

## Freedom from Nicotine – The Journey Home

# Chapter 14: Complacency & Relapse

## Caring for Your Recovery

First, the good news. The risk of relapse declines with the passage of time. "The rate of smoking relapse in the 2nd-6th years of abstinence fluctuated between 2 and 4% per year, and fell to less than 1% only after 10 years of abstinence." [1]

Keep in mind that those rates were generated by ex-users who generally had little understanding of nicotine dependency and no formal respect for the Law of Addiction. If obedient to Law, our risk of failure remains zero. But just one powerful hit and the addict is back.

While ignorance of the Law is no excuse, the vast majority of successful ex-users don't remain ex-users because they understood or respected the Law, or because they'd learned about shocking "one puff" relapse rates in studies. They've never heard of the Law.

They do so because once home they discover how amazingly wonderful being free is.

Now for the bad news. While the relapse rates for years 2 through 10 may seem small, when added together the risk becomes significant. A 2008 study suggests that as many as 17% who succeed for 1 year will eventually relapse.[2]

These ex-users don't relapse because they dislike being home. They do so because they lost sight of how they got there, who they are, and the captivity they escaped.

Among educated ex-users there are three primary factors associated with relapse: (1) a natural suppression of memories of recovery's early challenges, (2) they rewrite, amend or decide to test the Law and (3) they pretend that they have a legitimate excuse to break or ignore it.

Should these factors combine with an offer of a free cigar, alcohol use around those still using[3] or occur in an impulsive-type person,[4] the risk of relapse gets magnified.

Let's briefly look at those three factors: memory suppression, amending the law, and an excuse.

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1. 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.

2. 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.

3. Krall EA, et al, Smoking relapse after 2 years of abstinence: findings from the VA Normative Aging Study,

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Nicotine and Tobacco Research, February 2002, Volume 4(1), Pages 95-100.

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

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## **Recovery Memory Suppression**

Complacency is a "feeling of security, often while unaware of some potential danger." It's normal to slowly grow complacent during the months and years after successfully ending nicotine use.

Complacency is fueled by slowly diminishing memory of daily captivity and the factors that compelled us to seek freedom. It's born of a gradually declining ability to recall the intensity of early withdrawal anxieties, the power of cue triggered crave episodes, or the time spent enduring conscious fixation.

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, we're 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 is failing.

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 life's joyful events, 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.[1]

If women were forced to remember the agony and pain of childbirth, most would likely have only one child. 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, if we take our recovery for granted, the flame could eventually die, and the fire go out.

I intend to protect my freedom until I draw my last breath. If you feel the same, our recoveries need nourishment. 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 kept no record to refresh our recollections?

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?

If you have access to a computer, go online and visit any of the scores of smoking cessation support groups. There we'll 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 we now call home.

The newbies you'll see cannot begin to imagine traveling so far, that trying to recall the turmoil they now feel will someday soon become their 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 significant 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 most, the truth. Let them know that you've traveled so far that it's now difficult 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 using 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 can silence such chatter.

If occurring, I encourage you to re-read Chapters 4 and Chapter 12, as I suspect that you've either developed a romantic fixation with using, or failed to let go of one during recovery.

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1. 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

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differences in the suppression of unwanted memories: the executive deficit hypothesis, *Acta Psychologica (Amst)*, March 2008, Volume 127(3), Pages 623-635.

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## **Amending the Law of Addiction**

The second complacency factor working against us is a strong, natural desire to want to believe that we've been fully cured, that we can now handle "just one" or "just once."

But just one puff, dip or chew and "do not pass go, do not collect \$200." Go directly to the addict's prison and surrender your freedom.

It isn't that we don't believe the Law of Addiction. It's 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 infect the mind and feed upon 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, depress by life, 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 you vaped, "let me spend the balance of life justifying it, all the missing money, dry hits, and pretending its safe and a hobby. If an oral user, "take my hair, destroy my teeth, and put sores back into my mouth." [1]

"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, dip or chew exception to the "law" than to admit the truth.

Instead of picturing just one or once, picture all of them. Try to imagine 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 navigated recovery. You paid the price and deserve the truth!

If you find yourself attempting to rewrite the Law, stop, think, remember, reflect, read, revisit, revive, and give to others. But most important, be honest with you!

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1. Polito JR, Long-term Nicorette gum users losing hair and teeth, WhyQuit.com, December 1, 2008.

