a bit more nicotine to maintain our sense of nicotine-normal.

My "aaah" relief sensations were no more powerful smoking five cigarettes a day at age fifteen than when smoking sixty per day at age forty. I needed that much more to keep pace with wanting.

I know, you're probably thinking, you've been at the same nicotine intake level for some time now and it's likely vastly less than the three packs-a-day I was smoking. While we don't yet fully understand wide variations in levels of nicotine use, we know that genetics probably explains most differences.[4]

There is also the fact that some of our mothers, like mine, smoked during pregnancy. I was born with a brain already wired for nicotine. I came into this world as nicotine's slave and likely spent my first few days in withdrawal.[5]

For me, those first few cigarettes at age 15 were not about initial addiction. They were about relapse to a condition that my brain had known since formation and creation of my very first acetylcholine receptor. That first receptor almost immediately became occupied by nicotine that was smoked by mom.

It was an event that occurred three to four weeks following conception.[6] The problem is that receptors are being activated before formation of the brain cell to which the receptor will eventually be attached.

As Duke University Professor Slotkin puts it, "nicotine alters the developmental trajectory of acetylcholine systems in the immature brain, with vulnerability extending from fetal stages through adolescence." [7]



In addition to genetics and prenatal nicotine exposure, the younger we were when we started using, the more profound the altered development trajectory experienced by our still-developing brain.

Research suggests that nicotine inflicted damage to dopamine and serotonin pathways is significantly greater in males than females, but that this female advantage disappears if the female brain is exposed to both prenatal and adolescent nicotine.[8]

The dependent mind is capable of using a low level of nicotine tolerance as justification for continued chemical servitude.

It's easy for those who use less often to rationalize that they are somehow superior or better able to control their addiction than heavy users. In reality, they're hooked solid too. Their slavery is just as permanent and just as real.

The smoker smoking five times a day may also face health risks as great or greater than heavier smokers. This too may be due to genetic factors, to differing toxin and cancer-causing chemical levels found in different brands of tobacco, or to how intensely each cigarette was smoked.

It may also be due in part to environmental factors that subject us to other chemical agents such as radon, or to employment or hobby chemical exposures, or due to the quality of the water we drink and the air we breathe.

Over the years I've met many smokers, myself included, who experienced a significant increase in the number of cigarettes smoked and higher nicotine tolerance following relapse after a failed attempt.

Why? We don't know. Smoking more cigarettes harder, it was almost like binge-eating after dieting, as if my brain was trying to make up for missed nicotine feedings. But seeing increases in the level of smoking following relapse is becoming less common.

Like a hurricane requiring warm water to strengthen, the fuel for a nicotine tolerance increase is additional time and opportunities to use.

The smoke-free indoor-air movement is gradually sweeping the globe. Smoking is also increasingly being prohibited in and around parks, playgrounds, beaches, hospitals, schools and college campuses, and in the presence of children.

Smokers face fewer replenishment opportunities as non-smokers become increasingly less tolerant of smoking in their presence, homes or vehicles. I suspect that the smoker's nicotine tolerance level will increasingly be associated with trying to obtain more nicotine by smoking fewer cigarettes harder.



But the opposite is often seen in smokers transferring their dependency to e-cigs, oral tobacco, or NRT products, where around-the-clock use becomes possible.

"I started out with about 6 pieces a day and now chew about 15 pieces of 2mg per day. Probably more nicotine than when I smoked," asserts a 48 year-old, three-year female gum user.

"There is one in my mouth 24 hours a day, 7 days a week ... yes for real," claims a 32-year-old, three-year male gum user who chews 40-50 pieces a day and thinks he may "chew more than anyone in the world." [9]

Regardless of method of delivery or level of nicotine tolerance, the millions of extra acetylcholine receptors grown by the addicted brain desensitized it to its own natural sense of neurochemical normal.

We became wired to function with a precise amount of nicotine in our bloodstream. Not too much, not too little, we worked to maintain and remain within our zone of nicotine-normal. Any attempt to stop using brought potential for a brief emotional train wreck, as we found ourselves not only desensitized to nicotine but briefly to life as well.

"Dependent human smokers have decreased dopamine activity during withdrawal" and withdrawal is accompanied by "a decrease in tonic dopamine activity." [10]

But the brain makes substantial progress in reversing tolerance-induced de-sensitivities within 72 hours of ending all nicotine use. It's primarily a matter of patience, as withdrawal anxieties peak within three days, putting the worst behind us.

Within three weeks the brain will restore the number of receptors to levels seen in non-smokers. Although feeling physically normal again, nicotine's tolerance wiring paths have been permanently burned and etched into our brains.

Although we can arrest our chemical dependency we cannot cure, eliminate, or destroy it. We each remain wired for relapse for life.

While this may sound like a curse, it can become our greatest peace of mind. Once confident of victory, this time we know exactly what it takes to both stay free and fail.

But arrival here on Easy Street involves more than simply arresting a chemical need and level of tolerance.

### **Use Conditioning**

The term "addiction" is generally viewed as being broader than "dependency." Among other factors, it includes the consequences of years of nicotine feedings that involved replenishment patterns and habits that did not go unnoticed by our subconscious mind.



Use habits were fathered by endless compliance with our brain's chemical dependence upon nicotine. Although covered in detail in Chapter 11 (Subconscious Recovery), a basic understanding of nicotine addiction must include mention of use conditioning.

Our subconscious mind became conditioned to associate various activities, locations, times, people, events, and emotions with using nicotine. It learned to expect arrival of a new supply when specific situations or circumstances occurred.

Insula routed urges, craves and anxieties alerted us when conditioned use cues were encountered. Normally the bell ringing use cue and urge was so subtle that it went unnoticed. Almost as if on autopilot, we'd reach for nicotine to satisfy it nonetheless.

You've likely heard of Pavlov, who actually used the ringing of a bell to induce classical conditioning in dogs. He conditioned them to expect food upon hearing a bell. The dogs would actually begin salivating when he rang the bell, even as he started to delay food's arrival longer and longer.

Your unique use patterns conditioned your subconscious too. Encountering a nicotine feeding cue can trigger a response ranging from a barely noticed urge to a full-blown anxiety episode, depending upon your tonic dopamine level.

Teased by thousands of old wanting satisfaction memories, if allowed, the anxiety episode can become emotionally inflamed.

Self-induced anxieties and fears can build, eventually triggering the body's fight or flight panic response. It happens when stress associated with a need, conditioning or desire escalates to the point of registering as a threatening event within the deep inner primitive.

During panic, normal cessation time distortion is made worse, as time seemingly stands still. It can make a three minute crave episode feel like three hours, and entirely unmanageable.

Contrary to what is then felt, those three minutes are extremely short-lived in comparison to active dependency's never-ending cycle of want, urge, use, and satisfy.

Nicotine addiction is about living false priorities, needless conditioning, dishonest use justifications, and denial of all of the above. It's about use of a tiny molecule called nicotine becoming the most frequent lesson taught by a hijacked survival instincts teacher.

Think about it. While we might forget to take our vitamin or medicine, procrastinate regarding work, skip meals, interrupt quality time with family or friends, how often would we fail to respond to the bell for that next mandatory nicotine feeding?



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## What is Nicotine?

Back in 2000, I was surprised to learn that all nicotine comes from the tobacco plant, including nicotine in nicotine replacement products such as the patch, gum, and lozenge.

Although the creation of synthetic nicotine is possible (neonicotinoids), imagine the regulatory hoops that the industry would need to jump through in order to be allowed to market synthetic nicotine for human consumption.

Instead, the pharmaceutical industry competes with the tobacco industry in purchasing tobacco from tobacco farmers and extracting nicotine from it.

Nicotine is a colorless, odorless, liquid organic-based alkaloid in the same family as cocaine, morphine, quinine, and strychnine. It slowly yellows when exposed to air, is bitter-tasting, and gives off a slightly fishy odor when warmed.[1]

When holding dry tobacco in your hand, the weight of nicotine within it will vary depending upon the type of tobacco. While nicotine's weight averages about 3% in





cigarettes[2] and moist snuff, it comprises 1.6% of a tobacco plug's weight and about 1% of the weight of chewing tobacco.[3]

One of the most toxic of all poisons,[4] nicotine is a fetal teratogen that damages the developing brain.[5] A natural insecticide formed in the roots of the tobacco plant, it helps protect the plant's roots, stalk, and leaves from being eaten by insects and animals.

Nicotine was originally sold as an alkaloid insecticide in America under the brand name Black Leaf 40, a mixture that was 40% nicotine sulfate.[6] The use of similar nicotine products continues to be touted in organic gardening as a means for killing insects. Neonicotinoids are synthetic forms of the natural insecticide nicotine, and possibly the most widely used insecticides worldwide.

Sold under brand names such as Imidacloprid and Thiamethoxam (TMX), neonicotinoids attach to the insect's acetylcholine receptors. The insect then exhibits leg tremors, rapid wing motion, and disoriented movement followed by paralysis and death.

There is growing concern that widespread use of neonicotinoids may be responsible for killing bees and colony collapse disorder.[7]

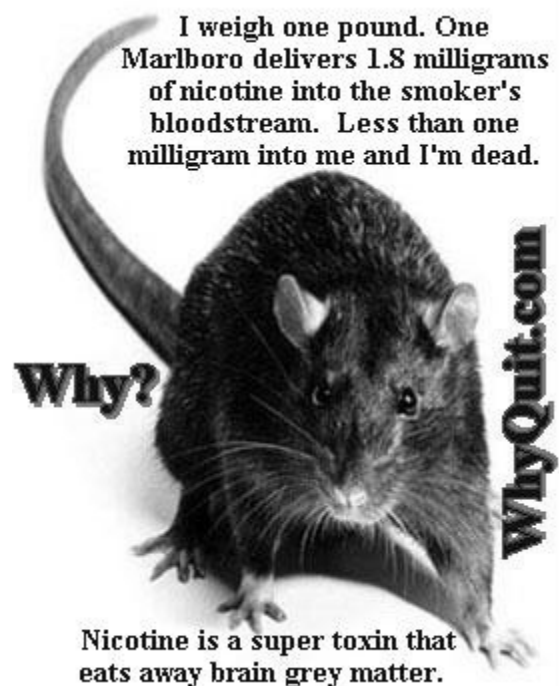
How deadly is nicotine? It's nearly twice as deadly as black widow spider venom (.5 mg/kg versus .9mg/kg) and at least three times deadlier than diamondback rattlesnake venom (.5 mg/kg versus 1.9mg/kg).

LD50 is an abbreviation for the lethal dose of a toxic chemical. It represents the amount of the chemical needed to kill 50% of humans weighing 160 pounds. Although based upon animal studies and increasingly disputed, nicotine's generally recognized minimum adult LD50 is 30mg (milligrams), and if ingested in liquid form death may occur within 5 minutes.[8]

Drop for drop, that makes nicotine as deadly as strychnine, which also has a minimum adult LD50 of 30mg,[9] and more deadly than arsenic (50mg) [10] or cyanide (50mg).[11]

Nicotine kills by eventually paralyzing breathing muscles. Prior to death, symptoms include salivation, nausea, vomiting, abdominal pain, diarrhea, dizziness, weakness, and confusion progressing to convulsions, hypertension and coma.[12]

Although the average American cigarette contains 8 to 9 milligrams of nicotine,[13] some is burned,





some escapes through cigarette ventilation, and the filter traps some. The lungs absorb nearly 90% of inhaled nicotine.[14]

It results in the average smoker introducing 1.17 to 1.37 milligrams of nicotine into their bloodstream with each cigarette smoked.[15] Average intake can vary significantly from smoker to smoker, ranging from 0.3 to 3.2 mg of nicotine per cigarette.[16]

Picture the largest rat you have ever seen. It would weigh about a pound. The 1mg of nicotine that entered your bloodstream from your last nicotine fix would be sufficient to kill that rat.

A smoker smoking 30 cigarettes per day is, over an entire day, bringing enough nicotine into their body to have killed a 160-pound human, if the entire 30 milligrams had arrived all at once. Two to three drops of nicotine in the palm of the hand of someone weighing 160 pounds or less and he or she is dead.

E-cigarette nicotine juice is seemingly everywhere. It makes you wonder why we haven't seen substantially more poisoning news. While animal studies may not be as applicable to humans as once thought, keep in mind that the debate is over how much nicotine it takes to kill someone.

With liquid nicotine, the body's overdose response (nausea and vomiting) may also be playing a factor in helping rid the body of enough to avoid disaster.

Those pushing a growing array of nicotine products often assert that they are as safe as caffeine. Far from it.

At least in animal studies, nicotine is at least 166 times more toxic than caffeine. Caffeine's lethal dose is 10 grams or 10,000 milligrams, compared to 30 milligrams for nicotine.

Picture a substance more toxic than rattlesnake or black widow venom being fed to your brain day after day after day. Is it any wonder that a 2004 study using brain MRI imaging found that "smokers had smaller gray matter volumes and lower gray matter densities than nonsmokers?"[17]

Contrary to findings from studies examining the short-term (acute) effects of nicotine,[18] studies of the long-term (chronic) effects of smoking nicotine report decline and impairment of attention, concentration, and the accuracy of working and verbal memory. [19]

Visualize nicotine's neurotoxic effects upon the human brain slowly destroying it,[20] while damaging what remains.[21] Possibly the most frightening of all the risks posed by our addiction is its ability to destroy all memory of why we need to stop.



As for those selling a growing array of nicotine products, their marketing ploys and the research backing their sales pitch will always micro-focus upon the effects of just a few of the more than 200 neurochemicals that nicotine controls (usually the stimulants), while ignoring the big picture.

Their goal is to make money by selling us nicotine, not to free us from requiring it. Their marketing will never value the loss of personal freedom to a never-ending need to feed, nor discuss in a fair and honest manner the harms inflicted by nicotine upon those addicted to it.

Do you know of any alcoholic rehabilitation program that recommends switching from whiskey to pure alcohol, and then trying to slowly wean yourself off over a period of 90 days?

Who benefits from such a treatment method when it takes just 3 days to rid the body of all nicotine and move beyond peak withdrawal?

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## As Addictive as Heroin?

On May 17, 1988, the U.S. Surgeon General warned that nicotine is as addictive as heroin and cocaine.[1]

In 2000, Canada's cigarette pack addiction warning label read: "WARNING - CIGARETTES ARE HIGHLY ADDICTIVE - Studies have shown that tobacco can be harder to quit than heroin or cocaine."

But how on earth can nicotine possibly be as addictive as heroin? It's a legal product, sold in the presence of children, near candies, sodas, pastries, and chips at the neighborhood convenience store, drug store, supermarket, and gas station.

Heroin addicts describe their dopamine pathway wanting satisfaction sensation as being followed by a warm and relaxing numbness.

Racing energy, excitement, and hyper-focus engulf the methamphetamine or speed addict's wanting satisfaction. Satisfaction of the alcoholic's wanting is followed by the gradual depression of their central nervous system. And euphoria (intense pleasure) is the primary sensation felt when the cocaine addict satisfies wanting.





The common link between drugs of addiction is their ability to stimulate and captivate brain dopamine pathways.

Should the fact that nicotine's dopamine pathway stimulation is accompanied by alert central nervous system stimulation blind us as to what's happened, and who we've become?

Nicotine is legal, openly marketed, taxed and everywhere. Its acceptance and availability openly invites denial of a super critical recovery truth, that we had become "real" drug addicts in every sense.

Definitions of nicotine dependency vary greatly. One of the most widely accepted is the American Psychiatric Association's as published in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM IV).[2] Under DSM IV, a person is dependent upon nicotine if at least 3 of the following 7 criteria are met:

- Difficulty controlling nicotine use or unable to stop using it.
- Using nicotine more often than intended.
- Spending significant time using nicotine (note: a pack-a-day smoker spending 5 minutes per cigarette devotes 1.5 hours per day, 10.5 hours per week or 13.6 forty-hour work weeks per year to smoking nicotine).
- Avoiding activities because they might interfere with nicotine use or cutting activities short so as to enable replenishment.
- Nicotine use despite knowledge of the harms tobacco is inflicting upon your body.
- Withdrawal when attempting to end nicotine use.
- Tolerance: over the years gradually needing more nicotine in order to achieve the same desired effect.

A 2008 study found that 98% of chronic smokers have difficulty controlling use.[3] Although often criticized, the problem with DSM nicotine dependency standards is not its seven factors. It's getting those hooked upon nicotine to be honest and accurate in describing its impact upon their life.

It isn't unusual for the enslaved and rationalizing mind to see leaving those we love in order to go smoke nicotine as punctuating life, not interrupting it. And the captive mind can invent a host of excuses for avoidance of activities lasting longer than a couple of hours. It can explain how the ashtray sitting before them became filled and their cigarette pack empty without realizing it was happening.

In February 2008, I finished presenting 63 nicotine cessation seminars in 28 South Carolina prisons that had recently banned all tobacco. Imagine paying \$8 for a hand-rolled cigarette. Imagine it being filled with tobacco from roadside cigarette butts, tobacco now wrapped in paper torn from a prison Bible.



Eight dollars per cigarette was pretty much the norm in medium and maximum-security prisons. The price dropped to about \$2 in less secure pre-release facilities. Imagine not having \$8. I heard horrific stories about the lengths to which inmates would go for a fix.

Two inmates housed in a smoke-free prison near Johnson City, Tennessee ended a six-hour standoff in February 2007 when they traded their hostage, a correctional officer, for cigarettes. According to a prison official, "They got them some cigarettes, they smoked them and went back to their cell and locked themselves back in."

I stood before thousands of inmates whose chemical addictions to illegal drugs landed them behind bars. During each program I couldn't help but comment on the irony that those caught using illegal drugs ended up in prison, while we nicotine addicts openly and legally purchase our drug at neighborhood stores.

According to the CDC, during 2011 tobacco killed 11 times more Americans than all illegal drugs combined (443,690 versus 40,239).

As discussed in the intro, Joel Spitzer may well be the world's most insightful nicotine cessation educator. My mentor since January 2000, he tells the story of how during a 2001 two-week stop smoking clinic, a participant related that he was briefly tempted to smoke after finding a single cigarette and lighter setting atop a urinal in a men's public bathroom.

What made it so tempting was that the cigarette was his brand. He thought to himself how easy it would have been to smoke it. Joel then asked the man, "When was the last time you ever saw anything else atop a urinal in a men's room that you felt tempted to put in your mouth?" At that, the man smiled and said, "Point well taken."

Over the years, ex-users have shared stories of leaving hospital rooms where their loved one lay dying of lung cancer so they could smoke, of smoking while pregnant, of accidentally lighting their car, clothing, hair or dog on fire, of smoking while battling pneumonia, and of sneaking from their hospital room into the staircase to light-up while dragging along the stand holding their intravenous medication bag.

Another story shared by Joel relates how one clinic participant had long kept secret how his still-smoldering cigarette butt on the floor had lit the bride's wedding dress on fire.

We each have our own dependency secrets. As a submarine sailor, I went to sea on a 72-day underwater deployment in 1976 thinking that stopping would be a breeze if I didn't bring any cigarettes or money along. I was horribly, horribly wrong.

I spent two solid months begging, bumming and digging through ashtray after ashtray in search of long butts.



Even worse was losing both of my dogs to cancer. One of them, Billy, died at age five of lymphoma. It wasn't until after breaking free that I read studies suggesting that smoke from my cigarettes may have contributed to their deaths.[4] If so, all this recovered addict can do now is to keep them alive in his heart while begging forgiveness.

Again, the primary difference between the illegal drug addict and us is that our chemical is legal and our dopamine wanting relief sensation accompanied by alertness.

Yes, there are social smokers called "chippers." And yes, their genetics may allow them to use yet always retain the ability to simply turn and walk away.[5] But, I'm clearly not one of them. And odds are, neither are you, as you wouldn't be reading a book about how to arrest your dependency.

I often think about the alcoholic's plight, in having to watch 90% of drinkers do something the 10% who are alcoholics cannot themselves do, control their alcohol intake. We've got it much easier.

The dependency figures for nicotine are almost the exact opposite of alcohol's. Roughly 90% of daily adult smokers are chemically dependent under DSM-III[6] standards, while 87% of students smoking at least 1 cigarette daily are already dependent under DSM-IV standards.[7]

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## Addiction Not News to Tobacco Industry

Nearly 50 million pages of once-secret tobacco industry documents are today freely available and fully searchable online.[1] Collectively, they paint a disturbing picture of an industry fully aware that its business is drug addiction.

The industry cannot ignore that, historically, roughly 27% of new smokers have been age 13 or younger, 60% age 15 or under, 80% age 17 or younger, and 92% under the age of 19.[2]

Contrary to "corporate responsibility" image campaigns, with nearly five million annual tobacco-related deaths worldwide,[3] the industry knows that it must either face financial ruin or somehow entice each new generation of youth to experiment and get hooked.

As a Lorillard executive wrote in 1978, "The base of our business is the high-school student." [4]

Philip Morris USA (PM) is America's largest tobacco company, holding a 49.7% share of the U.S. retail cigarette market in 2019.[5] Based in Richmond, Virginia, and founded in 1854, PM brands include Alpine, Basic, Benson & Hedges, Bristol, Cambridge, Chesterfield, Commander, Dave's, English Ovals, L&M, Lark, Merit, Parliament, Players, Saratoga and Virginia Slims.

Today, in 2020, Philip Morris' website openly proclaims, "PM USA agrees with the overwhelming medical and scientific consensus that cigarette smoking is addictive." "There is no safe cigarette. Cigarettes are addictive and cause serious diseases in smokers. For those concerned about the health risks of smoking, the best thing to do is quit."

It gets worse. "Philip Morris USA agrees with the overwhelming medical and scientific consensus that cigarette smoking causes lung cancer, heart disease, emphysema and other serious diseases in smokers. Smokers are far more likely to develop such serious diseases than non-smokers." [6]





Remember that fateful "what the heck" moment when you surrendered and gave tobacco that first serious try? What you probably don't recall are the thousands of invitations to surrender and experiment that tobacco industry marketing had by then burned into your subconscious.

As shown by the following quotes from once-secret Philip Morris corporate documents, it was fully aware that it was in the drug addiction business while hammering your brain with those invitations:

- 1972 - "The cigarette should not be construed as a product but a package. The product is nicotine. Think of a puff of smoke as the vehicle for nicotine. The cigarette is but one of many package layers. There is the carton, which contains the pack, which contains the cigarette, which contains the smoke. The smoke is the final package. The smokers must strip off all these package layers to get to that which he seeks." [7]
- May 1975 - "... decline in Marlboro's growth rate is due to ... slower growth in the number of 15-19 year-olds ... changing brand preferences among younger smokers. "Most of these studies have been restricted to people age 18 and over, but my own data, which includes younger teenagers, shows even higher Marlboro market penetration among 15-17 year-olds." "The teenage years are also important because those are the years during which most smokers begin to smoke, the years in which initial brand selections are made, and the period in the life-cycle in which conformity to peer-group norms is greatest." [8]
- November 1977 - "I was amazed at the trend that the [Council for Tobacco Research] work is taking. For openers, Dr. Donald H. Ford, a new staff member, makes the following quotes: 'Opiates and nicotine may be similar in action' ... 'There is a relationship between nicotine and the opiates.' ... It is my strong feeling that with the progress that has been claimed, we are in the process of digging our own grave." [9]



Based in Winston-Salem, North Carolina, R.J. Reynolds' Tobacco Company (RJR) has been around since 1874. Before RJR's 2004 merger with Brown and Williamson, its cigarette brands included Camel, Doral, Eclipse, Monarch, More, Now, Salem, Vantage and Winston.



While RJR cigarette store marketing has claimed that smokers smoke its brands for a host of reasons (flavor, pleasure, adventure, price, to be true, to make new friends, have fun, great menthol, or to look more adult), its once-secret documents tell a different story.

A nine-page 1972 confidential memo by a senior RJR executive is entitled "The Nature of the Tobacco Business and the Crucial Role of Nicotine Therein." [10] The next 11 paragraphs share direct quotes from this now famous and extremely informative memo:

"In a sense, the tobacco industry may be thought of as being a specialized, highly ritualized and stylized segment of the pharmaceutical industry. Tobacco products, uniquely, contain and deliver nicotine, a potent drug with a variety of physiological effects."

"Thus a tobacco product is, in essence, a vehicle for delivery of nicotine, designed to deliver the nicotine in a generally acceptable and attractive form. Our Industry is then based upon design, manufacture and sale of attractive dosage forms of nicotine ..."

"If nicotine is the sine qua non of tobacco products and tobacco products are recognized as being attractive dosage forms of nicotine, then it is logical to design our products -- and where possible, our advertising -- around nicotine delivery ..."

"He does not start smoking to obtain undefined physiological gratifications or reliefs, and certainly he does not start to smoke to satisfy a non-existent craving for nicotine. Rather, he appears to start to smoke for purely psychological reasons -- to emulate a valued image, to conform, to experiment, to defy, to be daring, to have something to do with his hands, and the like."

"Only after experiencing smoking for some period of time do the physiological "satisfactions" and habituation become apparent and needed. Indeed, the first smoking experiences are often unpleasant until a tolerance for nicotine has been developed."

"This leaves us, then, in the position of attempting to design and promote the same product to two different types of markets with two different sets of motivations, needs and expectations."

"If, as proposed above, nicotine is the sine qua non of smoking, and if we meekly accept the allegations of our critics and move toward reduction or elimination of nicotine from our products, then we shall eventually liquidate our business."

"If we intend to remain in business and our business is the manufacture and sale of dosage forms of nicotine, then at some point we must make a stand." "If our business is fundamentally that of supplying nicotine in useful dosage form, why is it really necessary that allegedly harmful 'tar' accompany that nicotine?"



"There should be some simpler, "cleaner", more efficient and direct way to provide the desired nicotine dosage than the present system involving combustion of tobacco or even chewing of tobacco ..."

"It should be possible to obtain pure nicotine by synthesis or from high-nicotine tobacco. It should then be possible, using modifications of techniques developed by the pharmaceutical and other industries, to deliver that nicotine to the user in efficient, effective, attractive dosage form, accompanied by no 'tar', gas phase, or other allegedly harmful substances."

"The dosage form could incorporate various flavorants, enhancers, and like desirable additives, and would be designed to deliver the minimum effective amount of nicotine at the desired release-rate to supply the 'satisfaction' desired by the user."[10]

As shown, nearly 50 years ago RJR's 1972 memo accurately predicted both the arrival of both nicotine replacement products (NRT) and the combustion-free electronic or e-cigarette.

Today, the lines between tobacco industry nicotine and pharmaceutical industry nicotine are horribly blurred. A 2003 nicotine gum study found that 37% of gum users were hooked on the cure, each being chronic long-term gum users of at least 6 months.[11] It's a trend that will continue.

Brown&Williamson (B&W) was a cigarette company that merged with RJR in 2004. B&W brands - now owned by RJR - include Barclay, Belair, Capri, Carlton, GPC, Kool, Laredo, Lucky Strike, Misty, North State, Pall Mall, Private Stock, Raleigh, Tareyton and Viceroy. Here are a few quotes from once-secret B&W corporate documents:

- July 18, 1977: "How to market an addictive product in an ethical manner?"[12]
- June 24, 1978: "Very few consumers are aware of the effects of nicotine, i.e., its addictive nature and that nicotine is a poison."[13]
- March 25, 1983: "Nicotine is the addicting agent in cigarettes. It, therefore, seems reasonable that when people switch brands, if they have a certain smoking pattern (i.e. number of sticks/day), they will switch to a brand at the same nicotine level."[14]

Founded in 1760, Lorillard Tobacco Company is the oldest U.S. tobacco company. Its brands include Kent, Maverick, Max, Newport, Old Gold, Satin, Triumph and True. The following telling quotes are from once-secret Lorillard documents:

- April 13, 1977: "Tobacco scientists know that physiological satisfaction is almost totally related to nicotine intake."[15]
- November 3, 1977: "I don't know of any smoker who at some point hasn't wished he didn't smoke. If we could offer an acceptable alternative for providing nicotine, I am 100 percent sure we would have a gigantic brand."[16]



- February 13, 1980: "Goal - Determine the minimum level of nicotine that will allow continued smoking. We hypothesize satisfaction cannot be compensated for by psychological satisfaction. At this point smokers will quit, or return to higher tar and nicotine brands."[17]

Last but not least is British American Tobacco (BAT), which dates to 1902 and sells more than 300 brands worldwide. BAT's international brands include Dunhill, Kent, Lucky Strike, Pall Mall, Vogue, Rothmans, Peter Stuyvesant, Benson & Hedges, Winfield, John Player, State Express 555, Kool and Viceroy. It does not own all these brands but is licensed by other companies to distribute them. Here are a few BAT admissions.

- November 1961: Smoking "differs in important features from addiction to other alkaloid drugs, but yet there are sufficient similarities to justify stating that smokers are nicotine addicts."[18]
- 1967: "There has been significant progress in understanding why people smoke and the opinion is hardening in medical circles that the pharmacological effects of nicotine play an important part... It may be useful, therefore, to look at the tobacco industry as if a large part its business is the administration of nicotine (in the clinical sense)."[19]
- August 1979: "We are searching explicitly for a socially acceptable addictive product. The essential constituent is most likely to be nicotine or a direct substitute for it."[20]
- April 1980: "In a world of increased government intervention, B.A.T should learn to look at itself as a drug company rather than as a tobacco company."[21]

In light of the above tiny sampling of tobacco industry admissions, should there be any doubt in our minds as to who was slave and who was master, who profited and who lost?

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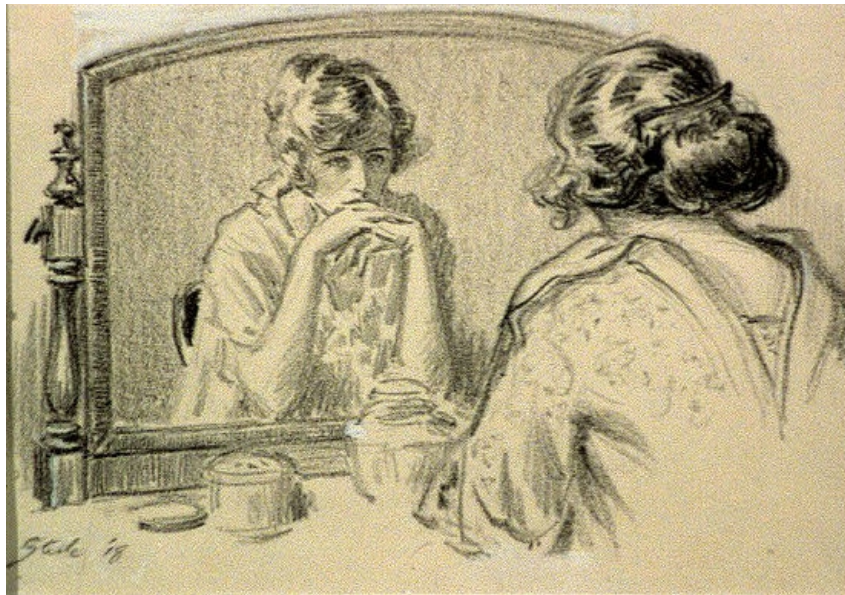
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## Freedom Starts with Admitting Addiction



It wasn't easy looking in the mirror and at last seeing a true drug addict looking back. I felt as if I was surrendering, that after all those failed attempts, I'd lost. I felt like a total and complete failure. But as horrible as that moment was, it was the most liberating event in my life.

It was then and there that I no longer needed the long list of lies I'd invented to try to explain my captivity, my need for that next fix.



Yes, there were countless times during my thirty years of bondage where I'd told myself that I was hooked. But not until then, after one last failed attempt in early 1999, did it hit me.

Like alcoholism, my addiction was not only real but permanent. A bottom of the barrel appalling admission, I felt like crying. I'd just been slapped hard by truth. Why had it taken so long? Truth was, I was no different than the meth, crack or heroin addict.

Dr. M.A.H. Russell, a psychiatrist and addiction researcher at London's Institute of Psychiatry had me pegged in 1974:

"There is little doubt that if it were not for nicotine in tobacco smoke, people would be little more inclined to smoke than they are to blow bubbles or to light sparklers."

"Cigarette-smoking is probably the most addictive and dependence-producing form of object-specific self-administered gratification known to man." [1]

Over the years, millions of nicotine addicts have tried proving Dr. Russell wrong. In January 2003, a Miami based company, the Vector Group Ltd., began marketing a nicotine-free cigarette called Quest in seven northeastern U.S. states.

A novelty item, thousands of smokers rushed out to purchase their first pack of nicotine-free smokes. But locating any smoker who returned to purchase a second pack proved nearly impossible.

We would no more smoke nicotine-free cigarettes than we'd smoke dried leaves from the backyard. Hello! My name is John and I'm a comfortably recovered nicotine addict.

It is not normal for humans to light things they place between their lips on fire and then intentionally suck the fire's smoke deep into their lungs. Nor is it normal to chew or suck a highly toxic non-edible plant, hour after hour, day after day, year after year.

We rationalized irrational behavior because of the neurochemical relief from wanting it generated. What we didn't realize that each use reinforced future wanting by creation of yet another high-definition use memory.

Cuddling up to the warm, cozy rationalization that, at worst, all we have is some "nasty little habit," serves the tobacco industry well. While habits can be manipulated, modified, toyed with and controlled, nicotine addiction is all or nothing.

And if mind games have you buying into the e-cigarette industry marketing fiction that nicotine-free vaping equals freedom, think again. Prior to e-cigs, smokers could quit by gradual weaning schemes too. Still, like trying to find a successful nicotine gum quitter who didn't end up hooked on the cure, success was rare.



In recent years I've come across a few e-cig users who were able to successfully wean themselves down to vaping nicotine-free juice, only to discover that they couldn't stop vaping. The only explanations, so far, have come from animal studies.

A 2015 mouse study taught us that higher fructose levels can reinforce the effects of sugar and "possibly lead to neurobiological and physiological alterations associated with addictive and metabolic disorders." [2]

Then came a 2020 study of mice that vaped nicotine-free apple flavored e-juice. It found that the mice developed reward-related behaviors without nicotine. [3]

Imagine transferring to e-cigs believing that you'd eventually be able to wean yourself off of nicotine, and upon succeeding, you found yourself still vaping and hooked solid.

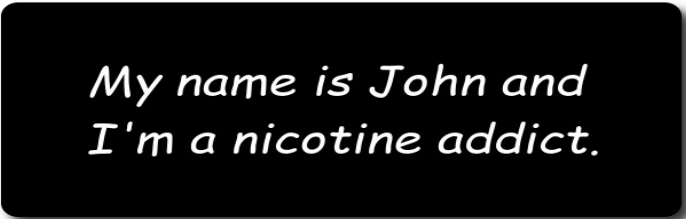
The moral of the story? If seeking to avoid a second addiction, flavors belong in the stomach, not vaporized and inhaled into the brain.

Back to the importance of admitting who we are, real drug addicts.

The neo-nicotine industry knows that so long as its "adult free-choice" marketing continues to brainwash nicotine addicts into believing that they're in full control, that ignorance is likely to continue handing over its hard-earned money until the day it dies.

Regardless of the delivery device or method used to introduce nicotine into the bloodstream, fully accepting that our addiction is as real and permanent as alcoholism greatly simplifies recovery's rules. In fact, unless also addicted to inhaling an e-juice flavoring, there's only one.

It's called the "Law of Addiction.



*My name is John and  
I'm a nicotine addict.*

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## Chapter 2: The Law of Addiction



### The Law Defined

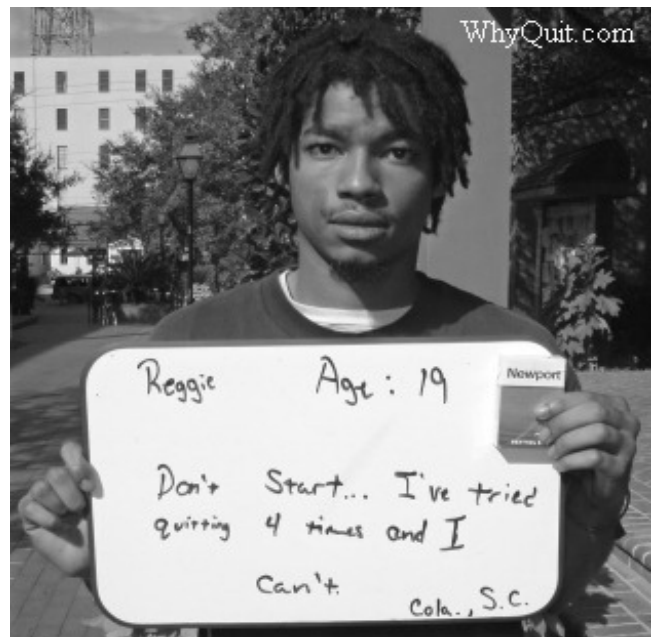
***"Administration of a drug to an addict will cause re-establishment of chemical dependence upon the addictive substance."***

According to the World Health Organization, "In the 20th century, the tobacco epidemic killed 100 million people worldwide. During the 21st century, it could kill one billion." [1]

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

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

Whether users know it by name or simply understand the basic premise, failure to self-discover or to be taught this law is a horrible reason to die. The "Law of Addiction" is not man-made law. It's as fundamental as the law of gravity and refusal to abide by it will result in injury or death.



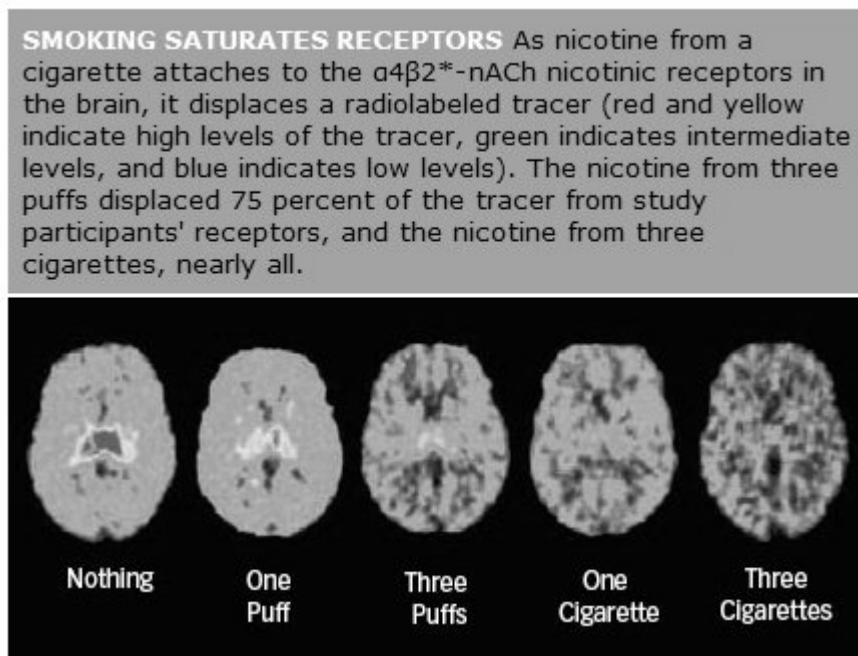


The Law is rather simple. It states, "Administration of a drug to an addict will cause re-establishment of chemical dependence upon the addictive substance."

Mastering it requires acceptance of three fundamental principles:

1. That dependency upon using nicotine is a true chemical addiction, captivating the same brain dopamine wanting relief pathways as alcoholism, cocaine or heroin addiction;
2. That once established we cannot cure or kill an addiction but only arrest it; and
3. That once arrested, regardless of how long we have remained nicotine-free, that just one hit of nicotine creates an extremely high probability of full relapse.

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



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

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



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

Unfortunately, conventional recovery wisdom invites relapse with statements such as "Don't let a little slip put you back to smoking."

As Joel says, it's like telling the alcoholic, "Don't let a sip put you back to drinking" or the heroin addict, "Don't let shooting-up put you back to using." [5]

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

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

They don't teach it because most don't understand it themselves. Instead they excuse failure before it occurs, as if trying to protect the particular smoking cessation product they are pushing from being blamed for defeat.

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

"The idea that you can't stop the first time is absolutely wrong," says Joel. "The only reason it takes most people multiple attempts is that they don't understand their addiction to nicotine. How could they, no one really teaches it."

"People have to learn by screwing up one attempt after another until it finally dawns on them that each time they lost it, it happened by taking a puff. If you understand this concept from the get-go, you don't have to go through chronic [stopping and starting]." [6]

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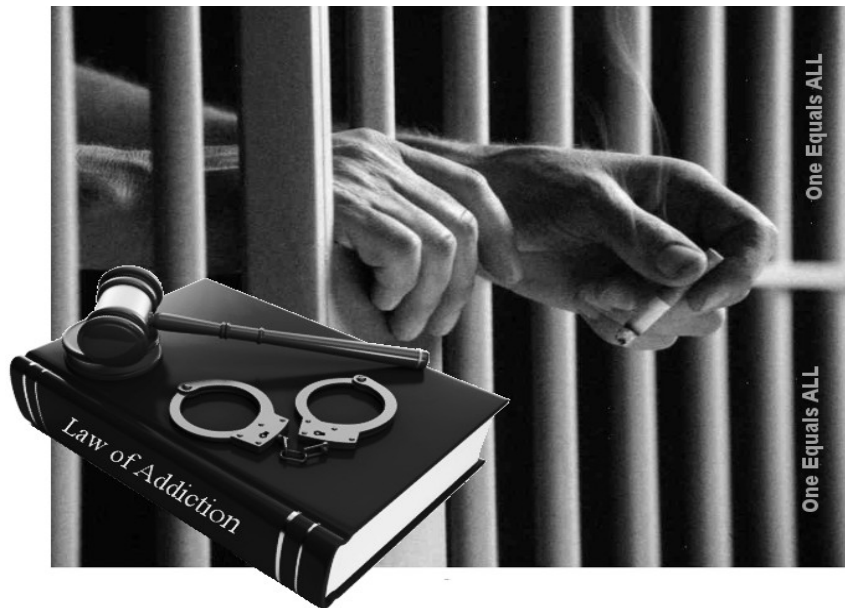
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## The Law Reflected in Studies



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

The 1990 Brandon lapse/relapse study followed 129 smokers for two years after they successfully completed a two-week stop smoking program.[1] Lapse was defined as any tobacco use regardless of how much.

### The Law of Addiction

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

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

While 14% took only one or two puffs, 42% smoked the entire cigarette, while the average smoked about two-thirds of a cigarette. A second cigarette was smoked by 93.5% who had lapsed. Nearly half (47%) smoked that second cigarette within 24 hours, with one in five (21%) smoking it within an hour.

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

Overall, the study found that 88% who "tasted" a cigarette relapsed. In discussing the finding Brandon wrote:



"The high rate of return to regular smoking (88%) once a cigarette is tasted suggests that the distinction between an initial lapse and full relapse may be unnecessary."

The Brandon study's finding was echoed by the 1990 Boreland study, which followed callers to an Australian telephone stop smoking line. There, among 339 participants who lapsed (123 who didn't make it an entire day and 172 who stopped for at least 24 hours) 295 or 87% experienced relapse within 90 days.[2]

A third relapse study, the 1992 Garvey study, followed 235 adult smokers for one full year after attempting to quit. It found that "Those who smoked any cigarettes at all in the post-cessation period (i.e. lapsed) had a 95% probability of resuming their regular pattern of smoking subsequently." [3]

Although the challenges of recovery have ended for hundreds of millions of now comfortable ex-users, each lives with nicotine dependency's imprint permanently burned into their brain.

Even after 10, 20, or 30 years of freedom we remain wired for relapse.

We're not stronger than nicotine but then we don't need to be. It is only a chemical.

Like the salt or pepper in our shakers, it has an I.Q. of zero. Like the sugar in our sugar bowl, it cannot plot, plan, think, or conspire. And it is not some big or little monster that dwells inside us.

Our blood serum becomes nicotine-free and withdrawal peaks in intensity within three days of ending all use. But just one powerful jolt of nicotine and the deck gets stacked against us. The odds of us having the stamina to withstand and endure nicotine's influence upon the brain without relapsing are horrible.

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

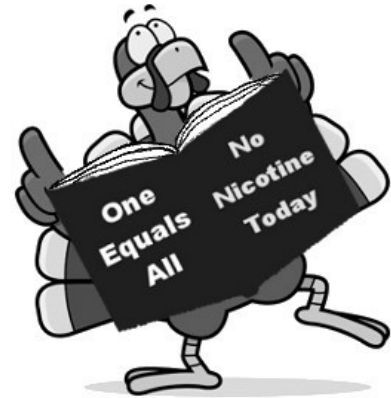
Also, keep in mind that nicotine dependency studies report that at least 10% of smokers are "chippers." The chipper's genetics somehow allow them to use or not, without getting hooked. How many of the few who survived lapse in Brandon, Boreland, and Garvey were chippers?[4]





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

My mentor Joel Spitzer's recovery lessons have been deeply burned into my brain. Paramount among them is that there's a single controlling principle determining the outcome for all. It's that total adherence to a personal commitment to not violate the law provides a 100% guarantee of success.



Although obedience may not always be easy, the law is clear, concise, and simple: no nicotine today, not a puff, vape, dip, or chew.

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## Missed Relapse Lesson

In 1984, Joel wrote an article with the heartless sounding title, "The Lucky Ones Get Hooked." [1] Frankly, it's anything but callous.

It makes the important point that those who experience full relapse within a few days of taking a puff, dip, vape, or chew are fortunate in that the experience offers potential to self-teach them the most critical recovery lesson of all, "The Law of Addiction."

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

Those who quickly experience full relapse increase the likelihood of learning, right away, the critical lesson of the power of using nicotine just once.

But the more time and distance between that first use and full dependency resumption, the greater likelihood of learning the wrong lesson, a lesson that for far too many smokers proves deadly.

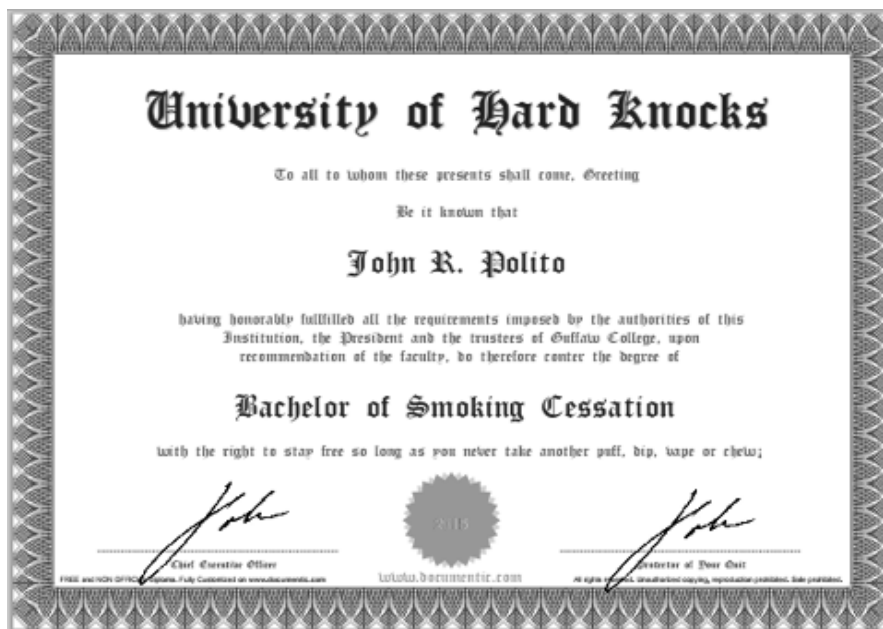


"The ex-smoker who takes a drag and doesn't get hooked gets a false sense of confidence," writes Joel. "He thinks he can take one any time he wants and not get hooked. Usually, within a short period of time, sneaking a drag here and there, he will become hooked."

"One day he too may try to stop and actually succeed. He may stop for a week, month, or even years. But always in the back of his mind, he feels, 'I know I can have one if I really want to. After all, I did it last time and didn't get hooked right away.'"

"One day, at a party, or under stress, or just out of boredom, he will try one again. Maybe this time he will get hooked, maybe not. But you can be sure that there will be a next time. Eventually, he will become hooked again."

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



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

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

The only other real alternatives to cold turkey were gradual weaning or tapering schemes, with extremely dismal results (roughly half as effective as cold turkey/abrupt cessation).[2]



The likelihood of any particular attempt being cold turkey was substantial. Thus, the odds of self-discovering the Law of Addiction were good.

Absent was the negative influence of pharmaceutical and e-cigarette industry marketing, marketing aimed at shattering both natural learning and confidence in our recovery instincts.

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

Today, the e-cig industry pretty much ignores nicotine cessation.

In 2019, Juul held a 75% share of the U.S. e-cigarette market. Juul knows that the vast majority who successfully arrest their dependence upon nicotine do so by going cold, not by gradual weaning schemes.

An August 2020 Google search for any reference to "cold turkey" on Juul.com produced zero search results.

Even worse, searches of "how to stop" and "how to quit" came up empty too. This despite 367 search results containing the cloned assertion that "nicotine is an addictive chemical."

Cold turkey is free yet poor. It has no bank account, economic muscle, or political clout. Pharmaceutical industry's attacks, false representations, and its gradual takeover of government cessation policy went largely unnoticed and unchallenged.[3]

Sadly, pharmaceutical industry financial influence has played a massive role in authoring official national cessation policy in nearly every developed nation on earth.[4]

Unopposed, by June 2000 the industry's muscle had grown so powerful here in the U.S. that cessation policy was rewritten so as to make use of pharmaceutical industry cessation products mandatory unless the user's medical condition prohibited it.[5]

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





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

The industry has yet to reveal that its more than 200 "medication" studies were not about drug addicts arresting their chemical dependence upon nicotine.

Those studies did not test body fluids to see if any participant actually became nicotine-free. Instead, they tested the breath of participants for expired carbon monoxide, to see if participants had stopped smoking it.

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

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

Ignorance is a horrible reason to continue handing the neo-nicotine industry your money until the day you die.

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

While there are hundreds of stop smoking books and quick-fix magic cures promising near painless and sure-fire success, there is only one principle which if followed provides a 100% guarantee of staying clean ... "no nicotine today."

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

Why test the ability of our dopamine pathways to make pathway-activating events nearly impossible to forget or ignore in the short term (the time needed for recovery)? Why challenge our brain's design? Why toy with disastrous odds?





Fully accept that one hit will be too many, while thousands never enough. And remember, it is impossible to fail so long as all nicotine remains on the outside. Yes, still only one rule, none today!

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## Chapter 3: Quitting "You"

### Recovery Instead of Quitting

The real "you" never, ever needed nicotine. You were fine on your own. The real "you" didn't need the sense of wanting satisfaction that arrived with each new supply, or the anxieties associated with needing more.

The real us typically functioned more towards the center, without nicotine's feeding cycle mood swings.

So what if you never, ever needed to inhale or juice nicotine again? What if your mind was once again allowed to be itself, filled with a rich sense of calm while stimulating its dopamine pathways the natural way, via great flavors, big hugs, cool water, a sense of accomplishment, friendship, nurturing, love and intimacy?

What if days, weeks or even months passed comfortably, without once thinking about wanting to use nicotine? Would that be a good thing or bad?



Quitting is a word that tugs at emotion. By definition it associates itself with departing, leaving, forsaking and abandonment.

But the real abandonment took place on the day nicotine-dependent pathways suppressed all remaining memory of the beauty of life without nicotine, when no longer able to recall how fantastic we functioned without it.

This book isn't about quitting. It's about recovering a person long ago forgotten, the real and wonderful "you!"

The word "quitting" tends to paint nicotine cessation in gray and black, in the doom and gloom of bad and horrible. It breeds anticipatory fears, inner demons, needless anxieties, external enemies, and visions of suffering. It fosters a natural sense of self-deprivation, of leaving something valuable behind.



Now, contrast quitting with recovery. Recovery doesn't run or hide from our addiction. Instead, it boldly embraces who we became, and every aspect of this temporary journey of re-adjustment.

When knowledge-based, we're looking for recovery symptoms, emotions, conditioning, and junkie thinking, and view each encounter as an opportunity to reclaim another piece of a nicotine-free life.

Nicotine dependency recovery presents an opportunity to experience what may be our richest period of repair and self-discovery ever. Tissues are allowed to heal. Senses awaken and the brain's neurochemicals again flow in response to life, not nicotine.

It's a period where each challenge overcome awards us another piece of our puzzle, a puzzle that once complete reflects a life reclaimed.

It is not necessary that we delete the word "quit" from our thinking, vocabulary or this book (at least not entirely). But it might be helpful to reflect upon when the real "quitting" took place, when freedom ended and that next fix became life's primary objective.

Although probably impossible to believe right now, you won't be leaving anything of value behind. Nothing! Everything done while under nicotine's influence can be done as well or better as "us."

### **Buried Alive by Nicotine "Aah"s**

Again, try to remember. What was it like being you? What was it like to function every morning without nicotine, to finish a meal, travel, talk on the phone, have a disagreement, start a project or take a break without putting nicotine into your body?

What was it like before nicotine took control? What was it like residing inside a mind that did not want for nicotine?

Possibly the most fascinating aspect of drug addiction is just how quickly all remaining memory of life without the drug gets buried by high-definition wanting-relief memories.





As explored in Chapter 4, how can we claim to like or love something when we have almost no remaining memory of what life without it was like? What basis exists for honest comparison?

Why be afraid of returning to a calm and quiet place where you no longer crave a chemical that today, every day, you cannot seem to get off your mind, a chemical that is a mandatory part of each day's plan?

Why fear arriving here on Easy Street with nearly a billion comfortably recovered nicotine addicts? Is freedom of thought and action a good thing or bad? If good, why fear it?

How wonderful would it be to again live inside a quiet mind where our addiction's chatter gradually becomes infrequent and then rare?

Slave to our world of nicotine-normal, we were each provided a new identity. Captive brain dopamine pathways did their designed job and did it well. They left us convinced that our next nicotine fix was central to survival, as important as water or food.

I recently read disturbing comments posted by more than one hundred long-term nicotine gum addicts. One, a 36-year-old woman, wrote, "I have to say, I traded one problem for another. I chew 4 mg 24/7 and can go through 170 pieces in less than 6 days. I have been chewing Nicorette now for 12 years. If I run out for a short time my mood becomes irrational. It is costing me more money than I have. I have chosen Nicorette over food many times."<sup>[1]</sup>

We can only hope that such honesty leads her to ask and answer the bigger question, "why?" Hopefully someday soon she'll feel what it's like to comfortably engage her entire day without once wanting for nicotine.

Contrary to the false survival training lesson constantly being pounded into her brain by her hijacked priorities teacher, she'd be leaving nothing of value behind. Even the love in her heart, she'd get to bring it with her.

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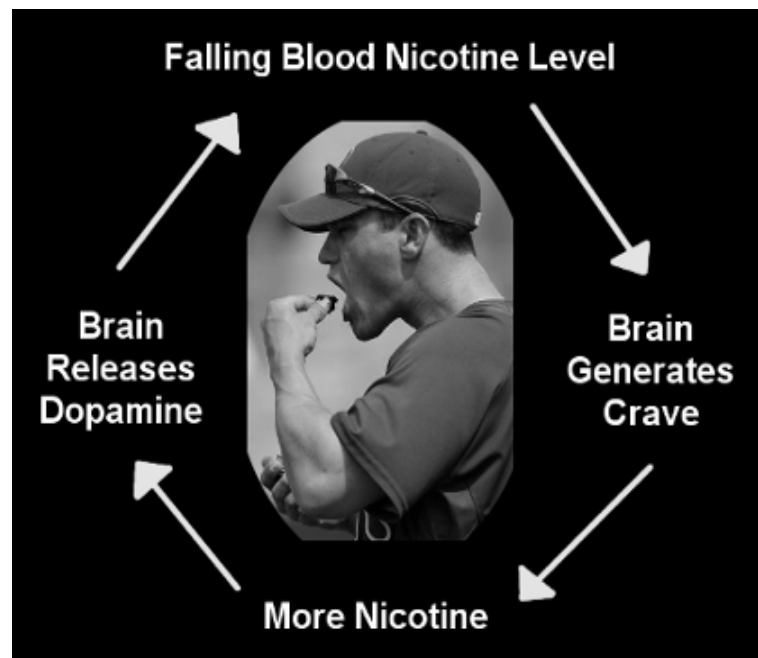
## An Infected Life

Whether a closet user who hides their addiction, a low tolerance level addict whose twice-daily use has them denying it, or a heavy and open addict like I was, our dependency infected far more of life than we care or cared to admit.

Once we permit ourselves to begin looking closely, it becomes hard to find any aspect of life that wasn't, to some degree, touched by our addiction.

Our endless feeding cycle was a perpetual interruption. Aside from the time devoted to using, there was non-stop use planning, the need to re-supply, clean-up, and return to the activity use had previously interrupted, or to a new one.

As smokers or e-cigarette users, how many times daily did we suck 1 milligram of nicotine into our lungs? As snuff users, how many times did a 2.5-gram pinch stay in your mouth until generating 3.6 milligrams of pure nicotine juice? If a chewer, how many times daily was 7.9 grams of loose tobacco jawed until it let go of 4.5 milligrams of tissue penetrating nicotine?[1]



And then we'd wait for nicotine's two-hour elimination half-life and a falling tonic dopamine level to command us to use again. Or we could accelerate nicotine elimination by encountering stress, drinking alcohol, or consuming vitamin C.[2]

Nicotine's presence altered our body's natural sensitivities. It destroyed our ability to relax, hijacked our priorities, and consumed precious time.

Smoking it diminished lung function while gradually destroying our bloodstream's ability to receive and transport life-giving oxygen. Altered vaping sensitivities include living with chronic dry mouth and dehydration, sore throats, a now and then flavoring reaction, or even tinnitus (ear ringing) or headaches.

Whether smoked, chewed or sucked, tobacco diminished the accuracy of our smell and taste, while making us home to smoke's more than 4,000 chemicals or oral tobacco's



more than 2,550.[3] If a smoker, we introduced up to 81 cancer-causing chemicals[4]. If an oral tobacco user, up to 28 [5].

And e-cig users need to remain mindful not only about the impurities in untested juice but about the possibility of their mod's vaporizing coil getting so hot that it begins generating the carcinogens formaldehyde and aldehyde.[6]

Like a mouse on an exercise wheel, there's no end to this endless cycle of madness unless we get off, unless nicotine's arrival ends.

## Forgotten Relaxation

Two million years of evolution prepared us to fight or flee the now extinct saber tooth tiger. Our body's response to sensing danger or sudden stress is activation of the "fight or flight" pathways of the sympathetic nervous system. Nicotine also activates these pathways.[7]

Nicotine's arrival in the brain causes the release of nor-adrenaline (nor-epinephrine), which in turn causes more than 100 neurochemicals to prepare the body to run for its life or fight.

Is it normal to spend the balance of life under the influence of an adrenaline releasing central nervous system stimulant?

Before climbing into bed to sleep, is it normal to consume a chemical that will make our heart pound up to 17.5 beats per minute faster,[8] that elevates blood pressure, restricts extremity blood flow causing the temperature of our fingers to drop up to seven degrees,[9] that accelerates breathing, dilates our pupils, perks our senses, shuts down digestion, and that triggers the release of glucose and fats from our body's energy stores?



As active addicts, most of us claimed that nicotine helped us relax. But activating our fight or flight response shows just how neurochemically confused we became about nicotine's impact upon us.

Try to imagine what it would be like to go hours or an entire day without once having adrenaline pumped into your bloodstream.



What would it feel like to stop endlessly beating yourself as if whipping a tired horse, to stop responding to non-existent saber tooth tigers, to again know and bask in full, deep and complete relaxation for extended periods of time?

## Forgotten Calm During Crisis

Have you ever noticed what you reach for during crisis? That's right - as just reviewed - a nervous system stimulant that activates the body's fight or flight response.

While stressful situations can by themselves activate our body's fight or flight response, why guarantee that it happens? When confronted with stress, why intentionally make your heart pound faster, elevate your blood pressure, and induce extra anxiety?

Even more disturbing, intentionally adding the body's fight or flight response to every stressful situation was nothing compared to the reason why we reached for nicotine during crisis, because stress accelerated removal of nicotine from our bloodstream, causing the onset of early withdrawal.

We'll review how stressful situations threw us into withdrawal in the next chapter (Use Rationalizations) under the heading "Use relieves stress and anxiety."

Here, simply ask yourself this. What would life's stressful situations be like if the anxieties of early nicotine withdrawal were never again added to them, resulting in fewer situations activating the body's fight or flight response?



Imagine being far calmer during crisis. What would it be like to again be you?

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Forgotten Breathing & Endurance

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## Forgotten Breathing & Endurance



Smokers not only suffer from nicotine addiction but the ravaging effects of thousands of inhaled chemicals upon their lungs and respiratory system.

What was it like to run like the wind, to engage in an extended period of brisk physical activity without becoming seriously winded?

What was it like to climb flight after flight of stairs, to play full-court basketball, or to chase a child or the family pet without ending up gasping for air?

Every now and then I meet a current smoker who proudly boasts that they enjoy running. What they don't seem to appreciate is the tremendous strain they subject their heart and body to when doing so. It's a matter of vigorously working muscles obtaining enough oxygen.

Carbon monoxide is a colorless, odorless toxic gas produced when any carbon-based material is burned, including tobacco. When smoking, the amount of carbon monoxide



entering the bloodstream varies greatly, up to 25mg per cigarette. Variability can be related to the particular brand being smoked, how intensely the smoker smokes, or whether filter ventilation holes are covered by their lips.

Without oxygen, the body's cells suffocate and die. The primary function of our lungs is to allow the entry of life-giving oxygen from the atmosphere into our bloodstream, and to then transfer carbon dioxide from our bloodstream back out into the atmosphere.

This exchange of gases takes place within an estimated 480 million thinly walled air sacs called alveoli.[1] But sucking large quantities of carbon monoxide into our lungs changes the playing field.

Hemoglobin is a protein in red blood cells that transports a new supply of oxygen from the alveoli (air sacs) in our lungs to more than 50 trillion living cells throughout the body. One hemoglobin molecule can transport up to 4 oxygen molecules.

The problem is, when smoking, if both an oxygen molecule and a carbon monoxide molecule arrive at an air sac at the same time, the carbon monoxide molecule always wins and the oxygen molecule is always left behind.

The chemical attraction between carbon monoxide and hemoglobin is 200-250 times greater than with oxygen.[2] What's worse, once attached to hemoglobin, carbon monoxide's long chemical bloodstream half-life of 2 to 6.5 hours[3] prevents red blood cells from transporting oxygen.

Think about that last puff. One-half of the carbon monoxide it contained will still be circulating inside your bloodstream roughly four hours later. Is it any wonder that our heart and body rebelled when we attempted vigorous exercise, even hours after smoking?

We don't just deprive our heart and muscles of oxygen. We daily paint our lungs with the 4,000 chemicals that the tobacco industry collectively refers to as tar. It's too little oxygen and too much gunk.

While comforting to think that most of the toxins in the smoke that we sucked into our lungs were exhaled, it just isn't so. Ninety-seven percent of NNN (possibly the most potent lung cancer-causing chemical of all) is not exhaled but remains inside.

It's the same absorption rate as nicotine. Ninety-seven percent of inhaled nicotine isn't exhaled.[4] Imagine traveling through life with lungs so marinated and caked in toxic tars that it appreciably diminishes lung function.

What would it be like to allow nearly destroyed bronchial tube sweeper brooms, our cilia, to re-grow and begin the process of sweeping gunk from air passages? Imagine allowing all still functioning air sacs time to clean and heal.



What would it be like to experience a substantial increase in overall lung function? Imagine gifting yourself the ability to build cardiovascular endurance again, to have nearly all hemoglobin transporting life-giving oxygen.

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## Forgotten Sensitivities

Where is the real neurochemical you? Is it normal to administer a stimulant that makes the heart pound 17 beats per minute faster when trying to relax?

Is it normal to use an external chemical to induce a dopamine "aaah" wanting relief sensation upon hearing that a friend has been hurt or a loved one has died?

Our dependency robs us of our emotional self-identity and sensitivities. The millions of extra acetylcholine receptors it grew inside our brain not only created a barrier to feeling nicotine's full effects but an insensitivity to life itself.

It isn't that the basic person and personality underlying nicotine dependency is radically different. It's that their addiction has disrupted their sensitivities, and has the wrong chemicals flowing at the wrong times.



Aside from dopamine, nicotine has command and control of serotonin, our stress-busting neurotransmitter, with ties to mood, impulse control, anger, and depression.[1]

Included among the estimated 200 neurochemicals that nicotine controls, mediates or regulates are acetylcholine, arginine vasopressin,[2] GABA,[3] glucose,[4] glutamate,[5] neuropeptide S,[6] anti-apoptotic XIAP,[7] epinephrine and nor-epinephrine.

What is it like to navigate nicotine dependency recovery, arrive home and for the first time in a long time allow life, not nicotine, to decide which neurochemicals your awareness will sense?



## Forgotten Senses

Some nicotine users claim to smoke, vape, dip or chew for the flavor or aroma. If you haven't heard others say it, you've certainly seen industry marketing suggest it. Truth is, powerful toxins rob tobacco users of the ability to accurately smell and taste.

I used to barely get through the bank door to make the daily deposit when one cashier, without looking up, would say, "Hi John!"

One day I made the mistake of asking how she knew it was me. "When the door closes behind you," she said, "a rush of air that smells like smoke announces your arrival." It hurt. I didn't know whether to change banks or brands.

Sensory nerve endings in the mouth and nasal passages begin healing within three days of ending tobacco use. Will everything smell and taste better? No. As Joel puts it, you smell and taste everything more accurately, but that does not necessarily mean better.

As Joel notes, that first spring will bring the aroma of flowers that will likely be far more intense than you perceived while smoking. But wait until you drive by a garbage dump or sewage treatment plant.

The same is true of taste. With an accurate sense of taste, there may be flavors you thought you liked that no longer appeal to you, or foods you were convinced were horrible that suddenly become wonderful.

What is it like to smell coffee brewing more than a hundred feet away? Imagine being able to identify every smoker you meet by the thousands of chemicals coating their hair, skin, and clothing.

Flour isn't just white and rain just wet. They both offer subtle yet distinct aroma experiences.

Think about having missed out on the natural smell of those you love, the smell of a new baby, the aromas that tease as we walk past a bakery, or feeling compelled to stop and smell every flower as if planted just for you.

What is it like to live with healed senses? "Come to where the flavor is." Come home to you!





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## Forgotten Mealtime

I almost never ate breakfast and usually skipped lunch. However, that's not entirely correct. You see, nicotine was my spoon.



With each puff, nicotine activated my body's fight or flight response, which would almost instantly dump stored fats and sugars (glucose) from my liver into my bloodstream.

I'd normally eat just one large meal at the end of each day. Part of that meal was stored and the next day I'd use nicotine to release it.

The consequences of torturing our body this way were many, including a 44% increase in the risk of developing type II diabetes (29% for light smokers and 61% for heavy smokers of more than 20 cigarettes per day).[1]

I had long ago forgotten how to properly fuel my body. Smoking 60 cigarettes per day, about one every 15 minutes, I had few hunger cravings and little experience satisfying them.

I repeatedly tried to navigate early recovery without awareness that nicotine had become my spoon. Not only did I endure nicotine cravings, I added hunger cravings. I endured a number of hypoglycemic-type symptoms including mind-fog and an inability to concentrate.

An utter mess, I tried eating my way out of food cravings. It made recovery vastly more challenging. The result was always the same: needless cravings, anxieties, extra pounds, relapse and failure.



But back to our theme, what was it like to feed yourself, to fuel your body on a regular basis, to sit with friends and eat like a normal person?

What would it be like to no longer make excuses for leaving meals early to replenish missing nicotine, to stay and comfortably savor the after dinner conversation instead of listening to your addiction?



## Extra Workweeks

A 12 cigarette per day smoker who spends an average of 5 minutes per cigarette devotes one hour per day to smoking. That's 365 smoking hours per year. Broken down into 40-hour work weeks, that's 9 full work weeks per year spent servicing their addiction.

Even while spitting, oral tobacco users easily blend in and hide where bellowing smoke, or even vapor, cannot.

Usually they need fewer nicotine fixes, each delivering substantially more nicotine than inhaled from a cigarette or e-cig. But honest calculation of the total time spent each day servicing the oral user's addiction may be as much or more than for smokers or e-cig users.





Time spent locating a spit container, your tin, can, pouch, bag or box, tapping the lid, packing the can, or opening the package, sniffing or otherwise packing or loading up, working the dip, wad, pouch, orb, strip, gum, or lozenge, sucking or chewing while waiting for nicotine to slowly penetrate mouth tissues and enter the bloodstream as anxieties gradually build, spitting or swallowing juices, parking periods, and disposing of spit, used tobacco, or gum, it all adds up.

Imagine giving yourself a two-month vacation from work each year. What would it be like to reclaim such a massive chunk of life? What would it be like for your days to entirely be yours again?

What if your mouth, hands, and time were again yours without precondition? Where would you go, what would you do, how long would you stay, and who would you become if not chained to mandatory feedings?

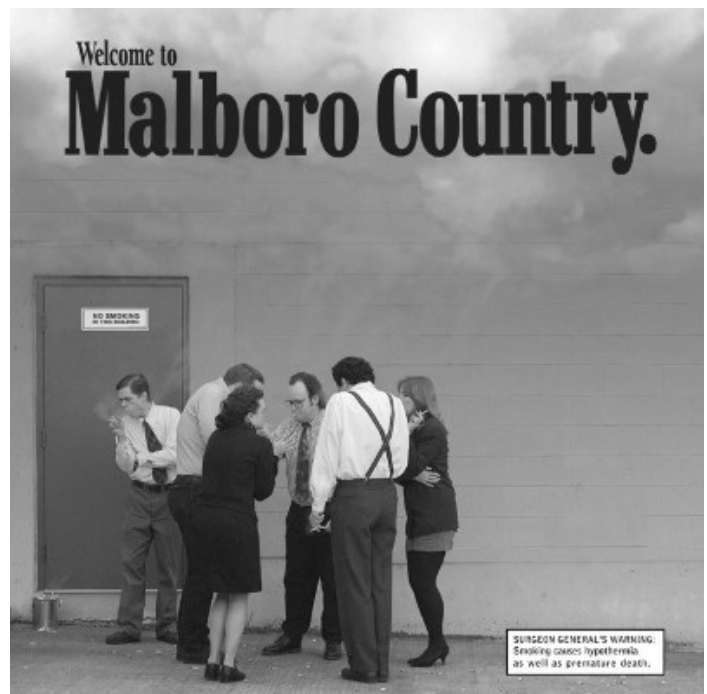
## Forgotten Priorities, Forsaken Life

It is entirely normal for drug addicts to truly and deeply believe that drug use enhances life, that it punctuates rather than interrupts it. Rarely did we stop and reflect upon the realities of captivity and full price of bondage.

Nicotine's two-hour elimination half-life in human blood serum is a feeding clock without feeling or conscience. It cannot respect life, time or priorities. When nicotine reserves and tonic dopamine begin falling, it will not matter if the moment being interrupted is the most wonderful of our entire day, year, or life.

The mind's survival instincts motivator is captive to nicotine. The lesson this circuitry's design now compels it to vividly and firmly implant within our brain is that nicotine use is core to survival, as important as food.

In fact, nicotine use becomes more frequent and trumps eating instincts. Part of our body's fight or flight response is to shut down digestion, so as to divert more blood to large muscles.





Any activity lasting longer than the time we could comfortably go between nicotine feedings became a sacrificial lamb. Where might we have gone, what might we have done and whom might we have met? What learning was missed?

Chemical dependency onset did more than simply modify our core survival instincts. It became elevated above family, friends, food, work, accomplishment, romance, love and concentration.

You'd think we would have immediately questioned such a massive shift in priorities. How could we not notice the amount of time devoted to nicotine and its impact upon our senses, sensitivities, relaxation, crisis management, meals and moods?

We didn't notice because nicotine had our focus diverted elsewhere. All we could think about was that next fix, satisfying that next urge, and feeling nicotine-normal again.

Once brave enough to venture beyond nicotine's influence, hidden truths become obvious. "Real choice" gets introduced into the equation. We become the jailer, and our dependency the inmate.

Once home, the full flavor of life can be savored and celebrated. What's there to lose by coming home for a visit? And there's just one rule to arriving ... none today.

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1. Willi C et al, Active smoking and the risk of type 2 diabetes: a systematic review and meta-analysis, Journal of the American Medical Association, December 2007, Volume 12:298(22), Pages 2654-2664.

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## Chapter 4: Use Rationalizations

### Inventing Use Rationalizations

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

No sense of loss, 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 coming home, imagine welcoming, embracing, within two weeks starting to like, and within 90 days beginning to love being free.

This chapter will aid you in recognizing, analyzing, and destroying common use justifications. But only if that's your wish. And I hope it is. Imagine how much easier letting go would be if totally convinced that you were leaving absolutely nothing of value behind.



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 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 to smoke, at least for now."



Little did I then appreciate that I was already just as addicted as my mom. I also couldn't foresee how emphysema would so weaken her that it would diminish her cancer treatment options, or 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 your first smoking-related disease, or once told that you have chronic bronchitis or emphysema? If an oral user, will that first precancerous leukoplakia or that first root canal be enough? If slave to vaping, will diagnoses of adult-onset diabetes or circulatory disease be the stimulus you needed? Probably not.

The problem is, while fear can and often does motivate action, it has little sustaining power. We can only stay 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]

Picture the birth of hundreds of other 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 or recovery from it.

Imagine being the user who always justifies today's nicotine purchase (always only a single day's supply) by promising yourself that tomorrow you'll stop. Alternatively, imagine being the user who always purchases 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 intelligently designed to support the addict's need for alternative use explanations.

Reflect on e-cig "freedom" marketing that keeps users happy and chained by constantly reminding them about the far crueler master who previously owned them; the overlord who eventually kills half of his slaves.

Pleasure, taste, a 2 for 1 sale, improved menthol, a coupon, your store's new "come to where the flavor is" sign, a fantastic price on cartons, U.S. tobacco companies spend at



least \$14 billion annually to keep users convinced that they use their products for every reason imaginable, except the truth.

They use them because they must. They do so because tonic dopamine declines and anxieties rise when they don't. Stated another way, the neo-nicotine addiction 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, Apple Jack, Apollo, Basic, Beech Nut, Belair, Belmont, Best Value, Big Mountain, Black Owl, Blu, Bond, Bucks, Buglar, Cambridge, Camel, Cannon Ball, Capital, Captain Black, Champion, Chesterfield, Class A, Copenhagen, Cleopatra, Cloud 9, Cougar, Dark Horse, Derby, 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, Parliament, Passion, Passport, Peachy, Players, Pride, Prince, Prince Albert's, Pure Natural, Pyramid, Quality, Rave, Red Man, Red River, Rich, Riviera, Romeo y Julieta, Rooster, Rosebud, Rosetta, Samson, Satin, Savannah, Signature, Silver Creek, Sir Walter Raleigh, Sky Dancer, Sonic, South Beach Smoke, Southern Harvest, Sport, Springwater, Style, Sundance, Swisher Sweets, Tempo, Top, Tourney, Triumph, True, USA Gold, Vantage, Velvet, Viceroy, Virginia Slims, 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 helping keep users hooked.

And 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 born and fueled by a lack of understanding.

As we review the top use rationalizations notice that there are four basic types: (1) alternative use explanations that aid in denying dependency; (2) rationalizations that minimize the costs and harms of use; (3) recovery avoidance excuses; and, (4) justifications to relapse.

Chapter 12 on Subconscious Recovery divides the following 20 rationalizations down by category while sharing 33 additional rationalizations. The primary reason for sharing these 20 now is to empower you, as much and as early as possible, to begin seeing basic use truths.



