

## Chapter 14

**Complacency & Relapse****Caring for Our Recovery**

First, the good news, the risk of relapse declines with the passage of time! While roughly 95% of uneducated smokers who attempt to stop smoking relapse within a year, the relapse rate declines to just 2 to 4% per year from years 2 to 10, and then falls to less than 1% after 10 years.<sup>393</sup> Keep in mind that these rates occurred among ex-users who generally had little understanding of nicotine dependency and no formal respect for the Law of Addiction. If compliant with the Law our risk of failure remains zero.

But just one powerful hit of nicotine and the addict is back! While ignorance of the Law is no excuse, most ex-users do not remain ex-users because of understanding or respect for “one puff” relapse rates seen in recovery studies. They do so because once home they discover that life without nicotine is better than when using it.

While the relapse rate for years 2 through 10 may seem small, when added together the risk becomes significant. One recent study suggests that as many as 17% who succeed for 1 year may eventually relapse.<sup>394</sup> These ex-users do not relapse because they dislike being home. They do so because they lose sight of how they got there, who they are, and the captivity they left behind.

Among educated ex-users there appear to be three primary factors associated with relapse: (1) a natural suppression of memories of recovery’s early challenges, (2) the ex-user tries to rewrite or amend the Law and (3) the ex-user thinks he/she has found a legitimate excuse to break or ignore it. When these factors combine with an offer of a cigar, alcohol use around those still using<sup>395</sup> or occur in an impulsive-type person,<sup>396</sup> the risk of relapse is magnified.

**Recovery memory suppression** – It’s normal to slowly grow complacent during the months and years after ending nicotine use. Complacency is fueled by quickly failing memories of the daily captivity stress factors that compelled us to seek freedom. It’s also fueled by an inability to recall the intensity of early withdrawal anxieties, the power of cue triggered crave episodes or the duration of conscious fixation.

---

393 Krall EA, et al, [Smoking relapse after 2 years of abstinence: findings from the VA Normative Aging Study](#), Nicotine and Tobacco Research, February 2002, Volume 4(1), Pages 95-100.

394 Hughes JR, et al, [Relapse to smoking after 1 year of abstinence: a meta-analysis](#), Addictive Behaviors, December 2008, Volume 33(12), Pages 1516-1520.

395 Krall EA, et al, [Smoking relapse after 2 years of abstinence: findings from the VA Normative Aging Study](#), Nicotine and Tobacco Research, February 2002, Volume 4(1), Pages 95-100.

396 Doran N, [Impulsivity and smoking relapse](#), Nicotine and Tobacco Research, August 2004, Volume 6(4), Pages 641-647.

Most of us failed to keep a detailed record of why we commenced recovery or what those first two weeks were like. Without a record to remind us, we are forced to rely upon our memory to accurately and vividly preserve the truth, the whole truth and nothing but the truth. But now, the memory in which we placed our trust has failed us.

It isn't that our memory is bad, faulty or doing anything wrong. In fact, it's working as designed to preserve in as much detail as possible the joyful events of life, while suppressing and helping us forget life's stressful events, anxieties, trauma and pain. To do otherwise would make life inside these minds unbearable. In fact, post-traumatic stress disorder (PTSD) is believed to reflect a breakdown in the mind's ability to forget.<sup>397</sup> If women were forced to remember the agony and pain of childbirth, most would likely have just one. We are each blessed with the ability to forget.

So how does the recovered nicotine addict who failed to record their journey home revive their passion for freedom and recall liberty's price? If we forget the past are we destined to repeat it? Not necessarily. But just as any loving relationship needs nourishment to flourish, we should not take our recovery for granted or the flame could eventually die and the fire go out. It's my dream to protect my freedom until that final breath. If you feel the same then we need to nourish our desires. If we do, we win. If not, we risk complacency allowing nicotine back into our bloodstream. We risk dying as slaves.

Whether daily, monthly or just once a year, our recovery benefits from care. But where do we turn if our recovery memories have been suppressed and we have kept no record? Our best resource is probably our brothers and sisters still in bondage. Why not enlist their help in revitalizing our own memories of active dependency? Talk to them. Let them know what you seek. Encourage them to be as candid and truthful as possible.

Although it may look like they're enjoying their addiction, their primary objective is to stay one step ahead of insula driven urges and craves. Tell them the truth about where you now find yourself. Although not always the case, with most you'll find their responses inspiring. Be kind and sincere. It wasn't long ago that those were our shoes.

