

Freedom from Nicotine – The Journey Home

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.
-

"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.

-
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 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>
-

"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.

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 6;15(8), Pages 603-610; Also see, Zhang J, et al, Nicotine Induces Resistance to Chemotherapy by Modulating Mitochondrial Signaling in Lung Cancer, *American Journal of Respiratory Cell & Molecular Biology*, August 1, 2008 [Epub ahead of print]; Also see, Baykan A, et al, The protective effect of melatonin on nicotine-induced myocardial injury in newborn rats whose mothers received nicotine, *Anadolu Kardiyol Dergisi*,

August 2008, Volume 8(4), Pages 243-248;

Also see, Marchei E, et al, Ultrasensitive detection of nicotine and cotinine in teeth by high-performance liquid chromatography/tandem mass spectrometry, Rapid Communications in Mass Spectrometry, August 2008, Volume 22(16), Pages 2609-2612.

"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"?

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

3. Spitzer, J, "Boy, do I miss smoking!" 1985, <https://whyquit.com/joels-videos/boy-do-i-miss-smoking/>.

"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.

-
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. Hoepfner 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
-

"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.

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

"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.

-
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].
-

"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.

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>

"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!

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

“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.

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

"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.

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

"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.

-
1. Carr, Allen, The Easy Way to Stop Smoking, 1985, 2004 Edition, Sterling Publishing Company, Inc.
 3. Carr, Allen, Scandle, 2006, <https://www.pdfdrive.com/scandal-allen-carrs-easy-way-d16495943.html>
 3. Spitzer, J, Use of the terms "Nicodemon" and "Hell Week", 2018 <https://whyquit.com/joels-videos/use-of-the-terms-nicodemon-and-hell-week/>
-

"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.

-
1. Whelan, Elizabeth M. A Smoking Gun: How the American Tobacco Industry Gets Away With Murder, June 1984
 2. Tang DW, et al, Food and drug cues activate similar brain regions: A meta-analysis of functional MRI studies, Physiology and Behavior, June 6, 2012, Volume 106(3), Pages 317-324.
 3. Vergnaud AC, et al. Fruit and vegetable consumption and prospective weight change in participants of the European Prospective Investigation into Cancer and Nutrition-Physical Activity, Nutrition, Alcohol, Cessation of Smoking, Eating Out of Home, and Obesity study. Am. J. Clin. Nutr. 2012, Volume 95: Pages 184-193.
 4. Harris KK, Zoepoy M, and Friedman TC, Metabolic effects of smoking cessation, National Review of Endocrinology. May 2016, Volume 12(5): Pages 299-308.
-

"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[1] 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.[2] Nearly as unimaginable as giving up food, compromised dopamine pathways have assigned nicotine use the same priority as those pathways assign to eating food.[3]

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.[4]

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!

-
1. WhyQuit.com, Turkey's Triumphs, 2005 to present, <https://whyquit.com/whyquit/turkeys.html>
 2. Blum K, et al "Liking" and "wanting" linked to Reward Deficiency Syndrome (RDS): hypothesizing differential responsivity in brain reward circuitry, *Current Pharmaceutical Design*, 2012, Volume 18(1), Pages 113-1188.
 3. Blum K, et al, Reward circuitry dopaminergic activation regulates food and drug craving behavior, *Current Pharmaceutical Design*, 2011, Volume 17(12), Pages 1158-1167.
 4. Polito JR, Addiction to smoking nicotine a mental illness, April 12, 2010, WhyQuit.com.
 5. Fiore, MC et al, Clinical Practice Guideline, Treating Tobacco Use and Dependence, U.S. Department of Health and Human Services, June 2000.
 6. Polito, JR Does the Over-the-counter nicotine patch really double your chances of quitting?, WhyQuit.com, April 8, 2002.
 7. Polito, JR, Gallup Poll: cold turkey 48 times smarter than Nicorette, WhyQuit.com, August 26, 2013.
 8. Steppuhn, A, et al, Nicotine's Defensive Function in Nature, *PLoS Biol.* August 17, 2004, 2(8): e217.
 9. Russo P, et al, Nicotinic receptor and tobacco-related cancer *Life Sciences*, November 27, 2012, Volume 91(21-22):Pages 1087-1092.
 10. Nishioka T, et al, Sensitization of epithelial growth factor receptors by nicotine exposure to promote breast