1. Online Medical Dictionary, Rationalization, Department of Medical Oncology, University of Newcastle upon Tyne, July 2, 2008.
  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.
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## "Just one" "Just once"



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

Why torment ourselves 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's dopamine pathway receptors to become occupied by nicotine, that your brain won't soon be wanting, plotting to obtain, 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 pathways will again re-assign getting more the same priority as they assign to getting and eating more food.

While most who attempt cheating walk away feeling like they've gotten away with it, we cannot cheat the design of brain circuitry whose job is to make activating events nearly impossible to forget in the short-term, the time needed for recovery.

Let go of the fiction of "just one" or "just once." Laugh at it. You're now far too wise to pretend that the wanting, urges and craves you felt flowed from different brain circuitry than the wanting and urges sensed by the alcoholic, or the heroin, crack or meth addict.

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 equals all, lapse equals relapse, and that one puff, vape, dip, pinch, or chew will be too many, while thousands won't be enough.

Be honest with yourself. As Joel says, don't say that you don't want one when you 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, and all the baggage that comes with them.

## **"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 one million U.S. ex-smokers relapsed to smoking after the World Trade Center terrorist attacks on September 11, 2001.[1]

What I find amazing is that at some point prior to 9/11, nearly all of those ex-smokers were able to break free despite continuing to deeply believe that smoking relieves stress.

In fact, it's natural and normal to believe that nicotine is a stress-buster, that it calms us during crisis. How could we not? We'd felt it happen hundreds or maybe even thousands of times previously. Or, did we?



Stress relief is possibly the most deeply ingrained use belief of all. And this deadly belief certainly isn't news to the nicotine addiction industry.

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." [2]

Said differently, stress accelerates withdrawal's onset. Sadly, what those million ex-smokers did on 9/11 was to fall prey to durable wanting satisfaction memories created by an actively feeding nicotine addict in need.



The physiological effects of stress cause urine to turn more acidic. Urine acidification accelerates elimination of nicotine from the bloodstream, forcing early replenishment.[3] 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." [4]

Whether inhaled or juiced, nicotine does not relieve anxiety but only its own absence. Countless times previously, an intense need for replenishment was satisfied by arrival of a new supply. 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 freezing rain. They stop, get out and look at the flat. The never-smoker sighs and then immediately reaches for a jack to change the tire. And the smoker reaches for ....? That's right, a cigarette. But why?

Stress, anger, worry and fear cause release of hormones which quickly turn urine more acidic. The problem is that the speed or rate by which the kidneys remove and eliminate the alkaloid nicotine from the bloodstream is directly tied to urine acidity (Schachter 1977). Thus, the more stressful the event, the more stress hormones released, the more acidic our urine, and the quicker we sensed withdrawal's onset.

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 by which the kidneys eliminated nicotine from the bloodstream.[5]

The further from our last nicotine replenishment when stress occurred, the more noticeable the decline in tonic dopamine, and the sooner and more intense stress induced wanting was felt.

As stressed nicotine addicts we were forced to reach for a central nervous system stimulant in order to battle the sudden onset of early nicotine withdrawal, before turning our attention to the underlying stressful event (the flat tire).

Whether urine acidification occurs more quickly as a result of stress hormones released during emotional turmoil, or more gradually by slowly drinking alcohol or drinking or consuming acidic juices or foods, the more acidic our urine and the faster the rate of nicotine depletion.[6]

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.

Never once in our life did nicotine resolve the underlying crisis. If the tire was flat, it was still flat. If a bill was unpaid or a loved one had died, replenishment changed nothing. 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 the up to 72 hours needed to eliminate all nicotine and move beyond peak withdrawal, can bring a sense of 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.

Here, Joel makes an important point. Nicotine's false calming effect quickly becomes a rationalization crutch reached for during stressful situations. A false crutch, nicotine's impact upon the user's life can be "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." [7]

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 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, it's wise to quickly dump the destructive falsehood that a stimulant relieves stress.

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1. Caba, J, 9/11 Attacks Made 1 Million Former Smokers Pick Up Cigarettes Again, MedicalDaily.com, Jun 21, 2013.
  2. Brown & Williamson Tobacco Corporation, Internal Correspondence, March 25, 1983, Bates Number: 670508492
  3. 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.
  4. GlaxoSmithKline, Nicorette: Frequently Asked Questions, <http://nicorette.com/faqs.aspx>, May 23, 2012
  5. 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.
  6. Schachter, S et al, Studies of the interaction of psychological and pharmacological determinants of smoking: II. Effects
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of urinary pH on cigarette smoking, *Journal of Experimental Psychology: General*, March 1977, Volume 106(1), Pages 13-19.

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

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## **"Nicotine is my friend"**

Reflect on the illness inside a mind that looks upon nicotine as a "friend." Imagine a friend that's always there, never lets us down, that calms us during crisis (or so we thought), that never argues, a loyal and trusted companion more dependable than a dog.

Pretending that our addiction is our pal 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 is happy to see us. Nicotine's most dependable attribute is in keeping us dependent upon it, its ability to briefly silence the wanting created by its ever declining presence.

"My Cigarette, My Friend" is likely the most famous "friend" rationalization buster ever.[1] Written by Joel Spitzer, 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 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 when replenishment time arrives. It compels smokers to find an acceptable place to feed, even during bad weather. It's about being forced to stand in line to buy more, about needing gradually increasing amounts of money to feed a never-ending need.



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 forms 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," notes Joel. "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."

Yes, the expense, time demands, and 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 #1 risk, its ability to keep us its slave until the day we die.

It's increasingly common to see those hooked on nicotine replacement products or e-cigarettes to award their form of delivery hero or savior worship status. Clearly, the risks posed by nicotine alone are vastly less than smoking's. However, nicotine's continued use, in any form, is unsafe.



If you have Internet access, go to 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.

Following footnote #2 I cite titles to nicotine medical journal articles published during the month of August in 2008, the month this topic was written.[2] As you can see, it isn't necessary for anyone to resort to scare tactics or exaggeration of nicotine's effects upon the body. The truth is frightening enough.

While personifying any chemical inflates emotional attachments to it, doing so doesn't alter that it's still only a chemical. What it could alter is your comfort level around others, feeling more comfortable being with fellow nicotine addicts who won't make you feel guilty about your next nicotine fix.

Friends? What I'd urge you to sleep on is the number of people in your lifetime who passed on creating meaningful relationships with you, because of the stink of your hair, skin and clothing, your breath, because of your endless cycle of replenishment interruptions, or because they realized that your chemical addiction would always be elevated above them.

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1. Spitzer, J., "My Cigarette, My Friend," WhyQuit.com, Joel's Library, 1990.
  2. 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 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.
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## **"I like it." "I love it."**

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

If a smoker, what's so wonderful that we were willing to ever so gradually destroy these bodies, creating 50/50 odds of departing earth 13 to 14 years early?



If an oral tobacco user, how much love does it take to permanently expose your mouth to unadulterated tobacco's 2,550 chemicals? If slave to vaping, what's it like to pretend that use consequences aren't coming?

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.

Ever declining reserves, 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 had to be cautious not to use too much 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.[1]

According to Philip Michels, Ph.D., 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.  
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.[2]

"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 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?[3]

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"?

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1. Spitzer, J, "I smoke because I like smoking," an article in Joel's free PDF book Never Take Another Puff, <https://whyquit.com/joel>
  2. Spitzer, J, "I smoke because I like smoking" 1983, [https://whyquit.com/joel/Joel\\_01\\_02\\_I\\_Like.html](https://whyquit.com/joel/Joel_01_02_I_Like.html)
  3. Spitzer, J, "Boy, do I miss smoking!" 1985, <https://whyquit.com/joels-videos/boy-do-i-miss-smoking/>.
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## **"I'm just a little bit addicted"**

Nicotine dependence diagnostic standards are hidden behind 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 a "nasty habit," or if not, and we really are addicted, that we're just a little bit addicted, that it's itty-bitty.





It's normal to compare our situation with that of other drug or nicotine addicts, to rationalize that ours isn't nearly as bad.[1]

The easiest such minimization is to compare how often we use nicotine, our brain's level of nicotine tolerance. But let's not kid ourselves. Whether our brain demands a single nicotine fix every third day or twenty times daily, 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.

Unfortunately, non-daily addicts expect to experience fewer positive effects during recovery, and place less value on getting free and clean.[2]

What's sad is that such junkie-thinking often keeps them using years longer than they otherwise would have, resulting in years of extra toxin and carcinogen assaults which elevate their risk of disease and death.

Likewise, while initially, the smoker who transfers to e-cigarettes is likely to experience an increase in the number of times daily devoted to replenishment, it's common to see use frequency decline once they adjust to the extra second or so needed to inhale a larger and longer-lasting hit of nicotine.

The concern is that memory of their use frequency decline, coupled with any decline due to diminished physical tolerance to nicotine (possibly related to sugars also stimulating dopamine pathways) can fuel "I'm less addicted" use reasoning.

As with the smoker who is able to go without for a significant period of time, the e-cig user who combines "less addicted" with "less harm" thinking may substantially increase their level of contentment about continuing use.

The most obvious concern is that it will likely take decades before we appreciate the full spectrum of vaping risks, including risk associated with hourly inhaling a known cancer promoter - nicotine - into lungs already compromised by years of smoking.

Why gamble with our health or life? The prudent move is to look in the mirror and fully accept who we are: to see an honest-to-goodness drug addict looking back.

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1. Craig, Kathleen, Not Much of a Smoker, originally posted at MSN's Freedom from Tobacco's on February 29, 2004, and today shared at WhyQuit at <https://whyquit.com/freedom/not-much-of-a-smoker.html> since 09/23/20.

2. Hoeppe BB et al, Preparing for the Quit Day: Comparing beliefs of nondaily versus daily young adult smokers as they prepare for a quit attempt [published online ahead of print, 2020 Sep 3]. *Nicotine & Tobacco Research*, 2020; doi:10.1093/ntr/ntaa166

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## **"I do it for flavor and taste"**



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

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 cigarettes." "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." [1]

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 currant 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 boast about not using additives use flue-curing for sweetness, genetic engineering, blending and/or faster nicotine delivery (more free-base nicotine) to make tobacco's natural harshness more acceptable to the senses.

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 either on fire or to vaporize them.

Again, there are zero tastebuds inside our lungs. Advertising suggesting that flavor or taste is the reason we sucked those flavorings deep into our lungs is an insult to our 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.

As for flavorings, the e-cig industry's massive flavorings spectrum is doing an excellent job of keeping e-cigarette users from noticing that they're not swallowing and digesting purchased flavors, but marinating lung tissues and rocketing them to their brain.

Few e-cig users have any appreciation for the chemicals present in their favorite flavorings, or the long-term cellular consequences of heating, inhaling or mixing them.





Frankly, I thought electronic nicotine's arrival would compel users to immediately see and accept that we are real drug addicts in every sense. I was wrong.

I failed to account for nicotine's amazing grip compelling rapid creation of a host of new use explanations including freedom, recreation, and yes, flavorings.

Have you ever once heard any user tell you that they wanted to become addicted to using nicotine because the flavors arriving with it were so awesome? Probably not.

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

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## **"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.[1]

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

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



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1. Vennemann MM, et al, The association between smoking and smell and taste impairment in the general population, Journal of Neurology, July 28, 2008 [Epub ahead of print].

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## **"It helps me concentrate"**

The below photo of a smoker working is of Martin (Marty) Rosen from the UK. Marty at last broke free in 2000.

Missed concentration? No. Marty fell in love with being free. He became one of the most giving and longest-serving volunteers at Freedom, WhyQuit's original support group.



"Back then, a cigarette did help me concentrate on my work because it stopped the distraction of my nicotine craving and allowed my brain the freedom to operate," says Marty.

"But it didn't last long. Fifteen minutes later I needed another cigarette, then another. A long report could demand half a pack," recalls Marty. "Then I found a better way."

"No smokes, no craves, no artificial aids needed to concentrate - just a nice, clear, unaddicted brain able to concentrate without chemical infusions," recalls Marty. "A report which used to take me 90 minutes now took half the time and I could write them without having to open the office window."



"Were the reports any better? You'll have to ask the customers they were written for. But did I feel better when I finished a report? Oh, yes!"

Although nicotine is undeniably a stimulant that activates our 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 is a minute or two 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 eliminated entirely by a nicotine-induced stroke, early dementia, or a tobacco-induced death.

And, as Marty relates, where's the intellectual honesty in suggesting that constantly being 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 mind fog brought on by low blood sugar reinforces the false belief that use aids concentration.

If your diet and health allow, avoid low blood sugar concentration impairment by sipping on natural fruit juice for the first three days. Cranberry juice is excellent.

Also, try not to skip meals for the first 2 to 3 weeks. Don't eat more food but to learn to spread your normal daily 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, stretching or a bit of activity are vastly healthier stimulants.

## **"I use 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 about "relieving" boredom. Boredom is 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.

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, vape, dip, or chew 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.

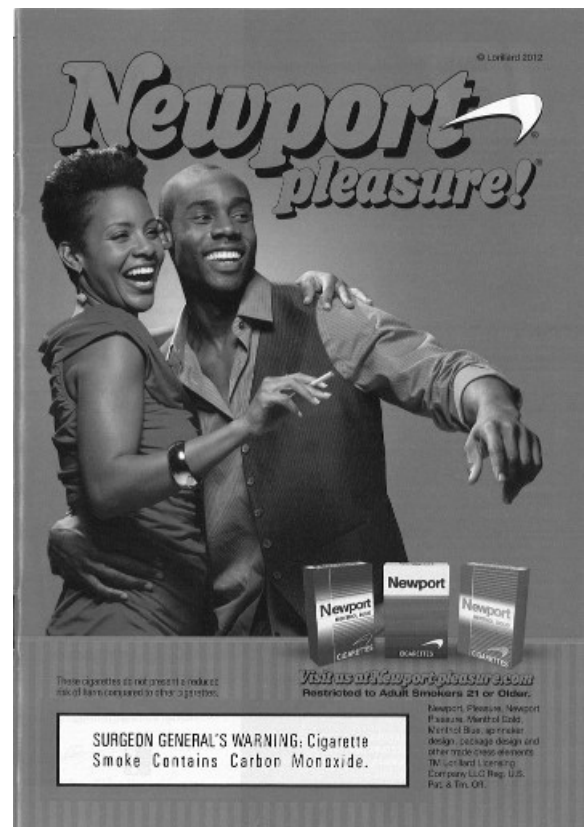
## "I do it for pleasure"

"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 nicotine 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 fix? 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." [1]



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.

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." [2]

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.

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1. New York Times, In America, Tobacco Dollars, by Bob Hebert, November 28, 1993.

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

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## **"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 a 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. [1]

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." 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 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 sugar coating 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 this book and vastly 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 stay me, all I have to do is to ... never take another puff, vape, dip, or chew!



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

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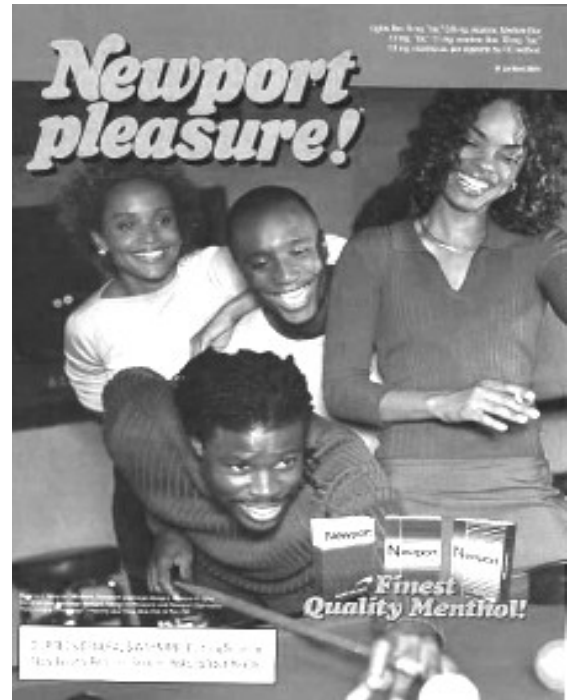
## “I’ll lose my friends”

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.

The tobacco industry has spent hundreds of millions on subconscious marketing that burned ties between friends and smoking deeply into our minds.

Yes, it takes a bit of practice before getting comfortable around users. But extinguishing all use conditioning is a necessary part of healing.

According to Philip Morris's research, over 85% of smokers strongly agree with the statement, "I wish I had never started smoking." [1]



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 at nicotine dependency recovery.

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 both vaping and oral tobacco use can be major turn-offs.

Aside from no longer using nicotine, our current lives don't 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 about being hooked and using. In fact, there's often 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 my friends.

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

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## **"I'm still healthy"**

Millions and millions ride the "I'm still healthy" rationalization until it collides with a massive heart attack, a 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 the rationalization that kept me using for thirty years, a belief that I was hopeless, that I couldn't stop.

## "I can't stop"

I've made no secret over the years about which Joel Spitzer article is my favorite.[1] 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 any time, 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?"



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.



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

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## **"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.[1]

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 live within.





I wrote a smoking rationalization article in early 2000 that I entitled "Nicodemon's Lies." Clearly, 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 we never met, in "Scandal," Allen's final book, he mentioned that our paths had crossed. Before quoting from an article I'd written, on page 37 he wrote:

"I read an interesting article in the British Medical Journal recently by someone not on the payroll of the pharmaceutical industry. 'It caught my eye because it was entitled: 'The NRT cessation charade continues.' The author is an American called John Polito who works as a nicotine cessation educator, which means he is honest about trying to stop the source of the addiction, rather than maintain it."

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.

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." [3] 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."

"Let's not give nicotine more credit than it is due," writes Joel. "Let's 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.

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## **"I'd gain weight and that's just as dangerous"**

Let me ask you this. And pick wisely. If your choices were tomorrow developing that first cancerous cell in your lungs, brain, or pancreas, or an extra inch in your waist, which would you pick?

How many cancer-causing chemicals will be in your next bite of food? Hopefully, none.

This intellectual use rationalization pre-assumes substantial weight gain and then makes an incorrect judgment about relative risks.

First, recovery does not generate the "bulk" of cessation weight gain, eating does.



Long term, if unaddressed, a decrease in metabolism and return of a normal appetite may add extra kilograms or pounds. While 20% actually lose weight, the average one-year weight gain is 4 kg or 8.8 lbs, with most of the weight gained during the first three months.



But if a smoker, you'd need to gain an extra 34 kilograms or 75 pounds to equal the health risks associated with smoking one pack-a-day.[1]

If a vaper, while it may take decades before a fairly accurate e-cig risks assessment is available, hardly a week passes without a new study or news article suggesting harm or damage caused by nicotine, e-juice, flavorings, or vaping hardware (visit PubMed.gov and search "nicotine").

The more immediate recovery concerns are that week-one nicotine cessation water retention can be frightening (normally gone during week two), that healing senses of smell and taste will quickly make the lure of food more intense, and that nicotine stimulates the same brain dopamine pathways as food.[2]

It's common for the uneducated new ex-user to reach for extra food as a dopamine pathway stimulation replacement crutch.

While it can take up to 3 weeks for millions of extra nicotine fed dopamine pathway receptors to down-regulate to levels seen in never-users, it's also true that extra food use while waiting to feel normal again can add demoralizing pounds, while at the same time establishing horrible new eating patterns.

But that's the uneducated new ex-user. You're smarter than that.

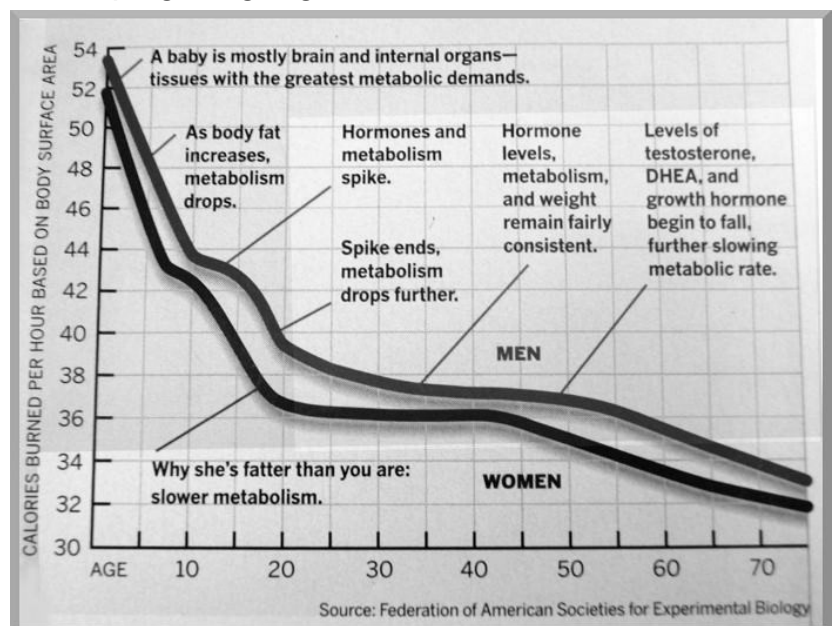
You know in advance that a few weeks of elevated dopamine pathway wanting is coming.

You know you can pre-cut low-cal fresh veggies (cauliflower, squash, celery, cucumbers, broccoli, radishes, bell peppers and/or carrots) and make them as available in a bowl of chilling water, as a bag of candy, cookies or chips. Alternatively, you know that temporarily increasing your daily activity will aid in keeping weight gain to a minimum.

The low-energy density and high dietary fiber content of fruit and vegetables makes them perfect recovery weight control tools.

You also know that a nice cool glass of water, a big hug, or a deep deep breath stimulates the release of dopamine too.

What about your metabolism resetting to that of a non-user and nicotine no longer suppressing appetite via your body's fight or flight response?[4]





There, you understand that whether you remain nicotine's slave or not, that with aging, that if you wish to maintain your current weight, that you're going to have to learn to adjust to a declining metabolism anyway.

As we age, our metabolism declines as we become less active, lose muscle, add fat and experience hormone changes.

If wishing to maintain your current body weight, nicotine dependency recovery invites you to address your body's need for less fuel.

Overall, there are four choices. Do nothing and gradually add 5 to 10 pounds, increase your daily activity, decrease your calorie intake or a combination of the two.

Regardless, you're too smart to allow fear of weight gain to continue robbing you of freedom, healing, risk reversal, your time, coins, priorities, breathing, self-esteem, and life.

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## **"I vape e-cigs and they're vastly safer"**

While likely and hopefully true, we have little current appreciation as to what "safer" actually means. Thankfully, the e-cig is beginning to force research into health risks associated with cleaner forms of nicotine delivery.

The problem is that, as with cigarettes which doctors in advertisements once suggested were safe, it may take decades before enough of the vaping risk spectrum becomes known, clear, and reliable enough to allow informed decision-making regarding continued use.





Reserving the right to amend as quality risk data becomes available, contrasting long-term smoking to long-term vaping is akin to the risk of jumping from the top of a 5 story building (smoking) versus one that's 2 stories (vaping). Alternatively, imagine an automobile traveling 50 miles-per-hour (80 kph) being driven into a brick wall (cigarette smoking), compared to the same collision at 20 mph or 30 kph (e-cig vaping).

Obviously, contrasting the body's sudden deceleration tolerance to hourly lifetime chemical assaults is night and day. Still, the average long-term e-cig user would be wise to fully expect to sustain harm. They need to vape believing that they will eventually develop one or more vaping related diseases, with some as yet unknown and hopefully very low percentage paying the ultimate price, premature death. Contrast that to nearly all lifetime smokers developing smoking-related diseases, with roughly half failing to survive the above building fall or collision.

We're now watching as e-cig industry marketing takes as its starting point and builds upon decades of pharmaceutical industry marketing, advertising which continues to falsely imply that quitting without the use of approved products is nearly impossible.

Putting risk, disease, and death aside for a moment, ask yourself, why is nicotine delivery device transfer even necessary?

The underlying and unstated foundation of every e-cigarette advertisement is that you're hopelessly hooked, that you cannot quit, that it's simply too hard, that you're a failure, that a much safer alternative is available, so you should give up on giving up.

Now, now, I hear some of you. "John, you're totally missing the fact that vaping is fantastic!" Respectfully, I'm afraid that's the drug talking.

While clearly, there's no more deadly nicotine delivery device than analog cigarettes, fully arresting your addiction is vastly more do-able<sup>[1]</sup> and astonishingly more comfortable than your wanting for that next fix will suggest.

As reviewed in Chapter 1, nicotine addiction is a brain wanting disorder.<sup>[2]</sup> Nearly as unimaginable as giving up food, compromised dopamine pathways have assigned nicotine use the same priority as those pathways assign to eating food.<sup>[3]</sup>

According to Dr. Nora Volkow, director of the National Institute on Drug Abuse, nicotine addiction is a mental illness, a complex brain disease characterized by compulsive drug craving, seeking, and use.<sup>[4]</sup>

Not only is nicotine compromised brain circuitry functioning as though nicotine is as crucial to survival as food, neo-nicotine industry marketing and advertising takes direct aim at wanting being generated inside a malfunctioning brain.



By June 2000, the cig industry became aware that replacement nicotine (NRT) undermines successful quitting. By then, it had in its hands a 200 page U.S. government "Guideline" containing evidence tables that combined and averaged the results from hundreds of different "smoking" cessation studies.[5] Those tables shout that over-the-counter NRT is substantially less effective at 6 months than nearly all controls shared in all other study areas (7% vs. 10-11%).[6]

By now, new e-cigarette companies have awakened to the reality that successful cold turkey nicotine cessation threatens their future profits too, that frustrations born of highly ineffective quitting product attempts increase the likelihood of e-cigarette use. Sadly, it's a win-win for everyone but the addict.

Reality is, the tail has been wagging the dog. Only a tiny fraction of successful ex-smokers stopped smoking by using approved products (roughly 8 percent).[7]

Which is wiser, harm reduction or harm elimination?

Nicotine is a natural insecticide.[8] Anyone believing that addiction to inhaling a vaporized poison doesn't generate a host of serious health risks is residing in la la land.

Although nicotine is not believed to cause cancer, animal studies have implicated it in contributing to cancer promotion,[9](including promotion of: breast cancer,[10] cervical cancer,[11] colon cancer,[12] esophageal cancer,[13] kidney cancer,[14] lung cancer,[15] lung cancer via cotinine,[16] oral cancer,[17] pancreatic cancer,[18] stomach cancer[19] and stem cell cancer).[20]

Nicotine is also believed to contribute to circulatory disease,[21] kidney disease and diabetes,[22] decreased sperm counts with DNA damage in men,[23] impaired follicular growth in women,[24] fetal harm,[25] (chromosome damage,[26] attention deficits,[27] impaired lung development,[28] asthma,[29] and impaired offspring ovarian function and fertility)[30] and in causing sudden infant death.[31]

On an emotional level, nicotine addicts live with greater anxiety[32], including stress-induced urine acidification accelerating elimination of the alkaloid nicotine, adding the onset of early withdrawal to stressful situations.[33]

While vaping is clearly safer than smoking, e-cig users deserve warning that they're acting as human guinea pigs.

For example, we know that it takes up to 10 years after ending cigarette use to reduce lung cancer risks by 30 to 50%.[34] What we don't know is the long-term consequences of inhaling vaporized nicotine into lungs and a body already damaged by years of smoking.



The cost of e-cig use promises to rise. While use costs are currently less expensive than smoking, the tobacco industry should be expected to continue to purchase major e-cig companies, in part to protect profits.

Expect both the tobacco and their pharmaceutical industry buddies to demand government regulation of e-cigarettes, nicotine e-juice, and canisters in order to limit competition, slow innovation and to protect existing product lines and profits.

Also expect concerns over e-cig use by youth and illegal drug users (already THC juice is being vaped without smell) to motivate governments to either ban their sale, limit availability or impose sufficient excise taxes to raise prices high enough to discourage use by kids.

The good news is that current pen-type e-cigs are extremely inefficient at nicotine delivery without instruction or practice. Like trying to drink through a straw, they must be primed like a pump. Thus, most kids are able to experiment once or twice without getting hooked. The bad news is that technology (evolving tanks and mods) is a problem solver.

As for you, let's not kid ourselves. E-cig use is not about freedom but about keeping you hooked. It's not about arresting your dependence but about the novelty of using electricity and vapor to feed it.

What would it feel like to journey home, to begin going entire days without once thinking about wanting to use?

Those pushing e-cigs continue to insist on creating confusion. They co-opted the word "quitting" in describing nicotine dependency delivery device substitution, transfer and replacement. Real quitting doesn't involve handing the neo-nicotine industry our money.

In closing, sleep on this. If e-cigs do in fact greatly diminish smoking's premature death risks, if successful in transferring to them, once ready to end e-cig use, what remaining motivation would be sufficient to keep you focused and dedicated long enough to arrive here on Easy Street?

On the positive side, obviously, you'd live longer, but longer as an hourly feeding addict.





There was always only one rule, that we cannot cheat a brain that's already been permanently compromised by nicotine. Like the alcoholic, when trying to break free, just one puff and we lose. The choice is ours: none or all, freedom or feed-em!

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## **"I can't drink alcohol without using nicotine"**

While true that roughly half of all smoking relapses are associated with alcohol use, why drink an inhibition diminishing substance when in the throws of early withdrawal?

The risks associated with alcohol use when trying to end nicotine use are detailed in Chapter 6.

While not necessary to give up anything but nicotine during recovery, early alcohol use warrants extreme caution.

Key is getting beyond peak withdrawal and getting your recovery legs under you before attempting use. Even then, it's good to have a plan and a back-up, and to be ready to execute both.

And if you know that early alcohol use will cause you to fail and yet you drink anyway, as discussed in Chapter 6, you are likely dealing with more than one dependency/recovery issue.









# Chapter 5: Packing for the Journey Home

## When to Start Home: Now or Later?

Short answer? Now!!!

Regrettably, both smoking cessation product and tobacco industry websites continue to proclaim that a "key" to success is to not stop using today or quit smoking, dipping, chewing or vaping tomorrow, but to pick some future date such as our birthday, New Years or your nation's national stop smoking day, and then plan around it.

While such advice creates certainty that you'll have time to locate, purchase and toy with replacement nicotine or some other quitting product, it's deadly. Why? Because delay deprives smokers, dippers, vaporers, and chewers of significantly greater odds of success.



A 2006 study found that about half of all smokers attempt to stop smoking without any planning whatsoever. That's right, no planning and no packing at all.

The study's authors were shocked to discover that unplanned attempts were 2.6 times more successful in lasting at least six months than attempts planned in advance.[1]

Results from a 2009 study were nearly identical, also generating increased odds of 2.6.[2]

According to Joel Spitzer, the real experts on this question are millions of long-term successful ex-users, and this isn't news to them. "Rarely do those with the longest initials for credentials do real research on how people stop smoking," he says.

"Conventional wisdom in smoking cessation circles says that people should make plans and preparations for some unspecified future time," writes Joel.

"Most people think that when others stop smoking that they must have put a lot of time into preparations and planning, setting a date and following stringent protocols until the magic day arrives. When it comes down to it, this kind of action plan is rarely seen in real-world [cessation]."[3]



In an email to me Joel wrote, "My gut feelings here, I think the difference between planned and unplanned is that a person who is planning to stop isn't really committed." "If he were committed to it he would just do it - not plan it."

Waiting on some future day to arrive invites silly and exaggerated fears and anxieties about ending use, to gradually erode confidence and destroy core motivations. Imagine being emotionally drained and physically whipped before ever getting started.

According to Joel, most successful ex-users fall into one of three groups:

1. Those who awoke one day and were suddenly sick and tired of smoking, who threw their cigarettes over their shoulder and never looked back;
2. Those given an ultimatum by their doctor - "stop smoking or drop dead" and
3. Those who became sick with a cold, the flu or some other illness, went a few days without smoking and then decided to try to keep it going.

"All of these stories share one thing in common - the technique that people use. They simply stop smoking one day. The reasons varied but the technique used was basically the same."

"If you examine each of the three scenarios you will see that none of them lend themselves to long-term planning. They are spur of the moment decisions elicited by some external circumstance."

I visited the Philip Morris USA website during the first of FFN-TJH. Philip Morris is the company that then held a 50% share of the U.S. cigarette market. Its "Quit Assist" pages told those hooked on nicotine to:

***"Plan and prepare - that's the first key to quit-smoking success."***

*"Choose a specific quit date - perhaps your birthday or anniversary, or your child's birthday - and mark it on your calendar. If you give yourself at least a month to prepare, you're more likely to succeed than if you decide New Year's Eve to quit the next day. Pick a week when your stress level is likely to be low."* Philip Morris USA.  
[4]

Delay recovery for at least a month? Until your next birthday? Wait for life to become nearly stress free?

Joel wrote an article attacking such insanity back in 1984.[5] It opens with this rather lengthy list of cessation delay rationalizations, which fit snugly with Philip Morris' advice to continue using.

"I will stop when my doctor tells me I have to." "I can't stop now, it's tax season." "Maybe I will stop on vacation." "School is starting and I'm too nervous to stop." "I will stop in the



summer when I can exercise more." "When conditions improve at work I'll stop." "Stop now, during midterms, you must be nuts!" "Maybe after my daughter's wedding." "My father is in the hospital. I can't stop now." "If I stop now it will spoil the whole trip." "The doctor says I need surgery. I'm too nervous to try now." "After I lose 15 pounds." "I'm making too many other changes right now." "I've smoked for years and feel fine, why should I stop smoking now?" "I'm in the process of moving, and it's a real headache." "It's too soon after my new promotion, when things settle down." "When we have a verifiable bilateral disarmament agreement, I'll consider stopping." "It is too late. I'm as good as dead now."

"The best time to stop is NOW. No matter when now is. In fact, many of the times specifically stated as bad times to stop may be the best."

"I actually prefer that people stop when experiencing some degree of emotional stress. In most cases, the more stress the better. This may sound harsh, but in the long run it will vastly improve the chances of long-term success in abstaining from cigarettes," suggests Joel.

He knows that if successful during a period of significant stress, that stress would never again be the mind's excuse for relapse.

Joel is careful to distinguish real-world cessation from the Internet phenomenon where some spend substantial time at WhyQuit.com reading, planning and watching many of his more than 190 free video stop smoking lessons before taking the plunge.

While Internet use is tremendous in industrialized nations, only about 1 in 3 humans were Internet users in 2012 (32.7%).<sup>[6]</sup>

I suspect that the percentage of the world's nicotine addicts turning to the Internet to master their dependency, who have ever heard of the Law of Addiction, Joel Spitzer, or WhyQuit, is vastly less than 1 percent.

Even with Internet access, while knowledge is power, time devoted to studying incorrect or false lessons can prove deadly. Regrettably, the primary lessons shared at the majority of websites are about toying with alternative forms of nicotine delivery, which can prove deadly. We wish it wasn't so, but it is.

When to get started? Unless delay is associated with quality learning that is diminishing needless fears and anxieties, the sooner the better. But even then, you can pack as you go, or as you continue to read, learn and become smarter and wiser than nicotine's grip upon you.

Ask yourself, what moment will ever be a more perfect time to take back control of your mind than when wanting and urges flowing from hijacked dopamine pathways are again commanding use?



This books' lessons are presented in an order roughly paralleling recovery's sequencing and priorities. So, don't worry about finishing this book before taking that first brave step in saying "no."

Just here and now, these next few minutes, yes you can!

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## Pack for Recovery

If you haven't yet started home, when packing for your journey, will you pack for quitting or recovery?

Instead of inviting mind/head games such as "quitters never win and winners never quit," why not begin by adopting a positive vision of what's about to occur?

Synonyms for the word "quit" include: abandon, break-off, chuck, desert, forsake, give up, leave, push-out, relinquish, resign, surrender and terminate.



Abandoning us? Giving up? Forsaking, terminating, or quitting ourselves? As reviewed in Chapter 3, the real "quitting" took place on the day that nicotine took control, not the day we decide to take it back.

Why not instead pack a healthy mental image of what's about to happen during this temporary journey of re-adjustment? More coins, more time to spend them, taking back your mouth, mind, and #1 priority, you're reclaiming control and "recovering" the real you!



The Oxford dictionary defines "recovery" as "1: a return to a normal state of health, mind, or strength. 2: The action or process of regaining possession or control of something stolen or lost." [1]

A new and exciting beginning or a frightening and much-dreaded end? Are you about to stop smoking, vaping, dipping or chewing or begin the greatest healing process your body and mind have ever known?

We are what we think. Although it'll feel a bit awkward at first, try replacing the phrase "I'm quitting" with "I'm recovering."

By simply thinking in terms of taking back, returning, and getting, instead of abandoning, forsaking, and quitting, you'll be pleasantly surprised at the calming effect upon needless anxiety generating sense of loss related fears.

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## Document Your Core Motivations

An e-cigarette users handwritten list of reasons for wanting to quit vaping. What is the inner source that allows us to end once mandatory nicotine feedings? Strength, willpower, or desire?

It's natural to think that it's some combination. However, none of us are stronger than nicotine's influence upon brain dopamine pathways, as clearly shown by our inability to live the active addict's greatest desire, to control the uncontrollable.



Yes, we can temporarily muster mountains of willpower. But can willpower make any of us endure a challenge that we lack the desire to complete?

Once nicotine gets inside, all the strength and willpower on earth cannot stop it from traveling to the brain and activating acetylcholine receptors.



We cannot beat our dependency into submission. Nor can we handle one hit of nicotine without stimulating brain circuitry designed to make activating events nearly impossible to forget, pathways engineered to generate wanting for more.

If incapable of using strength to control our addiction and we cannot "will" it into hibernation or submission, what remains?

As simple as it may sound, dreams and desires have always been the fuel of human accomplishment. Born of the honest recognition of nicotine's negative impact upon our life, desire is the fuel for change.

But it takes keeping those motivations vibrant and on center-stage so that they can both consciously and unconsciously stimulate, motivate, and fuel our journey home.

Those successful in navigating recovery found creative ways to protect and safeguard their dreams and desires. They somehow kept them robust, invigorated, and available at a moment's notice.

Our core motivations aid in fostering the patience needed to navigate an up to 5 minute subconsciously triggered crave episode. They provide resistance to the nicotine addict's romantic use fixations. Desire's energy stands up to junkie thinking that at times may linger inside the recovering mind.

This temporary period of re-adjustment is about fulfilling recovery's dreams and desires. We enhance our chances by protecting desire's juices. Those juices are accurate and vivid memories of the daily nightmare of living life as nicotine's slave.

Success is about well-protected and remembered recovery motivations. It's about uniting the realities of use with an understanding of the Law of Addiction (Chapter 2).

What will you do during the heat of battle (if there is any - as cakewalk recoveries can and do occur) to remind yourself of the importance of victory? Which desires will control?

Will you be able to vividly recall the full price of life as nicotine's slave? What will aid you in recalling dependency's prison cell, your lost pride and self-esteem, and the increasing sense of feeling like a social outcast?

What will help you remember standing at the counter and handing over your money to buy a chemical that you knew would force you to return to buy more? During moments of challenge, how do we bring honesty and the desire flowing from it, to the forefront of our mind?

Dreams and desires are freedom's stepping-stones. Consider allowing honest dependency memories to keep desire excited and stimulated. Let honesty transport you

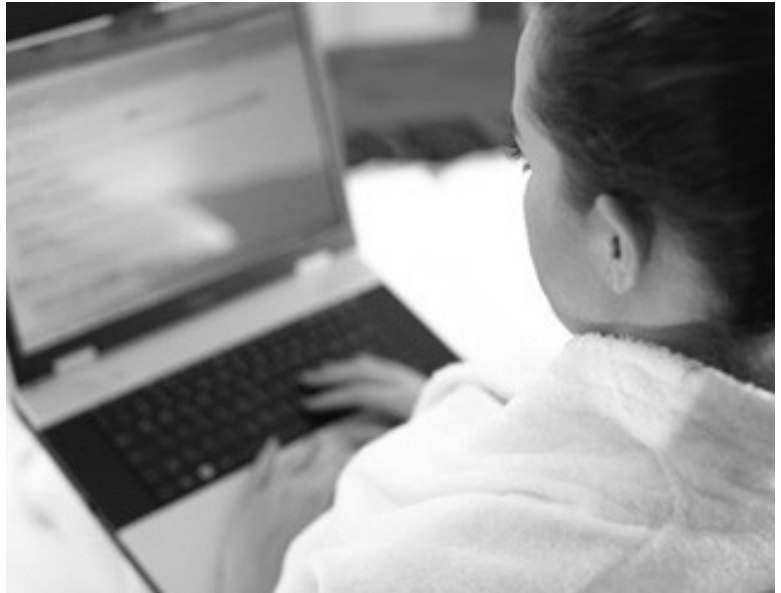


home. Allow it to gift you the inner quiet and calm that arrives once addiction's daily chatter goes silent.

When packing, bring along the thousands of negative nicotine use memories that motivated you to begin reading FFN-TJH. Doing so will provide all the wind your dream's wings will need.

One way to do so is to sit down and write yourself a caring (or even loving) letter in which you list your reasons for wanting to be free. Then, carry it with you, pull it out during challenge, and use it as a front-line defense.

I admit, it sounds rather silly for a fully grown man or woman to write a letter to themselves, carry it, and then reach for it when feeling threatened. But when your greatest moment of challenge arrives, and an anxiety-riddled mind is seriously considering throwing it all away, it won't seem so silly then.



You'll reach for a powerful resource -- "you" -- to remind yourself why victory here and now is oh so important.

Fear and panic may at times suggest that you flee toward your dependency's grasp; that you leave recovery behind. Failure to document and recall dependency's bad and ugly makes saying "no" to it more challenging.

Why allow your core recovery motivations and the dreams they fuel to erode, to be missing in action, or die?

The human mind suppresses negative memories. While daily chemical dependency kept dependency's memories vivid and alive, it's amazing how quickly they begin to erode once nicotine use ends. As impossible as this may be to believe, it won't be long before you'll find it extremely difficult to picture yourself having ever used nicotine.

Why allow time, challenge, and memory suppression to destroy freedom's dreams? Why run out of gas? Tank up with enough fuel to make it home. Consider spending a few minutes now to document life as an addict. While your list will never grow shorter, consider adding to it the benefits noticed during recovery.



Take a glance now at the sample recovery journal/diary at the end of FFN-TJH. It can be a single piece of paper that you copy/print, complete, and carry with you. Or, make your own!

## Pack Durable Motives

### Do this for "you," not others

It's wonderful that we'd be willing to attempt recovery because some other person wants us to. But navigating battle after battle for someone who isn't in there fighting with us, and who isn't there afterward expressing thanks for our sacrifice, naturally fosters a sense of self-deprivation that can quickly eat away and destroy motivation.

- "My husband can't stand it when I smoke. I'm stopping for him."
- "My dentist is constantly nagging me about my dip causing gum disease. I'll stop before my next appointment."
- "I'm hooked on nicotine gum and my two teenagers are telling everyone that dad is a drug addict. I can't take it. I'll stop if they stop."
- "I'm pregnant and stopped for the baby."
- "Our pediatrician claims that my smoking is causing our daughter's illnesses. I'm stopping for her."
- "My doctor says that she won't do surgery if I'm still smoking. She leaves me no choice."
- "My neighbor said my cat smells like cigarettes. My cat deserves better."

While each is making an attempt, they are doing so for the wrong reasons. "While they may have gotten through the initial withdrawal process, if they don't change their primary motivation for abstaining, they will inevitably relapse," wrote Joel in 1984.[138]

Ending nicotine use for someone else pins our success to him or her. Should they do something wrong or disappoint us we have at our disposal the ultimate revenge, relapse.

"I deprived myself of my cigarettes for you and look at how you pay me back! I'll show you, I'll smoke a cigarette!"





As Joel notes from this example, "He will show them nothing. He is the one who will return to smoking and suffer the consequences. He will either smoke until it kills him or he'll have to stop again. Neither alternative will be pleasant."

We can't stop for our doctor, religious leader, parents, spouse, children, grandchildren, best friend, employer, an insurance company, support group, pet, some guy who wrote a nicotine cessation book, or for the developing life inside a woman's womb.

While all with whom we share our lives will clearly inherit the fruits of our recovery, it must first and foremost be our gift to us.

### **Journey for better health, not fear of failing health**

While fear of bad or even failing health can be a powerful motivator in causing us to contemplate recovery, the human body is a healing machine. If allowed, it mends and repairs.

What if the primary force driving our recovery is an escalating fear flowing from noticeable dependency related harms? What will happen to those fears if nearly all noticeable harms quickly improve after stopping? What will happen to our determination and resolve?

If an oral nicotine user, imagine a white spot on your gum that quickly disappears. If a smoker, picture dramatic improvement in your sense of smell and a noticeable change in taste. Imagine a chronic cough or wheeze that vanishes in a couple of weeks.

Healing is normally an extremely positive thing. But if recovery is driven almost exclusively by fear of failing health, it can feel like our motivational rug is being pulled out from under us as our primary concerns evaporate before our eyes.

Imagine healing breeding such thoughts as, "I guess smoking hadn't hurt my body as much as I'd thought. I guess it's safe to go back to smoking."

Obviously, we don't correct years of mounting damage to our lungs and blood vessels within a few months. Long-term cancer and circulatory disease risks take years to reverse.

But to a mind that commenced recovery primarily due to worries about declining health, the disappearance of a chronic cough or a noticeable improvement in breathing may fuel junkie thinking about the impact of smoking upon the body.

The flip side of fear of declining or poor health is hope for improved health. While it may seem like word games, when packing durable and sustaining motives the distinction could prove critical.



Instead of using fear of failing health as a motivator, imagine recasting those fears into a dream of seeing how healthy your body can once again become.

What if instead of each new health improvement realization eating away at our primary motivation, we looked upon them as rewards that left us wanting to celebrate? Imagine the disappearance of each health concern stirring our imagination about just how good things might become.

Again, initially, fear can be an extremely positive force. It may have been what motivated you to start reading FFN-TJH. But fear lacks staying power. We can only stay afraid for so long. We can only look at so many photographs of diseased lungs or mouth cancers before growing numb to them.

As to noticeable tobacco-related health concerns, why not use their potential for healing and some degree of noticeable improvement as a means of refueling dreams and desires?

These bodies are built for healing. If given the opportunity, all tissues not yet destroyed will mend and repair. Why not put your body's ability to heal to work for you?

### **Do it for total savings, not daily costs**

The final motivation we may want to consider shifting and recasting is cost.

The cost of satisfying the brain's demand for nicotine continues to rise. Governments are increasingly using tobacco tax increases in an attempt to motivate users to stop using, or so they say.

Fewer smokers mean that the tobacco industry must charge remaining smokers more in order to satisfy profit-seeking shareholders. Still, if the cost of today's supply of nicotine is our primary recovery motivation, what's the actual price of relapse?

How much does it cost to bum or be offered a cigarette, cigar, pinch, wad, or piece? What's the cost of a disposable e-cig, or a single pack, tin, pouch or box? A few dollars?

But if we focus upon total savings instead of the cost of our daily or weekly supply,





our core motivation is allowed to grow instead of serve as a source of increasing temptation.

I just glanced and according to my computer's desktop recovery calculator, at \$5.00 per pack of cigarettes (an addict's paradise, South Carolina continues to have almost the cheapest nicotine in America), during my 21 years of healing, I've saved \$130,577 (U.S.) by skipping 468,440 once mandatory nicotine feedings. But in reality, my savings have been far greater.

When calculating savings don't forget the price of fuel if travel was necessary to re-supply. And what about the value of our time? And don't forget tobacco use related doctor and dentist visits.

When smoking 3 packs a day, I lived with chronic bronchitis and respiratory illness, including being diagnosed with early emphysema. I had pneumonia two years in a row and six root canals in the two years prior to my final attempt.

Amazingly, the madness of paying the tobacco industry to destroy this body ended after arresting my dependency. I can't begin to guess at my medical savings but clearly they've been substantial, including being alive here today to type these words

Dream about the big picture and total savings, not just what you'd spend for tomorrow's or next week's supply.

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1. Spitzer, J, Joel's Library, Quitting for Others, 1984, <https://whyquit.com/joel>

2. Polito JR, Long-Term Nicorette Gum Users Losing Hair and Teeth, WhyQuit.com, December 1, 2008.

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## Pack Patience: One Day at a Time

Derived from the French word "pati," which means to suffer or endure, patience is the "quality of being patient in suffering."<sup>[1]</sup> Ironically, nicotine users suffer from the fact that stimulation of dopamine pathways by use of an external chemical fosters impulsiveness,<sup>[2]</sup> the opposite of patience.

Yes, the speed with which we were each able to satisfy wanting via a





new supply of nicotine conditioned us to develop varying degrees of impatience. As you embark upon this temporary journey of re-adjustment, practice developing patience as an aid to navigating both recovery and challenge.

### **One Day at a Time: today versus forever**

How will you measure victory? "One day at a time" allows us to declare total victory within 24 hours while focusing on tomorrow's concerns once tomorrow arrives. It encourages abandonment of all victory standards that fail to permit celebration today.

"One day at a time," "baby steps," and "one hour" or "one challenge at a time" (when first starting out) are patience focus techniques that break large tasks down into entirely manageable events.

As Joel notes "this concept is taught by almost all programs which are devoted to dealing with substance abuse or emotional conflict of any kind. The reason that it is so often quoted is that it is universally applicable to almost any traumatic situation." [3]

Think about the needless anxiety and delayed satisfaction experienced by the mindset which felt that victory could only occur if they stopped using for the rest of their lives. Forget about tomorrow. Truth is, any worry or concern about tomorrow is wasted emotion unless we succeed today.

Many fail at breaking free because they convince themselves that the mountain is simply too big to climb. Still, it doesn't stop them from trying. Every few years they take a few steps up it, stop, and decide that it's still too big.

"Big bite" anxieties occur when we perceive that the task before us is bigger than our ability to navigate or endure it. "One day at a time" is a patience development skill that once mastered causes "big bite" anxieties to evaporate.

When cliff climbing, it's wise to focus on gaining a solid hold upon the rock beneath our hands, not looking up ahead at the remaining mountain to be climbed. It's wise to focus on where we'll next place our foot, not repeatedly looking down at the ground far below. Why intentionally foster needless anxieties?

How many times have we said, "This time I'm stopping forever!" "Forever" is an awfully big psychological bite that can make any task appear larger than life, or all but impossible.

For example, picture yourself sitting down at the dinner table and having to eat 67 pounds of beef. Imagine the anxieties associated with thinking we need to eat a large portion of a cow. It sort of destroys the image of a nice juicy steak, doesn't it? Yet the average American consumes 67 pounds of beef annually. [4]



I start each seminar with the same two questions. "I need an honest show of hands. How many of you deeply and honestly believe that you'll never, ever smoke another cigarette for the rest of your life?" Rarely will a hand go up.

I then ask everyone to look around and to never forget what he or she is seeing. I want them to realize that they're not alone. Next, I ask, "How many of you deeply and honestly believe that you can go one hour without smoking nicotine?" Without exception, every hand goes up.

Why adopt a recovery philosophy that we're convinced cannot and will not succeed when we already have a building block in which we deeply believe? Just one hour or challenge at a time, allow the hours to build into a day.

How does a person recover from a broken bone or nicotine addiction? By allowing time to heal, just "one day at a time."

If we insist on seeing and measuring victory only in terms of "stopping forever," then on which day do we allow ourselves to celebrate? Why wait until dead to celebrate? Who's coming to that party? Instead, consider adopting a recovery philosophy that invites celebration each and every day.

And try not to see this recovery as being in competition with earlier attempts. Although I've remained 100 percent nicotine-free since May 15, 1999, if we both stay 100% free today, your day's worth of freedom will have been no longer, shorter, or less real than mine.

We'll also remain equals in being just one hit of nicotine away from relapse. And when our heads hit our pillows tonight we'll both have achieved a full and complete victory today.

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1. Patience. (n.d.). Online Etymology Dictionary. Retrieved July 27, 2008, from Dictionary.com website.

2. van Gaalen MM, et al, Critical involvement of dopaminergic neurotransmission in impulsive decision making, *Biological Psychiatry*, July 2006, Volume 1;60(1), Pages 66-73.

3. Spitzer, J, *Take it One Day at a Time*, WhyQuit.com, Joel's Library, 1985.

4. Davis CG et al, Factors Affecting U.S. Beef Consumption, USDA, October 2005, Outlook Report No. LDPM13502.

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## **One Challenge at a Time**

Patience allows us to navigate anxiety when confronted by challenge. Our goal is simple, to move beyond challenges until challenge subsides; until our addiction's daily chatter goes silent.

We cannot build a wall with a single brick, receive a new baby after only one month of pregnancy, get a college degree after just one class, or cook a delicious holiday dinner in



a few short minutes? Imagine getting half of the meal cooked and then fleeing the kitchen, or building half a wall and then walking away.

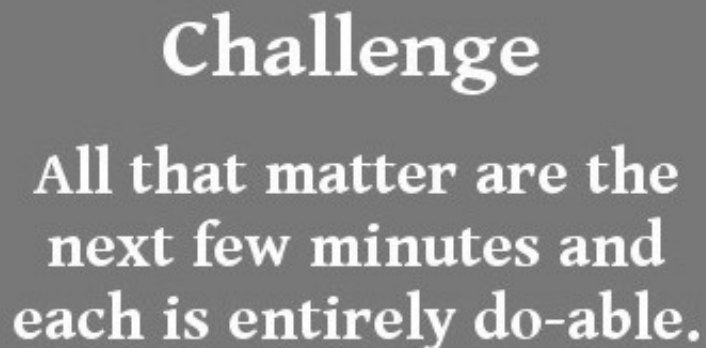
Going the distance in life, completing each challenge, and accomplishing our goal is normal and expected. Swimming halfway across the river and then stopping is not.

So how do we navigate the up to 72 hours needed to move beyond peak withdrawal? Just one hour and challenge (if any) at a time.

Managing impatience can be as simple as turning lemons to lemonade in making each task smaller and tasting each victory sooner.

Whether confronting a physical withdrawal symptom, struggling with a recovery emotion, encountering an un-extinguished subconscious crave trigger, or fixating on conscious thoughts about using, the goal is the same, to summons the patience needed to experience victory here and now. But how?

The first step is the biggest, mustering the courage to initially say "no" to the wanting building within. There's beauty in the rational thinking mind (your prefrontal cortex) discovering that it has the power to say "no" to begging flowing from the primitive impulsive mind (the limbic or lizard brain).



**Challenge**  
**All that matter are the  
next few minutes and  
each is entirely do-able.**

Those of us addicted to inhaled nicotine conditioned ourselves to expect to sense the satisfaction of nicotine urges and craves within 8-10 seconds of inhaling a puff. Is it any wonder that it may take a few victories before growing confident and skilled at saying "no" to the impulse to use?

Strive to embrace recovery, not fight it. For example, crave episodes are good, not bad. There is a prize at the end of each, breaking and silencing another use cue, and return of another aspect of a nicotine-free life.

When we take recovery just one challenge at a time, it isn't long before so many aspects of life get reclaimed that we have no choice but to accept a simple truth. Everything done while nicotine's slave can be done as well or better without it.



As Joel notes, we're forced to realize that our thoughts of what life would be like as an ex-user were all wrong, that there is life afterwards and that "it is a cleaner, calmer, fuller and most importantly, a healthier life."

Challenge may involve an internal debate. If so, you'll need to muster the patience needed to allow time for honesty and reason to prevail. Chapter 11 is loaded with coping techniques for handling subconscious crave episodes. And Chapter 12 shares tips associated with navigating periods of conscious thought fixation.

## **Journey Patience**

"Why am I still craving?" "When will comfort come?" "How long will it take before I stop thinking about wanting to vape?"

We often see members at Turkeyville who are a month or two into recovery and growing impatient. Once off and running, it's important to remember that recovery is a journey, not an event.

Once beyond the first week, the challenges are becoming fewer, shorter in duration, and generally less intense. But after a few weeks, improvement gets harder and harder to see.

Some endure substantial self-inflicted anxiety by an intense focus upon concerns about when it will all be over, finished, and done.

Chapter 13 is entitled Homecoming. It's the chapter's primary goal to soothe such concerns. Here, the goal is to minimize the need for Chapter 13. First, as detailed in Chapter 11 (Subconscious Recovery) and Chapter 12 (Conscious Recovery), challenge reflects healing and is good, not bad.

If related to subconscious conditioning, you're concerned about extinguishing your remaining use cues, about an end to the crave episodes they trigger.

What I hope you'll see is that each episode is a reward announcement. You're about to be awarded the return of a time, place, person, location, activity, or emotion during which you'd conditioned your mind to expect a new supply of nicotine.

As for conscious fixation, see its value. It's pointing to specific junkie thinking.





When you find yourself consciously fixated upon thoughts of wanting to use, it's a golden opportunity to use honesty to correct the tease of the specific use justification that's then and there bantering about inside your mind.

The sooner we're able to realize that the tease flowing from old use memories was created by an addict in need, the sooner it hits us that we're no longer that person.

As with ending any long and intense relationship, fixation is an opportunity to reflect, let go, and move on.

Back to the question of "how long" must we must stay composed, restrained, and diligent before the arrival of calm, quiet, and easy.

While the hundreds of Chapter 13 testimonials show significant variation -- as every person and recovery is different -- I like to think in terms of the time needed to heal a broken bone.

While some are able to quickly let go and put their relationship with nicotine behind them, others will insist on clinging to varying use rationalizations for months. Some even longer.

Still, eventually, the result is the same for all. Patience, time, and new nicotine-free memories transport us here to "Easy Street," where we begin experiencing entire days without once thinking about wanting to use.

Once here, occasional thoughts of wanting to use will gradually become so infrequent, brief, and mild that they almost become laughable.

When it happens, it may begin to feel like our "one challenge" and "day at a time" recovery philosophy has outlived its usefulness. But Joel cautions us not to abandon it.

He warns that, like never-users, ex-users experience horrible days too. Also, negative memory suppression (both of the daily grind of life as an actively feeding addict and the challenges of withdrawal and recovery) will foster a growing sense of complacency.

If allowed, it can leave us feeling and dealing with temptation in social situations. We will each someday experience tremendous stress at home or work, and we will each have loved ones who will eventually die.

The next few minutes are all within your immediate control and each is entirely do-able. The decisions, if any, made during those minutes are yours to command.

Strive to find contentment in today's freedom and healing. Celebrate at last being free.

It took years to walk this deeply into dependency's forest. Is it realistic to think that we can walk out overnight? Patience. You'll soon be doing easy-time.



## Pack a Positive Attitude

Can we make ourselves miserable on purpose? No doubt about it.

Throughout our lives we've experienced worry, fear, anger, and irritability, only to find out later that our emotions were totally unnecessary as our concern failed to occur.

Always dreaming that today would be my last day as a smoker, the greatest source of self-inflicted anxiety in my entire life was caused by my failure to understand, and the inability to control, my addiction.



Not a "real" drug addict, how could I overcome something that I refused to admit existed? While I constantly thought about stopping, reaching for that next fix was vastly easier and faster.

Sadly, when it came to recovery, I was a walking, talking failure.

What I couldn't then appreciate was that I always had the ability to turn fear and dread into excitement, that recovery understanding and a can-do attitude are seeds that allow it to happen.

I could have assured my impulsive mind that there was absolutely nothing to fear, that coming home and healing is good and wonderful, not bad. Instead, I was doing the exact opposite.

Try this. Picture a board on the ground that's 18 inches wide and 50 feet long. Now, picture yourself easily and repeatedly walking its entire length of the board, over and over again.

Now, picture the same board suspended between two skyscrapers, fifty stories up. What are the odds of walking its length now without falling? Not good.[1]



Recovery is totally grounded. Why allow false fears to consume and destroy our dreams?



The choice of which board to walk is totally yours. Attitude can either escalate and fuel fears, or serve as a calming influence that relaxes and reassures.

Why not choose freedom over bondage, happy over depressed, success over failure? Why not invite your subconscious to pick honesty, healing, and safety over lies, toxins, and disease?

Why allow resolve, commitment, and success to be controlled by dependency induced doubt, anxiety, and fear? Why heap layer upon layer of anxiety icing on recovery's now squashed cake?

Do you remember when you first learned to swim and found yourself in water over your head? Did you panic? I did. Would I have panicked if I'd been a skilled swimmer?

The more knowledgeable and skilled we become, the easier and calmer recovery will be. Yes, there may be a few waves along the way. But why fear their arrival? Why not relax and float, or do the backstroke, until your swimming skills are needed?

Imagine a positive attitude becoming your subconscious's teacher, in sharing the truth about the beauty of arriving home. Imagine confident honesty convincing your subconscious to fight on the side that's right.

Encourage your subconscious to take its finger off of the button controlling your body's fight or flight panic response. Help it understand that what needs to be feared is your dependency, and nicotine finding its way back into your bloodstream, not the long-overdue healing associated with ending use.

Why adopt an attitude that resists bringing wanting to an end? What harm is there in inviting this temporary journey of re-adjustment to become your most amazing period of self-discovery ever?

Why pretend that the board is too high, the swim too hard, or that there are monsters or demons where none exist?

Reflect on how repeatedly telling yourself that recovery "is too hard," "endless," or "nearly impossible," would tend to eat away at freedom's dreams and desires.

Reflect on how a positive can-do attitude would reassure your subconscious and help diminish self-induced stress, worry, anxiety, panic, anger, and depression.

Why not allow your dreams to feel the influence of celebrating each moment of freedom, each challenge overcome?

Picture a plugged-in lamp but without a light bulb. The power switch is turned off. Pretending only, intentionally stick your finger into the bulb's socket and leave it there.



Now picture all of your still active subconscious nicotine feeding cues being wired directly into the lamp's on-off switch.

If we expect to soon encounter another use cue and anxiety episode, but we don't know when, what will leaving our finger in the socket all day do to our nerves? Would it keep us on edge?

Will a constant sense of anticipation anxiety have us lashing-out at anyone entering the room? Will we feel like crying? Will worry and concern keep us from concentrating on other things? Will it wear us down and drain our spirit?

Conversely, what if we know that when a shock occurs that it will always be tolerable, that no crave episode will ever harm us, cut us, burn us, or make us bleed?

What if we know that episodes will almost never be longer than the time it took us to smoke a cigarette?

What if we know that there's a valuable prize at the end, extinguishing another use cue, and return of another aspect of life? What if we know that the only path to fully reclaiming our life is to extinguish all of our use cues?

Honesty, confidence, understanding, and attitude can make the time and distance between challenges more relaxed. Alternatively, we can allow our thinking to become so infected by fear, doubt, and negativism that it becomes the instrument of defeat.

Instead of intense focus upon any anxiety felt when the light switch is briefly turned on, why not focus on learning how to fully relax during the massive amount of time that the switch is off?

If we keep feeding ourselves the thought that recovery is too hard, should we be surprised when our emotions make us feel that it is?

Why feed our mind failure? Why fear the swim and needlessly worry when some of us are not even in the water yet? Why fuel the impulsive mind in breeding powerful negative anxieties?

Fight back with reason, logic, and dreams. Look forward with confidence while knowing that nicotine will no longer define who you are. You, not a chemical, will now control your remaining time here on earth.

Embrace recovery as a wonderful journey back to the rich, deep, and tranquil inner calm that resided inside our mind before nicotine first arrived.

Permit yourself to grow stronger, not weaker. Let honesty answer addiction's chatter. Picture your brain and tissues healing, extra money in your pocket, extra time to spend it, and more bounce in each step.



While true that only action, not thought, can rob us of victory, why allow a negative attitude to invite failure? Why not marvel in the glory of taking back your mind.

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1. Coue, E, Self Mastery through Conscious Autosuggestion, Malken Publishing Co., Inc., 1922.

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## **The Value of Documenting Your Journey**

While "one day at a time" is an excellent victory yardstick, imagine the value of being able to look back and see what each day was like.

Consider jotting down a few calendar notes or diary entries about early recovery and the challenges you overcame. Although not necessary to success, doing so could prove valuable later.

Why would anyone want to vividly recall the first few days of recovery, days which could reflect a tumultuous blend of frustrations, anxieties, crave episodes, anger, bargaining, and sadness? For the same reason that we need to remember, in as much detail as possible, daily life as an actively feeding addict.

I'm sure you've heard the saying, "those who forget the past are destined to repeat it." It's hard to imagine a situation where it rings truer than with drug recovery and relapse.



Humans tend to repress and inhibit negative emotional memories, and emotional experiences in general.[1] Instead, we remember and replay the good, while forgetting the bad.

Imagine if it were otherwise. A vivid picture of all the pain, anxiety, and hurt of all our yesterdays would be a heavy burden to bear.

While your mind may quickly suppress memories of the challenges overcome, ink on paper or words typed into a phone or laptop are durable. The best way to protect against complacency isn't by forgetting what bondage or recovery was like, but by accurately recalling them.



It's wise to make a record of both your motives for wanting to break free and what the first few weeks were like (see "Sample Nicotine Dependency Recovery Journal or Diary" at the end of Chapter 14).

Consider sending yourself an e-mail before bed. And here's an example of why. Imagine hitting what feels like a recovery plateau, where you no longer sense improvement. Imagine feeling stuck and wondering if it's going to remain this way for good, as if your rosebud stopped opening.

Now, imagine being able to look back and read your own progress notes. Like having a medical chart during a hospital stay, your record can provide an accurate reflection of how far you've come.

It can help calm concerns that recovery has stalled. And although at times nearly impossible to see, I assure you, recovery's rosebud continues to unfold.

Imagine the benefit of journaling each and every day. Imagine the relapse prevention benefit of re-reading your journal one, five, or even ten years later.

Consider making yourself a present gift of future memory. Look at it as free insurance against complacency and relapse. A few memory-jogging notes when starting out could become invaluable during challenges, lulls, or once complacency arrives.

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1. Davis PJ, et al, Repression and the inaccessibility of affective memories, *Journal of Personality and Social Psychology*, January 1987, Volume 52(1), Pages 155-162; also see Depue BE, et al, Prefrontal regions orchestrate suppression of emotional memories via a two-phase process, *Science* July 13, 2007, Volume 317(5835), Pages 215-219.

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## Using Ex-users for Refueling

Ex-users can be an excellent source of dependency recovery support. The vast majority are long-term residents here on Easy Street. But a word of caution about ex-users. As just discussed, their memories of the challenges of early recovery have likely been suppressed.

While most will have forgotten the bad, some have continued to cling tight to a few old nicotine use rationalizations. Doing so has likely





kept tantalizing "aaah" wanting relief memories associated with those remaining rationalizations teasingly alive.

Others will look back upon their years of use as having been "vile, disgusting, expensive, stupid, crazy," or insane.[1] For them, breaking free is now seen as having been common sense, no big deal, a non-event or easy.

Ask the next ex-user you meet how long it has been since their last significant challenge. Try to get them to put a date on it. Ask how long the challenge lasted and what it felt like. How intense was it?

Then ask about the challenge prior to that. Again, try to get them to be accurate in dating and describing it. A few follow-up questions and I think you'll discover that the event was really a non-event, that it left very little impression.

Ask what they like most about being free. How has it changed their life? Did their success influence others still using? What do they think about while watching others use?

What do they most miss? Try to identify any lingering romantic fixations. Reflect upon the honesty of each. Reflect on how this ex-user succeeded, even though they refused to let go of this rationalization.

Imagine if they had. Think about how it places them at greater risk for relapse.

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1. Spitzer, J, "I don't know if I have another quit in me," <https://whyquit.com/joels-videos/i-dont-know-if-i-have-another-quit-in-me/>

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## Using Users & Never-users for Refueling

If questioned, friends or loved ones still hooked and using may not be open and honest about their dependency, or about their dream of someday being free. But, words are unnecessary as their addiction speaks for them.

### Users

Carefully watching users can be motivational. You'll often identify them by smell, even before lighting up. If a smoker, that used to be us.





Watch that first deep puff. Focus on their reaction to it. Watch their eyes as 8-10 seconds later nicotine floods and fills their brain. While doing so, keep in mind that they are not replenishing to tease you. They are doing so because they must.

While stopped in traffic, look for windows rolled down when rain, heat or cold suggest that they shouldn't be. Upon spotting the smoker, look closely. What motivated this nicotine feeding? Do they even realize that they're smoking or are they replenishing while on auto-pilot?

Like Pavlov's dogs, have they conditioned their subconscious to expect replenishment when driving?

How's the traffic. Are traffic anxieties releasing stress hormones, causing their urine to turn more acidic, thus accelerating depletion of remaining reserves of the alkaloid nicotine? It's the same acid-alkaloid interaction seen when consuming alcohol.

Do they extend their arm out the vehicle's window in order to keep tobacco toxins from burning their eyes? And once replenishment is complete, what do they do with their non-biodegradable cigarette butt with its 12,000 plastic-like cellulose acetate fibers?[1]



Society is increasingly treating those still in bondage as outcasts. As you drive, notice the smokers standing around outside of buildings in the cold, heat, night, wind, or rain. Carefully watch their gestures and posture.

It's almost as if they want all who see them to believe that the only reason they are outside is to enjoy the wonderful health benefits of breathing fresh air. But both their toxic clouds and the need to return every hour betray them.

Watch them at the store counter when they re-supply. Are they buying a one-day supply or more? Are you witnessing a daily event in their life? Reflect on their choices. If already in recovery yourself, what are the odds that this person is envious of you? According to a 2007 Gallop Poll of U.S. smokers, 74% of polled smokers said they would like to stop smoking, while 67% consider themselves addicted.[2]



The beauty of using unsuspecting current-users to recharge our motivational batteries is that they won't disappoint us. They wear their chemical addiction, or more accurately, it wears them.

None awoke this morning and decided to put it on. In fact, never will any now dependent user tell us that they awoke one day and said, "Hey, today I'm going to addict myself to nicotine!"

On a personal note, I hope that none of us ever forget that, not long ago, that was us.

### **Never-users**

When first starting out, unless a secret closet smoker, share your decision. Doing so will invite family, friends, and co-workers to offer initial encouragement and support.

Their simple words of praise can inspire and make us look forward to more of the same. But be careful not to develop support expectations, to lean upon them, or to transform their praise or comments into a crutch.

When teenagers, my daughters constantly nagged about my smoking. They both seemed genuinely excited the first few days of my final failed attempt. While their encouragement was extremely uplifting, it ended abruptly. I suddenly felt abandoned. Where was my support?

I'd leaned upon them far too heavily. I'd made them my crutch. I'd made their desire that I stop my primary motivation.

It was a mistake. A mistake that left me feeling deprived of support, resentful and wanting to use. Why had they abandoned me? After relapsing I confronted them.

"Dad, we didn't want to bring it up anymore because we didn't want to remind you and make you keep thinking about smoking."

Is it fair to expect a person who has never been chemically addicted to anything in their life to appreciate the recovery process? Clearly not.

Invite never-users to be part of your support team, but be sure to educate them. Let them know that helping you stay focused for the next 90 days would be fantastic. But don't count on them being there. See their support as dessert, never the main meal.

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1. Polito JR, Cigarette Butts, WhyQuit.com, July 4, 2002.

2. Saad, L, U.S. Smoking Rate Still Coming Down, Gallup, July 24, 2008, <http://gallop.com>

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## Using Marketing to Boost Resolve

While some nations have banned tobacco product marketing, most have not, including here in the U.S.

Store tobacco marketing becomes sadly laughable to the trained eye. Extremely effective, it's a multi-purpose facade through which the dependency savvy brain easily sees.

Effective industry marketing accomplishes three objectives. It encourages youth experimentation, provides use justification, and is bait for relapse.

Look closely. When is your mind first assaulted by use invitations? Are there roadside signs, signs on top of gas pumps, tied to lamp-posts, window signs, exterior building wall signs, signs hanging above candy racks, or on the door as you both enter and leave?

Whether noticed or not, almost every aspect of marketing is designed to encourage starting, continued use, and to discourage stopping. Each time we returned to buy more, our mind was fed justifications as to why we'd returned.

And when trying to stop, it proclaims why we shouldn't. It wraps around us while trying to purchase gas, food, and medicine. Its aim is simple: to force our subconscious to notice it, to stir desire, inflame wanting, and contribute to relapse.

Flavor, pleasure, to be true, cool, our gateway to friendship, adventure, rebellion, or unbelievable prices, it suggests that we stand at that counter for every reason except the truth, because we must, because our brain is chemically dependent upon nicotine.

Think like a tobacco company. Look closely. What subliminal message is each ad or display attempting to pound into your mind?

Where is the "responsible" merchant's message stating that smoking nicotine may be more addictive and harder to beat than heroin or cocaine? Where's the message warning students that they may only need to use nicotine a couple of times before becoming hooked for life?

Feel the industry's economic muscle as it purchased your subconscious focus at the checkout counter.







What tobacco company won the bidding war at your neighborhood sales location? Look at row after row of the same packs or cartons. The winner's products are the ones on top and most visible. See the winner's sign?

As for the above convenience store photo that I took on 09/14/20 here in Goose Creek, SC, the winner was Philip Morris USA. As for Juul getting almost equal billing with Marlboro, Altria Group (formerly Philip Morris), acquired a 35% stake in Juul for \$12.8 billion on December 20, 2018.

And what's the real purpose of the yellow "We Card" sign on the front door in the first image above and similar signs at the checkout counter? Don't you find it odd that there isn't one for alcohol?

It's teen bait. Sponsored by Philip Morris, once secret industry documents suggest that the carding sign's primary purpose is to torment neighborhood youth with the ongoing tease that tobacco use is an adult activity, a rite of passage, that it's what "real" grown-ups do.[1]

Look at the hundreds of brightly colored packs, boxes, cartons, tins, cans, bags, pouches and tubes. Collectively this power-wall oozes the impression that users can't wait to awaken each day so that they can run down to the store and try a new flavor.

You're looking at the biggest tobacco fib of all. The entire colorful facade is orchestrated to scream the lie that use is a free-choice activity, that everyone's doing it.

In your mind, strip away the rainbow of color, the fancy packaging, and the almost 700 documented tobacco flavor additives.[2] Instead, see a vast array of different doses of flavored nicotine, each engineered to penetrate tissues at varying rates of speed.

Stand store marketing on its head. Instead of being used by it, use it as motivation for staying free and keeping your money.

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1. Polito, J, Convenience Stores - Nicotine Addiction Central, WhyQuit.com, March 18, 2006.

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2. Polito, J, Cigarette Additives, Carcinogens and Chemicals, WhyQuit.com, February 7, 2005.

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## **Using Society's Use Controls as Fuel**

How did you react to anti-smoking news articles or studies about new tobacco health concerns? Did you instantly change the channel, turn the page, or otherwise turn-off or tune out? I did.

But news that once fostered anxiety can now be beneficial, a source of motivation in helping us stay clean and free.

The following headlines were returned by an August 20, 2020 Google News search of the word nicotine:

- "Nicotine-based insecticides decimate wild birds": Sustainability Times, August 20, 2020
- "BAT on the spot over illegal sale of nicotine pouches In Kenya": Ghetto Radio, August 20, 2020
- "Nearly half of teens who vape say they want to quit": USC News, August 19, 2020
- "Vaping linked to risk of covid-19 in teens and young adults, a study suggests": Washington Post, August 18, 2020
- "IQOS (heated tobacco) replaces vaping as the next cigarette alternative": Bridge Michigan, August 17, 2020
- "Anti-vaping spots by FCB show humiliating side of nicotine addiction": MM&M, August 17, 2020
- "Hospital systems support tobacco tax measure": Lund Report, August 13, 2020
- "Nicotine replacement therapy market worth USD 3.54 billion by 2027": Fortune Business Insights, August 4, 2020

We've watched as the clean indoor air movement has slowly swept the globe, often with e-cigs and vaping being treated the same as smoking. Workers and non-smokers are demanding the right to breathe toxin-free air.

We've watched as smoking was banned in airplanes, in New York's 843 acre Central Park, on all hospital property in nearly every major city, in community playgrounds, in cemeteries, on hundreds of college campuses, at outdoor sporting events, on Hawaii's most famed beaches, on sidewalks in Japan, on all California beaches, and in every room in most hotels.

