Did you hear about the lady who went on two diets simultaneously to lose weight? Doing both at once she ate enough food to satisfy her appetite and figured she would lose weight twice as fast.

This humorous story illustrates a very serious point. Human nature dictates that we look for the easiest and least painful route to make necessary changes. Unfortunately, what often appears to be the easiest technique may not always be the best. If this lady really relied on this twisted logic, she would not only fail in losing weight, but would probably end up weighing more than before she started her diets. And while this story may seem far-fetched, many people who try to follow medically unproven and controversial weight control programs often end up with this very dilemma.

But weight control is not the only situation where people rely on unsuccessful techniques. Cigarette smoking is another problem for which people try to find different solutions. People are always looking for new and easy ways to quit smoking. Many behavioral scientists believe that smoking is only a learned pattern. If this were so, there would be many different approaches available to quit. Behavior modification techniques such as reducing the amount of or exposure to a substance or situation, aversion therapy, hypnosis, acupuncture, record keeping, desensitization and countless other approaches have been used for years to help people unlearn unwanted behavior patterns.

But cigarette smoking is not simply a learned behavior or bad habit. It is more complex, more powerful, and worst of all more deadly than most bad habits. Cigarette smoking is an addiction. This fact becomes quite evident the first day of every smoking clinic. Just about every person in the group can relate some story which demonstrates that to some degree he or she is controlled by cigarettes. Some have gone so far as to rummage garbage cans in the middle of the night in search of cigarettes. Others take butts out of dirty ashtrays. Still others sneak cigarettes while hospitalized for smoking-related illnesses even though smoking is expressly forbidden by their physician. After hearing of these dramatic experiences, few people argue the
point that the addiction to cigarettes exerts tremendous control over the smoker.

Addiction does not respond to cut-down approaches. Addiction does not lend itself to controlled use of the substance. If people try to treat an addiction as a bad habit they will lose to the addiction. If, on the other hand, they treat an addiction as an addiction, they stand a good chance of beating it. Once a person is addicted to a substance he must totally avoid any use of that substance or else relapse into a full-fledged drug dependency. This holds true for alcohol, heroin, nicotine, and a host of other drugs.

As far as nicotine is concerned, if the smoker quits cold he will overcome the strongest stages of withdrawal within 72 hours. After two weeks, physical withdrawal ceases. Then, once it is understood that any amount of nicotine administered in any manner will reinforce his dependence, he has all the ammunition he needs to overcome the occasional desire. He must always base the decision of whether or not he should smoke a cigarette on his true options. He has the choice of smoking none or smoking everything. There is no in between. Based on that, his choice is clear - NEVER TAKE ANOTHER PUFF!

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