-
- cancer cell growth, *Breast Cancer Research*. 2011, Volume 13(6):R113
11. Calleja-Macias, et al, Association of single nucleotide polymorphisms of nicotinic acetylcholine receptor subunits with cervical neoplasia, *Life Sciences*, 2012 Nov 27;91(21-22):Pages 1099-1102.
 12. Chu KM, et al, Nicotine and gastrointestinal disorders: its role in ulceration and cancer development, *Current Pharmacuetial Design*, 2013;19(1): Pages 5-10.
 13. Zong Y, et al, Nicotine enhances migration and invasion of human esophageal squamous carcinoma cells which is inhibited by nimesulide, *World Journal of Gastroenterology*, May 20098, Volume 28;15(20): Pages 2500-25055.
 14. Guo X, et al, Nicotine induces alteration of H3K27 demethylase UTX in kidney cancer cell, *Humand and Experimental Toxicology*, March 2014, Volume 33(3), Pages 264-269.
 15. Guo L, et al, Mitochondrial reactive oxygen species mediates nicotine-induced hypoxia-inducible factor-1 α expression in human non-small cell lung cancer cells, *Biochim Biophys Acta*. 2012 Jun;1822(6):852-61.
 16. Nakada T, et al, Lung tumorigenesis promoted by anti-apoptotic effects of cotinine, a nicotine metabolite through activation of PI3K/Akt pathway, *The Journal of Toxicological Science*, 2012; Volume 37(3):Pages 555-563.
 17. Salimi M, et al, Change in nicotine-induced VEGF, PGE2 AND COX-2 expression following COX inhibition in human oral squamous cancer, *J Environ Pathol Toxicol Oncol*. 2012;31(4):349-356.
 18. Treviño JG, et al, Nicotine induces inhibitor of differentiation-1 in a Src-dependent pathway promoting metastasis and chemoresistance in pancreatic adenocarcinoma, *Neoplasia*. 2012 Dec;14(12):1102-1114.
 19. Liu Y and Liu BA, Enhanced proliferation, invasion, and epithelial-mesenchymal transition of nicotine-promoted gastric cancer by periostin, *World Journal Gastroenterology*, 2011 Jun 7;17(21):2674-2680.
 20. Yu MA, Nicotine promotes acquisition of stem cell and epithelial-to-mesenchymal properties in head and neck squamous cell carcinoma, *PLoS One*. 2012;7(12):e51967
 21. Heeschen C, et al, Nicotine promotes arteriogenesis, *Journal of the American College of Cardiology*, 2003 Feb 5;41(3):489-496.
 22. Jain G and Jaimes EA, Nicotine signaling and progression of chronic kidney disease in smokers, *Biochemical Pharmacology*, 2013 Oct 15;86(8):1215-23.
 23. Kushwaha S and Jena GB, Effects of nicotine on the testicular toxicity of streptozotocin-induced diabetic rat: intervention of enalapril, *Human and Experimental Toxicology*, 2014 Jun;33(6):609-622.
 24. Bordel R, Nicotine does not affect vascularization but inhibits growth of freely transplanted ovarian follicles by inducing granulosa cell apoptosis, *Human Reproduction*, 2006 Mar;21(3):610-617.
 25. Ginzel, KH, et al, Critical Review: Nicotine for the Fetus, the Infant and the Adolescent?, *Journal of Health Psychology*, 2007, Volume 12(2), Pages 215–224.
 26. The genotoxic effect of nicotine on chromosomes of human fetal cells: the first report described as an important study, *Inhalation Toxicology*, Nov.2011, Volume 23(13), Pages 829-834.
 27. Bailey CD, et al, ChRNA5 genotype determines the long-lasting effects of developmental in vivo nicotine exposure on prefrontal attention circuitry, *Neuropharmacology*. 2014 Feb;77:145-55.
 28. Maritz GS and Harding R, Life-long programming implications of exposure to tobacco smoking and nicotine before and soon after birth: evidence for altered lung development, *Int J Environ Res Public Health*. 2011 Mar;8(3):875-98.
 29. Rehan VK, et al, Perinatal nicotine exposure induces asthma in second generation offspring, *BMC Med*. 2012 Oct 30;10:129.
 30. Holloway AC, et al, Fetal and neonatal exposure to nicotine disrupts ovarian function and fertility in adult female rats, *Endocrine*. 2006 Oct;30(2):213-6.
 31. Slotkin TA, et al, Prenatal nicotine exposure in rhesus monkeys compromises development of brainstem and cardiac monoamine pathways involved in perinatal adaptation and sudden infant death syndrome: amelioration by vitamin C, *Neurotoxicologyand Teratology*, 2011 May-Jun;33(3):431-4.
 32. Maurizio, C, et al, Acute nicotine induces anxiety and disrupts temporal pattern organization of rat
-

exploratory behavior in hole-board: a potential role for the lateral habenula, Front Cell Neurosci. 2015; 9: 197.
33. Polito, JR, Use Rationalizations: "Use relieves stress and anxiety", Freedom from Nicotine - The Journey Home: Chapter 4.

34. Polito, JR, Stop Smoking Recovery Timetable, WhyQuit.com.

"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.

Freedom from Nicotine – The Journey Home

Originally released on January 1, 2009, the 4th revision was completed October 15, 2020. Individual book topics are shared below and a full 10.8MB 415 page PDF is available at [WhyQuit.com/FFN.pdf](https://www.whyquit.com/FFN.pdf).

All images have been removed from the following PDF chapters so as

to make the files smaller and faster opening on mobile devices. All chapter topics (136) are available with images as [topic web pages](#) in HTML format.

Individual PDF Chapters

[Table of Contents](#)

[Introduction](#)

Chapter 1: [Nicotine Addiction 101](#)

Chapter 2: [The Law of Addiction](#)

Chapter 3: [Quitting “You”](#)

Chapter 4: [Use Rationalizations](#)

Chapter 5: [Packing for the Journey Home](#)

Chapter 6: [Common Hazards & Pitfalls](#)

Chapter 7: [Roadmap Overview](#)

Chapter 8: [The First 72 Hours](#)

Chapter 9: [Physical Recovery](#)

Chapter 10: [Emotional Recovery](#)

Chapter 11: [Subconscious Recovery](#)

Chapter 12: [Conscious Recovery](#)

Chapter 13: [Homecoming](#)

Chapter 14: [Complacency & Relapse](#)

Only one rule. No nicotine today!

Copyright John R. Polito © 2020

All Rights Reserved