Try hard to recall those first two weeks without nicotine. Think about earlier uneducated attempts. What were they like? Can you recall your mind begging to be fed? Feel the anxieties. Were you able to concentrate? How was your sleep? Did you feel depressed, angry, irritable, frustrated, restless or anxious? Were there rapidly cycling emotions, irrational thinking or emotional outbursts? Do you remember these things? Do you remember the price you paid? Do you recall the reasons you willingly paid it?

We can go on-line if we have access to a computer, visit scores of smoking cessation support groups and find thousands of battles being fought, hear a multitude of cries and watch hundreds struggling for survival as they dream of the calmness and quiet you now

---

397 Geraerts E, McNally RJ, [Forgetting unwanted memories: directed forgetting and thought suppression methods](#), Acta Psychologica (Amst), March 2008, Volume 127(3), Pages 614-622; also see, Levy BJ, Anderson MC, [Individual differences in the suppression of unwanted memories: the executive deficit hypothesis](#), Acta Psychologica (Amst), March 2008, Volume 127(3), Pages 623-635.

call home. They cannot begin to imagine traveling so far that remembering their turmoil becomes the greatest challenge of all.

If permitted, send a message to those in need. The most important thing you can tell them is the truth about why you came. If still in the first few days they may be facing hurricane anxieties. Their mind may have them convinced that their emotional storm will never end. Don't pretend that you can feel their anxiety. Instead give them what they need, the truth! Let them know that you've traveled so far that it's now hard to relate. Tell them how comfortable and complacent you've grown. Describe last week and how many seconds, if any, that you devoted to thinking about using. Fear of the unknown is frightening. Teach them what life on Easy Street is like. By aiding them we aid ourselves.

It may be that complacency has you at a point where thoughts of wanting are again taking root. But think back. How long had you gone without wanting? If it is happening, rekindling pride in the amazing journey you once made may silence such chatter. If not I'd encourage you to re-read Chapters 3 and 12, as I suspect that you've either developed a romantic fixation with using or failed to let go of one during recovery.

**Amending the Law of Addiction** - The second complacency factor working against us is a strong, natural desire to want to believe that we have been fully cured, that we can now handle "just one," "just once." But just one puff, dip or chew and it's do not pass go, do not collect \$200. Go directly to the addict's prison and surrender our freedom for good.

It isn't that we don't believe the Law but probably more a matter of growing to believe that we're the exception to it. We convince ourselves that we're stronger, smarter or wiser than all addicts who came before us. We amend the law. We put ourselves above it. "Just once, it'll be ok, I can handle it." "I'm stronger than them." "A little reward, it's been a while, I've earned it."

Such thoughts can infect the mind and feed on themselves. Unless interrupted by reason and truth, our period of healing and freedom may be nearing an end. If allowed to fester, all our dreams and hard work risk being flushed like a toilet.

Instead of pretending we can handle "just one" such encounters demand truth. Before reaching the point of throwing it all away we need to be honest about what's about to happen. If this moment should ever arrive, try telling yourself this before bringing nicotine back into your body:

"My freedom will now end!" "I'm going back." "I can handle all of them, give them all back to me, my entire addiction, all the trips to the store, the buys, the money, and the empties." "I want it all back." "Go ahead, slowly harden my arteries and eat my brain." If a smoker, "Fill my world with ash, cover me in that old familiar stench, and let morning again be for coughing." If an oral user, "Take

my hair, destroy my teeth, and put sores back into my mouth.”<sup>398</sup> “Put me back behind bars, make me an outcast, throw away the key and let me die with my master still circulating in my veins.” “I accept my fate” “I’m ready to surrender!”

It’s far easier for the junkie mind to create a one puff, one dip or one chew exception to the “law” than to admit the truth. Instead of picturing just one or once, picture all of them, at least a full year’s supply. Picture fitting them into your mouth all at once because day after day, month after month, year after year after year that’s exactly where they’ll be going. “To thine own self be true.” You deserve it - you paid the price - you earned it!

If you find yourself attempting to rewrite the law of addiction, stop, think, remember, reflect, read, revisit, revive and give to others, but most important, be honest with you!

**The perfect excuse** - The final ingredient is an excuse. For many, any excuse will do, even joy! It could be a reunion with an old buddy who uses, one too many drinks with friends, a wedding, a graduation, or even a baby’s birth and someone handing you a cigar. Imagine being curious about the new electronic or e-cigarette with its atomization chamber, smart chip, lithium battery and nicotine cartridge filled with apple, cherry, strawberry, chocolate, vanilla, coffee, mint or tobacco flavored nicotine. Imagine watching an e-cigarette instantly vaporize nicotine when sucked and seeing a little light at the end imitate a real cigarette’s heat.