Smoke-free jails and prisons are the new normal. So is a ban on smoking inside company-owned or government vehicles. Governments are now taking aim at a ban on



smoking inside any vehicle transporting a child. And smoking is increasingly a factor considered in family court child custody, visitation, and child abuse decision-making.

Science is awakening to the fact that there may not be any living cell in the entire human body that isn't touched and harmed by tobacco toxins.

Where allowed by law, employers are beginning to openly discriminate in refusing to hire anyone testing positive for nicotine. Some are threatening to fire all current employees who test positive after being offered a reasonable period of time to stop.

Fuel and living costs are now rising faster than income in many nations. Millions of hooked parents are increasingly confronted with the choice of buying food for their hungry child or nicotine for their addiction.

It's a situation made worse by cash strapped governments that increasingly became dependent on tobacco taxes, and the dependability of nicotine's grip upon the addict's brain.

Personally, it's offensive that most politicians either accept tobacco industry campaign contributions or look upon the enslaved nicotine addict as a highly dependable taxpaying cash cow. They just don't seem to get it. Or then, maybe they do.

At \$48.50 for a pack of Marlboro Golds and the nation's cheapest pack of cigs costing \$29.00, Australia has the highest cigarette prices in the world.[1]

It also has a ban on cigarette advertising nationwide, logo-less and colorless cigarette packs totally void of branding (plain packaging), with nearly the entire cigarette pack covered by photos of smoking-induced diseases or dead smokers.

So how's all that working? Is the government succeeding in motivating Aussie smokers to stop? No.

Here in the U.S. we have no disturbing photos on packs, the nation's average price in 2020 was \$5.51 per pack,[2] and it isn't unusual to see cigarettes being openly advertised and sold near schools.

What's fascinating is that the adult rate of current smoking in both nations is rather close, 13.7% in the U.S. in 2018,[3] and 14.7% in Australia in 2019.[4]

The bottom line? Real drug addicts, coerced cessation isn't nearly as effective as one might think. So if you're thinking that breaking free would be easier if the price were to double, triple, quadruple, or quintuple, think again.

Vaping is currently significantly cheaper than smoking. But with tobacco companies buying up e-cig companies, governments battling teen addiction to Juuling, and concern



over vaping technology being used for delivery of illegal drugs, there's every reason to expect the price difference to narrow.

The vaping addict's dream of being able to tank-up inside public buildings is under heavy assault too, as governments at all levels are amending smoke-free indoor air laws so as to treat e-cigs and cigs the same.

Let's face it, society will continue to increasingly see and treat the nicotine addict as a social outcast, leper, pariah, litterbug, and loser. Imagine what it's like for the pregnant smoker.

Whether we accept or deplore the way society treats those still in bondage, news of the latest assaults upon them can serve as motivation that helps prevent us from joining them.



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1. Krisinda M, Australian cigarette prices set to become the highest In the world, Nova FM, January 20, 2020, <https://www.novafm.com.au/lifestyle/shopping/australian-cigarette-prices-set-to-become-the-highest-in-the-world/>
  2. Fair Reporters, Cigarette prices by state, January 17, 2020, <https://fairreporters.net/health/prices-of-cigarettes-by-state/> - accessed August 20, 2020.
  3. CDC, Current Cigarette Smoking Among U.S. Adults Aged 18 Years and Older: <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html> - accessed August 20, 2020.
  4. Greenhalgh, EM, Bayly, M & Scollo MM. 1.3 Prevalence of smoking -- adults. Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2020. Available from <http://www.tobaccoinaustralia.org.au/chapter-1-prevalence/1-3-prevalence-of-smoking-adults> - accessed August 20, 2020.
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## Using the Internet to Keep Recovery Fueled

What if you don't own a computer or a mobile device, or haven't yet learned how to navigate the web? What about enlisting a friend or family member?

Also, consider visiting your local library as it likely offers both free Internet access and web browser use training.

All you really need to get started is a basic lesson on how to use a web page search engine such as Google or Yahoo, how to move around or navigate a web page (a page selected from your search results), and how to print articles you wish to keep.

For starters, visit WhyQuit.com. To do so, simply move the mouse pointer to the address window at the top of the web browser page and delete the current address being displayed. Now, simply type "whyquit.com" in the address window and then press "enter" or "return."

Presto! Welcome to WhyQuit! The site is totally free, declines all donations, sells nothing, has no advertising, and is staffed entirely by volunteers.

Notice how WhyQuit's homepage is broken down into three categories: (1) Why Quit Smoking (motivation), (2) How to Stop Smoking (education), and (3) Help Quitting (support)

"Why Quit Smoking" motivation pages include heart-wrenching stories about young tobacco victims. For example, lung cancer was diagnosed when Noni was 32 years old and had just given birth to her first child, and when Bryan was 33 and enjoying his two-year-old son Bryan, Jr.





Visitors learn how the 33-year-old daughter of comedian Carol Burnett died. They meet Deborah who was 38 and her 11-year-old daughter, and Kim, a much-beloved member of Freedom who was 44, and her loving sister Kelly.

Clearly, WhyQuit intentionally shares horrific stories about the youngest of the young. We openly admit attempting to awaken smokers to the fact that predicting who tobacco toxins will kill, and at what age, is no different than playing Russian roulette with a loaded gun.

But with roughly one-quarter of adult lifetime smokers being claimed by their addiction during middle-age, young victim stories are far more common than smokers think.

The "How to Stop" link leads to Joel's Library, the 40+ years of cessation insights of my 20+ year mentor Joel Spitzer. Inside Joel's Library, you'll find links to more than 100 insightful stop smoking articles, to Joel's free ebook "Never Take Another Puff," to his daily recommended lesson guide, and links to Joel's more than 500 YouTube stop smoking videos.

"How to Stop" also leads to articles I've written, including this book. While full revisions to this book occur every few years, the most current and up to date version will always be available at WhyQuit in HTML webpage format. As new studies are released or insights change, this is where they'll be documented first.

The "Help Quitting" link provides links to support sites. For example, imagine being in the company of more than 13,000 cold turkey ex-users. Exclusively a cold turkey group, Turkeyville is WhyQuit's fast-moving Facebook support group:  
<https://www.facebook.com/groups/whyquit>



Managed by two of Joel's earliest online graduates, Joy Kauffman and Sallie Hamilton, Turkeyville posting privileges are reserved for those who have abruptly ended all use of nicotine.

I challenge you to find any Internet support group that's more focused, single-minded, serious, or productive than Turkeyville.



At both forum's you'll quickly notice that education always comes first. It must. Why?

Because we discovered very early (1999-2000) that a forum's ability to support and sustain recovery in a purely pep-rally type environment ("You can do it!") is dismal at best. While the initial excitement of interacting with other ex-users is often tremendous, it eventually begins to wane. As it does, the forum's value and effectiveness in supporting success diminishes.

We learned that when members have little or no education or recovery skills to fall back upon, that group relapse rates become horribly unacceptable (less than 10-15% at 6 months).

Visitors to Turkeyville need not join in order to read and benefit from the forum's messages. In fact, most don't. Still, our volunteers treat visitor emails and their Facebook messages as though they're part of the family.

Thus, Turkeyville functions as a virtual classroom with enormous windows. Maintaining positive control over membership and posting privileges ensures a high-quality classroom-type learning experience for all.

It also prevents chaos and makes sure that Turkeyville's seasoned volunteer educators aren't overwhelmed when a major newspaper, magazine or other media source features our work and we're flooded with membership requests.

Every message posted at Turkeyville must relate to recovery. General socialization isn't permitted, including the celebration of birthdays, anniversaries, or your nation's or religion's holidays.

Clearly, Turkeyville isn't for those seeking to socialize or make new friends. Nearly seven million tobacco-related deaths expected by year's end, the group is deadly serious about its mission. Our goal is simple: to aid all who visit in remaining nicotine-free today.

As for Turkeyville being a 100 percent nicotine-free support site, there must be at least one place on earth where nicotine has no voice. Those posting to the group are certifying to all that they stopped cold turkey without the use of any product or procedure and have remained 100% nicotine-free.

Although it may sound harsh, applicants must also agree to abide by Turkeyville's relapse policy. That policy states that should any member relapse that they lose group posting privileges. Obviously, the aim is to encourage members to take recovery seriously.

One final point. The rules also prohibit mention of any commercially sold book, product, diet, or procedure. Both forums were built and are rooted in the principle that cold turkey is 100% free, without cost or obligation, and with no purchases necessary.



As such, the forum will not permit any suggestion that any reader needs to spend any money or make any purchase in order to succeed, including purchasing the paperback version of this book.

If sharing links to FFN-TJH at any online site please only share the link to WhyQuit's free versions. Otherwise, expect your post to be deleted or edited.

As for deleted posts, please don't post at Turkeyville if you have not yet started your recovery, or if your attempt involves e-cigarette use, replacement nicotine, Chantix, Zyban, hypnosis, acupuncture, or any gradual nicotine weaning scheme, or if you've relapsed and are using again.

Not only will you force the group's volunteers to waste time and energy in enforcing the group's rules, you're also inviting needless frustration. There are many online support groups dedicated to other quitting methods.

Again, Turkeyville is a place where nicotine has no voice. To our thinking, to do otherwise would be no different than allowing alcoholics to come to AA meetings drunk, with their bottle in hand.

### **Recovery meters**

Under "Help Quitting," WhyQuit provides visitors links to free stop smoking meters. These are small computer programs or applications (apps) that can either be downloaded to and installed on your computer, laptop, or mobile device, or used while online without any need for a download.

Once you type in your tobacco use history (how often you used, the purchase price and the day you stopped), most will calculate the number of days, months and years we've remained free, the amount of money you've saved, and if a smoker, the total number of cigarettes not smoked and the amount of life expectancy reclaimed to date.

Most meters also allow you to copy their calculations to your computer's clipboard for transporting and pasting into e-mails, documents created with your word processing program, or for sharing on Internet message boards.

And this is how nearly all online recovery calculators are used. You enter your use history, and then simply copy the calculated stats and paste them where you wish them to appear. Here, I'm copying and pasting my stats as of September 2020, while using Harry's Quit Counter :

John - Free and healing for twenty-one years, four months and eight days while extending my life expectancy 1,625 days by avoiding the use of 468,131 nicotine delivery devices that would have cost me a minimum of \$130,482.19.



Like a car's odometer, they're a fun way of tracking, marking, and measuring your journey home. Links to free meters can also be found at both Freedom and Turkeyville.

### **Support unlimited**

It's my hope that the above online recovery support suggestions will stir your thinking. You are not confined to just WhyQuit. The only limit to identifying additional means of keeping our recovery dreams fueled and vibrant is the limits of our imagination.

And our objective here is simple. It's finding creative ways to stay sufficiently motivated for as long as it takes to get comfortable.

Remember, whether today is good or bad, whether feeling motivated or not, your freedom and healing are guaranteed to continue so long as you stick to one guiding principle ... no nicotine, none!

## **Using "You" to Re-fuel Determination**

Clearly, your most dependable source of support is "you." What are your most valuable motivational assets?

1. Memories of life as an actively feeding nicotine addict;
2. Your reasons for wanting to be free;
3. Memories of early recovery; and,
4. The wisdom to preserve 1 through 3.

Again, while the early part of this journey can be emotional, it's wise to expect and prepare now for significant negative memory suppression. Also expect to suppress old use memories, including the hourly and daily grind of life as an actively feeding addict.

Find quality ways to preserve those memories. It's wise to have them available as a crave coping tool, to serve as a recovery progress report, and later as an aid in fending off complacency. Doing so will be like owning a high-quality battery charger.

Whether your nicotine use was heavy or light, long or short, out in full view for the world to see or the world's best-kept secret, your intelligence and conscious thinking mind is your #1 motivational tool.

### **Closet users**

Pretend for a second that you're a closet smoker. If a secret user, your family and friends either never knew you were hooked or were told that you successfully broke free long, long ago.



Aside from all the lies we told ourselves to rationalize that next mandatory feeding, the closet user lives and breathes the need to constantly deceive the world too.

If a recovering closet-user, in addition to celebrating self-honesty, there's tremendous relief in at last being honest with those we love.

Having lived in almost constant fear of being exposed, whether or not we come totally clean and share our secret, the emotional rewards of no longer living a lie can themselves be extremely supportive.

If a closet ex-user, where can you turn for support when your world doesn't know you use?

### **Plan to gift & reward yourself along the way**

Have you ever had a piggy bank or slush fund? What will happen to the money you used to use to purchase your daily or weekly supply of nicotine, money quickly burned, vaporized, or chewed-up?

Imagine daily or weekly spending it to bring extra moments of joy to your life. Imagine saving it up and purchasing something you've long wanted but didn't feel you could afford.

What if saving it was transformed into a recovery incentive program with an eye toward the purchase of a new wardrobe, a long overdue vacation, neglected dental work, or a brand new car?

Imagine money once used to enslave, deprive, and harm you being used to foster healthy living, fond memories, smiles, and fun.





## **Destroy All Remaining Nicotine**

As real addicts in every sense, many of us engaged in pretend quitting games. I certainly did. It allowed me the peace of mind that I was working on the problem, that it was simply a matter of time, that someday I'd discover the key to success.

Like the recovering alcoholic's hidden bottle, clear and convincing evidence of gamesmanship includes keeping nicotine handy after stopping.

The rationalizing addict has a number of available justifications. We could pretend that we forgot about our stash, that it wasn't a stash but simply an oversight, or it was our emergency backup, just in case the moment became too big to handle.

We could also play power games, that we needed to keep nicotine available to prove that we were stronger than our addiction and in full control.



The "stronger" tactic makes as much sense as someone on suicide watch carrying a loaded gun while fighting the urge to pull the trigger. Some insist on carrying their nicotine with them, while others knowingly keep delivery within quick and easy reach. We'll never be stronger than nicotine. Brains over bronze, we don't need to be. Our #1 weapon has always been our intelligence but only if put to work.

Imagine feeling a need to tempt and toy with dependency rooted impulsiveness, in order to claim victory over it. It's rooted in a natural desire to at last prevail over years and years of yearnings endured by a chemically dependent mind.

But with moments of significant stress a normal part of life, it's a formula for failure. Why treat quick access to nicotine as though a life jacket? It's a jacket, but more like a straight-jacket that restrains and enslaves, not saves.

The smart move is to destroy all remaining nicotine. Whether in the pocket of a coat hanging in a closet, in a drawer, your other purse, hidden in the yard, on the balcony, in



the garage, in a vehicle, under a seat, or at work, destroy it. And don't forget to empty the ashtrays too.

Keeping nicotine delivery handy is contrary to learning to live without it. Isn't it time to give "serious" a try? Check for cigarettes or a tin that may have fallen under furniture, beneath a cushion, or under a car seat.

Throw out all old nicotine replacement products (the gum, patch, lozenge, spray, and inhaler), all pipes, pipe cleaners, roll-your-own supplies and equipment, all papers, pen type e-cigs, tanks, mods, extra juice, coils or chargers, and any smokeless tobacco, spittoons, and any cigars. And that oh so special Cuban cigar cutter too.

Getting rid of all nicotine may buy you precious seconds during challenging moments. With cue triggered crave episodes peaking within three minutes, a few seconds of delay may be all that's needed to begin sensing anxieties peak and then start easing off.

"Don't ever forget how cigarettes once controlled your behaviors and beliefs," reminds Joel. "When you stopped smoking you admitted cigarettes controlled you. You were literally afraid that one puff could put you back. That was not an irrational fear. One puff today will lead to the same tragic results as it would have the day you quit."

"Cigarettes were stronger than you before, and, if given the chance, will be stronger than you again, warns Joel. "If you want to show you are now in control, do it by admitting you can function without having cigarettes as a worthless and dangerous crutch." [1]

You'll do just fine, even if your job requires you to be near or handle nicotine products, or if you live with someone who insists upon leaving their cigarettes, e-cigs, cigars, dip, chew, or NRT lying around. It simply means that you'll extinguish those use cues sooner than most.

Mind games involving conscious temptation are very much within our ability to control. Be smart. Don't just break remaining cigarettes in two, as being done by the woman in the above photo. Crush, throw-out or flush all remaining nicotine beyond your ability to straighten, repair, tape, filter, scoop up, or otherwise reclaim it.

Doing so is a way of proclaiming that this time is different, that the time for games is over, that at last I'm serious about coming home and seeing what it's like to experience the real me!

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## Chapter 6: Common Hazards & Pitfalls

### Early Alcohol Use Risky

A 1990 study found that nearly half who relapsed to smoking (47%) consumed alcohol before doing so. It also found that another 5% had been under the influence of "recreational" drugs.[1]

Early alcohol use is clearly the most avoidable relapse risk of all. Using an inhibition diminishing substance while in the midst of early physical withdrawal is inviting relapse. How risky? A 2016 study found recent alcohol use during the first 21 days of recovery made smoking nearly 4 times as likely.[2]



#### Ex-users may feel alcohol effects sooner

There are a number of nicotine/alcohol interactions. Most obvious is the combined effects (or synergy) of both alcohol and nicotine stimulating the user's brain dopamine pathways and satisfying wanting for more.[3]

Additionally, as explained in Chapter 4, as with stress, alcohol use causes urine acidification, which in turn causes the user's kidneys to accelerate removal of the alkaloid nicotine from their bloodstream.

A third interaction may leave the user feeling intoxicated sooner. Nicotine stimulates the body's central nervous system while alcohol depresses it. Alcohol stimulates GABA production (gamma-aminobutyric acid), which produces a sedating effect[4] while impairing muscle (motor) control.[5]

Nicotine stimulates fight or flight pathways, causing the release of adrenaline and noradrenaline.[6] This is why alcohol-induced feelings of becoming sedated or even sleepy can be diminished by stimulating the body with nicotine.[7] Here's what to expect.

When drinking, the user soon begins noticing alcohol's gradual sedation and anesthesia type effects. The more they drink, the more sedated their nervous system becomes. The more they drink, the more acidic their urine becomes and the quicker their kidneys eliminate nicotine from their bloodstream.



Not only are they starting to feel tipsy, their nicotine reserves are declining faster than normal.

But just one powerful hit of nicotine and, in addition to an alcohol-exaggerated "aaah" wanting relief sensation, nicotine kicks in their automatic in-born "fight or flight" neuro-chemical response. The mind has been fooled into believing that danger is present and begins to stimulate an alcohol-sedated body.

Adrenaline, noradrenaline, and cortisol are released into the bloodstream. Their heart pounds faster and their rate of breathing increases. Digestion is suspended so that extra blood can be diverted to their muscles. Their pupils dilate, focus improves, hearing perks, and stored fats and sugars are pumped into their bloodstream, providing an instant source of energy.

An alcohol-depressed nervous system has just experienced some degree of stimulation. No saber tooth tiger to fight or flee, their newfound sense of alertness instead emboldens them to ask for another round. "Bartender, I'm ready for another drink!"

The cycle can be repeated again and again, with an increasingly sedated body gradually becoming less responsive to nicotine-induced stimulation.

What significance does this have to a recovering addict? It may mean that without nicotine periodically slapping you awake, that you may feel alcohol's effects sooner or after fewer drinks.

The solution can be as simple as learning to drink a bit more slowly, spacing drinks a bit further apart, or simply drinking less.

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## Co-Dependency Concerns

Amazingly, roughly eighty percent of alcoholics smoke nicotine.[1]. As with nicotine, an inability to control use is the most glaring feature of dependency.

Has beer, wine, or liquor become central to daily life? Do you feel wanting and urges to drink? Have you noticed that you have gradually needed to drink a bit more over time in order to achieve the same effect?



Do you continue drinking despite alcohol adversely affecting your relationships, health, work, or life? Are you unable to drink in a controlled manner? Have you attempted to stop drinking? If so, do you experience the onset of withdrawal by the third day?

Remaining mindful that "denial" is huge with both nicotine and alcohol addiction, if not chemically dependent upon it, is it possible that you're dealing with problem drinking (alcohol abuse), that you've conditioned your mind to use too frequently or to drink too much?

As Joel sees it, "If a person says that they know that their drinking will cause them to take a cigarette and relapse back to smoking, and if they then take a drink and relapse, they are in effect problem drinkers, for they have now put their health on the line in order to drink." [2]

Is alcohol use your nicotine recovery roadblock? If so, while mental health professionals are generally reluctant to suggest simultaneous alcohol and nicotine recovery,[3], "research shows that smoking cessation does not disrupt alcohol abstinence and may actually enhance the likelihood of longer-term sobriety. Smokers in alcohol treatment or recovery face particular challenges regarding smoking cessation." [4]

A 2011 study reviewed 1,185 subjects who 9 years earlier had entered substance use treatment, 716 of whom had also smoked at the time. Among the 716 smokers, 14% had successfully stopped smoking within a year of substance use treatment.

The study found that those who had stopped smoking within a year of entering substance use treatment had 240% greater odds of both remaining abstinent from drugs, drugs plus alcohol, or alcohol alone within the past year, than those who had continued smoking.[5]



So, whether you vape, smoke, dip, or chew nicotine, what can you do if alcohol use and its inhibition diminishing effects have become factors preventing you from breaking nicotine's grip upon your mind and life?

The basic insights and skills needed to arrest any chemical dependency are amazingly similar. Recovering alcoholics schooled by quality treatment programs are already skilled in their use.

Research shows that while those with alcohol problems make fewer smoking cessation attempts, they are "as able to stop on a given attempt as smokers with no problems." [6]

Unfortunately, some alcohol recovery programs may have a tendency to actually destroy nicotine cessation attempts. "Many, if not most, alcohol recovery programs will inadvertently or very purposely push a new ex-smoker entering the program to smoke," writes Joel.

"Over the years I have in fact had actively drinking alcoholics in smoking clinics - people who made it abundantly clear that they knew they had drinking problems and smoking problems but wanted to treat the smoking first."

"I really do try to get them into alcohol treatment concurrently but cannot force them to do it. On more than one occasion I have seen the person successfully stop smoking, stay off for months and sometimes longer, and finally get into AA, only to be assigned a smoking sponsor who tells the person that he or she can't get off smoking and drinking at once, and who actually encourages the person to smoke again."

"Note the sequence here," says Joel. "The ex-smoker has been off nicotine for an extended time period but the smoking sponsor says that the person can't stop both at once. It is unfortunate that most alcohol and drug treatment programs just don't recognize smoking as another drug addiction."

Joel uses heroin to show the insanity of such advice. "You will not often see an AA sponsor say that you can't give up drinking and heroin at once, so if you have been off heroin for six months and now want to stop drinking, you should probably take heroin for a while until you get alcohol out of your system." [7]

Still, we are nicotine cessation educators only. Alcohol withdrawal syndrome is very real and can range from shakiness to the possibility of seizures, delirium tremens (the DTs), and death. While potentially life-threatening, treatment medications are available. It's why, if concerned about the possibility of co-dependency upon both nicotine and alcohol, enlist the assistance of your doctor and/or a quality alcohol treatment program.

In that alcohol diminishes inhibitions, it's the exception to the rule that we should try to quickly meet, greet, and extinguish all learned nicotine use associations.



We are each different. No one knows "you," your alcohol use patterns and history, or its effects upon your judgment and impulse control, better than you.

Generally, if not an alcoholic or problem drinker and able to control use, if you plan to continue alcohol use, obviously, it's important to allow yourself a few days to get your recovery legs under you and move beyond peak withdrawal before drinking. Even then, due to diminished inhibitions, the smart move is to devise and use strategies that break drinking alcohol down into more manageable challenges that present fewer potential crave triggering use cues.

### **Confronting alcohol-related crave triggers**

As discussed in detail in Chapter 11, if a drinker, you've likely conditioned your brain to expect nicotine while consuming alcohol.

And even social drinkers should exercise extreme caution when attempting to extinguish alcohol-related nicotine use cues.

Use associations between alcohol and nicotine often involve multiple cues. We may have use cues associated with entering a drinking location, engaging in a drinking-related activity, sitting down, seeing alcohol containers, hearing ice cubes hit a glass or the sound of a bottle or can opening, picking up a drink, tasting that first swallow, or, as just explained, beginning to sense the onset of alcohol's inhibition diminishing effects.

Additional use cues may include encountering a drinking acquaintance, friend or another nicotine user, being around lots of other users, seeing ashtrays, cigarette packs and lighters within easy reach, seeing a cigarette machine or visible packs or cartons for sale behind the bar, or even something as simple as seeing a jug filled with free matches.

Use cues may be associated with engaging in conversation while drinking, or having conversation shift gears into debate or argument, as alcohol's inhibition diminishing effects begin to be felt.

Impaired judgment and diminished inhibitions may have aided in establishing cues associated with hearing music, feeling the beat, singing karaoke, dancing, playing games, flirting, fear, rejection, acceptance, partying, joy, sadness or beginning to feel drunk and turning to nicotine to stimulate the body's nervous system.

Encountering a conditioned use cue can cause a brief crave episode that may take up to 5 minutes. Remain mindful that time distortion is normal during withdrawal, and that panic may activate the body's fight or flight response, making time seemingly stand still. It's why looking at a clock or a watch is valuable in helping gain an accurate time perspective.

So, how do we tackle subconscious alcohol-nicotine use associations? Consider the benefit of learning to use alcohol while extinguishing your primary alcohol-nicotine use



associations in the safest environment available (usually your home), away from other potential use associations.

Once able to drink alcohol without using nicotine, it's time to extinguish other nicotine-alcohol ties. Consider not using any alcohol during your first encounter with other potential alcohol-nicotine use situations, or limiting the amount of alcohol you consume so as to allow yourself greater conscious and rational control.

Consider drinking a bit slower than normal, spacing drinks further apart or drinking water, soda, or juice between alcoholic drinks. Combine your intelligence with baby steps. Have an escape plan and a backup plan and be ready to instantly deploy both.

Since half of all fatal vehicle collisions involve alcohol, if you do drink, make sure that driving isn't part of the plan.

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## Avoiding Blood Sugar Swing Symptoms

Hypoglycemia is a big word for what occurs when our "blood sugar (or blood glucose) concentrations fall below a level necessary to properly support the body's need for energy and stability throughout its cells." [1]

Causes of low blood sugar in non-diabetics include skipping or delaying meals, eating too little, increased activity/exercise, and excessive alcohol. [2]

Warning signs include an inability to concentrate, anxiety, hunger, confusion, weakness, drowsiness, sweating, trembling, warmth, nausea, dizziness, difficulty speaking, and blurred vision. [3]





Each hit of nicotine served as a spoon pumping stored glucose into our bloodstream via our body's fight or flight pathways. It allowed us to skip breakfast and possibly lunch without experiencing low blood sugar or hypoglycemic type symptoms.

One of recovery's greatest challenges is learning to again properly feed and fuel our body.

It's not a matter of consuming more calories but learning to spread them out more evenly over our entire day, by eating smaller portions of healthy foods more frequently.

As an aid in blood sugar stabilization, unless diabetic or otherwise prohibited by your health or diet, we recommend devoting the money you would have spent in purchasing nicotine toward buying some form of natural fruit juice for the first few days.

Sipping juice will not only help stabilize blood sugar levels, it will aid in accelerating the removal of nicotine from your blood. But don't overdo it or go beyond three days as juice tends to be rather fattening. Make sure it's 100% natural juice, no sugar added, and avoid fruit sodas and aides.

If tolerable, cranberry juice is excellent. A 2008 study examined the effects of drinking 480 milliliters or 16 ounces of unsweetened, normal-calorie cranberry juice (280 calories) upon blood sugar.

It found that while low-calorie cranberry juice (38 calories) and water produced no significant changes in blood sugar levels, that normal-calorie cranberry juice resulted in significantly higher blood glucose concentrations within 30 minutes, which were no longer significant after 3 hours.[4]

As for fruit juices accelerating nicotine removal, the heart pumps about 20% of our blood through our kidneys. Our kidneys filter roughly 50 gallons or 189 liters of blood daily. This results in removal of about two quarts of waste products and extra water, which pass to the bladder as urine.[5]

The word "renal" means "of or relating to the kidneys." "Renal clearance" is defined as the volume of blood from which a chemical such as nicotine is completely removed by the kidney in a given amount of time (usually a minute).[6]

A controlling factor in determining renal clearance rate is the pH level of urine produced by our kidneys.[7] The more acidic our urine, the quicker nicotine is removed from the bloodstream.

A 2006 study found that drinking one liter of full-strength grapefruit juice (34 ounces or about 2 pints) will increase the rate by which the kidneys remove nicotine from blood plasma by 88%, as compared to when drinking 1 liter of water (231 milliliters of nicotine-free blood produced per minute using grapefruit juice vs. 123 milliliters of blood when drinking water).[8]



The study found that even if the grapefruit juice was half-strength that nicotine's renal clearance rate increased by 78% (219 milliliters per minute).

The pH scale ranges from 0 to 14 with 7 being neutral. The further below 7 a substance is, the greater its acidity. The higher a substance is above 7, the greater its alkalinity. According to the FDA,[9] the below fluids have the following pH ranges:

2.3 - 2.5	Cranberry juice
2.9 - 3.3	Grapefruit juice
3.3 - 3.6	Pineapple juice
3.3 - 4.2	Orange juice
3.4 - 4.0	Apple juice
3.9 - 4.0	Prune juice
3.9 - 4.3	Vegetable juice
4.1 - 4.6	Tomato juice
6.4 - 6.8	Milk
6.5 - 8.5	Water

Depending upon urinary flow rate, renal clearance of nicotine may be as high as 600 milliliters per minute in acidic urine having a pH of 4.4, to as low as just 17 milliliters per minute in alkaline urine having a pH of 7.0.[10]

Aside from juices, adding extra fruit and vegetables to your diet will aid in helping stabilize blood sugars, and may aid in helping diminish weight gain.

A 2012 study found that the odds of successful smoking cessation for 14 months among the one-quarter of study participants consuming the greatest amount of fruits and vegetables daily was three times greater than among the one-quarter consuming the least.[11]

What we don't know is if most within the greater fruit and vegetable group were simply more health-conscious to begin with, and thus more motivated.

But don't overdo it. Remember, our primary goal is to stabilize blood sugar during the most challenging portion of recovery - the first 3 days - so as to avoid experiencing needless symptoms.

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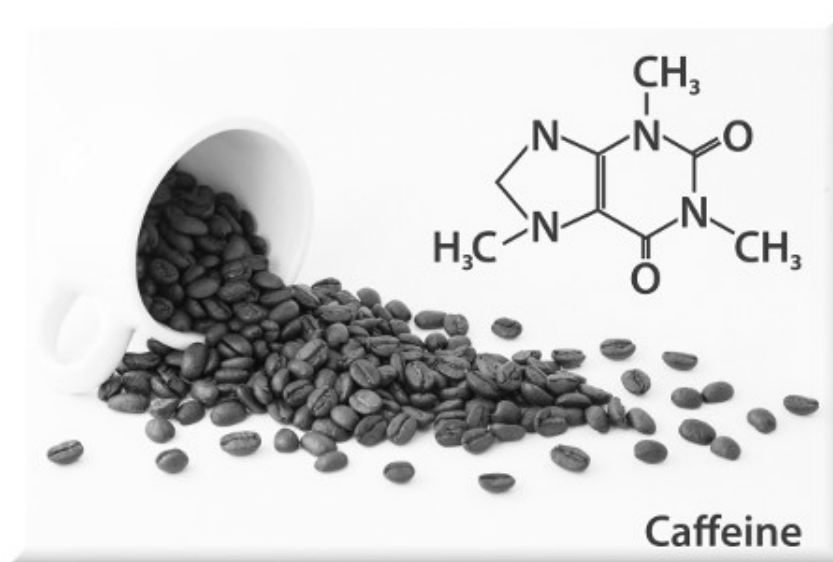


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## Your Blood Caffeine Level Will Double

Caffeine is a mild central nervous system stimulant found in coffee beans, tea leaves, and cocoa beans. The question during early recovery is, can you handle a doubling of your normal daily caffeine intake without experiencing "caffeine jitters" or other symptoms of over-stimulation?

Nicotine somehow doubles the rate by which the body depletes caffeine. What's that mean? It means that if we were drinking two cups of coffee while using nicotine, once nicotine use ends, the stimulant effect of those two cups might now feel like four.



According to a 1997 study, "continuous caffeine consumption with smoking cessation has been associated with more than doubled caffeine plasma levels. Such concentrations may be sufficient to produce caffeine toxicity symptoms in smoking abstinence conditions." [1]

The study found "a significant linear increase in caffeine sputum levels across 3 weeks post cessation," and that "three weeks after cessation, concentrations reached 203% of baseline for the caffeine user."

An earlier study found that the clearance rate of caffeine from blood plasma averaged 114 milliliters per minute in nicotine smokers and 64 milliliters per minute in non-smokers. [2]



Symptoms of caffeine intoxication have been seen with as little as 100 milligrams of caffeine daily. They may include restlessness, nervousness (anxiety), excitement, insomnia, a flushed face, increased urination and gastrointestinal complaints.

Intoxication symptoms seen when more than 1 gram of caffeine is consumed per day include muscle twitching, rambling flow to thoughts and speech, irregular or rapid heartbeat, irritability and psycho-motor agitation.[3]

Most of us can handle a doubling of our daily caffeine intake without getting the jitters. But how can we tell whether the anxieties we feel are related to nicotine cessation or to too much caffeine? It isn't easy.

Experiment with an up to 50% reduction in daily caffeine intake if at all concerned. Be careful not to reduce normal caffeine intake by more than 50% unless you want to add the symptoms of caffeine withdrawal to those of nicotine withdrawal.

Caffeine withdrawal symptoms can include headache, fatigue, decreased energy, decreased alertness, drowsiness, decreased contentedness, depressed mood, difficulty concentrating, irritability, and a foggy mind. Symptoms typically begin 12 to 24 hours after caffeine use ends, reach peak intensity at 20 to 51 hours, and normally last 2 to 9 days.[4]

The following is a sampling of the number of milligrams (mg) of caffeine "typical" in various substances:[5]

85mg	coffee - 8 ounces drip brewed
80mg	"energy drinks"
75mg	coffee - 8 ounces percolated
40mg	espresso - 1 ounce servings
40mg	tea - 8 ounces brewed
28mg	tea - 8 ounces instant
26mg	baker's chocolate - 1 ounce
25mg	iced tea - 8 ounces
24mg	some soft drinks - 8 ounces
20mg	dark chocolate - semi sweet - 1 ounce
06mg	cola beverage - 8 ounces
05mg	chocolate mild beverage
04mg	chocolate flavored syrup
03mg	coffee – decaffeinated

The stimulant effects of a 24mg soft drink before bed or a 20mg chocolate bar could now feel like two sodas or two chocolate bars. Consider a modest reduction of up to one-half if experiencing difficulty falling to sleep.

Look at it this way, if we were a big caffeine user, it's cheaper now. We get twice the stimulation for half the price.



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## Avoid Crutches

A crutch is any form of reliance that is leaned and relied upon so heavily in supporting or motivating recovery, that if suddenly removed would significantly elevate the risk of relapse.

Why lean or count heavily upon any person, place, thing, or activity? Why risk sudden removal? Why allow your freedom, healing, and possibly your life to depend upon the presence of a source of support whose reliability is beyond your ability to control?



### Recovery buddies

A person or "quitting buddy" is the most obvious crutch. Creating and leaning heavily upon the expectation that some other person will behave in a supportive manner is dangerous.

While great when expectations are fulfilled, what happens when they're not? Why tie your fate to the actions or in-actions of others, to their sympathies, time demands, comments, emotions, lack of dependency recovery understanding, or indifference?

While there's nothing wrong with enjoying their support when it's there, picture your recovery standing entirely on its own when it's not.

Envision your core motivations and resolve actually strengthening during moments when those who we thought would be supportive are not. Take pride in the fact that you remain standing and saying "no" to wanting without the use of any crutch.

Waiting for another nicotine-dependent person to join us in recovery often turns into a double-deadly delay tactic. Either they die waiting, or they're waiting for a crutch.



While wonderful when able to share coming home with a spouse, significant other, family member, friend, or co-worker, serious drug recovery programs never partner new ex-users together. But why?

Such programs understand that the risk of relapse during early recovery remains high. Partnering newbies with newbies increases the likelihood that should one relapse, that the other will quickly follow suit. Instead, effective programs partner new ex-users with stable long-term ex-users.

Successful recovery isn't about learning from someone who likely knows less about successful cessation than you do. Although misery loves company, why fear your healing or delay for even a day the greatest awakening your mind and life will likely ever know?

Success is not dependent upon being able to lean on a person who ended nicotine use with us, but in understanding what's required to stand entirely on our own. It's about abiding by the Law of Addiction (Chapter 2).

While obedience to the Law provides 100 percent odds of success, how many smokers have ever heard of it? Statistically, only 1 in 8.7 who attempt un-educated recovery succeed in remaining nicotine-free for six months.[1]

That doesn't mean that two new ex-users navigating recovery together can't both succeed. We see it all the time. In fact, it is impossible for either to relapse so long as neither allows nicotine back into their body.

Still, Romeo and Juliet is the tragic tale of a love so great that it would rather be dead than apart.

Each and every year, millions surrender life itself rather than stop smoking. But this isn't Romeo and Juliet being played out on some grand scale. It isn't love reaching for a deadly chemical, but physical dependence upon one.

What are the odds that nicotine addiction won't be the cause of ending a marriage or other long-term relationship in which both are smokers, and both refuse to stop unless the other stops too?

Statistically, roughly half of adult smokers smoke themselves to death. The death toll is staggering. Smoking is blamed for 20% of all deaths in developed nations.[2] Here in the U.S., the average female claimed by smoking loses 14.5 years of life expectancy, while the average male loses 13.2.[3]

Waiting on our partner to be our "recovery buddy" often proves deadly. One partner needs to be brave, go first, and blaze a trail home that the other can eventually follow.



There were several times during my thirty-year struggle where I wanted others to pick me up and carry me home. I waited, and waited and waited for dear friends to stop with me. Finally, I got my wish.

My best friend and I became "recovery buddies" in 1984. I recall two things about that experience. It was the only time during our friendship that we ever yelled at each other. I also recall that within an hour of learning that he'd relapsed, that I relapsed too.

But the story had a healthy ending. Jim attended a 2002 recovery seminar I presented at the high school from which my daughters graduated.

Standing on the auditorium stage, I shared this crutch and "buddy system" lesson and our mutual failure 18 years earlier. I recall hoping that as a seasoned ex-user that I could now lend a hand in showing Jim the way home. He succeeded. And he's still free today.

As Joel's "Buddy Systems" article proclaims, "Take heart ... your primary focus needs to be on your own [success] now." "Soon you will be the seasoned veteran." "Many programs use the phrase, 'To keep it, you have to give it away,'" writes Joel. "Nowhere is this more true than when dealing with addictions." [4]

### **Alcohol or other drugs**

Joel's crutches article tells the story of one of his clinic participants turning to alcohol. "Boy did I ever drink my brains out, today," she enthusiastically proclaimed, "But I did not smoke!"

"She was so proud of her accomplishment," recalls Joel. "Two whole days without smoking a single cigarette, to her being bombed out of her mind was a safe alternative to the deadly effects of cigarettes."

"Just 24 hours earlier I had made a special point of mentioning the dangers of replacing one addiction with another," writes Joel. "In [stopping] smoking one should not start using any other crutches which might be dangerous or addictive."

Using alcohol, other drugs, or addictive prescription medications as nicotine cessation crutches also elevate the risk of relapse due to diminished inhibitions while using them.

It can foster psychological associations that can present problems when unable to obtain or use them. And let's not forget the risk of establishing a chemical dependency upon them, and trading one dependency for another.

As Joel notes, "In many of these cases the end result will be a more significant problem than just the original problem, smoking. The new addiction can cause the person's life to end in shambles, and when it comes time to deal with the new dependence he or she will often relapse to cigarettes." [5]



Some Internet sites teach users to "do whatever it takes" to stop. Advice such as this is disturbing. "I guess that can be translated to taking any food, any drug, legal or illegal, or participate in any activity, no matter how ludicrous or dangerous that activity might be," writes Joel.

"Does the comment smoke crack cocaine, or shoot up heroin, or drink as much alcohol as it takes, or administer lethal dosages of arsenic or cyanide make any sense to anyone as practical advice to stop smoking," asks Joel? "If not, the comment 'do whatever it takes' loses any real concept of credibility."

"As far as stopping smoking goes, the advice should not be 'do whatever it takes to stop smoking,' but rather, 'do what it takes to stop,' " asserts Joel.

"What it takes to stop is simply sticking to your commitment to Never Take Another Puff!"[6] And to be a bit more inclusive, to never take another puff, vape, dip, or chew.

### **Exercise programs**

At first blush, some crutches appear harmless. For instance, consider an exercise program that was started on your first day of recovery. But imagine your mind so tying the program to successful recovery that you became totally convinced that it was the primary reason you were succeeding.

What would happen if your exercise facility suddenly closed or if bad weather, transportation problems, illness, or injury made exercise impossible?

Exercise is always beneficial and I am in no way trying to discourage activity or exercise. However, while beneficial, exercise is not a nicotine dependency recovery requirement.

View your program in terms of the direct benefits it provides, not as a primary source of recovery motivation. In your mind, see your recovery remaining strong with or without it, and your ability and willingness to exercise as a benefit rather than a requirement.

### **Internet support**

The Internet can also become a crutch. While online support groups such as Turkeyville[7] can be extremely supportive, take care not to lean too heavily upon them.

What if your computer crashes and you can't afford a new one? What if your Internet service provider has problems and its servers crash for a week? Worse yet, what if the company hosting your online support site goes bankrupt or abruptly ends service? Picture your recovery and resolve remaining strong even without a computer.

Hope for the best, yet prepare for the worst. Consider printing your favorite articles. If keeping an online recovery journal, diary, or log, be sure to periodically print or save a copy.



Remove as much risk as possible from all sources of support. Create dependability and longevity by preserving what you deem valuable.

### **Extra food**

Food can become an "aaah" wanting satisfaction crutch, as can other oral hand-to-mouth substitutes for cigarettes, e-cigs, cigars, pipes, oral tobacco, or replacement nicotine products. In fact, any new emotion producing activity or significant lifestyle change can be leaned upon as a crutch.

"If you are going to develop a crutch," writes Joel, "make sure it is one which you can maintain for the rest of your life without any interruption, one that carries no risks and can be done anywhere, anytime."

"About the only crutch that comes close to meeting these criteria is breathing. The day you have to stop breathing, smoking will be of little concern. But until that day, to stay free from cigarettes all you need to do is - Never Take Another Puff!"

Consider building your recovery so as to enable it to stand entirely on its own. If you now realize that you have developed a crutch, picture continuing on and succeeding even if it's suddenly removed. You'll be fine.

The next few minutes are all we can control and each is entirely do-able.

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## Nicotine gum, patch & lozenge a fraud, sham and hoax

I wish it were true, that approved smoking cessation products were effective and "double your chances." I wish I'd broken free during my very first Nicorette nicotine gum attempt (about 1986). Instead, my spirit was left shattered.

It wasn't just me. By any honest measure, over-the-counter nicotine replacement therapy (NRT) products (the nicotine gum, patch, and lozenge) undercut recovery and are a fraud upon smokers dying to quit.

I'd chewed my brains out. Still, when all the chewing and parking cycles ended, the wanting for more nicotine remained. And quickly, I was back to smoking as much as ever.

Was I somehow different? I'd just failed with the very best science had to offer. Was I hopeless?

Even in despair, I wasn't finished trying.

Thinking it was me, that I'd somehow misused it, I wasted three more valuable periods of cessation confidence attempting to wean myself off of nicotine by replacing it (once more with Nicorette gum and twice with the patch).

The cost was deeper than wasted time, crashed confidence, obliterated opportunities, and missing money. Pharmaceutical industry marketing assurances that nicotine was "medicine" and its use "therapy" muddled and clouded critical natural learning.

I'd not only lost sight of the enemy, I'd purchased and used it: a performance diminishing drug, the very chemical my brain dopamine pathways were physically dependent upon.

Pharma's nicotine-filled Trojan Horse had not only defeated me, it obscured, interrupted, and delayed natural school-of-hard-quitting-knocks learning.

Even so, year after year, the toll of smoke's toxins was becoming more noticeable and impossible to deny. I had to keep trying.



**Nicorette**  
nicotine polacrilex gum, 4mg - stop smoking aid  
**Gum**

FOR THOSE WHO SMOKE 25 OR MORE CIGARETTES A DAY  
**4 mg**  
if you smoke less than 25 cigarettes a day, use Nicorette 2mg

**Coated**  
FOR BOLD FLAVOR  
**Cinnamon Surge™**

**160 PIECES, 4mg EACH**

**The Great American Quit Smoking Sham**

[WhyQuit.com](http://WhyQuit.com)



Although not known by name, additional failed escape attempts would eventually force me to self-discover successful recovery's only rule, the Law of Addiction (Chapter 2).

Although free and cherishing it since May 15, 1999, I remain angry about 36 years of sham science displacing and suppressing truth for hundreds of millions of smokers.

Yes, it's massively bigger than my missing teeth, an inability to run more than a couple of hundred feet, or millions of lost memories.

Knowledge is power. It's my hope that the following insights aid you in seeing the light.

### **Open lies and hidden truths**

Nearly four decades of trickery, deceit, and outright lies, as I suggested in a 2012 letter published in the British Medical Journal, the most deadly health product consumer fraud in history involves the study, marketing, and sale of over-the-counter replacement nicotine. [1]

The pharmaceutical industry and its army of henchmen have consistently misrepresented that:

1. Over-the-counter replacement nicotine has proven effective in real-world use;
2. Most successful ex-smokers succeed by use of approved products;
3. Few smokers are able to quit cold turkey;
4. Clinical study findings are trustworthy, as participants were blind as to whether or not they were introducing nicotine into their body; and
5. Cold turkey quitters were soundly defeated by NRT users in clinical studies.

Understanding how the industry defrauds smokers helps make sense of the fact that cigarette companies are now selling NRT too.[2]

It also enhances appreciation of the very essence of our addiction, a recognition that dopamine pathway driven wanting, urges, and desires annually make the neo-nicotine industry billions.

### **Falsehood #1: Nicorette helps you "chew away your cravings"**

Let's start with the most glaring consumer fraud, the underlying suggestion in every Nicorette nicotine gum advertisement we've ever seen, that nicotine gum has proven highly effective in helping smokers quit. Is it true?

Here in the U.S., Nicorette was first approved for sale by the Food & Drug Administration (FDA) on January 13, 1984. More than 30 years on the market, despite heavy Chantix advertising by Pfizer since 2008, nicotine gum remains the most marketed stop smoking product in history.



A July 2013 Gallup Poll asked U.S. ex-smokers how they succeeded in quitting.[3]

Question: what percentage credited nicotine gum for their success?

1. 41%
2. 28%
3. 13%
4. 6%
5. 1%

Talk about fraud, the correct answer is number five, 1 percent.

Like an alcoholic toying with gradual stepped-down weaning schemes, it's pretty much impossible for the brain to adjust to functioning without nicotine while it continues to arrive. Especially if reached for during the exact same situations where nicotine was smoked, vaped, dipped, or chewed.

### **Falsehood #2: Most succeed by use of approved products**

The same Gallup Poll also found that all approved stop smoking products combined, including Chantix, accounted for only a tiny fraction of successful quitting (just 8% or 1/12th).[3] The tail isn't just wagging the dog, it's killing it.

Now, at long last, in 2020, even the U.S. Surgeon General has openly acknowledged that "most smokers who quit successfully do so without medications or any type of formal assistance." [4]

It's entirely normal for a craving addict who is able to satisfy their craving within 8-10 seconds of inhaling nicotine to want a quick-quitting-fix too.

What isn't normal is for the very government charged with protecting them to assist in presenting pharma fabricated mirages that play and prey upon their conditioned impulsiveness.

Smoking cessation is textbook if looking for a great example of how ethicless corporate greed and its quest for profits can purchase and manipulate clinical science, author government cessation policy, and control group-think.

For example, the pharmaceutical industry effectively owns the Centers for Disease Control's (CDC) Office on Smoking and Health (OSH) and its SmokeFree.gov website, a storefront for GlaxoSmithKline and Pfizer quitting products.

SmokeFree.gov's "Find a Quit Method that Works for You" section devotes a topic tab to "Nicorette," another to "Nicoderm CQ", one to "Nicotrol," one to "Zyban" and another to "Chantix." [5]



Guess which method isn't once mentioned? Yep, cold turkey, America's ex-smoker production champ year after year after year, a method that generates \$0 profits.

### **Falsehood #3: Few are able to quit cold turkey**

Truth is, there's a giant yet silent elephant in the room, one that never, ever advertises.

Reality is, as evidenced by the same Gallup Poll [3] and every long-term independent quit smoking method population-level study,[6] each year more nicotine addicts arrest their chemical dependence by going cold turkey than by all other methods combined.

How big an elephant? Up to three-quarters who arrest their chemical dependence are breaking free entirely on their own, without the use of any product or undergoing any procedure.[7]

According to the CDC, during 2014 the U.S. had 40 million adult smokers,[8] with roughly 6%[9] or 2.4 million successfully quitting each year. If 75% succeeded by going cold, that's 1.8 million success stories.

The billion-dollar questions are, how is it possible that such a massive truth - how most quit - is kept hidden? And how do approved products prevail inside clinical trials, yet get clobbered in real-world competition?[10]

First, ask yourself, is it your dream to continue feeding your chemical dependence until the day you die, or to arrest it?

If less than 72 hours away from ridding your body of nicotine and moving beyond peak withdrawal, what sense does it make to pay money to extend nicotine withdrawal for weeks or months, or risk ending-up the cure's permanent slave?

### **Cold turkey is fast, free, effective, and smart**

You've been lied to by so many for so long that skepticism here and now is normal and warranted.

The flip-side of the industry lie that NRT is effective is that cold turkey isn't.

Again, in 2020, shockingly, the U.S. Surgeon General at long last acknowledged that numerous population surveys indicate "that cold-turkey quitters do as well or better than those who use over-the-counter NRTs." [4]

Despite the vast majority of successful ex-users having abruptly ended nicotine use without resort to products or procedures, industry influence continues to suggest that few succeed, that you'd need to be a super-hero to do so.



It's why quitting method surveys are relatively rare. The medicinization, nicotination, and successful commercialization of cessation are heavily dependent on you not knowing the truth.

Since 1984, billions in marketing have been spent on getting smokers to fear their natural recovery instincts.

Reflect on diminished worldwide confidence in cold turkey fostered by decades of bombarding smokers with the lie that they're twice as likely to fail unless they buy and use the nicotine patch, gum, lozenge, spray, inhaler, spray, Zyban, Chantix or Champix.

Imagine being a cold turkey quitter and hit with that message while in the process of navigating early withdrawal.

The "double your chances" fraud has eroded confidence, increased relapse, and contributed to costing millions of freedom-seeking dreamers their lives.

Never in history has a greater array of approved products promised to double success.

And the coercive pressures upon smokers to stop smoking have never been more intense (higher cigarette prices, graphic pack warnings in most nations, the clean indoor air movement resulting in fewer places to smoke (or vape), and a steady stream of studies, articles, and victim television commercials on smoking's harms).

Do you really think that you'll stop once the price goes up a few more dollars, euros or pounds? So did millions of Australian nicotine addicts who in July 2015 found themselves paying an average of \$16.11 per pack (New Zealand \$14.67, Norway \$14.48 and the UK \$12.25 per pack).[11]

Reflect on the millions of addicts here in the U.S. since 2006 who repeatedly listened to commercials sharing a long and frightening list of Chantix side effects, who were thereafter willing to risk their lives in giving it a try.

What's depressing is that the #2 quitting method behind cold turkey isn't Chantix/Champix or the nicotine patch or nicotine gum. It's smoking yourself to death.

Here in the U.S., we experienced 2.5 million U.S. smoking-related deaths from 2004 to 2010. Still, during those same six years, the decline in the U.S. adult smoking rate was only one percentage point, from 20 to 19 percent.[12]

And that's despite billions spent trying to convince smokers to purchase replacement nicotine, to risk popping Chantix or Champix pills,[13], to receive scopolamine injections that make you too sick to smoke (a "cure" invented by a quack who went to prison for a weight loss fraud scheme), to purchase magic herbs such as "Smoke Remedy"[14] or buy a power bracelet, or undergo hypnosis, acupuncture or laser therapy.



A 2006 Australian study analyzed the smoking patients of 1,000 family practice physicians. It found that 88% of all successful ex-smokers succeeded by going cold turkey and that those going cold were twice as likely to succeed as those using the patch, gum, inhaler, or Zyban (bupropion).[15]

Still, nicotine addicts make extremely easy prey. Why? Because thousands of daily urges for more were satisfied within seconds of use. Because the bars formed by a mountain of old urge satisfaction memories compel their prisoner to dream of a fast, surefire, and painless escape.

And we dream in an arena where the most ridiculous or even fraudulent scheme imaginable "should," statistically, generate success testimonials by 10-11% of users at six months.[16]

That rate reflects the per attempt 6-month odds of successful smoking cessation by those stopping entirely "on-their-own," without education, counseling, or support. Don't fret. It's why this book exists, to shine light on darkness, to emphasize that it's IMPOSSIBLE to fail so long as all nicotine remains on the outside.

To aid in understanding cessation fraud, pretend that together we invent a new magic stop smoking product. Let's call it "Billy Bob's Lima Bean Butter."

Unless our product somehow undercuts natural cessation (as OTC NRT at 7% in fact does),[17] 10-11 percent who use our butter should succeed and still be smoke-free at 6 months.

The sad part about cessation fraud is that nearly all who succeed while using Billy Bob's Lima Bean Butter will deeply believe that our butter was responsible for their success. In fact, even after telling them the truth, we probably won't be able to convince them otherwise.

And we can improve upon our sham even more. We can substantially inflate the number of success stories by creating a study in which our butter gets paired with other recovery interventions that have their own proven effectiveness.

For example, we could combine butter use with coping skills development, behavioral therapy, or individual or group counseling, all of which have been proven to at least double success rates.[18]

While our study would generate headlines, we'd have to downplay or even hide the secret to our butter's success. Unfortunately, it's a success rate inflation formula used in nearly all clinical studies of NRT, Zyban, and Chantix/Champix.



For example, Pfizer's five original Chantix studies broke records for the number of participant counseling sessions (up to 25). And to this day, Pfizer marketing continues to award full credit to Chantix.[19]

While approved products defeat the expectations of placebo users inside clinical trials rich in support and counseling, real-world performance has been a disaster.

California,[20] Massachusetts,[21] Minnesota,[22] Quebec,[23] London,[24] Western Maryland,[25] Nottingham,[26] Australia,[27] the National Cancer Institute,[28] England's Stop Smoking Services,[29], 2002-2003 TUS-CPS data,[30] English households,[31] the GfK's U.S. Knowledge Panel,[32], U.S. 2013-2015 PATH data,[33], 2010-2011 TUS-CPS data,[34] and U.S. 2013-2016 PATH data,[35] after three decades of widespread use, real-world cessation surveys continue to show that, overall, those buying and using OTC approved products are wasting recovery opportunities, money, time, and life.

Despite cessation method surveys being inexpensive, quick, and easy to conduct, in relation to hundreds of expensive clinical trials they're relatively rare.

Pharma's economic muscle is massive, penetrating, and corrupting. Ineffectiveness findings make NRT marketing claims laughable. It's why population-level effectiveness findings must be avoided, kept hidden, and attacked.

Still, with an unbroken string of cold turkey survey victories, the absence of favorable NRT real-world performance evidence was becoming glaring. Something had to be done.

So, how did pharma and its most trusted researchers respond? They started writing and conducting their own surveys.

In doing so, they wrote surveys that grossly overemphasize approved products via repeated questioning about them, while totally avoiding any mention of cold turkey. Instead, cold turkey quitters were either forced to pick "other" or "none," or have their method ignored [36] [37]

It also allowed financially conflicted researchers full control over raw survey data, the ability to exclude participants and "adjust" findings before publication,[38] and to keep damaging data and findings suppressed or ignored.

While successful ex-users have absolutely no reason to lie about how they finally achieved success, unless the quoted survey was generated by pharma's influence it's quickly dismissed as "unscientific."

It's true. Even the U.S. Surgeon General in his January 2020 "Smoking Cessation" report questions whether ex-smokers should be trusted to accurately recall what, for many, was their greatest accomplishment ever.[4]



Imagine asserting that ex-smokers can't be trusted to correctly recall the last quitting method they used, whether it involved approved products, or whether it brought them success (recall bias), unless pharma funded the survey.[36].

With straight faces, pharma and friends argue that the reason so many go cold turkey is because most lack insurance coverage and can't afford NRT.[4]

This when Walmart's cheapest pack of cigarettes is roughly \$4.00, while the per unit price of a 21mg 24-hour Walmart nicotine patch is \$1.85, and the per-unit cost of the maximum recommended number of pieces of 4mg. nicotine gum per day (10) costs \$1.81.[39]

Pharma influence also suggests that the reason that cold turkey appears more effective in surveys than NRT is because of "selection bias," because "highly addicted smokers are those most likely to use NRT, but these smokers also have a lower likelihood of success." [4]

The argument ignores that super-selection bias that occurred when more than 200 NRT clinical trials dangled free NRT or "medication" as study recruiting bait. Imagine generalizing the findings from such studies as reflecting "your chances" when those dreaming of going cold weren't present.



Which is more deadly, hiding the big picture and truth about how most succeed, or lying to smokers about "their chances" when trusting their natural instincts? [30]

While true that heavy smokers tend to gravitate more toward NRT than light smokers, that tells us nothing about the outcome.

It ignores a 2012 population-level study which found that at 3 months into cessation, that cold turkey was 40 percent more effective than NRT among heavy smokers (more than 15 cigarettes per day), with nearly 3 times as many heavy smokers succeeding by going cold.[30]

Lastly, pharma and friends blame NRT's real-world ineffectiveness on improper use of NRT, that it's being used for "short periods of time or at lower-than-recommended doses," without "support available from tobacco cessation quitlines." [4]

So who is to blame for NRT being horribly ineffective? Let's see, blame memory, blame cost, blame real-world recovery for not mirroring clinical trials, and blame NRT users for improper use.



The real blame is greed that perverted science into labeling nicotine "medicine" and pushing it as "therapy" upon those addicted to it.

Frankly, what can't be trusted and should be dismissed as junk and unscientific is every smoking cessation clinical trial efficacy finding whose validity is rooted in the use of placebo controls.

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## Placebo Isn't a Quitting Method

Placebo isn't a nicotine dependency recovery method and it certainly isn't cold turkey.

Why care? Because if you've ever tried replacement nicotine, sham placebo studies were key in motivating you to waste your money and squander your dreams. Because understanding how pharma cheats may prevent you from being cheated again.

Webster's defines "placebo" as "1. usually pharmacologically inert preparation prescribed more for the mental relief of the patient than for its actual effect on a disorder. 2. an inert or innocuous substance used especially in controlled experiments testing the efficacy of another substance (as a drug)."

Placebos have historically served as the gold standard in clinical research. Study participants are randomized to either the drug being tested or to a placebo look-alike. The objective is to "blind" participants as to the type of treatment they're receiving, so that assignment awareness doesn't affect their response to it.

### Falsehood #4: Placebo-controlled clinical trials were blind

While placebo is the gold standard in most research, in smoking cessation it's license to steal. The blinding problem is two-fold. Either the expectations of the addict who is experienced in attempting recovery are fulfilled or they suffer.

Pretend for a moment that you're still hooked, using, wanting to stop, and curious about NRT but not wanting to spend any money. You hear about a new 4-session nicotine gum stop smoking study at a nearby medical school.





The study is offering a three month's supply of free nicotine gum, counseling, plus travel expense reimbursement. There's only one catch. Half signing up for the study will be randomly assigned to receive nicotine-free placebo gum instead.

Imagine being handed a piece of nicotine gum or a nicotine lozenge while experiencing strong urges to smoke, dip, vape or chew. How long would it take you to tell whether or not it contained nicotine, or was instead a nicotine-free placebo look-a-like?

Not all of us can do it. The more attempts we've made, the more expert we became at recognizing our withdrawal syndrome.

Still, 3 to 4 times as many of us would be able to correctly say whether we'd been given a placebo, as would declare wrong, and that's within 24-48 hours of attempting to stop (peak withdrawal).[1].

As I wrote in a letter published in the Canadian Medical Association Journal in November 2008, "pharmacologic treatment of chemical dependency may be the only known research area in which blinding is impossible." [2]

We cannot fool cessation savvy nicotine addicts as to whether or not wanting and urges flowing from their brain dopamine pathways have been satisfied.

A June 2004 study was entitled "The blind spot in the nicotine replacement therapy literature: Assessment of the double-blind in clinical trials." [3] It teaches that anyone asserting that NRT studies were blind is not being honest, as far more study participants were able to correctly declare their assignment than couldn't.

Assignment awareness within the active NRT group can be revealed by the fact that nicotine is a psychoactive drug that stimulates the nervous system via the release of adrenaline. This makes the heart pound 10 to 20 beats per minute quicker while elevating blood pressure.

Even more noticeable, nicotine causes the release of dopamine which, at least briefly, satisfies the addict's wanting and desire for more.

Assignment awareness within the study's placebo group (the study's control arm) is even greater than in the NRT group, as their need for nicotine isn't satisfied.

Expecting to sense diminished urge or crave intensity, the vast majority will instead endure their full withdrawal syndrome: a rising tide of anxieties, anger, dysphoria, concentration difficulty, and sleep fragmentation, all within 24 hours of ending nicotine use.

Back to our imaginary study, would you stick around and allow yourself to be toyed with for the next 3 months if convinced that you'd been given placebo gum instead of the real thing? Neither did many of them.



In study after study, 80 to 90 percent of participants reported a history of prior stop smoking attempts. Those attempts taught them to recognize the onset of their withdrawal syndrome. Again, the more prior attempts they'd made, the more expert they became.

But the remaining placebo group members received the exact same counseling, correct? True, but the primary counseling objective in every nicotine replacement study was to foster successful nicotine dependency transfer to an alternative form of delivery, not the lessons and advice needed to minimize the effects of abrupt nicotine cessation (the focus of this book).

If NRT clinical trials weren't blind as claimed, if efficacy findings reflect fulfilled and frustrated expectations, what's the value of an NRT study which finds that twice as many nicotine gum users stopped smoking than among those given placebo? Zero.

Imagine the lack of intellectual integrity required to label victory by default - results rooted in frustrated expectations among a group of smokers who went to great lengths to receive free NRT - as having been "science-based."

The placebo story is far more disturbing than time and space permit telling here.

Briefly, ask yourself, who manufactured the placebo devices used in hundreds of trials and who verified their contents? We know that in some trials pharma resorted to putting small amounts of "unbuffered" nicotine into placebo gum and patches. What we don't know is how often "active" placebo use occurred.[4]

Were active placebos spiked with just enough nicotine to keep users in the tease and throws of withdrawal: not delivering enough to satisfy cravings, nor allowing them to get clean, begin re-sensitizing, and move beyond peak withdrawal within 3 days?

The evidence is undisputed and aids in understanding NRT's real-world ineffectiveness. I wish it wasn't so but, to my mind, declaring clinical trials blind and science-based when they clearly were not, makes pharma nearly as culpable as Big Tobacco in robbing, defeated, and killing smokers.

### **Falsehood #5: NRT defeated cold turkey in clinical studies**

This might surprise you, but those wanting to stop smoking cold turkey have never been invited to compete in clinical trials against self-selecting smokers seeking months of free replacement nicotine, bupropion, or varenicline.[5]

Unlike those going cold turkey, those seeking free "medicine" joined the study in hopes of diminishing their withdrawal syndrome, not quickly meeting, navigating, and moving beyond it.



Why are there no head-to-head clinical studies pitting "medicine" against cold turkey? Because if honest competition had occurred, NRT, bupropion, and varenicline would have lost, would have never been approved for sale, and there would have been no need for this explanation.

Smoking cessation studies in which the senior researcher has no history of having accepted funding and/or personal payments from the pharmaceutical industry are rare. Is it reasonable to expect financially conflicted researchers to bite the hand that feeds them? If they did, they know that they'd never receive any pharma money or pharma research project again.

The industry cannot allow its paid army of researchers to conduct intellectually honest studies. They'd cost it billions in lost profits.

It's why smoking cessation clinical trial research is nearly void of scientific integrity. It's why most calling themselves researchers are little more than glorified nicotine salesmen.

We've now seen more than 200 placebo-controlled smoking cessation NRT, bupropion, and varenicline studies when nearly all agree that placebo affords study participants the worst possible odds of success.

Last time I looked, the National Institute of Health's clinical trials registry identified more than 200 new smoking studies that are expected to use placebo controls.[6]

Why? Industry research is about the quest for corporate profits and satisfied shareholders. I'm convinced that pharma is fully aware of the facts I've just shared and intentionally exploits them.

How many participants assigned to placebo in upcoming studies are facing their final cessation opportunity before experiencing a smoking-induced heart attack, stroke, or being diagnosed with terminal cancer or emphysema?

Instead of subjecting them to the worst method known (placebo), why not instead offer them the best-proven treatment as the study's control, and then see how the new method being evaluated compares to the best?

Principle 32 of the World Medical Association's (WMA) Declaration of Helsinki commands that the "benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best current proven intervention" and that placebos should not be used unless "compelling and scientifically sound methodological reasons" are demonstrated.[7]

Let's not forget that WMA Principle 32 is totally meaningless when the credibility of cessation's "best current proven intervention" is totally rooted in fraud. Still, how many



desperate addicts, who are down to their final confidence opportunity before bad news arrives, will cessation researchers rob and sentence to death?

The primary reason researchers continue to use placebo instead of pharma's "best current proven intervention" is that placebo promises the greatest margin of victory possible and the biggest news headlines.

Also, in pitting cessation products against each other, unless a tie, one product wins and the other loses.

Think about GlaxoSmithKline, maker of Nicorette gum, the Commit nicotine lozenge, the Nicoderm CQ patch, and Zyban. If in GSK's shoes, would you want any of your products to lose to another?

Pharmaceutical companies avoid risk of defeat in head-to-head product competition by use of a control that isn't a real cessation method. That way, no company economic interest gets harmed.

Unfortunately, the lives of clinical trial participants are being sacrificed by a near ethic-less smoking cessation research industry, researchers driven by the quest for personal pharma income, study funding, news headlines, and university tenure.

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## Big Pharma's Smoking Cessation Secrets

Pharma's best-kept secret? As just reviewed, it's that clinical smoking cessation studies reflect the most lethal junk-science ever perpetrated upon humans.

Clever bait and switch ploys, the result is almost always the same, lower odds of success for millions and millions of real-world addicts than if they'd simply left quitting products alone.

Should you trust GlaxoSmithKline, the U.S. seller of Nicorette and Nicoderm products, and Pfizer, maker of Chantix and Nicotrol, with your life?

Are you aware that U.S. Justice Department criminal investigations resulted in both GlaxoSmithKline[1] and Pfizer[2] admitting guilt in committing felony consumer fraud?

Have you ever stopped to reflect on the fact that you've never once heard any Chantix, Nicorette, or Nicoderm commercial suggest that, "Smoking causes lung cancer, emphysema, and circulatory disease, that you need to purchase and use Chantix, Nicorette, or Nicoderm because smoking kills"?

You haven't and never will. But why?

As hard as this may be to believe, the pharmaceutical and tobacco industries are in bed together. Since 1984 they've operated under a nicotine marketing partnership agreement. The once-secret documents evidencing their agreement are many and suggest that neither is permitted to directly attack the other's products.[3]

The partnership's purpose is to keep you in the family, to ensure your purchase and use of their nicotine. While it's their objective to keep you handing them your money to satisfy your dependency's wanting, I hope it's your dream to permanently arrest and silence it, and defy them.

Regretfully, science turned its head as financial stakeholders redefined "cessation" from meaning ending nicotine use to replacing it.

They remained silent as the pharmaceutical industry re-labeled a natural poison "medicine" and termed its use "therapy."





And why total silence when seeing apples compared to oranges?

What sense does it make to compare the accomplishment of someone who has stopped using nicotine to stimulate brain dopamine pathways, to someone who continues stimulation via NRT, e-cigarettes, smokeless tobacco, Zyban, Chantix or Champix?

But who has more fault, those paid or profiting by knowingly engaging in sham nicotine shell games, or government agencies who continue to hide population-level cessation method findings, findings that would aid users in making informed, intelligent, and reasoned decisions?

Until recently, I struggled to understand why any government health official would discourage natural cessation. For years, I toyed with the possibility that health bureaucrats had grown lazy, don't read cessation studies, are generally stupid, or simply don't care.

It wasn't until July 2012 that I learned about the CDC Foundation. Established by Congress in 1995, it's a non-profit organization in which corporations such as GlaxoSmithKline and Pfizer partner with the CDC, by making financial donations towards projects that the industry wants the CDC to study.

Online documents at [www.cdcfoundation.org](http://www.cdcfoundation.org) suggest that the amounts actually paid by cessation product makers are secret. What isn't secret is the partnership between the CDC and the industry.

What percentage of over-the-counter (OTC) NRT users are still not smoking at six months or one year? Would this be important to know?

I challenge you to locate an answer to this critical question on any government, commercial, or health website advocating NRT use. Good luck.

A March 2003 study, conducted by paid NRT industry consultants, combined and averaged all seven U.S. OTC patch and gum studies.[4]

OTC studies are important because their design is as close as possible to the way these products get used in the real world. Study participants simply walk into the pharmacy, purchase or are given the product, and then use it without any formal counseling, education, or support.

Researchers found that only 7% of OTC study participants were still not smoking at six months. That's right, a product with a 93% failure rate. It's actually worse.

The same industry consultants also published a November 2003 study which found that as many as 7% of successful nicotine gum users were still hooked on the gum at six months.[5]



Obviously these were two different studies. Even so, the math supports the July 2013 Gallup Poll finding that quitting with nicotine gum is nearly impossible.

What are the odds of success during a second or subsequent NRT attempt? Do the user's odds improve or get worse? Again, I challenge you to locate an answer to this rather important yet elementary question on any government or health organization website advocating replacement nicotine use.

The pharmaceutical industry, government health agencies, and health non-profits have known since as early as 1993 that if you've already tried and failed while using the nicotine patch, that your odds during a second patch attempt drop to near zero.[6]

Unlike cold turkey, where each failed attempt actually increases the odds of eventually self-discovering the Law of Addiction, the odds of success for the repeat NRT user dramatically decline following failure.

Why would governments hide such findings?

Although kin to e-cig users, nicotine addicts are also not told that by 2003 at least 36.6% of all continuing nicotine gum users were chronic long-term users of greater than 6 months.[7]

Let me share the first paragraph of an email I received.

"I'm a 24-year-old male who smoked cigarettes for about 6 years until stopping 2 years ago. Unfortunately, I did so by switching to Nicorette. In a horror story that I'm sure you've heard dozens of times, I'm now horribly addicted to the gum."

If able to get our brain's dopamine pathways adjusted to functioning without nicotine while at the same time continuing to use it, we should be extremely proud, because we are in fact super-heroes.

But if among the 93 out of 100 first time OTC NRT users who quickly relapse, or among the nearly 100% who fail during a second or later attempt, rest assured, your brain dopamine pathways functioned as designed.

They made a circuitry-activating event (nicotine's arrival) extremely difficult, in the short-term, to forget or ignore.

Replacement nicotine use defies the very purpose of withdrawal and recovery, the time needed to move beyond nicotine's influence.

The few NRT users who do succeed are not breaking free because of weeks or months spent toying with replacement nicotine but in spite of having done so. Frankly, it's testimony as to their drive and determination.



Core dreams and desires for freedom are not altered by standing in front of any weaning product or even Billy Bob's Lima Bean Butter. It is "us" doing the work.

So long as we keep our day #1 dreams vibrant and alive long enough to become entirely comfortable within nicotine-free skin, we'll eventually be free to award full credit to any product or procedure we want.

But should this book serve as a tool in aiding your recovery, do understand that it was still "you" who put its lessons to work, you who did all of reading, reflecting and lifting, and the glory remains 100 percent yours!

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## Varenicline: Chantix & Champix



A few words of caution about paying between \$1,200 and \$1,700 for a 90 day supply of varenicline or Chantix (sold outside the U.S. as Champix). Never in the history of smoking cessation products have we seen such a wide array of serious potential side effects, including death.

The Medication Guide for Chantix is available at [Chantix.com](http://Chantix.com).

Anyone considering taking Chantix should carefully read the Guide prior to doing so. Not only does it share the risks associated with taking Chantix, it also lists the things that smokers should tell their doctor prior to receiving a prescription.[1]

The following are quotes from parts of the February 2019 version of the Medication Guide:

- Some people have had serious side effects while taking CHANTIX to help them quit smoking, including: New or worse mental health problems, such as changes in behavior or thinking, aggression, hostility, agitation, depressed mood, or suicidal thoughts or actions.
  - Seizures. Some people have had seizures during treatment with CHANTIX. In most cases, the seizures have happened during the first month of treatment with CHANTIX.
  - New or worse heart or blood vessel (cardiovascular) problems, mostly in people, who already have cardiovascular problems. Get emergency medical help right away if you have any of the following symptoms of a heart attack, including: chest discomfort (uncomfortable pressure, squeezing, fullness or pain) that lasts more than a few minutes, or that goes away and comes back, pain or discomfort in one or both arms, back, neck, jaw or stomach shortness of breath, sweating, nausea, vomiting, or feeling lightheaded associated with chest discomfort.
  - Sleepwalking can happen with CHANTIX, and can sometimes lead to behavior that is harmful to you or other people, or to property.
  - Allergic reactions can happen with CHANTIX. Some of these allergic reactions can be life-threatening.
  - Serious skin reactions, including rash, swelling, redness, and peeling of the skin. Some of these skin reactions can become life-threatening.
  - Stop taking CHANTIX and get medical help right away if you have any of the following symptoms: swelling of the face, mouth (tongue, lips, and gums), throat or neck, trouble breathing, rash with peeling skin, blisters in your mouth.
  - The most common side effects of CHANTIX include: nausea, sleep problems (trouble sleeping or vivid, unusual, or strange dreams), constipation, gas, vomiting.
- [1]



And here's the problem. We can't accurately predict who will and won't sustain harm.

What can be asserted with confidence is that varenicline is not the magic cure, or nearly as effective in real-world use, as Pfizer marketing suggests.

Three randomized clinical trials pitted varenicline against NRT: Aubin 2008, Tsukahara 2010, and Dhelaria 2012. In each, varenicline failed to show statistical significance over NRT when looking at the percentage of quitters within each group who were still not smoking at 24 weeks.[2]

The Aubin study notes that two varenicline users experienced severe depression, with suicidal ideation causing one to be hospitalized 11 days after ending use. It found that among 376 Chantix users and 370 patch users that the likelihood of a Chantix user experiencing vomiting was 5.5 times greater, that decreased sense of taste was 5.3 times greater, abdominal pain x5, disturbances in attention x4.5, nausea x4, flatulence x4, constipation x3, headaches x2, dizziness x2, diarrhea x2, with 2.3 times as many Chantix users complaining of fatigue.

Does it make sense to assume all these risks without a significant increase in your odds of success?

England's "Stop Smoking Services" (NHS SSS) may offer the most comprehensive government-sponsored cessation services of any nation. Services include free individual or group counseling and support.

A 2008 study analyzed NHS SSS program performance. It found that at four weeks after starting varenicline use (Champix in the UK) that 63% of users were still not smoking as compared to 48% using nicotine replacement products (NRT) such as the nicotine patch, gum or lozenge, and 51% who stopped smoking without the use of any product.[3]

While at first blush it appears that varenicline has the lead, keep in mind that these are four-week results and that both varenicline and NRT users still face another 4-8 weeks of "treatment" before trying to adjust to living and functioning with natural brain dopamine stimulation.