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## **Relapse: 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, two too many drinks, a wedding, graduation, or even a baby's birth and someone handing you a cigar.

Imagine being curious about vaping e-cigs and being told that the Juul compatible pod you've just been handed is filled with apple, cherry, strawberry, chocolate, vanilla, coffee, mint, or tobacco flavored nicotine.

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, if after a couple of drinks someone hands you a sample Philip Morris' IQOS or TEEPS, or a Ploom heat-not-burn nicotine delivery device?

Imagine being offered the new fully dis-solvable tobacco/nicotine toothpicks, sticks, film, candy-flavored orbs, or invited to experience hookah via a waterpipe.

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 that 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 our mother's death.

Anyone who does would 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 the underlying horror.

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, let being and remaining clean and free serve as hope's lighthouse during this period of near total darkness.

Remember, we've only traded places with our chemical dependence. The key to the cell is that one hit of nicotine that will force your brain's survival instincts teacher to teach a false lesson, and make that lesson nearly impossible in the short term to forget.

As long as we stay on freedom's side of the bars, we are the jailers and our dependency our prisoner.

There are only two choices. We can complete this temporary period of adjustment and enjoy comfortable probation for life, or introduce nicotine back into our bloodstream. Why pick the darkest darkness? Why let relapse 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 need only adhere to one guiding principle ... no nicotine today!

## **Relapse: The Lesson Learned**

One of two things happens following relapse. 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'll quickly find themselves back using nicotine at their old level of daily intake or higher.

Although it sounds strange, as Joel notes, the lucky ones are those who quickly find themselves once again fully hooked.[1]

Why? 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-knocks.

It's a lesson that's become increasingly difficult to self-discover since 1984 when the FDA approved nicotine gum, the first of a now vast array of NRT products.

Today, the lesson that just one hit of nicotine spells relapse gets muddied 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."

Today, the e-cig industry stands on NRT's shoulders in proclaiming nicotine safe, and that vaping it, while blended in a thousand flavors, is vastly more desirable than chewing or sucking it, or wearing a tasteless patch.

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 and e-cig generations enjoyed clean mental chalkboards upon which to record prior relapse experiences. Today the chalkboards of hundreds of millions of addicts are so filled with conflicting messages that identifying truth has become nearly impossible.

This generation needs us. They need our insights.

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1. Spitzer, J, The Lucky Ones Get Hooked, WhyQuit.com, Joel's Library 1984.

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## **No Legitimate Justification for Relapse**

Over the years we've heard nearly every relapse justification imaginable. Some relate extremely horrific and brutal life situations 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 failed. 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 acceptable reason for relapse."<sup>[1]</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. Here, a deadly one.

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 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 slipping and we'll just keep hugging 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 your #1 priority to an external chemical is a big, big deal.

Just ask earth's billion smokers as they wait for the sky to fall while committing slow-motion suicide.

Ask millions of e-cig users, health risk guinea pigs who remain almost clueless as to the unique risk profile created when inhaling nicotine from one of hundreds of difference devices containing one of 5,000+ juice cocktails.

It's my hope and prayer that you too develop a deep-rooted belief that there is no legitimate justification for relapse. To hopefully drive the point home, let's review and put to bed justifications commonly used.

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1. Spitzer, J, We Understand Why You Relapsed, WhyQuit.com, Joel's Library, 2002.

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## **More Relapse Rationalizations**

Recall that in Chapter 12 we reviewed the following 8 relapse rationalizations, with the first 3 being detailed in Chapter 4.

- **"Just one" or "just once."**
- **"I'm unable to concentrate."**
- **"Use relieves stress and anxiety."**
- **"I'm gaining too much weight."**
- **"I need relief from stress."**



- **"Withdrawal and my symptoms will never end!"**
- **"I'm mad that I can't smoke anymore."**
- **"I don't feel any better since stopping."**

Why three different chapters? Why not just one? Because the moment we stop, every second beyond is about relapse prevention.

As soon as possible, at-risk newbies need awareness of the most common relapse justifications (the top 3 above). Chapter 12' takes aim at additional use justifications that can and do arise during the first few months. Here, we reflect on additional excuses that can occur at anytime, including the months and years ahead. Let's get started.

While the relapsed addict may feel that their reason for relapse was sufficient, it won't explain the fact that they continued using.