What about a chance encounter with a self service display offering two pieces of Nicorette’s new Cinnamon Surge," "Fruit Chill" or "Cappuccino" flavors of nicotine gum for one penny! What about being tempted to



try one of the other new nicotine delivery devices now hitting the streets? It’s exactly what those selling them are hoping will happen. You may encounter the new fully dissolvable tobacco/nicotine toothpicks, sticks, film or candy flavored orbs.

But joyful or even stupid nicotine relapse is harder to explain to ourselves and to those we love.

The smart addict waits for the great excuse, the one they think will be easy to sell to both themselves and others. As sick as it may sound, the easiest to sell is probably the death of a loved one.

Although everyone we love is destined to die and it will happen sooner or later, for the reformed addict it’s the perfect excuse for relapse. I mean, who can blame us for ingesting highly addictive drugs upon the death of our mother. Anyone who does would

398 Polito JR, [Long-term Nicorette gum users losing hair and teeth](#), WhyQuit.com, December 1, 2008.

have to be extremely insensitive or totally heartless! Right? Wrong! There is no legitimate excuse for relapse.

Losing a job, the end of a relationship, a serious illness, disease, a terrorist attack, financial problems, a flood, earthquake, hurricane, an auto accident, are all great excuses too - it's drug time again! The addict is back!

Utterly terrible events will happen in each of our lives - such is life. Adding full-blown nicotine relapse to any situation won't fix, correct or undo our underlying concern. Take a moment now and picture yourself fully navigating the worst nightmare your mind can imagine. Sooner or later it will happen. When it does, staying clean and free may be the most positive factor during this period of darkness.

Remember, we've only traded places with our chemical dependency and the key to the cell is that one hit of nicotine that will cause up to 50% of our brain's a4b2 type acetylcholine receptors to again be occupied by nicotine. It will create a dopamine explosion that will soon have our brain begging for more.

As long as we stay on freedom's side of the bars, we are the jailers and our dependency the prisoner. There are only two choices. We can complete this temporary period of adjustment and enjoy comfortable probation for life or we can bring nicotine back into our bloodstream, relapse, and intentionally inflict cruel and unusual punishment upon these innocent bodies for the remainder of their time on earth. If the first choice sounds better – lifetime probation - then we each need only follow one simple rule ... no nicotine today!

## Relapse

**The lesson learned** - One of two things happens after relapse. Either the user will think they have gotten away with using and, as a result, with the passage of time a “false sense of confidence” will have them using again, or they will quickly find themselves back using nicotine at their old level of daily intake, or at a higher level than before they quit, at times within a matter of days. But either way, their brain's pay-attention pathways recorded the event in high-definition memory and it will soon want more.

Although it sounds strange, as Joel notes, the lucky ones are those who quickly find themselves once again fully hooked.<sup>399</sup> Why lucky? Because this group stands a far better chance of associating that first puff, dip or chew of nicotine with full and complete relapse. Instead of learning the Law of Addiction from some book such as this, they stand a chance of self-discovering the law through experience and the school of hard-quitting-knocks.

It's a lesson that's become increasingly difficult to self-discover since 1984, when the

---

399 Spitzer, J, [The Lucky Ones Get Hooked](#), WhyQuit.com, Joel's Library 1984.

FDA approved the first of a now vast array of nicotine replacement products (NRT), the nicotine gum. Today, the lesson that just one hit of nicotine spells relapse gets muddled and buried by promotion and marketing associated with ineffective nicotine weaning schemes. Those standing to profit from the sale of NRT have re-labeled a natural poison medicine. They teach that instead of ending nicotine's use that you need to replace it, and describe doing so as "therapy."

It's why teaching and sharing the "Law of Addiction" with those still in bondage is the most important gift we can give. Pre-NRT generations enjoyed clean mental chalkboards upon which to record prior relapse experiences. Today the chalkboards of millions are so filled with conflicting messages that identifying truth has become nearly impossible. This generation needs us. They need our insights.

**There is no legitimate relapse justification** - Over the years we've seen thousands attempt to justify their latest relapse. Some relate the most horrific and brutal life situations imaginable and then put their back against the wall as if daring you to tell them that their nicotine use and relapse wasn't justified. Guess what? Again, there's absolutely no legitimate justification for relapse. None, zilch!