A 2005 English study examined one-year NHS SSS success rates but didn't include varenicline (Champix in the UK) as it wasn't yet on the market.[4] It found that while 25.5% of those who attempted to stop without using any pharma product were still smoke-free at one year, only 15.2% of NRT users and 14.4% of bupropion (Zyban) users were still not smoking.

Can you see why I've been concerned since 2008, when Chantix first failed to prevail over NRT, that it could be undercutting cessation and costing lives?



What about more recent real-world Chantix success rates? Two key factors in valuing quitting methods are its productivity and effectiveness.

The July 2018 PLoS One Weaver study was the most comprehensive population-level quitting method study yet. There, according to Table 7 data, cold turkey generated 5 times more ex-smokers than all approved quitting products combined, while being twice as effective as Chantix and Zyban combined, 3 times as effective as NRT, and 2.6 times as effective as e-cigarettes.[5]

Joel has written extensively on pharma industry cessation products. He was warning about nicotine gum's ability to foster relapse or become a crutch as early as 1984.[6]

Joel encourages those contemplating using industry products to take their own poll of all successful long-term ex-users who have remained nicotine-free for at least a year.[7] He encourages us to believe our own survey findings.

But don't ask Ray Liotta how he quit. Remember his 2018 Chantix commercials? "Hi, I'm Ray and I quit smoking with Chantix."

Well, there's just one problem with that. Ray's 2016 social media posts indicate that he stopped smoking in 2002, when Chantix wasn't approved for sale until 4 years later in 2006.[8]



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## E-cigarettes: Unsafe & Unnecessary

As if keeping up with a pack and lighter wasn't enough, imagine not feeling comfortable leaving home until your e-cig battery is charged and its tank full of juice.

As if non-smoker stares and disdain weren't enough, reflect on how silly it looks to them that the cigarette has grown, with some nearly as big as a baby bottle, and often sucked just as hard.

E-cig user testimonials often start something like these:

1. "I tried going cold turkey and lasted about two days before a stressful situation proved my downfall."
2. "I smoked real cigarettes for over 15 years and had never been able to quit."
3. "I'd tried everything ... gum, patches, Chantix, you name it. I was even hypnotized once."
- 4.

See the common thread? Each was a failure at quitting. But why?

I may want to bake cookies but without a recipe, trial and error could prove frustrating and messy.

And successful nicotine dependency recovery is really that simple. Notice, I didn't say "easy." It's as simple as reading, accepting, and applying the Law of Addiction (Chapter 2).

Most current e-cig users were smokers. Most were totally convinced that a key reason they continued smoking was for the aromatic smells and ultra-fine flavors experienced when inhaling fine tobacco.





"Come to where the flavor is!" This use belief fit snugly into years of Marlboro logo brainwashing.

What's mind-boggling is how quickly new e-cig users abandon this core use conviction. What's amazing is that even while selecting their e-cig juice nicotine level (0, 6, 12, 18, and 24 milligrams per 1 milliliter of e-liquid), most do so without being slapped hard by the epiphany that, no different from the alcoholic or meth addict, "I'm slave to a drug."

Is transfer from the deadliest nicotine delivery device to one where science doesn't yet know the long-term health consequences worthy of celebration? If buying the message being pushed by e-cig peddlers it certainly is.

Are e-cigarettes safer than cigarettes? Absolutely. Let's say that again. Absolutely. Are e-cigs unsafe? Absolutely!

Forget for a moment that animal studies have linked nicotine to cancer promotion,[1] circulatory disease,[2] diabetes,[3] DNA damage,[4] fertility concerns,[5] and fetal harm.[6]

What if you were to become a slave to vaped nicotine yet unable to stop smoking?

A 2015 study found that 72 percent of the most dedicated e-cig users of all - the every-day vape bellowing e-cig tank users - are still smoking cigarettes too, as are 89% of daily pen-like e-cig users.[7]

Forget for a moment concerns about a lithium-ion battery exploding in your mouth or pocket, or nicotine poisoning of a child or pet who stumbled upon and toyed with your e-juice bottle. Like nicotine, vaporized e-juice sugars stimulate brain dopamine pathways.

Sugars are intended to be chewed, swallowed and digested, not inhaled into our lungs and transported to the brain within seconds.

Physiologically, once ready to reclaim your brain, how challenging will it be to say "no more" to dopamine "aaah" wanting relief sensations tied in whole or part to e-cig sugars?

Psychologically, forget for a moment all the new conditioned use urge triggers created by being able to vape in places where you couldn't or didn't smoke. How difficult would it be to eventually stop using e-cigs if deeply convinced that vaping is safer than smoking?





How much of the motivation to quit smoking is rooted in life-threatening concerns about smoking-induced cancers, emphysema, strokes, or heart attacks: 10%, 25%, 50%?

Neo-nicotine industry marketing uses smoking's risks to prey upon the never-ending cycle of wanting within a chemically enslaved mind. It sells risky as safe, bondage as freedom, and electronically fed drug addiction as new, exciting, and fun.

What it cannot tell you is this. What are the long-term health risks associated with inhaling vaporized nicotine and a wide array of e-cig additives and flavorings into lungs already damaged by years of smoking?

What it won't tell you is that nearly all comfortably recovered nicotine addicts arrested their chemical dependency by going cold, via abrupt nicotine cessation.

What it will never volunteer is that nicotine withdrawal peaks within 3 days of ending use, or that being free, home, calm and comfortable is infinitely more wonderful than feeding a never-ending chemical need, an urge that will demand satisfaction every waking hour of every day until silenced by death.

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## Negative Support



*"If this is what you're like not smoking,  
for God's sake, go back!"*

*"You're such a basket case,  
you should just give up!"*

*"I'm trying but my smoking friends laugh,  
tell me I'll fail and offer me smokes."*

Negative support is likely what got you here. Years later, why let it keep you here?

No person's comment, look, laugh, stare, or offer can destroy our freedom. Only we can do that. According to Joel, most of the time the person making comments or offers such as these have not considered their implications.[1]

It's comparable to telling someone on chemotherapy and in a really bad mood due to hair loss, nausea, and other horrible side effects, that they should get off that stuff because they are so irritable that they are ruining your day, suggests Joel.

"Of course, if analyzed by any real thinking person, the comment won't be made, because most people recognize that chemotherapy is a possible last-ditch effort to save the other person's life. The decision to stop the treatment is a decision to die. So we put up with the bad times to help support the patient's effort to save his or her life."



What's often overlooked, reminds Joel, is that stopping smoking too is an effort to save their life. "While others may not immediately appreciate that fact, the person stopping has to know it for him or herself. Others may never really appreciate the concept, but the person stopping has to."

As Joel notes, such comments are "usually from a spouse, a child of the smoker, a friend, a co-worker, or just an acquaintance. It is much more uncommon that the person expressing it is a parent or even a grandparent. I think that says something."

"Parents are often used to their kids' outbursts and moods, they have experienced them since they were infants. The natural parental instinct is not to hurt them when they are in distress and lash out, but to try to protect them. I think it often carries into adulthood, a pretty positive statement about parenthood."

But Joel has seen where people have encouraged friends or loved ones to relapse and then months or years later the smoker died from a smoking-related disease.

"Sometimes the family member then feels great guilt and remorse for putting the person back to smoking," he says.

But you know what? He or she didn't do it. The smoker did it. Because in reality, no matter what any person said, the smoker had to stop and stay off for herself or himself.

"How many times did a family member ask you to stop smoking and you never listened? Well if you don't stop for them, you don't relapse for them either. You stop for yourself and you stay off for yourself."[1]

*"Here, have a cigarette!"*

*"I left a pack on the kitchen table."*

I recall attempts where I hoped smoking friends would be supportive in not smoking around me, and in not leaving their packs lying around to tempt me. While some tried, it usually wasn't long before they forgot.

I recall thinking them insensitive and uncaring. I recall grinding disappointment and intense brain chatter that more than once seized upon frustrated support expectations as this addict's lame excuse for relapse.

Innocent offers of a cigarette or e-cig are far different from malicious ones.





If well-meaning, use the opportunity to educate the person as to the fact that you are a nicotine addict, that you're in recovery, that most smokers end up smoking themselves to death, and that you'd appreciate their support, including not offering or leaving cigarettes or e-cigs laying around.

When declining cigarette offers don't say "No thank you, I can't have a cigarette," suggesting that you really wish you could but that you're depriving yourself of great joy.

As Joel notes, the truth is, you can inhale nicotine and relapse anytime you want. But there's a catch, there's no such thing as just one. Just once and we must accept the consequences of relapsing to our full addiction and going back to our old level of consumption.[2]

An analogy shared by one of Joel's clinic participants, "saying 'I gave up smoking,' is like a recovered cancer patient saying 'I gave up cancer.' You don't give up cigarette smoking, you get rid of it." Instead, we could simply say "I choose not to smoke." [2]

What if you've already politely made the person aware that you're in recovery and they persist in making offers?

Joel recommends that you "look at the person, maybe even with a little bit of sadness and defeat in your eyes, and say to him or her that you can't take the pressure anymore and sure give me a cigarette if you must. When he or she hands you the cigarette, walk over to the nearest garbage can, crumble it up and throw it out." [3]

What happens next? As Joel shares, you can either say nothing and wait to see if they learned from the incident or say, "Thank you, that felt great. Would you like to give me another one?"

"If the person is gullible enough to offer you another, take that one too and repeat the destruction and disposal. Keep it up for as long as the person keeps offering. At some point, you may want to say that this could go a whole lot faster if you would like to give me your pack. You can destroy all of the cigarettes that way in one fell swoop."

What if they leave their cigarettes, e-cig, or other tobacco product lying around after you've kindly asked them not to. Although this sounds harsh, destroying them sends a loud and clear message.

If feeling the need, offer the money needed to replace what you destroyed, letting them know that you're fighting to reclaim your freedom, health, and life and that you'd appreciate their support.

*"I'm a bartender. How can I stop when surrounded by smoke and smokers at every turn?"*



As I sit here typing in this room, around me are a number of packs of cigarettes: Camel, Salem, Marlboro Lights, and Virginia Slims. I use them during presentations and have had cigarettes within arms reach for nearly 20 years.

Don't misconstrue this. It's not a smart move for someone struggling in early recovery to keep cigarettes on hand. In fact, as reviewed in Chapter 5, it's insane.

But if a family member or best friend smokes, vapes or uses tobacco, or our place of employment sells tobacco or allows smoking around us, if a cashier who sells cigs or a waitress or bartender who cleans up after smokers, we may have no choice but to immediately confront and begin extinguishing tobacco product, smoke, smoker, and vaping cues.

And, just one recovery opportunity at a time, it's entirely do-able!

Millions of comfortable ex-users handle and sell tobacco products as part of their job. You may find this difficult to believe, but I've never craved or wanted to smoke any of the cigarettes that surround me, even when holding packs or handling individual cigarettes during presentations.

Worldwide, millions of ex-smokers successfully navigated recovery while working in smoke-filled nightclubs, restaurants, bowling alleys, casinos, convenience stores, and other businesses historically linked to smoking.

And millions more broke free while their husband, wife, mother, father, child, partner or best friend smoked or vaped like a chimney.

Feeling teased is a normal early recovery emotion. As Joel notes, whether happenstance or intentional, temptation cannot destroy our glory. Only we can do that.

Recovery is about taking back life, not fearing it. Strive to savor, relish, and embrace reclaiming it.

Instead of hiding from the world, speak out, stand up, and take it back. Don't allow negative support to wear you down.

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## Breathing Secondhand Smoke or Vape



*"I have to breathe smoke anyway  
so why not just go back to smoking."*

"Contrary to popular opinion or misconceptions, the risks of secondhand smoke exposure are nothing compared to actually smoking yourself," writes Joel.

"As far as causing a relapse to needing nicotine, it can't do that. The trace amount of nicotine that can be absorbed from secondhand smoke exposure is usually under 1% of what a smoker gets from smoking."

The primary metabolite that nicotine breaks down into is called cotinine. The benefit of researchers looking at cotinine levels in saliva, blood, and urine, instead of nicotine, is that nicotine has a relatively short elimination half-life of about 2 hours. Cotinine's 17-hour half-life makes it a more stable indicator that nicotine was present.

The average of three studies reporting cotinine levels in the saliva of smokers was 260 ng/ml in women and 337 ng/ml in men.[1] Ng/ml stands for nanograms per milliliter. A nanogram is one billionth of a gram and a milliliter is one-thousandth of a liter.

A 2006 study used spectrometry (a scope that measures wavelengths or frequency) to analyze cotinine levels of non-smokers after spending 3 hours in a smoke-filled bar.

Although they experienced an 8-fold increase in cotinine levels, their total average increase was still only 0.66 ng/ml or a little more than half of a nanogram.[2] That's nearly 400 times lower than the 260 ng/ml found in the saliva of female smokers in the above study.



Let me quote from a 1979 Surgeon General report:

"Several researchers have attempted to measure the amount of nicotine absorbed by nonsmokers in involuntary smoking situations. Cano, et al. studied urinary excretion of nicotine by persons on a submarine. Despite very low levels measured in the air (15 to 32ug/ma), nonsmokers showed a small rise in nicotine excretion; however, the amount excreted was still less than 1 percent of the amount excreted by smokers."

"Harke measured nicotine and its main metabolite, cotinine, in the urine of smokers and nonsmokers exposed to a smoke-filled environment and reported that nonsmokers excreted less than 1 percent of the amount of nicotine and cotinine excreted by smokers. He concluded that at this low-level of absorption nicotine is unlikely to be a hazard to the nonsmoker."[3]

What about inhaling secondhand e-cigarette vapor instead of cigarette smoke? A 2014 study found that, as with cigarettes, e-cig cotinine levels were roughly 100 times lower in exposed non-users than commonly seen in smokers.

"We did not find statistically significant differences in cotinine concentrations from the non-smokers exposed to e-cigarette vapour versus those exposed to tobacco smoke. This is also in agreement with a laboratory study from Flouris et al (2013) that found that e-cigarettes and tobacco cigarettes generated similar effects on serum cotinine levels after a passive exposure of one hour (2.4 vs. 2.6 ng/ml respectively)."[4]

An e-cigarette industry marketing ploy is to entice teens and comfort e-cig users by teaching them that nicotine is also found in nightshade vegetables (tomatoes, potatoes, eggplant, and peppers).

A 1999 study of nicotine in nightshade vegetables found that "on the basis of the observed concentrations and the respective food consumption data for different countries, a distributive analysis of the results suggests that the mean daily dietary nicotine intake for the population of the countries for which consumption data were available is approximately 1.4 micrograms per day."[5]

Contrast this study's 1.4 micro-gram figure (.0000014) for total daily dietary nicotine intake from nightshade veggies to the 1 milligram of nicotine (.001) that enters the smoker's bloodstream after smoking a single cigarette. That one cigarette alone introduces 714 times more nicotine than a daily diet that includes nightshade veggies.

Still, a critical fact that bears repeating is that just one puff of mainstream nicotine is enough to stimulate up to 50 percent of the brain receptors that sustain nicotine addiction. [6] And once "cheating" rings dependency's bell it cannot be unrung.



Breathing secondhand smoke introduces vastly more nicotine than nightshade veggies yet vastly less than taking a puff from a lit cigarette. One puff is sufficient to foster relapse while secondhand smoke cannot.

According to Joel, "as far as secondhand smoke and nicotine go, you would have to be in a smoke-filled room, non-stop for 100 hours, yes I am saying over 4 days to get the equivalent dose of nicotine delivered to a smoker from one cigarette." [7]

"Other chemicals in secondhand smoke can reach some pretty toxic levels much quicker than that, in minutes not days. The side effects felt from being exposed to secondhand smoke are from carbon monoxide, hydrogen cyanide, and some other noxious chemicals that can reach levels that are well above OSHA standards for safety," explains Joel.

But as many newbies discover, being forced to breathe secondhand smoke during recovery can be demoralizing. Breathing it can become a source of junkie-thinking during times of challenge. "I have to breathe it anyway so why not just go back to smoking."

What this addict is really saying is, "I'm so concerned about the lesser harms of secondhand smoke and the damage it inflicts that "I'm going to suck main-stream smoke into my lungs and bloodstream, smoke that I know will cause far greater harm."

What they're saying is, "I'm so concerned about a risk that is many times less than I used to face, that I'm going to relapse back to the greater risk and take a 50% chance that I'll smoke myself to death 13 to 14 years early." [8]

Such thinking makes you wonder why it never, ever occurs to non-smokers to take up smoking for the same reason. Such logic only makes sense to an addict.

What such junkie-thinking is saying is that, "I'm going to again become part of the problem and at times expose others to the smoke, smells, and chemicals that my once again badly damaged senses will by then no longer find offensive."

Why allow such smoke-screen junkie-thinking obscure the path home? Just one challenge at a time "endeavor to persevere," strive to see through it!

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## Bad Days & Disturbing Dreams

Have you had a bad day yet?

As an ex-user, you should expect to experience bad days. Why? Because everyone has them, including never-users. But when a bad day occurs early in recovery it can become ammunition inside the challenged addict's mind as it searches for any excuse to use.

Blaming a bad day on recovery would never have crossed our mind if it had occurred the week before ending nicotine use. But now, nicotine's absence becomes a magnet for blame.



Would it ever occur to a never-user to reach for nicotine if having a bad day? It's a thought process peculiar to us nicotine addicts.

As Joel teaches, if the bad day happens during the first week after ending nicotine use then feel free to blame recovery as "it is probably the reason." "But as time marches on you need to be a little more discriminating."

Acknowledge bad days but allow your healing to live.

"Sure there are some tough times," writes Joel, "but they pass and at the end of the day, you can still be free." Staying free means that, "in the greater scheme of things, it was a good day."

If you want to hear about a horrible day, talk to someone who relapsed after having remained clean for a considerable length of time. "They are having bad weeks, months and years," writes Joel. If a smoker, unless they again break free, they will likely face a day when their doctor tells them they now have a serious smoking-related disease.



And imagine all the bad days they'll force loved ones to endure if among the 50% of U.S. adult smokers losing an average of roughly 5,000 days of life.[1]

All this talk about bad days, let's talk about what's really happening. This next paragraph is the "conclusion" from a 2014 study that combined the results of 26 studies that assessed the mental health of smokers and ex-smokers.

"Smoking cessation is associated with reduced depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke. The effect size seems as large for those with psychiatric disorders as those without. The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders."[2]

Regardless of how we feel, every hour these minds and bodies are allowed to heal is wonderful. Acknowledge the bad while savoring the good.

And the good only gets better. Ahead are entire days where you'll never once think about wanting to use. Just here and now, let the healing continue.

## **Nightmarish Smoking, Dipping or Vaping Dreams**

Stay prepared for highly disturbing dreams of smoking, vaping, or using oral nicotine products. They may be so vivid and so life-like that you'll awaken totally convinced that you've relapsed to using.

Such dreams are normal and expected. Physical healing makes early dreams the most vivid of all.

Picture a horizontal body of a new ex-user as they sleep during the early days of recovery. Mouth and throat tissues suddenly begin healing and re-sensitizing after years of being deeply marinated in nicotine, flavorings, or toxin rich tobacco tars.

If a recovering smoker, picture the sweeper brooms





lining lung bronchial tubes (your cilia) quickly regenerating and beginning to sweep mucus and tars up to the back of your throat. Add to that, rapidly healing and substantially more sensitive senses of smell and taste.

Now, throw a dream into the mind of this horizontal healing body and presto, the odors, juices, smells and tastes come to life. They are remnants of use and real. What better proof could we possibly sense of the amazing healing happening within? And it isn't unusual to experience more than one use dream.

The dreams that seem to cause the most concern are those that occur later in recovery, weeks, or even months after full acceptance that this time is for keeps. Although nearly always described as a "nightmare," they are sometimes mistaken by the ex-user as a sign that, deep down, they want to start using again.

It's here that we point out the obvious conflict. If a nightmare and not real, then why would any rational person want to invite their nightmare to become a real and destructive part of daily life? As Joel notes, seeing smoking as a nightmare is a healthy sign.

We need to begin worrying when we start liking such dreams. Should that occur, it's likely a sign that complacency has arrived, that your recovery is in need of remembering and accurately recalling what it was like to devote a portion of every waking hour of every day to feeding a mandatory chemical need.

And as for having smoking dreams long after ending use, such dreams are normal, yet not nearly as vivid as during the first week or so.

We can no more erase from our mind our thousands of old nicotine use memories than we can our name. They reflect who we once were. What's amazing is that such dreams happen so infrequently.

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## Recovery Weight Gain

According to the Surgeon General, about half of smokers believe that smoking nicotine helps them in controlling their weight. The obvious question becomes, do weight-concerned smokers endorse exaggerated beliefs associated with nicotine suppressing body-weight?

Research suggests they do.[1] It also suggests that education may help correct exaggerated weight control beliefs, making recovery more inviting.



Sadly, escalating weight gain can gradually erode recovery motivation to the point of making 50% odds of the average smoker losing 13-14 years of life seem more appealing than another pound.

There, it's critical to note that a female smoker who is 64 inches tall (163cms) would need to gain 93 pounds (42kg) before experiencing the elevated risk of chronic heart disease generated by smoking.[2]

As Joel teaches, recovery's battle line is extremely easy to see. As a nicotine addict, "you can't administer any nicotine. There is no gray area here. Eating is more complicated. You will have to eat for the rest of your life." [3]

For many, initial weight gain associated with nicotine cessation can be frightening. It isn't unusual to see up to 5 pounds of water retention weight gain during the first week.[4] It's normally associated with physiological changes and the pounds are easily and quickly shed.[5]

Nicotine increases release of anti-diuretic hormone (ADH or vasopressin). ADH prevents us from dehydrating by increasing water retention.

According to Joel, during withdrawal some people experience a rebound type effect, where the normal effect of the drug is actually exacerbated when the drug is stopped.



"That temporary increase is likely what is causing the water retention (bloating) effect that many people notice when they first stop smoking, writes Joel. "The effect can go a few days and at times, even into the second week."

Still, most experience weight gain lasting beyond the second week. But why?

It's normal to notice food starting to taste better as early as day three. And normal to reach for food as a substitute hand to mouth psychological replacement crutch. And normal to attempt to replace missing nicotine generated dopamine "aaah" sensations with "aaah"s from extra food.

And, now that nicotine is no longer providing instant energy via your body's fight or flight response, it's normal to need time to discover how to avoid the onset of hunger by fueling the body sooner and regularly.

It is also entirely natural to experience a metabolism change associated with our body no longer needing to expend energy in attempting to expel tobacco toxins, and no longer feeling nicotine's stimulant effects in making our body's organs (primarily the heart and lungs) work harder.

Metabolism is all the chemical processes that occur within a living cell that are necessary to keep it alive. Some substances are broken down to create food energy, while others necessary for life are synthesized or created.[6]

These processes themselves consume energy. "Basal Metabolic Rate" or BMR is the rate at which the body expends energy while at complete rest. It is expressed as "the calories released per kilogram of body weight [1 kilogram equals 1,000 grams or 2.2 pounds] or per square meter of body surface per hour." [7]

Addicted to a fight or flight stimulant which activates hypothalamus acetylcholine receptors, nicotine prepares the body to fight to the death or run for its life.

Will arresting our addiction decrease our BMR, resulting in weight gain? Most studies examine short-term weight gain with little or no attempt to determine if the gain is due to diminished BMR, extra food, or less exercise.

One long-term study followed weight change and body mass index (BMI) for 36 months. It found that the contribution of smoking cessation to the BMI increase was practically negligible with "no considerable long-term weight gain." [8]

But most shorter studies report weight change results similar to those shared by the U.S. Surgeon General in his 1990 report on "The Health Benefits of Smoking Cessation." [9]

That report examined 15 studies involving 20,000 people. It found that although "four-fifths of smokers gained weight during recovery, the average weight gain was 5 pounds



(2.3 kg)." "The average weight gain among subjects who continued to smoke was 1 pound.

Thus, smoking cessation produced a four-pound greater weight gain than that associated with continued smoking." The Surgeon General also found that less than 4% gained more than 20 pounds.

A 1991 study found slightly greater weight increases than reported by the Surgeon General (2.8 kg or 6.2 lbs in men and 3.8 kg or 8.3 lbs in women). But it also found that while smokers weighed less than never-smokers before commencing recovery, "they weighed nearly the same" at one-year follow-up.[10]

Echoing that finding, while a 2009 study found average cessation weight gain of 3 kg for women and 5 kg for men, it found "no significant differences in weight gain over the 11-year period existed between never smokers and former smokers who had stopped at least five years ago."[11]

Theories as to potential causes are many[12] including genetics,[13], metabolic changes, hand to mouth oral gratification replacement, improved senses of smell and taste (most notably sweets and salts), diet changes, substituting food for nicotine in stimulating dopamine release, diminished exercise (isolation), and binge eating.[14]

It isn't easy pinpointing the cause for consuming or burning even one extra calorie, especially when our metabolism naturally slows a bit more, each and every year.

Also, keep in mind that study weight findings reflect averages. As seen above, up to 4% clearly go hog-wild with food during recovery. Also not reflected by averages is the fact that body-weight remains unchanged for many, while actually declining for some.

While natural for the rationalizing "junkie mind" in its quest for relapse justifications to want to blame cessation weight gain entirely on metabolic changes or genetics, factors totally beyond our ability to control (not increased eating or lack of activity), the math doesn't add up.

As a general rule, it takes 3,500 extra calories to add one pound of body weight, and burning 3,500 to shed a pound.

A study of 6,569 middle-aged men who stopped smoking found that at one year they consumed an average of 103 fewer calories per day, which the study attributed to metabolic change.[15]

While a slower metabolism means fewer calories burned by a more relaxed body, millions of ex-smokers offset potential weight gain by putting recovery's gifts to work (their enhanced blood flow, increased oxygen levels, and improved lung function).



## How to gain lots of extra weight

Recovery heralds an end to both nicotine's arrival and replenishment's "aaah" wanting relief sensations. Some find themselves camping out inside the refrigerator or potato chip bags where they "aaah" themselves sick with food.

Others intentionally invite weight gain to justify relapse. It's a costly ploy. Having outgrown their entire wardrobe and now wearing bed sheets, visible extra pounds is a relapse excuse that's easy to see and sell to ourselves and loved ones.

Why do the 4 percent who go-hog wild continue such destructive behavior to the point of having nothing to wear? I suspect that few had any understanding of the dopamine pathway relationship between food and nicotine.

While normal healthy eating stimulates dopamine, during the first few days of recovery, stimulation from normal eating may not be sufficient to satisfy the wanting being felt.

Most of us used nicotine to satisfy subtle urges and wanting for more, every waking hour of every single day. Over-eating cannot replace the stimulation effects of missing nicotine, at least not without leaving us as big as a house.

Still, some try. Instead of allowing the brain time to restore natural dopamine pathway receptor counts and sensitivities,[16] it's as if the up to 4 percent gaining more than 20 pounds attempt to make their brain's dependency wiring operate on taste's "aaah" influence instead of nicotine's.[17]

A 2012 study used brain-imaging studies to contrast eating food to smoking. It found that "food and smoking cues activate comparable brain networks" and "there is significant overlap in brain regions responding to conditioned cues." [18]

While compromised dopamine pathways may have assigned nicotine the same use priority as food, there's one massive distinction. The brain does not die without nicotine, it thrives!

The saddest part about attempting "aaah" relief replacement using large quantities of extra food is that, should the addict use their demoralizing weight increase as justification for relapse, the extra pounds are likely to remain.

That 20+ pound bag of rocks they are carrying makes daily exercise more difficult, and thus less likely.

Now, instead of the former smoker's bloodstream being filled with oxygen reserves sufficient to allow prolonged vigorous physical activity, the significantly heavier relapsed smoker feels the effects of an oxygen-starved bloodstream that is once again occupied by large quantities of toxic carbon monoxide.



Instead of extra pounds being counterbalanced by greater self-esteem and self-worth at having broken free, the relapsed addict is heavier, less healthy and likely more depressed.

Worst of all, the smoker is again engaged in slow suicide via the gradual destruction of their body's ability to receive and transport oxygen.

### **Binge eating**

Binge eating reflects a loss of control, that is, being unable to stop eating or control what or how much food is consumed.[19] The primary psychological binge-eating cue is waiting too long before eating and sensing the onset of hunger.[20]

Although it may feel like the only way to satisfy a hunger craving is to eat as much food as quickly as possible, repeatedly doing so could result in binge eating becoming hunger's conditioned response.

As mentioned, there is substantial overlap between eating and dependency pathways. Former smokers who relapse to smoking often report an increase in the amount smoked, over the amount smoked prior to their attempt.

Akin to binge eating, it's as if their brain goes into starvation mode upon relapse and begins hoarding nicotine, resulting in establishment a higher level of tolerance and need.

Binge eating is an attempt to satisfy hunger with a shovel. As nicotine addicts, we didn't need to eat regularly, as we used nicotine as a spoon. It pumped stored fats and sugars into our bloodstream via our body's fight or flight response. It allowed us to eat one or two larger meals each day and then use nicotine to release stored calories.

So, what happens when nicotine is no longer there? Can the addition of hunger cravings atop early nicotine withdrawal result in binge eating? Research suggests that it may be more of a concern for those having a high BMI.[21]

The root problem was that the active nicotine addict became conditioned to instantly satisfy the onset of hunger by using nicotine to release stored energy. Non-users who get hungry can't do that.

They have to eat food and then wait for digestion to turn off the body's hunger switch. Once we become non-users, when hunger strikes, whether we eat with a toothpick or shovel, we will need to wait for digestion to satisfy hunger.

It is critical that we quickly re-learn how to properly fuel our body. Trial and error, it may take a bit of practice. But we should expect to confront hunger if we insist on skipping meals.



While eating, it's beneficial to learn to chew our food longer and more slowly. Doing so allows a mouth enzyme (salivary amylase) to begin breaking down carbohydrates. This speeds digestion and aids in satisfying hunger sooner.

Research suggests that we eat slower when we turn off and tune out distractions. Maintain your focus on the act of eating and chewing and you may actually end up eating less.

But what if you forget to eat and hunger arrives? If you should find yourself reaching for extra food, reach for healthy, low-calorie foods such as fresh vegetables and fruits.

It's best to have them washed, pre-cut and in the refrigerator in a bowl of cold water, available and ready to eat within seconds of need.

### **Fear's unburned calories**

Imagine being so consumed by fear of failure that you withdraw from life. How many calories are burned while hiding in a closet, lying in bed watching television, or sitting at a computer and clicking a mouse?

Unfortunately, some of us take the term "quitting" literally and withdraw from life entirely.

Bodyweight will climb if the amount of daily energy expended substantially declines, while the number of calories consumed remains the same or increases. Also, consider that 12 of 15 studies since 2006 have found that exercise reduces smoking cessation cravings. [22]

Demoralizing weight gain is fertile ground for destroying freedom's dreams. The only activity we need end during recovery is nicotine use. Don't allow fear to transform recovery into a prison.

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## Recovery Weight Control

### Reaching for a Zero Calorie "Aaah"

The cornerstone of our dependency was nicotine's ability to release dopamine and briefly end wanting. And yes, an extra mouthful of food also provides a short-lived burst of dopamine (see Chapter 1). But reflect on how many times and how long each day that you devoted to nicotine use.

What if, day after day, you started reaching for and eating extra food as often and long as you reached for and used nicotine? Clearly, consuming extra food as a compensation crutch for missing nicotine would be a "huge" mistake.



Most researchers classify increased eating as a symptom of nicotine withdrawal.[1] If so, it's clearly one within our ability to minimize.

Consider reaching for a non-fat "aaah" sensation. Take a slow deep breath. Do you feel the subtle "aaah" while exhaling? Drink a glass of cool and refreshing water when thirsty. Feel the "aaah" that arrives when satisfying thirst?

Give your favorite person a big, big hug. Feel it then, too? Take your normal walk, even if just around the yard but this time go a little further or a little quicker than normal. Do you feel accomplishment's "aaah"?

Dopamine "aaah" wanting relief sensations are the mind's way of motivating behavior. Lifetimes of living these built-in priorities lessons, we each have a hefty collection of durable "aaah" wanting relief memories.

Reach for the healthy zero calorie "aaah."



## Picking mealtime

Nicotine no longer our spoon, increasing the frequency of meals while diminishing the amount of food eaten may be all that's needed to avoid adding hunger atop withdrawal.

Instead of eating large meals, consider eating little and often to enhance appetite control. One study found that eating more often resulted in 27% fewer calories being consumed. [2]

Consider fueling your body with small, healthy food portions at least five times daily during the first two weeks. Doing so should diminish blood-sugar swings and hunger, thus reducing the risk of binge eating.

## Ending Mealtime

Many of us conditioned our minds to believe that eating was complete and mealtime was over by inhaling nicotine or tasting tobacco within our mouth. Now, without a new cue, there may be no clear signal to our brain that our meal has ended. It could result in reaching for extra food with zero leftovers.

Healthy meal completion cues may be as simple as pushing away or getting up from the table, standing and stretching, clearing the table, reaching for a toothpick, taking a slow deep breath, doing the dishes, giving a hug or kiss, stepping outside, brushing our teeth, a stick of sugar-free gum or a walk.

## Diminishing body weight

A "diet" is a temporary program for losing weight, which by definition ends, hopefully when a weight loss goal is achieved.

A 2020 study review examined 121 weight loss studies involving 21,942 patients that participated in 14 named diets. It found that most diets "over six months result in modest weight loss and substantial improvements in cardiovascular risk factors, particularly blood pressure. At 12 months the effects on weight reduction and improvements in cardiovascular risk factors largely disappear." [3]

The key to sustained weight control isn't dieting. Instead of a weight loss goal, it's in committing to minor changes in our daily calorie intake or activity level that become a routine part of the fabric of daily life.

Involving the same brain dopamine pathways taken hostage by nicotine, relapse prevention





mindfulness is as important to lasting weight change as it is to never taking another puff, but with a huge difference. An eating or activity lapse now and then doesn't all but guarantee relapse.

So then, how? How do we use the same mindfulness skills that helped free us of nicotine to alter activity or intake? First, let's look at how too much dedication can backfire.

If shedding a pound of body weight requires expenditure of 3,500 calories, attempting to burn all 3,500 during a single day is likely to leave us tired and sore. It's likely to discourage us from being active again tomorrow.

Instead, consider a small yet deliberate increase in today's level of physical activity over yesterday's, or if today's level seemed sufficient, maintaining that level tomorrow.

It can be exercise or a bit more of any physical activity that we enjoy, like, or love.

Consider gardening, walking your favorite path, visiting or caring for a neighbor, extra house or yard work, a lap around the block, a bike ride, or any other activity that expends energy.

Although a minor daily activity adjustment may seem insignificant, burning just 58 extra calories per day will cause our body weight to decline by half a pound per month (1,740 fewer monthly calories). What if we add a minor change in eating patterns to a minor activity adjustment?

If we also consumed 58 fewer calories per day we would experience a total monthly decline of roughly 3,500 calories and the loss of one pound per month. Learning to sustain these minor lifestyle adjustments could mean 12 fewer pounds (5.44 kilograms) within a year!

How do we lose 12 pounds? Baby steps ... another moment of activity, a few less calories, just one ounce at a time!

Small adjustments can be made anytime. As mentioned, we can eat more can result in eating less, focus upon, savor and chew each bite longer, take just one less bite, get comfortable leaving something on our plate, use a tad less butter, choose baked over fried, make plants the foundation of every meal, better portion control, use a smaller plate, cook less food, eat one cookie (50 calories) instead of two, stop eating after a certain hour (7 pm), plan tomorrow's meals today, eliminate evening snacks, or trade empty carbohydrates for longer-lasting ones.[4]

Get excited about climbing from the deep ditch in which our addiction kept us. Savor the richness and flavor of life beyond. Be brave. Explore the world that obedience to our dependency's wanting has kept hidden from view.



If already impaired or disabled by smoking, your physician should be able to help in developing an increased activity or exercise plan tailored to your abilities, even if done while on oxygen, in a wheelchair, or in bed.

Should you find yourself gaining extra pounds during recovery, don't beat yourself up. Your breathing and circulation will improve with each passing day. Whether realized or not, your endurance potential is slowly on the rise.

In a way, we are turning back the clock to a time when we had greater ability to engage in prolonged vigorous physical activity. As smokers, most of us lacked the ability to build cardiovascular endurance. Not anymore!

Aging gracefully does not require "dieting." Our slowing metabolism simply requires a minor calorie or activity adjustment now and then, which over time results in the desired body weight.

### **What if it doesn't work?**

But what if your dopamine pathways seemingly refuse such simplicity when it comes to activity and food?

I could close by saying that I'd rather be slightly bigger and alive, than a tad smaller but dead. While true, let me suggest mindfulness training that may aid in pulling back and looking behind the weight-control curtain.

Like the hum of a well-working engine or the purr of a kitten, what if you could train yourself to sense and have a good idea of your blood sugar level (glucose reading) when feeling your best or most productive, or just prior to feeling hungry, or before over-eating?

First, you need to involve your family doctor in this suggestion as everyone's health and blood glucose histories differ, including 30 million in the U.S. with diabetes, with 8 million as yet undiagnosed.

As the American Diabetes Association (ADA) teaches, "It's important for blood glucose levels to stay in a healthy range. If glucose levels get too low, we can lose the ability to think and function normally. If they get too high and stay high, it can cause damage or complications to the body over the course of many years."

Blood sugar or glucose meters and test strips are cheaper than cigarettes or e-juice and available to all over-the-counter.

Does it make sense to eat when the meter says that our blood is already overloaded with glucose?



Is the urge you're feeling to eat the result of a true need for food? Does your body need breakfast right now or will you eat out of habit? How does your walk or bike ride affect your blood glucose? Which foods spike your blood sugar and which are longest lasting in helping keep it most stable?

What if you were able to share with your doctor a 30-day journal of your glucose readings upon waking each morning, before a meal, after eating, before exercise, after exercise, and before bed?

What if your journal also documented the types and amounts of food you consumed, the times you'd eaten, your body weight each morning or before bed, and your energy level and thinking clarity?

Armed with such insights, imagine the quality of the feedback your doctor could provide.

Growing sensitivity and awareness of what true calorie need feels like, and which foods serve you best, I suspect that it won't be long before you're able to predict the reading on tomorrow's bathroom scales.

Again, the goal is mindfulness and awareness which aids in making lasting change, not yo-yo dieting.

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## **Menstrual Cycle Considerations**

A woman's menstrual cycle lasts an average of 28 days. A complex interaction of hormones causes 80 to 90 percent of women of childbearing years to notice some degree of physical, psychological, or emotional change related to their menstrual cycle.

The most profound symptoms are known as "premenstrual syndrome" or PMS. PMS normally occurs between menstrual cycle days 23-27, subsides once menstruation begins, and is experienced by 30-40 percent of reproductive-age females.[1].

While most experience mild to moderate discomfort, and symptoms don't interfere with their personal, social, or professional life, 5% to 8% experience premenstrual dysphoric

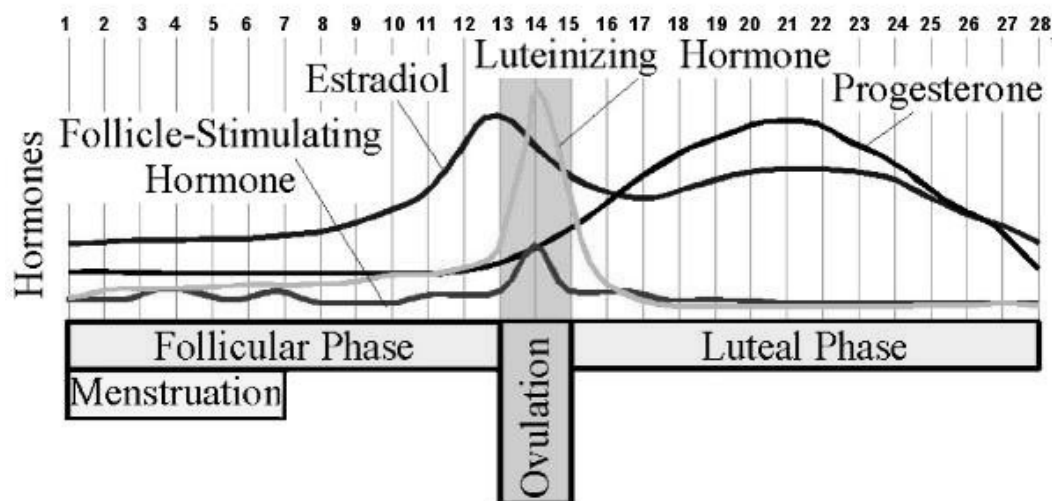


disorder (PMDD) and have moderate-to-severe symptoms that can cause significant distress and functional impairment.[2]

PMS and PMDD symptoms can include constipation, diarrhea, bloating or a gassy feeling, breast tenderness, cramping, headache or backache, clumsiness, lower tolerance for noise or light, irritability or hostile behavior, feeling tired, problems sleeping (too much or too little), appetite changes, food cravings, trouble with concentration or memory, tension or anxiety, depression, feelings of sadness, or crying spells, mood swings, and less interest in sex.[3]

It's why this is an important nicotine cessation topic because no one needs to be left behind, including women experiencing PMDD.

The menstrual cycle can be broken down into two primary segments, the follicular and luteal phases. The follicular phase announces the first day of a woman's cycle, normally lasts 2 weeks, starts with the period of menstrual bleeding, and ends at ovulation.



The luteal phase commences at ovulation, normally lasts two weeks, and ends the day before the next period. The second week is where premenstrual symptoms, if any, are normally encountered.

So here's the often asked question. When is the best time to stop smoking, vaping, or using other nicotine products, during the follicular phase or the luteal phase? Which offers the best odds of success?

The answer may surprise you.

While study findings have been conflicted and mixed, with some finding no difference, some declaring follicular the winner, and others the luteal phase, most had few



participants or involved participants toying with NRT or using other chemicals know to stimulate brain neuro-chemicals.

The largest raw study to date was published in 2008, offered counseling only, excluded women using nicotine from sources other than cigarettes, and the findings included 100 percent of the study's original participants (intent-to-treat analysis).

The study's primary aim was to determine whether the menstrual phase during which a woman attempts to stop smoking affects her risk of smoking relapse.

A total of 202 women were randomly assigned to either commence recovery during the luteal phase or the follicular phase. They tracked their menstrual cycle prospectively and were told to either stop smoking between follicular days 4 and 6 or between luteal days 6 and 8. Day 1 was defined as the first day of their period.

The results? After 30 days, 34% of women who started during the luteal phase were still not smoking, compared to only 14% who started during the follicular phase.[4]

Yes, you read that correctly, the luteal phase. The researchers were shocked too. "Our original hypothesis is not supported by the results."

But why? Although poorly understood, is it likely that women already knew how to get as comfortable as possible being temporarily uncomfortable during their premenstrual days?

Withdrawal peaking and beginning to improve within 72 hours of ending use, imagine beginning to feel better and it happening during the luteal phase.

Is it possible that, for some, nicotine withdrawal is actually easier when combined with expected and normal PMS symptoms that may have included varying degrees of irritability, sleep disruption, appetite changes, food cravings, trouble with concentration, tension, anxiety, depression, feelings of sadness, crying spells, or mood swings?

The question now being asked is, is addiction to smoked nicotine a cause of premenstrual syndrome (PMS)? A ten-year study published in 2008 followed 1,057 women who developed PMS and 1,968 reporting no diagnosis of PMS, with only minimal menstrual symptoms.[5]

After adjustment for oral contraceptives and other factors, the authors found that "current smokers were 2.1 times as likely as never-smokers to develop PMS over the next 2-4 years." The study concludes, "Smoking, especially in adolescence and young adulthood, may increase risk of moderate to severe PMS."

When is it best to face challenge? Early on or delay it? As Joel often states, commencing recovery during a period of significant anxiety increases the odds that anxiety will never again serve as an excuse for relapse.



Keep in mind that the smoking woman's subconscious has likely been conditioned to reach for a cigarette during specific menstrual cycle hormonal or symptom related events. But take heart!

The beauty of recovery is that next month's cycle will not be affected by the heightened stresses associated with rapidly declining reserves of the alkaloid nicotine. Also, next month's cycle will likely stand on its own, unaffected by either early withdrawal or cue related crave triggers.

Joel encourages doubters to stroll through the hundreds of thousands of indexed and archived member posts at Freedom, WhyQuit's first cold turkey support group.[6]

"Go back one month and see how many of the women at our site seem to have panicking posts complaining of intense smoking thoughts month after month after month on any kind of regular pattern."

"The fact is, there are no such posts on the board because after the first few months, not smoking becomes a habit, even during times of menstruation."[7]

Joel closes by reminding women concerned about menstrual symptoms, that to keep their recovery on course and getting easier and easier over time, it's still simply a matter of staying totally committed, even during tough times, to their original commitment to Never Take Another Puff!

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## **"Help me, I'm pregnant and smoking!"**



*Please God, allow her to see the way home. Awaken her to the realization that by filling the beautiful, beautiful brain you gave her with knowledge and understanding, that she can easily become vastly wiser than her dependency is strong.*

Are you feeling a "fierce urgency of now" because of a developing life within? Do you fear that your chemical dependency will harm or destroy it? For nicotine addicts, especially smokers, news of pregnancy is often an emotional train wreck.

### **Why "Quitting for the Baby" Fails**

Upon learning she's pregnant - often within minutes - the mother-to-be makes the biggest mistake of her pregnancy and life. Instead of accelerating her personal long-held dream of someday breaking free, she decides to "stop for the baby."

But how can something that sounds so right be so destructively wrong?

Only about half of women "claim" they were successful in ending nicotine use during their pregnancy.[1] Sadly, the real figure is probably closer to a third.

Researchers conducting third-trimester blood tests on women who claimed to have stopped smoking found that 25 percent lied.[2] But why do so few succeed?

Stopping for others, including the unborn, is a formula for relapse.[3]



It means spending an entire pregnancy either feeling deprived of smoked, vaped or chewed nicotine, or gradually growing numb to the fears of harm that the fetal teratogen and developmental neurotoxin nicotine will inflict, and eventually surrendering to it.

What logic is there in making this "the baby's" recovery instead of its mother's? Stop for the baby?

Is it the baby who needs help or a mom-to-be who for years has been destroying her insides and committing slow suicide by many times daily inhaling smoke's hundreds of tissue-damaging toxins?

If only she had to wear on the outside the damage already done within.

Why feel deprived and denied when you can reclaim, award, and bestow? Why invite reluctance and dread to defeat confidence, freedom, and wonderful?

And it's true. Being home again is vastly more incredible than an addict's endless dopamine wanting/use cycle allows them to remember or sense. A hallmark of addiction, it's a cycle that long ago buried all memory of the tranquility of life as you.

The choices? Choice "F"? Envision every waking hour of your pregnancy either battling or surrendering to urges and wanting for smoked, vaped, or chewed nicotine.

Choice "A"? Visualize a temporary journey of re-adjustment which leads to Easy Street; to the beginning of entire days where a calm and quiet mind never once thinks about wanting to use.

### **"Quitting for the Baby" Stories**

Assume for a moment that you were able to stop "for the baby." No longer in harm's way, will the precious seconds surrounding childbirth be soured by fixation upon relapse?

Instead of savoring life's richest moments, will you be plotting the toxic act that will substantially shorten both your life and motherhood?

During delivery, will you get hammered hard by the use-cycle delusion that smoking is a stressbuster? Will each contraction and push birth thoughts that you've sacrificed long enough, that the danger of harming the baby is about to end?

Can you see how months of feeling pushed, robbed, deprived, forced, or compelled to stop "for the baby" makes pregnancy cessation vastly harder and far more unlikely?

The harsh truth? Doing it "for the baby" may as well be an open declaration that, "Hey, this child is going to have an actively feeding drug addict for a mom!"



These are quotes from e-mails I received. Most show where a "quitting for the baby" mindset leads:

- "I am 33 years old. I started smoking at age 13 and of course, never thought I would still be a smoker 20 years later, and a pack to a pack and a half each day. I stopped for nine months while I was pregnant and could not wait for the entire pregnancy for just one cigarette. The minute I was home from the hospital I started again."
- "I stopped smoking each time I found out I was pregnant, but right after they were born I was back to a pack a day."
- "I'm 38 years old with three children and have smoked since I was 17, stopping when pregnant only to re-light within hours of giving birth."
- "I started smoking at 13 (well I couldn't draw back like all the other girls) but by the time I was 14, I was smoking at every opportunity. The only time I stopped smoking is whilst I was pregnant and breastfeeding. Then, as soon as my babies weaned, I started again."
- "When I was pregnant with my first child I gave up smoking as soon as I found out, the same for the second pregnancy. My mistake is I started back up. I'm stopping smoking today even though I'm about to wean my daughter."
- "My daughter is 5 months pregnant and still smokes occasionally. Actually I don't know how much she smokes. For someone who is trying to be so protective of her unborn child, she isn't. She is an intelligent person but putting her baby at risk."
- "I am concerned about my neighbor's smoking. She is pregnant again but still smokes. She was smoking while pregnant with her 1st son who is 4 years old now and deaf."

Approximately half of women who stop smoking during pregnancy relapse within six months of giving birth.[4] Adding it all up, it means that, unbelievably, only about 1 in 5 women who smoked at conception will experience the joys of smoke-free motherhood.

It means that 4 out of 5 babies are forced to bond to the thousands of smoke chemicals deposited upon mom's hair, skin, and clothing.

Imagine your baby feeling extremely comfortable in the arms of a smoker off the street, especially one who smokes your brand. Imagine your newborn never knowing its mother's natural scent and fragrance.

As these email quotes suggest, the reasons given in trying to justify relapse after childbirth vary greatly:

- "I am an attractive, 39-year-old professional yuppie turned new mom who has been hiding it and in the closet for many years. I stopped successfully when I found out I was 2 weeks pregnant and then started during a brief bout of postpartum depression when my baby was 6 weeks old and I had stopped nursing. I was back to smoking a half a pack to a pack a day."



- "I am addicted to nicotine gum. I stopped smoking and started chewing the gum. Then I got pregnant with my daughter and stopped chewing the gum. My mother died right after my daughter was born, so I started smoking again. Three months later, I stopped using cigarettes and started with the gum again. I finally ended gum use in January of 2003. I was totally nicotine-free for about 18 months when my sister-in-law gave me a cigarette. I figured I could handle just one" "I bought a pack the next day. Now, I'm stuck on the gum again...no pun intended."

Driven by significant and very real risks, these women were able to temporarily suspend nicotine use. Then, postpartum depression and a mother's death were used as relapse justifications. Although not mentioned, it's highly unlikely that relapse and active drug addition improved either situation.

### **Nicotine-Free Motherhood**

Pregnancy is a golden opportunity. It's a period during which a mind, body, and life can be clean, healed, and reclaimed in order to prepare for the blessings of nicotine-free motherhood.

Instead, roughly 4 of 5 pregnant smokers spend their pregnancy somewhere between the grips of penetrating guilt over the harms use continues to inflict, and a growing sense of self-deprivation, which they'll satisfy shortly after giving birth.

Let's be clear, it's normal and natural to want to stop for the baby. The risks of harm are tremendous. It isn't a matter of whether or not nicotine will damage the fetus but how bad and noticeable the damage will be.

In fact, the risks are so huge that the fears flowing from them consume reason, logic, and common sense.

Before learning they were pregnant, most women had their own dream of someday stopping smoking, at a time, place, and manner of their choice. But now, gripped by worry of harm to the developing life inside, it's a dream instantly forgotten.

Instead of seeing here and now as the perfect time to live that dream, it's abandoned in favor of self-sacrifice for the innocent preciousness within.

Their dream obliterated by fear, some are able to temporarily suspend use for the benefit of the fetus while others do not. Those that don't are forced to invent new nicotine use rationalizations in order to suppress the harms being inflicted. Here are two e-mail examples.

- "My daughter just found out that she is pregnant and she smokes. She was going to just stop but then a midwife told her that if she did, her fetus would go into shock and that she should just taper off."



- "I did attempt to stop when I found out I was pregnant the first time, but after thinking about all the people I knew who smoked while pregnant and had normal kids, I kept right on smoking." "I kept my mouth shut, as I had lied to the doctor and the hospital about smoking."

There's also the rationalization that "stopping for the baby is just too hard." And this one is true. Whether attempting to quit for the father, your doctor, a parent, or best friend, the challenge is vastly greater when trying to quit for others.

Think about the day-to-day agony and anxiety endured by these women. Imagine the disapproving stares and verbal abuse by those who notice them smoking. Society's disdain only heightens focus upon quitting for others, including the baby.

- "I am 8 weeks pregnant and have been struggling with stopping for some time. Even before my pregnancy, I was trying to stop. The scariest part for me is the anxiety it creates. Is it dangerous to go through withdrawal cold turkey?"
- "I am 26 years old. I'm 9 weeks pregnant. I've smoked a pack a day for 11 years. I've tried to stop 3 times now in 4 weeks and blown it every time. I am down to about 3-5 cigarettes a day. I am worried about my baby and I have smoked through the whole thing. I am trying to stop again. It has been about 12 hours without a smoke."
- "I am a 22-year-old female who is currently 32 weeks along in my pregnancy. I feel that the reason why I haven't stopped is just that! I am deathly afraid of the feeling of withdrawal."

As suggested by the first two women, one can only live in fear for so long before growing numb to it. If this isn't "your" recovery but instead a temporary pause for the baby, how long before that deprived feeling overwhelms diminishing fears? And how much anxiety and guilt will relapse bring?

As for the third woman, her fear of withdrawal is normal and natural. Years of being able to satisfy an urge or crave within seconds of smoking conditioned her to fear holding out longer.

What thousands of old urge satisfaction memories (dependency's bars) prevent her from seeing is that the only path to permanently ending wanting for more is in mustering the courage and commitment to say "no" to it.

## **Recovery**

What's difficult to appreciate is that recovery is good and wonderful not bad. While true that increased estrogen is causing nicotine to be eliminated from the bloodstream faster than normal, thus increasing the need and desire to replenish,[5] within 3 days of ending use withdrawal will peak in intensity and then begin to gradually decline.



The period of greatest challenge will have passed.

Within 2 to 3 weeks, the brain will have substantially completed restoring neurotransmitter sensitivities and counts. Although the tease of thousands of old nicotine replenishment memories will continue to be felt, those memories were created by and belonged to an actively feeding drug addict whose blood-serum nicotine reserves were always on the decline.

Truth is, after that, the balance of recovery is nearly all psychological, as there is nothing missing and nothing in need of replacement.

By then, relapse would not match expectations. There will not be an underlying "aaah" wanting relief sensation as the brain had fully adjusted and nothing was missing.

But lapse would immediately re-fire dependency's engines. Nicotine drenched dopamine pathways would re-assign using again, the same priority as that circuitry assigns to eating food.

While most who attempt cheating when quitting walk away feeling like they've gotten away with it, brain scans show that just one puff and up to 50% of dopamine pathway receptors become occupied by nicotine. And it won't be long before the cheater finds their brain wanting, plotting to get, or even begging for more.

Additionally, the circumstances of lapse will be documented in high-definition memory, breathing life into thousands of old use memories that will, in the short-term (the time needed for recovery) make lapse nearly impossible to forget.

The expected "aaah" missing at the moment of lapse, her focus will instead turn to the sensations felt when scores of smoke toxins strike healing tissues, and carbon monoxide invades what was an oxygen-rich mind.

The toxic assault will likely compel her dizzy and disrupted mind to turn its focus to her now failed goal of "stopping for the baby." She'll wonder whether the burning sensations generated by carbon monoxide, hydrogen cyanide, arsenic, sulfur, ammonia, and formaldehyde are also burning her unborn.

But it's too late. Once nicotine is inside, relapse is all but assured, with more assaults and guilt to follow.

- "Unfortunately, I have given in and I had my first cigarette in 10 months yesterday. I had another today and now I'm feeling absolutely horrible about it. I am breastfeeding and I would like to continue breastfeeding without harming my child."
- "I am 41 years-old and smoked a pack a day since I was 15 years old, with the exception of 9 months when I pregnant (started right up again the day after she was born). I hated myself for failing. I hated the way I smelled. I hated "sneaking" a



smoke to get through the day. I hated the disgusted looks of people walking by me as I huddled outside my office building sucking on that disgusting thing, rain or shine, cold or hot. I hated myself for hurting my daughter - thinking for sure, unless I could find the strength and courage to stop that my daughter would lose her mother."

## **Valid Nicotine Harm Concerns**

Let's not kid ourselves. The draw of quitting for the baby instead of you is huge. In fact, once pregnant it's impossible to avoid hearing how damaging smoking and nicotine are. So let's get it out-of-the-way now. Let's acknowledge fetal risks in order to drive home the point that fetal toxin harms will continue unless healthy motherhood dreams are put first.

As you read, reflect on a simple truth. Unless coming home and staying clean and free are embraced, the baby's quality time with its new mom will be constantly interrupted by an addict's never-ending need to replenish missing nicotine.

The late Dr. Heinz Ginzel was my friend, a physician, and a retired University of Arkansas pharmacology and toxicology professor. He devoted decades to the study of nicotine.

In researcher speak/talk, Dr. Ginzel was deeply concerned over "fetotoxicity and neuroteratogenicity that can cause cognitive, affective and behavioral disorders in children born to mothers exposed to nicotine during pregnancy." [6] This is his message to expectant mothers:

"To set the stage, one has to recognize that nicotine interacts with the very basic functions of the peripheral and central nervous system, i.e., the nerves supplying organs and tissues of the body and the vital command stations in the brain. When these systems are formed during fetal life, the nicotine the mother is exposed to from smoking, secondhand smoke or NRT will impair their normal development."

"Such impairment can manifest itself in a variety of symptoms depending on the site, time and intensity of nicotine action. Here are a few examples: The notorious "Sudden Infant Death Syndrome" or SIDS has been traced to prenatal and/or postnatal nicotine exposure. Nicotine exposure is responsible for cognitive and learning deficits in children as well as affective and behavioral problems such as 'Attention Deficit Hyperactivity Disorder' (ADHD), with displays of unruliness and aggression."

"Neonatal nicotine exposure impairs so-called auditory learning, a very specific lifelong handicap. Prenatal nicotine also primes the developing brain for depression and for nicotine addiction in adolescence. Wrongly believing or being told that NRT is risk-free, pregnant smokers who would have stopped during pregnancy may begin using NRT throughout pregnancy."



"As a consequence, intelligence expressed by I.Q. standards may decline in their offspring, but as larger segments of the population are affected, this decline may not be readily discernible."[7]

Are you realizing the importance of making your #1 recovery priority "you," and allowing your baby to inherit the fruits of mom's wisdom? Still, given Dr. Ginzel's fetal nicotine risks review, it's easy to see why such a massive percentage of women make the mistake of "stopping for the baby."

Duke Medical University Professor Theodore Slotkin is probably the world's current leading nicotine toxicology researcher. He's deeply concerned that nicotine, including replacement nicotine, may cause as much or more harm to the developing fetus than crack cocaine.[8]

According to Professor Slotkin, "NRT, especially by transdermal patch, delivers more nicotine to the fetus than smoking does." "Studies have found that the brains of fetal mice wound up with 2.5 times higher nicotine concentrations than found in the mother's blood when on a slow continuous nicotine feed, as would be the case with the nicotine patch."[9]

The patch's continuous delivery of nicotine is believed to somehow overwhelm and saturate the ability of the placenta to perform limited nicotine filtering.

In 2008, Professor Slotkin wrote that "nicotine by itself is able to reproduce the net outcome from tobacco smoke exposure; that is not to say that the other components are not injurious, but rather, the replacement of tobacco with NRT is likely to produce less improvement than might otherwise be thought, and as shown above, may actually worsen some of the critical outcomes."[10]

What does Slotkin think about nicotine altering normal fetal brain development, as discussed by Dr. Ginzel? A 2013 article quotes Professor Slotkin as saying, "It would be the equivalent of trying to play this piano piece and some clown comes along with a chunk of two-by-four and slams a bunch of keys down and holds them down."[11]

## **Vaping E-cigarettes**

Research suggests that vaped nicotine is destructive too. Quoting from a 2019 journal article in Tobacco Induced Diseases: "[T]here is a growing body of experimental studies in animals that suggest that nicotine in electronic nicotine delivery systems alters DNA methylation, induces birth defects, reduces the birth weight, and affects the development of the heart and lungs of their offspring."[12]

## **Lifetime Regret**

Ponder the collective regret of the countless mothers whose intense focus on protecting the baby actually resulted in harming them.



- "I learned first-hand the results of smoking during pregnancy. I had taken lightly my responsibility to him and I will always regret it."
- "My son was born at a comparatively low birth rate, and notably, his umbilical cord, instead of a healthy red color, was a sickly, puss-like shade of yellow. It was not thick and healthy, but tapered and became thinner toward where it was attached to him."
- "So, now my second son is two-and-a-half with developmental delays, and my four-year-old has Attention Hyperactivity Disorder, with extreme emphasis on the hyperactivity part. I know in my heart that I probably caused these problems but I keep finding other excuses."
- "I smoked very little during my first pregnancy. My child has allergies and catches bronchitis very easily. With my second child I stopped smoking during pregnancy. My husband began smoking again and so did I. When I began breastfeeding after the birth it became another concern for me. I tell myself that it's not hurting the baby, but in my mind it bothers me."

And what will the child say?

- "I hate, hate, hate cigarette smoking, secondhand smoke and smokeless tobacco! My mother smoked while she was pregnant (both times) and smoked until I was 17 years old. I was born with a head tumor which continues to give me trouble after two surgeries and more than 35 years of life."
- "My mother smoked, even when pregnant with me. So I guess, being born that way, I've always been addicted to nicotine." "At age 22, my mother died of a sudden and massive stroke caused by hypertension, elevated by smoking. That's exactly what was put on the coroner's report. Even then, I kept smoking."

## **Liberty's Blessings**

Are you sensing the importance of embracing recovery as your own loving gift of "you" to "you"?

Can you see that all fears of fetal harm are best and well served by celebrating pregnancy as a golden opportunity to reclaim your mind, priorities, hands, time, mouth, coins, lungs, emotions, health, freedom and life?

Now, together with these mothers, picture your new baby basking in liberty's blessings.

- "I am very happy to say that I have been nicotine-free for six months now! My kids have not missed any days of school this year. I have started to workout three times a week. I feel better. Most people tell me I look a lot better. My house and car are cleaner. I am so glad I stopped."
- "Now, although I still know I am an addict, I concentrate on keeping my recovery alive by celebrating my freedom. One thought I find very heartening is that I am doing "easy time." Compared with the first days, it is so easy for me not to smoke



today. Most of the costs have gone, but I still get the benefits. Smoking is expensive in the UK, and so far I have saved £14,000 (that's U.S. \$27,500)! I save so much I can easily justify a weekend away on my annual stopping anniversary. Best of all, I have a 10 week-old son who has a smoke-free mom."

- "I had stopped with my previous pregnancies (three older daughters), but I picked it right back up again with ferocity. After each failure I increased my nicotine intake more and more. At 2 to 2 1/2 packs a day, I saw not much hope for an end. But this pregnancy scared me. Now, I was much older and this baby was counting on me to not just stop during my pregnancy, like with the sisters, but for the rest of my life. I visited WhyQuit and read, and read, and read. I finally learned WHY every time I had picked them back up again in my postpartum periods. I was still in post acute withdrawal. Riddled with anxiety, I did not approach stopping with a recovery mindset but with a 'suspended sentence' on smoking. For our fifteenth anniversary, I gave my husband another daughter ... and a nicotine-free wife."

Regarding postpartum depression, ready yourself for the possibility. Findings from studies analyzing how often it occurs vary greatly depending on where the women studied lived, the study's definition of depression, and whether or not the results included women who were experiencing depression before giving birth.

Among studies reporting new cases of depression arising after childbirth, 6.9% of 280 new moms in Israel reported postpartum depression at 6 weeks,[13] 12.5% among 1,584 Swedish women at 8 weeks, which declined to 8.3% by 12 weeks,[14] 5.8% among 465 Wisconsin women between months 1 and 4,[15] and 3.7% of 403 Minnesota women during the first year following childbirth.[16]

If depressed following childbirth be sure and let your doctor know. Postpartum depression is not some character flaw or weakness but as real as the nose on our face. It's believed to be associated with a large increase in progesterone-derived neuro-steroids during pregnancy, and its sharp decline following childbirth, which may have significant effects on GABA receptors.[17]

Emerging research suggests that these receptors could be a path to effective treatment. [18] Clearly, what no physician on earth will suggest as a treatment course is relapse to the highly addictive, fetal teratogen nicotine.

As for replacement nicotine, even its most vocal advocates are forced to admit that, "there is no evidence that NRT is actually effective for smoking cessation in pregnancy." [19] It's my hope that this article has helped alert you to the importance of knowledge and understanding as extremely effective recovery tools. The highest known pregnancy cessation rates continue to be associated with "counseling and behavioral interventions." [20] It's what I refer to as "smart turkey."



It's my dream that you'll continue reading and discovering, that you'll allow the magic unfold as your nicotine-free body heals, mends and repairs, while at the exact same time growing a healthy new life within.

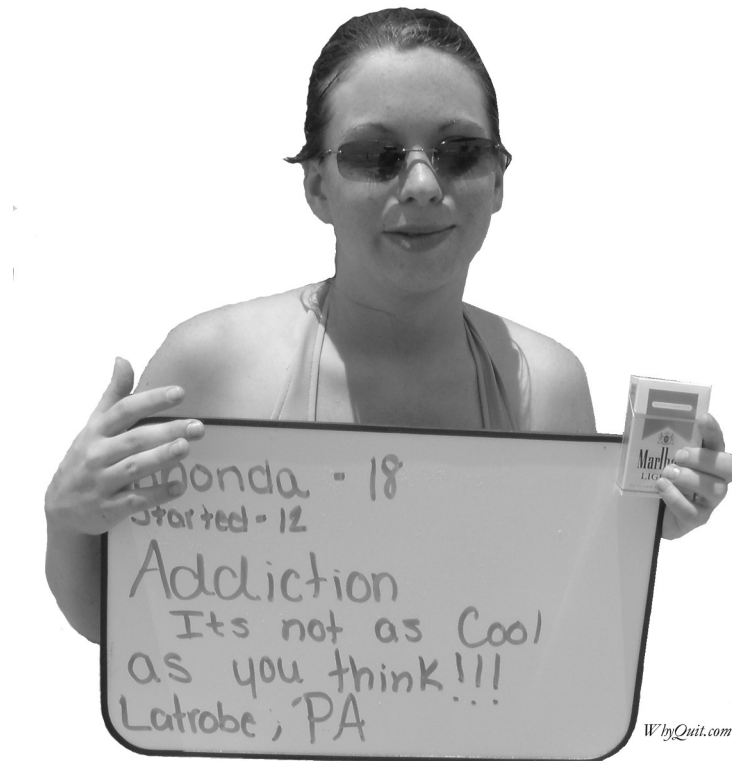
Baby steps, just here and now, these next few minutes, yes you can! And there's only one rule ... no nicotine just one hour, challenge and day at a time!

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## Chapter 7: Roadmap Overview

### Starting Point: Dependency



This chapter provides a brief recovery overview. It's a start to finish look at four distinct yet overlapping recovery layers, followed by a list of health benefits bestowed by navigating them. It lays a foundation and framework for the four chapters which follow:

- Chapter 9: Physical Recovery
- Chapter 10: Emotional Recovery
- Chapter 11: Subconscious Recovery
- Chapter 12: Conscious Recovery

As detailed in Chapter 1, nicotine addiction resulted from the introduction of a chemical into our body, a chemical which by happenstance was able to unlock and activate the same brain cells and pathways as the neurotransmitter acetylcholine.[1] Through cascading, scores of neurochemicals were released, most notably dopamine and adrenaline.

For us, nicotine's repeated activation of those receptors caused stimulation and permanent compromise of the brain's dopamine pathways, our mind's priorities teacher.



The brain's dopamine pathways were designed to foster urges, wanting and desire, so as to make events which stimulate them (species survival activities) extremely difficult to forget or ignore. But reflect on the fact that prior to nicotine dependency onset, there was no "wanting" or "urge" to use again.

Initially, arriving nicotine triggered the release of a burst of unearned dopamine. It provided wanting satisfaction for wanting that didn't yet exist. For those susceptible to dependency onset, continued use would soon bring an end to consequence-less stealing of adrenaline-amped satisfaction.

Our nicotine activated priorities teacher started seeing and treating nicotine as if food. At some point, our brain's tonic dopamine level started declining in response to falling blood nicotine levels. This, in turn, activated wanting, desire, and anxiety for more. That wanting was soon being reinforced by an ever-increasing number of old wanting satisfaction memories.

Each of those high-definition memories documented exactly how wanting was satisfied, by the arrival of a new supply of nicotine. Arrival would generate a sudden phasic burst of dopamine, temporarily restoring our tonic dopamine level and temporarily satisfying wanting.

Although still poorly understood, continued use caused our brain to attempt to desensitize itself to nicotine's presence by increasing the number of acetylcholine receptors in multiple brain regions. Continued use also conditioned our subconscious to expect a new supply of nicotine when specific times, locations, people, activities, or emotions were encountered.

Now, any attempt to stop using nicotine would result in the same wanting related anxieties felt when deprived of food or water.

Declining by roughly half every two hours, years of struggling to keep enough nicotine in our bloodstream, so as to hold wanting at bay, left us falsely convinced that nicotine was core to our existence, as fundamental as eating. Educated recovery is about understanding both the lies we lived and our dependency's effects upon us.

As if starving yourself to death, nicotine's above feeding cycle has deeply conditioned you to dread life without it, to fear coming home. It's my hope that dependency understanding fosters growing awareness of the reality that recovery is 100% healing, that it's good, beautiful, and wonderful not bad.

Will big picture awareness aid in helping calm dependency induced fears of life without using? Will diminishing needless anxieties make it easier to notice, focus upon and savor the long-forgotten joys that recovery is about to gradually unfold before you?



It's my hope that understanding aids in appreciating the awe and glory of arriving here on Easy Street, of experiencing an uninterrupted calm that was long ago smothered by an ever-growing pile of anxiety satisfaction memories.

But turning fear into desire, that's my wish for you, not yours. Once home, whether your journey is best characterized as having been a lovefest, a cakewalk, non-event, frantic, or a nightmare, the only thing that matters is that each day remained and remains totally do-able.

Understanding where we now stand is the window to where we've been. An opportunity to awaken is at hand.

As you continue reading, will nicotine-induced beliefs remain open to the possibility that emerging after years of being buried by earthquake rubble is to be celebrated not feared? Will it willingly review years of junkie thinking, the depths to which those years of lies took you, and where truth stands?

While such awareness itself can be a tad frightening, why spoil healing with fear? Why fear the arrival of a calm and comfortable day where thoughts of using never once enter your mind? Why fear such days soon becoming your new sense of normal?

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1. See Chapter 1 for references to the dependency summary presented here.

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## Ending Nicotine Use

That first courageous step is "huuuuge," the biggest baby step of all.

Mustering the courage to at last say "no" to that next nicotine fix is the only path to the wonderfulness beyond: return to a calm, quiet and beautiful mind that blind obedience to dependency wanting has for far too long keep hidden from view.

Contrary to the marketing of those pushing an exploding array of nicotine delivery devices, the only way out is to stop bringing nicotine in. And the speed of natural recovery can be seen within an hour of remaining 100% nicotine-free, as the amount of nicotine within your blood falls by 25 percent.





"Half-life" is defined as "the time required for half of the quantity of a drug or other substance deposited in a living organism to be metabolized or eliminated by normal biological processes." [1] Most older cessation literature firmly fixes nicotine's elimination half-life at about two hours. [2]

But nicotine's half-life can vary substantially based upon genetic, racial, hormonal, diet, activity, and age factors. [3] For now, let's ignore genetic differences, as we have no idea which genes we do or don't have.

As for racial variations, a 1998 study found an average nicotine half-life of 129 minutes in Caucasians and 134 minutes in African-Americans. [4] A 2002 study compared Chinese-American, Latino, and Caucasian smokers. It found that Latinos had the shortest half-life (122 minutes), Chinese-Americans the longest (152 minutes), with Caucasians in the middle (134 minutes). [5]

Nicotine's half-life is shorter in women (118 minutes) than men (132 minutes), and even faster in women taking oral contraceptives (96 minutes). This is thought to be associated with estrogen. [6]

Nicotine's half-life is shorter during pregnancy (97 minutes) than after giving birth (111 minutes). [7] Sadly, newborn babies whose mothers smoked endure a nicotine withdrawal period five times longer than what their mother's would have been. Instead of the newborn having a 2-hour elimination half-life, it balloons to 11.2 hours. [8] If considering breastfeeding, nicotine's breast milk half-life averages 97 minutes. [9]

Interestingly, a 1993 nicotine patch study found that when nicotine was administered directly into the bloodstream (intravenously) it had a 2-hour elimination half-life but when administered through the skin via the nicotine patch (transdermally), once the patch was removed nicotine's half-life was 2.8 hours. [10] This finding was confirmed by a second patch study which found it to be a minimum of 3.3 hours. [11]

Most nicotine is broken down into six primary metabolites by the liver (mostly cotinine: 70-80%). The kidneys remove (eliminate or excrete) nicotine and its metabolites from the bloodstream. [12]

Thus, any activity which increases blood flow through the liver (exercise or eating) accelerates nicotine metabolism. Liver blood flow increases by 30% after meals, with a 40% increase in the rate that nicotine is removed from arriving blood. [13]

As we learned in Chapter 4, acidic urine accelerates the rate by which nicotine is metabolized, while alkaline urine actually allows re-absorption back into the body.

As suggested by the above half-life data, most of us had enough nicotine reserves to make it through 8 hours of sleep each night (4 half-lives leaving us with a minimum of 6.25% of our normal daily supply).



In fact, the amount of nicotine remaining after sleep is actually higher than simple division suggests. It makes sense, as the amount of blood flow and nicotine passing through and being metabolized by the liver decreases while sleeping.

As you can see, remaining reserves become so small within 24 hours of ending use that nicotine becomes difficult to detect (.02 or just 2/100ths of our normal daily level). It's here that surgery (nicotine extraction/detox) is nearly complete and deep dependency healing begins in earnest.

Within 3 days, with absolute certainty, you will inhabit a nicotine-free body and mind.

As for detection, we often get the question, how long after I stop using nicotine will my insurance company or employer be able to detect nicotine in my system? As seen above, unless examining hair, which permanently records nicotine use, trying to measure rapidly falling nicotine levels in blood, urine and saliva are all but useless as markers of use.

That's why insurance companies and employers normally test for cotinine, one of nicotine's longer-lasting metabolites. Cotinine's generally recognized half-life of about 17 hours.[14]

Regarding recovery, what's important is that remaining levels become so small within 24 hours of ending use that re-sensitization and the brain's adjustment to functioning without nicotine have no choice but to begin.

The mind and body begin experiencing overlapping recovery on four levels within 24 hours of ending use: physical, emotional, subconscious, and conscious. Keep all nicotine on the outside and within 72 hours, regardless of your body's nicotine half-life or elimination rate, you'll stand atop withdrawal's mountain.

The most challenging part of recovery will be behind you. While your climb was quick, the slope of the journey down the other side, although initially brisk, is continuous yet ever so gradual. Easier time with fewer bumps, the balance of the journey becomes an exercise in patience.

Yet, violate the "Law of Addiction" - just one hit of nicotine - and forget about any gradual downslope or doing easy-time. It's called relapse. You'll either resume life as an actively feeding addict or need to again endure nicotine detox and another climb to the top.

The price of each climb is further depletion of core dreams and desires. Although able to rest and rejuvenate once at or over the top, amazingly few have the stamina of purpose needed to make back-to-back climbs.