They now need a new rationalization to explain why their relapse justification has passed, yet they haven't stopped.

- **"I'm just too weak to stop."[1]**

This excuse dismisses or ignores having been successful up to the point of relapse. Obviously, they weren't too weak yesterday, or the day before, or the day before. Why now?

This user would benefit by focusing upon and breathing renewed life into their original dreams and desires. It highlights the importance of using a journal or diary to document them while still potent, clear, and fresh.

During their next recovery, they need to master not only putting but keeping those dreams in the driver's seat of their mind, especially during challenges. They'd be wise to revisit the crave coping techniques shared in Chapter 11 and prepare for battle by arming themselves with additional coping skills.

They need to appreciate that the growing pride they felt before they relapsed can take root anew in just a few hours, as they navigate withdrawal again, just one challenge at a time.

- **"Well, at least I tried."[2]**

As Joel notes, chalking the attempt up to "experience" will mean absolutely nothing unless the user "objectively evaluates what caused his or her relapse."

"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 stop again."**[3]

This addict justifies failure today by promising success in the future. But what if their now shattered dreams and desires never again become sufficient to motivate them to stop? What if there just isn't time?

What if continuing use causes fats and plaque building and gathering within an artery delivering oxygen to their brain to become fully blocked before arrival of the courage to again say "no"?

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're likely waiting because they've invented some new silly drug use rationalization as to why now just isn't the time.

- **"I've tried everything to stop and nothing works."**

Joel tells the story of a clinic participant named Barbara. "Barbara told me that she had once attended another clinic and liked it more than ours. I asked her how long she had stopped after that program and she said, 'Oh, I didn't stop at all.'"

"I then asked her how many of the other people succeeded. She replied, 'I don't know if anybody stopped.' I then asked, if nobody stopped then why did she like the program more? She answered, 'When I completed the program, I didn't feel bad about smoking!'"[4]

I often hear, "I've already tried cold turkey plenty of times!" What this person doesn't yet appreciate is that education - smart turkey - is a recovery method.

In contrast 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 the public library, knowledge cannot take credit for being used, nor 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 percent theirs. Likewise, responsibility for allowing nicotine back into their bloodstream and brain is totally theirs too.

- **"Maybe I'm different."**[5] **"Maybe I can't quit."**[6]

It isn't that this person is different. In fact, they're 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 stop.

After one last failed attempt in early 1999, I surrendered to the fact that I was a drug addict, that stopping was hopeless, and that I would die an addict's death.

What I didn't then realize was that each of those battles was fought in ignorance and darkness. I was swinging blindly at an unseen opponent.

What I didn't realize was that I'd never once brought my greatest weapon to the battlefield, my intelligence.

I'd made recovery vastly more challenging than need be. I skipped meals, added hunger anxieties, mind fog, experienced caffeine doubling associated with at least a pot of coffee daily, and leaned heavily upon others for support.

Insanely, more than once I celebrated and rewarded myself with just one cigarette after three days, once the early anxieties began easing off a bit. I knew nothing of the body's abilities to rid itself of nicotine.

And having inter-spaced cold turkey with at least four NRT attempts, I was totally lost. Was nicotine medicine or was it what was keeping me hooked? How could I possibly self-discover the Law of Addiction via one puff and relapse when being taught that nicotine was medicine?

Was I weaker than the hundreds of millions who had successfully stopped? Was I different?

Certainly not with respect to what happens once nicotine enters the brain. As Joel notes, it is impossible to locate any person who relapsed who didn't introduce nicotine back into their bloodstream.

## More Excuses Coming

As far as relapse excuses are concerned, life will provide an abundant supply for anyone looking for them. 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 nearly a billion now comfortable ex-users is at risk.

Expect imperfect humans to do the unthinkable. We change, disagree, sometimes break promises, argue, and start and end relationships. Expect financial distress as food, medicine, fuel and living costs continue to rise. The loss of a job or inability to work may only be an injury, disease or pink slip away.

Floods, droughts, fires, tornadoes, earthquakes, and hurricanes will happen. People die, vehicles collide, sports teams lose, terrorists attack, and wars will be waged, won, and lost. Life promises loads of excuses to relapse.

But freedom's promise is absolute. It is impossible to relapse so long as all nicotine remains on the outside.

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1. Spitzer, J, "I'm just too weak to quit smoking!" WhyQuit.com, Joel's Library, 1984.

