For men and women who want to quit smoking

Health & Medicine, Addiction



We live in a culture that values immediacy. We want it, and we want it now, whatever it is. So it's no wonder we have a society in which drug problems are epidemic. Nicotine is one of those drug problems. Most of the common approaches to guitting nicotine are the guick fixes, hypnosis, nicotine replacements, and pharmaceuticals like Chantix. If they work for you then by all means use them. But if you've tried them all and still can't guit for good take a look at this approach.

Here I put forward a method that is based on a powerful tool that we do have available to us and it's free: our awareness. The tradeoff with this approach is this way of quitting takes time because you are going to become aware of every part of the smoking process in your life. It's not quick fix. I want to be clear that by taking time to quit I am not offering any sort of strategy that cuts down on nicotine incrementally or that utilizes nicotine replacements like patches or gum, nor am I suggesting any type of behavioral replacement. With this process, when you quit, you quit.

But until you quit, don't even try to quit. There is other work to do first. The medical profession is largely focused on conditions that are going to kill us or diminish our capacities. For tools it primarily uses medications and surgery. Medicine is a force that is at its best in an emergency sending in the incredibly well trained, disciplined, courageous, smart SWAT teams to overwhelm the opposition, be it accident trauma, cancer, heart failure or the myriad of other physical system failures we develop.

However, medical practice, with its disease orientation, hasn't been very successful with treating addictions in general. Addiction to nicotine is no

exception. The medical model looks at curing smoking primarily through the lens of disease and emphasizes negative motivations like fear. Medicine reminds us of the horrifying possibilities. You're going to die of cancer. You should be ashamed of yourself, only losers smoke anymore. You look like hell. You'll be hauling around an oxygen bottle just to be able to breathe.

This fear motivation unfortunately motivates more smoking than it stops. A primary spike in smoking behavior occurs from stress, and let's face it, the thoughts of living in pain, looking bad, being unloved and full of shame until you die a miserable death of lung cancer, is not a stress reducing visualization. Frankly, even if you do succeed out of fear, you lose at other levels. Medicine's other approach to nicotine addiction is to overpower the craving with prescribed drugs like anti-depressants, Chantix, and even nicotine itself.

When it comes to addictive drugs the medical model struggles since the tools available to it are incomplete in this area. It's hard to effectively treat drug abuse with drugs. If fear and medications worked we would have just said no a long time ago, been scared straight, legislated and shamed into a drug free world. But after the 100 years war on drugs, it's all very much worse. And nicotine, like alcohol, like cocaine and the rest, is a drug. Just because it's legal doesn't mean it's any better than some of the illegal drugs.

That's all the bad news. There is good news. People do quit. Negative approaches based on fear don't work well for a couple of reasons. First, the best evidence in learning theory suggests that we learn far better from positive motivation than from negative motivations like fear. This process is

about learning to quit so let's learn from positive motivations. The second problem with negative approaches based solely on fears is that they set up what psychologists call an internal split. We start off divided.

Part of us still wants to smoke and part of us is fighting that part because we're afraid of what's going to happen if we don't quit. Really, how many of us are in there in the first place? To quit we need to learn what we need to learn to have the power to quit and then make the 100% decision to quit. No internal conflict. You know what they say about a house divided against itself. If we are single minded, really make an informed decision to quit, maintain a single point of focus we decide to quit, nothing can really stop us. So what are some of the positives in the successful effort to quit?

Clearly, when we quite, the aesthetics of it, better skin, better smelling car and clothes and breath, more money, more time since you're not going off to smoke, more socially open since you don't have to withdraw or limit yourself to just socializing in cigarette friendly areas. Certainly there are health benefits, financial benefits, social benefits, and a lot of positives to consider. Another huge positive that we don't really know about is that nicotine withdrawal symptoms are almost non-existent. Yes, you heard that right.