As Joel puts it, we understand why the person relapsed. They "violated the Law of Addiction, used nicotine and are paying the mandatory penalty - relapse. We also know that any excuse that the person is attempting to give for having re-awakened an active chemical dependency is total nonsense. There is no justification for relapse."<sup>400</sup>

Don't expect any serious support group or competent nicotine dependency recovery counselor to allow relapse excuses to stand unchallenged. They can't, as silence is a teacher too.

It's "like someone standing on a ledge of a building," writes Joel. "Do you want the people standing on the ground giving the person on the ledge reasons not to jump, or after listening to all the woes in the individual's life saying, 'Gosh, I understand what you are saying.' 'I feel that way too.' 'I guess if I were in your shoes I would jump too.' 'Don't feel guilty, though, we understand.'"

"I don't want this statement to be read like a mockery of those attempting to offer help," says Joel. "I am trying to illustrate an important point. Obviously, if the person on the ledge jumps he or she will die. But understand, that if a person relapses and doesn't quit, he or she is likely to face the same fate, just time delayed. Yes, if you saw a person on a ledge you would try to use empathy to coax him or her back. But, empathy would be in the form of explaining that you understand his or her plight but totally disapprove of his or her current tactic for dealing with it. There are better ways to resolve these problems than committing suicide."

"You may understand the feelings the person had. You may have even felt them at some

---

400 Spitzer, J, [We Understand Why You Relapsed](#), WhyQuit.com, Joel's Library, 2002.

point yourself. But you don't give into the feeling,” writes Joel.

We are nicotine addicts; real, live honest to goodness drug addicts. If we were all heroin addicts sticking needles into our arms, when one of us relapsed and started again injecting heroin into their veins, would the rest of us pat them on the back and tell them that "it's ok"? Would we tell them "don't worry about it," "it's just a little slip, nothing big" "you just keep slippin and we'll just keep huggin you each time you come back." "Hey, we all slip every once in a while, it's just part of life," that "it's no big deal"?

No big deal? Surrendering control of life to an external chemical is a big, big deal!

**Continuing use rationalizations** - While the relapsed addict may feel that their reason for relapse was sufficient, it will not be sufficient to explain the fact that they find themselves still using. Now they need additional rationalizations to explain why their relapse justification has passed yet they have not stopped.

“I’m just too weak to stop.”<sup>401</sup> This excuse ignores or dismisses success up to the point of relapse. Obviously, they were not too weak then. This user would benefit by focusing upon and breathing renewed life into freedom’s neglected dreams and desires. During their next recovery they need to master putting those dreams into the driver’s seat of their mind within seconds of encountering a challenge. They’d be wise to review the crave episode coping techniques in Chapter 11 and arm themselves with additional coping skills for battle. They need to appreciate that the pride they felt prior to relapse will take root anew in just a few hours as they navigate withdrawal once again, just 3 minutes at a time.

“Well, at least I tried.”<sup>402</sup> As Joel notes, chalking the attempt up to “experience” will mean absolutely nothing unless the user “objectively evaluates what caused his relapses.” “Instead of recognizing his past attempts as failures, he rationalizes a positive feeling of accomplishment about them. This type of rationalization all but assures failures in all future attempts.” He needs to understand that claimed use justifications never cause relapse. Administering another dose of nicotine is what causes relapse, not the circumstances surrounding it.

“I know I will quit again.”<sup>403</sup> This addict creates him or herself about continued nicotine use today by promising to endure potential withdrawal discomfort in the future. What if their now shattered dreams and desires never again become sufficient to motivate them to stop? Once sufficiently re-motivated, why should they expect a different result if they still have little or no understanding as to why the last relapse occurred? If their motivations are sufficient now and they understand why they relapsed, what are they waiting for? They are likely waiting because they’ve invented some new silly drug use

401 Spitzer, J, “[I’m just too weak to quit smoking!](#)” WhyQuit.com, Joel’s Library, 1984.

402 Spitzer, J, “[Well, at least I attempted to quit. That is better than not trying at all.](#)” WhyQuit.com, Joel’s Library, 1986.

403 Spitzer, J, “[I know I will quit again.](#)” February 22, 2001, <http://www.ffn.yuku.com/topic/22978>

rationalization as to why now isn't a good time.