2. Spitzer, J, "Well, at least I attempted to quit. That is better than not trying at all," WhyQuit.com, Joel's Library,

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1986. Note: references to the word quit have been replaced with the word stop or stopped.

3. Spitzer, J, "I know I will quit again," February 22, 2001, <https://whyquit.com/joels-videos/i-know-i-will-quit-again/>
  4. Spitzer, J, "I've tried everything to quit and nothing works," February 16, 2002, WhyQuit, Joel's Videos
  5. Spitzer, J, "Maybe I'm Different" WhyQuit.com, Joel's Library, 1985.
  6. Spitzer, J, I Can't Quit or I Won't Quit, WhyQuit.com, Joel's Library, 1986.
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## Nicotine Dependency Harm Reduction

What if we do relapse? What then? Hopefully, relapse will instill a deep and profound respect for the power of one hit of nicotine to again take the mind's priorities teacher hostage.

Hopefully, belief in the Law of Addiction will thereafter forever remain beyond question. Hopefully, we'll immediately work toward reviving and strengthening our dreams and start home again soon. But if not, what then?

And what if 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.[1] According to the World Health Organization, smoking is expected to claim more than a billion nicotine addicts by century's end.

My late friend and nicotine toxicologist Heinz Ginzel, MD wrote, "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% of the total output from a burning cigarette is in gaseous form and cannot be seen." [2]

Those unseen gases include carbon monoxide, hydrogen cyanide, hydrogen sulfide, ammonia, and methane.

Many health advocates wish they could immediately transfer all smokers to less destructive forms of nicotine delivery. And many are now strongly advocating it.

How many fewer deaths would occur? We really don't know. While most harm reduction advocates are extremely optimistic and expect massive reductions, their suppositions ignore the fact that most smokers have already logged years of tobacco toxin and carcinogen exposure.

And how does continuing use of the super-toxin nicotine factor into the damage being done?

What are the long-term risks associated with electronic cigarettes, heat not burn tobacco products, and replacement nicotine in long-term ex-smokers? It may take decades before science can untangle relative risks and draw reasonably reliable conclusions.

As for any traditional combustion-type cigarette claiming to be "natural" or less harmful than other

brands, don't buy it. Inhaling gases and particles from a burning toxic waste dump isn't just inherently dangerous and extremely destructive, it's deadly.

A 2008 study examined the effects of smoke upon normal embryonic stem cell development from three cigarette brands suggesting harm reduction benefits. It found that smoke from these so-called harm-reduction cigarettes inhibited normal cell development as much "or more" than traditional brands.[3]

Some 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 seeing a significant percentage of smokers coaxed into trying e-cigs end-up hooked on both cigs and e-cigs. They're called "dual-users."

A 2020 study focused on use-status changes among surveyed dual users between 2013 and 2016. It found that while two years later 7% of dual users had become e-cig only users, and 12% were able to stop using all tobacco products, that 26% were still dual users, and 55% had returned to smoking.[4]

That's right, more than 80% still smoking. In fairness, nicotine delivery technology has advanced since Juul and nicotine salts were introduced in 2015. Has that changed things? It certainly has for teens.

It appears that the primary aim of Juul marketing wasn't in helping smokers get off of cigarettes but in addicting youth.

Marketing showing young people vaping Juuls, their friends doing it, an array of tempting flavors, with thousands of social media posts throwing around terms like "safe" and "safer," how could kids resist?

Although sickening, my concern isn't only about a new generation of youth becoming nicotine addicts.

Is there any question but that the neo-nicotine industry will do its damndest to keep them enslaved and buying until death, its damndest to suppress efforts to free them, and its damndest to entice complacent ex-users to relapse and join them?

I hold in my hand sample packets 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?

The second sentence on the back of each Canadian sample pack tells smokers that Nicorette gum isn't just for stopping 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 dove-tailing their marketing with that of tobacco companies in order to make continued smoking easier or more convenient.

Have you ever wondered why you've never once heard any nicotine gum or patch commercial suggest that "Smoking causes lung cancer, emphysema, and circulatory disease, that you need to buy and use our product because smoking can kill you"?

You haven't and likely never will. But why?

As hard as this may be to believe, the pharmaceutical and tobacco industries have operated under a nicotine marketing partnership agreement since about 1984. Once secret documents evidencing their agreement are many, and suggest that neither side may directly attack the other's products.[5]

The obvious purpose of their partnership is to ensure the purchase and use of each side's dopamine pathway stimulation products. They want you to pay them to satisfy your dependency's wanting. The purpose of this book is to aid you in arresting it.