And, it appears from studies of blood plasma levels of nicotine taken throughout the day that smokers are, to quote the study authors "remarkably insensitive" to changes in nicotine levels in the blood. In short, the body can do fine without nicotine. Take it's steady supply of morphine away and you'll have the worst most painful flue ever experienced by humans. Take your chronic cocaine use away and you'll be lethargic and

severely depressed for months and months. Take your long-term daily alcohol use away and you could die of hyperthermia and you will almost certainly seizure.

But take your nicotine away and ... well, not much happens. In a study done by Benowitz in 1992 25% of those who quit smoking reported no withdrawal symptoms at all. I know those of you who have tried to quit and failed are ready to throw this in the trash. No withdrawal symptoms! I went nuts, hated it, couldn't function, got really angry at everything, was confused and disoriented and ate everything in sight. Yes, that's behavior and behavior which comes from the split I talked about, the self fighting itself. However, ignoring for a moment the mental emotional struggle, the actual bodily withdrawal symptoms are almost negligible.

At worst the body is tired, since nicotine is a stimulant. You might experience confusion since nicotine's effects tend to temporarily sharpen our thinking and if you cut out the drug it takes a little time for your system to rebound to its normal baseline state of alertness. You might cough for a while as the lungs clear themselves and you might be a little agitated or sad as though something important were missing in your life. There is one more positive to quitting nicotine. To quit, all you do is quit nicotine. It's not a gray area or open to confusion or interpretation.

Quitting means no nicotine, no patches, no gum, no candy, no toothpicks, no replacements of any sort. If you're quitting food addictions or behavior addictions it's tough to come to grips with what represents normal use. With those addictions, as they say, you have to let the tiger out of the cage on a

daily basis. With nicotine it is extremely clear, one of those rare things in life that's black and white. To quit means no nicotine. No cutting back, no gum, no patches, no nicotine, and no confusion. Nicotine does create a craving and although it is minimal physically it gets very pronounced mentally and emotionally.

It is experienced very much like an obsessive compulsive disorder where a person has to check the house three times before they leave or they won't be much able to function. You have to have nicotine because your mind tells you you have to. But again the good news is we can get the mind corralled enough to cooperate with us and the body cravings are just not a problem. Actually the body starts to feel better almost immediately when we stop smoking. There is also a massive emotional component to smoking. This is the missing piece of most approaches to guitting.

They don't deal with the emotional component effectively or often, at all and emotions are huge drivers of behavior. But smoking has huge emotional meaning for us, certainly it did when we started. It might be belonging, or independence, or an adult rite of passage or any of a thousand things. For some of us if our parents smoked it means home. Part of the awareness-based approach requires that we look into the meaning of smoking. Often it is tied to the 'full-filling' experience of flooding our lungs with smoke and that full-filling has emotional significance.

My experience is that nicotine is a very mental but also a very emotional drug. Mentally, favored by writers and other intellectual types, it appears to work to clarify and focus thinking. It is also favored by people who are

struggling emotionally. It provides a time-out, a mini-vacation from the world where we can withdraw into the ritual, fulfill ourselves, and then go back to the struggle. But at least, with nicotine use, we get to experience control and for a microsecond, perfect satisfaction where we get exactly what we want.

That's rare in life and a very desirable state if we experience most of our life as out of control. Withdrawing from nicotine seems to have more of an effect on thinking and feeling process than on physical processes. Thinking, which we then attach to emotion to drive it, is the place where the difficulty comes in terms of relapse. Our thought process gets obsessive about finding a smoke and once we engage in those thoughts and the emotional drive, it all gets very very conflicted, difficult, and usually leads to relapse.

If you've tried to quit, and failed, you know that when you first started thinking about having a cigarette you were lost. The balance tipped at the point where you considered some amount of nicotine as an option and it was all downhill from there to a cigarette. Some amount of use always leads back to the regular amount of use. If we can work with thinking and feeling in such a way that the process never gets entertained, never has a chance to grab on, then the mind doesn't do what it does best, rationalize some amount of use of nicotine and use emotion to drive the drug seeking behavior.