Expect to be teased during both your climb and descent by those selling chemicals that stimulate brain dopamine pathways (tobacco products, cigarettes, e-cigarettes, replacement nicotine, bupropion, and varenicline). Expect them to try to discourage you.



Listen for the false and deceptive implication that few succeed in stopping on their own. Truth is, it's how the vast majority will succeed this year, and they know it.

Clearly, they want your money. And sadly, nearly all are willing to lie to get it.

Expect their tease to falsely suggest that their product makes the climb easy, or as suggested by recent Nicorette commercials, that it makes quitting "suck less." Don't listen. If the product stimulates dopamine pathways, physical withdrawal's climb cannot be completed until product use ends.

Continued stimulation does not aid recovery but delays it. That's why advertising the product's cessation results while study participants were still under the chemical's influence (varenicline's half-life is 24-hours, 12 times longer than nicotine's), isn't about science but salesmanship.

As Joel Spitzer says, we'd only have ourselves to blame for intentionally extending what should have been a few days of withdrawal into weeks or months.

Not only do users face the side-effect risks posed by each product, they face having to someday adjust to living without the dopamine stimulation the product provides.

Let's turn our attention to what happens once fright musters the courage to say "no." Let's start with the body's physical response to ending use.

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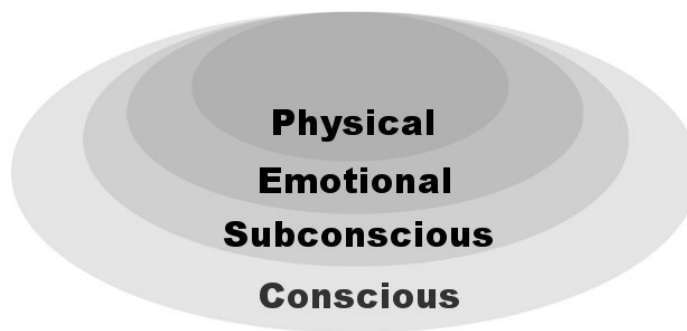
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## Recovery Layers



### Physical Readjustment

Chapter 9 focuses upon the time needed by the brain to re-adjust its equilibrium or homeostasis to again functioning without nicotine.

Nicotine caused both activation and deactivation of nicotinic-type acetylcholine receptors. [1] Animal studies suggest that a significant increase in the number of receptors (up-regulation) may have occurred in as many as 11 different brain regions.[2]

Brain healing is at the mercy of the patience necessary to allow time to restore natural sensitivities. If allowed, it will work around-the-clock returning neurotransmitter receptor counts and sensitivities to normal.

As explained, the pace of healing is amazingly fast. Within three days, the mind and body become nicotine-free and we move beyond peak withdrawal.

While the vast majority of physical re-adjustments are generally recognized as being complete within the first two weeks, recent studies suggest that some symptoms, primarily related to neuron sensitivity restoration and emotions, may persist for 3-4 weeks.

Aside from the brain, the body needs time for its physiology to adjust to again functioning without nicotine and all other chemicals introduced by our method of delivery. As it does, the withdrawal symptoms experienced may be none, few, some or many.



Although Chapter 9 provides a detailed list and discussion of possible withdrawal symptoms, I strongly encourage you to skip it. That's right. Don't read it. If needed, it'll be there.

Such lists have a tendency to transform a sensation that may have been barely noticeable into a full-blown concern. FFN-TJH's primary goal is to destroy fears, not foster them.

Since 1999 our online support sites at Freedom and Turkeyville have worked with thousands navigating recovery. While most report heightened anxieties and emotional challenges, many experience almost no noticeable physical symptoms whatsoever.

Also, don't confuse the time needed for the mind to adapt to functioning without nicotine's influence, with the time needed for deep tissue healing and purging of tobacco tars. As suggested by the recovery timetable at the end of this chapter, it takes significant time to fully expel toxins and carcinogens and heal from their assaults.

### **Emotional Readjustment**

Although chemical in nature, a long and intense relationship is ending. For most, it was the most dependable relationship we'd ever known.

Even if our fix was bummed or borrowed and the flavor of the brand was horrible, even if the cigarette was damp, slightly torn, broken and in need of repair, even if the gum was rock hard, the dip stale, or the butt from an ashtray, the nicotine was always there.

Never once did nicotine let us down in providing temporary relief from urges and wanting.

Once inside our bloodstream, within seconds we experienced replenishment: nicotine's stimulation of our nervous system accompanied by satisfaction of our mind's latest cycle of need.

But now that's all behind us. It's over, finished, done. And as with ending any long-term relationship, we must navigate the sense of loss emotions flowing from it.

Denial, anger, bargaining, and depression are normal emotional phases associated with any significant loss. Navigating each brings us closer to the final phase marking the completion of emotional recovery (Chapter 10), acceptance.

### **Subconscious Readjustment**

Nicotine's two-hour half-life compelled us to select replenishment times, situations and patterns. While you may not have recognized the patterns, your subconscious was expert in doing so.



When did you replenish? Upon waking each morning, entering the bathroom, before or after a meal, in the yard or garage, while traveling, surrounding work, around friends, while drinking, on the telephone, before bed, when happy, sad, stressed, or mad?

Whether or not aware of our use patterns, our subconscious recorded the times, places, circumstances and emotions during which nicotine replenishment occurred. Those situations became conditioned use-cues, alerting our subconscious that it was time for more.

Encountering a use-cue would trigger a gentle urge feeding time reminder. Usually, it wasn't noticed and normally we simply obeyed. But if not and we delayed too long, anxiety alarms may have sounded, triggering a full-blown crave episode.

Subconscious recovery (Chapter 11) is about meeting, greeting, and extinguishing each conditioned use-cue. The subconscious mind does not plot, plan or conspire. It simply reacts to input.

If we say "no" during what's often a less than 3 minute crave episode (which time distortion may cause to feel far longer), in most instances a single encounter will sever and break the nicotine use association, extinguishing the cue that caused it.

We are rewarded each time we extinguish a cue with the return of another aspect of a nicotine-free life. That's right, crave episodes are good not bad. It's how we take back life, just one time, place, person, activity or emotion at a time.

Chapter 11 explores a host of crave coping techniques. For now, understand that: (1) there is no force or circumstance on planet earth that can compel us to introduce nicotine into our bloodstream; (2) we will always be able to handle up to three minutes of wanting anxiety; and (3) the reward at the end of each episode, extinguishing and silencing another use-cue, is worth vastly more than the price of enduring it.

### **Conscious Readjustment**

By far, normally the easiest yet longest layer of recovery is reclaiming normal everyday thinking.

Unlike a less than three-minute subconscious crave episode, the conscious mind can fixate upon a thought of wanting to use for as long as we are able to maintain concentration and focus. How long can you keep your mind focused upon your favorite food? Look at a clock and give it a try. Can you taste it? Does it make your mouth water? Are you feeling an urge?

Now think about your favorite nicotine use rationalization. What was your primary use justification?



Conscious recovery is the period of time needed for new nicotine-free memories to gather, overwrite or suppress all the durable dopamine pathway memories documenting how wanting was briefly satisfied by using more. It's the time needed to move beyond their conscious tease.

Conscious recovery is very much within our ability to accelerate. For example, it isn't necessary to wait for old nicotine use memories to gradually fade away in order to alter their impact upon us.

It's done by seeing our pile of old wanting satisfaction memories for the truth they reflect; that each memory was created by an actively feeding addict in varying degrees of need of more.

It's also accomplished by a willingness to let go of our use rationalizations. This is done by grabbing hold of each use justification, exposing it to honest light, and recasting it using truth.

Chapter 12 (Conscious Recovery) is about using logic, reason and science to accelerate this final phase of recovery. As seen in Chapter 4 (Rationalizations), some use rationalizations can be laughed away. Others require a bit more distance from active dependency before honesty and clarity of thought allows us to appreciate the truth and let go. And there may be one or more which seem harder to move beyond.

Contrary to nicotine industry marketing, there was only one reason we didn't stop using long, long ago. Our new addiction quickly conditioned us to expect anxiety, irritability, anger, and depression to begin building if we waited too long between feedings.

We didn't continue using because we liked it. We did so because we didn't like what happened when we didn't.[3]

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## Recovery Timeline

Most but not all benefits listed below are related to smoking. Why? Here in the U.S., there are ten times as many smokers as oral tobacco users.[1] Smoking, by far, reflects the greatest health risks of any form of nicotine delivery. And until the e-cigarette's arrival, the vast majority of research focused upon it.

Remember, the absence of evidence isn't evidence of absence. Just because science can't yet tell us when most oral tobacco, NRT, or e-cig recovery benefits occur, it doesn't mean that they're not happening.



Let's review a few health benefits of life on the free side of dependency's bars.[2]

When ending all tobacco and nicotine use, within ...

- 20 minutes - Our blood pressure, heart rate, and the temperature of our hands and feet return to normal.
- 8 hours - Remaining nicotine in our bloodstream will have fallen to 6% of normal peak daily levels, a 94% reduction.
- 12 hours - The ex-smoker's blood oxygen level will have increased to normal while carbon monoxide levels have dropped to normal too.
- 24 hours - Anxieties peak and within two weeks should return to near pre-cessation levels.
- 48 hours - Damaged nerve endings have started to re-grow and our sense of smell and taste are beginning to return to normal. Cessation anger and irritability peaks.
- 72 hours - Our body is 100% nicotine-free and over 90% of all nicotine metabolites (the chemicals it breaks down into) have been ionized or excreted via urine. Symptoms of withdrawal have peaked in intensity, including restlessness. The number of cue-induced crave episodes will peak for the "average" ex-user. Lung



bronchial tubes leading to air sacs (alveoli) are beginning to relax in recovering smokers. Breathing is becoming easier and the lung's functional abilities are starting to increase.

- 5 to 8 days - The "average" ex-smoker will encounter an "average" of three cue-induced crave episodes per day. Although we may not be "average" and although serious cessation time distortion can make minutes feel like hours, it is unlikely that any single episode will last longer than 3 minutes. Keep a clock handy and time them.
- 10 days - The "average ex-user is down to encountering less than two crave episodes per day, each less than 3 minutes.
- 10 days to 2 weeks - Recovery has likely progressed to the point where our addiction is no longer doing the talking. We are beginning to catch glimpses of where freedom and healing are transporting us.
- 2 weeks - Blood circulation in our gums and teeth is now similar to that of a non-user.
- 2 to 4 weeks - Cessation related anger, anxiety, difficulty concentrating, impatience, insomnia, restlessness, and depression have ended. If still experiencing any of these symptoms get seen and evaluated by your physician.
- 3-4 weeks - Brain acetylcholine receptor counts up-regulated in response to nicotine's presence have now down-regulated, and receptor binding has returned to levels seen in the brains of non-smokers.[3]
- 2 weeks to 3 months - If an ex-smoker, heart attack risk has started to drop and lung function continues to improve.
- 3 weeks to 3 months - If an ex-smoker, circulation has substantially improved. Walking has become easier. Any chronic cough has likely disappeared. If not, contact your physician.
- 1 to 9 months - Any smoking related sinus congestion, fatigue or shortness of breath have decreased. Cilia have re-grown in our lungs, thereby increasing their ability to handle mucus, keep our lungs clean, and reduce infections. The body's overall energy level has increased.
- 1 year - If an ex-smoker, excess risk of coronary heart disease has dropped to less than half that of a smoker.
- 5 to 15 years - If an ex-smoker, the risk of stroke has declined to that of a non-smoker.



- 10 years - If an "average" ex-smoker (one pack per day), our risk of death from lung cancer has declined by almost half. The risk of cancer of the mouth, throat, and esophagus has also decreased.
- 15 years - Our risk of coronary heart disease is now that of a person who has never smoked.

## Arriving Home

What was it like to go entire days without once thinking about wanting to smoke, dip, chew, suck, or vape nicotine? What was it like being "you"?

Don't feel alone if you can no longer recall. That's what drug addiction is all about, quickly burying nearly all remaining memory of the beauty of life without using.

Trust in your common sense and dreams. It's my hope that you're curious about what it's like to go days, weeks, and then months without once wanting to introduce nicotine back into your bloodstream. Don't be afraid as there's nothing to fear, except for the delay in taking that first courageous step.

We leave absolutely nothing of value behind. In fact, every neurochemical that nicotine controlled already belonged to us. As recovering addicts, we can do everything we did while enslaved, and do it as well as or better once free.

Why fight and rebel against freedom and healing when within just two weeks it will be savored, embraced, protected, hugged, and loved? Why see challenges, freedom's stepping-stones, as frightening when they provide indisputable evidence of just how infected our life had become?

My prior attempts failed because I fought recovery, and did so in ignorance and darkness. Yes, now and then I'd get lucky and land a punch, but freedom was short-lived. But this time was different.

This time Joel and his insights effectively turned on the lights. Now my opponent couldn't be clearer. My eyes and mind were opened to exactly what it takes to both fail and succeed.

Joel burned an extremely bright line into my mind, one I'll do my very best to keep clean and clear every remaining day of my life. He taught me that I get to stay and live here on the free side of that line so long as it's never crossed, so long as all the world's nicotine remains on the other, so long as complacency isn't allowed to obscure it.



1. Centers for Disease Control, Tobacco Use Among Adults - United States 2005, MMWR, Weekly, October 27, 2006, Volume 55(42), Pages 1145-1148.
  2. Primary sources for this recovery benefits timetable are: (1) U.S. Department of Health and Human Services, The Health Consequences of Smoking: A Report of the Surgeon General, 2004; (2) Hughes, JR, Effects of abstinence from tobacco: valid symptoms and time course, Nicotine and Tobacco Research, March 2007, Volume 9(3), Pages 315-327; (3) O'Connell KA, et al, Coping in real time: using Ecological Momentary Assessment techniques to assess coping with the urge to smoke, Research in Nursing and Health, December 1998, Volume 21(6), Pages 487-497.
  3. Mamede M, et al, Temporal change in human nicotinic acetylcholine receptor after smoking cessation: 5IA SPECT study, Journal of Nuclear Medicine, November 2007, Volume 48(11), Pages 1829-1835.
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# Chapter 8: The First 72 Hours

## Smart Turkey

Ready to begin? Will this be smart turkey? In other words, are you keen and wise to core cold turkey recovery insights?

Have you accepted that you're dealing with real drug addiction in every sense, involving the need to reclaim the same brain dopamine pathways as the recovering alcoholic or heroin addict (Chapter 1)?

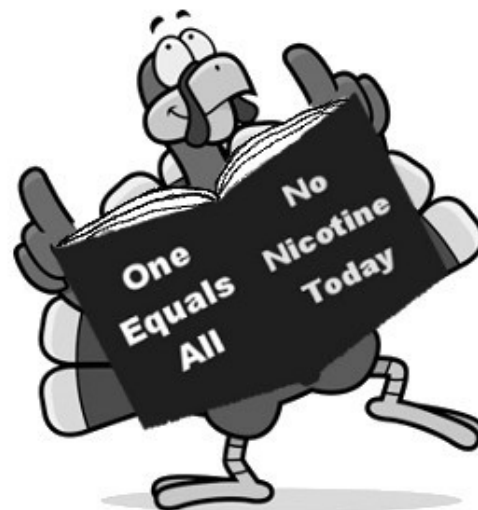
Have you mastered recovery's sole determining principle, the Law of Addiction (Chapter 2)?

Have you discarded the two most destructive relapse rationalizations: falling for the tease of "just one" or "just once" and the dependency ingrained mirage that nicotine relieves stress when dependency actually inflames it (Chapter 4)?

Have you reviewed other common hazards and pitfalls such as early alcohol use, avoidable blood sugar swings, an awareness that your blood caffeine level is about to double, and how extra food can become a replacement crutch (Chapter 6)? If so, you're ready!

Still apprehensive? Relax, it's totally understandable.

The following cold turkey tips are a summary of key recovery insights. After each tip is a reference to the chapter where you'll find a more in-depth review.



## Summary of Basic Recovery Tips

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

Nicotine addiction is "real" drug addiction. It's every bit as real and permanent as alcoholism. The brain dopamine pathway wanting that's felt for nicotine is no different than the wanting felt by other drug addicts for their drug.



The same dopamine pathways that make thoughts of ending food use unthinkable have been taken hostage by nicotine. It's their job to make activities that activate this circuitry nearly impossible in the short term to forget or ignore.

It's why withdrawal and recovery are necessary. It's the time needed to get clean and move beyond this brain circuitry's influence. It's why there is no such thing as just one, or just once. Remember, without food we die, without nicotine we thrive. (Chapter 1 and Chapter 2)

**2. Measure Victory One Day at a Time** - Forget about stopping "forever." It's the biggest psychological bite imaginable. Instead, adopt a do-able "one day at a time" recovery philosophy, or one challenge or hour at a time if needed. (Chapter 5)

**3. Record and Carry Your Motivations** - Panic is a possibility if suddenly challenged. Rational thinking is suddenly abandoned as the body's fight or flight neuro-chemical response is activated. Your primitive impulsive mind suddenly in control, it can feel like time has slowed to near standstill. Instantly, you've forgotten the reasons that motivated you to want to take back control of your mind and life.

But wait. Just as the situation is feeling hopeless, you recall that you'd made a list of your reasons and that you have that list with you. You pull it out, begin reading it, and before finished the challenge peaks in intensity and begins to subside. Victory is once again yours! (Chapter 5) (Appendix: Recovery Form)

**4. Don't Skip Meals** - While still using, you may have thought you were skipping meals but you weren't. Each puff of nicotine acted as a spoon pumping stored fats and sugars into your bloodstream. Why cause low blood sugar to add hunger cravings atop nicotine cravings? Hourly nicotine feedings no longer feeding you stored energy, why invite your inexperience in responding to hunger to add lots of needless extra pounds?

While learning to properly fuel your body again, strive to eat smaller portions of healthy food more frequently, 3-5 times daily. (Chapter 6)

**5. Three Days of Natural Juices** - If your health and diet allow it, consider drinking extra acidic fruit juice for the first three days. Cranberry is excellent. It will both help stabilize your blood sugar level and accelerate nicotine's elimination. (Chapter 6)

**6. Do It For You!** - We cannot quit for others. It must be our gift to us. Trying to quit for others creates a natural sense of self-deprivation that's a recipe for relapse. (Chapter 5)

**7. Attitude** - Strive to embrace your healing, not fight it. Accept the fact that noticing and feeling your healing for a few weeks or months is good and wonderful, a tiny price to pay in reclaiming your freedom, mind, and life. Although not mandatory in staying free, a positive and accepting attitude will diminish the anxieties felt, and accelerate letting go and arriving home.



Remember, your use-conditioned and healing subconscious is always listening. Don't be afraid to talk to and encourage it to switch teams and help protect against that first recovery destroying puff, vape, dip, or chew.(Chapter 5)

**8. Get Rid of All Nicotine** - Reflect upon the insanity of an alcoholic in withdrawal keeping a bottle handy. Keeping a stash is begging for relapse. Totally destroy - beyond salvage - all nicotine products. (Chapter 5)

**9. Caffeine/Nicotine Interaction** - Nicotine doubles the rate by which the body depletes caffeine. Consider a caffeine reduction of up to one-half if troubled by anxieties or poor sleeping. (Chapter 6)

**10. Aggressively Extinguish Nicotine Use-Cues** - Most use-cues are extinguished by a single encounter during which the subconscious fails to receive the expected result: nicotine. Subconsciously triggered craves normally peak in intensity within 3-5 minutes. But normal cessation time distortion can combine with panic to make minutes feel like hours. Keep a clock handy to maintain an honest perspective. Don't hide from your healing and reclaiming life, accelerate it. (Chapter 11)

**11. Crave Coping Techniques** - Give distraction a try. Engage in slow, deep, and deliberate breathing while striving to clear your mind of all needless chatter, while focusing upon your favorite person, place, or thing. Another method of physically challenging your brain's focus is to slowly and repeatedly move your eyes horizontally, as far to the left, and then as far to the right as possible.

Yet another approach is to say your ABCs while associating each letter with your favorite food, person, or place. For example, the letter "A" is for grandma's hot apple pie. "B" is for warm buttered biscuits. It's unlikely that you'll ever make it to the challenging letter Q before the episode peaks in intensity and victory is once again yours.

Another tactic is to embrace a crave episode's energy by mentally reaching out inside your mind and wrapping imaginary arms around it. A crave cannot cut us, burn us, shock us, or make us bleed. Be brave just once. In your mind, wrap your arms around the crave's anxiety energy. Feel the sensation as its anxiety energy slowly fizzles and dies while within your embrace. Yes, another use-cue bites the dust and your healing continues!

Don't forget about taking out and reading your list of reasons for wanting to break free.

And should you find yourself reaching for weight generating extra food to stimulate dopamine flow, reach for zero-calorie "aaah" sensations instead: a slow deep breath or, if available, a cool glass of water, or a great big hug.(Chapter 11)



**12. Early Alcohol Use** - Alcohol, an inhibition diminishing substance, is associated with roughly half of all relapses. Be extremely careful with early alcohol use. Endeavor to get your recovery legs under you first.

Once ready, consider drinking at home first without nicotine around, going out with friends but refraining from drinking during the first outing, or spacing drinks further apart or drinking water or juice between drinks. Have an escape plan and a backup, and be ready to quickly deploy both. (Chapter 6)

**13. Avoid Crutches** - A crutch is any form of reliance that is leaned upon so heavily in supporting recovery that if quickly removed would elevate the risk of relapse. For example, it's okay to begin an exercise program. Just don't allow your recovery to become dependent upon it, so that an injury, bad weather, or a sudden lack of time leaves you feeling that your healing can't continue. (Chapter 6)

**14. Extra Fruit & Veggies** - Want to minimize weight gain? Pre-cut, prepare, and keep handy healthy fruits and vegetables instead of candies, chips, and pastries. Celery and carrots can be used safely as short-term substitutes. A 2012 study found that increased fruit and vegetable consumption can substantially increase 30-day cessation rates. (Chapter 6)

**15. No Legitimate Excuse for Relapse** - Recognize that nicotine use will not solve any crisis. Fully accept that there is absolutely no legitimate excuse for relapse, including an auto accident, financial crisis, the end of a relationship, job loss, a terrorist attack, a hurricane, the birth of a baby, falling stocks, or the eventual inevitable death of those we love. (Chapter 14)

**16. Reward Yourself** - Consider using some of the money you no longer spend on nicotine to be nice to you. It's money that truly would have been burned, vaporized, or chewed to pieces. Don't hesitate to splurge and purchase something that you never would otherwise have bought. Give yourself a gift. You've earned it. (Chapter 5)

**17. Just One Rule** - There is only one recovery rule which if followed provides a 100 percent guarantee of success: no nicotine today! (Chapter 2)

Now, all the smart turkey needs is commitment.



## Genuine Commitment

### Commitment Defined

Commitment is what transforms a promise into reality. Commitment is to decide, to pledge, and then do. It's about creating a loyal memory muscle that continues working when the justifications for beginning are no longer illuminated by the spotlight of the mind.

Unfortunately, far too many nicotine addicts play pretend quitting games, millions upon millions until too late. Their reasons are many.

It allows them to make-believe that they're working on the problem, that it's being addressed. "I'll do better next time!" It buys their psyche and self-esteem temporary peace of mind. "Well, at least I tried."

And let's face it, a pretend or half-hearted attempt can briefly help get that pestering friend or loved one off your back. The more firey and temperamental the quitting charade, the longer it silences well-intended nagging.

Sham quitting can be part of a half-baked scheme to qualify for cheaper insurance, to win a bet, land a job, or even earn a date with a non-smoker. Such motives are often gift-wrapped in substitute nicotine delivery weaning games. There, as many of us learned, such games quickly grow old or give birth to additional recovery hurdles.

And then there are attempts driven by a growing awareness of the horrific damage being done within: gradually diminishing abilities, a nagging cough, artery blockage, that first root canal or pulled tooth, bronchitis, an A1C warning of approaching type 2 diabetes, an x-ray suggesting early emphysema, or one of a hundred other dependency related health scares.

A little fear can be a good thing. But when it's our sole motivation, like holding our breath, we can only remain afraid for so long. In that the body's ability to mend after quitting gradually erodes most health concerns, relapse is often just a matter of time.

The common thread with farce cessation is a lack of commitment.

**"Commitment is  
what transforms  
a promise  
into reality."**

*Abraham Lincoln*



"Well, maybe I'm not ready to commit just yet"? Oh, you're plenty ready, as evidenced by you reading these words.

Still, it takes more than being ready to move commitment beyond the starting line. It's discombobulating thinking about the temporary discomfort associated with getting serious about saying "no" to your prison bars, to the thousands of old wanting satisfaction memories that keep teasing an addict back.

And the thought of quitting forever can be disturbing, that "That's my last puff, vape, dip or chew ever!"

Would we question wearing a cast for the 6-8 weeks needed to heal a broken bone? Be honest, is your addiction and the need for recovery any less real than an untreated broken bone?

Are you curious about meeting the real yet forgotten you? (Chapter 3). All memory of the beauty of being free was long ago buried by nicotine's repeated activation of your brain's priorities enforcer. The only path home is to make accomplishment that circuitry's new priority. And that happens when we muster and merge the moxie to say "no" with real commitment.

### **Commitment's Degree and Duration**

Fact: just one puff and up to half of dopamine pathway receptors become occupied by nicotine.[1] Like the alcoholic, heroin, or meth addict, we can't cheat or fool the design of brain circuitry that's been permanently compromised by nicotine.

Thus, recovery is all or nothing.

And now for the great news. While the degree of commitment required is 100 percent, commitment's duration can be as short as circumstances dictate: an hour, that next challenge, or just one day at a time.

Better yet, commitment gradually becomes effortless.[2] Imagine entire days, weeks, months, or even years without once wanting to smoke, dip, vape or chew. Like learning to crawl and stand before walking and running, the return of a calm and quiet mind awaits you.

Even the uneducated successful ex-user usually falls in love with being free. It occurs despite continuing to harbor false beliefs such as nicotine being a stress-buster (Chapter 4) or that they liked or loved using (Chapter 4).

How do we know? Because relapse studies teach us that 90 percent who stop for 90 days are still not smoking at 6 months.[3]



Why? Because being free grows on you. Because pre-quitting dread, fears, and anxieties evolve into like or even love. Because nicotine addiction is captivity that reinforces with every use.

Only when we muster the courage to take that first baby step toward arresting our dependency's endless need-feed cycle can truth begin taking root.

Still, if just starting out, the huge bite thought of quitting forever can feel overwhelming.

The great news is that the more effortless, easy, and comfortable recovery grows, the more valued and cherished being free becomes. And it isn't long before a "one day at a time" mindset finds itself embracing thoughts of forever, of never, ever using again.

Although my mentor Joel Spitzer conducted more than 350 two-week stop smoking clinics, he quickly discovered a number of durable truths. He noticed that within two weeks, nearly all participants were beginning to savor growing periods of calm, that, for the most part, pre-cessation fears had melted away.

So, it's no accident that most of Joel's clinic follow-up reinforcement letters and all of his more than 400 YouTube videos end by reminding us that when it comes to successful quitting, "it's a matter of finally making and sticking to a personal commitment to Never Take Another Puff" (NTAP).[4]

### **Early Commitment's Mindset**

The first few days of an educated recovery are a cakewalk for some, seriously challenging for others, and easier than expected for most.

Although it sounds strange, within reason, everything felt during the up to 72 hours needed to purge the body of nicotine and move beyond peak withdrawal is beneficial and good, not bad.

What more honest signs of healing could there be? Does it make sense to fear healing? Why resist taking back our minds? Why fight coming home? Why fear returning to entire days where we never once want to use?

Like getting through three days of the flu or six weeks of wearing a cast, why not strive to get as comfortable as possible being temporarily uncomfortable? As Chief Dan George says, "endeavor to persevere." And do so with class, dignity, and style.

Should you ever feel your commitment beginning to wane be sure to review the commitment reinforcement resources outlined in Chapter 5. Most important, be sure to review your list of reasons for wanting to be clean and free.



The balance of FFN-TJH details four layers of recovery: (1) physical (Chapter 9), (2) emotional (Chapter 10), (3) subconscious (Chapter 11), and (4) conscious (Chapter 12). It closes with chapters on homecoming (Chapter 13) and how to avoid complacency & relapse (Chapter 14).

Again, there was always only one rule. It's that lapse equals relapse, that one equals all, that just one hit of nicotine and the mind will re-activate thousands of old nicotine use memories that will place using yet again on, a par with that next meal.

Just that first brave step, yes you can.

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1. Brody AL et al, Cigarette smoking saturates brain alpha 4 beta 2 nicotinic acetylcholine receptors, Archives of General Psychiatry, August 2006, Volume 63(8), Pages 907-915.
  2. Freedom, Tell a newbie how many seconds a day you still want a cigarette, <https://whyquit.com/freedom/tell-a-newbie/tell-a-newbie-01.html> (read more than 800 support group responses to this 2001 question posed by Joel Spitzer).
  3. Gilpin EA, Pierce JP, Farkas AJ, Duration of smoking abstinence and success in quitting, The Journal of the National Cancer Institute, April 16, 1997, Volume 89(8), Pages 572-576.
  4. YouTube, Joel Spitzer's Stop Smoking Video Library, <https://www.youtube.com/user/joelspitz>
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## Chapter 9: Physical Recovery

### Consider Skipping This Chapter for Now

Physical recovery is the layer of healing associated with the physical and chemical changes that occur within the body and brain once nicotine use ends.

What's important from our standpoint isn't so much the science associated with the actual physiological changes which occur, but the symptoms those changes may generate. And the keyword is "may."

For while neurochemical and tissue healing changes are very real, the majority of objective nicotine cessation symptoms are self-induced. Most can be diminished, corrected, or eliminated. Need proof?

Have you ever been so tired that you slept for ten to twelve hours? Nicotine reserves at less than 3%, why didn't withdrawal awaken you?

Have you ever been so sick that you went a day or more without using? But how?

And how does the single-session traveling stop smoking hypnotist cause a day or two of total cessation calm and bliss before relapse?

While every attempt is different, why does a physician's warning that smoking's damage is now so profound that "it is time to either quit or die" so often result in a near symptom-less recovery?

Could it be that most recovery symptoms are the result of some combination of self-induced fears and anxieties, correctable blood sugar issues, caffeine overdose, or the need for a medication adjustment or treatment of a hidden condition that appears only after ending use of the thousands of chemicals present in tobacco?

The primary anxiety culprit is the prefrontal cortex.[1] The large thinking lobe just above our eyes, it senses mid-brain dopamine fluctuations and is hard-wired to the brain's fire alarm, the amygdala.

Our cortex is filled with thousands of old nicotine use memories. The greater the need for replenishment in the seconds prior to use, the more profound wanting's satisfaction, and the more vivid and durable the use memory that was recorded.



Not understanding that our mind's priorities teacher had been hijacked, or that our thousands of durable nicotine replenishment memories were tied to nearly every aspect of daily life and as real as steel prison bars, we invented scores of explanations as to why that next nicotine fix was so important.

So, what's the common thread in not experiencing symptoms during extended sleep, an illness, following hypnotism, or when told that we're standing at death's door? A higher priority.

Whether the higher priority is biological, a subconscious suggestion, or a death threat, in each case both the lure of old use memories and the appeal of our scores of use explanations were, at least briefly, somehow, totally consumed.

### **Recommend Skipping Balance of Chapter Until Needed**

If your own personal resolve and understanding are at this moment sufficient to suppress most symptoms, why fill your prefrontal cortex with page after page of symptom suggestions?

Why load the recovering junky-mind with weapons that can destroy it, when, as yet, there's no foe to oppose?

In fact, unless experiencing and concerned about a specific symptom, I recommend that you skip the balance of this chapter for now. It'll be here later if needed. But should you proceed with reading it now, as you do, ask yourself this, can this symptom be minimized, corrected, or avoided?

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1. Aoyama Y et al, Prenatal Nicotine Exposure Impairs the Proliferation of Neuronal Progenitors, Leading to Fewer Glutamatergic Neurons in the Medial Prefrontal Cortex, Neuropsychopharmacology, January 2016, Volume 41(2), Pages 578-589.

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## Symptoms

**WARNING:** This review is NOT intended as medical advice but simply an outline of documented cold turkey recovery symptoms. It is not intended for those using NRT, e-cigs, Chantix, Champix, Zyban, Wellbutrin or any cessation product. Regardless of cessation method, contact your health care provider or pharmacist IMMEDIATELY if experiencing any symptom causing your or your loved ones concern, including changes in thinking, mood or behavior.

### Neuronal Re-sensitization

Exactly how and why the brain diminishes the number of active nicotinic-type acetylcholine receptors (down-regulation) after nicotine use ends is still poorly understood. What we do know is that once use ends, that in many brain regions we temporarily have far too many active receptors.

Early recovery can bring us face-to-face with physical evidence of nicotine's influence upon the brain's hard-wired priorities control center. Again, in terms of withdrawal, unless experiencing a higher priority, it's entirely normal to notice that the brain's desire circuitry is temporarily out of whack.

But once nicotine's arrival ends, the brain begins working its butt off to diminish the number of active receptors and restore natural sensitivities. Almost as quickly as you begin noticing that your sense of smell and taste is enhanced, brain command and control sensitivity restoration is happening too.

SPECT stands for Single Photon Emission Computed Tomography. It is a scan during which a radioactive substance is put into the bloodstream and followed via pictures as it works its way through the body.

A camera capable of detecting gamma radiation is then rotated around the body, taking pictures from many angles. A computer is then used to put the images together and create a picture of activity within a specific slice of the body or brain.

A 2007 study used SPECT scans to follow dynamic changes in acetylcholine receptor down-regulation binding during smoking cessation. It compared those finding to receptor activity inside the brains of non-smokers.[1] It found that within four hours of ending nicotine use that acetylcholine receptor binding potential had already declined by 33.5 percent.



The good news is that natural binding rebounded by 25.7% within ten days of ending nicotine use, and then "decreased to levels seen in non-smokers by around 21 days of smoking cessation."

We don't need to put radiation into our bloodstream or do a SPECT scan of our brain to know that the de-sensitized period sensed during recovery is temporary, normal, and expected.

It's enough to know that what we are sensing and feeling is happening inside a brain that's working hard to readjust to functioning without nicotine. Why fear a healing brain? Savor it.

## **Symptom Basics**

Within reason and common sense, if going cold turkey, it is fairly safe to blame withdrawal for most effects felt during the first three days, but not always. Pay close attention to what your body is telling you and if at all concerned contact your doctor.

While reviewing the symptoms which follow, keep in mind that I am not a physician. I am a nicotine cessation educator. The below information is intended to support not replace the relationship that exists between you and your doctor.

Do not rely upon any information in this book to replace individual advice from your physician or other qualified health care provider.

Every recovery is different. The variety and intensity of effects experienced vary from person to person, and even between each person's own cessation experiences.

Over the years we've seen thousands of new ex-users surprised to find that they experience few symptoms, if any, while others were confronted with multiple symptoms.

By understanding some of the symptoms, how often they occur, and how long they last, it may be possible, in some instances, to minimize their impact by action or thought.

As we just learned, brain dopamine pathway sensitivities can take up to 3 weeks before fully restored. Although physical withdrawal symptoms normally peak within the first 3 days, a 2007 study reviewed all symptom studies and found that recovery symptoms pass with 2 weeks for most but not all. The study found that if symptoms remain "slightly elevated" beyond 2 weeks that they should fully resolve within 3-4 weeks.[2]

Even so, within 2 weeks the ongoing process of restoring and fine-tuning natural sensitivities reaches a point where most begin experiencing confidence-building glimpses of the flavor of life beyond.



A serious concern with symptoms lists such as this is that "smokers with higher levels of perceived risk may find it more difficult to stop and remain abstinent due to higher levels of anticipated or experienced withdrawal symptoms." [3]

As mentioned, they provide a "junkie-mind" looking for relapse justifications with a rich source of fuel for accentuating or highlighting something that may otherwise have remained minor, secondary, suppressed, or ignored. But how can we not notice symptoms?

If we have a toothache at the same time as a headache, the one that will receive the most attention and focus is the one generating the greatest pain or discomfort. As soon as the discomfort from our primary concern falls below that of our secondary concern, our focus immediately shifts to what was our secondary concern.

We do the same type of primary/secondary refocusing with the effects of withdrawal and layers of recovery. Sometimes we don't even notice a particular symptom until a prior one subsides.

Although the intensity of each remaining effect is likely far less significant than the one preceding it, the mind of the uneducated recovering drug addict is impatient. And some are actually on the lookout for that perfect excuse to relapse and get their drug back.

Upon the decline of initial symptoms (if any), recovery remains continuous, yet at times may be so gradual that - like trying to watch a rosebud open - it almost becomes impossible to notice change.

Reading symptom lists such as this may tend to cause the mind to look for and expect symptoms to occur. In fact, mental expectations are capable of generating physical symptoms. This phenomenon - known as psychological or functional overlay - is very real.

Few starting home will experience the majority of the symptoms listed below. So why even share this list? You may very well experience one or more symptoms. Knowing how often they occur and how long they normally last offers the potential to diminish anxieties, thus increasing your chances of success.

This list is shared to alert you to symptoms commonly seen and to hopefully motivate you to communicate with your doctor regarding any symptom, whether listed or not, that's causing you ongoing concern.

But don't allow a symptoms list such as this one to sell you on the belief that beginning your journey home will be horrible or intense. Instead, relax, strive to dump irrational fears, maintain a positive attitude, and keep your reasons for wanting to break free at the forefront of your mind.



Also, abandon unrealistic victory standards such as "stopping forever." Instead, adopt a totally do-able standard such as celebrating after each hour, challenge, or day of freedom and healing.

Avoid needless symptoms by eating smaller and healthier portions of food more frequently, by not skipping meals, by sipping on some form of natural fruit juice for the first three days, and if a big caffeine user, by considering a modest reduction of up to one-half of normal daily caffeine intake.

Try to get plenty of rest while following these simple rules, and this adventure has the possibility of becoming the most deeply satisfying personal experience of your entire life!

As mentioned, some withdrawal symptoms have roots in the absence of nicotine, and the time needed for the mind to physically adapt to functioning without it. The brain isn't just down-regulating the number of receptors associated with dopamine pathway stimulation. It's resuming full control of all neurochemicals that were influenced by nicotine.

While it may take science decades to untangle, measure and quantify all cessation sensitivity interplays, researchers are already cataloging subjective symptom reports from tens of thousands who have attempted cessation. As with the SPECT scan, they're also using brain-imaging studies and other non-invasive exams to discover how the brain is physically altered by nicotine's absence.

Homeostasis is defined as "the ability or tendency of an organism or cell to maintain internal equilibrium by adjusting its physiological processes."<sup>[4]</sup> It's the body's tendency to return home.

Our enslaved mind had no choice but to adapt and learn to function within a sphere of nicotine normal. Once nicotine's arrival ends, the brain's grand design will cause it to re-adjust, as maintaining homeostasis is a critical part of our ticket home.

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1. Mamede M, et al, Temporal change in human nicotinic acetylcholine receptor after smoking cessation: 5IA SPECT study, *Journal of Nuclear Medicine*, November 2007, Volume 48(11), Pages 1829-1835.

2. Hughes, JR, Effects of abstinence from tobacco: valid symptoms and time course, *Nicotine and Tobacco Research*, March 2007, Volume 9(3), Pages 315-327.

3. Weinberger AH, et al, Relationship of perceived risks of smoking cessation to symptoms of withdrawal, craving, and depression during short-term smoking abstinence, *Addictive Behaviors*, July 2008, Volume 33(7), Pages 960-963.

4. Homeostasis. *The American Heritage Science Dictionary*. Retrieved July 12, 2008, from Dictionary.com website: <http://dictionary.reference.com/browse/homeostasis>

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## **Anxiety & Irritability**

### **Anxiety**

Whether dealing with heroin dependency, alcoholism, or nicotine addiction, anxiety is a common recovery symptom seen with nearly every drug of addiction.[1]

Recovery anxiety can have many sources. Most obvious, nicotine is no longer stimulating dopamine pathways, resulting in declining levels of background or tonic dopamine, thus elevating wanting. That wanting will from time to time be teased by thousands of old replenishment memories, each sharing the false and backward message that the way to end wanting is to use more nicotine.

One study suggests that much of the underlying current of anxiety felt during the first seven days may in part be the product of a mind preoccupied with the risk of relapse.[2] There, remain mindful that failure is impossible so long as no nicotine enters the bloodstream. And contrary to the primary message of thousands of use memories, recovery is the only path home. Thinking or dreaming about nicotine use does not cause relapse. Use does.

The primitive limbic mind has been fooled into believing that using nicotine is as important as eating food. It may see ending use as danger, almost as though trying to starve yourself to death. A deep internal belief in this falsehood can generate substantial anxiety.

We can also generate, fuel, and feed anxieties on purpose. An addict could easily sabotage his or her own recovery by purposefully focusing on the negative, allowing emotions to fester and build. The plotting junkie mind can then intentionally explode and crash their emotions in hopes of creating sufficient chaos to justify relapse.

Now for the good news. Any undercurrent of anxiety associated with receptor re-sensitization will peak within 72 hours. By then, nicotine's half-life guarantees that you'll reside inside a nicotine-free body. By then, you may begin noticing that both background anxieties and brain function are beginning to improve.

While you may still feel disconnected and foggy for a while (as discussed below), and you're likely to continue to experience cue induced crave episodes (see Chapter 11 - Subconscious Recovery), overall, brain function is now on the mend.

While simple to sit here writing about the benefits of dumping needless anxiety generating fears, and about how there's no need to be afraid of coming home after years or even decades of chemical captivity, I sincerely appreciate that it's easier said than done.



For some, emptying the mind of nicotine may briefly feel like an emotional train wreck. If so, it's wreckage that's quickly cleared, as the brain works around the clock to restore homeostasis (the body's equilibrium or normal).

If we remain 100% nicotine-free for just 72 hours, unless in the grips of self-induced fears and anxieties, we should begin noticing the underlying stream of anxiety begin easing off. By then, billions of brain neurons are basking in nicotine-free, oxygen-rich blood serum. Yes, as early as 72 hours and homeostasis sensitivity re-adjustments will begin bearing fruit.

## **Anxiety Reduction**

As reviewed in Chapter 6, watch your caffeine intake as caffeine intoxication can foster anxieties. And keep an eye on sugar intake as cutting back a bit can have a calming effect too.

Eating smaller portions of healthy foods more frequently should help stabilize blood sugars and prevent having to deal with anxieties associated with the onset of hunger-induced wanting, urges, and craves.

Try this. Take a slow deep, deep breath and then ever so slowly exhale. Feel it? Slow, deep breathing while striving to relax and reassure a concerned mind can aid in diminishing anxiety. And it goes without saying that physical activity and exercise will cause prolonged deeper breathing while stimulating blood circulation.

Accept the fact that you're anxious for withdrawal and recovery to end. It's normal. Now, picture where your healing is gradually transporting you, to a calm, chatterless, and quiet mind that begins experiencing entire days without once thinking about wanting to inhale, chew, or suck nicotine.

A newer anxiety reduction technique is art therapy, the use of painting, drawing, sculpting, or clay modeling. Harvesting the mind's creative juices, it forces surfacing of memories, feelings, and emotions.[3]

## **Anxiety and Irritability Duration**

A 2001 study by Ward entitled "Self-reported abstinence effects in the first month after smoking cessation" may be the most detailed withdrawal symptoms study ever. It provides fascinating recovery symptom insights.[4]

The Ward study found that, on average, anxieties peak on day one (within 24 hours), and that, for most, return to pre-cessation levels within two weeks.

Irritability (anxiety's aftermath) peaks at about 48 hours, while restlessness peaks at 72 hours. According to the Ward study, both should return to near pre-cessation levels within two weeks.



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## **Anger & Impatience**

### **Anger**

According to the Ward study, on average, anger peaks at about 48 hours (after 2 days) and within 72 hours is beginning to return to near pre-cessation levels.

Adrenaline stimulation was a non-addictive but now missing element of our nicotine high. The rational mind can use anger to invoke the body's fight or flight response, thus stimulating an adrenaline release.

Anger can also reflect the boiling point of anxiety-driven fears, or a normal emotional phase of any significant sense of loss (see Chapter 10 - Emotional Recovery).

And never use anger or an argument as a sick ploy to get your drug back, allowing an addict to blame someone else. Remember the four words that can end almost any argument: "You are exactly rights," without adding any ifs, ands, or butts.[1]

The good news is that it only takes a couple of days of recovery patience to begin sensing improvement. Look for ways to vent frustrations that won't cause needless hurt to family, loved ones, friends, co-workers, or pets.

Walk, run, vent into a pillow, find a punching bag, bend a piece of steel, or bite your lip if need be. Share your feelings with your family, friends, or other support network. And be sure to let every person you spend significant time around know that you've stopped using, as irrational behavior could lead them to believe that you're on drugs or having a breakdown.

### **Impatience**

Whether impatience is an independent recovery symptom, or simply an expected result associated with anxiety, anger and restlessness, is subject to debate. What isn't debatable is the fact that as nicotine addicts we were each conditioned by our dependency to be super impatient when it came to satisfying wanting, urges, and craves.



As active users, we were each in full control in responding to and quickly satisfying those early urges announcing that it was once again time for more. Satisfaction within 10 seconds if a slave to inhaled nicotine, we didn't need patience.

Increasingly, neither do users of snuff, chew or dip. Nicotine delivery engineering is mastering the science of using alkaline pH buffering and abrasives to substantially shorten the time needed for nicotine to penetrate oral mouth tissues and enter the bloodstream.[2]

Nicotine laden smoke or vapor would travel into our mouth and throat, past our larynx (housing our vocal cords), down four inches of trachea or windpipe, and then branch into our left and right lungs via our two main bronchial tubes.

Once inside each lung, smoke descended down ten smaller bronchial tubes before striking an estimated 240 million thinly walled air sacs called alveoli.[3] Here nicotine passed through each alveoli membrane and into the bloodstream's pulmonary veins.

Inside the bloodstream, nicotine was pumped over to our heart where, between beats, it collected in the left atrium. The next beat would pump it through the left ventricle before being ejected upward into the aorta.

There, it branched and traveled up to our brain via either the carotid or vertebral arteries. A small molecule, it easily passed through the brain's protective blood-brain barrier.

The amount of nicotine from that first puff would be sufficient to occupy up to 50% of our brain's nicotinic-type acetylcholine receptors. Activating these receptors would trigger a burst of dopamine, which would elevate background or tonic dopamine, while simultaneously generating an "aaah" wanting relief sensation.

When smoked or vaped, the entire journey takes less than 10 seconds. If sucked, chewed or dipped, the oral nicotine user's impatience is satisfied in a minute or two, depending on the brand's pH buffers or added abrasives.

Is it any wonder that we nicotine addicts have very little patience when it comes to satisfying recovery-related wanting, urges, craves and anxieties?

So, how do we develop the patience to navigate the 3 days needed to move beyond peak physical withdrawal, the up to 5 minutes before a cue-induced crave episode peaks in intensity, or the duration patience needed to allow new nicotine-free memories and time to bury old replenishment memories?

We do so by staying focused on here and now, just one moment and challenge at a time.



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## **Concentration**

### **Inability to Concentrate or Foggy Mind**

According to the Ward study, the feeling that concentration is not as good or mind fog is experienced by almost two-thirds during recovery. The return of clearness of mind and concentration may seem ever so gradual but within two weeks most begin experiencing concentration levels very close to those of never-smokers.

As explained in detail in Chapter 6, poor concentration, an inability to focus, or to think clearly are often associated with low blood sugar. Nicotine force-fed us stored fats and sugars, allowing us to skip meals without feeling hungry. Normal people can't do that.

If we continue attempting to skip meals after ending use, we should expect our blood glucose level to decline and our concentration to suffer. It is not necessary to eat more food but to learn to spread our normal daily calorie intake out more evenly over the entire day.

Women would be well advised to put a very small amount of fuel into their stomach about every three hours and men at least every five.

As also reviewed in Chapter 6, unless diabetic or our health care provider recommends otherwise, consider sipping on some form of natural fruit juice during the first 72 hours. Cranberry is excellent. Not only will it aid in helping stabilize blood sugar, it is acidic and will accelerate removal of the alkaloid nicotine from your bloodstream.

If concentration concerns persist, consider reducing or avoiding alcohol, as alcohol reduces brain oxygen and impairs concentration. Brisk walks, other physical exercise, or slow deep breathing may help enhance focus by increasing oxygen to the brain.

Remember, life-giving oxygen is a vastly healthier brain stimulant than destroying brain gray matter through smoking,[1] or damaging learning and memory via nicotine.[2]

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## Sadness & Depression

**WARNING** - The following depression discussion is not medical advice. It is a general overview for those going cold turkey, not for those using any cessation medication or product. Regardless of method, seek emergency medical attention if you, your family or your caregiver notice agitation, depressed mood, or changes in behavior that are disturbing or alarming, or if you develop suicidal thoughts or actions.

The above warning is necessary, in part, because the meaning of the word "depression" can vary greatly. Like the vague word "crave" ranging from a barely noticeable urge to full-blown panic, the word depression can range from a short period of normal and expected sadness to full-blown clinical long-term (chronic) depression with suicidal thoughts, planning, or attempts.

I'm not a doctor. I have no medical training. I'm a nicotine cessation educator. While I share basic recovery information, it usually reflects averages from studies. Call and get seen ASAP if you or loved ones are concerned about any symptom. Call 911 immediately if having thoughts of harming yourself. If reluctant do so, at least tell a friend or type "suicide hotline" into any search engine and call now.

That said, let's briefly overview depression generally before focus upon sadness or depression associated with ending nicotine use. First, the good news -- from studies -- for those experiencing pre-cessation depression.

While evidence continues to build that adolescent nicotine use can contribute to causing depression,[1] researchers report no difference in either short-term (less than 3 months) or long-term recovery success rates (greater than 6 months), between smokers with a history of depression and those without.[2]

According to the U.S. National Institute of Mental Health (NIMH), we all occasionally feel sad or blue but normally such feelings pass within a couple of days.

There are many types of depression and no one single cause. It likely results from a combination of factors, including psychological, biochemical, environmental, and genetic.



The NIMH states that symptoms of depression may include persistent sadness, anxiousness or "empty" feelings, feelings of hopelessness and/or pessimism, feelings of guilt, worthlessness and/or helplessness, irritability, restlessness, loss of interest in activities or hobbies once pleasurable including sex, fatigue and decreased energy, difficulty concentrating, remembering details and making decisions, insomnia, early-morning wakefulness, or excessive sleeping, overeating, or appetite loss, thoughts of suicide, suicide attempts, persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.[3]

The American Psychiatric Association's DSM-IV manual (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) provides standards for diagnosing depression.

What are the symptoms of major clinical depression? Before reviewing them, do NOT use the following list to attempt to self diagnose yourself, as the DSM-IV standards have other depression definitions too, which include many, many qualifiers. It's why we have highly trained mental health professionals such as psychiatrists.

Generally, under DSM-IV standards, a person must exhibit at least 5 of the following 9 symptoms for at least two weeks in order to be diagnosed as having "major depressive disorder" or MDD: (1) feeling sad, blue, tearful; (2) losing interest or pleasure in things we previously enjoyed; (3) appetite much less or greater than usual, accompanied by weight loss or gain; (4) a lot of trouble sleeping or sleeping too much; (5) becoming so agitated, restless or slowed down that others begin noticing; (6) being tired without energy; (7) feeling worthless or excessive guilt about things we did or didn't do; (8) trouble concentrating, thinking clearly or making decisions; (9) feeling we'd be better off dead or having thoughts about killing ourselves.

Even if a person exhibits 5 of the above 9 symptoms, the symptoms cannot indicate a mixed episode, must cause great distress or difficulty in functioning at home, work, or other important areas, and may not be caused by substance use (e.g., alcohol, drugs, medication).

Even if a patient otherwise meets the DSM-IV criteria to be diagnosed with depression, they are excluded and denied the diagnosis if their depression is a normal reaction to the death of a loved one (the "bereavement exclusion") or induced by alcohol or drug use.

So, why exclude drug-induced depression but not depression related to ending drug use? Why is it normal to experience depression related to the loss of a loved one, but not when the loss is associated with ending a long and intense chemical relationship?

### **Normal Sense of Emotional Loss**

Sadness and depression are commonly seen in association with withdrawal from most addictive substances. During nicotine withdrawal, both temporary neuro-chemical de-



sensitization and a normal psychological-emotional loss can give rise to sadness and depressive-type symptoms.

Recovery reflects the end of a long and intensely dependent chemical relationship. As the brain restores sensitivities, physiological, psychological, and emotional bonds are broken. Some degree of sense-of-loss sadness is normal and expected.

Should moods fostered by a healing brain or due to normal and expected sadness be classified as clinical depression and mental illness? "Probably not," says a leading U.S. expert.

Dr. Michael First is a physician and psychiatry professor at Columbia University Medical Center and helped write the DSM-IV standards.[4] Dr. First did an interview with National Public Radio in April 2007.

During the interview, he discussed a study he co-authored that sheds light on whether or not the DSM-IV "bereavement exclusion" should extend to "other types of losses," where it is normal to expect temporary depression.

"For some people, a very messy divorce, a loss of a job, suddenly, those can be just as traumatic as the loss of a loved one," said Dr. First. According to Dr. First, to fall under the "bereavement exclusion" for normal, expected and temporary depression, the depression has to "last less than two months and be relatively mild."

"For instance, it would not include symptoms such as suicidal ideation or severe slowing down in the way you talk. So it was a mild version of depression that occurred following a loss such as divorce and other things like that."[5]

Dr. First's 2008 study reviewed a national mental health survey and found that "25% of people who were diagnosed with major depressive disorder in the study looked just like the people who we would consider to have normal grief."[6] "So it really raises questions about whether or not these individuals should be considered normal in the same way someone who has normal grief would be considered normal."

He was asked about treatment of those experiencing normal and expected sadness. "When a clinician makes a decision about whether to use psychotherapy or medication or some combination, the severity of the symptoms play an important role," he notes.

"And certainly if someone is felt to have a normal reaction to the loss of a loved one or a stressful situation, probably the clinician would err on the side of being less aggressive with respect to treatment." Although normal sadness might benefit from medication, Dr. First reminded listeners that "medications have side effects" and any potential benefits must be weighed against them.



Although recovery may feel like the death of a friend or loved one, in truth it's an end to chemical captivity. While normal to feel a sense of loss, how do we know that what we're feeling is normal sadness and not full-blown major clinical depression?

Self-diagnoses is dangerous. The best advice I can give is that if you think that you are experiencing depression that isn't lifting, or your family is noticing mood changes, get seen and evaluated as soon as possible by your medical provider or at the nearest emergency medical facility.

In regard to depressive type symptoms associated with cold turkey nicotine cessation, it may or may not fall under the "bereavement exclusion," depending on whether symptoms are relatively mild and it doesn't last longer than two months.[7]

The more fundamental question is, "why" is sadness or depression a normal step in the emotional grieving process? What's the purpose of depression?

While the anger phase of emotional recovery is fueled by anxiety (Chapter 10), depression is emotional surrender. It reflects a wide spectrum of varying degrees of hopelessness, where anxieties often subside.

Psychiatrist Paul Keedwell suggests that depression is part of what it means to be human, that it's a defense rather than a defect.

Dr. Keedwell contends that depression forces us to pause and evaluate loss, to change or alter damaging situations or behavior, and that upon reflection and recovery we often experience greater sensitivity, increased productivity, and richer lives.[8]

While successful nicotine dependency recovery demands a degree of reflection, obviously not all depression falls within the "bereavement exclusion," is "relatively minor" in nature, nor improves within 60 days.

In the Ward "abstinence effects" study, 39% of smokers entering the study reported experiencing depression on the day before commencing recovery. By comparison, 19% of never-smokers in the control group were also then experiencing depression.

The percentage experiencing depressive-type symptoms during recovery peaked at 53% on day three and fell to 33% (6 points below the group's 39% starting baseline) by day seven.

Amazingly, only 20% of ex-smokers were reporting depressive-type symptoms by day twenty-eight, just one percentage point above the rate of non-smokers in the control group.[9]



It was once thought that those with depression smoked in order to self-medicate. But as suggested by Ward's finding, researchers are now asking, "Which came first, nicotine addiction or depression?"[10]

We know that if nicotine replenishment is delayed, an escalating sense of depression is felt, which is often accompanied by increasing anxiety and frustration.

We also know that youth who take up smoking report increased levels of anxiety, stress, and depression, and that adults experience "enduring mood improvements" after stopping.[11]

Hopefully, education and self-honesty will aid in more quickly putting any normal sense of loss blues behind you. If depressed while you were using, once through withdrawal, hopefully, your mood will change for the better.

### **Zyban, Wellbutrin, Chantix and Champix**

Keep in mind that the physician's depression treatment resources include not only counseling but scores of non-nicotine and non-addictive medications including Wellbutrin (whose active chemical is bupropion), which is marketed as the stop smoking pill Zyban.

Although long-term results from real-world cessation method surveys indicate that Zyban may be no more effective than attempting recovery without it,[12] it doesn't mean that bupropion does not benefit those experiencing depression.

I also want to briefly mention varenicline which is marketed in the U.S. as Chantix and elsewhere as Champix. Although we had no reported case or medical journal article discussing anyone stopping cold turkey having ever attempted suicide prior to Chantix, on April 1, 2008, the U.S. Food and Drug Administration reported that:

"Chantix has been linked to serious neuropsychiatric problems, including changes in behavior, agitation, depressed mood, suicidal ideation and suicide. The drug may cause an existing psychiatric illness to worsen, or an old psychiatric illness to recur. The symptoms may occur even after the drug is discontinued."[13]

I mention varenicline for two reasons. First, in arguments intended to help salvage varenicline from the FDA recall chopping block, Pfizer (the pharmaceutical company marketing varenicline) has come dangerously close to suggesting that depression in those stopping cold turkey can become so great that they too commit suicide. Nonsense!

Varenicline is what's termed a partial agonist. It stimulates dopamine pathways via the same nicotinic-type acetylcholine receptors that nicotine would have occupied, while at the same time blocking nicotine's ability to occupy the receptor and induce stimulation.[14]



But receptor stimulation by varenicline is significantly less than with nicotine (35 to 60%). [15] This reduced level of stimulation may not be sufficient to prevent some having certain pre-existing underlying disorders (such as depression or other mental health disorders) from experiencing the onset of serious depression and/or behavioral changes.

The problem is that varenicline's elimination half-life is 24 hours.[16] It means that even if the user realizes that the medication is affecting their mood or behavior, that even if they stop taking varenicline immediately, that they'll only reduce its influence by half after a full day without it.

So long as varenicline's stimulation blocking effects remain present, could it be that for some extremely small percentage of users, that the only way they see to bring their suffering to an end is to contemplate ending life itself? We don't know.

The National Institute of Health maintains the [www.PubMed.gov](http://www.PubMed.gov) website, which indexes and allows searching of the summaries (abstracts) of nearly all medical journal articles and studies.

My June 14, 2012 search of the term "smoking cessation" returned 22,042 papers, while a search of "suicide" identified 56,345. But when the two terms were combined into a single search ("smoking cessation" + suicide) only 61 papers were returned, and nearly all were associated with cessation medications.

I could not locate a single research paper documenting that anyone going cold turkey had ever attempted suicide. Not one.

Those going cold turkey do not use chemicals that prevent their dopamine pathway receptors from being stimulated naturally. Nor is there any chemical preventing their brain from rapidly re-sensitizing receptors and down-regulating receptor counts to levels seen in non-smokers.

As an avenue of last resort, even if they were to begin feeling the effects of untreated major depression, there was no chemical blocking and preventing stimulation.

What we know with certainty is that smokers attempt to stop smoking in order to save and extend their life, not end it.

Seek help immediately if feeling overwhelmed by feelings of depression and sadness. Go to the nearest emergency medical facility if necessary.

Why allow treatable depression to bring you to the brink of relapse? Why allow it to serve as an excuse for continued use when chronic nicotine use likely contributed to causing it? [17] Instead, put a skilled physician on the team.



Given proper treatment, there is absolutely zero evidence to suggest that anyone with a mental health condition - including chronic depression - cannot succeed in gaining freedom from nicotine.

## Loneliness or Feeling Cooped Up

Akin to the "sense of loss" felt with depression, loneliness is natural anytime we leave behind a long-term companion, even if a super-toxin. It's time to gift ourselves a new companion, a healing and healthier "us."

Climb from the deep, deep rut we once called home and sample the flavor of nicotine-free life.

Many of us smokers severely limited the activities we were willing to engage in, either because they were too long and interfered with our ability to refuel, or because our body couldn't muster the stamina needed to do them.

Carbon monoxide's four-hour half-life robbed our blood of the ability to deliver enough oxygen so as to allow the moderate to heavy smoker to engage in prolonged periods of vigorous physical activity.

Lonely? Get to know the gradually emerging you. Be brave. Climb from dependency's ditch and head in directions once avoided. If able, sample the healing within by pushing your body a bit harder than normal.

One of the most satisfying aspects of recovery can be exploring life as an ex-user. Climb out, look around, inhale deeply, bask, savor and enjoy.

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## **Sleep & Insomnia**

### **Sleep**

Nicotine is a nervous system stimulant known to affect subconscious thought. Some evidence suggests it alters EEG monitored brain waves during sleep,[1] and diminishes the percentage of deep REM sleep (our high-quality sleep) while increasing REM dream imagery.[2]

Smokers also take longer to fall to sleep, have shorter sleep duration than ex-smokers and never-smokers,[3], and up to 80% of smokers habitually experience sleep disturbances.[4]

During withdrawal and cessation, our sleep's sense of "nicotine normal" can become disrupted, and "sleep fragmentation" is not unusual.

Gradually, a new sleep pattern emerges or our pre-nicotine sleep pattern returns, with aging thrown in. Over time, we may find that we don't need nearly as much sleep as we did while using, or we may find that our body requires more.



## Insomnia

Insomnia is when we have trouble falling or staying asleep. It is experienced by up to 42% during early recovery.[4]

The good news is that while recovery increases the likelihood of difficulty falling to sleep, it is generally not associated with increasing the risk of relapse. [5]

Take a close look at caffeine intake if sleep is disrupted. Nicotine somehow doubles the rate by which the body eliminates caffeine.[6] During recovery, with no nicotine in the bloodstream to accelerate caffeine elimination, if we continue to consume the same amount of caffeine, we should expect to find twice as much circulating in our bloodstream.

If you normally drink a caffeinated cola before going to bed, imagine now feeling the effects of two. If you can handle doubling your normal caffeine intake without disrupting sleep, then this isn't an issue. But if not, or if a heavy user, consider a reduction of up to one-half of your normal caffeine intake to avoid over-stimulation.

Turn the tide and table if having trouble not thinking about wanting to smoke or vape. Use the moments when your conscious and subconscious are nearest to encourage your subconscious to switch teams. Invite it to help accelerate letting go by seeing the insecticide nicotine and all that comes with it as the enemy, to begin sharing your dream of ending its grip upon your priorities, thinking, sleep, and life.

Relaxation through mind-clearing and slow deliberate breathing can help induce sleep. Mental relaxation can be as simple as slowly clearing our mind of all other thoughts by focusing exclusively on a single object or color, or our favorite person, activity, or place.

Are you able to listen to your favorite music for 30 to 60 minutes while dozing off? Many smartphones come with a radio app that allows you to select when the radio will turn-off. The earphone cord acts as an antenna. Studies have shown that "music may be effective for improving subjective sleep quality in adults with insomnia symptoms." [7]

If sleep continues to be fragmented or is affecting your health, safety or performance, turn to your physician or pharmacist for assistance. There are many sleeping aids available. Don't allow sleep disruption to become another lame excuse to sabotage recovery and destroy your freedom.

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## Hunger & Appetite

Cessation weight gain and weight control were covered in Chapter 6. Here, our focus is upon two sensations commonly labeled as withdrawal symptoms: an increase in appetite and hunger.

Although often used interchangeably, hunger is the body's physical need for food, whereas appetite reflects the desire we feel for it.

### Hunger

Common hunger symptoms include feelings of stomach emptiness, stomach contractions that may be accompanied by growling or rumbling sounds, abdominal discomfort, pain ("hunger pangs"), and a need for fuel induced by a drop in the level of glucose (sugar) in the blood passing through the hypothalamus in the brain.[1]

A drop in blood sugar can result in difficulty concentrating, irritability, light-headedness, faintness and/or dizziness.[2]

One of recovery's greatest challenges is learning to listen to our bodies. Once use ends, nicotine is no longer controlling refuelings by activating our body's fight or flight response, which in turn pumped stored calories from our liver into our bloodstream.

Once use ends, we need to recognize the need to eat prior to experiencing full-blown hunger pangs. Having rarely experienced true hunger, we also need to relearn when it's time to stop eating, even if not yet feeling full, and develop the self-control to do.

As for eating, satiety or fullness is the opposite of hunger. It's the "quality or state of being fed or gratified to or beyond capacity." [3] Satiety hormones (CCK, GLP-1, and PYY) are released by the GI-tract.[4] They signal the brain's satiety center, located in the hypothalamus, that we've eaten enough and are full.

Unfortunately, it can take up to twenty-minutes after eating before the digestive system turns food to glucose, causing GI-tract satiety hormones to signal the brain, and the desire to eat diminishes and then stops.[5]



"If you have this 20-minute disconnect, you always have that moment of 'I can have just one more'. How many times is it that you then sit down after the meal and you feel like you've eaten way too much?" asks Professor Zane Andrews, a food neuroscientist.[6]

## **Appetite**

Primarily psychological, like conditioned nicotine use cues, an increase in appetite can be triggered by the sight, smell, taste, or thoughts about food, or by a specific activity, location, person or time. Increased desire or food cravings are accompanied by the flow of saliva in the mouth and gastric juice in the stomach. The stomach wall also receives an extra blood supply in preparation for its digestive activity.[7]

Again, quoting Professor Andrews, "As humans, we very rarely eat because our brain is telling us to eat. That's only really when we're starving. We eat because we come home at a certain time and that's when we have dinner. We eat because we're out with our friends, because we're at family gatherings. We have all these conditions, cues and learned associations with food intake."[6]

"We have that learned association to sit in front of the TV and eat. We go to the movies and we have a learned association to eat popcorn and soft drink. Or you sit down at home and watch TV, and you feel like some lollies or chips." "We're overriding those satiety cues based on cultural expectations or social norms," he contends.

Nicotine's stimulant effects and metabolism issues aside, nicotine also decreased appetite by activating acetylcholine receptors within the hypothalamus.[8] Although the frequency and intensity vary from person to person, an increase in hunger and appetite is common following nicotine cessation.[9] The good news is that a 2017 study found that an increase in appetite was not associated with an increased risk of relapse. [10]

The obvious question becomes, once nicotine use ends, how long does an increase in appetite last?

As reviewed, appetite is primarily a conditioned response. Hopefully, we'll never relapse and our enhanced sense of smell and taste, and our metabolic and hypothalamic changes, are permanent. Isn't the more important question, how will you respond? Will your eating habits and patterns change so that daily calorie consumption becomes greater, less, or remains unchanged?

There, if concerned about weight gain, findings from short-term studies can be rather demoralizing. But what about longer-term studies?

A 2019 study followed 5,809 men between the ages of 40 to 69 for up to 4 years. First, let's put aside the 3,014 who were either never-smokers or who continued smoking. What about the 2,795 who had stopped smoking for up to 4 years? Interestingly, 25% (697)



actually lost weight, 54% (1,522) had no cessation weight change, and 21% (576) gained weight.[11]

As for shorter studies, a second 2019 study followed 348 smoking patients, 161 (46.2%) of whom achieved continuous abstinence for 1 year. "Of those 161 patients, 104 (64.6%) maintained their initial weight or had a weight change of no more than 5% in relation to their baseline weight, whereas the remaining 57 (35.4%) had a weight gain of more than 5%, 18 of those patients showing a > 10% increase over their baseline weight."[12]

The study's conclusion? "Weight gain is not necessarily associated with smoking cessation, and smokers who are motivated to quit should be informed of that fact."

Brain dopamine sensitivity needs 2 to 3 weeks to readjust to nicotine's absence. While normal to attempt to satisfy wanting for nicotine with extra food, the extra pounds can be demoralizing.

Instead of creating new eating cues, why not instead generate a healthy dopamine surge such as felt after taking a slow deep breath, while drinking a nice cool glass of water, or an accomplishment "aaah" sensation following yard work, a walk, or when crossing off another item on your to-do list.

Learning to minimize hunger while developing healthy appetite cues, discovering how activity and food choice modify health and weight, this is life, this is what humans do.

A journey from daily poisoning our body to wanting it to be as healthy as possible, what an extraordinary turnaround.

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## Headaches & Nausea

### Headaches

Actually, headaches, along with nausea and vomiting, are more commonly associated with nicotine overdose.

While the Ward study notes a modest increase in headaches on day-three, no study has yet identified headaches as a significant abrupt nicotine cessation recovery concern. In fact, the Ward study suggests that just one week of remaining smoke-free may actually reduce headaches.

It found that 33% of smokers reported having headaches immediately before commencing recovery. Those reporting headaches peaked on day three (72 hours) at 44%, dropped to 17% on day seven, and declined to a low of just 11% by day fourteen.[1]

Ward's finding of a greater incidence of headaches in active smokers is supported by other studies, which suggest nicotine, a known vasoconstrictor, as a primary culprit.[2]

Vasoconstriction is the narrowing of blood vessels, with restriction or slowing of blood flow, caused by contraction of the vessel's muscular wall.[3]

Among smokers, once nicotine's arrival ends, brain blood-oxygen and carbon monoxide levels are restored to normal within twelve hours.

Should a headache occur, according to the U.S. National Institute of Health, "the most common type of headache is a tension headache. Tension headaches may be due to tight muscles in our shoulders, neck, scalp, and jaw. They are often related to stress, depression, or anxiety."[4]

Relaxation and slow deep breathing, rest, mind-clearing with thought focusing exercises, a warm bath or shower, or physical exercise may help relieve tension and bring relief. Aspirin and a host of other over-the-counter headache medications are available.

Two specific diet changes can also trigger headaches: "fasting and the relatively mild reactive hypoglycemia that can follow large carbohydrate ingestions."[5]

Other potential recovery-related causes include headaches related to coughing strains, strenuous exercise, alcohol use, or carbon monoxide poisoning (too many cigarettes too fast).



Headaches can also indicate life-threatening conditions requiring immediate medical attention such as a brain tumor, brain aneurysm, or concussion. Don't hesitate to call your health care provider and get seen if concerned or headaches persist.

## **Nausea**

Nausea is "an uneasy or unsettled feeling in the stomach together with an urge to vomit. Usually, it isn't serious and benefits by avoiding solid foods for at least six hours." [6]

The Ward study found that 16% reported nausea on day one, as compared to 2% at pre-cessation baseline. The rate dropped to 11% on day three, 16% on day seven, 9% at two weeks, and 4% on day twenty-eight.

Take heart, 37% of Chantix and Champix users report nausea, and in some cases it's severe. [7]

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## **Breath, Taste, Bleeding Gums and Mouth Ulcers**

### **Bad Breath or Nasty Tastes**

Your healing senses of smell and taste may find the aromas and flavors being released from healing lungs or oozing from toxin marinated gums and mouth tissues disgusting.

Guess what? This is what it was like inside our mouths every day while still using. Imagine kissing an ashtray. It was just that our senses were so dulled by tobacco toxins that we couldn't notice.

Picture the consequences upon taste buds and olfactory bulbs after years of daily inhaling thousands of tobacco chemicals, hundreds toxic to tissues, and scores capable of causing



cancer. Is it any wonder that this deadly cocktail dulled, inflamed, damaged, mutated, pickled, or killed all it touched, including speech, thyroid, and cilia cells?

Amazingly, repair of smell and taste perception begins immediately upon cessation and often becomes noticeable within 7 days[1].

A three-pack-a-day smoker, shortly after breaking free I started noticing a metallic taste that lingered for more than a month. Picture layer after layer of cells slowing dying and being replaced. Depending upon how long, often, and intensely we used tobacco, it could take significant time for nasty tastes and odors to fully dissipate.

But a metallic taste can also be a symptom of more serious health conditions, too. Like putting a new battery in a smoke detector, enhanced senses of smell and taste can act as alarms warning us of sensations previously missed. If at all concerned, don't hesitate to call or email and share what you're noticing with your health care provider.

Time, oxygen-rich blood, and plenty of fluids will keep mouth, nasal, throat, and respiratory tissues on the road to maximum recovery. Brushing a bit more often and mouthwash should help control odors released from slowly healing tissues.

## **Bleeding Gums**

Gum bleeding is not unusual during recovery. Aside from the impact of brisk and frequent brushing that attempts to whiten tar stained teeth, our gums are experiencing the blessings of tobacco and nicotine-free living.

Surprisingly, like never-users, the ex-user's gums are more prone to bleeding, not less. One study found that 4 to 6 weeks after smoking cessation that "bleeding on probing with a constant force probe increased from 16% of sites to 32% of sites, despite improvements in the subject's oral hygiene." [2]

Nicotine is a vasoconstrictor that actually constricts and diminishes blood flow. It's thought that this may account for smokers having thicker gum tissues.[3]

According to a 2004 study, the gingival (gum) blood flow rate is "significantly higher at 3 days" into recovery. Within 5 days the liquid sticky plasma proteins normally released by healthy gums have significantly increased, and within 2 weeks are comparable to those of non-smokers.[4]

But if it takes a bit of bleeding to begin gradually reversing the risk of experiencing 240% greater tooth loss than a non-smoker,[5] so be it. Call your dentist if at all concerned about gum bleeding.



## Mouth Ulcers or Canker Sores

According to the Mayo Clinic, "canker sores, also called aphthous ulcers, are small, shallow lesions that develop on the soft tissues of your mouth or at the base of your gums. Unlike cold sores, canker sores don't occur on the surface of your lips and they aren't contagious."

Although normally not a concern as they quickly resolve without treatment, a bit of caution is warranted as a mouth ulcer that doesn't resolve could indicate mouth cancer.

Canker sores can be painful but they're not cancerous (malignant). If you have any sore in your mouth that doesn't heal within a week or two, have it examined by a physician as soon as possible. Don't delay (read Sean Marsee's shocking story at WhyQuit to see delay's potential consequences).

Joel Spitzer has conducted 325 two-week (13-day) stop smoking clinics involving more than 4,500 participants. According to Joel, "Sores in the mouth are a common side effect that is experienced by people after quitting. When I say common, I don't mean everyone gets them. Usually, if I have a group of 30 or so people, one or two will get the symptom and it usually happens in the second week after quitting." [6]

Although few studies have addressed them, a 2003 nicotine patch study found that roughly 1 in 10 participants experienced mouth ulcers within one to two weeks of quitting. [7]

All living cells convert dioxygen (O<sub>2</sub>) into toxic intermediates, including hydrogen peroxide. "In the mouth, there is a special need for defense against hydrogen peroxide, because hydrogen peroxide is not only formed by bacteria colonizing the mucous membranes but also by the cells of the salivary glands. In saliva, the most important part of this defense is salivary peroxidase, which detoxifies hydrogen peroxide ..." [8]

A 2015 study examined the relationship between salivary peroxidase, aphthous ulcers, and stress. It found that "decreased levels of peroxidase were found in individuals' with aphthous ulcers, while the same was increased when no lesions were found and also on a lower stress scale." [9]

Joel has an alternative explanation. "The way I had it described to me sometime back in the late '70s, was that certain anti-toxins were produced in the mouth in response to chemicals in cigarettes. When people would quit smoking, it took time for the body to know to stop producing the anti-toxins, and with these self-produced anti-toxins having nothing to work on, they themselves became primary irritants."

