

Freedom from Nicotine – The Journey Home

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 'aauggghh!!' 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.

-
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.
-

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 de-sensitized 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.

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

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 Nicodemon 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.

-
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.
-

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.

-
1. Dalberto D et al, Cytotoxic and genotoxic evaluation of cotinine using human neuroblastoma cells (SH-SY5Y). *Genet Mol Biol.* 2020;43(2):e20190123. Published 2020 May 29. doi:10.1590/1678-4685-GMB-2019-0123; also see Saji S et al, Nicotine in E-cigarette smoke: cancer culprit?. *J Cell Commun Signal.* 2020, Volume 14(1), Pages 127-128. doi:10.1007/s12079-019-00519-5
 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.
 5. Spitzer J, "So I can't run marathons..." 1986, <https://whyquit.com/joels-videos/so-i-cant-run-marathons/>
 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.
 7. Wald NJ and Hackshaw AK, Cigarette smoking: an epidemiological overview, *British Medical Bulletin*, January 1996, Volume 52(1), Pages 3-11.
-

Recovery Rationalizations

Born of our fears, recovery rationalizations attempt to explain why we couldn't stop, why now isn't the right time or the importance of using. The result was always the same, to delay or prevent cessation.

The following recovery rationalizations were reviewed in Chapter 4. See the common thread?

- **"Nicotine is my stressbuster."**
- **"I'd gain weight and that's just as dangerous."**
- **"I do it for pleasure."**
- **"I like it." "I love it."**
- **"I do it for the flavor and taste."**
- **"My coffee won't taste the same."**
- **"I can't drink alcohol without using nicotine."**

- **"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 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."

-
1. Cornuz J, et al, A vaccine against nicotine for smoking cessation: a randomized controlled trial, Plos One. 2008 Jun 25;3(6):e2547.
 2. Winslow, Ron, Vaccine Shows Promise for Nicotine Addiction, Wall Street Journal, June 27, 2012.
-

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."***

Freedom from Nicotine – The Journey Home

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 2009, 2020

All rights reserved

ISBN-13: 978-1478333029

Freedom from Nicotine – The Journey Home

Explore WhyQuit.com