Back to harm reduction where all profiting are encouraging drug addicts to never stop using.

Some opposed to harm reduction have argued that the risks associated with a smoker transferring to oral tobacco is like getting hit by a small car instead of a large truck, like shooting yourself in the foot instead of the head, or like jumping from a three-story building rather than one that's ten stories tall.

Lacking accurate relative risk data themselves, the harm reductionist counters 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." [6]

"We estimate"? It's disturbing to see us stoop to educated-guessing when it comes to life or death.

It is also disturbing that no serious harm reduction advocate has yet been willing to provide an accurate accounting of known and suspected harms associated with long-term nicotine use. They know that the amount of nicotine needed to kill a human is more than one hundred times less than the amount of caffeine needed to do so (40-60 milligrams versus 10 grams).[7]

Yet, many have resorted to falsely portraying nicotine as being as harmless as caffeine in order to sell smokers on "safer" delivery. How many coffee drinkers carry the pot with them?

Harm reduction advocates initially did little to address concerns about the impact of marketing upon youth, messages bombarding them with a wide array of tempting flavors being portrayed as vastly safer than smoking.

They were silent as adolescent nicotine harm studies evidenced nicotine's horrific toll on the developing adolescent brain.[8]

Let me share one youth use-risk concern among many. Ever wonder why those who started using nicotine as children or early teens tended to have greater difficulty learning?

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.[9]

Harm reduction advocates not only ignore the harms inflicted by nicotine, they ignore nicotine's greatest cost of all, living every hour of every day as an actively feeding addict.

They must, otherwise they couldn't sell it. Their focus is upon disease and dying that's likely years or decades down the road, not on living, and today's quality of life.

Some have resorted to accusing nicotine cessation advocates who are 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 that there is no more inviting bargain for an addict than one which invites them to keep using.

It's why it pains me to include this harm reduction section here at the tail end of this book.

I worry that some new struggling ex-user reading this book, who would have succeeded if this section hadn't 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 was never discussed or explained, is unacceptable.

Still, as Dr. Ginzler noted, it would be nice if we knew the actual relative risks in contrasting even smokeless tobacco to NRT but we don't.

What is the relative risk when comparing cigarettes to oral tobacco, or to electronic cigarettes, or to heat not burn products, or to replacement nicotine? Frankly, science doesn't yet know.

We know that cigarettes currently contribute to nearly five million deaths annually, and that they release 4,000 to 6,000 chemicals, while oral tobacco is known to release about 2,550 chemicals. We also know that as many as 81 potential cancer-causing chemicals have been identified in cigarette smoke[10] versus 28 in oral tobacco.[11]

Even nicotine's relationship to cancer, it's still being studied and debated.

As for e-cigarettes, although a 2019 study linked vaping nicotine to causing cancer in mice,[12], in fairness, mice are not humans. Still, there's near consensus that nicotine promotes the proliferation, migration, and invasion of cancer cells in a dose-response manner.[13]

As for the safety of vaping e-cigs, ask yourself this. If vaping is already being blamed for damaging DNA methylation, inducing birth defects, and affecting heart and lungs development in the of offspring in animal studies, how safe can it be for us or our offspring?[14]

Additional research is badly needed as we have little long-term health-risk data for pure nicotine users. Most of us have years of cigarette or oral tobacco exposure.

Clearly, smokers face super-serious risks of many different types of cancers, a host of breathing

disorders including emphysema, and circulatory disease as carbon monoxide combines with nicotine to destroy vessel walls and facilitate plaque buildup.

Most smoking's risks, with its 50% adult kill rate, are well known. Like e-cigs, what wasn't being studied until recently were the health concerns expressed by long-term NRT users.

Although we still don't know whether or not NRT user health concerns are in fact directly related to long-term nicotine use, online nicotine gum user complaints 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.[15]

As you can see, while the list of unproven possibilities are many, few concerns come anywhere near smoking's known risks. Clearly, smoking's harms are vastly greater and far more life threatening than nicotine's.

How many millions of additional air sacs would these lungs have today if I'd permanently transferred my dependency to nicotine gum the first time I used it in 1985 or 86?