Authorities list a number of other potential causes, including accidentally biting the inside of your cheek or a sharp tooth, hard food, hormonal changes, eating certain foods



(including chocolate, spicy foods, coffee, peanuts, almonds, strawberries, cheese, tomatoes, and wheat flour) and toothpaste containing sodium lauryl sulfate.[10]

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## **Sore Throat, Coughing, Quitter's Flu, Chest Tightness**

### **Sore Throat**

Results are mixed as to whether cessation actually causes sore throats. Years of tobacco use clearly damaged and irritated tissues. Powerful toxins numbed them to tobacco's daily assaults.

A 2003 study found that while 19.7% (25/127) reported sore throats during the first week of recovery, 9.4% (12 of 127) reported that the sore throat that they had immediately prior to quitting vanished during the first week.[1]

As tissues heal and nerves re-sensitize they may feel temporarily irritated. If so, ice or cool liquids may provide soothing, and cough drops may generate moisture and temporary relief from minor discomfort.

But as a site of other more serious diseases, if mouth or throat pain or discomfort persists, the smart move is to get seen and have it medically evaluated.



## Coughing, Mucus or Nasal Drip

According to the Ward study, roughly 60% in recovery reported coughing on day two, 48% by day seven, 33% by day fourteen, and 15% by day twenty-eight.[2] A 2003 study found that 79% experienced coughing during the first week (100 of 127).[1]

Cilia are microscopic hair-like projections that line nasal passages, our windpipe (trachea), and bronchial tubes. Cilia inside lung bronchial tubes linking air sacs (alveoli) to our windpipe oscillate in unison at a rate between 5 to 11 cycles per second.[3] They act as a wave-like broom or slow-moving carpet that sweeps secreted mucus, containing trapped contaminants, up and out of our lungs.[4]

Tobacco toxins inflict extreme damage and near-total destruction of a smoker's cilia. It results in roughly 50% developing a chronic cough (chronic bronchitis), as inflamed bronchial tubes and lungs fight to expel trapped mucus containing pathogens, toxins, and particulate.

The good news is that within three days of commencing recovery our cilia begin regenerating and within six months they've fully recovered.[5] They will soon be engaged in cleaning and clearing gunk from the lungs.

Years of tar build-up are loosening. Some will be spit out in phlegm or mucus but most will be swallowed. Mucus and coughing are common, yet according to the Ward study many experience neither.

Clearly, healing lungs benefit from fluids to aid with cleansing and healing. Although the "8 x 8" water drinking rule is under attack for not having any studies to back it (drinking 8 ounces of water 8 times daily),[6] "absence of evidence is not evidence of absence."

Ice can soothe and moisten healing tissues. Cough syrups or decongestants may also bring temporary relief from coughing or irritation. But, again, don't hesitate to get seen should your cough persist.

Although destroyed lung air sacs can never be replaced, those not yet destroyed clean up nicely. And many ex-smokers see a significant increase in lung function within 6 months. [7]

I couldn't run 200 feet while still smoking and thought I'd never do so again. With early emphysema, it isn't like I'm some big runner now. But I do run-walk a few hundred feet at a time at least weekly and I'm not nearly as winded when the running stops and the walking phase starts.

I thought I'd destroyed these lungs beyond repair. Sometimes it's wonderful being wrong.



Not to scare you but make an appointment and get a thorough check-up if still coughing after having stopped smoking or vaping for a month, or sooner if experiencing additional symptoms. This is the Centers for Disease Control's 2020 online list of the most common lung cancer symptoms:[8]

- Coughing that gets worse or doesn't go away.
- Chest pain.
- Shortness of breath.
- Wheezing.
- Coughing up blood.
- Feeling very tired all the time.
- Weight loss with no known cause.
- Other changes that can sometimes occur with lung cancer may include repeated bouts of pneumonia and swollen or enlarged lymph nodes (glands) inside the chest in the area between the lungs.

Yes, a persistent cough can be a warning sign of disease, including lung cancer. A thorough examination that includes a simple chest x-ray can bring piece of mind.

### **Quitter's Flu**

Actually, there's no such thing as "quitter's flu." If you type "quitter's flu" into a medical study search engine such as PubMed you'll discover that there are no journal articles mentioning it.

Coined online, it's a term referring to the collective flu-like effect of experiencing multiple recovery symptoms at the same time, such as a productive cough, sore throat, and possibly a headache.

What's critical to note, especially since coronavirus, is that having a fever, or feeling feverish, or experiencing chills is NOT a nicotine or smoking cessation recovery symptom.

Viruses and bacteria don't hibernate or go on vacation because we ended nicotine use. New ex-users get colds, the flu, and other life-threatening conditions too. If you think you have the flu, you need to get seen.

### **Chest Tightness**

Although not mentioned in symptom studies, every once in a while a new ex-user will mention chest tightness.

Whether arising from tension, stress, depression, or somehow related to coughing, lung healing, hidden lung disease, or now missing bronchodilator cigarette additives, chest tightness warrants concern and attention.



Why? Because chest tightness may be a sign of an underlying life-threatening condition such as asthma, pneumonia, a pulmonary embolism, pleurisy, a heart defect, heart failure, or a heart attack.

It's very possible that what you're feeling was actually caused by years of inhaling tissue-damaging toxins, that stopping and healing are at last allowing you to feel what was already there. But not always.

The smart move? Listen to your body. If experiencing chest tightness, pick up the phone, call your doctor, get examined, and hopefully learn why.

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## Constipation

A 2003 study found that one in six new ex-smokers developed constipation and that constipation became severe ("very or extremely constipated") for one in eleven. It found that constipation levels peaked at about two weeks.[1]

According to a 2006 study, nicotine interacts with digestive tract smooth muscle contractions (peristalsis). The digestive system needs time to adjust to functioning naturally without it. But constipation is correctable and we need not suffer.

According to the study, "Magnesium salts [epsom salts] are the first-line treatment for this problem. If they fail, neostigmine, an anticholinesterase with parasympathomimetic activity, appears remarkably effective in correcting this disorder."[2]

Aside from adjusting to nicotine's absence, what other factors contribute to constipation? According to the U.S. National Institutes of Health (NIH) "the most common causes of



constipation are poor diet and lack of exercise." Regarding diet, it's caused by "a diet low in fiber or a diet high in fats, such as cheese, eggs, and meats." [3]

Aside from more fiber, less fat, and increased activity, the NIH recommends plenty of water, juice, or other liquids free of alcohol and caffeine, which may worsen constipation. "Liquids add fluid to the colon and bulk to stools, making bowel movements softer and easier to pass."

"As food moves through the colon, the colon absorbs water from the food while it forms waste products or stool," explains the NIH. "Muscle contractions in the colon then push the stool toward the rectum. By the time stool reaches the rectum it is solid because most of the water has been absorbed."

"Constipation occurs when the colon absorbs too much water or if the colon's muscle contractions are slow or sluggish, causing the stool to move through the colon too slowly. As a result, stools can become hard and dry."

Why extra fiber? "Fiber is the part of fruits, vegetables, and grains that the body cannot digest," says the NIH. "Soluble fiber dissolves easily in water and takes on a soft gel-like texture in the intestines. Insoluble fiber passes through the intestines almost unchanged. The bulk and soft texture of fiber help prevent hard, dry stools that are difficult to pass."

The NIH defines "constipation" as "having a bowel movement fewer than three times per week."

According to the NIH, "some people think they are constipated if they do not have a bowel movement every day. However, normal stool elimination may be three times a day or three times a week, depending on the person." Consult your physician or pharmacist and get relief should constipation concerns arise.

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## **Fatigue**

### **Physical Fatigue Not a Symptom**

Is fatigue about feelings or abilities? Is it about feeling emotionally exhausted or about the performance of nerve driven muscles? Taber's Medical Dictionary provides two definitions of fatigue:[1]

1. An overwhelming sustained feeling of exhaustion and diminished capacity for physical and mental work.
2. The condition of an organ or tissue in which its response to stimulation is reduced or lost as a result of overactivity.

The majority of studies conclude that muscle fatigue is not a normal withdrawal symptom. [2] In fact, exercise-induced fatigue has been found to be a symptom of smoking.[3]

The body is shedding the effects of years of dependence upon an insecticide which, for smokers, was transported within a carbon monoxide cloud that robbed blood cells of their ability to transport oxygen. For us, exhaustion after trying to run or climbing stairs was normal.

While early recovery may leave us feeling emotionally drained, physically we should soon be feeling much better with more energy than we've felt in years.

Cessation muscle weakness is not normal. If it occurs and persists get seen and find out why.

### **Cessation Fatigue**

A series of recent papers have focused upon what they term "cessation fatigue." They define cessation fatigue as tiredness of trying to quit, a loss of motivation to continue, a loss of hope, as the exhaustion of self-control resources that increases the likelihood of relapse.[4,5]

In that, they assert that gradual loss of motivation is a "reaction to withdrawal but not a withdrawal symptom,"[4] does it even belong in this chapter?

How did researchers diagnose cessation fatigue? By multiple times daily during the first two weeks having new ex-smokers rate, on a 1 to 10 scale, their response to the statement "I am tired of quitting smoking."

Some hours of withdrawal obviously more challenging than others, and recovery clearly lasting longer than any recovering addict wants, who wouldn't wish it over and done?



A longer eight-week 2018 cessation fatigue study found and framed the obvious in negative terms, that emotional exhaustion can predict relapse, that it's greatest during the first two weeks, before peaking and plateauing at about 6 weeks.[6]

Unfortunately, the study provides little additional useful information, as it failed to share actual raw data as to how many experienced tiredness at each study assessment point, and their tiredness ratings.

What's most needed is the study of those who reported feeling exhausted yet found ways to succeed. How did they keep their resolve strong long enough to transport them to Easy Street?

I submit that even if super tired of quitting, that it's impossible to fail so long as all nicotine remains on the outside. Imagine a sickness that answers exhaustion by inhaling a super addictive chemical and the army of toxins arriving with it.

What we know to be true is that the common thread between every ex-user who has ever failed is that they used.

Baby steps, just here and now, these next few minutes, reach for and breathe life into the reasons that motivated you to begin this amazing journey home. Reach for your dreams.

Just here and now, that next challenge if any, yes you can!

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## Possible Medication Adjustments

As noted, tobacco, both oral and smoked, contains thousands of chemicals, some of which may have interacted with medications being taken. "Often when people stop smoking they may find that medications that were adjusted for them while smoking may be altered in effectiveness," writes Joel.[1]

"People on hypertensives, thyroid, depression, blood sugar drugs, and others may need to get re-evaluated for proper dosages."

"The first few days, it can be difficult telling the difference between 'normal' withdrawal symptoms and medication dosage issues," notes Joel. "But once through the first few days, if a person who is on medications for medical disorders finds him or herself having physical symptoms that just seem out of the ordinary, he or she should speak to the doctor who has him or her on the medications."

"Point out to the doctor that you have recently stopped smoking and started to notice the specific symptoms just after stopping, and that they haven't improved over time."

Don't think only in terms of new symptoms. Old symptoms can disappear. During a 2008 question and answer session before roughly 200 inmates in a woman's prison that had recently gone tobacco-free, one woman in the back raised her hand.

"Yes ma'am, your question?" "I don't have a question, Mr. Polito, but a comment," she replied. "I knew this policy change was coming so I stopped a month ago. At the time, I was on eight different medications for my heart, blood pressure, hypertension, cholesterol, and breathing. Now I'm down to just two." A big cheer went up.

The key to diagnosis and treatment of any medical condition is effective communication between patient and physician. Be sure to accurately describe any symptoms, when they were first felt, how often they occur, how long they last, what aggravates them, and any medications you've taken.

A complete picture will greatly aid our doctor in determining whether to increase, decrease, change, or discontinue medications.

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1. Spitzer, J. Medication adjustments that may be necessary after quitting smoking, 2018 WhyQuit.com

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## Possible Underlying Hidden Conditions

Stay alert for the possibility that medical conditions were being masked and hidden by your dependency.

Smokeless tobacco introduces more than 2,550 chemicals into the body.[1] A burning cigarette gives off more than 4,000. A mini-pharmacy, these chemicals are capable of hiding a host of medical conditions, including some caused by tobacco use. One that some quickly notice is difficulty breathing.

*"Why am I having trouble breathing?  
It's like I need to keep breathing in deeply,  
breath after breath after breath."*

Rarely a day passes in overseeing our Internet sites (WhyQuit, Joel's Library, Turkeyville, or our YouTube videos) without the arrival of an email or message inviting us to play Internet doctor.

Although well-intended, I am a cessation educator who teaches recovery, including symptom possibilities.

I am not a trained and skilled physician, qualified to evaluate, diagnose, and treat actual conditions. Even though the symptom being described may sound like normal recovery, how could I possibly know the actual cause? I'd be guessing.

Difficulty breathing or shortness of breath is not normal.

Still, such concerns are not uncommon. When I hear them, my first thoughts are outrage and sadness. This could be a smoking-induced breathing disorder that until now tobacco industry cigarette engineering had kept hidden.

But again, I'd just be guessing. Instead, I tell them it isn't normal, that they need to get seen by a doctor as soon as possible.

How wrong and damaging could guessing be? Shortness of breath can be caused by "lung disease, asthma, emphysema, coronary artery disease, heart attack (myocardial infarction), interstitial lung disease, pneumonia, pulmonary hypertension, rapid ascent to high altitudes with less oxygen in the air, airway obstruction, inhalation of a foreign object, dust-laden environments, allergies (such as to mold, dander, or pollen), congestive heart failure (CHF), heart arrhythmias, de-conditioning (lack of exercise), obesity, compression of the chest wall, panic attacks, hiatal hernia, or gastroesophageal reflux disease (GERD). [2]



Possible hidden conditions aside, what are the odds of someone in the first few days of recovery developing pneumonia or noticing a hiatal hernia? Never-users develop hernias too. They also catch colds, the flu and get sick.

Remain mindful that a coincidental illness or other condition could occur during recovery.

Can cigarette engineering contribute toward hiding symptoms of early asthma or emphysema? Although disputed by the tobacco industry, it's reported that cocoa may cause cigarette smoke to act as a breathing nebulizer.[3]

A chemical within cocoa, theobromine, is known to relax airway muscles and expand bronchial tubes. It's suggested that this might allow more nicotine-laden smoke to penetrate deeper and faster, resulting in a bigger hit or bolus of nicotine assaulting brain dopamine pathways sooner. In theory, this could keep the user loyal to their brand and coming back for more.

According to Philip Morris, maximum concentrations of cocoa can be up to 5%. Theobromine within cocoa accounts for 2.6% of its weight. If a cigarette contains 5% cocoa it also contains up to 1 milligram of theobromine.[4]

The tobacco industry knows that cigarette smoking constricts lung bronchial tubes,[5] that theobromine relaxes bronchial muscles, and that in competition against theophylline, a chemical used in breathing nebulizers, theobromine compared favorably in improving breathing in young asthma patients.[6]

Philip Morris argues that it is "unlikely" theobromine in cocoa added to cigarettes can produce "a clinically effective dose." [7] Once secret industry documents evidence ongoing industry monitoring of both cigarette cocoa and licorice extract levels for at least three decades. Licorice extract contains glycyrrhizin which some contend is another means by which cigarettes act as bronchodilators.

But Philip Morris says its research shows that licorice extract is "pyrolyzed extensively" (decomposed due to heat), by the up to 900-degree temperatures found in cigarettes.[8]

Although additives have likely changed significantly since 1979, a Brown & Williamson report then documented that cigarette brands containing more than 0.5% cocoa included: Belair, Benson & Hedges, Camel Lights, Doral, Kool Super Lights, Marlboro Lights, Merit, Now, Salem Lights, Tareyton Lights, Vantage, Viceroy Lights and Winston Lights.

Brands then containing more than 0.5% licorice included: Belair, Benson & Hedges, Camel Lights, Marlboro Lights, Merit, Parliament, Pall Mall Lights, Salem Lights, Tareyton Lights, Vantage, Viceroy Lights and Winston Lights.[9]



Other possible once hidden health conditions include thyroid problems masked by iodine in tobacco,[10] chronic depression masked by nicotine,[11] and ulcerative colitis, also somehow suppressed, hidden or controlled by nicotine.[12] Remember, nicotine is not medicine. It is a natural poison.

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  3. ASH, Tobacco Additives, cigarette engineering and nicotine addiction, July 14, 1999, <http://old.ash.org.uk/html/regulation/html/additives.html>; as brought to my attention by Schwartz, L, "I'm an ADDICT! Hooray!" March 2, 2002, <https://whyquit.com/freedom/i-am-an-addict-hooray.html>
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  11. Covey LS, et al, Major depression following smoking cessation, American Journal of Psychiatry, February 1997, Volume 154(2), Pages 263-265.
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## **Celebrating Two Weeks of Healing!**

As seen, nearly all symptoms of physical recovery resolve within two weeks. As for brain dopamine pathway function, yes, there's likely another week or so of ongoing fine-tuning of the number of acetylcholine receptors needed to achieve balance and normalcy. But any remaining adjustment is minor in comparison to the healing completed.

While the body's physical readjustment is all but complete, the scars of use remain. Deep tissue healing, cleansing, and repair will be ongoing for years. For example, while our sense of smell and taste have mended, the after-effects of years of marinating tissues in thousands of tobacco chemicals may linger for weeks.

The beauty of two weeks is that our physical addiction is no longer doing the talking. Overall, we've progressed far enough that we begin sampling what being free means. And the massive dependency lie we each lived is now vastly easier to see.



While thousands of old nicotine replenishment memories continue to declare that use satisfies wanting, by two weeks the truth is becoming clearer. By now, increasing periods without wanting to use begin suggesting that the only path to bringing wanting to a permanent and lasting end is the one now traveled.

We've gifted ourselves a nicotine-free body. The body's readjustment period is nearly complete. At the same time, the vast majority of daily subconscious use cues have been extinguished, and our emotional readjustment is also well underway.

Yes, our body has adjusted to functioning without nicotine and we're standing on our own. Whether measurable or not, whether appreciated or not, with each passing day the challenges grow fewer, generally less intense, and shorter in duration (see Chapter 13, the comments of 72 ex-users).

Although nicotine assaults have ended and normal brain function has been restored, the scars of the paths and tracks taken by nicotine have been permanently burned and etched into our brain.

There's only one way to make sure that nicotine never again travels those paths. There's only one way to guarantee that our mind's priorities circuitry never again places nicotine's importance on a par with food.

No nicotine today!

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1. Mamede M, et al, Temporal change in human nicotinic acetylcholine receptor after smoking cessation: 5IA SPECT study, Journal of Nuclear Medicine, November 2007, Volume 48(11), Pages 1829-1835.

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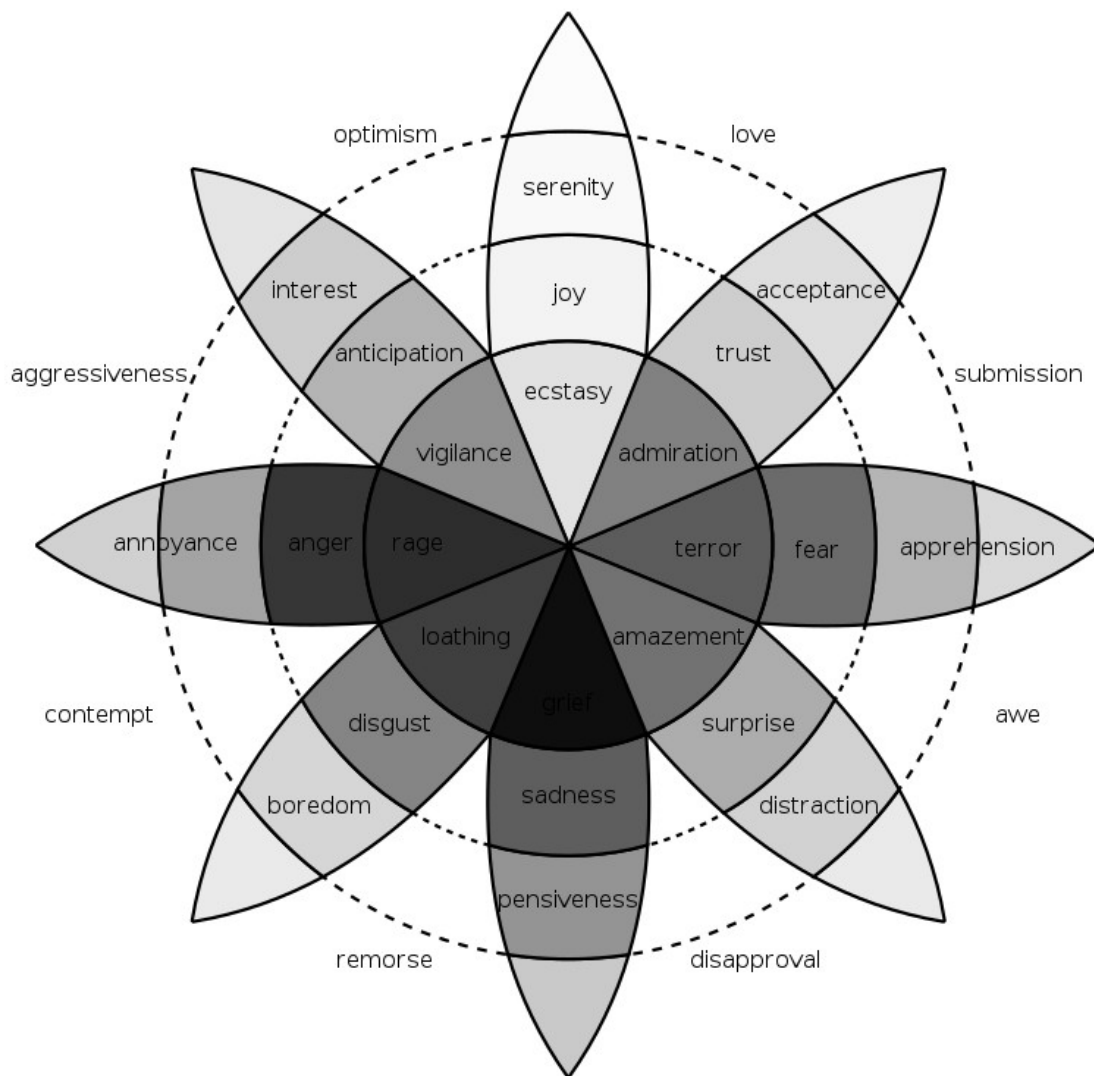




## Chapter 10: Emotional Recovery

### Emotion

Feelings reflect conscious awareness of emotions stirring within. Like the world's most intricate recipe book, the structure and function of these beautiful minds somehow blend and melt, and then remember, a multitude of conscious, subconscious, and neurochemical situational responses. In doing so, they weave an emotional tapestry that rivals the stars.





Yet, if the only emotions remaining were those untouched by nicotine, our mind's unfeeling night sky would be empty and dark.

Joy, trust, fear, surprise, sadness, disgust, anger, anticipation, what would each feel like if unaccompanied by addiction to a nervous system stimulant?

As with anger, how many emotions became nicotine replenishment triggers?

Nicotine-free, how calm and mellow would serenity be? What does fear feel like when standing on its own? And what happens when our most feverish anticipation -- that next fix -- ends?

Welcome to what may well be your greatest emotional adventure ever.

Not only will trillions of cells receive fewer toxins and more oxygen, blood-serum nicotine levels will no longer impact emotions, feelings, and mood by direct and indirect stimulation of dopamine, serotonin, norepinephrine, acetylcholine, gamma-aminobutyric acid, and glutamate.[1]

Nicotine dependence contributes to a host of anxiety and mood-related disorders.[2]

Mood scores are lower in users than non-users throughout the day, with delayed and lower peaks, and decreased subjective feelings compared to non-users.[3]

More prone to anxiety, worry, fear, anger, frustration, envy, jealousy, guilt, depressed mood, and loneliness, what's amazing is that more than half of all nicotine addicts have already successfully arrested their dependence.

Why delay joining them a moment longer?

The term "emotional intelligence" refers to the ability of individuals to recognize their own emotions and those of others, to discern between different feelings and label them appropriately, and to use emotional information to guide thinking and behavior (what's known as "emotional repair").[4]

While low emotional intelligence was a likely risk factor in many of us getting hooked while young,[5] high emotional intelligence, most importantly emotional repair or the ability to manage our emotions, is highly protective against relapse.[6]

How confident are you in your ability to recognize and regulate your emotions?

As reviewed in Chapter 4 and a major finding of a 2020 study,[6] the most critical emotional repair lesson of all is that nicotine is not a stressbuster, that addiction to nicotine intensifies stress.



What will stress feel like when anxiety-induced urine acidification is no longer forcing your kidneys to accelerate removal of the alkaloid nicotine from your bloodstream, thus adding the onset of early withdrawal to every stressful situation encountered?

What will relaxation feel like once you reside here on Easy Street with us, more than a billion comfortably recovered ex-users? What will the calm before bed feel like when nicotine is no longer making your heart pound up to 17.5 beats per minute faster?

Imagine entire days, weeks, months, or eventually even years where you're never once punished with wanting, an urge or use crave.

What would it feel like to untangle and free your emotions from your dependency?

Picture getting off of an endless emotional roller-coaster ride of neurochemical lows and highs, a ride yo-yoing you between badly wanting a nicotine "aaah" wanting relief sensation and getting one.

Emotional recovery isn't only about navigating the feelings and emotions brought on by recovery. It's about moving beyond them. It's about freeing them, about brightening every star in life's sky.

Before you is an opportunity to heal pride and self-esteem. Imagine the sea of emotions when you first realize that you actually like, or even love, being free, that you never, ever want to go back. I cried.

Although I've separated recovery's layers for purposes of review and focus, in reality they're so overlapping and intertwined that the best we can hope for is to grasp the obvious. I assure you, it's more than enough.

Such complexity reflects the depth and beauty of who we are, and why it's so sad to continue paying the nicotine addiction industry to pull our emotional strings as if its puppets.

But why has it taken so long for us to awaken to the fact that our emotions became hostage and were being molded by our dependency? And what recovery emotions are totally normal and expected?

As for why it's taken so long, don't be too hard on yourself. The human mind protects and insulates itself from circumstances that seem beyond its control. It does so by employing defensive tactics that work by distorting or blocking reality and natural instincts.

The brain's well-stocked arsenal of defense mechanisms includes denial, displacement, intellectualization, projection, rationalization, reaction formation, regression, repression, sublimation, suppression, compensation, dissociation, fantasy, identification, undoing, and withdrawal.[7]



Dependency recovery understanding and insights can help fuel and inspire freedom's dreams, including helping crumble dependency defenses.

If they were to crumble, what might emotional recovery be like?

The greatest hurdle of all is coming to terms with the death of nicotine-normal. Although normal to miss normal, let's review the natural grief cycle often encountered when ending use.

While doing so, ask yourself, is it possible to enhance our emotional intelligence sufficiently to see beyond a sense of loss, to accelerate return to the normal that existed prior to nicotine-normal becoming normal?

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## **Kubler-Ross Grief Cycle**

The Kubler-Ross model identifies five discrete stages in the grief cycle when coming to terms with any significant emotional loss: (1) denial, (2) anger, (3) bargaining, (4) depression, and (5) acceptance.[1]

Albeit chemical, dependency upon nicotine may have been the most intense and dependable relationship in our entire life.

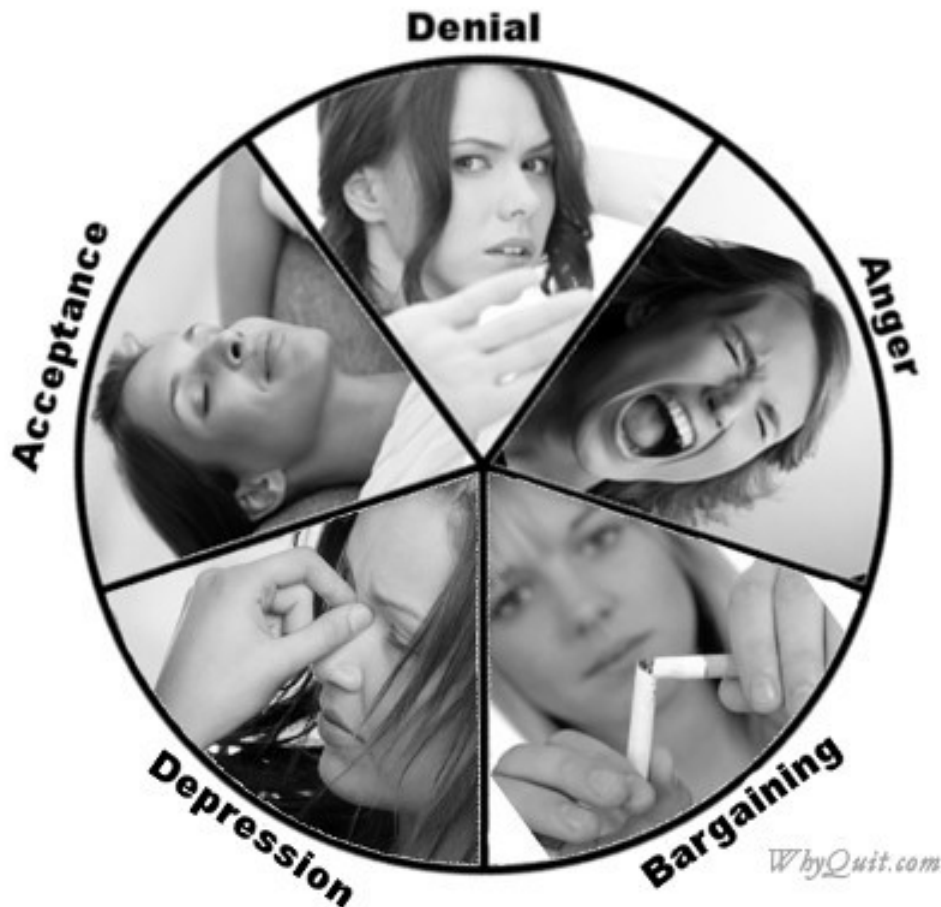
As a smoker, unless wet and it wouldn't light, never once did puffing on a cigarette let me down. Even if a brand I hated, nicotine's "aaah" wanting relief sensation was always just seconds away.

If we smoked nicotine ten times per day and averaged 8 puffs per cigarette, that's 80 times a day that we puckered our lips up to some nasty smelling butt spewing forth more than four thousand chemicals that included hundreds of toxins, 81 of which are known to



cause cancer.

What human on earth did we kiss 80 times each day? Who did we depend upon 80 times a day? How many days during our life did we think or say our name more than 80 times? Any? Imagine being closer to our addiction than our own name.



In 1982, Joel Spitzer applied the Kubler-Ross grief cycle model to the emotional journey navigated during recovery.[2] Examples of the five stages of healing include:

Denial: "I'm not really going to quit. I'll just pretend and see how far I get."

Anger: "Have I really had my last nicotine fix? "This just isn't fair!"

Bargaining: "Just one puff, just once more. Two days without, I've earned it!"

Depression: "This is never going to end." "What's the use?" "Why bother?"

Acceptance: "Hey, I'm feeling pretty good." "I can do this, this is great!"



It's important in navigating emotional recovery to not get stuck in any stage before reaching acceptance. Understanding the roots of each will hopefully foster a smoother and quicker transition.

As we review each stage, keep in mind that the Kubler-Ross's grief cycle of emotional loss is not etched in stone, nor need it occur in the order presented. One or more phases may be absent, while another gets revisited.

Obviously, it's hoped that by spending time now reflecting on denial, anger, bargaining, and depression that each can be minimized, if not avoided altogether.

In the perfect world, knowledge and understanding would allow us to skip the first four phases entirely and jump right to acceptance.

And that actually happens far more often than you might think. But if it doesn't, don't fret. You'll navigate each just fine.

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## Denial

Cessation denial is a state of disbelief. The denial phase of emotional recovery questions and challenges whether a long and intense chemical relationship is really ending.

Cessation denial is almost the opposite of active dependency denial, where distortion and blocking techniques provide cover and insulation, so as to enable continued use.

Denial is the unconscious defense mechanism - just below the surface - that allowed us to resolve the emotional conflict and anxiety that would normally be felt by a person living in a permanent state of self-destructive chemical bondage.[1]





While using, we were protected by a thick blanket of rationalizations, minimizations, fault projections, escapes, intellectualizations and delusions. Our denial helped insulate us from the pain and reality of captivity. For most, it also helped us pretend that the problem would somehow soon be solved.

But here, during recovery, those same anxiety coping defenses begin to distort reality about what's really happening.

As mentioned, I start seminars by asking for an honest show of hands to the following question. "How many of you feel that you will never, ever smoke again?" Rarely does a hand go up. Even though all attending came wanting to stop, then and there, all were in denial, as none believed they would.

Although we want to stop, on a host of levels the mind isn't yet convinced. If convinced, why do so many of us treat recovery as though some secret? And why leave an escape route such as that one hidden cigarette, or a means to quickly get more?

Denial is normal. But if allowed, it can transform disbelief into failure.

"I don't want to stop just yet," decides Ryan. "I am perfectly healthy using, so why now," asks Emily? "I'm different, I can control use and keep it to just one or two a day," asserts Ashley.

Regrettably, relapse is at hand for Ryan, Emily and Ashley. While denial acts as protective insulation in allowing us to get our toes wet in beginning this journey -- including allowing you the courage to reach for this book - cessation disbelief can easily become a path of betrayal.

The denial phase protects us against the immediate emotional shock of leaving the most intense relationship we've likely ever known, even while embarking upon a journey from which there should be no return.

It's a shock buffer that allows us time to come to terms with where we now find ourselves. It operates unconsciously to diminish anxiety by refusing to perceive that recovery and success will really happen.

A number of times I went for three days and then "rewarded" myself with that one puff that always spelled defeat. Clearly, I hadn't made it beyond denial. But if I had, the next phase encountered would likely have been anger.

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1. Denial. (n.d.). The American Heritage Dictionary of the English Language, Fourth Edition. Retrieved July 21, 2008, from Dictionary.com

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## Anger

Anger is a normal and expected emotional recovery phase. It's also a way to experience the flow of missing adrenaline that was once part of our nicotine high.

Anxieties flowing from anger can also be used to intentionally fuel rage. I take no pride in recalling that I could become so nasty and create so much turmoil among those I loved, that I could convince them that I needed my cigarettes back.



But there are important distinctions between anger felt during the emotional recovery stage and using it as an adrenaline crutch, or a sick relapse ploy.

The anger phase of recovery is a period of healing where we begin to awaken to the realization that it may actually be within our ability to pull this off and succeed. It's awareness that, just maybe, our last puff, dip, chew or vape ever is already behind us.

Durable nicotine use memories flowing from captive dopamine pathways elevated that next fix to one of life's top priorities. But emotional recovery has now transported us from fear of stopping to fear of success.

Is it any wonder that anger would be the mind's reaction? It's now sinking in. Success is occurring in spite of denial. A relationship that was once high-priority really is ending. This realization can feel overwhelming.

Now, all the new ex-user requires is some excuse, any excuse, to let it all out, to vent, to turn an ant-hill into a mountain. Conflicting motivations, freedom or feed-em, risk of succeeding and fear of the unknown. Just one spark, any spark, and the uneducated ex-user stands primed to lash out.

While this high-energy phase of the emotional stage of goodbye is a normal step in recovery, the educated ex-user both recognizes anger's arrival and understands its roots. Recognition is critical as it provides a protective seed of reason inside a mind looking for a spark, a fear-driven mind poised to abandon rational thought.

If allowed, that spark may activate the body's fight or flight response, releasing a cascade of more than one hundred chemicals and hormones.



The prospect of success is not a logical reason to get mad, enraged, or fight. The educated mind knows that emotion can be contrary to our well-being and best interests. Anger ignores all positives while pretending a sense of loss, a loss based largely on false use rationalizations.

So how does a mind trained in recognizing and understanding recovery anger prevent it from harming us and the world around us? Chapter 11 on subconscious recovery provides a number of techniques for navigating a crave episode which may not peak for three minutes.

In that anxiety underlies both crave episodes and anger episodes, hopefully, they'll serve you well. Let me leave you with one exercise that may aid in generating the patience needed to move beyond anger.

Another day of freedom causes a sense of loss to collide with the likelihood of success. A spark is generated. It's time for patience, just one micro-second at a time.

Recognize the anger building within. Slow deep breaths. Understand what's happening and why. Realize that unless being physically assaulted, that only bad can come from unleashing your body's fighting chemicals. Anger is almost never a solution.

It reflects primitive impulsive instincts out of control. It carries strong potential to harm innocent victims, leaving emotional scars that may never fully heal.

If possible, sit down. Slowly close your eyes while taking slow deep breaths into the bottom of both lungs. Focus all concentration on your favorite color or object, or upon the sensations associated with inhaling and exhaling your next breath. Feel the cool air entering, and its warmth while slowly exhaling.

Baby steps, just one second at a time. Take another slow deep breath while maintaining total inner focus. Feel the sense of calm and inner peace as it begins to wash over you. As calmness returns, slowly open your eyes. Now, if you wish, respond to the situation with logic, reason and calm.[1]

How long will the anger phase last? As briefly or as long as we allow.

Clearly, knowledge can provide the insights needed to recognize transitions and hopefully react in healthy, non-destructive ways. It's what anger management is all about. Hopefully, understanding and acceptance will help accelerate emotional recovery. But if not, don't be disturbed as each step reflects normal emotional healing.

Fears, cycling emotions, an addict's relapse ploys, or feeling a sense of loss, recovery presents plenty of opportunities to encounter anger. We also need to remain mindful that normal everyday life produces anger too, even in never-users. At times, anger's causes



may overlap and get tangled. Even then, we have it within us to fully control anger impulses, without harm to anyone.

Success at hand, where does the mind turn next? What is anger's ultimate solution? A debate is about to begin. How do we keep our cake while eating it too? But this isn't about cake. It's about a highly addictive chemical with tremendous impact upon our physical, subconscious, conscious and emotional well-being.

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1. While debate abounds about meditation's ability to heal the body, and study quality to date has been horrible, there is limited evidence of some forms of meditation diminishing blood pressure, see U.S. Agency for Healthcare Research and Quality, Evidence Report/Technology Assessment Number 155, Meditation Practices for Health: State of the Research, AHRQ Publication No. 07-E010, June 2007.

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## **Bargaining & Depression**

### **Bargaining**



*"Maybe I'm the exception to the Law of Addiction."*

*"Maybe I can handle just one!"*

Chapter 4 reviewed common use rationalizations employed by the still feeding addict in an attempt to justify that next fix. Using many of the same rationalizations, here bargaining's primary hope is more about continuing this journey home while also visiting with nicotine now and then.



Instead of grief simply accepting an end to nicotine use, dependency ignorance toys with breaking free while remaining great friends.

Bargaining can be with our particular nicotine delivery device, another form of delivery, ourselves, loved ones or even our higher power. Its aim is the impossible feat of letting go, without letting go. If allowed, the emotional conflict of wanting to say "hello" while saying "goodbye" can easily culminate in relapse.

"Just one" or "just once" thinking can evolve into "this is just too hard," "too long," "things are getting worse, not better," "this just isn't the right time to stop!"

Although a significant portion of this book is about bargaining, if allowed, this book itself can and will provide an abundance of fuel for the bargaining mind.

For example, every user and every recovery are different. Sharing "averages" and "norms" where the primary focus is upon the most common form of delivery (smoke) will naturally generate tons of ammunition for those whose dependency or recovery traits are not "average" or don't involve smoke.

Key to navigating conflicted feelings is to demand honesty, while keeping our primary recovery motivations vibrant, strong and on our mind's center-stage. The wind beneath our wings, allowing freedom's desire to die invites destructive and intellectually dishonest deals to be made.

Instead of buying into relapse, remember, it's impossible to fail so long as 100% of the planet's nicotine remains on the outside. But what happens inside the grieving and bargaining mind once it realizes that brain dopamine pathway design makes it impossible to arrest our dependency while letting it run free?

## Depression

Please refer to Chapter 9 for a detailed discussion of depression. While a period of sadness and depression is normal and expected when ending any long and intense relationship, even a chemical one, don't hesitate to get seen and evaluated if at all concerned about ongoing depression.

If already taking medication for depression, keep in mind that your prescription may need adjustment. And do remain alert as nicotine can





mask hidden underlying depression. It's why getting seen is important if your period of sadness isn't both brief and mild.

## **Acceptance**



The victory phase of the Kubler-Ross grief recovery cycle is acceptance. It's the "this is do-able" moment of an emotional journey that can mark the transition from a "user trying to stop" to "ex-user."

It may or may not have been pretty getting here. Now and then, you may still encounter infrequent or seasonal un-extinguished subconscious feeding cues.

And it's likely that your pile of old replenishment memories will, for now, continue their gradually waning tease. It's also likely that the pile's lure will continue to be fueled by a lingering romantic fixation or two, that might benefit from focused honesty. But you did it!

In regard to your emotional recovery, if you've been able to let go and fully accept letting go then your emotional journey is complete. Congratulations!

It's now a matter of time and distance allowing an ever-growing collection of nicotine-free emotional response memories to bury bondage responses.

Still only one rule ... none today!



## Chapter 11: Subconscious Recovery

### The Unconscious Mind

Unwittingly assaulted by flavor, aroma, pleasure, friendship, adventure, rebellion, or affordability marketing, our subconscious is the target of nicotine addiction industry marketing.

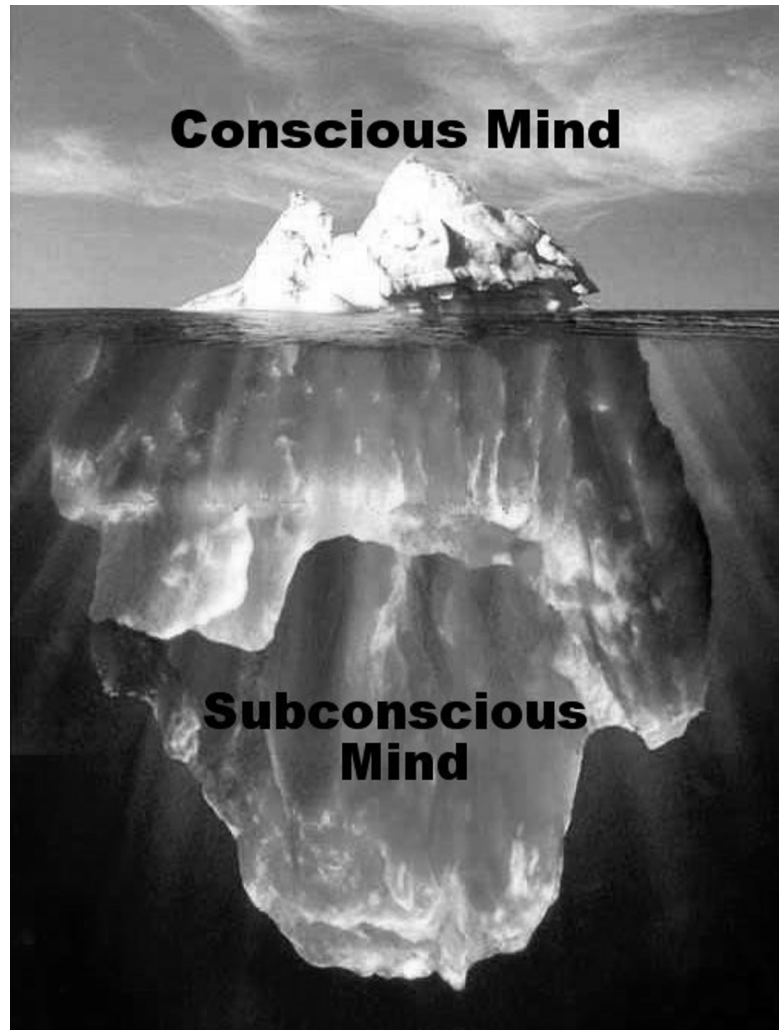
If it didn't work they wouldn't annually spend billions doing it. The subconscious is listening. It sees the store's cigarette powerwall, magazine tobacco ads, the website address on littered packs, and Marlboro's red race cars. It hears the tease of every e-cigarette television ad use invitation.

Twice the traveling cessation hypnotist sold me a full day of unbelievable hypnotic bliss before I tested it and relapsed.[1]

But looking upon our subconscious only in terms of being the playground of others cheapens and makes it look dumb while ignoring our conscious ability to retrain it.

If so dumb, why can our subconscious see subliminal messages invisible to the conscious mind, or feel the influence of tobacco marketing that our consciousness has totally ignored? Why can it react to triggering cues written upon it by hypnotic suggestion or self-conditioning, cues meaningless to conscious awareness?

Dumb? When typing on a keyboard, what part of the mind and level of awareness is locating and correctly striking each key? While operating a vehicle, who is really controlling which foot needs to push on which pedal and how hard, or doing the driving as we read billboards, talk on the phone or daydream?





Our conscious mind has unknowingly aided in helping teach our subconscious skills and how to perform activities, including using nicotine.[2] Now, it's time to knowingly teach it how to function without it.

Whether referred to as our subconscious, unconscious or preconscious, science is still in the early stages of discovery in understanding the scope of its involvement in day-to-day life.

It's every bit as real as the never-seen portion of an iceberg. Think of Disney World and awareness of the magic above ground, while a massive unseen city beneath lives and breathes in bringing the magic to life.

It's normal for us to deeply believe that our consciousness is the one doing things, that it causes our actions after careful deliberation, that our behavior was our idea.

While this is our self-perception, a growing body of evidence suggests that like Disney's puppets, the conscious mind is not the primary source in motivating behavior, that in many cases our subconscious has already made up our mind for us.[3]

It's suggested that our subconscious has evolved as a highly adaptive "behavioral guidance system" which acts on impulse. It's becoming more widely accepted that the impulse for behavior flows from our subconscious, that our consciousness then seizes upon the idea as its own.

It's suggested that the real role of our consciousness is as impulse gatekeeper, and trying to make sense, after the fact, of behavior that the gatekeeper allowed to occur.[4]

Sources of subconscious impulses can include evolutionary motivations, past personal preferences, cultural norms, family values, past experiences in similar situations, or how others in the same situation are currently behaving. They can also be the product of conditioning, both through reinforcement (operant) and association (classical).

Multiple sources of subconscious behavioral impulses make conflicts inevitable. Drug addiction reflects a conflicts war zone.

Our subconscious has its own behavioral goals, goals hidden from awareness.[5] Reading these words is clear evidence that "you" want to break free. It's likely that, deep down, your subconscious does too.

But after being conditioned by years of urges and wanting for more, and by false gatekeeper explanations as to why use was again about to occur, without honesty and teamwork, subconscious recovery can be messy and longer than necessary.



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## Operant Conditioning

Operant conditioning is a form of associative learning that flows from the operation or consequences of behavior. In our case, the behavior is nicotine use, where the consequences of use gradually strengthen use via reinforcement and/or punishment.[1]

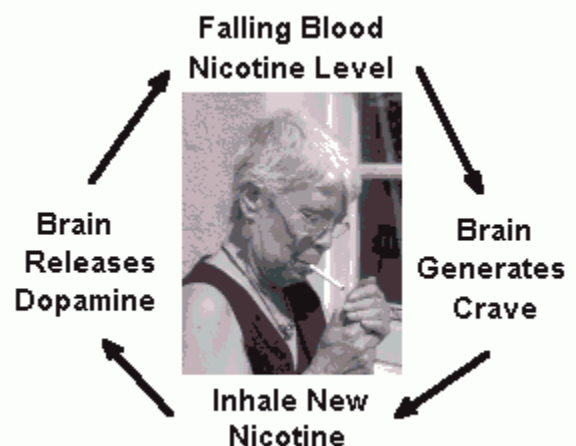
Initially, even though hot toxic smoke may have caused our throat and lungs to rebel, our brain sat up and took notice. Within seconds, that first puff of nicotine caused an unearned release of dopamine and fight or flight neurochemicals.

Even though we may not have liked the taste, these positive reinforcing effects were sufficient to cause us to return and inhale nicotine again, and again, and again.

Quicker for some than others, hijacked motivational circuitry was beginning to behave as though nicotine were food. While positive reinforcement alone was sufficient to begin growing dependency's roots, for most, punishment and negative reinforcement were about to begin.

As our blood's nicotine level gradually declined, most of us eventually started experiencing two additional use consequences: positive punishment (the arrival of wanting and urges), and negative reinforcement (the lesson that use satisfies wanting).

While choice was always present, this endless cycle of operant coercion was at first so gradual that few of us were mindful of our loss of use autonomy. For most, the birth of subconscious use governance went unnoticed.





Even if fully aware, we still had to discover a way out, plan our escape, and, at some point, muster the courage to confront and extinguish, what was by then, weeks, months, or years of operant conditioning.

Drug use behavior conditioning reflects unintended expectations training of the subconscious mind. Hundreds or thousands of annual nicotine use repetitions created strong associations between use and satisfaction. Each and every use reinforced using again.[2]

While nicotine's charged "aaah" sensation caused each of us to experience operant conditioning, inside my mind, the more forceful lesson was that use satisfied wanting, urges, and cravings.

Did it really matter how I felt about nicotine's dopamine-adrenaline cocktail? What mattered was silencing the anxieties for it that were building within.

Punishment fear-conditioning pounded home the consequences of ignoring nicotine's two-hour half-life and my brain's level of need (tolerance). It taught me that delaying replenishment can result in feeling anxious, irritable and depressed.

Soon, waiting too long was pounding home the lesson that using early and often helps avoid the onset of withdrawal. Not only were we conditioned to fear withdrawal, inhaling nicotine sooner than needed forced our brains to adjust to tolerating more of it.

Trapped in a perpetual cycle between wanting and relief, is it any wonder that both our subconscious and conscious grew to deeply believe that nicotine use defined who we were, that replenishment was as important as eating, and that life without it would be miserable at best?

The great news is that within 72 hours of ending use that our subconscious has no choice but to begin noticing that we've moved beyond peak withdrawal, which by then is beginning to gradually subside.

While likely still anxious and alert, the most intense part of recovery is over. So long as all nicotine remains on the outside, fears and anxieties associated with avoiding withdrawal's onset will never, ever be encountered again.

While negative reinforcement and punishment operant conditioning are quickly extinguished, positive reinforcement operant conditioning associated with the tease of thousands of old "aaah" replenishment memories will take time and distance to overcome.

While we cannot erase thousands of old "aaah" memories, conscious honesty and dependency mindfulness help us see those memories for what they truly reflect, an accurate record of the times when an actively feeding drug addict briefly satisfied the desire for more.



Recasting them in truthful light can diminish or even end their remaining tease and influence upon us.

But let's not fool ourselves. Each memory remains tied to the same dopamine pathway that created it. Even if we go years without nicotine, the effects of just one powerful puff, dip, chew or vape somehow breathes new life into old "aaah" memories, and at least one aspect of positive operant conditioning.

Whether recognized or not, activated dopamine pathways would immediately re-assign nicotine use the same priority as eating. Whether wanted or not, use would soon have our brain demanding more and us obeying.

The good news is that simply becoming mindful of how operant conditioning controlled us can aid in helping extinguish it and take back control.[3]

Although not always easy, the solution is simple ... no nicotine today!

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## **Classical Conditioning**

### **What is classical conditioning?**

As it relates to nicotine, classical or Pavlovian conditioning is conditioning in which, through repetition, a person, place, thing, activity, time or emotion (a conditioned stimulus or CS) becomes subconsciously paired with using nicotine (an unconditioned stimulus or US). Thereafter, encountering the conditioned stimulus alone becomes sufficient to trigger wanting, an urge or a crave (a conditioned response or CR). [1]

How does classical conditioning relate to operant conditioning, which we just reviewed?

With operant learning, most of us eventually became consciously aware that use operates to reinforce using again, or that we're punished for not using soon enough. Not so with classical conditioning. Use-cue pairings happen subconsciously and are activated automatically upon encountering a previously conditioned stimulus.

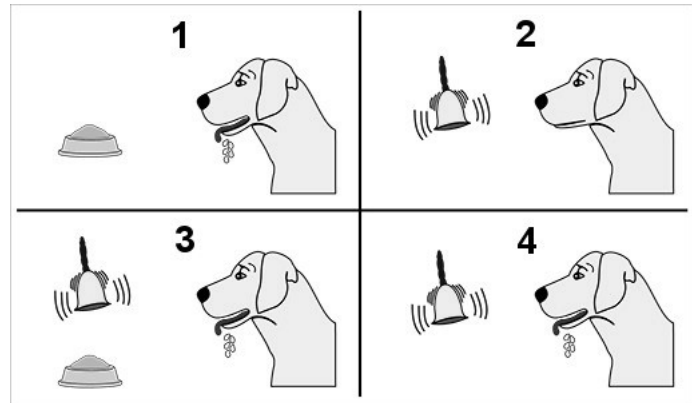


While operant conditioning is tied to dependency onset and our basic nicotine replenishment cycle, classical conditioning isn't about the consequences of use. It's about a conditioned stimulus triggering wanting and use, even if not yet time for more.

In classical conditioning, like Pavlov's dogs, which he conditioned to expect food (US) and begin salivating (CR) upon the ringing of a bell (CS), we each conditioned our subconscious to expect (CR) arrival of a new supply of nicotine (US) in specific situations (CS).

For example, your mind can be trained to want nicotine upon simply seeing a picture of a green triangle. A 2012 classical

conditioning study did just that. It conditioned smokers to associate smoking (US) with an object that had previously been entirely neutral (CS).[2]



The conditioning was created by 80 times pairing a picture of a green triangle (CS) with a smoking-related picture of people holding or smoking cigarettes (US). Each pairing was shown to smokers for less than half a second (400 milliseconds). Although less than a second, the subconscious mind was watching and learning.

Not only did smokers report increased cravings (CR) upon being shown the green triangle alone without the smoking-related image, brain responses recorded by EEG (electroencephalograph) supported their claims.

Researchers have successfully used sight, smell, and hearing to establish new conditioned use cues in smokers. Encountering the new cue will trigger use expectations and an urge to smoke, with an increase in pulse rate.[3]

Interestingly, researchers find it easier to establish new cues among light smokers, who obviously have fewer existing cues than heavy smokers.

## Urges & Cravings

If crave episodes feel real and physical in nature there's good reason. Although nicotine-feeding cues are psychological in origin, they trigger physiological responses within the body.

Not only do the stimulant effects of using nicotine increase pupil size, researchers also found that encountering a visual nicotine use-cue will increase pupil size, an autonomic response.[4]



Using brain scans, researchers discovered increased blood flow during cue-induced cravings in brain regions associated with "aaah" wanting relief or anxiety (the ventral striatum, amygdala, orbitofrontal cortex, hippocampus, medial thalamus and left insula).[5]

They also discovered that the amount of brain blood flow (perfusion) was tied to the intensity of the cue-induced cigarette cravings in brain regions known to control attention, motivation, and expectancy (the prefrontal cortex and posterior cingulate).[6]

Years of subconscious conditioning had us reaching for a nicotine fix and engaging in replenishment without our conscious mind recognizing that we had encountered a use-cue (conditioned stimulus), and often without noticing that replenishment was underway.

Study the next smoker you see. As if on autopilot, it is very likely that the drags you'll watch being inhaled will be taken while their unconscious mind is in full control.

I can't begin to count the number of times I looked down and was surprised to see the ashtray full and the pack empty.

While nicotine's two-hour elimination half-life seems more closely tied to operant conditioning, classical conditioning is tethered to historic use patterns and circumstances. Still, interwoven within nicotine's operant need-feed cycle, it's hard to say which form of conditioning contributes most toward gradually increasing nicotine "tolerance."

What are the consequences of using when full? Might it cause the brain to gradually need a bit more in order to feel nicotine-normal? Or does it simply delay arrival of operant reinforcement?

Although unaware, we each established daily replenishment patterns which trained and alerted our subconscious as to circumstances to expect more.

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## Common Use Cues

When was your subconscious conditioned to expect a new supply of nicotine? Was an urge or crave triggered in the anterior cingulate cortex (ACC) region of your brain[1] upon smelling coffee, starting the car, placing a plate into the sink, the sound of a bottle or can opening, or ice cubes hitting a glass?



The problem with this topic is that while we each have a fair picture of the situations during which we found ourselves both using and not using, few have awareness of the precise cue, or cue combinations, recognized by our subconscious.

While researchers have conducted hundreds of what they call "cue reactivity" studies, until recently nearly all involved what they refer to as "proximal cues" (eg, pictures of cigarettes, lighters, or an ashtray with a lit cigarette). Only recently have they started studying the places or environments which generate cravings, and how proximal cues interact.[2]

What follows is a brief review of possible use-cue situations that may generate brief urges or cravings. Don't be intimidated. Use this list to reflect upon your own use patterns and possible cues. The more mindful of potential cues, the less frightened and unprepared you'll hopefully be.

As you read, imagine navigating each situation and claiming the prize at the end. Why fear extinguishing use cues? Get excited about it!

### Proximal Cues

Our closest, most frequent, and possibly most intense urges were likely associated with nicotine use and use paraphernalia. Our five senses (sight, smell, taste, hearing and touch.) alert the brain that a proximal use cue has been countered.

The smoker's utensils include individual cigarettes (some dropped and hidden from view), packs (some misplaced and forgotten), lighters or matches, ashtrays, cartons, or loose tobacco and rolling-paper.

Aside from the e-cig device, the vaping addict's equipment inventory may include a backup, extra or refillable juice cartridges, flavorings, batteries, chargers, and possibly a



carrying case. The smokeless tobacco user's arsenal may include tins, pouches, sleeves, rolls, logs, tubs or bags, and spit containers or locations. The perceived opportunity to inhale nicotine increases craving and may itself be viewed as a conditioned cue.[3][4]

Proximal means nearest. For those just beginning their journey home, nearness means an increased likelihood of relapse. Researches have found that proximal cues "reliably evoke robust cravings."[2]

Don't play mind or strength games with nicotine. Instead, be smarter. Fully commit to success. Find and destroy, beyond salvage, the instruments of defeat.

## **Activities**

Was your first morning activity trigger climbing out of bed, making it, getting dressed, caring for a pet, turning on the television, making or eating breakfast, making or drinking coffee or tea, finishing the dishes, sitting in your favorite chair, reading the paper, stepping outside or into the garage, brushing your teeth, watering plants, getting out of the shower or using the bathroom?

Imagine having so tied nicotine use to using the bathroom that, once use ends, you're briefly left wondering if you'll ever be able to have a bowel movement again.

Mandatory daily activities such as eating and sleeping compel us to quickly meet, greet and extinguish associated cues.

Do you have young children? If so, cues may be tied to (before, during or after) waking your children, feeding them, making lunch, getting them off to school, or dropping them off. Once home, there's homework, after school activities, chores, boo-boos, tears, illness, worry, tending to their daily needs, fixing dinner, baths, getting their clothes ready, bedtime, reading or singing them to sleep, and the brief period of quiet which follows.

There's housework, daily planning, caring for pets, talking on the phone, laundry, taking a break, paying bills, worry about paying bills, television, using the computer, walking outside, and gardening or yard work.

And don't forget the workplace. There, you may have conditioned yourself to see the need for nicotine replenishment as a reward (a "smoke break") for having accomplished some task.

Other work-related cues may have included traveling to work, arriving, either nicotine-use breaks or use while working, talking on the phone, deadlines, lunch, stress, the end of the workday, and catch-up replenishment while traveling home. Some of us had so tied nicotine-use to work that we can't imagine ever being productive again.



Delay in confronting and extinguishing work associated conditioning can be costly. Work avoidance can add mountains of needless pressure and anxiety to recovery. Why fear quickly silencing all work-related use cues and being rewarded with an urge-free workplace?

Be brave. Take that first step. Just that first brave step and the next one becomes easier.

Then there are possible cues associated with arriving home, reading mail and email, preparing dinner, the evening news, watching movies or Netflix, hobbies or leisurely activities, social time, caring for pets, preparing for bed, or romance.

As reviewed in Chapter 6, the only use-cues we suggest delay in encountering are associated with using alcohol or other inhibition diminishing chemicals. As there discussed, unless you have co-dependency concerns (also Chapter 6), alcohol use is a non-mandatory activity that can be delayed a few days, at least until you are beyond peak withdrawal.

As also reviewed in Chapter 6, alcohol can be associated with multiple use-cues, including the location, people present, the presence of cigarettes or other users, peer pressures, music, singing, relaxation, dancing, celebration or intoxication.

## **Locations**

Think about the locations you frequented that may have become conditioned use cues: a yard, a park or community bench, entering the house, the bathroom or a work area, your smoking room, garage, backyard, the garden, outdoors, a vehicle, bus stop, train or subway station, a walkway, workplace, bar, pub or restaurant, or entering or leaving a store.

We encounter some use locations far more often than others. How often was use associated with entering or exiting your place of worship, a doctor's office or hospital, or in association with a movie, concert or sporting event? If we established associated use cues, when might they next be encountered?

## **People**

We may have tied use with being around a specific friend, acquaintance, or co-worker, who may have been nicotine users themselves. If so, when will you next see them? And what about being around those who increased our anxieties. Just seeing them could trigger an urge.

And don't forget those who were not slaves to nicotine themselves, who tended to visit and stay longer than our unfed addiction could tolerate. What will happen immediately prior to their next visit, or as soon as they leave?



## Times

Our most dependable and core use-cue is likely related to time, the fact that unless replenished, our body's nicotine reserves decline by roughly half every two hours. My level of tolerance was chain-smoking 3 packs-a-day (60) for the final 5 years. If standing perfectly still, my next urge was never more than 15 or so minutes away.

Other specific time use-conditioning could be related to waking, meal or break-time, or related to the hours or minutes appearing on a clock or watch. Cues could be associated with the time that our workday ends, a television program, or the time when we begin getting ready for bed.

Times of the year may serve as conditioning: a vacation, spring and blooming flowers, arrival of summer heat, fall's cooler temperatures, falling leaves, that first frost, winter or snowfall.

But don't be surprised if by then your crave generator seems to have lost its punch. Instead of full-blow cravings, remote, infrequent or seasonal cues may by then feel more like a few seconds of stiff breeze.

Eventually, the time and distance between remote un-extinguished use cues will become so great that any breeze is barely noticeable or even laughable. They'll become a long-overdue reminder of the amazing journey you once made.

## Events

There were some events that served as cues for most of us. Research has found that seeing and smelling a burning cigarette will cause a cue-induced craving during early recovery.<sup>[5]</sup> Would watching another oral tobacco user put tobacco into their mouth trigger a craving in most oral users? Probably.

Weddings, funerals, the birth of a baby and offer of a cigar, holidays, birthdays, and New Year's reflect infrequent cue possibilities. If so, recovery is about extinguishing each and reclaiming all aspects of life, just one opportunity at a time.

The smell of morning coffee, seeing a smoking friend, hearing laughter, tasting your favorite drink, touching your nicotine delivery device, wouldn't it be fascinating to have a full and accurate awareness of all nicotine use conditioning while navigating recovery?

Although conventional wisdom suggests that we attempt to discover our cues beforehand, frankly, even when we think we've identified the exact cue adopted by our subconscious, we'll often miss the mark. Instead of frustrations associated with being unable to accurately predict subconscious cues, it's probably best to remain calm yet fully prepared to react on a moment's notice.



## Emotions

As detailed in Chapter 10, the range of human emotion provides the subconscious with a vast spectrum to pick from. Laughter, sorrow, a sense of accomplishment or defeat, worry or calm, each has the potential to generate a craving if the mind created a use association.

Extended emotions such as financial strain, a serious illness or injury, a bad relationship, or the death of a loved one, were ripe for cue establishment. What would each be like without addiction to a stimulant making the heart pound faster?

## Encountering More Than One Cue

As a new ex-user, just four days free, imagine visiting a local pub and taking a seat on an outdoor patio that's filled with smokers. After an extremely stressful workday, you order your first drink, all the while suspecting that tomorrow may be worse. And then it happens, an immediate and larger than life urge to bum a smoke.

How many different use cues could get triggered?

A 2014 study found that (1) drinking alcohol while (2) experiencing a negative mood (feeling irritable, sad, anxious, tense, stressed, angry, frustrated) while (3) being around other smokers, generated a more intense crave episode than generated by encountering any individual factor or any two paired factors.

I share this, and what follows, not to scare you but to hopefully motivate you to continue reading this chapter. I encourage you to think through and adopt multiple crave coping strategies and to be prepared to immediately call upon as many necessary to keep nicotine from entering your body.

## Early Withdrawal

Overlaying operant conditioning atop classical conditioning, atop physical withdrawal, atop emotional recovery, atop loads of junkie thinking fueled by the collective tease of thousands of old replenishment memories, is it any wonder that, for some, the initial 72 hours may feel intense?

Relax. Whether letting go turns out to be a cakewalk or your greatest challenge ever, why fear healing? The good news is that we move beyond peak withdrawal within three days. The good news is that, by then, most have extinguished many of the cues associated with life's most basic and frequent activities: breathing, waking, dressing, walking, talking, eating, working and sleeping.

It's why watching pharmaceutical companies sell expensive products that drag withdrawal out for weeks or months is so disturbing. And how does popping a piece of nicotine gum or a nicotine lozenge into our mouth when a use-cue is encountered extinguish



conditioning? Add in products like Chantix/Champix, which come with serious or even life-threatening risks, it makes you wonder whose interests are being protected.

We are each unique when it comes to the number and types of use cues we established. Although natural to want to run and hide from conditioning, extinguishing each and reclaiming life is what freedom is all about. Embrace coming home, don't fear or fight it.

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## Crave Episode Duration

### Do Crave Episodes Really Peak Within Minutes?

Yes, generally, although we don't yet know why. After ending nicotine use, rarely does the challenge posed by a cue triggered crave episode last longer than the time that it took to smoke a cigarette.



While possible that multiple un-extinguished use cues may be encountered within minutes of each other, decades of online support group discussions suggest that it isn't as common as we might think.

What is common is to see periods of conscious thought fixation being confused with a subconsciously triggered crave episode. It's easy to do. A 2021 study exposed 64 smokers to a participant drinking water (a neutral stimulus), followed by watching them vape

from a tank-type e-cigarette for up to 5 minutes. Thereafter, roughly half who watched were sensitive enough that they opted to smoke.[1]



But not being e-cigarette addicts themselves, did they smoke due to subconscious conditioning or because of conscious awareness of what was being inhaled? There's also the possibility that seeing exhaled vapor reminded them of cigarette smoke, which, for some, may have become a conditioned use cue.

Why is the distinction between conditioning and simple thoughts or thinking important?

Think about your favorite food. How long can you continue to stay focused and fixated upon it? Can you do so for 10, 20, or even 30 minutes? What about while trying to diet? The only limit upon the duration of conscious fixation is our ability to maintain concentration and focus.

It's one of many problems significantly infecting crave duration research. Most glaringly, the pharmaceutical industry is heavily invested in getting smokers to purchase nicotine gum. The shorter crave episodes, the less need for gum.

Unfortunately, many crave duration studies involve researchers who were directly or indirectly receiving money from those making and selling nicotine gum.

Researchers are studying smokers who continue smoking or who have not smoked since awaking,[2], or who were asked to not smoke for 3 days,[3] or smokers who were given replacement nicotine,[4, 5]. The common thread is that none are in recovery, that all fully expect to smoke again soon.

Nicotine use expectations effectively unchanged, operant conditioning still operating, and participants likely in the throws of early withdrawal, how could they not engage in extended fixation?

Obviously, seeing someone else smoke can be both a source of conscious thought fixation and an, as yet, unextinguished use cue. The primary distinction between conscious fixation and a subconsciously triggered crave episode is control.

While we have substantial direct control over the duration of fixation, and significant control over how the conscious mind responds when a subconscious cue is encountered, our subconscious controls the timing and duration of cue-triggered episodes.

The importance of the distinction is the recovery confidence flowing from knowing that we can control thoughts and thinking, while subconscious challenge is short lived.

How do you tell the difference? It's simple. Determine who's driving.

Once you've stopped using, the next time you find yourself thinking about inhaling nicotine, try replacing those thoughts with thoughts about your favorite person, place, or food. Visualize giving them a giant hug, being super relaxed at your special place, or this bite of your favorite food being the best ever. Can you feel your focus shifting?



But if cue triggered crave episodes peak and begin to subside within minutes, why do the minutes sometimes feel like hours?

### **Time Distortion**

A 2003 study found that distortion of time perception is one of the most common nicotine dependency recovery symptoms.[6]

Smokers were asked to estimate the passing of 45 seconds both while still smoking nicotine and during a second session after which they had not smoked any nicotine for 24 hours. Their time estimates were also compared to a control group of non-smokers.

While at a loss to explain why, researchers found that time estimation accuracy was significantly impaired (300%) in smokers who had not smoked or used nicotine for 24 hours, as compared to estimates made while smoking.

The ability of smokers who had not smoked for 24 hours to estimate the passing of 45 seconds was also impaired when compared to estimates made by non-smokers. But timing estimates were found to be similar between non-smokers and smokers while smokers were allowed to continue smoking.

### **Keep a watch or clock handy**

What the study didn't assess was the estimation of time during the occurrence of a crave episode.

Whether cessation time distortion is ultimately found to be physiological, psychological or some combination, knowing that it exists suggests the value of looking at a clock or watch during an episode, in order to bring honest perspective to time.

When a craving arrives, immediately look at your watch or a clock and note the time. The episode's false message - that the only way to make the craving end is to bring more nicotine into your body - will soon peak and then pass.

Not only will your recovery remain alive and well, you are highly likely to receive a reward, the silencing of a use-cue, and the return of yet another aspect of nicotine-free life. It's important to note that for the 1.7% of adults diagnosed with panic disorder under diagnostic standards such as the American Psychiatric Association's DSM-IV manual, that DSM-IV criteria indicate that panic attacks may not peak for up to 10 minutes.[7]

Focus your panic attack coping skills training on handling nicotine cessation panic attacks. Already highly skilled, hopefully, you'll find this aspect of nicotine dependency recovery the least challenging of all.



We're each fully capable of handling a few minutes of anxiety. We all can. Accurately measuring the episode's duration will prevent time distortion from making it appear 300 percent longer than reality.

Don't let time distortion deprive you of your dream of again comfortably engaging life as "you."

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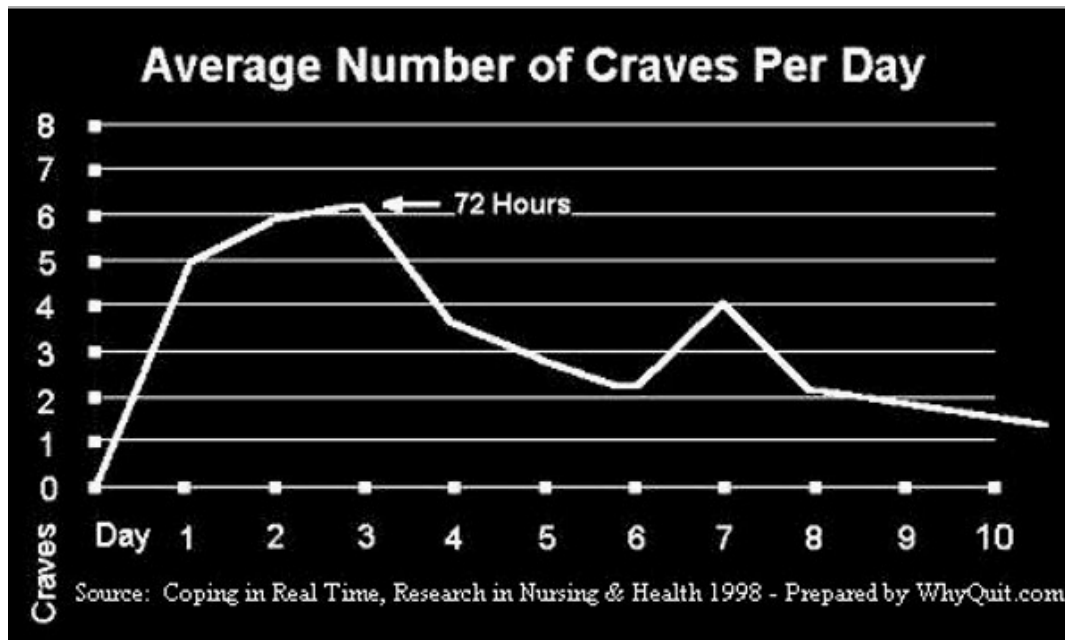
## Crave Episode Frequency

How often do crave episodes occur after ending nicotine use? The best we can do in answering this question is to share study averages.

The obvious problem with averages is that we may not be average, which ranges from the 4 to 5 pack-a-day smoker to the habituated-only user, who may go days without using, who only experiences craving in the seconds prior to inhaling but not before.[1]

And let's not forget the new addict who, as yet, may have established few conditioned use cues.

A 1998 real-time crave coping study followed 36 participants who used tape recorders and palm computers to record details of 389 coping episodes during their first 10 days of smoking cessation.[2]



It found that the day on which the most crave episodes occurred was the third day of recovery, with an average of 6.1 craves. Day four's average dropped to 3.5, with day five generating just 3 craves per day. By day ten the average fell to just 1.4 episodes per day.

If each crave episode peaks in less than 5 minutes, and the average number on the most challenging day is 6.1, that's a total of 30 minutes of crave anxiety on your most challenging day of recovery.



Can you handle 30 minutes of significant challenge in order to reclaim your mind and take back your life? Absolutely! We all can.

But what if you're not average? What if you conditioned your subconscious to have twice as many cues as the average user? That would mean that you could experience a maximum of 60 minutes of total crave episode anxiety on your most challenging day.

Is there any doubt whatsoever that you handle 60 minutes of challenge in order to permanently reclaim the driver's seat of your mind? And you won't be asked to do it all at once. Just a few minutes and then take a break.

Prepare for the possibility of a small spike on day seven. While the average study participant was down to just over 2 episodes per day by day six, day seven brought an average of 4 cravings, before returning to 2 on day eight. Why? We can only guess.

And there are lots of theories. One is that life is measured in weeks and a full week of freedom provided the first significant reason for celebration. Did your subconscious associate use with celebration? If so, what about the celebration that turns sour, like when everyone but mom forgets our birthday? Could that generate a second episode? Again, we're just guessing. What we do know is that every new ex-user is fully capable of handling a few minutes of challenge.

Looking at the study's chart, reflect on how the average newbie both moves beyond peak physical withdrawal within 72 hours and navigates the peak number of use cues. Coincidence?

While we have zero control over nicotine's elimination half-life, the recovery day on which we decide to fully engage life and confront the bulk of our normal daily use cues is very much within our control.

Joel always started his clinics on a Tuesday night. Historically, many programs encouraged users to start on the weekend, thinking that it will help avoid work pressures. If so, Monday brings day three, work, and the first full engagement of life.

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## Crave Episode Intensity

As we navigated our day, our senses and emotions would alert our subconscious that a use-cue had been encountered. Although usually unnoticed, a gentle urge was generated reminding us that it was time for replenishment.

If use conditioning was ignored or replenishment overdue, like blowing up a balloon, the urge's anxiety energy could explode into a full-blown crave episode. If in recovery, a wave of escalating tension could begin squeezing our resolve to the point of bursting, with surrender, relapse, and defeat just seconds away.

It's believed that our right insula (just above our ear and an inch or so in) acts as a control center for urge and crave anxiety routing and intensity control, including recognition of conditioned nicotine use cues.[1]



According to brain scan studies, the more intense a crave, the greater the blood-flow in brain regions known to control attention, motivation, and expectancy (the prefrontal cortex and posterior cingulate).[2]

The intensity of a particular crave episode appears to be influenced by a number of factors. A 2007 study found that the two most significant were: (1) how recently we had used, and (2) our level of impulsiveness.[3] The more available cigarettes are, the more intense the craving.[4]

You'd think that once we end all use and become 100 percent nicotine-free that our subconscious would notice that we were still alive, well, and functioning, and immediately abandon demands for more.

While getting clean forces re-sensitization to commence and begins diminishing underlying withdrawal anxieties, urge and crave anxieties flowing from subconscious use cue conditioning are independent.