"I've tried everything to quit and nothing works." Joel tells a story about one of his clinic participants, a lady named Barbara. She "told me that she had once attended another clinic and liked it more than ours. I asked her how long she had quit while in that program and she said, 'Oh, I didn't quit at all.' I then asked her how many of the other people quit. She replied, 'I don't know if anybody quit.' I then asked, if nobody quit then why did she like the program more? She answered, 'When I completed the program, I didn't feel bad about smoking!'"<sup>404</sup>

I often hear, "I've already tried cold turkey plenty of times!" What this person doesn't yet appreciate is that education is a recovery method, that in comparison to uneducated abrupt nicotine cessation it's like turning on the lights. Products and procedures clearly can fail to produce as advertised. But it's a little hard to blame knowledge and understanding when our actions are contrary to them.

Like any tool, knowledge cannot take credit for being used or blame for being ignored. Unlike products, this book can never claim credit for having endured a single challenge for any reader. Credit for their ongoing victory will always be 100% theirs. Likewise, responsibility for allowing nicotine back into their bloodstream and brain would be totally theirs too.

"Maybe I'm different."<sup>405</sup> "Maybe I can't quit."<sup>406</sup> It isn't that this person is different. In fact they're exactly the same as us. Relapse after relapse, with at least a dozen serious failed attempts of my own, I eventually came to believe that it was impossible for me "to quit." Eventually I surrendered to the fact that I was a drug addict and that I would die an addict's death. What I didn't then realize was that each of those battles was each fought in ignorance and darkness. I was swinging blindly at an unseen opponent. What I didn't realize was that I'd never once allowed my greatest weapon onto the battlefield, my intelligence.

I'd made recovery far more challenging that it needed to be. I'd skipped meals, added hunger anxieties, mind fog, added caffeine doubling associated with at least a pot of coffee daily and leaned heavily upon quitting buddies. Insanely, more than once I celebrated and rewarded myself with one cigarette after three days, once the anxieties started easing off. I knew nothing of the body's ability to rid itself of nicotine within 72 hours. Having inter-spaced cold turkey with at least four NRT attempts, I was lost. Was nicotine medicine or was it what was keeping me hooked?

I had absolutely zero appreciation for the Law of Addiction. So was I different? Certainly not with respect to what happens once nicotine enters my brain. As Joel notes, it is impossible to locate any person who relapsed who didn't introduce nicotine back into

---

404 Spitzer, J, "[I've tried everything to quit and nothing works.](#)" February 16, 2002, <http://www.ffn.yuku.com/topic/12121>

405 Spitzer, J, "[Maybe I'm Different?](#)" WhyQuit.com, Joel's Library, 1985.

406 Spitzer, J, "[I Can't Quit or I Won't Quit](#)," WhyQuit.com, Joel's Library, 1986.

their bloodstream.

**More excuses coming** - As far as relapse excuses are concerned, life will provide a sufficient supply for anyone looking to use one. We will have friends or loved ones who will get sick, diseased and die. Dying is a normal part of life. If the death of someone close to us is an acceptable reason for relapse, then the freedom and healing of hundreds of millions of recovered users is at risk.

Expect imperfect humans to do the unthinkable. We change, disagree, sometimes break promises, argue and make new relationships. Expect financial distress as food, medicine, fuel and living costs continue to rise. The loss of a job or inability to work may be an injury, disease or pink slip away. Floods, droughts, fires, tornados, earthquakes and hurricanes happen. People will fall, vehicles collide, sports teams lose, terrorists attack and wars will be waged, won and lost.

Life promises lots and lots of excuses to relapse. But freedom's promise is absolute. It is impossible to relapse so long as all nicotine remains on the outside. We each have a 100% guarantee of staying free today so long as no nicotine enters our bloodstream.

## **Harm Reduction**

What if we relapse? What then? Hopefully we'll work toward reviving and strengthening our dreams and desires and start home again immediately. But if not, what then? What if our relapse was to the dirtiest, most destructive, and deadliest form of nicotine delivery ever devised, the cigarette? We're told it accounts for 20% of all deaths in developed nations.<sup>407</sup> According to the World Health Organization, smoking is expected to claim more than one billion nicotine addicts by the end of the 21<sup>st</sup> century.

A respected nicotine toxicologist, Heinz Ginzel, MD writes, "burning tobacco ... generates more than 150 billion tar particles per cubic inch, constituting the visible portion of cigarette smoke. But this visible portion amounts to little more than 5 to 8 percent of what a lit cigarette discharges and what you inhale during puffing. The remaining 90 percent of the total output from a burning cigarette is in gaseous form and cannot be seen."<sup>408</sup>

Many health officials wish they could immediately transfer all smokers to less destructive forms of nicotine delivery. Some are now advocating it.