If my goal had been long-term nicotine gum use instead of the 8 to 12 weeks FDA use instructions then limited use to, would I have been more willing to accept gum's slower, less precise, and less controllable delivery? If I'd permanently transferred my dependency to cleaner delivery in 1986, would I be able to run for more than a few hundred feet today? Would I have more teeth?

If I had allowed myself to become hooked on the cure, as an estimated 37% of U.S. nicotine gum users were as of 2003,[16] would I have had the motivation to eventually break free from all nicotine, as I did on May 15, 1999, or would gum use have taken away my greatest recovery motivation of all, the fear that smoking was killing me, that I was running out of time and chances?

Would I have created WhyQuit two months later in July? Would I have met Joel Spitzer in January 2000? Would this book have been written?

I don't know. Maybe, maybe not.

Hopefully you're feeling 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 delivery. But there, I've done it. You should.

And if considering e-cigarettes, be advised that 2015 research indicates that you may need to inhale,



puff and suck on an e-cigarette at least 1 full second longer than you normally would if puffing on a cigarette.

Quoting from the study, "Smokers are used to inhaling from a cigarette that is already burning, while electronic cigarette use is associated with aerosol production only at the time of activation. This can cause a substantial delay between activation and production of [a] sufficient amount of vapor. Experienced users compensate [for] this by activating ECs for [a] longer time, taking longer puffs." [17]

"Moreover, while smokers can draw 'harder puffs' (i.e. can elevate the puff volume which will accelerate the burning process and produce more smoke without increasing the puff duration), such a pattern has no effect on aerosol production from electronic cigarettes."

According to the study, failure to inhale at least a full second longer will result in reducing the amount of nicotine entering the bloodstream by about half. And half may not be enough to satisfy your need. So, if you're going to give electronic nicotine a fair chance you need to substantially extend how long you inhale.

But as a nicotine cessation educator, my dream isn't about seeing you develop the patience needed to allow you to adapt to and remain slave to a cleaner and less destructive forms of delivery.

It's in seeing you develop the "one day at a time" patience needed to go the distance and allow yourself to sample the amazing sense of quiet and calm that arrives once your addiction's chatter goes silent.

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## **Closing Thoughts**

If you've read this far and have ended use, you may well be the most knowledgeable ex-user you've ever met. It's my hope that you won't be shy about sharing what you've learned with those in need.

One of life's greatest challenges is penetrating the actively feeding addict's thick protective wall of denial. We may only get a few seconds or a single chance before their defenses tune us out entirely. As with Twitter, what could we possibly say that might make a difference if limited to a maximum of 140 characters?

I leave you with this 108 character Tweet:

*Once ready to stop, there's only one rule, that we are REAL drug addicts. For us there is no such thing as just one, as one equals all.*

As for your ongoing victory, please understand that it's totally your doing. As with any library, knowledge is simply a tool to be used or ignored. You are the one who put it to work. And the glory is 100% yours!

As Joel often reminds us, in that we refuse to accept the blame when someone violates the Law of Addiction, we have no business taking credit when they don't. I wish I could say that I endured even a single challenge for you. But, it simply isn't true.

Once free and comfortable, I pray you never forget the most important lesson of all. As my mentor

taught me, the true measure of nicotine's power isn't in how hard it is to stop, but in how easy it is to relapse.

More than 143,000 words yet just one guiding principle determining the outcome for all ... no nicotine today. Yes we can!

Breathe deep, hug hard, live long,

*John*

## Sample Recovery Journal or Diary

1. My nicotine use history:
2. My core motivations for wanting to end nicotine use:
3. My recovery attempt history and the real reason each attempt failed:
4. The time and date that this recovery started:
5. A brief summary of what the first week of this recovery was like:
6. The total minutes daily that I spent thinking about wanting to use nicotine at:
  - 24 hours:
  - 48 hours:
  - 72 hours:
  - 1 Week:
  - 2 Weeks:
  - 4 Weeks:
  - 6 weeks:
  - 2 months:
  - 3 months:
  - 6 months:
  - 1 year:
7. The benefits I noticed during recovery included:
8. Things I want to remind myself of on my one-year anniversary:
9. The names of two other active users that I've taught the Law of Addiction:
10. The names of two children or teens that I've taught the true power of nicotine:

## **Freedom from Nicotine – The Journey Home**

### **Individual PDF Chapters**

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*Only one rule. No nicotine today!*

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