Still, once beyond peak withdrawal, all levels of the mind are hit with escalating awareness that we've been living a lie, that once all nicotine is out of our system that



things start slowly getting better, not worse. It's here that fear of failure butts heads with fear of success.

As for impulsiveness, it's the trait that played a key role in many of us experimenting with using nicotine in the first place. It's a trait that years of quickly silencing urges and craves made worse. Now, the same trait that helped keep is using, hopefully, begins questioning relapse as a solution.

Patience in standing up to impulsivity can, itself, foster confrontation anxieties. Our hopes and dreams of a lasting dependency solution are pitted against thousands of old "aaah" memories promising instant yet temporary relief from wanting.

Truth is, only one choice provides a way out. Truth is, the only path home is to choose the bigger and better yet delayed reward. Truth is, every activity that triggered use can be done as well as or better without it.

Neurofeedback studies suggest that what you're doing here and now - generating dependency recovery mindfulness - may aid in significantly diminishing crave intensity both short and long-term. [5]

Be honest with yourself. What is the only solution to permanently ending replenishment urges and craves?

Then, why not invite your subconscious to switch teams, to join in your quest to stay free and clean, instead of generating urges and craves for more.

Invite your impulsiveness to get impulsive about guarding against a natural insecticide entering your bloodstream and controlling your brain.

Talk to your subconscious. Encourage it to serve as a vigilant ally in protecting today's freedom, healing, risk-reversal, pride, and growing self-esteem.

Picture the creation of healthy, positive impulses that instantly respond to protect you from challenge. Imagine all levels of awareness forming a skilled firefighting team that immediately arrives on scene and is in full control within seconds of the initial spark.

Although one study noted that the level of depression among women, but not men, was capable of impacting crave episode intensity,[6] study after study finds little or no difference between male and female success rates.[7]

It's simply more evidence that, in numerous ways, women are stronger than men.

Although the thought of a depressed woman having to endure a slightly more intense crave episode is disheartening, keep in mind that all episodes are extremely short-lived, and within a week the majority are silenced.



But as reviewed in Chapter 9, whether male or female, never ignore or make light of ongoing depression. Get seen ASAP if you or loved ones become concerned about any new or worsening symptom.

A food craving study found that vividness of imagery associated with food influenced food craving intensity.[8] Let's give it a try.

Picture your favorite food. Now make the mental image as vivid and detailed as possible. Feel the urge? Now picture your particular brand of nicotine delivery device. What color is it? Hold it in your hand. Smell it. Do you sense an urge?

If so, why not use recovery imagery as a subconscious re-training tool? Why not flash our own subliminal messages?

One at a time, picture yourself engaging in every activity during which you used nicotine, but now comfortably doing so without it. Acknowledge the simple truth that life is easier without it.

And it isn't just "doing" or "existing." Don't forget the rewards.

Allow healing taste buds to sample the rich flavors of a mouth reclaimed. Imagine the solitude upon arrival of that first full day where the thought of "wanting" never once enters your mind.

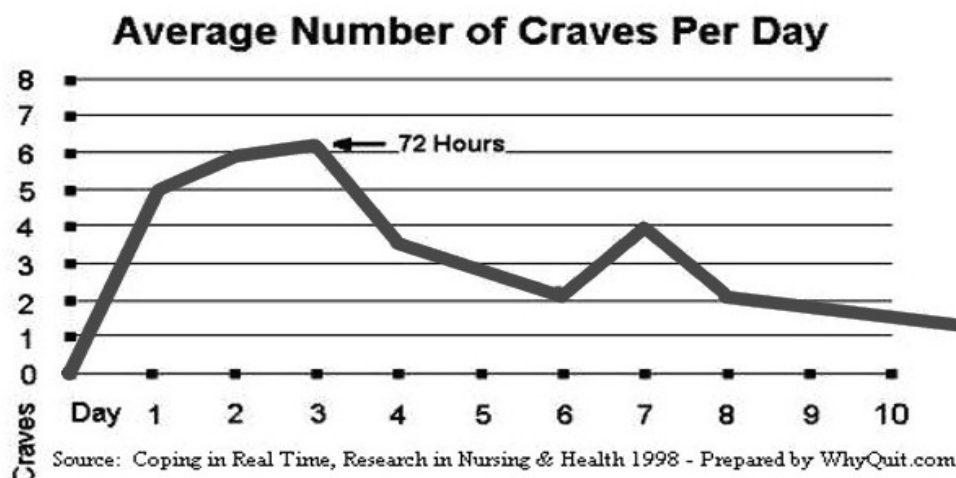
Picture such days soon becoming more and more common, until becoming your new sense of normal. Listen as the diminishing noise of addiction's daily chatter gradually fades into rarity. Feel the serenity of a brain reclaimed.

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## The Bigger the Better

Although this crave chart reflects averages of data from a specific study of a unique population, it shows two factors common to every recovery.



It evidences that the number of daily crave episodes quickly peaks and that the number of episodes then begins to gradually decline.

Let's focus upon what happens once the number of daily crave episodes experienced, if any, begins to decline. I say "if any" because both informed dreams and higher callings have the potential to make recovery significantly less challenging.

Unless hiding in a closet in order to avoid temptation, locked up in prison, laid up in the hospital, or self-isolating due to a virus, we have no choice but to meet, greet and extinguish the bulk of our daily subconscious feeding cues within the first week.

It's then that the number and frequency of early challenges keep us alert, on our toes, prepared and ready to deploy our crave coping defenses on a moment's notice.

As shown by the chart, by day 10 the average study participant was experiencing just 1.4 crave episodes per day. As just reviewed, that translates into less than 7 minutes of significant challenge. But what about the days that follow?

What are the natural and expected consequences of beginning to go entire days without a crave episode? What will happen to your battle plans, defenses, to your preparedness, and anticipation once you experience a day or two without encountering a cue driven crave?

For purposes of discussion only, let's pretend that during recovery days 14, 15 and 16, although you remained occupied in dealing with conscious thinking about wanting to use,



that you did not once encounter any un-extinguished subconscious feeding cue or experience any full-blown crave episode.

Although unlikely you would have noticed, wouldn't it be normal to begin to relax a bit and slowly lower your defenses and guard?

And then it happens. On day 17 you encounter a still active use cue.

Surprised, it catches you totally off-guard and unprepared. You scramble to muster your defenses but it's as if you can't find them. It's as if they too are being swept away by a tidal wave of anxieties.

You feel as if you've been sucker-punched hard by the most intense craving ever. It feels endless. Your conscious thinking mind begins suggesting that things are getting worse, not better. The thought of throwing in the towel and giving-up suddenly begins sloshing about inside a horrified mind.

It's then, when things seem worst, that you need to briefly pause and reflect upon what you're really seeing. Things are getting better, not worse. Say, what?

Think about how long it had been since your last significant challenge and how relaxed you'd allowed yourself to become. It's likely that this episode is no more intense than prior ones. It's just that you'd taken off your life jacket and you couldn't quickly locate and put it on. You panicked.

If such an event should ever happen, I encourage you to stop, reflect, and then celebrate! You've reclaimed so many once conditioned aspects of a nicotine-dependent life that serious challenge is no longer frequent.

While infrequent, holiday or even seasonal triggers likely lie ahead, thousands of old wanting satisfaction memories are being written over by a nicotine-free life and gradually losing their punch.

With each passing day, the distance between significant challenges will continue to grow, and they'll be shorter in duration, and generally less intense. Again, remember to keep a clock handy so as to defend against time distortion.

None of us will ever be stronger than nicotine but then we don't need to be. Nicotine is simply a chemical with an IQ of zero. Trust your dreams to your vastly superior intelligence, your greatest weapon of all.

No matter how far we travel or how comfortable we become, there's still only one guiding principle allowing us to remain here on the free side of the bars while keeping our dependency fully arrested on the other ... no nicotine today.



## Rewards

And also consider reversing your mind-set. Recovery isn't about punishment but rewards.

Our chemically enslaved survival instincts teacher was fooled and compromised by an external chemical. Its job was to make dopamine pathway activating events nearly impossible in the short term (the time needed for recovery) to forget or ignore.

Except for responding to the wrong input, it functioned as designed. It did its job and did it well. But now it's time for a mind schooled in nicotine dependency recovery to arrive and save the day.

Extinguishing each conditioned use cue rewards us with the return of another aspect of a nicotine-free life. Why fear being able to finish work, a meal, exit a store, drive or have a drink with friends without an urge or crave commanding replenishment?

When a craving arrives, think about the prize at the end. Think about another step in silencing all of them. Think about wanting for more nicotine being permanently evicted from the yard, bathroom, porch, car, work or play, with use no longer chained to relationships, activities, or emotions.

Crave episodes reflect evidence of where we've been, and what we were forced to do once there. But not anymore! The moments in front of you, all of them, are again becoming yours.

Moments of subconscious healing are good, not bad. Soon, you will have reclaimed so many pieces of life that, like putting together your puzzle, it will reflect a life reclaimed.

## Extinguishing Use Cues

### Extinction

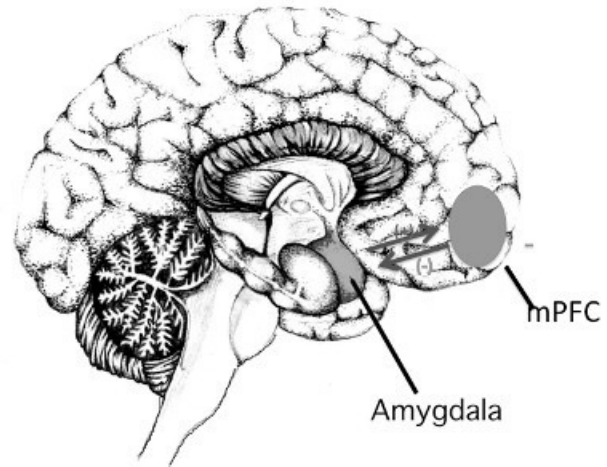
Extinction is the elimination of conditioned learning over time. With operant conditioning, it begins once reinforcement ends, and with classical conditioning upon presentation of the use stimuli (a use-cue) in the absence of use.

The brain regions most involved in extinction are the medial prefrontal cortex (mPFC), which is located immediately above and between your eyes, and the amygdala, two almond-shaped structures located an inch or so behind each eye.[1]



In humans, how long or how many encounters does it take to extinguish a specific conditioned response? Frankly, we don't yet know.

What we do know is that within a week of ending nicotine use that old memory traces linking the bulk of our regular daily cues (each a conditioned stimulus or CS) to nicotine (an unconditioned stimulus or US), are no longer producing crave episodes (a conditioned response or CR).



While we learn through our senses, memory is the maintenance of learning over time.

The biggest scientific debate has been whether cue extinction occurs due to unlearning or new learning. Is extinction the result of old CS-US memory pairing traces between neurons being overwritten, or new CS-noUS memory traces being created?

A growing number of researchers believe that the answer is both.

Studies have found that while extinction does not erase the original CS-US memory trace, extinction somehow inhibits it, while at the same time new memories are generated documenting encounters with a former use-cue, where use did not occur.[2]

Thank goodness that we don't need to be molecular biologists with an understanding of how phosphatases and kinases form and extinguish long-term memories in order to break free.[2]

What's important is appreciation that extinction begins almost immediately upon ending use, and that reinstatement of operant conditioning and at least one conditioned use-cue is always just a puff away.

But how do we resist in standing firm in saying "no" to years of use reinforcement and an unknown number of subconscious use pairings?

Once triggered, how do we control the impulse to use? How do we muster what researchers call inhibitory control?

Just one extinction opportunity at a time.



## Getting it done

An obvious problem in studying use-cue extinguishment is that scientists are left guessing as to subconscious use associations. Most studies resort to showing pictures or images of suspected use-cues.[3]

Real-world empirical evidence suggests that, like the traveling hypnotist telling subjects to ignore a prior behavioral suggestion upon waking, that when combined with dreams, desires, and higher priorities, that a single use-cue encounter with a "no more, never again" mindset can immediately disable a cue.

This doesn't mean that encountering the exact same nicotine use cue the day after extinction won't cause the conscious mind to briefly focus or even fixate upon "thoughts" of wanting.

It means that the first encounter where our consciousness shouts to our subconscious that use has ended for good, may be sufficient to prevent a subsequent encounter from generating a subconsciously triggered crave episode.

Recovery is about re-learning to engage in every activity we did as users but without nicotine.

Ending use almost immediately compels us to confront and extinguish all use conditioning related to survival activities such as breathing, eating, sleeping, and using the bathroom. [4]

While essential to feed the kids and get them off to school, early fears of encountering crave triggers can motivate postponement, at least briefly, of non-essential activities such as housework or proper personal hygiene.

Some try to hide from life. But, not without a price. Ignoring a dirty house or tall grass may breed escalating internal anxieties or cause needless family frictions.

Joel cautions that aside from threatening our livelihood and making us look like a slob, if we attempt to hide and avoid confronting use cues associated with non-survival activities for too long, we may become so intimidated that we begin believing that we'll never be able to engage in the activity again.

Then, there are non-mandatory activities such as partying, dating, nurturing relationships, television, the Internet, sports, hobbies, and games. The only way to extinguish cues associated with any activity is to engage in the activity, confront the cue, and reclaim that aspect of life.

And reclaiming life isn't going to happen by me, Joel, or this book talking about it. It'll happen by you going out into and experiencing and living your day.



Admit it. Recovery anxieties generated by delay in reclaiming any aspect of life are totally within our ability to eliminate.

Still proud, years after breaking free I walked into a convenience store to pay for gas while wearing my "Hug me I stopped smoking" tee-shirt. The clerk behind the counter asked if it were true.

While literally surrounded by cigarette packs, cartons, oral tobacco products, and cigars he asked, "Did you really quit?" "Yes," I said. "After thirty years and being up to three packs-a-day!"

"I haven't had a cigarette for a week," the clerk replied. You could feel and see his smiling pride. While heading for the door I heard the lady who had been behind me say, "Two packs of Marlboro Lights, please."

Think about the clerk's first day on the job after his last nicotine fix. Imagine your livelihood requiring you to repeatedly reach for and handle cigarettes, a proximate and conditioned use cue for nearly all.

Yes, his first time may have triggered a cue-induced mini anxiety attack. If so, what are the chances he was so busy that it peaked and passed before he had an opportunity to take a break and quiet it by relapse?

While subsequent sales may have caused urges associated with conscious thoughts of wanting, the difference was the absence of an uncontrollable anxiety episode. This time, the intensity and duration of the experience was substantially within his ability to control.

But be careful here. Some conditioned use cues are so similar to others that we fail to grasp their distinction. For example, the Monday through Saturday newspaper may have only been associated with inhaling nicotine once, while Sunday's paper is much thicker and may have required replenishment two or more times to read.

### **Reward Deficiency Syndrome**

Need another reason for seeing the extinction of use conditioning as good and wonderful? There are two theories as to the consequences of nicotine hijacking dopamine pathway-related learning: the incentive sensitization theory and reward deficiency syndrome theory. [5]

As its name suggests, incentive sensitization is the sensitivity consequences upon natural dopamine pathway learning due to the frequency of compliance with nicotine use cues. Research suggests that while heightened incentive is given to nicotine use, it results in diminished sensitivity to life's non-use cues.



The reward deficiency syndrome theory is even worse. Here, research supports the prospect that use-conditioning compliance causes chronic brain reward pathway deficits, with diminished activation in response to both nicotine use-cues and life's non-use cues.

Unfortunately, the latest research supports the reward deficiency syndrome theory. It's consistent with needing a bit more nicotine over time (increased tolerance), in order to more frequently experience diminished sensitivity.

"[A]ddicts have a general deficit in the recruitment of brain reward pathways, resulting in chronic hypoactivation of these circuits in response to both drug- and nondrug-related rewards," with the degree of dopamine pathway sensitivity disruption mirroring the severity of dependence. [5]

Has addiction to nicotine caused you to favor your favorite food less? [6] Just one more reason for fully reclaiming our brain as quickly as possible.

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## Cue Exposure Therapy

### What is Cue Exposure Therapy?

Cue exposure therapy or CET is intentional exposure to drug-related use cues in order to more quickly extinguish and silence conditioned responses.[1]

A tool of modern drug treatment programs, should it be our tool too? Should we wait for time and life to bring nicotine use cues to us, or seek out and extinguish them?





For example, it's likely that conditioned use cues are associated with your daily work schedule or chores. We can fear and delay getting back to work or intentionally confront and target them for extinction.

Our problems are the same as those confronting researchers and drug treatment programs. What use-stimulus pairings have our subconscious established, and how do we create safe exposure opportunities that don't significantly elevate the risk of relapse?

Some potential use cues may be beyond our ability to reproduce, such as those associated with changing seasons, holidays, birthdays, weddings, or funerals. Others, such as early alcohol use are extremely risky and, if insistent upon confronting them, CET should be done in the safest environment possible.

In real-world use, CET is, at best, a partial tool. Although we have the ability to boldly and quickly reclaim most aspects of life, we need to accept that some use-conditioning will survive and occur when presented by time or circumstances.

Still, intentionally confronting and silencing as many as possible can foster intense confidence in our ability to eventually extinguish all use-conditioning.

Developing super recovery confidence demands the ability to distinguish between subconscious classical conditioning (an uncontrollable response) and conscious thought fixation (a controllable situation).

It isn't always easy. Even after nearly all of our subconscious use cues have been extinguished, it's normal and natural for our senses to notice old use situations. The difference is that with fixation we have substantial control of our mind's response.

Give it a try. Imagine and create a high-quality image of your favorite food, the most tempting you've ever seen. Picture it oozing and dripping with flavor. Can you smell it? Imagine that first bite. Savor the flavor and sense the "aaah" sensation that follows.

While I controlled the imagery, you controlled the intensity and duration of any desire felt. Unlike a cue triggered crave episode, you were totally free to stop at any time.

### **CET Effectiveness Effectively Unknown**

How effective is CET in increasing success rates? Frankly, we don't yet know. While some studies find benefit,[2] others don't.[3] But don't let that discourage real-world consideration.

There are huge and obvious challenges in producing quality evidence of the brain's reaction when attempting to accelerate extinction of the new ex-user's unique set of crave triggers.



First, researchers need to begin by evaluating CET in studies populated by addicts dreaming of permanently arresting their dependency, not smokers briefly deprived of nicotine while being shown images of suspected cues, all of whom fully expect to smoke or vape again within hours or a few days.

Nor should CET studies involve participants whose appetite for nicotine is being satisfied by free replacement nicotine.[2] Researchers also need a control group that, at least initially (for the first round), mirrors and allows fair comparison to real-world cessation.

Billions at stake, pharmaceutical industry muscle has no choice but to resist meaningful research. What would be the financial consequences of news headlines from CET studies detailing how CET demonstrated efficacy for those going cold turkey but not for those vaping or using NRT, or a finding that chewing nicotine gum when experiencing a crave actually prevents cue extinction? [4]

Still, some findings make sense. Researchers discovered that younger smokers respond to CET better than long-term smokers.[5] Even there, maybe extinction is simply more noticeable. Younger users often have fewer nicotine use associations, with far fewer use associated memories.

Interestingly, CET, and intentionally trying to rapidly meet, greet and extinguish use conditioning is contrary to historic cessation lessons, the remnants of which are visible across the internet.

For example, the U.S. government's leading cessation booklet is 37 pages and called "Clearing the Air."[6] Page 9 tells readers to stay away from places smoking is allowed and stay away from people who smoke. The title of page 24 reads, "Stay away from what tempts you."

Readers are then told to "Stay away from things that you connect with smoking," like not sitting in your favorite chair or watching your favorite TV show. They're told to drive a different route to work or not drive at all and take the train or bus for a while.

How can we reclaim driving or our favorite TV program if taught to fear and avoid it?

Unfortunately, my government's primary cessation booklet is loaded with serious conflicts. For example, the title of page 9 reads, "Meet those triggers head-on." Sounds great, right! But then the first two sentences on page 9 state, "Knowing your triggers is very important. It can help you stay away from things that tempt you to smoke."

Well, which is it? "Meet those triggers head-on" or "stay away" from them? Clearly, it's wise to stay away from nonsense booklets such as "Clearing the Air," as they cloud it further.



Let me share one more glaring "Clearing the Air" conflict. Page 17 is entitled, "Medicines that help with withdrawal."

The page tells readers, "You may feel dull, tense, and not yourself. These are signs that your body is getting used to life without nicotine. It usually only lasts a few weeks." There are medicines that can help with feelings of withdrawal: ... "nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch."

The obvious question becomes, how does the body get "used to life without nicotine" by feeding it "nicotine?" Obviously, it can't. It's as if health officials allowed Big Pharma to author the booklet.

Back to extinguishing use cues. What if you could extinguish some of your conditioned cues without experiencing any cravings? Actually, it's far more common than the neo-nicotine industry wants you to believe.

Research suggests that conscious thought and its subconscious influence have the ability to create new expectations conditioning capable of overpowering old use conditioning. Imagine your biggest recovery fear not triggering a craving.[7]

Again, think about how the single-session traveling hypnotist is able to briefly interrupt use urges and craves. It isn't magic. They relax our consciousness and then create new expectations.

And reflect on the subconscious impact of the title to Allen Carr's book "The Easy Way to Stop Smoking," and Joel Spitzer ending more than 100 articles and 500 video lessons exactly the same, by inviting us to "Never Take Another Puff."

### **The Opposite of CET: Delaying Extinction**

Our conditioning patterns mirrored how we lived life. And we can't reclaim life by avoiding it.

A 2002 study found that 97% of inmates forced to stop smoking while in prison had relapsed within 6 months of release.[8]

When arrested, nearly all were actively feeding nicotine addicts. Once released, imagine their first time driving a car, walking into a bar, running into an old smoking buddy, or the moments following romance.

They were hit head-on by conditioned nicotine use cues associated with a host of situations that their arrest and imprisonment had prevented them from extinguishing.

As the correct portion of "Clearing the Air" states, "meet those triggers head-on." They mark the path home. Yes, you may find that there are some aspects of life that you no longer desire, but that will be your choice.



But do so safely. Consider breaking bigger challenges down into smaller tasks. Have multiple crave coping strategies ready, and don't hesitate to deploy another if your first choice isn't working.

And remember, if any situation begins feeling too threatening, simply walk away, and live to fight another day.

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## **Controlling Crave Episode Expectations**

A 2001 study conditioned smokers to expect to be able to smoke during specific situations while encouraging participants to try to identify when a nicotine use cue had been encountered.[1]

Researchers found that encountering and noticing use cues would generate cravings, evidenced by increased salivation and skin conduction. They found that the more aware participants became of their use cues, the more profound use expectations became.

Far more importantly, they found that once study participants were told that they would no longer be able to smoke once a previously identified use cue occurred, that craving was thereafter absent and extinguished.

Can conscious expectations control both subconscious expectations and the presence or absence of craving? Absolutely. It means that what we think and believe is critical, that what we expect can occur.[2]

My most dreaded use cue was walking into the pub after work and having a couple of beers with the guys, as we debated and solved the world's newest problems. Why?



Because I'd lost my longest recovery ever by combining alcohol with a false belief that I was now cured and could handle "just one."

This time, online peer support taught me about use cues triggering craves and I expected a massive one. I feared it so much that I delayed the after-work gang for three weeks. I kept thinking about how I missed my friends, our discussions, and a cold beer, and I wanted it all back.

Finally, heading into my fourth week, I mustered the courage.

Upon opening the door, my healed sense of smell was immediately struck by an overpowering stink. Had it always been this bad?

Indirect sunlight highlighted a thin indoor cloud that swirled as the door closed behind me. There they were, thirty or so after-work buddies tackling the day's events.

Scanning the room, I was shocked to discover that all of them, without exception, were either smoking a cigarette or had a pack and ashtray within reach. Why hadn't I noticed this before?

Although less than one-quarter of Americans then smoked, I was now discovering that almost all of my pub friends were nicotine addicts. How could this be? Was it coincidence?

I was prepared to turn and run if needed but it didn't happen. A crave didn't come. After a couple of minutes, I grew brave and ordered a beer. It still didn't happen. What was going on? This was my most feared situation of all and yet no craves - zero, none.

How could I be standing here, beside smokers puffing away and yet no urge? I'm sure I could have stayed and drunk another but I'd been in there for nearly a half-hour.

I found myself thinking about my still healing lungs every time sunlight pierced the smoke-filled room. Increasingly, I felt a slight burning sensation. My lungs didn't deserve this. It was time to leave.

Looking back, it's likely that I'd given so much thought to my biggest fear, while harboring dreams of reclaiming that aspect of life, that dreams and desire somehow overwhelmed and silenced all nicotine use associations.

Again, think about the traveling smoking cessation hypnotist using their conscious mind to relax our conscious mind, so as to allow them to plant subconscious expectations seeds.

The problem with single-session hypnosis isn't that it doesn't work, at least briefly. It's that it only addresses a single layer of recovery, the subconscious, while ignoring the ongoing negative influence of conscious stimulation, and use related thoughts.



Again, think about the repeated subconscious impact of the title of Allen Carr's book "The Easy Way to Stop Smoking." Each time the book is opened, the subconscious is hit with the message that stopping is easy. It's called "autosuggestion."

Inside, Allen does the same thing that Joel Spitzer does in the first two chapters of his free ebook "Never Take Another Puff." It's the same thing I do in Chapter 3 ("Quitting You"), Chapter 4 (Rationalizations), and Chapter 12 (Conscious Recovery).

We invite the enslaved mind - both conscious and subconscious - to see through the long list of use lies our addiction compelled us to invent, in an attempt to try and justify or explain that next mandatory feeding.

If willing to engage in open and honest analysis, once done, there may be little or no sense of loss. You might skip emotional recovery altogether. If nothing to lose, there's nothing to fear. If no fear, there may be little or no anxiety.

Could letting go entirely generate an "easy" or even cakewalk recovery? Absolutely! But even if seriously challenged -- as I was -- recovery is entirely do-able.

Although huge, subconscious recovery is only one layer. While Allen Carr's "Easy Way" stop smoking clinic has generated 1, 3, 6 and 12 months success rates of 38%, 27%, 23%, 22% respectively,[3] it's why we devote time to all four layers of recovery.

We don't need to be trained hypnotists to use our conscious mind to calm, reassure, soothe, or create subconscious expectations. Draw near and use truth to reassure your subconscious. It's always listening.

Start by listening to your auto or self suggestions as you talk out loud. Remember, you're talking to a real person so don't bore yourself to death or get super emotional, which may set off alarms. Seek teamwork. Strive to remain calm, caring, and inviting.

Now, try engaging in slow deep breathing while progressively relaxing your body. Quiet all chatter inside your mind by focusing, to the exclusion of all other thoughts, upon an image of your favorite place.[4] Once there and totally relaxed, share your dreams, and rewrite expectations.

Reassure your subconscious. Let it know that there is absolutely nothing to fear in coming home to entire days where you never once want for nicotine. Teach it that, contrary to the





lies, you need not lose a single friend or give-up any activity, that life will be better, not worse.

Encourage your subconscious to join forces in embracing recovery, to ignore the tease, lure, and false message of that pile of old replenishment memories, each created by an addict in need.

Ask it to fear relapse instead of freedom, toxins instead of oxygen, your self-destruction and slow suicide instead of healing, health, and lots of extra life.

Make it aware that your mind and body are experiencing the most intense period of healing they'll hopefully ever know, and that you could use a little help. Invite your subconscious to defend and bask in freedom's glory, to feel the delight of your ongoing victory and growing sense of pride.

Deep relaxation may be challenging during the first 72 hours. If so, think about how relaxed the conscious mind and body become immediately before slumbering off into sleep.

Seize upon and use these precious seconds before sleep, when our conscious and subconscious draw near. Calm subconscious fears as you slumber into sleep. Cast out the lies!

Celebrate today's victory and picture tomorrow being your most fruitful day of recovery yet. Slide off into sleep feeling proud and free.

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## **Crave Coping Techniques**

How do you successfully navigate the sudden onset of a brief yet possibly intense crave episode? We've already reviewed a few ways, including reaching for your list of reasons for commencing recovery. Let's take a look at additional coping techniques.

But before doing so, research has found that coping techniques involving changes in thinking or doing (behavior) are highly protective against relapse. Maximum protection occurs when skilled in calling upon more than one coping strategy when needed. [1]

On June 25, 2020, Keith McDonald emailed me. Having broken free 11 years earlier Kieth wrote:

"Your site gave me some great info. I think the best is to be glad you are having a craving as it lets you know you are addicted. So every time I had one I let it come and go. I no longer have them but I always have people ask me how to quit. I tell them how and point them to your site for more info."

Keith's right. Coping research finds methods focusing on how we react to and engage crave stressors the most promising. [2] In the spirit of letting them "come and go," this was my go-to technique.

### **Embracing Crave Episodes**

Upon sensing danger, our survival instincts tell us to either prepare to stand and fight or get ready to run. What approach will you use? Upon encountering a crave episode will you duck and run, or turn and fight?

While the objective is clear - to not use nicotine - our natural instincts on how best to achieve that objective may not be the easiest path to travel.

Can we hide from cravings or will they find us? Can we runaway or will they catch us? It's the same with going toe to toe in battle, isn't it? Can we beat-up craves and make them surrender or cry uncle? Can we scare them away?

Encountering and extinguishing use cues is how we mend, heal, repair and reclaim a nicotine-dependent subconscious mind. It's how we destroy use expectations and take back life.

While nicotine is a natural poison, what about craves? Can a crave that lasts 3 to 5 minutes destroy tissues, clog arteries and cause a heart attack or stroke, promote cancer, or contribute to early dementia?



Will a crave cut us, make us bleed, or send us to the emergency room? Can it physically harm us? If not, then why fear it, why run, why hide?

How much of the anxiety associated with recovery is self-induced? Nearly all.

So, why agonize over the anticipated arrival of that next crave? Once it does arrive, why immediately begin feeding our mind additional anxieties that only fuel the fire?

Let's not kid ourselves. The anxiety associated with a craving for nicotine is as real as the eyes reading these words. And fear of anxiety hides solutions.

While fully capable of mentally embracing a crave episode's anxiety energy, few have ever done so. Instead, what we feel is a tremendously inflated experience fueled by anticipation, driven by fear, and possibly tense due to a history of prior relapse.

Try this, just once. It's what researchers refer to as "confrontation." [3]

Instead of inviting your body's fight or flight response to inflame the situation, when the next crave arrives, stop, be brave, drop your guard, take slow deep deliberate breaths, and in your mind imagine reaching out and wrapping your arms around the crave's anxiety energy.

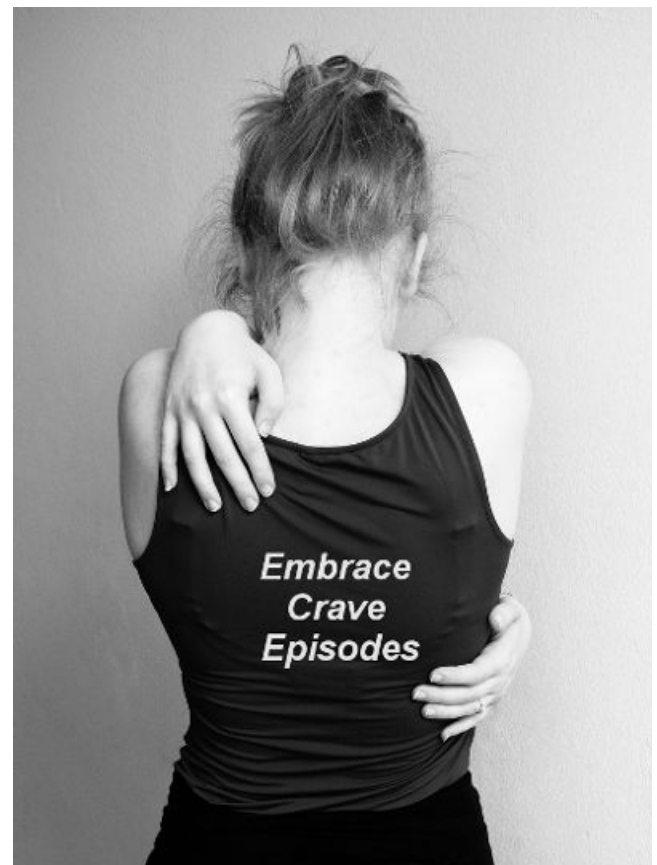
It won't harm or hurt you. It's normal to be afraid but be brave for just one moment.

Continue wrapping yourself around the episode as you fully embracing it. Continue taking slow deep breaths as you clear your mind of all chatter, worries, fears, and thoughts so that you can sense and appreciate the episode's level of raw anxiety.

Touch it, sense it, hug it hard. Doing so will not make it any more intense than it otherwise would have been. You're witnessing a moment of beauty, the most profound subconscious healing you've ever allowed your conscious mind to touch.

Yes, there is anxiety. But possibly for the first time ever, it's not being fed and fueled by you.

Now, feel as the crave episode's energy peaks and then begins to gradually subside. You've won! You've reclaimed another aspect of life. And you did so by way of courage not dread, by a hug, not hiding.





You've seen that the greatest challenge presented by natural recovery cannot hurt you. Only we can do that. Embrace recovery don't fear it. There's a special person waiting down the road. Your birthright, it's a long lost friend you'll come to know, savor, enjoy and love.

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## Distraction Crave Coping

Distraction or diversion crave coping is any mental exercise or physical activity that occupies the conscious mind long enough to allow challenge to pass.

While little research on the topic, a 2014 study involving 84 heavy drinkers compared distraction-based coping to mindfulness coping, and no coping training. "Across groups, the initial exposure to alcohol cues" in a simulated bar environment "was associated with significant increases in craving, urge distress, and heart rate."

"Contrary to our prediction," the researchers admitted, distraction crave coping was "significantly more effective at acutely reducing craving and urge distress than the other 2 conditions." [1]

As true for all nicotine dependency recovery crave coping preparation, success is rooted in dreams of becoming and remaining nicotine-free. Coping evidences courage in taking steps toward making dreams come true.

Alphabet or counting association schemes demand focus and concentration. They provide an instant means of occupying the mind. An alphabet association scheme can be as simple as going through the alphabet while trying to associate each letter with a person, place, animal or food.

Take food for example. The letter "A" is for grandma's hot apple pie. "B" is for a nice crispy piece of bacon. "C" is for a





rich and super moist chocolate cake. I challenge you to get to the challenging letter "Q" before 3-5 minutes pass and challenge begins subsiding.

Counting exercises can be as simple as counting backward from 350 by 7s. That would involve your mind doing 50 simple math calculations.

Consider playing a hand or two of solitaire or reach for a crossword puzzle. Can you draw? Try drawing your favorite person, pet, place, or thing. Sing your favorite song, reorganize a closet or drawer, look through your photo album, play with your pet, phone a friend, read a book or magazine, check your email, or do the dishes or a load of laundry.

Distraction isn't about avoiding a craving but about temporarily diverting your attention and focus until the intensity and risk of relapse subsides.

Physical distraction possibilities include turning to your favorite non-nicotine activity such as music or dancing, a brief period of physical exercise, going for a short walk or bike ride, taking a shower, or something as simple as brushing your teeth.

Should you ever feel a need to vent, try screaming into a pillow, squeezing a tree, or biting your lip. I promise, the pillow won't scream back, you won't hurt the tree, and your lip will heal.

And don't forget about pulling out and reviewing your list of reasons for commencing recovery. While doing so, reflect on possibly adding to the list those benefits not noticed or appreciated until after your healing was underway.

## **Relaxation Crave Coping**

Below are three relaxation exercises that can be practiced and called upon as nicotine cessation crave coping strategies: (1) slow deep breathing; (2) progressive muscle relaxation; and (3) guided imagery.

Before reviewing them, what if an intense craving begins with an argument, and every heated word exchanged is bringing the likelihood of relapse closer?

In order to save your recovery, step #1 is to abruptly end the argument. Let go. All you need to do is say these four words, "You are exactly right," without adding any ifs, ands or butts. [1]

Okay, now that things have stopped getting worse, let's focus on getting you relaxed. There will be plenty of time later to calmly address the root cause of the argument if necessary.



## Slow deep breathing

It is not normal to breathe deeply. Most of us breathe from the chest. It's called shallow breathing. When you breathe deeply, your body takes in more oxygen and you exhale more carbon dioxide. The body "resets" itself to a more relaxed and calm state.[2]

Healthy adults normally breathe at a rate of 12 to 15 breaths per minute. Research shows that slow deep breathing at a rate near 6 breaths per minute - roughly one breath every ten seconds - promotes behavioral relaxation while maximizing heart rate variability and optimizing physiological function.[3]



The problem is that long-term smoking or vaping often damages normal lung function, requiring a greater number of breaths per minute. Thus, for you, the number of breaths per minute may need adjusting.

The use of slow deep breathing as a coping strategy isn't for everyone. Some of us have damaged our lungs more than others. Also, initial attempts at controlled breathing can lead to hyperventilation with lightheadedness. Multiple practice sessions may be needed before trusting deep breathing as a go-to coping strategy.

### Deep Breathing Exercise #1

Allow at least 2 minutes to complete to this relaxation exercise:

1. Sit comfortably or lie down. Place one hand on your stomach and the other on your chest.
2. Breathe in slowly through your nose. Feel your stomach expand as you inhale. If you are breathing from the stomach, the hand on your chest shouldn't move. Focus on filling up your lower lungs with air.
3. Slowly exhale, releasing all the air out through your mouth. Use your hand to feel your stomach fall as you exhale.
4. To begin, try breathing at or near six breaths per minute (about one full inhale and exhale every 10 seconds). Return to normal breathing if you begin feeling lightheaded.[2] If lightheadedness occurs, during your next practice session try adding 1-2 additional breaths per minute.



5. Repeat the above steps up to 10 times.

### **Deep Breathing Exercise #2**

Allow 13 minutes to listen to this relaxation exercise:

- Short Relaxation Exercise by Sharon Morisis, LICSW, CEAP  
( <https://whyquit.com/ffn/audio/short-relaxation-morisis.mp3> ). [4]

### **Deep Breathing Exercise #3**

Allow 9 minutes to listen to this relaxation exercise:

- Deep Breathing Session Relaxation by Kathleen Darchuk, Ph.D, ABPP  
( <https://whyquit.com/ffn/audio/track-1-intro-and-relaxed-breathing-09-12.mp3> ). [5]

## **Progressive muscle relaxation**

Progressive muscle relaxation is the intentional tensing and releasing of successive muscle groups. It's based on the premise that muscle tension is the body's physiological response to anxiety-provoking thoughts and that muscle relaxation blocks anxiety.[6]

A 2015 study found that "progressive muscle relaxation significantly reduces cigarette craving, withdrawal symptoms, and blood pressure in smokers undergoing acute abstinence."[7]

Before attempting the following exercise, stop if any movement causes you pain. Be cautious about stretching or tensing parts of your body that have caused you problems in the past. Consult your doctor first if unsure about safety due to an injury or condition.

### **Muscle Relaxation Exercise #1**

Allow at least 10 minutes to complete this muscle relaxation exercise:

1. Take a few slow, deep breaths. Inhale deeply through your nose with your mouth closed to a count of four. Exhale slowly through your mouth - also to a count four. On the exhale, imagine tension leaving your body, flowing out with each exhale. Repeat this three to four times. If at any point you feel dizzy or light-headed, return to normal breathing.

2. Continue to breathe deeply as you move into the muscle tension and relaxation parts of this exercise. You will begin with your feet and work your way up. As you inhale, tense and hold each muscle for a count of four. Relax that muscle group as you breathe out. Take several breaths before you move to the next part of your body. Allow time to feel the relaxation.



3. Tense the muscles of your feet by pointing your toes and tightening your feet as you inhale. Hold this tension briefly, then relax your toes and feet as you breathe out. Imagine the tension flowing out with your breath. Notice the difference between tension and relaxation.
4. Press the balls of your feet into the floor and raise your heels, allowing your calf muscles to contract. Feel the tension in your calves for a moment. Then release and notice your muscles relax. Again, have the tension and relaxation match your breath.
5. Tighten your knees and allow your legs to straighten. Feel the tightness in the front of your legs. Notice the sense of tension as you inhale. And release on the exhale, allowing your legs to bend and relax back onto the floor.
6. Squeeze the muscles of your buttocks. Notice the feeling of tension as you inhale. Hold this for just a moment. And on your exhale, release and allow your muscles to relax, letting the tension melt away.
7. Continue up through your body. Concentrate now on your stomach. Contract your stomach and continue to breathe. Hold the tension for a count of four. Inhale deeply. As you exhale, let your stomach relax. Again, notice the difference the tension and relaxation.
8. Move your attention now to your hands. Curl your fingers into a tight fist in each hand. Hold your fists tight and notice the sense of tension as you continue to breathe. As you release your fists, let your hands relax back to a natural position. And notice the difference between the feeling of tension and relaxation in your hands.
9. Bend both arms now at the elbow (like Popeye). Flex both of your arms by making fists and pulling your fists up tightly to your shoulders. Notice the feeling in the tensed muscles of your upper arms. Take another inhale and as you exhale and relax your arms down to your sides. Take notice of any change in what you feel as you go from a state of tension to relaxation.
10. Push your shoulders up to your ears now. Hold this “shrugging” position for just a moment. Feel the tension in your neck and shoulder muscles. Feel the tension melt away as you relax your shoulders back down. Continue to breathe in and out.
11. Finish by tensing the muscles in your face. Scrunch your face as if you just bit into something sour. Feel your eyebrows pull together, your eyes pinch tightly shut, and your lips purse together. Notice the sensation of tenseness in your face for just a moment. Then allow your face to relax. Notice the release of tension from your forehead, eyes, cheeks, mouth and jaw.
12. Now, conduct a body scan. Try to find any other spot of tension in your body. Notice it and let it go. Let yourself be still for a few moments. Just experience your relaxed



muscles. Continue to breathe slowly and deeply. Feel any tension flow out. Feel your relaxation grow deeper with each breath.[8]

### **Muscle Relaxation Exercise #2**

Allow 21 minutes to complete the following progressive muscle relaxation audio exercise:

- Progressive Muscle Relaxation Exercise by Kathleen Darchuk, Ph.D., ABPP  
( <https://whyquit.com/ffn/audio/track-3-progressive-muscle-relaxation-20-39.mp3> ) [5].

### **Muscle Relaxation Exercise #3**

Allow 17 minutes to complete this passive muscle relaxation exercise:

- Passive Muscle Relaxation Exercise by Kathleen Darchuk, Ph.D., ABPP  
( <https://whyquit.com/ffn/audio/track-2-passive-muscle-relaxation-17-14.mp3> ) [5].

### **Muscle Relaxation Exercise #4**

Allow 31 minutes to complete this muscle relaxation exercise:

- Progressive Muscle Relaxation Exercise by Dartmouth  
( <https://whyquit.com/ffn/audio/dartmouth-progressive-muscle-relaxation.mp3> ) [9].

### **Guided imagery**

Guided imagery or visualization is "a mind-body technique involving the deliberate prompting of mental images to induce a relaxed, focused state with the goal of achieving such varied purposes as managing stress or pain, promoting healing, or enhancing performance." [10]

"As guided relaxation imagery is learned and practiced, effectiveness of imagery is increased, perceived stress is reduced, and smoking abstinence is maintained." [11] How effective?

A 2005 study divided 71 smokers into two groups. While both groups received educational and counseling sessions in their homes, the intervention group was provided with additional instruction in the use of guided imagery and was encouraged to practice guided imagery at least once per day using an audio-taped exercise for reinforcement.

Smoking abstinence rates at 24-months were significantly higher for the guided health imagery intervention group (26%) than in the control group (12%). [12]



While 26% after two years may not sound inspiring, remember, the only difference between the groups was a single new skill. What if armed with hundreds of recovery insights and dozens of skills? It's my hope and dream that you'll read and sleep upon more than a single topic in a single chapter.

### **Guided Imagery Exercise #1**

Allow at least 2 to 3 minutes to complete the following guided imagery exercise:

1. Position your body in a way that feels comfortable for you (either sitting in a chair or laying on a comfortable surface) and close your eyes.
2. Take a few deep breaths using the deep breathing technique described above.
3. Take a moment to imagine yourself in a scene where you feel relaxed. It can be a place you have been to in your past or a relaxing scene you imagine. It can be indoors or out in nature. Choose something that is calming for you.
4. Although normal to have doubts this will work, give yourself permission to visualize it. Put yourself in the scene.
5. Use your senses to experience the relaxing sights, sounds, smells, textures, and physical sensations in your scene. Fill in as many details as possible.
6. Allow yourself to relax into this scene. Focus your attention on the peaceful calm of this place.
7. Continue to focus your attention on the details of the scene and the feelings of calm that flow from it. See if you can stay with the image for at least 60 seconds.
8. If you find your attention being pulled away by distractions, gently bring your awareness back to the scene. With practice, it will become natural and relaxing. If prone to falling asleep you might want to set a timer to alert you after a few minutes. [13]

### **Guided Imagery Exercise #2**

Allow 8 minutes to listen to this relaxation exercise:

- Mountain Meditation by Peter Morgan, Clinical Psychologist  
( <https://whyquit.com/ffn/audio/mountain-imagery-meditation-peter-morgan.mp3> ) [14]

### **Guided Imagery Exercise #3**

Allow 14 minutes to listen to this relaxation exercise:



- Visualization Relaxation by Kathleen Darchuk, Ph.D, ABPP  
( <https://whyquit.com/ffn/audio/track-4-guided-imagery-13-55.mp3> ) [5]

## Laughter

Let's close relaxation with laughter. First, try to laugh without smiling. Can you do it?  
Notice something missing?

Research shows that laughter activates various muscle groups for a few seconds each, which immediately after the laugh leads to general muscle relaxation which may last up to 45 minutes.[15]

Laughter also induces sporadic deep breathing.[16] There's also evidence suggesting that among those with a sense of humor, that laughter and smiling can result in diminished anxiety and stress.[17]

Baby steps. With each passing day, the challenges will grow fewer, shorter in duration, and generally less intense. It won't be long before you look back and feel a warm smile taking shape as you reflect upon the amazing journey you've made.

Still, just one guiding principle - none today!

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## Mindfulness Crave Coping

Mindfulness is "the quality or state of being conscious or aware of something, a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations." [1]

Simply put, it's the ongoing monitoring of our present-moment experience.



An example? Don't swallow. You'll want to swallow but for now, don't. Like noticing an urge or crave, mindfulness has you focusing on a normal bodily sensation, the urge to swallow.

Can you see the possibilities? Okay, swallow.

A 2011 study found that participants who received 8 mindfulness training sessions over 4 weeks were five times more likely to not be smoking at 4-month follow-up than participants who received no mindfulness training (31% vs. 6%). [2]

An interesting aside in the study, 91% of successful mindfulness participants succeeded by ending nicotine use cold turkey.



Practicing mindfulness in a cravings context involves:

- (1) Awareness: continuously monitoring one's craving experiences in an impartial way so as to refrain from battling or trying to avoid them;
- (2) Acceptance: letting feelings, tensions, thoughts and sensations associated with cravings come and go on their own without judging them; and
- (3) Dis-identification: by seeing and distinguishing one's self as being separate from cravings.[3]

While crave awareness is clearly a prerequisite to accepting or dis-identifying from it, awareness alone is insufficient to effectively manage it. For example, researchers found that awareness alone doesn't alter crave intensity.[4]

The mindfulness factor believed to have the greatest impact on success is dis-identification, the ability to put and see ourselves above the fray; the awareness that cravings reflect healing and where we've been, not who we are, or where we're going.

To quote American psychologist Ken Wilber, "I have a body, but I am not my body. I can see and feel my body, and what can be seen and felt is not the true Seer. My body may be tired or excited, sick or healthy, heavy or light, but that has nothing to do with my inward I. I have a body, but I am not my body."

"I have desires, but I am not my desires. I can know my desires, and what can be known is not the true Knower. Desires come and go, floating through my awareness, but they do not affect my inward I. I have desires but I am not desires."

"I have emotions, but I am not my emotions. I can feel and sense my emotions, and what can be felt and sensed is not the true Feeler. Emotions pass through me, but they do not affect my inward I. I have emotions but I am not emotions."

"I have thoughts, but I am not my thoughts. I can know and intuit my thoughts, and what can be known is not the true Knower. Thoughts come to me and thoughts leave me, but they do not affect my inward I. I have thoughts but I am not my thoughts."[5]

What if moments of crave episode challenge were devoted to focusing upon the feelings, tensions, thoughts, judgments, and sensations associated with it? Not distraction or attraction but heightened awareness of here and now.

## **Mindfulness Exercises and Training**

Most mindfulness training begins by using meditation, breathing and focus as a means to foster inner peace and tranquility. Research confirms the ability of mindfulness to calm anxieties.[5]



### **Mindfulness Exercise #1**

Allow yourself at least 10 minutes to complete this mindfulness meditation exercise:

1. Find a comfortable stable position, either seated, lying down, or even standing (because cravings come to us in all postures) and observe the next several breaths.
2. Focus on an aspect of your breathing, such as the sensations of air flowing into your nostrils and out of your mouth, the cool air entering your nostrils and its warmth as you slowly exhale, or your belly rising and falling as you inhale and exhale.
3. Allow your breathing to slow and deepen. Calm and settle your mind by focusing exclusively upon the feelings and sensations of breathing.
4. Once you've narrowed your concentration in this way, begin to widen your focus. Become aware of thoughts, ideas, and sensations.
5. Acknowledge to yourself, "I'm having the thought that [insert desirous thought]." This will help you step back and watch the craving. Imagine the craving as the voice of your addiction as it tells you that a use-cue has been encountered. Remember, you're the boss and you never have to go in that direction. Simply note what your addiction is saying as you sit back and watch. This is very different than arguing with the craving, fearing it, or trying to force it away.
6. Can you see what cue might have triggered the craving? If so, reflect on the time, place, activity, person, or emotion you'll be rewarded once the use cue is extinguished.
7. Take another breath and mentally try to picture and see your craving. Vividly imagine the shape, color, size, movement, and sounds of your craving. For a single, full, deep breath, just watch and listen to your craving. No need to debate it. It's just there. . . . information being delivered to you, but only a portion of your full reality.
8. Be totally honest about your craving. You are the boss, not this craving. I am having a craving but it's not who I am. I have thoughts about this craving but I am not those thoughts. I have feelings about this craving but I am not those feelings. This craving is creating sensations but I am not those sensations. While this craving has fostered desire, that desire is not who I am. The inner me is infinitely greater than the thoughts, feelings, and sensations associated with this craving.
9. Cravings begin and cravings end. A quest for the full truth, reflect on each thought, emotion, or sensation associated with it, without judging it good or bad. If your mind starts to race, return your focus to your breathing and breathe it away. Then expand your awareness again.



10. Continue until challenge, if any, subsides. Then allow yourself to become increasingly aware of your surroundings as this mindfulness meditation exercise ends.[7],

### **Mindfulness Exercise #2**

Give yourself 19 minutes to complete this mindfulness audio exercise:

- Mindfulness and Meditation by Kathleen Darchuk, Ph.D., ABPP  
( <https://whyquit.com/ffn/audio/track-5-mindfulness-and-meditation-18-16.mp3> ) [8].

### **Mindfulness Exercise #3**

An excellent 8 minute YouTube video by Dr. Jennifer May describing mindfulness urge surfing. As you'll see, the swallowing exercise above was Dr. May's idea:

- Mindfulness Urge Surfing ( <https://youtu.be/RIA2ewXayTc> ) [9].

### **Mindfulness Exercise #4**

Allow 19 minutes to complete this mindfulness audio exercise:

- Breath, sounds, body, thoughts, emotions ( <https://whyquit.com/ffn/audio/ucla-mindfulness.mp3> )[10].

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1. Lexico, mindfulness, <https://www.lexico.com/en/definition/mindfulness>, accessed June 2, 2020.
  2. Brewer JA et al, Mindfulness training for smoking cessation: results from a randomized controlled trial, *Drug and Alcohol Dependence*, Dec. 2011, Volume 119(1-2), Pages 72-80.
  3. Lacaille J et al, The effects of three mindfulness skills on chocolate cravings *Appetite*, May 2014, Volume 76, Pages 101-112.
  4. May J et al, Less food for thought. Impact of attentional instructions on intrusive thoughts about snack foods. *Appetite*, 2010, Volume 55(2), Pages 279–287.
  5. Ken Wilber, *No Boundary: Eastern and Western Approaches to Personal Growth*, 1979.
  6. Agency for Healthcare Research and Quality, *Meditation Practices for Health: State of the Research*, Evidence Report/Technology Assessment Number 155, AHRQ Publication No. 07-E010, June 2007.
  7. Four sources were relied upon in creating this mindfulness exercise. I combined my personal crave coping insights with (1) Harvard Medical School, Two mindfulness meditation exercises to try, <https://www.health.harvard.edu/alternative-and-complementary-medicine/two-mindfulness-meditation-exercises-to-try> Accessed 07/04/20, mixed with (2) an article by Mitch Abblett entitled, How to Be Mindful With Your Cravings, <https://www.mindful.org/how-to-be-mindful-with-your-cravings/> Accessed 07/09/20, with (3) the quotes from Ken Wilber (footnoted above).
  8. U.S. Department of Veterans Affairs, Harry S. Truman Memorial Veterans' Hospital, Relaxation Recordings by Kathleen Darchuk, Ph.D., ABPP, [https://www.columbiamo.va.gov/services/Relaxation\\_Recordings.asp](https://www.columbiamo.va.gov/services/Relaxation_Recordings.asp) - Accessed 07/04/20
  9. May J, DBT - Mindfulness - Urge Surfing, May 31 2020, <https://youtu.be/RIA2ewXayTc> - Accessed 07/09/20
  10. Mindful Awareness Research Centre, UCLA, Breath, sounds, body, thoughts, emotions, <http://www.freemindfulness.org/download> - Accessed 07/09/20
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## Oral Crave Coping

Oral coping is a form of crutch substitution. Imagine the possibility of oral substitution fostering conditioning which survives weeks, months, or years after nicotine use ends and challenge subsides.

While water provides a subtle and healthy "aaah" wanting relief sensation, what would happen if water had become your mind's primary crave coping response and it was suddenly unavailable when a crave arrived?

While water is healthy and calorie-free, be careful that it doesn't become your go-to crave defense.

Any oral coping strategy that imitates nicotine use, or the handling of any object that imitates your nicotine delivery device, should be avoided.

Imitating any addiction-related behavior helps maintain that behavior, may delay suppression of old use memories, invites use fixation, prolongs recovery, and thus elevates risk of relapse.

Research has found that using food or drinks for crave coping results in marginally higher post-coping urge levels.[1]



Reaching for food as an oral crutch can obviously add extra demoralizing pounds. If you find yourself headed for the kitchen, take aim at healthier foods. Can you eat an entire apple in 3 minutes? If so, that's 80 calories and 4 grams of fiber.

As for other healthy oral "aaah" substitutes, 5 asparagus spears are 20 calories, one medium-sized stalk of broccoli is 50, a seven-inch carrot is 40 calories, one-sixth of a medium head of cauliflower or two medium stalks of celery total 25 calories, a medium

cucumber is 45 calories, a medium orange 80, one medium peach is 40 calories, seven radishes total 20, eight medium strawberries are 70, and one medium tomato is 35 calories.



More than half of all relapses associated with alcohol or use of "recreational 'drugs (52 percent),[2] the only oral crave coping technique worse is reaching for nicotine gum, nicotine lozenges, or any other substitute form of nicotine delivery.

Ask yourself this if feeling tempted by the "relief" lies peddled in the next Nicorette commercial you see. Where are they? The cornerstone of "science-based" smoking cessation since 1984, where are all the successful nicotine gum quitters?

While a 2013 Gallup Poll found that 1 percent of successful quitters credited nicotine gum for their success, what portion of that 1 percent had simply transferred their dependency and become permanent slaves to it?[3]

If you find yourself reaching for something more substantial than a toothpick or toothbrush, make sure it isn't fattening, that will always be available within seconds, and something you'd be able to do anywhere and anytime for years to come. As Joel suggests, about the only thing that meets that definition is slow deep breathing, which passes air through the mouth.[4]

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1. O'Connell KA, et al, How Does Coping Help People Resist Lapses During Smoking Cessation? Health Psychology, Jan. 2007, Volume 26(1), Pages 77-84.

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

3. Gallup, Most U.S. Smokers Want to Quit, Have Tried Multiple Times, July 31, 2013, <https://news.gallup.com/poll/163763/smokers-quit-tried-multiple-times.aspx>

4. Spitzer J, Using deep breathing as a safe and effective quitting aid, March 20, 2018, <https://youtu.be/BTm9LDFrvow>

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## **Seasonal, Holiday and Infrequent Use Cues**

Expect to arrive home with a few seasonal, holiday, and infrequent use cues not yet encountered and extinguished.

Infrequent cues may be associated with a vacation, a wedding, death, funeral, meeting an old friend, or an illness. Infrequent cues have their own histories.

For example, when a cold or flu struck while still using, it likely diminished use, thus possibly adding early withdrawal to the illness. When your cold or flu symptoms started to improve you may have gone on a nicotine-use binge, inhaling as much, as quickly as you could in an effort to catch up.



Thus, you may have trained your subconscious to expect a sudden increase in use following an illness.

The good news is that any remaining subconscious use associations after arriving on Easy Street were likely weak, to begin with, as death and serious illness were hopefully rarely experienced.

Also, like any relationship, the mind's crave anxiety generator depends heavily upon vibrant and reinforced new use memories for its punch. No new use memories are serving as memory bank infusion reminders for thousands of old use memories. Thus, your crave generator may become so weak over time that future episodes become laughable reminders of your journey home, and an aid to fending off complacency.



During your second nicotine-free lap around the sun, with few exceptions, nearly all nicotine use cues will have been extinguished. Oh, you'll still have conscious use thoughts now and then (Chapter 12). But if you have let go of your junkie use thinking, they too will grow rare, harmless, and laughable.

Now that you know more about subconscious recovery than most physicians (as few medical schools devote any class time to studying cessation), what if it were possible to minimize or eliminate crave episodes altogether? What if use cue extinction could occur without crisis?

The next chapter, Chapter 12, reviews the primary source of crave episode anxieties, our thousands of old nicotine replenishment memories documenting use having satisfied wanting, and the scores of explanations we invented to explain why we would soon use again.

There's still just one rule. It's that one equals all, that lapse equals relapse, that just one puff and nicotine will activate the same brain dopamine circuitry that makes going without eating seem nearly impossible. Why pretend or expect a different result? Still only one rule ... none today!







## Chapter 12: Conscious Recovery

### The Final Truth

This chapter is about journey thinking. The final yet longest layer of recovery is rooted in the time needed to move beyond the influence of use related memories, thoughts, and beliefs. This chapter's objective is to accelerate conscious recovery.

But how? Relationships don't exist in isolation, especially controlling ones. They're built upon foundational memories. So, let's shine light upon both.

We'll do so by focusing on the truth about that pile of old wanting satisfaction memories, the anxiety generating seeds that for years made us fear coming home.

To summarize, why invite torment by the lie that each memory tells, that use is the solution to wanting? Also, why continue to be teased by a biological need to feed that no longer exists within 2-3 weeks of ending use?

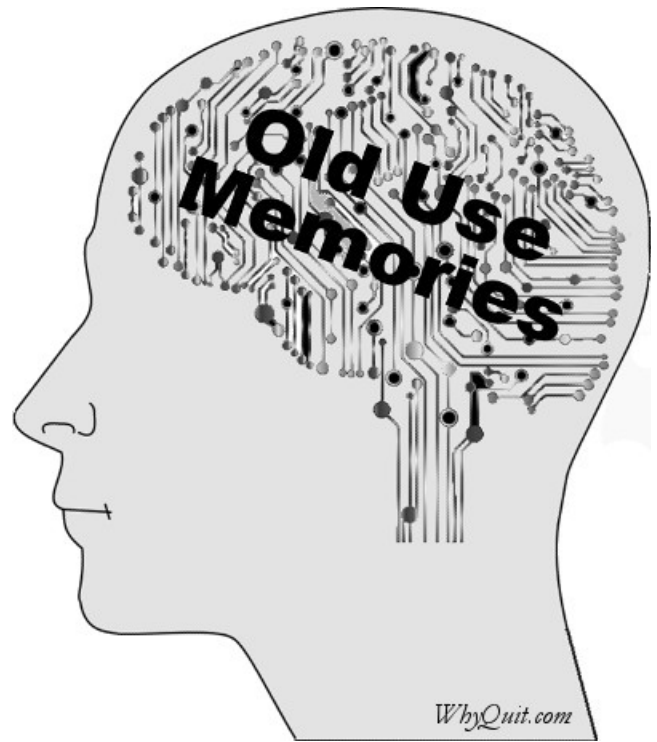
Next, we'll reflect upon existing use-beliefs that our lack of dependency understanding may have forced us to invent.

In summary, why allow use explanations created inside a mind that knew almost nothing about chemical dependency to combine with thousands of old wanting satisfaction memories, so as to fuel and drive irrational fears, anxieties, or even panic?

Imagine the serenity if able to totally let go. Imagine a quiet mind comfortably and confidently moving on.

Why not give truth a chance?

While freedom begins the moment we say "no" to more, truth offers the potential to accelerate transforming "no" into calm.





Although I have no idea where you are in recovery, or if you've even started yet, let's assume for a moment that you're almost home.

You adopted a do-able "one day at a time" or "one challenge at a time" recovery outlook that's kept you rooted and grounded in here and now. You mastered patience during a less than 5 minute crave episode clamoring for compliance. You stuck with it for the up to 72 hours needed to rid your body of nicotine. At last, you were clean!

Your healing and glory continued for the two to three weeks needed to re-sensitize and down-regulate receptor counts, allowing your brain to fully adjust to functioning without nicotine.

You confronted and extinguished all but isolated, infrequent, holiday, or seasonal subconscious use cues. You're now less than a week away from that first full day of total and complete mental quiet and calm, where you never once think about wanting to use.

Still, there are moments each day where your mind is occupied with thoughts of using. The waning tease of years of old "aaah" wanting satisfaction memories continue to call, each proclaiming the falsehood that the way to end wanting is to use.

It normally goes something like this. Your eyes, nose, or ears detect some aspect of use, or a fleeting thought turns your attention to the subject of using.

Before you know it, old use memories begin suggesting that use calms desire. An internal debate begins as an old use justification enters your mind and bumps heads with the reality that you've already stopped.

Before examining the use rationalizations that may surface, let's reflect on a few truths about the pile of old use memories that will awaken it. Why? Because while we can't erase them, honest light can diminish or possibly even eliminate their pester and tease.

Recall the 1990 Brandon study reviewed in Chapter 2. It followed and examined lapse and relapse in smokers who'd successfully completed a two-week cessation program.[1] It also documented the primary emotion they felt immediately following lapse.

Assume that many of them were close to where I've asked you to pretend you are now, a week away from your first full day without wanting.

You've already succeeded in fully navigating physical withdrawal. There's no chemical missing and nothing needs replenishment. Your brain has fully re-sensitized and down-regulated.

The biological need for nicotine in order to maintain the addict's sense of "nicotine normal" no longer exists. Your brain's sense of normal (homeostasis) has been restored.



Background dopamine levels (tonic levels) are elevated, and their decline no longer induces wanting for nicotine.

So, with nothing missing, what would be the primary emotion you'd expect to experience if you lapsed and used nicotine? According to the Brandon study, the vast majority had a negative reaction.

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

If we visit online recovery forums and dig back through messages describing relapses that occurred beyond the first couple of weeks, those describing the sensations experienced have a common ring.

They read like this, "I had a mouth full of smoke, I was dizzy and I coughed, but I didn't get the sense of satisfaction I expected. It just didn't come!"

Lizzy was a member of WhyQuit's Freedom support site when she wrote:

"The first cigarette after four years tasted like Luther's Boot. It was horrible. I smoked the whole thing wondering why I was smoking it (answer: tequila and complacency). I woke up the next morning feeling worse than any hangover could possibly feel, because I wasn't hungover."

"I'd inhaled poison the night before. My head was killing me, I felt nauseous and my lungs felt as though I'd sucked up broken glass. There was no 'aaah' feeling. It was more like 'aauugghh!!!' What had I done to myself?"[2]

Thousands of enticing old use memories stored in her prefrontal cortex had told Lizzy to expect a sense of relief and satisfaction, that use would satisfy wanting.

But in that her brain had already fully adjusted to functioning without nicotine years earlier, her desire was memory-based, and the expected "aaah" wasn't there. Unlike when those old "aaah" sensations were recorded, there was nothing missing and nothing in need of replenishment.

Memories suggested a physical need that no longer existed. It's normal to blame each use-memory's tease on the absence of nicotine, thus, in our minds, transforming the culprit into a cure.

So, with great expectations, Lizzy took that first hit of nicotine and it failed to measure up.



What happens next? Sadly, the uneducated user is likely clueless as to why lapse didn't match expectations. They'll find the absence of an "aaah" wanting relief sensation hard to believe.

Deep down, they know that the satisfaction message being shouted by thousands of old replenishment memories was true when made.

Although relapse has already occurred and full-blown wanting and begging will soon return, they'll likely keep digging inside the pack, cartridge, tin, pouch, or tube, attempting to get use to match expectations.

Eventually, they'll succeed. Active dependency is soon restored, often with an increase in the level of use (a tolerance increase possibly due to nicotine binge gorging following relapse).

Now, they can look in the mirror and say to themselves, "See, I was right." "Smoking did bring me a relaxed "aaah" feeling and a sense of relief!"

Still, the basic wanting satisfaction message suggested by each old use memory was a lie, even at the very second that the memory was formed.

There's no denying that while still actively using, that sagging blood nicotine levels reduced background or tonic dopamine, which generated wanting. Each nicotine fix stimulated the release of a burst of dopamine (a phasic release) which briefly elevated tonic levels and temporarily satisfied wanting.

But the bedrock truth is, use cannot and does not end wanting. To the contrary, it's the only way to ensure that urges return. Truth is, the only way to end wanting is to navigate this temporary period of re-adjustment called recovery.

Still, how could we not believe them? Each use generated a new high-definition dopamine pathway memory documenting exactly how wanting was satisfied. Collectively, daily, thousands of old such use memories pounded home the falsehood that use is the answer to wanting.

Addiction isn't magic. It's about the influence of countless wanting satisfaction memories in collectively forming a prison cell. Ever thickening walls prevented us from seeing the truth. While we may have dreamed of breaking free, urge anxieties made it hard to take escape seriously.

I hope you never forget that every memory of that "perfect" fix was created inside the mind of an actively feeding drug addict riding an endless cycle of nicotine/dopamine highs and lows. While documenting a brief pause in wanting, they belong to who we once were.



Trapped and living from fix to fix, it was vastly easier to simply invent justifications for that next mandatory feeding.

Real drug addicts in every sense, we needed a less harsh explanation. Still human, our dignity and self-esteem needed to survive.

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1. Brandon, TH et al, Postcessation cigarette use: the process of relapse, *Addictive Behaviors*, 1990; 15(2), pages 105-114.
  2. LizzyB, The Final Truth, Response #11, *Freedom from Nicotine*, June 26, 2006.
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## **Dignity's Denial**



As teenagers, what most of us thought would be a brief rebellious experiment was quickly transformed into a powerful permanent chemical addiction, as occasional nicotine use became regular, and optional use mandatory.

Studies confirm that for some of us it only took coughing and hacking our way through a couple of cigarettes before servitude's shackles started tightening.[1]

Five, ten, fifteen nicotine fixes a day - when would enough be enough? "Tomorrow, tomorrow" became the lifetime cry of millions.

Welcome to the realities of chemical servitude, a world built upon lies.

Science calls our lies denial. Denial is an unconscious defense mechanism, just below the surface, for resolving the emotional conflict and anxieties that naturally arise from living in a permanent state of self-destructive bondage.

The four primary categories of denial relied upon by nicotine addicts are (1) dependency denial, (2) cost denial, (3) recovery denial, and (4) relapse denial. In each, ignorance is relied upon or truth is sacrificed for peace of mind or to justify use.



Nearly every nicotine addict we'll see today is insulated from the pain of captivity behind a wall of denial rationalizations, minimizations, fault projections, escapes, intellectualizations, and delusions.

Together, they create the illusion that a problem either doesn't exist or is somehow being solved.

The average addict musters the confidence to challenge their addiction once every two to three years. Not knowing the Law of Addiction and fighting in darkness, each year, only about 1 in 20 attempts succeed in breaking free for an entire year.

With respect to smoking, by far the most destructive and deadliest form of nicotine delivery, eventually roughly half successfully commit slow-suicide via smoke's toxins.

While COVID-19 is currently on track to kill 1 million worldwide during 2020 (as of July), each year tobacco kills more than 5 million, one-quarter during middle-age.

Yes, more than five million senseless self-destructions annually. They stand as irrefutable evidence of denial's depth in insulating us from the extreme price paid with each puff, a bit more of life itself.

Once we've accepted that the basic message delivered by thousands of old replenishment memories is false, this final layer of recovery offers the opportunity to smile or even laugh at use explanations once deeply believed.

First, let's be clear. We need not do anything to succeed except to fully end use. It's how the vast majority of "real-world" ex-users did it.

They simply remained patient and allowed sufficient time to pass until both the tease of their pile of old wanting satisfaction memories and use justifications born of them faded into calm.

Can we accelerate the process by seeing the truth about both? Absolutely!

Imagine having a brain wanting disorder, a mental illness as real and permanent as alcoholism and not knowing it.

Imagine residing inside a chemically dependent mind yet not realizing that it had desensitized itself by growing millions of extra receptors in multiple brain regions. Imagine zero awareness that, through cascading, nicotine controls the flow of more than 100 neurochemicals inside our body.

But we didn't need such details in order to know that we were hooked. Hundreds or even thousands of times previously we'd experienced increased anxieties after having waited



too long between feedings. Deep down, we knew we'd lost the ability to simply turn and walk away.

And even though we tried to tune it out, we also couldn't help but hear the dull roar of findings from an endless stream of new medical studies. They reminded us that our addiction to nicotine was unsafe and gradually damaging us, including fostering early dementia, with memory erosion so slow that it was likely, as yet, unnoticed.

Studies warned of the deadly consequences of continuing to inhale the up to 81 cancer-causing chemicals so far identified in cigarette smoke, or the 28 found in smokeless tobacco. We knew we were slowly building cancer time bombs throughout our bodies. What we didn't know was how to stop building and start diffusing.

So how did our conscious mind cope with the sobering reality that our brain was slave to its own self-destruction? How did we look in the mirror each morning and maintain any sense of dignity, self-worth, or self-respect while constantly being reminded that we were prisoners to dependency, decay, disease and death?

As smokers, how did we cope with each day bringing us closer to completing the act of committing chemical suicide? It was easy. We learned to lie.

We called upon our intelligence and conscious mind to help build a thick protective wall of denial that would insulate us from our dependency's hard, cold realities. Our basic wall building tools were conscious rationalizations, minimizations, and blame transference.

We could then hide behind the wall when those on the outside felt the need to remind us of who we really were, and what we were doing.

It was also a place to hide when craves and urges reminded us that nicotine use was no longer optional, a home to explanations for our involuntary obedience to them.

Although nicotine's two-hour half-life was the basic clock governing mandatory feeding times, we became creative in inventing alternative justifications and explanations. While most of us admitted to being hooked, we minimized the situation by pretending that all we really had was some "nasty little habit," or that we were smarter and safer than cigarette smokers.

In our pre-dependency days (if there were any, as some of us were born hooked), there was no dopamine pathway wanting motivating use. But once feedings became mandatory, it didn't matter how we felt about them. Choice was no longer an issue.

Even if we didn't fully appreciate our new state of permanent chemical captivity, we rationalized the situation based upon what we found ourselves doing.



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

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## The Joy of Smoking?

Out on the town, you watch as your good friend Bill lights-up and sucks down a deliciously deep puff, and then lays the pack on the table between you.

Cindy, your talkative co-worker, blows smoke your way while gloriously waving her cigarette like a conductor's baton.

Arthur and Denise, two smoking strangers, gravitate toward one another and engage in light-hearted conversation while guarding a store's entrance.



While stopped at a light, in the car beside you, Ellen inhales a deep and relaxing puff.

"Oh but to again share in the joys of smoking," you think to yourself, "to puff, to taste, to blow, then relax."

The joys of smoking? Joy?

Yesterday, Bill stepped in a pile of dog dung but failed to notice until he turned and was puzzled by the strange brown tracks across his sky blue carpet that led to his right shoe. Bill's sniffer has been almost useless for more than 20 years.

A pack-and-a-half a day smoker, he's experienced two cases of pneumonia over the past 3 winters, with the last one putting him in bed for 6 days. Struggling for each breath, Bill still managed to smoke a couple each day. His doctor has pleaded with him for years to stop. But, having already tried and failed using every new product his doctor recommended, he feels like a total and complete failure.

Cindy's two teenage sons harass her almost daily about her smoking. They can't walk anywhere as a family without her cigarette smoke finding the boys. When it does, they make her want to crawl into a hole, as they both start coughing and gagging as if dying. When smoking, they never walk together. It's either ahead or behind for mom.



Her parents are non-smokers. She dreads the seven-hour drive to their home next week but can no longer make excuses for visiting only once in 3 years. Cindy knows that they'll pass three rest areas along the interstate, but it will be difficult to fib about having to go to the bathroom at all three. Two will have to do.

The date of the trip arrives. She skips making breakfast to ensure that the boys will demand that they stop to eat along the way. Cindy shakes her head after coming back in from loading up the car. Not only does she have a cigarette in her hand, the ashtray on the table is smoking one too.

Before leaving town, she stops to fill up with gas. She feels far more secure after stuffing three new packs into her purse while sneaking two quick puffs on the way back to the car.

Arthur, a 54-year-old pack-a-day smoker, has small cell lung cancer in his upper right lobe. His fast-growing tumor is now almost three months old and a little bigger than an orange. As he sits rolling coins to purchase the 20 milligrams of mandatory daily nicotine needed to stay within his comfort zone, he does not yet know he has cancer.

Although he has twice coughed up a small bit of bloody mucus, he quickly dismissed it both times. Frankly, he just doesn't want to know. There is a bit of chest pain but that's nothing new, as chest tightness has occurred on and off for the past couple of years.

Additional thick bloody mucus will soon scare Arthur into a doctor visit and a chest x-ray. The delay will cost him a lung.

During the 4 months that follow, he'll battle hard to save his life. In the end, Arthur will lose. His fate is the same as 92% diagnosed with stage III small cell lung cancer, death within five years.

A workaholic, Ellen has done very well financially. Her life seems to have everything except companionship.

A two-pack-a-day smoker, she constantly smells like a walking tobacco factory and often turns heads and noses when entering a room. A serious chain-smoker, she tells those around her that she enjoys her cigarettes.

Deep down, she knows that she is a drug addict and believes that she just





can't quit. Her car windows, house blinds, and forehead continually share a common guest, a thin oily film of tobacco tar.

Ellen has a date next Friday with a pack-a-day smoker named Ed. They'll find comfort in sharing their addictions.

Denise started smoking at age 13 while her lungs were still developing. Constantly clearing her throat, now, month by month her breathing capacity continues to slowly deteriorate. Smoking lines and wrinkles above and below her lips have aged a once attractive face far quicker than its 32 years.

Considered "cool" when she became hooked, the government has since banned smoking in all public buildings. The headline in the local paper she's holding is about the city proposing a ban on smoking in the park across the street.

About to lose her smoking park bench and feeling like a hopelessly addicted social outcast, a single tear works its way down her cheek.

Why? Because 15 pounds overweight to begin with, a year ago Denise successfully broke free for almost 2 months by exchanging cigarettes for a new crutch called food. She threw in the towel after outgrowing her entire wardrobe. Three months following relapse and still depressed over her defeat, nearly all the new weight remains with her.