"If NRT were ever able to replace smoking, which is highly unlikely," writes Dr. Ginzel, "morbidity and mortality caused by nicotine itself would manifest over time and replace that of cigarette smoking. It would probably be lower for the adult, but nicotine exposure during fetal development and infancy could have alarming consequences for affected

407 Wald NJ and Hackshaw AK, [Cigarette smoking: an epidemiological overview](#), British Medical Bulletin, January 1996, Volume 52(1), Pages 3-11.

408 Ginzel, KH, [Why Do You Smoke?](#) WhyQuit.com, February 6, 2007

populations.”

How many fewer adult deaths would occur? We don't yet know. Although most harm reduction advocates are more optimistic and expect massive reductions, their suppositions ignore the fact that most smokers in need of diminished tobacco use risks have already logged years of tobacco toxin and carcinogen exposure. How does their continuing use of the super-toxin nicotine factor into their pre-existing cigarette use exposure risks?

It may take decades before science can untangle relative risks and draw reasonably reliable conclusions about long-term disease and death risks associated with chronic long-term use of cigarettes claiming to reduce harms, NRT, oral tobacco or electronic cigarette use by ex-smokers.

As for any traditional combustion-type cigarette claiming to be less harmful than other brands, don't buy it. Inhaling gases and particles from a burning mini toxic waste dump is inherently dangerous and extremely destructive. A recent study examined the effects of smoke from three brands claiming harm reduction upon normal embryonic stem cell development. It found that smoke from these so-called harm-reduction cigarettes inhibited normal cell development as much "or more" than traditional brands.<sup>409</sup>

Many public health advocates are alarmed that harm reduction campaigns may actually backfire, keeping millions who would have successfully arrested their chemical dependency hooked and cycling back and forth between cigarettes and other forms of nicotine delivery. They're also concerned that harm reduction campaigns tossing about terms such as "safe," "safer," or "safety" may actually entice ex-smokers to relapse.

I was recently sent sample packets from Canada containing two 2mg pieces of "Fresh Fruit" and "Ice Mint" Nicorette gum with tooth whiteners. I was told that these sample packs were being sold at self-service checkout counter displays in Canadian beer stores for one penny. How many ex-smokers will be tempted to give it a try while drinking alcohol? How many will relapse? How much of this sample gum will end up in the hands of youth?

The second sentence on the back of each Canadian sample pack tells smokers that Nicorette gum isn't just for quitting smoking. "Nicorette gum can also be used in cases in which you temporarily refrain from smoking, for example in smoke-free areas or in other situations which you wish to avoid smoking." Imagine pharmaceutical companies dovetailing their marketing with that of tobacco companies in order to make continued smoking easier or more convenient.

Have you ever wondered why you have never once heard any pharmaceutical industry quit smoking product commercial suggest that, "Smoking causes lung cancer,

---

409 Lin S, et al, [Comparison of toxicity of smoke from traditional and harm-reduction cigarettes using mouse embryonic stem cells as a novel model for preimplantation development](#), Human Reproduction, November 29, 2008 [Epub ahead of print].

emphysema and circulatory disease, that you need to purchase and use our product because smoking can kill you”? You haven’t and probably won’t. As hard as it may be to believe, the pharmaceutical and tobacco industries have operated under a nicotine marketing partnership agreement since about 1984. The once secret documents evidencing the agreement are many, and they suggest that neither side may directly attack the other side’s products.<sup>410</sup> Their partnership objective is to ensure the purchase and use of their dopamine pathway stimulation products. This book exists to help you stop using them.

Back to harm reduction. Both sides in the debate appear to be overstating their case. Some opposed to harm reduction have argued that the risks associated with a smoker transferring to oral tobacco is like getting hit by a car instead of a truck, like shooting yourself in the foot instead of the head, or like jumping from a three-story building rather than one ten stories tall.

Lacking accurate relative risk data themselves, harm reductionists counter by asserting that, “Based on the available literature on mortality from falls, we estimate that smoking presents a mortality risk similar to a fall of about 4 stories, while mortality risk from smokeless tobacco is no worse than that from an almost certainly non-fatal fall from less than 2 stories.”<sup>411</sup>

“We estimate”? It is disturbing to see us stoop to educated-guessing when it comes to life or death. It is also disturbing that no harm reduction advocate yet has been willing to provide an accurate accounting of known and suspected harms associated with chronic nicotine use. They know that the amount of nicotine needed to kill a human is 166 times smaller than the amount of caffeine needed to do so.<sup>412</sup> Yet, in order to sell smokers on “safer” delivery many have resorted to falsely portraying nicotine as being as harmless as caffeine.

Harm reduction advocates have done little to quiet concerns about the impact of marketing upon youth, messages already bombarding them with a wide array of tempting flavors portrayed as vastly safer than smoking. They seem unconcerned by an increasing number of adolescent nicotine harm studies showing nicotine’s horrific toll on the developing adolescent brain.<sup>413</sup>

410 Shamasunder B, Bero L., [Financial ties and conflicts of interest between pharmaceutical and tobacco companies](#), Journal of the American Medical Association, August 14, 2002, Volume 288(6), Pages 738-744; also see the following once secret tobacco industry documents available at TobaccoDocuments.org: PM USA internal memo dated 7/21/82, [Bates #2023799798](#); PM USA internal memo dated 5/7/84, [Bates #2023799799](#); PM USA internal memo dated 10/25/84, [Bates #2023799801](#); PM USA letter dated 12/17/84, [Bates #2023799804](#); PM USA internal memo dated 1/22/85, [Bates #2023799803](#); PM USA internal memo dated 9/6/85, [Bates #2023799796](#); 2<sup>nd</sup> PM USA internal memo dated 9/6/85, [Bates #2023799795](#); PM USA internal memo dated 12/16/85, [Bates #2023799789](#); PM USA internal memo dated 1/8/88, [Bates #2500016765](#); PM USA letter dated 5/8/91, [Bates #2083785672](#); British American Tobacco collection letter dated 8/1/91, [Bates #500872678](#); PM International letter dated 4/23/98, [Bates #2064952307](#).

411 Phillips CV, et al, [Deconstructing anti-harm-reduction metaphors: mortality risk from falls and other traumatic injuries compared to smokeless tobacco use](#), Harm Reduction Journal, April 18, 2006, Volume 3, Pages 1-5.

412 Polito, JR, [Nicotine 166 Times More Deadly than Caffeine?](#) WhyQuit.com, February 16, 2006.

413 Slotkin TA, et al, [Adolescent nicotine treatment changes the response of acetylcholine systems to subsequent](#)

Let me give just one example among many. Ever wonder why those who started using nicotine as children or early teens tend to have greater difficulty learning through listening? Research shows that adolescent nicotine disrupts normal development of auditory brain fibers. This damage may interfere with the ability of these fibers to pass sound, resulting in greater noise and diminished sound processing efficiency.<sup>414</sup>

Harm reduction advocates not only ignore the harms inflicted by nicotine, they also ignore the costs associated with living life as an actively feeding drug addict. They must, otherwise they couldn't sell it. Their focus isn't on living but dying.

Some have resorted to accusing cessation educators and counselors unwilling to incorporate harm reduction lessons into their recovery programs as having a "quit or die" mentality. It is as if they have no appreciation for the fact that bargaining is a normal phase of recovery and there may be no more inviting bargain for a drug addict than one which invites them to keep their drug.

It's why putting this section here, at the tail end of this book, causes me substantial concern. I worry that some new ex-smoker or oral tobacco user reading this book, a read that would have succeeded if this section had not been here, will instead seize upon the words that follow as license to relapse.



But the alternative, the potential for relapse and then smoking yourself to death because relative risk had never been discussed or explained to you, is totally unacceptable. Still, as Dr. Ginzel notes, it would be nice if we knew the actual relative risks in contrasting oral tobacco to NRT but we don't.

What is the relative risk in comparing cigarettes to oral tobacco, to electronic cigarettes,

---

[nicotine administration in adulthood](#), Brain Research Bulletin, May 15, 2008, Volume 76 (1-2), Pages 152-165; also see, Slotkin TA, [If nicotine is a developmental neurotoxicant in animal studies, dare we recommend nicotine replacement therapy in pregnant women and adolescents?](#) Neurotoxicology and Teratology, January 2008, Volume 30, Issue 1, Pages 1-19.

414 Jacobsen, LK, et al, [Prenatal and Adolescent Exposure to Tobacco Smoke Modulates the Development of White Matter Microstructure](#), The Journal of Neuroscience, December 5, 2007, Volume 27(49), Pages 13491-13498.

to pharmaceutical grade replacement nicotine? We know that cigarettes currently contribute to nearly five million deaths this year, and that cigarettes release more than 4,000 chemicals while oral tobacco releases 2,550 chemicals. We also know that 81 potential cancer-causing chemicals have been identified in cigarette smoke<sup>415</sup> versus 28 in oral tobacco.<sup>416</sup>

The only known harmful agent in both the new electronic or e-cigarettes (which uses an atomizer to create a nicotine mist)<sup>417</sup> and replacement nicotine (NRT) is nicotine and the potent chemicals it breaks down into. Still, we have little long-term data for pure nicotine, as nearly every user has years of cigarette or oral tobacco exposure, which would make it nearly impossible to determine direct and proximate cause.

Clearly, smokers face serious risk of many different types of cancers, including lung cancer, a host of breathing disorders including emphysema, and serious circulatory disease as carbon monoxide combines with nicotine to destroy vessel walls and facilitate plaque buildup. Smoking's common harms and roughly 50% adult kill rate are well known. What wasn't known until recently were the health concerns being expressed by long-term NRT users.

Although we still do not know whether or not NRT user health concerns are in fact directly related to chronic nicotine use, online complaints among those who have used nicotine gum for one year or longer include: addiction with intense gum cravings, anxiety, irritability, dizziness, headaches, nervousness, hiccups, ringing in the ears, chronic depression, heart burn, elevated blood pressure, a rapid or irregular heart beat, sleep disruption, tiredness, a lack of motivation, a heavy feeling, recessed, bleeding and diseased gums, diminished sense of taste, tooth enamel damage, tooth loss, jaw-joint pain and damage (TMJ), canker sores with white patches on the tongue or mouth, bad breath, dry mouth, sore or irritated throat, difficulty swallowing, swollen glands, bronchitis, stomach problems and pain, gastritis, severe bloating, belching, achy muscles and joints, pins and needles in arms and hands, uncontrollable foul smelling gas that lingers, a lack of energy, loss of sex drive, acid reflux, stomach ulcers, fecal impaction from dehydration, scalp tingling, hair loss, acne, facial reddening, chronic skin rashes and concerns about immune system suppression.<sup>418</sup>

While smoking's harms are clearly greater and more life threatening than pure nicotine's, how do we weight and balance pure nicotine's ongoing use harms against those associated with how smoking will kill us?

How many millions of additional air sacs would these lungs have if I had successfully transferred my dependency to nicotine gum the first time I used it in 1985 or 86, fifteen

415 Smith CJ et al, [IARC carcinogens reported in cigarette mainstream smoke and their calculated log P values](#), Food and Chemical Toxicology, June 2003, Volume 41(6), Pages 807-817.

416 IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, [Smokeless Tobacco and Some Tobacco-specific N-Nitrosamines](#), 2007, Volume 89.

417 Polito JR, [Do Kennedy and Waxman know about electronic or e-cigarettes?](#) WhyQuit.com, March 29, 2008.

418 Polito JR, [Long-term Nicorette gum users losing hair and teeth](#), WhyQuit.com, December 1, 2008.

years after getting hooked? If I had attempted to transfer my dependency instead of using it as a quitting product, would I have been able to adjust and adapt to gum's slower, less precise and less controllable delivery? Would I have lived with a chronic cough, wheezing, chronic bronchitis, developed pneumonia in both 1998 and 1999, and have early emphysema today? How many more teeth would I have?

If I had gotten hooked on the cure, as an estimated 37% of U.S. nicotine gum users were as of 2003,<sup>419</sup> would I have had the motivation to eventually break free from all nicotine delivery, as I did on May 15, 1999 when I stopped smoking? Would I have founded WhyQuit two months later, would this book have been written? I don't know. Maybe, maybe not. Hopefully you understand a bit better my reluctance to suggest that if you relapse to smoking nicotine, that if a non-pregnant adult that you consider attempting to adapt to a cleaner form of nicotine delivery.

There, I've done it. But my dream isn't about seeing you develop the patience to allow yourself time to adapt to and remain slave to a cleaner and less destructive form of nicotine delivery. It's that you develop the "one day at a time" patience needed to go the distance and taste permanent and lasting freedom from nicotine.

Once free, never forget the most important lesson of all. As Joel says, the true measure of nicotine's power isn't in how hard it is to stop using it, but in how easy it is to relapse.

Tens of thousands of words but still just one guiding principle determining the outcome for all ... no nicotine today! Yes we can!

Breathe deep, hug hard, live long,

John

---

419 Bartosiewicz, P, [A Quitter's Dilemma: Hooked on the Cure](#), New York Times, Published: May 2, 2004; quoting, Shiffman S, Hughes JR, et al, [Persistent use of nicotine replacement therapy: an analysis of actual purchase patterns in a population based sample](#), Tobacco Control 2003 November; 12: 310-316.