Already on high-blood pressure medication, Denise is about to become a regular user of anti-depressants too.

The joy of smoking? Joy?

Fortunately for Denise, a caring friend will tell her about a free online forum called WhyQuit.com. There, Denise will discover the core principles underlying her almost two decades of chemical dependency upon nicotine.

She'll develop the patience, outlook, and understanding needed to navigate this temporary period of re-adjustment called recovery. She'll also develop the mental skills and healthy body needed to successfully tackle her unwanted pounds. How? Just one ounce at a time.

All that matters are the next few minutes and each is entirely do-able. There will always be only one rule that comes with a 100% guarantee of success for all who follow it ... no nicotine today!



## Tearing Down the Wall

In Chapter 4 we reviewed common use rationalizations. We learned that Nicodemus does not exist. Nor are there any other internal monsters. Repeated use fathered dopamine pathway chemical dependence. Dependency combined use patterns, conditioning, sensations, and rationalizations to father a full-blown addiction.

We were reminded that nicotine is not a friend and using isn't about love, flavor, pleasure, boredom, concentration, making coffee taste better or stress reduction.

Such rationalizations insulated us from a harsh world that was often in our face and just wouldn't let up. They were bricks in a protective wall made thicker by each empty pack, cartridge, tin, pouch, tube, bottle or box. Our only wall building limitation in adding new bricks was our imagination.

Have you ever noticed just how challenging it is to coax a smoker or oral user out from behind their wall? Give it a try. It's one of life's greatest challenges.

After years and hundreds of additions, like a turtle drawing into its shell, it's a solid and secure place to hide from those seeking to impose their will upon us.

Dependency's protectors, during recovery the wall's bricks become the enemy.

Unchallenged, they provide super fuel for relapse. Especially here, during recovery's final phase, once no longer clouded or obscured by physical, emotional, or subconscious challenge.

Here, a simple sight, sound, or smell can awaken our use memory bank's collective influence. Its tease invites remaining use rationalizations to surface. Combining old use memories with a use justification can leave the new ex-user feeling overwhelmed and debating whether it's all worth it.





Rest assured and take heart. The peace and tranquility once addiction's chatter ends is worth thousands of times more than the price of admission.

Again, it's not necessary that any of us set out to intentionally dismantle our wall of denial. Time will eventually wear it down so long as -- just one hour, challenge and day at a time -- we keep our dependency under arrest.

But in that our wall simply reflects rationalizations that we ourselves created, we have it within us to rethink each, thus diminishing or even destroying their influence upon us.

Still, that's easier said than done. Why? Because each use justification is rooted in truth avoidance, the exact opposite of what's needed to let go of it.

### **"Just think about something else"**

Our natural instinct is to try to ignore or suppress "junkie thinking" when it attempts to play inside our minds. "Just try to think about something else."

Research shows that attempts at thought suppression may actually have the reverse effect of causing the thought to intrude with greater frequency into our consciousness.[1]

Trying to think about something else often backfires making things worse. As my mentor Joel notes, the core of most internal debates likely involves fixation on the thought of having "just one," "one puff," or "one fix."

"It's hard to think about something else because one puff seems like such a wonderful concept. They are often reminiscing about one of the best cigarettes, or more accurately, about the sensation around one of the best fixes they ever had. It may be one they smoked 20 years earlier but that is the one they are focused on," notes Joel.

"So what about thinking about something else? Well, it's hard to think of something else that can deliver such pleasure as this magic memory," suggests Joel. "Even if they successfully think of something else and overcome that urge, they walk away from the moment with a sense of longing or sadness with what they have just been deprived of again."

Keep in mind that their "pleasure" and "magic memory" is likely associated with ending one of the most intense moments of wanting their addiction ever mustered.

So, what works instead? "Change the tactic," advises Joel. "Instead of trying (often unsuccessfully) to think of something else, acknowledge the desire.

Don't tell yourself that you don't want one, you do and you know it."



"But remember, there is a catch. To take the one you have to have all the others with it. And with the others, you have to take all the problems that go with 'them.' The smell, the expense, the embarrassment, social ostracization, the total loss of control, and the health implications."

Joel encourages us to see "just one" for the falsehood it reflects. By thinking about the entire spectrum of dependency that comes with "just one" we can walk away from the encounter feeling good about it. We won't feel deprived but grateful.

The more vividly and accurately we're able to recall full-blown dependency, the less we'll think about it. "In a sense forcing yourself to remember will help you forget," Joel notes. "Not forget using, but the fantasy, the appeal of a nicotine fix." [2]

As with this example of "just one" or "just once," instead of trying to run or hide from use rationalizations that enter your mind, grab each by the horns. And don't let go until you've turned it inside out.

Think about the enslaved mind that created it. How much did any of us then know about nicotine dependency?

Examine each rationalization in honest light. Do you recall where it came from? Is that how you felt the very first time you used nicotine? Does tobacco industry store flavor, pleasure, or adventure marketing play to it?

Would relapse somehow make the rationalization permanently go away, or instead guarantee its survival? Can you say with certainty that it's true and honest, or was it invented by a mind that needed justification for answering nicotine's next dinner bell?

Whether we choose to attempt to destroy rationalizations with honesty or wait for new non-use memories to bury them, the day is approaching when you'll awaken to an expectation of going your entire day without once wanting to use.

Oh, you'll still have thoughts now and then, but with decreasing frequency, shorter duration, and declining intensity. They'll become the exception, not the rule.

They say that "truth shall set us free." But there's an even better guarantee. It's impossible to lose our freedom so long as we refuse to allow nicotine back into our bodies.

The next few minutes are all that matter and each is entirely do-able. Thoughts or no thoughts, there was always only one rule ... no nicotine today, NONE (NO Nicotine Ever)!

### **More Lies**

Chapter 4 reviewed 20 of the most common and most threatening use rationalizations. My aim was to provide an early hefty dose of protective truth to aid those starting home early.



Let's recall them while adding 33 more. But why? Because use justifications invaded nearly every aspect of our thinking. Unless willing to let go, we not only risk becoming a reluctant ex-user, down the road, they become complacency's seeds for relapse.

Letting go requires awareness that something is being retained. While we each invented our own unique list of use excuses, between Chapter 4 and here we'll hopefully touch on most.

It's my hope that the following additional examples provoke awareness of additional areas of use thinking in need of honest reflection.

As mentioned earlier, almost all conscious rationalizations fall into one of four categories: (1) dependency, (2) cost (3) recovery, or (4) relapse.

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1. Rassin E, et al, Paradoxical and less paradoxical effects of thought suppression: a critical review, Clinical Psychology Review, Nov. 2000, Volume 20(8), Pages 973-995.
  2. Spitzer, J, Just think of something else., <https://whyquit.com/joels-videos/just-think-of-something-else/>," August 31, 2002.
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## Dependency Rationalizations

Dependency rationalizations seek to deny or minimize being hooked or suggest alternative reasons for continuing use. Let's look at a few examples.

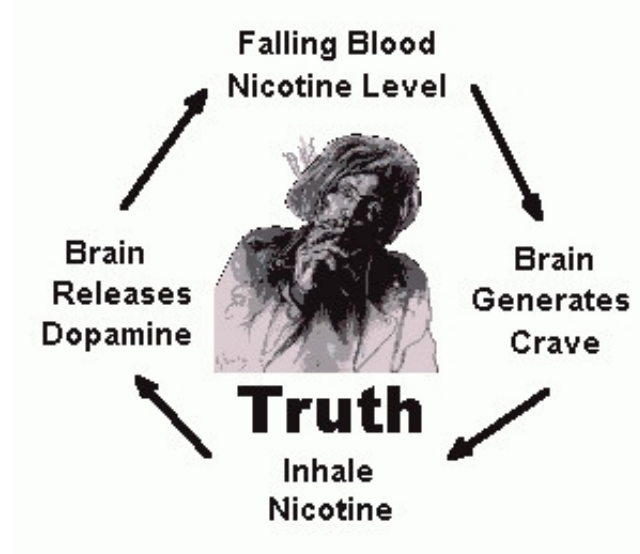
We reviewed the following dependency rationalizations in Chapter 4:

- "It's my choice and I choose to use."
- "It's just a nasty little habit."
- "I'm just a little bit addicted."

Can you see the common thread? "I'm not a real drug addict." "I use for reasons other than need."

Here are 7 additional dependency rationalizations. As you review them, reflect on the justifications you used to explain why you kept using?

- "I don't even know if I'm hooked. I've never tried stopping."





Some have never made a serious recovery attempt. But why? What better way of never having to admit chemical dependence or experience defeat than by avoiding evidence that a problem exists?

- **"I only use once daily!"**

Some rationalize that their use level is too little to be addicted or they fib about how much or often they use. Either way, the objective is the same, to deny that a problem exists, to be different or better than other users.

The level of tolerance varies greatly among dependent users. Like many of us when we first started using, some are able to go 3 to 4 days without. The need for such minimization is itself evidence of denial. Being a little bit addicted is like being a little bit dead.

- **"I don't use!"**

Even worse are the closet smokers like my grandma Polito who constantly tried to convince us that the thick cloud of smoke rolling out of the bathroom behind her simply wasn't there. How much more visible could denial be?

- **"I only smoke because it gives me something to do with my hands."**

Whittling wood, knitting and juggling are also things to do with our hands and they don't come with a 50 percent chance of our life ending 13-14 years early.

Such weak dependency denial rationalizations ignore that doodling with a pen, playing with coins, squeezing a ball, or using strength grippers may be habit-forming but are non-addictive. While we might get ink on ourselves, become rich, or develop massive forearms, our chance of serious injury, disease, or death is likely near zero.

- **"It's my right to blow smoke!"**

Truth is, we were chemically obligated to blow smoke. And as far as smoker rights or vaping rights, they continue to evaporate. Social controls to protect the rights of non-smokers continue sweeping the globe.

If inhaling nicotine truly is as addictive as heroin, should we be surprised as society continues its march toward banning use within view of children? It's already happening in parks, on beaches, on hospital grounds, and on entire college campuses. It's also increasingly an issue in determining child custody and visitation rights and obligations in divorce actions.

And where permitted by law, employers are beginning to refuse to hire those testing positive for nicotine or cotinine.



- **"These new flavors are fantastic!"**

Pina colada, pumpkin pie, watermelon, pralines n' cream, marshmallow, raspberry cheesecake, peach schnapps, maple, sugar cookie, key lime, chocolate mint, bubble gum, pineapple, flavored e-liquid nicotine is today available in every flavor imaginable.

The neo-nicotine industry is providing those hooked on replacement nicotine or e-cigarettes plenty of reasons to explain continued use.

But how many chew expensive cinnamon or fruit-flavored nicotine gum 5, 10, or 15 times daily because of great tasting fruit, mint, or cinnamon? How many really chew or vape cappuccino flavored nicotine because of a deep love for the taste of coffee?

And where does the e-cig user turn when their last atomizer breaks? A straw maybe? Slow deep breaths? I don't think so.

- **"I'll cut down or smoke just one now and then."**

Such rationalizations pretend that chemical dependency is some nasty little habit capable of manipulation, modification, and control. We are drug addicts. Although accompanied by alertness, the dopamine pathway wanting we feel for nicotine is no different from the wanting felt by the crack, heroin, or meth addict.

While possible to gradually diminish your level of tolerance over time, attempts to do so may leave you in a perpetual state of low-grade withdrawal. While users may adjust to using less often, they can compensate by puffing, chewing, or sucking harder, or if addicted to inhaled nicotine, by sucking deeper and holding it longer.

Dependency's bottom line? How can one get to where they want to be without knowing where they stand? Once there, imagine not knowing or accepting the sole rule determining how long you get to stay.

My primary protection against relapse, it's why, 21 years later, I have zero hesitation in reminding myself who I am.

My name is John and I'm a recovered nicotine addict who remains just one puff away from throwing away my greatest personal accomplishment ever.



## Cost Rationalizations

What do nearly all nicotine addicts have in common? To varying degrees, damaged DNA.[1]

Cost rationalizations either deny or minimize use-induced harms or costs. Why? Because, why stop if it's safe to inhale nature's most potent insecticide, or if my health issues can be blamed on something else?

We reviewed the following cost rationalizations in Chapter 4:

- **"I'm still healthy."**
- **"I'd gain weight and that's just as dangerous."**
- **"Nicotine is my friend."**
- **"I vape e-cigs and they're vastly safer."**



To again briefly touch on vaping, while e-cigarettes are likely substantially safer than combustible cigarettes, they're still as risky as hell. It'll be decades before science has a reliable understanding of the "average" long-term vaping risks.

I say "average" because, with so many different devices, power settings, additives, flavorings, and nicotine levels, some users are likely exposed to significantly greater risk than others.

- **"I use smokeless tobacco and that's far safer."**

While in most regards true, safer than deadly is miles from safe. And some smokeless risks are actually greater.

Have you ever wondered why mouth or oral cancer hits smokeless tobacco users hardest? While smokers are 6 times more likely to develop mouth cancer than non-smokers, smokeless tobacco users are 50 times more likely.[2] How can that be?

Tobacco-specific nitrosamines (TSNAs) are a highly potent group of cancer-causing chemicals that include NNAL, NNN, NAT, and NAB. A 2020 study examined 11,000 adults and found that the mean nitrosamine level in smokeless tobacco users was 993.3ng/g, a rate 3.5 times higher than the 285.4ng/g found in smokers.[3]



And it's not just mouth cancer. A 2008 study found that the odds of a smokeless tobacco user experiencing a fatal ischemic stroke were 72% greater than for non-users.[4] How many more years before e-cig users know their stroke risks?

Does it make sense to suggest to a smoker with 20 pack-years of damage to their body, that if they transfer to smokeless tobacco that they'll suddenly have the same risks as a smokeless user who never smoked?

- **"I smoke lights and they're not as bad."**

Lights and ultra-lights are fully capable of delivering the same amount of tar and nicotine as most regular brands, depending upon how they're smoked.

They don't reduce most smoking-related health risks, including the risk of heart disease or cancer. In fact, those who smoke "lights" often compensate by covering the holes with their lips, or by taking longer or deeper drags, thus introducing more tar not less.

- **"So I can't run marathons..."**

The title to one of Joel's original clinic reinforcement articles, while admitting that they can no longer engage in vigorous and prolonged physical activity, the word "so" proclaims "I'm fine with that."

As Joel notes, "Unfortunately, many fail to consider that giving up strenuous activities today means possibly giving up essential capabilities in the future. Today, jogging may not be possible, but tomorrow, getting up stairs, walking, and eventually getting out of bed may be more than the smoker can handle." [5]

- **"I'm only hurting me!"**

Reflect upon the emotional pain and financial loss your needless dying and death would inflict upon loved ones, pets, and friends. How should they explain your death? Did you love nicotine more than them? Was your death an accident? Were you murdered? Was it stupidity? Was it suicide? Did you intentionally kill yourself?

- **"It's too painful to stop!"**

Compared to what? Imagine a diagnosis of lung cancer and having your left lung ripped out, followed by chemotherapy. Imagine years spent trying to recover from a serious stroke or a massive heart attack, or fighting for every breath through emphysema-riddled lungs as the twelve steps to the bathroom seem impossible.

- **"There's still plenty of time left to stop."**



Keep in mind that one-quarter of all adult smokers are being claimed in middle-age, each an average of 22.5 years early. Also keep in mind that such figures are just averages, that many die sooner.

It's how WhyQuit.com got its name. We've been sharing stories of young victims at WhyQuit since 1999. The common thread among most claimed in their 30s or 40s is that they started using while still children or in their early teens.

- **"A cure for cancer is coming soon."**

Between Europe and North America, tobacco will claim more than one million victims this year. How many of them thought that a cure was on the way? Sadly, it was false hope.

Which type of lung cancer are you hoping science will cure: squamous cell, oat cell, adenocarcinoma, or one of the less common forms?

Even if the right cure arrives, what will be left of your lungs by the time it gets here? If gambling on "how" tobacco will kill you, don't forget to consider diabetes, Alzheimer's, heart attack, stroke, and emphysema.

- **"Lots of smokers live until ripe old age."**

Oh yeah? Look around. Old vibrant smokers are rare. If you do find old smokers, almost all are in poor health or in advanced stages of smoking-related diseases, with many on oxygen. Smokers tend to think only in terms of dying from lung cancer when tobacco toxins slowly destroy every organ in the body.

For example, circulatory disease caused by smoking kills more smokers each year than lung cancer. You may be too young to remember George Burns, the cigar-smoking actor who lived to 100. But how long would George have lived and how healthy would he have been if he hadn't smoked cigars? What's wrong with living a long and healthy life?

- **"It's too late now to heal these lungs."**

Not necessarily. All tissues not damaged beyond repair will heal and could provide a substantial increase in overall lung function.[6] Even with emphysema, although destroyed air sacs will never again function, recovery will halt the needless destruction of additional tissues.

- **"We have to die of something."**

This rationalization all but admits our own intentional slow-suicide. But I challenge you to locate even one terminal lung cancer patient who wasn't horrified upon learning that they'd actually succeeded.



Some apply the cup half-full rationalization to smoking's 50% adult kill rate,[7] suggesting that what it really means is that there's a 50% chance that "smoking won't kill me."

Try to name any other activity in which we'd willingly participate if there was a 50% chance that doing so would kill us.

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  2. Illinois Department of Public Health, Oral Cancer, <http://www.idph.state.il.us/cancer/factsheets/oralcancer.htm> - Accessed July 30, 2020.
  3. Xia B et al, Tobacco-Specific Nitrosamines (NNAL, NNN, NAT, and NAB) Exposures in the US Population Assessment of Tobacco and Health (PATH) Study Wave 1 (2013-2014), *Nicotine & Tobacco Research*, July 2020, doi: 10.1093/ntr/ntaa110. Online ahead of print.
  4. Hergens MP, et al, Smokeless tobacco and the risk of stroke, *Epidemiology*, November 2008, Volume 19(6), Pages 794-799.
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  6. Buist AS, The effect of smoking cessation and modification on lung function, *The American Review of Respiratory Disease*, July 1976, Volume 114(1), Pages 115-122.
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- **"I'll lose my friends."**
- **"I use to relieve boredom."**
- **"I'm fighting monsters and demons."**
- **"I can't stop."**

Let's look at additional excuses for avoiding recovery.

- **"How can I stop? I live with a smoker."**

Half of all smokers have stopped smoking, including millions and millions who lived with smokers. Still, it's normal to be concerned about triggers and temptation associated with those closest to us smoking, vaping, dipping, chewing, or engaging in some other form of delivery. The answer? Lovingly ask them for their support.

Respectfully ask that they not use nicotine products in your home or presence. Also ask that they not leave their nicotine use paraphernalia lying around the house, as you're serious about breaking nicotine's grip upon your life, and if found lying around you'll destroy it.

You may upset them. But giving fair warning shouts just how serious you are. If you should destroy their cigs, e-cigs, or other products, you may want to consider offering the money to replace them, at least the first time.

If a smoker innocently offers you a cigarette, let them know that you've stopped and simply decline it. If they offer while knowing that you've stopped, accept the cigarette and then break it in front of them. It's unlikely that they'll offer again.

- **"Vaping is easier than not vaping." Smoking is easier than not smoking."**

As Joel teaches, this is true. It's easier. As actively feeding addicts, we didn't have to make as many decisions. Our addiction was making lots of them for us. It determined who we were most comfortable with, who was comfortable around us, and how long we'd get to stay. Ex-users make all the decisions and one is bigger than the others, the decision to make and stick to a personal commitment to never take another puff.

- **"I'm self-destructive." "You have to die of something."**

While some users do have emotional problems, such junkie-thinking is more often a reflection of fears associated with withdrawal, the time needed for recovery, fears of being unable to cope without using, or flowing from a history of relapse. Although not uncommon



to hear such comments, nearly all of us are shocked when eventually diagnosed with a use-related disease.

- **"If I stop, I won't be able to begin my day."**

Having slept through 3 to 4 nicotine half-lives (2 hours each), for many of us, that first puff each morning occurred within minutes of waking. It had to. While normal to fear losing the key to starting each day, normal people don't wake-up in early withdrawal. Within 3 days, withdrawal will peak and begin to decline. After that, you may gradually find yourself sleeping longer, deeper and waking more relaxed, refreshed, proud, and ready to begin your day.

- **"If I stop, I won't be as productive."**

Smoke-breaks conditioned us to believe that our work or creativity will suffer if use ends. The opposite is true. Fewer distractions and interruptions will increase accuracy, with projects being completed sooner.

- **"I'll stop after the next pack, next carton, next month, my next birthday, or New Years' day."**

I hate to think about how many times I lied to myself with such nonsense. And then there's the next level of delay where we ask, which pack, carton, month or birthday offers me the best chance of success?

Why did I limit myself to always purchasing only a one-day's supply? Because tomorrow was always the day I'd stop and I couldn't stomach throwing extra packs away.

"I'll stop next week." For some of us, it was always next week, next month, or next year. Others go so far as to actually set a date. Doing so always made today's use more tolerable, as we pretended that our problem would soon be solved.

- **"I'm waiting on a painless cure."**

Don't hold your breath. The day science can make our mother's death painless -- so as to avoid any emotional loss -- is the day it'll be capable of erasing the emotional loss associated with ending the most dependable chemical relationship we've likely ever known.

- **"I can't afford to stop."**

This addict pretends that recovery is too expensive, that they would need to purchase expensive magic pills or pay to attend a program. Truth is, the vast majority who succeed in breaking free don't spend a dime. Cold turkey is free. Even so, sleep on the honesty



and logic of having money to purchase nicotine, yet pretending we'd have less money if we stopped buying.

- **"The 3rd generation vaccine is coming!"**

NRT, Zyban, Chantix or Champix, and failure of two generations of vaccines, nicotine addicts have been teased for decades with promises that new magic cures would soon arrive.

Most recently, the promise was that four to five vaccine shots over six months would cause the body's immune system to create large antibodies, that would quickly bond with nicotine molecules, making them too large to cross through the blood-brain protective filtering barrier and stimulate dopamine pathways.

It was wishful thinking. It didn't work. Vaccine users found ways to relapse even with all those expensive injections and antibodies everywhere.[1]

Wall Street Journal headlines declared in June 2012 that "Vaccine Shows Promise for Nicotine Addiction." [2] Instead of injecting antibodies, the new vaccine tricks the liver into constantly producing them, at least in mice.

And as the WSJ article notes, therein lies the problem, "making the leap from [mice] to people will be a challenge. Other recent attempts failed to prove effective in people after initially encouraging animal studies."

- **"My family can't handle recovery."**

Blame transference seeks to place the cause for defeat upon others. It's easy to intentionally exaggerate withdrawal via anger or other antics, to the point of making life a living hell for friends, loved ones, or co-workers.

Transference can blame relapse on a lack of support, a relationship, stressful times, financial hardship, other smokers, alcohol, or even our job.

- **"I won't be able to stop unless someone stops with me."**

Many pretend that they can't succeed because their husband, wife, or friend won't stop too. This procrastination brick allows use to continue until someone else takes action. What if they never stop?

Sadly, millions ride this waiting rationalization all the way to an early grave. It's nice when friends or loved ones make this journey with us. But if not happening, someone needs to be brave and go first. Then, it's simply a matter of being patient and teaching by example, allowing them to observe freedom's full glory.



- **"Mom just died. Now just isn't the time."**

Smoking won't bring back mom or dad, nor cure any other ill in life. As Joel teaches, success during a period of high stress ensures that future high-stress situations won't serve as justification for relapse.

- **"I'd stop but withdrawal never ends!"**

Hogwash! Why not disprove this one by living the truth? Give it a go!

- **"If I stop, I'll just start back again. I always do."**

Truth is, we don't have to relapse. Relapse occurs because we fail to respect the Law of Addiction. We violate the Law because we allow ourselves to forget why we stopped or invent some lame excuse such as those above.

In fact, this recovery is absolutely guaranteed to be our last ever, so long as nicotine never again finds its way into our bloodstream, so long as we continue to live on the right side of the "Law."

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## Relapse Rationalizations

Relapse rationalizations reflect the thoughts and arguments seized upon by the conscious mind as it contemplates relapse to using.



We reviewed three relapse rationalizations in Chapter 4:

- **"Just one" or "just once."**
- **"I'm unable to concentrate."**
- **"Use relieves stress & anxiety."**
- **Let's dig deeper.**
- **"I need relief from stress."**

Sorry but stress needs stressing. Probably the most deeply ingrained use rationalization of all, recall that the belief that nicotine is a stressbuster was listed as a recovery delay rationalization too.

As for relapse, should crisis come calling, it's very possible that your very next thought would be that "nicotine use would calm things down."



Don't buy it. As explained in Chapter 4, the reason you have so many memories of feeling calmer immediately after using when super-stressed is that stress accelerated removal of nicotine from your bloodstream. You'd been thrown into early withdrawal.

What you felt was satisfaction of an immediate need for a new supply of nicotine. The underlying stressful situation remained untouched and unchanged.

Aside from satisfying your chemical dependence, like counting to ten, the time needed for replenishment gave you a couple of minutes to calm down. But if beyond physical withdrawal, your stressbuster belief is 100% memory-driven. Absolutely nothing is missing, and nothing is in need of replenishment.

- **"I'm gaining too much weight."**

While totally within our ability to control, a few extra pounds during recovery are likely unless we diminish calorie intake or increase activity. But what if weight gain reaches a point where we begin seeing and thinking of relapse as the solution?

From increasing the intensity of stressful situations to diminishing impulse control, from controlling our priorities to damaging self-esteem, nicotine robs us of the "real" us. Inhaling a toxin is not the answer. You are!

One ounce and pound at a time, many of the exact same tools you're using to end nicotine use can be applied to weight control.

Yes, recovery resolve can be diminished or destroyed by reaching for extra food as a substitute for nicotine. And yes, significant weight gain can serve as an addict's ploy to try and justify relapse to themselves or others.

I've shed nearly 5 pounds over the past 7 days (as of 07/22/20). While I clearly won't be able to keep up that pace, I promise that I shall "endeavor to preserve." Why? Because I'm embarrassed. Because I allowed myself to get too big.

Weight control isn't about fad diets. It's about developing mindfulness as to the consequences of calories consumed and spent until awareness becomes second nature. That's why I grew. The depth of my mindfulness clearly wasn't deep enough.

In less than 2 years, it was as if I'd forgotten that the average 50 calorie cookie takes a 180-pound person a half a mile of brisk walking to burn. I started filling and emptying the cookie jar.

I ended weight awareness. I stopped stepping on bathroom scales the first thing each morning, then and there reflecting on the previous day's levels of consumption and activity. Out of mind, out of sight, it was a recipe for gradually adding demoralizing pounds.



Why wait until your favorite clothing no longer fits? Been there, done that.

My most recent mindfulness realization is that a significant portion of weight control begins and ends in the grocery store. Why? Because if I bring home processed, sweet, or high carb foods they're certain to get eaten, while fruits and veggies are ignored and go bad.

Unlike nicotine cessation, which is all or nothing, with weight control it's okay to indulge or rest now and then, so long as we learn from the experience and our positive trend continues.

See Chapter 6 (Recovery Weight Gain & Control) and Chapter 9 (Hunger & Appetite) for additional weight discussions.

Baby steps, just one ounce at a time, just here and now, yes you can!

- **"Withdrawal and my symptoms will never end!"**

Another common relapse ploy is to blame withdrawal and temporary symptoms of recovery for submission and caving.

Frankly, it's a lie. They will end. In fact, the only way to end urges and cravings is to muster the commitment to move beyond them.

If in need of new crave coping skills review Chapter 11 (Subconscious Recovery). Skim Chapter 9 if any symptom persists. And don't hesitate to contact your doctor or pharmacist if at all concerned about any ongoing symptoms.

You've come far and invested much. Don't allow any symptom to threaten what may soon be looked back upon as one of your greatest personal accomplishments ever.

- **"I'm mad that I can't smoke anymore."**

Such thinking isn't uncommon during early recovery and can be related to the anger phase of the sense of emotional loss covered in Chapter 10. It's also seen when told to stop using by a doctor or loved one, or when feeling compelled to end use due to a health condition, pregnancy, or finances.

Regardless of any initial reluctance, if allowed, like watching a flower bloom, imagine a journey from anger to "like" or even a "love" of at last being free. While we cannot stop for others, including the unborn, there's nothing stopping us from beginning to make this journey ours. What it takes is a mind willing to see and appreciate the gifts that recovery bestows.



- **"I don't feel any better since stopping."**

Such thinking takes root when recovery's pace seems too slow or the benefits don't show. Reality is, far fewer toxins, the body is in super repair mode whether felt or not. Whether a missing wheeze or cough, improved sleep, better circulation, greater relaxation, an improved sense of smell or taste, fewer medications, or countless other benefits, whether noticed or not, your body is healing.

Whether you are able to shed all remaining relapse rationalizations or not, remember, it's impossible to fail so long as all nicotine remains on the outside. Just one determining principle: none today!

## **Conscious Fixation**

As mentioned, we do our thinking inside our prefrontal cortex, the large lobe behind our forehead. Conscious fixation is the ability of the rational thinking mind to become completely engrossed, absorbed, and preoccupied with a single subject, issue, or train of thought.

While subconscious conditioning somehow limits the duration of a cue-triggered crave episode, conscious fixation can last as long as our ability to maintain concentration and focus.



We just reviewed 50 common use rationalizations. How will you react when thoughts of "wanting" to use begin bantering about inside your mind? Will you fixate upon them or instead seize the moment as an opportunity for conscious healing?

Wanting's arrival presents a golden opportunity to reflect upon both wanting's source, our pile of old wanting satisfaction memories, and the use-thinking they provoke.

Don't worry. Neither fixation nor analyzing it can harm you. As Joel often reminds us, it's impossible to relapse by thinking. Only use can destroy our healing.

Clearly, we cannot erase thousands of old wanting satisfaction memories or the justifications we invented to explain creating yet another. What we can do is use honesty and insights to diminish or destroy their influence upon us.



Instead of an addict's use memories becoming fuel for fixation and relapse, truth and understanding can transform them into almost laughable reminders of the prison we once called home.

While still using, how many of the 50 rationalizations we reviewed did you reach for and rely upon? It's likely there were others.

Instead of allowing a use justification to survive and replay over and over, time after time, see it's next arrival as a teachable moment, an opportunity to expose it to honest light.

As for all the old use memories supporting the use justification, it's an opportunity to recast hundreds or even thousands of similar dependency memories all at once.

As when ending any long, intense, and extremely abusive relationship, despite the possibility of a few good qualities, the sooner we're able to see the entire relationship for what it was, the quicker we can let go and move on.

We accelerate letting go by repainting and recasting memories reflecting our attractions to use as chemical servitude, by seeing our diminished well-being as harm and abuse, by viewing breaking free as good and wonderful, and staying free as entirely do-able.



Still, there may be one or more elements of junkie thinking that seem difficult to let go of. There may be one or more attractions that truth and insight fail to impact.

If so, accept them, for now, and move on. But in doing so be sure to re-frame them as part of the bigger dependency picture.

If willing to be brutally honest about the prison cell we once called home, little will remain to embrace. Like eyes on a potato, any lingering romantic use rationalizations will be surrounded by tasty and edible truths.



The concern is that once home and residing here on Easy Street that, like fertilizer, complacency can cause those remaining eyes to begin to sprout, grow, and eventually destroy the tastiness surrounding them.

Staying focused on dependency's bigger picture -- that one equals all -- helps keep their influence in perspective.

### **Assisting Others**

We sometimes encounter long-term ex-users whose remaining use rationalizations are beginning to combine with complacency to elevate risk of relapse. Some will disclose that they still think about using and have recently found themselves doing so more frequently. A few questions may aid in helping them regain their perspective.

- When was the last time you experienced an urge to use?
- What thoughts went through your mind?
- How long did it last? How intense was it?
- How long before that urge did you experience your previous urge?
- If you don't mind sharing, what did you like most about using?
- What did you dislike most?
- Do you understand that for ex-users that there's no such thing as just one?

Those still in the first few days of recovery would laugh at what the long-term ex-user considered an "urge." Normally it's a brief passing thought that lasts seconds and is quickly abandoned.

Digging deeper may allow identification of the particular rationalization that was likely never directly confronted during recovery. Unchallenged, like cancer, its significance now grows.

"Experts" refer to nicotine dependency as a "chronic relapsing condition." But if it doesn't need to occur, is it really?

Still, you'll sometimes meet current smokers who'll tell you that they once stopped for 5, 10 or even 20 years and then smoked one, and soon found themselves smoking more than ever.

Many can recall the use rationalization they fixated upon in the seconds before relapse. Amazingly, some still believe in it even though it cost them their freedom.

Imagine for a moment that once here on Easy Street that you've brought one or two remaining romantic use notions with you. If so, consider wrapping them in this often-quoted recovery mantra:



***"I'd rather be an ex-user who sometimes  
thinks about using, than a user  
always thinking about stopping."***



## Chapter 13: Homecoming

### A Silent Celebration

How do we know when we're home? If you've ever moved, you know there's a big difference between moving into a house and having it feel like home.

The correct answer is, you are home when you feel it. Some are home in a couple of weeks while others need months.

Amazingly, within 2 to 4 months the adjustment process transports most in recovery to a point where they experience that very first day where they never once "think" to themselves, "gee, I'd sure like a smoke," "vape," "dip," "chew," "lozenge," or "piece of nicotine gum."



After the first such day, such days become more and more common. Soon, they become our new norm in life, with the distance between the occasional "thought" growing further and further apart.

If it happens sooner or takes longer, don't fret. If sooner, enjoy it. If longer, patience, it's coming!

### Long-Term Quiet and Calm

Imagine entire days, weeks, months, or eventually even years without your mind ever once feeling an urge to use nicotine.

Imagine living in a constant state of total comfort without any nicotine use related anxieties whatsoever - none, zero, nil, complete and total tranquility.

It's where hundreds of millions of comfortable ex-users reside today. Were any of them truly stronger than nicotine? Were any of them stronger than us? Or, is that just another lame use excuse?

After arresting my thirty-year dependency, my recovery evolved to the point of substantial comfort by about eight weeks, a few weeks earlier than most but later than some. It was then that I experienced my last major subconscious crave episode.



And about then when I started to notice that thoughts of wanting were ever so slowly becoming fewer, shorter, and generally less intense. During the first few weeks, I worked hard to maintain a strong positive attitude while refusing to allow negative thoughts to infect my thinking and dreams.

While feeding myself large doses of positive thought, I also confronted and analyzed those remaining thoughts that kept inviting relapse. Soon, it was no longer a matter of trying to believe what I was telling myself. I did believe in the new nicotine-free me!

Although at times intense, I did my best to remain focused on the long-overdue healing occurring within. I saw each and every day as a full and complete victory in and of itself. Today I was free. Today was about healing!

And there were lots of little gifts along the way. New smells, tastes, energy, extra pocket change, a whiteness emerging in my smile, pride, empty pockets, a bit bigger step, odorless fingers, hope, endurance, an ash-less world, newfound time, long overdue self-respect, gradually lengthening periods of comfort, freedom and even a few extra pounds, it was simply me coming home to meet me.

Eventually, the minor urges and periods of thought fixation became further and further apart. After two years of freedom, I found myself going months without an urge. And the last time I experienced anything that can be fairly called an "urge" was in December 2001, two years and seven months after beginning the most amazing journey I'd ever make.

## **Gradually Diminishing Thoughts & Urges**

Most ex-users report that recovery was less challenging than expected. Some report cakewalks. But it certainly wasn't for me.

There were a couple of moments where I felt totally overwhelmed. Thank goodness such moments were few and brief.

The beauty of recovery is that, once beyond peak withdrawal, with each passing day the frequency, duration, and intensity of challenge is "generally" on the decline.





But like trying to watch a rosebud open, seeing the decline while living it can at times seem nearly impossible. Before we know it, the storms turn to breezes, with a possible gust now and then.

It's entirely normal during the first couple of years to experience occasional thoughts of wanting, or even encounter a remote, seasonal or infrequent use cue. It's also possible to retain a romantic attachment to using, a link capable of fostering desire until ready to let go of it.

One of the most popular discussions at Freedom, WhyQuit's original peer support group, was entitled, "Tell a newbie how many seconds a day you still want a cigarette." Below are messages that were posted to the thread. Each opens by indicating how long the person had been nicotine-free. They then tell us how long each day they still want a cigarette.

Keep in mind as you read them that, for the most part, these are educated ex-users. It's likely that part of their reason for posting to this particular discussion was excitement over how much easier an educated recovery can be.

- 4 days: "My experience so far has been tough but tolerable. I'm 35 and have been smoking a pack/day since 17. Up until 4 days ago, I felt completely powerless in the face of nicotine, like I was especially weak to its powers - but reading has helped me to realize that nicotine has done the same exact thing to all of us." Gus
- 5 days: "I think there are probably 150 seconds in my current days that I want a cigarette, and I have to remind myself, I am a non-smoker and the reasons why and that smoking a cigarette is stupid and will do nothing but harm me. My dad died in December of lung cancer." Darla
- 6 days: "I probably only get one real crave a day now. The first two days I had really bad cravings at all the usual times that I would light up. Third and fourth days seemed like I only had 2-4 bad craves. Day 5 through now it seems like its just one. And even that one crave isn't that big of a deal. However, I do get those 'pangs.' Not pangs of "need" though. It's more like I'm just missing something and a second of sadness comes over me...then I just realize that 'Oh yeah, I would have been smoking a cigarette now!'" Casey
- 7 days: "I think about smoking maybe once or twice a day for 1 or 2 minutes. I'm so turned off by smoking that some days I don't think about smoking at all and I am only one week in." Gina
- 8 days: "Even though it's been just over a week I can honestly say I don't really CRAVE a cigarette anymore. I'm not saying I don't think about them, I've been an addict for 24 years. But I don't crave them. I don't want them. Time spent





remembering them, probably a couple of minutes a day, but when you consider that I use to spend over 3 hours a day abusing myself with them and much of the rest of the time wishing I wasn't abusing myself, that's small potatoes! As one of my favorite quotes says: 'I'd rather be an ex-smoker who occasionally thinks about a cigarette than a smoker who is obsessed by them!'" Phoenix

- 10 days: "Ten days now and I still think about it a few times an hour for a few seconds. But I'm mostly thinking about how I don't smoke anymore! Very simple! Maybe once a day, I get blind-sided with a very strong and powerful thought of "I have to have a cigarette, NOW!" My responding thought is "But, I don't smoke anymore" and it's GONE! HAHAHA! The "gotta smoke" thoughts are getting rather wimpy. There seems to be absolutely NOTHING behind them! It's a beautiful thing :-)" Glynda
- 13 days: "Still haven't wanted one and it is day 13, yes on a Friday, lol, I have thoughts like 'gee I would have just lit up,' 'again,' 'another instance.' What is more amazing is the thoughts that come 'I HAVEN'T THOUGHT OF A CIGARETTE!' Not craves, thoughts." Tagsgirl
- 13 days: "For the past two days I have actually gone hours without thinking about a smoke. Hours! That has not happened in a long time. I look forward to the time when I can go for days without hardly a thought of those nasty little things." Tubes
- 14 days: "I think about cigarettes about 3 times a day, they last about 3 minutes each, which is the actual time it took to smoke one cigarette. I don't want one, it is just a thought that does not last long, and it goes away. I feel awesome and now have a much better life with my children and husband." Barbara.
- 15 days: ""I've been nico-free for 2 weeks, 1 day and now only have 4 or 5 urges each day. This is a definite improvement over the constant craves of the first 3 days! I know I have to be patient ... and also try to enjoy each victory over every urge that I defeat!" Judy
- 16 days: "Surprisingly, only a couple of times a day, for not more than 30 seconds each time. Averaging about a minute-and-a-half on the usual day. Also, these are just habit-driven thoughts; thinking about smoking on the way to the car, but I'm perfectly fine once I get there, or thinking about having a cigarette before bed, but knowing that I sleep so much better without it. These are just thoughts; by facing them, they have no power over me!" MichelleNC
- 17 days: "I think about a cigarette several times a day, but only one or two of those is an actual "want" and not just a thought. That's a change from actually crying for want of a cigarette on day two, to shrugging off a couple of little wants in the course of a day in just over two weeks' time ...awesome." Stef
- 18 days: "I don't think about smoking very much, maybe 10-20 seconds a day. But I do think about not smoking a lot !!!!!!" Rob
- 18 days: "Probably about 4 minutes thinking about it, maybe 30 seconds with a bit of an empty feeling, craving something that might be nicotine." Maisie





- 19 days: "I smoked for 40 years, at least a pack a day. Am I having craves? Yes. Are they easier or harder than I thought they would be? Easier. Do they become less and less in duration as time goes by? Yes they do! I have craves about 4 to 5 times a day lasting seconds." Jill
- 21 days: "I crave a cigarette maybe once a day. It lasts about 45 seconds. I feel sooooo much better since I quit!!! The craves I can handle..." Ah0304
- 22 days: "I never want one. Oh, I may occasionally think I should be having one. But I can't say I want it. Even those thoughts have become rarer and rarer. I have been totally amazed at how quickly I went from needing one every couple of hours (if I was doing good) and having no desire for one. I am thrilled to be smoke free." Leigh
- 23 days: "Some days I don't crave at all, and the most is just once and it last for a few seconds." Suez
- 24 days: "I am into my 24th day and honestly I don't even think about cigarettes unless I see someone smoking or smell it and then I think how nasty and disgusting it is! After smoking for 37 years that is pretty amazing ... of course there is an occasional trigger but not on a daily basis!" Bev
- 25 days: "After just three weeks I am down to once or twice a day. I have even gone entire days without thinking about it! After 19 years of smoking up to two packs a day, that's pretty amazing to me." Joe
- 26 days: "I do think about smoking every now and then, but I definitely don't think as much about smoking as I did when I still smoked 30 cigarettes a day." Klinka
- 26 days: "I would say I probably think about a cigarette 3 to 5 times a day (which is down from like a million!! haha) and I actually 'want' a cigarette 1 time a day. This is fantastic to me! I was so scared that I would fight for the rest of my life like I was in the first week, but have come to realize this simply is not true." Amy79
- 29 days: "This has gone textbook as described on this site. Today I have one crave a day but everyday it gets a little more vague." Phillip
- 30 days: "After one month I still think of cigarettes. The thoughts are in 2 forms. The first is not a crave but just thinking about a situation or activity that relates to smoking. It doesn't bother me at all. This happens about 3 to 4 times a day. The second is the crave. It only lasts about 10 to 20 seconds. The craves are not as bad as they were a few weeks ago." John
- 31 days: "It's still early in the recovery process so I'm not going to say I don't think about them...because I do, but in all honesty it's not really that much. The thoughts come quickly from time to time, but they leave just as quickly." Abu Daud1
- 32 days: "I don't have cravings. Ever. I sort of feel like having a cigarette maybe 2-3 times a day for a total of about 60-90 seconds (at most). That's about 1 1/2 minutes a day." Matt
- 32 days: "I work with smokers and dippers all day. Every time I saw someone smoking I would think Hmmm ... time for a smoke and actually go for my pocket to get one out and then remember- I can't! This went on for the first two weeks and I





was wondering if this was how it was going to be for me forever. I had smoked a pack plus a day for 30 years it was so much a part of my life that I figured I would always feel the urge to smoke when I saw someone else smoke. After the 2nd week I was feeling much more confident and determined and when I thought about smoking it was that I was sooo ... glad that I didn't anymore. Now after four weeks plus I think about smoking maybe 20 seconds a day and it's never an urge to smoke, it's a sense of something missing but not missed. The law of addiction is the first thing I think of when I think about smoking and I know that as long as I remember that I will Never Take Another Puff." Ginz

- 34 days: 1-3 minutes per day on average I still want a cigarette. It's not a craving that happens during the first 3 days, not an itch that goes for 1-3 weeks after you quit. It's just a small thought." Levasser
- 37 days: "The thought of smoking is not even a daily occurrence anymore. When I do think of it, it is not an urge but just a thought. It does get better. At one time I didn't think it would but it did." Saree
- 38 days: "I can honestly say that I never want a cigarette. Sometimes I will get a random thought about having one, but it is quickly gone once I remind myself that I don't smoke any more." Jason
- 45 days: "It has been at least two weeks since I actually WANTED a cigarette. What I have now are vagrant thoughts about smoking that pass in a matter of a few seconds--and I have actually had one day where I realized the next morning that I hadn't thought about smoking at all. That's after 45+ years as a smoker of at least 2 packs a day." Cliff
- 46 days: "I am a newbie at just 1 month, 2 weeks, 2 days. I still think about smoking quite often. I would say at least a half an hour a day. I was worried about this but now that I have written it down I realize that it really isn't to bad, considering I used to think about smoking about every half hour or so. But I do realize that I think much more about not smoking than I do about smoking." Steve
- 47 days: "I maybe spend 2 minutes out of an entire day thinking about cigarettes. I no longer obsess about them, and I find the act of smoking, well, filthy. I haven't yet had those wondrous days where there are no thoughts at all, but I've come pretty close." Diana
- 51 days: "How often a day do I think about cigarettes? Not very often. If I do think about cigarettes it is only for a few seconds a day but today I spent zero seconds thinking about cigarettes." Herman
- 58 days: "I think about smoking most days but spend NO time wanting to smoke now. There is nothing I want back about nicotine and cigarettes." Doc
- 60 days: "...thought a few times of having a smoke but it's a passing thought now, it has little strength." Dave T
- 67 days: "Thoughts have completely dropped off to random, fleeting, a spit second if I choose to notice





them. Occasionally, there is a new trigger but relatively easy to deal with now that I'm no longer struggling." Ilona

- 69 days: "On a usual day, I don't want a cigarette at all. Sometimes I have a craving or two, and they last for about 3 seconds each. Then they're gone. It's brilliant!" RedSunFlower
- 71 days: "I'm 58, smoked since 16, a pack a day, have been nicotine-free for 71 glorious days and I don't want them, don't need them, don't miss them and rarely think of them. I don't even remember smoking." Sarah
- 72 days: "I only think about cigarettes on the weekend at a nightclub when a smoker stands next to me and I have to move because it smells so bad." Rochelle
- 74 days: "Maybe 3-5 seconds every couple of days. Seriously, it does get so much easier." Beth
- 77 days: "I am amazed at how quickly I went from needing a cigarette every hour or less to going days without wanting one at all. I was a very heavy smoker (3 to 4 packs a day) and I expected years of wanting to smoke. I had my first day without any urges at least 2 weeks ago. I can't remember the last time I wanted a cigarette. At least a few days ago. For the last 3 or 4 weeks the rare urges have been so easy to deal with that I think they pass without me remembering I had one. I know I can get through 3 minutes without nicotine, so why dwell on it?" Jim H
- 86 days: "Once every two weeks for about 3-5 minutes." Diane
- 105 days: "Three and a half months in I want a smoke 0 seconds. There are still occasional triggers I run across, but I would say that is about once a week and 10 days now, and getting longer in between. I have achieved comfort. P.S: My wife still smokes, so it is possible to be around it and not want it." Roy
- 108 days: "Rarely, very rarely, do I even think about smoking. I am not quite four months quit and I had smoked for 40 years. To me that is absolutely incredible! Quitting is so much easier, and so much more rewarding, than I ever dreamed it could be. And I know I'll never go back to a life of feeding the addiction." Stella
- 4 months: "...maybe six or seven seconds of 'thoughts' a week. I'm one very happy camper." Pat
- 5 months: "I sometimes get hooked into a romantic thought about smoking, a memory, but it is merely a thought and not a desire or a need or a want." Moira
- 5 months: "I smoked for 38 years, in the end at 3 1/2 packs a day. Stopped cold turkey on Jan. 11, 2012, my first attempt. I now have smoking thoughts just a few times per week, and they're not 'dwelling' thoughts - they just last 1 or 2 seconds or less. I'm very proud of my progress." VoltMan
- 6 months: "I'm thinking that I'd like a cigarette for 6 seconds a week. When I smoked, there were probably at least 2 occasions each day when I wanted to





smoke but couldn't, because I was in a no-smoking office or a restaurant or on a train. Each of those occasions lasted say 30 minutes average. That amounts to 25,200 seconds a week when I was suffering significant anxiety and withdrawal symptoms, far worse in intensity than any discomfort I have suffered from not smoking since I stopped." Marty

- 7 months: "Never a want, need or crave ... Passing thought? Maybe a couple times a week." RJW
- 8 months: "Thinking about a cigarette is no longer a daily activity. If I have a thought it is weeks apart and lasts for only 5 seconds or less. I treat the thought like a pesky, dirty fly and swat it from my mind! Freedom is sweet!!!" Jrock413
- 9 months: "Zero. I do still think about them once in awhile, but never want one. My hard won freedom is too precious at this point to throw away over a lousy puff." Roy
- 10 months: "I have not wanted a cigarette even once for many months now. Even a couple of unexpected triggers did not result in my wanting a cigarette, just the realization that a brief craving is a minor annoyance NOT a desire to smoke!" JefferyRW
- 10 months: "I have not wanted to have a cigarette is many months now. I have no craves at all and there is only an occasion (every 3-4 weeks) that I will think for a second, 'Wait, something is missing,' only to smile as I realize I would be having a cigarette if I was still living in my addiction. But I do NOT want to smoke. It is only a reminder of how chained I was. I was a heavy smoker for so long, I thought I couldn't stop! Yes, comfort does come. Much faster than I thought possible. The rewards are so plentiful, I am full of gratitude." Endura
- 10 months: "When I think about cigarettes (which is hardly ever), I am grateful that I don't have to buy them, roll them, smoke them, cough after them, wake up in the morning feeling tight in the chest after smoking too many of them, smell my clothes, hair, skin after smoking them, worry about my health after smoking them, feel shame and guilt after smoking them ... you get the point. Freedom is HUGE! Best thing I've ever done." Lara
- 11 months: "I might have had a thought about having a cigarette a few days ago but I'm not sure. It could be my old age kicking in. They pop into my head and out again so rarely and so quickly they don't even register anymore." Pat
- 1 year: "Today is exactly 12 months since I had my last puff. This is the greatest gift I have ever given myself, and let me assure you, I NEVER think of having a smoke, but think often of how free I am. If you think I'm just a strong person, let me tell you how weak I am. I am an alcoholic and a compulsive gambler. I am as weak as can be to my addictions. But today I choose not to puff." Steve
- 1 year: ""It's been a long, long time since I last wanted one - months, I suppose. The cigarettes, urges and craves have simply vanished out of my life. I stay prepared, and with the knowledge gained here I'll always be ready for an urge, but the truth is, I think it's over now. I don't want cigarettes any more, that's all there is to it." Susanne





- 1 year, 2 months: "I haven't wanted a cigarette for a very long time, I do however think about smoking fairly often but only because it is a reminder of how wonderful it is to be free!!" Lucie
- 1 year, 3 months: "zip, zero, nada!" Melrose
- 1 year, 4 months: "I think about having one on what probably amounts to about 6 seconds a week!" Annies1
- 2 years: "I am very happy to report that I don't ever have urges anymore. If I think about nicotine at all, it's about how proud I am" to be free. Whelen
- 2 years: "I never thought I could stop smoking or that I would completely stop thinking about cigarettes - but I have and its wonderful!" Sally
- 2 years: "I never think of smoking really. I think I had a fleeting thought one spring day when I was having a glass of wine and standing on the deck." Jeff
- 2 years: "ZERO!" Melrose
- 2 years: "I can truthfully say that I just do not think of smoking. I never thought I would be able to say that, but it's true!!" Vicki
- 3 years: "Null, nix, none, nothing, zip, zero ... honestly, my nicotine-related thoughts are annoyance at the smell of cigarettes if I can't avoid it." Meg
- 3 years: "A few times in the past year the thought of smoking crossed my mind." Joseph
- 4 years: "How many seconds a year? None!!!" Laura
- 4 years: "I never think about smoking, except the occasional wish for a friend or acquaintance to know the peace that comes with never taking another puff." Kevin
- 5 years: "I came to this website over 5 years ago struggling with addiction like everyone else. Had tried stopping many times in life, but cigarettes always came back to me until I educated myself. Now I can happily say I am still free from my addiction, and I never want a cigarette." JazzLady
- 7 years: "My family smokes. I never desire it even if they're around me smoking." Anne
- 10 years: "Every so often -- maybe once every 3 or 4 months -- I'll pass by someone who's freshly lit up, and there will be a fleeting nostalgia. Never lasts for more than a few seconds, and I'd definitely never describe it as wanting a cigarette. Maybe a bit like a poison dart frog... curious to look at, but I don't have any desire to lick its skin." OBob



Me? A former 3 pack-a-day smoker, except for a smoking dream/nightmare every 4 or 5 years, it's been two decades since I've experienced anything that could be considered a crave.



Maybe someday an urge or crave will occur again. Maybe tomorrow. But if so, I'm certain that I'll wear a smile during the entire brief encounter, as it will be a long-overdue reminder of the amazing journey I once made.

## **"What should I call myself?"**

While the exact moment of transition from use to non-use is clear, how we describe ourselves once use ends is not.

Are we an ex-user or non-user, ex-smoker or non-smoker, an ex-dipper or non-dipper? And when do we earned that title?

Regarding former smokers, the primary choice is between non-smoker and ex-smoker. Clearly, non-smoking applies as soon as use ends. We are in fact non-smokers. But there's a major distinction between being a never-smoker and non-smoker, a distinction the term non-smoker fails to declare.

Never-smokers don't have to worry about relapse. Chemical dependency has not permanently grooved and wired their brain for nicotine.

This critical distinction between non-smoker and ex-smoker applies equally to oral, nasal, and transdermal nicotine users too. If staying free is important, remembering that we're different helps protect us, a loving self-reminder of a permanent vulnerability.

While both a non-user and ex-user, even 21 years later I continue to refer to myself as an ex-smoker or former smoker when asked (mostly by doctors), as doing so reminds me that I remain just one powerful puff of nicotine away from three packs-a-day.

Initially, my mind rebelled against the thought that I wasn't fully "cured." I wanted to be like the average never-smoker. I thought I'd earned the right to hide among them.

But an article by Joel teaching this point ("What should I call myself?") compelled critical thinking. Soon resistance and disappointment passed as I found myself wanting to embrace both the term ex-smoker and the world of ex-smoker-hood.





I love my freedom. I relish residing on this side of the bars. So why wouldn't I want to remind myself of exactly what it takes to stay here?

If you want to consider yourself a non-smoker or non-user that's fine, you truly are. But be careful not to totally entrench your thinking in non-smoker-hood.

Also don't forget that certain legal documents, such as a life or health insurance policy application, may demand disclosure that we are ex-smokers. Failure to fully disclose our prior use status could later result in coverage concerns.

A related question is when should we see ourselves as being an ex-user or non-user? When do we cross the line from "trying to stop" to having done so?

It's one of the most wonderful self-realizations of our journey. It's a deeply personal moment that's different for each of us, the crossing of a self-defined threshold.

For me, it occurred when my fears subsided to the point that I knew for certain that this was for keeps, that I wasn't going back. I'd already told the world I'd stopped but the difference now was that I actually believed it.

I'd already surrendered three decades of control to inhaling this chemical. Now, even if I were diagnosed with lung cancer tomorrow, I'd take comfort in one sure-fire fact. I would not die with my true killer still circulating inside.

The time before such conviction arrived was not some preplanned dress rehearsal. Starting out, I didn't foresee some magic moment in the future where success would become certain. In fact, the most frightening moment of all was the decision to stop putting nicotine into my body.

I didn't think I could do it. I thought I would fail. Everything after that first brave step was a journey of confidence that transported me from just one moment and challenge at a time, to a deep-seeded conviction that I will never ever use nicotine again!

Anyway, if here already, welcome home! If not yet home, baby steps, it won't be long. And once here, never forget that we get to stay so long as we remain committed to a single guiding principle ... no nicotine today!







## Chapter 14: Complacency & Relapse

### Caring for Your Recovery

First, the good news. The risk of relapse declines with the passage of time. "The rate of smoking relapse in the 2nd-6th years of abstinence fluctuated between 2 and 4% per year, and fell to less than 1% only after 10 years of abstinence." [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 and the addict is back.

While ignorance of the Law is no excuse, the vast majority of successful ex-users don't remain ex-users because they understood or respected the Law, or because they'd learned about shocking "one puff" relapse rates in studies. They've never heard of the Law.

They do so because once home they discover how amazingly wonderful being free is.

Now for the bad news. While the relapse rates for years 2 through 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 will eventually relapse.[2]

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

Among educated ex-users there are 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 Law 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 using[3] or occur in an impulsive-type person,[4] the risk of relapse gets magnified.

Let's briefly look at those three factors: memory suppression, amending the law, and an excuse.

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## Recovery Memory Suppression

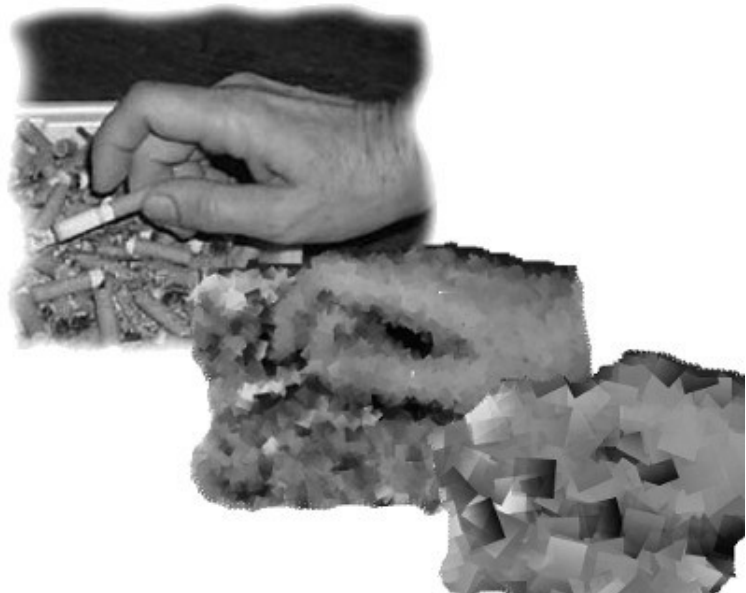
Complacency is a "feeling of security, often while unaware of some potential danger." It's normal to slowly grow complacent during the months and years after successfully ending nicotine use.

Complacency is fueled by slowly diminishing memory of daily captivity and the factors that compelled us to seek freedom. It's born of a gradually declining ability to recall the intensity of early withdrawal anxieties, the power of cue triggered crave episodes, or the time spent enduring 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, 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 is failing.

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.[1]

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, if we take our recovery for granted, the flame could eventually die, and the fire go out.

I intend to protect my freedom until I draw my last breath. If you feel the same, our recoveries need nourishment. 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 kept no record to refresh our recollections?

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?

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 we now call home.



The newbies you'll see cannot begin to imagine traveling so far, that trying to recall 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 most, 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 using 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 can silence such chatter.

If occurring, I encourage you to re-read Chapters 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.

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1. 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.

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## 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 of Addiction. 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.

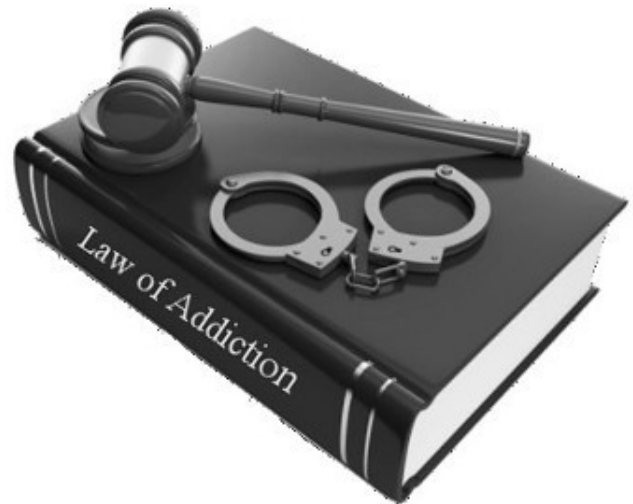
We amend the law. We put ourselves above it. "Just once, it'll be ok, I can handle it." "I'm stronger than them." "A little reward, it's been a while, I've earned it."

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 you vaped, "let me spend the balance of life justifying it, all the missing money, dry hits, and pretending it's safe and a hobby. If an oral user, "take my hair, destroy my teeth, and put sores back into my mouth." [1]





"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 and 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!

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

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## **Relapse: 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, two too many drinks, a wedding, graduation, or even a baby's birth and someone handing you a cigar.

Imagine being curious about vaping e-cigs and being told that the Juul compatible pod you've just been handed is filled with apple, cherry, strawberry, chocolate, vanilla, coffee, mint, or tobacco flavored nicotine.

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!

What, if after a couple of drinks someone hands you a sample Philip Morris' IQOS or TEEPS, or a Ploom heat-not-burn nicotine delivery device?

Imagine being offered the new fully dis-solvable tobacco/nicotine toothpicks, sticks, film, candy-flavored orbs, or invited to experience hookah via a waterpipe.

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 our mother's death.

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 the underlying horror.

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, let being and remaining clean and free serve as hope's lighthouse during this period of near total darkness.

Remember, we've only traded places with our chemical dependence. 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. Why pick the darkest darkness? Why let relapse 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 need only adhere to one guiding principle ... 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.[1]

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 nicotine gum, the first of a now vast array of NRT products.

Today, the lesson that just one hit of nicotine spells relapse gets muddled 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."

Today, the e-cig industry stands on NRT's shoulders in proclaiming nicotine safe, and that vaping it, while blended in a thousand flavors, is vastly more desirable than chewing or sucking it, or wearing a tasteless patch.

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

This generation needs us. They need our insights.





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1. Spitzer, J, The Lucky Ones Get Hooked, WhyQuit.com, Joel's Library 1984.

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## 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.

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." [1]

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 your #1 priority to an external chemical is a big, big deal.

Just ask earth's billion smokers as they wait for the sky to fall while committing slow-motion suicide.

Ask millions of e-cig users, health risk guinea pigs who remain almost clueless as to the unique risk profile created when inhaling nicotine from one of hundreds of difference devices containing one of 5,000+ juice cocktails.

It's my hope and prayer that you too develop a deep-rooted belief that there is no legitimate justification for relapse. To hopefully drive the point home, let's review and put to bed justifications commonly used.



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1. Spitzer, J, We Understand Why You Relapsed, WhyQuit.com, Joel's Library, 2002.

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## **More Relapse Rationalizations**

Recall that in Chapter 12 we reviewed the following 8 relapse rationalizations, with the first 3 being detailed in Chapter 4.

- **"Just one" or "just once."**
- **"I'm unable to concentrate."**
- **"Use relieves stress and anxiety."**
- **"I'm gaining too much weight."**
- **"I need relief from stress."**



- **"Withdrawal and my symptoms will never end!"**
- **"I'm mad that I can't smoke anymore."**
- **"I don't feel any better since stopping."**

Why three different chapters? Why not just one? Because the moment we stop, every second beyond is about relapse prevention.

As soon as possible, at-risk newbies need awareness of the most common relapse justifications (the top 3 above). Chapter 12' takes aim at additional use justifications that can and do arise during the first few months. Here, we reflect on additional excuses that can occur at anytime, including the months and years ahead. Let's get started.

While the relapsed addict may feel that their reason for relapse was sufficient, it won't explain the fact that they continued using.

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

- **"I'm just too weak to stop."[1]**

This excuse dismisses or ignores having been successful up to the point of relapse. Obviously, they weren't too weak yesterday, or the day before, or the day before. Why now?

This user would benefit by focusing upon and breathing renewed life into their original dreams and desires. It highlights the importance of using a journal or diary to document them while still potent, clear, and fresh.

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 challenges. They'd be wise to revisit 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."[2]**

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



"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."[3]**

This addict justifies failure today by promising success 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?

What if continuing use causes fats and plaque building and gathering within an artery delivering oxygen to their brain to become 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're 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. "Barbara 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!'"[4]

I often hear, "I've already tried cold turkey plenty of times!" What this person doesn't yet appreciate is that education - smart turkey - 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, nor blame for being ignored. Unlike products, this book 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.

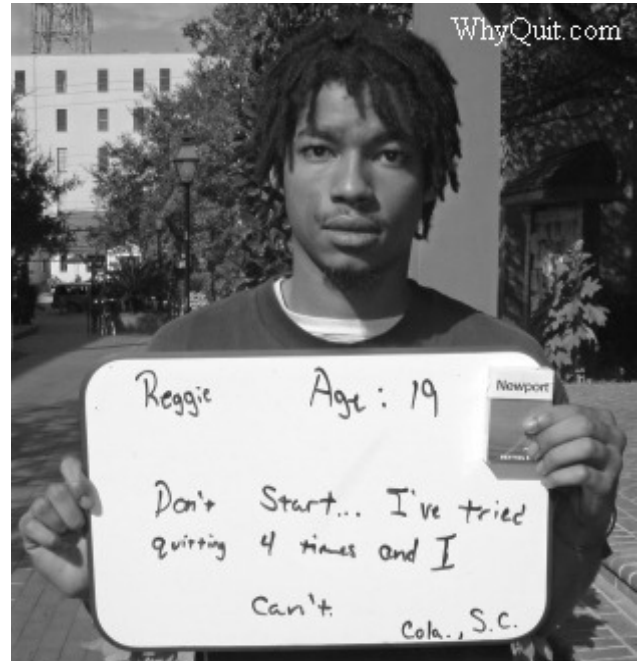
- **"Maybe I'm different."[5] "Maybe I can't quit."[6]**

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, that stopping was hopeless, and that I 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

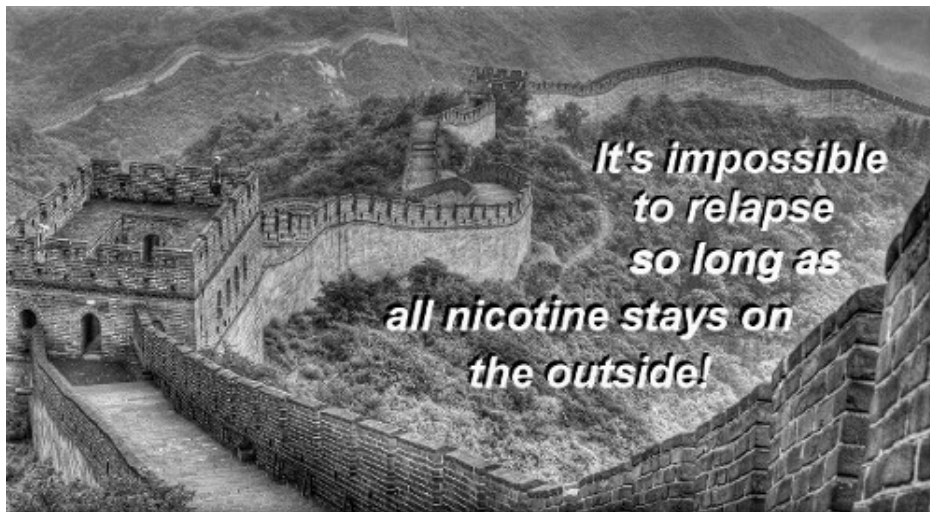
As far as relapse excuses are concerned, life will provide an abundant supply for anyone looking for them. We will have friends or loved ones who will get sick, diseased and die.

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, 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.



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1. Spitzer, J, "I'm just too weak to quit smoking!" WhyQuit.com, Joel's Library, 1984.
  2. 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.
  3. Spitzer, J, "I know I will quit again," February 22, 2001, <https://whyquit.com/joels-videos/i-know-i-will-quit-again/>
  4. Spitzer, J, "I've tried everything to quit and nothing works," February 16, 2002, WhyQuit, Joel's Videos
  5. Spitzer, J, "Maybe I'm Different" WhyQuit.com, Joel's Library, 1985.
  6. Spitzer, J, I Can't Quit or I Won't Quit, WhyQuit.com, Joel's Library, 1986.
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## Nicotine Dependency 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 start home again soon. But if not, what then?

And what if 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.[1] According to the World Health Organization, smoking is expected to claim more than a billion nicotine addicts by century's end.

My late friend and nicotine toxicologist Heinz Ginzel, MD wrote, "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." [2]

Those unseen gases include carbon monoxide, hydrogen cyanide, hydrogen sulfide, ammonia, and methane.

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

How many fewer deaths would occur? We really don't know. While 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.

And how does continuing use of the super-toxin nicotine factor into the damage being done?

What are the long-term risks associated with electronic cigarettes, heat not burn tobacco products, and replacement 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 "natural" or less harmful than other brands, don't buy it. Inhaling gases and particles from a burning toxic waste dump isn't just inherently dangerous and extremely destructive, it's deadly.



A 2008 study examined the effects of smoke upon normal embryonic stem cell development from three cigarette brands suggesting harm reduction benefits. It found that smoke from these so-called harm-reduction cigarettes inhibited normal cell development as much "or more" than traditional brands.[3]

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're seeing a significant percentage of smokers coaxed into trying e-cigs end-up hooked on both cigs and e-cigs. They're called "dual-users."

A 2020 study focused on use-status changes among surveyed dual users between 2013 and 2016. It found that while two years later 7% of dual users had become e-cig only users, and 12% were able to stop using all tobacco products, that 26% were still dual users, and 55% had returned to smoking.[4]

That's right, more than 80% still smoking. In fairness, nicotine delivery technology has advanced since Juul and nicotine salts were introduced in 2015. Has that changed things? It certainly has for teens.

It appears that the primary aim of Juul marketing wasn't in helping smokers get off of cigarettes but in addicting youth.

Marketing showing young people vaping Juuls, their friends doing it, an array of tempting flavors, with thousands of social media posts throwing around terms like "safe" and "safer," how could kids resist?

Although sickening, my concern isn't only about a new generation of youth becoming nicotine addicts.

Is there any question but that the neo-nicotine industry will do its damndest to keep them enslaved and buying until death, its damndest to suppress efforts to free them, and its damndest to entice complacent ex-users to relapse and join them?

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?

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 dove-tailing their marketing with that of tobacco companies in order to make continued smoking easier or more convenient.

Have you ever wondered why you've never once heard any nicotine gum or patch 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. Once secret documents evidencing their agreement are many, and suggest that neither side may directly attack the other's products.[5]

The obvious 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. The purpose of this book is to aid you in arresting it.

Back to harm reduction where all profiting are encouraging drug addicts to never stop using.

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 that's 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." [6]

"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 long-term nicotine use.

They know that the amount of nicotine needed to kill a human is more than one hundred times less than the amount of caffeine needed to do so (40-60 milligrams versus 10 grams).[7]



Yet, many have resorted to falsely portraying nicotine as being as harmless as caffeine in order to sell smokers on "safer" delivery. How many coffee drinkers carry the pot with them?

Harm reduction advocates initially did little to address concerns about the impact of marketing upon youth, messages bombarding them with a wide array of tempting flavors being portrayed as vastly safer than smoking.

They were silent as adolescent nicotine harm studies evidenced nicotine's horrific toll on the developing adolescent brain.[8]

Let me share one youth use-risk concern among many. Ever wonder why those who started using nicotine as children or early teens tended to have greater difficulty learning?

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.[9]

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

They must, otherwise they couldn't sell it. Their focus is upon disease and dying that's likely years or decades down the road, not on living, and today's quality of life.

Some have resorted to accusing nicotine cessation advocates who are unwilling to incorporate harm reduction lessons into their recovery programs as having a "quit or die" mentality.

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

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

I worry that some new struggling ex-user reading this book, who would have succeeded if this section hadn't been here, 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 was never discussed or explained, is unacceptable.

Still, as Dr. Ginzel noted, it would be nice if we knew the actual relative risks in contrasting even smokeless tobacco to NRT but we don't.



What is the relative risk when comparing cigarettes to oral tobacco, or to electronic cigarettes, or to heat not burn products, or to replacement nicotine? Frankly, science doesn't yet know.

We know that cigarettes currently contribute to nearly five million deaths annually, and that they release 4,000 to 6,000 chemicals, while oral tobacco is known to release about 2,550 chemicals. We also know that as many as 81 potential cancer-causing chemicals have been identified in cigarette smoke[10] versus 28 in oral tobacco.[11]

Even nicotine's relationship to cancer, it's still being studied and debated.

As for e-cigarettes, although a 2019 study linked vaping nicotine to causing cancer in mice,[12], in fairness, mice are not humans. Still, there's near consensus that nicotine promotes the proliferation, migration, and invasion of cancer cells in a dose-response manner.[13]

As for the safety of vaping e-cigs, ask yourself this. If vaping is already being blamed for damaging DNA methylation, inducing birth defects, and affecting heart and lungs development in the offspring in animal studies, how safe can it be for us or our offspring?[14]

Additional research is badly needed as we have little long-term health-risk data for pure nicotine users. Most of us have years of cigarette or oral tobacco exposure.

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

Most smoking's risks, with its 50% adult kill rate, are well known. Like e-cigs, what wasn't being studied until recently were the health concerns 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 long-term nicotine use, online nicotine gum user complaints 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.[15]



As you can see, while the list of unproven possibilities are many, few concerns come anywhere 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 nicotine gum use instead of the 8 to 12 weeks FDA use instructions then limited use to, 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,[16] would I have had the motivation to eventually break free from all nicotine, as I did on May 15, 1999, or would gum use have taken away my greatest recovery motivation of all, the fear that smoking was killing me, that I was running out of time and chances?

Would I have created WhyQuit two months later in July? Would I have met Joel Spitzer in January 2000? Would this book have been written?

I don't know. Maybe, maybe not.

Hopefully you're feeling 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. But there, I've done it. You should.

And if considering e-cigarettes, be advised that 2015 research indicates that you may need to inhale, puff and suck on an e-cigarette at least 1 full second longer than you normally would if puffing on a cigarette.

Quoting from the study, "Smokers are used to inhaling from a cigarette that is already burning, while electronic cigarette use is associated with aerosol production only at the time of activation. This can cause a substantial delay between activation and production of [a] sufficient amount of vapor. Experienced users compensate [for] this by activating ECs for [a] longer time, taking longer puffs."17]

"Moreover, while smokers can draw 'harder puffs' (i.e. can elevate the puff volume which will accelerate the burning process and produce more smoke without increasing the puff duration), such a pattern has no effect on aerosol production from electronic cigarettes."

According to the study, failure to inhale at least a full second longer will result in reducing the amount of nicotine entering the bloodstream by about half. And half may not be



enough to satisfy your need. So, if you're going to give electronic nicotine a fair chance you need to substantially extend how long you inhale.

But as a nicotine cessation educator, my dream isn't about seeing you develop the patience needed to allow you to adapt to and remain slave to a cleaner and less destructive forms of delivery.

It's in seeing 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 goes silent.

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## Closing Thoughts

If you've read this far and have ended use, you may well be the most knowledgeable ex-user you've ever met. It's my hope that you won't be shy about sharing what you've learned with those 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 might make a difference if limited to a maximum of 140 characters?

I leave you with this 108 character 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.*

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 143,000 words yet just one guiding principle determining the outcome for all ... no nicotine today. Yes we can!

Breathe deep, hug hard, live long,

*John*



## **Sample Recovery Journal or Diary**

1. My nicotine use history:
2. My core motivations for wanting to end nicotine use:
3. My recovery attempt history and the real reason each attempt failed:
4. The time and date that this recovery started:
5. A brief summary of what the first week of this recovery was like:
6. The total minutes daily that I spent thinking about wanting to use nicotine at:
  - 24 hours:
  - 48 hours:
  - 72 hours:
  - 1 Week:
  - 2 Weeks:
  - 4 Weeks:
  - 6 weeks:
  - 2 months:
  - 3 months:
  - 6 months:
  - 1 year:
7. The benefits I noticed during recovery included:
8. Things I want to remind myself of on my one-year anniversary:
9. The names of two other active users that I've taught the Law of Addiction:
10. The names of two children or teens that I've taught the true power of nicotine: