

Never Take Another Puff

By Joel Spitzer

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Conversion to PDF format and indexing by BillW. Bill wanted readers of the book to know that he is not a professional publisher, nor an editor or a typist. Bill is a rocket scientist by profession. Bill is proud of that. But he is also proud of the fact that as of the day we have put this book together he has quit for one year and four months. His contribution in laying out and indexing this book is most invaluable and appreciated.

The author feels the need to point out that while being a rocket scientist is indeed impressive, that the skills needed to be a rocket scientist, nor the level of intelligence or ingenuity that is required to be a rocket scientist is in anyway mandatory to achieve success in quitting smoking. Quitting smoking is actually a simple process that any average person can accomplish once he or she comes to the conclusion that to quit smoking and to stay free is as simple as just knowing to never take another puff!

About the Author



Joel Spitzer has been a leading authority in the development and implementation of smoking cessation and prevention programs for over 30 years. Far from just following and teaching the commonly held beliefs of the day, he has been a visionary who recognized early on that nicotine was an addiction while the rest of the medical and scientific community contended it was simply a habit. His unique insight allowed him to develop and implement nicotine prevention and intervention strategies that were decades ahead of their time. Participants in his clinics have success in quitting at rates that far exceed the national average for such programs.

Currently, he serves as a smoking prevention and cessation consultant to the Evanston and Skokie, Illinois Health Departments. He is conducting full 6-day clinics throughout the year as well as conducting monthly seminars. He also is currently co-managing an Internet based smoking cessation support group with over 3,000 members and serves as a technical advisor for another smoking prevention and cessation site <http://www.whyquit.com/> that has over four million hits per year. His materials are being widely utilized on many Internet based quit sites.

Mr. Spitzer has been providing smoking cessation and prevention services since 1972, first as a volunteer speaker and then a member of the professional staff of the American Cancer Society, and later as the smoking programs coordinator for the Rush North Shore Medical Center's Good Health Program.

He has conducted over 325 six-session stop smoking clinics to over 4,500 participants, including programs for major corporations, medium and small sized

companies, universities, health departments and numerous hospitals in the Metropolitan Chicago area.

Besides smoking cessation clinics, he has developed and presented smoking education seminars to both adult and school age groups. Since 1972, he has presented over 570 one-session seminars to over 92,000 people. He has been a main speaker on the physical, psychological, and social aspects of smoking at over 30 major conferences on smoking and health throughout Illinois. He has trained physician and lay speakers for the American Cancer Society. He has done many radio, television, newspaper and magazine interviews. He has written over 100 articles used as part of the follow-up reinforcement for participants of his Stop Smoking Clinics.

He has been involved in other aspects of health promotion. He has done public speaking on lifestyle and fitness, weight control, drug abuse, cancer prevention and cancer early diagnosis. He personally designed and produced most of the audio-visual materials used in conjunction with these programs.

In September of 2000 he established Joel Spitzer, Ltd., where he is working as a private consultant providing smoking cessation and prevention programs in the Chicago area.

Preface

Never take another puff. It seems so simple. If you want to quit smoking all you need to do is to never take another puff. There you have it—a roadmap for breaking free from one of the deadliest scourges ever to hit mankind. Nearly five million people a year die from smoking. Many knew the dangers and wanted to quit but didn't feel as if they knew how to break away from such a complicated and powerful addiction. Truth be known, this is not a complicated addiction and while on the surface it may seem powerful, in truth, it is not. Yes there are lots and lots of people who smoke until it kills them but it is not that they couldn't quit. It's that they didn't have the understanding of what was needed to quit, and more importantly, what they needed to do to stay quit. Again, the answer to both is to never take another puff.

Anyone who goes through the trouble of reading this book is going to see that phrase a lot. While it may sound repetitive to the point of being annoying, it is the one key piece of information that will secure your quit. This series of short articles, exploring different smoking issues, was written over a twenty-two year period. They were not written to be a "how to" manual for quitting, but as follow-up reinforcement to support those who had already quit smoking through clinics I had conducted, to remind them of the importance of remaining vigilant in order to stay free. While they were not intended to be a "how to" manual, when compiled and organized as they are here, they may very well serve as an empowering tool to help you learn how to join the ranks of the millions of successful ex-smokers alive today. The more you read the more you will understand why you smoke and why you should quit. You will also begin to grasp how your life can change by quitting. After spending a few minutes reading any article that touches on some aspect of smoking pertinent to you, you will arrive at a sentence spelling out what you need to do to remain free today. Make it through to the end and you will have all the understanding and tools in place to make a commitment that can preserve your health and likely save your life. You will understand that all you need to do to stay smoke-free is to *Never Take Another Puff!*

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Chapter 1 Why do people continue to smoke?

Junkie, burn-out, addict, drug abuser, drunk, alcoholic, smoke-a-holic

Some people would argue that smoke-a-holic is just a cute euphemism which should not be compared to what they consider degrading syndromes. Contrary to this belief, nicotine addiction can be equally as strong and deadly as any of these other conditions. In fact, if you total the number of people who die yearly of all these other conditions combined, they would not add up to the number of premature deaths attributed to cigarette smoking.

Until recent times, the idea of nicotine being a physiologically addictive substance was controversial in the world-wide medical community. For a drug to be considered addictive, it must meet certain criteria. First, it must be capable of inducing physical withdrawal upon cessation. Nicotine abstinence syndrome is a well documented, established fact.

Second, tolerance to the drug usually develops. Increasingly larger doses become necessary to achieve the same desired effects. Smokers experience this phenomenon as their cigarette consumption gradually increases from what probably was sporadic occasional use to a required daily consumption of one or more packs.

The third criterion is that an addictive substance becomes a totally consuming necessity to its user, usually resulting in what is considered by a society as anti-social behavior. Many have argued that cigarette smoking fails to fulfill this requirement. True, most smokers do not resort to deviant behaviors to maintain their dependency, but this is because most smokers do manage to easily obtain the full complement of cigarettes they need to satisfy the addiction. When smokers are deprived of easy accessibility to cigarettes, the situation is totally different.

During World War II, in concentration camps in Germany, prisoners were not given enough food to fulfill minimum caloric nutritional requirements. They were literally starving to death. A common practice among smoking prisoners was to trade away their scarce supplies of life sustaining food for cigarettes. Even today, in underdeveloped countries, such as Bangladesh, parents with starving children barter away essential food for cigarettes. This is not normal behavior.

During the "stop smoking clinics" I conduct, numerous participants admit to going through ashtrays, garbage cans and, if necessary, gutters looking for butts which may still have a salvageable value of a few puffs when their own supplies are depleted due to carelessness or unforeseen circumstances. To them, it is sick to think that they ever performed such a grotesque act, but many realize that if they were currently smoking and again caught in a similar predicament, they would be fully capable of repeating the repulsive incident.

Nicotine is a drug. It is addictive. And if you let it, it can be a killer. Consider this when you get the urge for a cigarette. One puff can and most often will reinforce the addiction. Don't take that chance. Remember - NEVER TAKE ANOTHER PUFF!

I Smoke Because I Like Smoking!

Ask almost any current smoker why she continues to indulge in such a dangerous activity and she will normally reply, "Because I like smoking." While she may say this in all honesty, it is a very misleading statement, both to the listener and to the smoker herself. She does not smoke because she enjoys smoking, rather she smokes because she does not enjoy not smoking.

Nicotine is a powerfully addictive drug. The smoker is in a constant battle to maintain a narrow range of nicotine in her blood stream (serum nicotine level). Every time the smoker's serum nicotine level falls below the minimum limit, she experiences drug withdrawal. She becomes tense, irritable, anxious and, in some cases, even shows physical symptoms. She does not enjoy feeling these withdrawals. The only thing that will alleviate these acute symptoms will be a cigarette. The nicotine loss is then replenished and, hence, the smoker feels better. She enjoyed smoking.

A smoker must also be cautious not to exceed his upper limit of tolerance for nicotine or else suffer varying degrees of nicotine poisoning. Many smokers can attest to this condition. It usually occurs after parties or extremely tense situations when the smokers finds themselves exceeding their normal level of consumption. They feel sick, nauseous, dizzy and generally miserable.

Being a successful smoker is like being an accomplished tightrope walker. The smoker must constantly maintain a balance between these two painful extremes of too much or too little nicotine. The fear which accompanies initial smoking cessation is that the rest of the ex-smoker's entire life will be as horrible as the first few days without cigarettes. What ex-smokers will learn is that within a short period of time, the physical withdrawal will start to diminish. First, the urges will weaken in intensity and then become shorter in duration. There will be longer time intervals between urges. It will eventually reach the point where the ex-smoker will desire a cigarette very infrequently, if ever. Those who continue to smoke will continue to be in a constant battle of maintaining their serum nicotine level.

Included in this battle is the great expense of buying pack after pack and the dangerous assault on the smoker's body of inhaling the poison nicotine along with over 4,000 other toxic chemicals which comprise the tars and gasses produced from the combustion of tobacco. These chemicals are deadly by themselves and even more so in combination.

So the next time you think of how much you once seemed to enjoy cigarettes, sit back and take a serious, objective look at why you have such an idealization of this dangerous product. Consider all the consequences. You will probably realize that you feel physically and mentally better now than you ever did as a smoker.

Consider all of this and - NEVER TAKE ANOTHER PUFF!

I Smoke Because I'm Self-Destructive!

Many Smokers believe they continue to smoke because of their self-destructive attitude. They actually want to get sick. Some say they are afraid of reaching old age.

Others arrogantly vow to continue smoking until it kills them.

While some people do have emotional problems which lead to self-destructive behavior, I believe the majority of smokers with this attitude are not in this category. Most make these statements to hide their fears of not being able to give up cigarette smoking.

Over the past years, I have had many people ravaged by smoking related illnesses come into smoking clinics. They often explain that they had made such excuses yet were shocked when they actually did become ill. Clinic participants who fail occasionally state that they just didn't care enough about themselves to give up cigarettes. Unfortunately, some were later diagnosed of having cancer. Others have had heart attacks, strokes or other circulatory conditions. Many were discovered to have major breathing impairments from emphysema. None of them ever called me enthusiastically proclaiming, "It worked, it's killing me!" On the contrary, they were normally upset, scared and depressed. Not only did they have a potentially deadly condition, but they knew that, to a major degree, they were responsible for its occurrence.

An equally tragic situation is experienced by the survivors of people who die of smoking related illnesses. Many ex-smokers go back to smoking through the encouragement of family and friends. This usually happens to someone who is disease free and quits to stay healthy. Initially they are nervous and crabby (remember those days?). Soon the spouse, kids and others are saying, "If this is what you are like as a nonsmoker, for heaven's sake, smoke!" While it may seem to be a good idea at the time, consider how the relative feels when the smoker gets cancer or has a heart attack and dies. The guilt is tremendous.

Some beliefs or statements made by smokers sound irrational, as if they have a real death wish. Often, there is really nothing wrong with the person - it is a drug effect. Fear of withdrawal or of being unable to cope with life without cigarettes results in a defense mechanism to justify dependency. Once off smoking these excuses simply disappear, leaving a physically and psychologically healthier individuals who will have a good chance of remaining this way by following one simple procedure - NEVER TAKE ANOTHER PUFF!

You Smoke Because You're A Smoke-a-holic!

Some smokers say they smoke because they are nervous. Others say they smoke to celebrate. Some think they smoke for energy. Many smoke to look sexy. Yet others smoke to stay awake or to sleep. Some think they smoke to think. One truly unique smoker once told me she smoked to breathe better. Another once said she returned to smoking when experiencing chest pains. She figured the fear of a heart attack is enough

to make anyone smoke. None of these reasons satisfactorily explains why people continue smoking. However, the answer is, in fact, quite simple. Smokers smoke cigarettes because they are smokers. More precisely, smokers smoke cigarettes because they are smoke-a-holics.

A smoke-a-holic, like any other drug addict, has become hooked on a chemical substance. In the cigarette smoker's case, nicotine is the culprit. He is at the point where the failure to maintain a minimum level of nicotine in his blood stream leads to the nicotine abstinence syndrome, otherwise known as drug withdrawal. Anything that makes him lose nicotine makes him smoke.

This concept explains why so many smokers feel they smoke under stress. Stress has a physiological effect on the body which makes the urine acidic. Whenever the urine becomes acidic, the body excretes nicotine at an accelerated rate. Thus, when a smoker encounters a stressful situation he loses nicotine and goes into drug withdrawal. Most smokers feel that when they are nervous or upset cigarettes help calm them down. The calming effect, however, is not relief from the emotional strain of the situation, but actually the effect of replenishing the nicotine supply and ending the withdrawal. It is easy to understand why smokers without this basic knowledge of stress and its nicotine effect are afraid to give up smoking. They feel that they will be giving up a very effective stress management technique. But once they give up smoking for a short period of time, they will become calmer, even under stress, than when they were smokers.

The explanation of how physiological changes in the body make smokers smoke is difficult for some smokers to believe. But nearly all smokers can easily relate to other situations which also alter the excretion rate of nicotine. Ask a smoker what happens to their smoking consumption after drinking alcohol, and you can be sure they will answer that it goes up. If asked how much their consumption rises, they will normally reply that it doubles or even triples when drinking. They usually are convinced that this happens because everyone around them is smoking. But if they think back to a time when they were the only smoker in the room, they will realize that drinking still caused them to smoke more. Alcohol consumption results in the same physiological effect as stress - acidification of the urine. The nicotine level drops dramatically, and the smoker must light one cigarette after another or suffer drug withdrawal.

It is important for smokers considering quitting to understand these concepts because once they truly understand why they smoke they will be able to more fully appreciate how much more simple their life will become as an ex-smoker.

Once the smoker stops, nicotine will begin to leave his or her body and within two weeks all the nicotine will be gone. Once the nicotine is totally out of the body, all withdrawal will cease. No longer will they experience drug withdrawal states whenever encountering stress, drinking, or just going too long without smoking. In short, they will soon realize that all the benefits they thought they derived from smoking were false effects. They did not need to smoke to deal with stress, or to drink, socialize, or work. Everything they did as a smoker they can do as a non-smoker, and in most cases they will now do these activities more efficiently and feel better during them.

They will become a more independent people. It is a good feeling and a major accomplishment to break free from this addiction. But no matter how long they are off

smoking and how confident they feel, the ex-smoker must always remember that he or she is a smoke-a-holic.

Being a smoke-a-holic means that as long as they don't take a single drag off a cigarette, cigar or pipe, or chew tobacco, or inject it into their bloodstream with a syringe, they will never again become hooked on nicotine. If, on the other hand, they do make the tragic mistake of experimenting with any nicotine product, they will reinforce their addiction. This will result either in returning to their old level of consumption or experiencing a full fledged withdrawal process. Neither situation is fun to go through.

So, once off of smoking, the ex-smoker must always remember just who and what he is - a smoke-a-holic for the rest of his life. Remembering this, you can remain truly independent from nicotine by following one simple practice - Never Take Another Puff!

Why Do I Smoke?

Most smokers spend countless hours during their smoking careers trying to satisfactorily answer this most perplexing question. Typically, answers they come up with are that they smoke because they are unhappy, unsatisfied, nervous, bored, anxious, lonely, tired or just frustrated without their cigarettes. Other reasons often quoted are that cigarettes keep them thin, make them better able to think, or that they are more sociable while smoking. Some claim that they smoke to celebrate the joyful times of life. Food, drink, fun and games, and even sex all seem to lose their appeal without an accompanying cigarette. After hearing all of these wonderful qualities attributed to cigarette smoking, I find myself amazed that over one billion of earth's inhabitants have successfully given up smoking.

What in the world is wrong with these ex-smokers? I can understand people who never smoked. They never knew or believed all of these wonderful benefits derived from smoking. What you never had you'll never miss. But these ex-smokers, having given up such a marvelous chemical addiction with so many benefits, must be crazy.

The fact is ex-smokers are not crazy. To the contrary, it was their ability to be rational which enabled them to successfully break free from cigarettes. They had the foresight to put themselves through the pain and agony encountered during the initial withdrawal from the nicotine addiction. It is both a powerful physical and psychological addiction which creates many irrational beliefs as defense mechanisms in order to perpetuate the smoking behavior. Most of the reasons mentioned above of why smokers claim they smoke are such drug induced beliefs.

All ex-smokers should be applauded for their great accomplishment in overcoming the many obstacles created by their addiction. Encountering the initial quitting process creates a state of emotional insecurity and self doubt. Will they ever be able to survive in our complicated world without their cigarettes? Once they become totally free of the grip which cigarettes exert upon them, they will be able to get a clear perspective of how many misconceptions they had about the benefits they thought they derived from smoking. Being drug free after years of enslavement brings a sense of relief and accomplishment that the smoker never anticipated. To their pleasant surprise, they discover the marvelous fact that there is life after smoking. It is a healthier, calmer and

more pleasant life. They now have a choice as to whether or not they ever wish to smoke again. If they look honestly and objectively at the advantages and disadvantages, the logical choice is to remain ex-smokers.

Unfortunately, some don't remember all of the consequences associated with their now arrested dependency, but only recall the infrequent good times they believe they had with their cigarettes. They think that they could once again enjoy just a few cigarettes. What must be understood by all ex-smokers is that they only have two options. They can smoke nothing or they can smoke at their previous level of consumption. There is no in-between. They are wasting their time contemplating how nice it would be to be an occasional social smoker. They can never again have that luxury.

All ex-smokers must consider both options. Then if they choose to smoke, all they need do is take their first cigarette and again become trapped in the nicotine addiction. If they choose to remain free, all they need is to follow the simple practice - NEVER TAKE ANOTHER PUFF!

How would you deal with the following situations?

Your 2-year-old is having a temper tantrum because he wants a new toy. Would you;

1. Leave him alone until he calmed down
2. Give into his demands
3. Give him a tranquilizer

Your 7-year-old is anxious about next week's Little League tryouts. Would you;

1. Assure him that he can do it
2. Practice with him and tell him to try his best
3. Give him a valium every three hours until the game

Your 14-year-old is crushed when she is not asked to the sophomore dance. Would you;

1. Fix her up with one of your friend's children
2. Tell her to go anyway
3. Give her cocaine to pick up her spirits

Your 15-year-old is self-conscious about being 5 pounds overweight. Would you;

1. Cook lower calorie meals
2. Enroll her in a diet or exercise program
3. Put her on appetite suppressants

All of these young people are experiencing what adults would consider "growing pains." A little time, patience and positive reassuring will help them overcome all of these difficult situations.

The fact is, as long as anyone continues to develop physically, emotionally, intellectually, professionally or spiritually, they too will experience growing pains. Adults are prone to hurt, pain, sadness, depression and anxiety just as children are. These feelings are all necessary if we wish to continue to develop our minds and bodies. Without such growth, we would not experience happiness, satisfaction, contentment or purpose to their full extent.

The third choice in each of the above situations was, of course, ridiculous. We would not subject our children to chemical hazards to overcome such trivial problems. However, as adults we are fully capable of practicing such dangerous behaviors for our own relief. Take cigarette smoking as an example.

When you were still a smoker, how many times would you say you had to smoke because you were lonely and sad without your friendly cigarettes? How many times did you say that you had to smoke because of all the stress in your life? How many times did you tell yourself that many social activities were just not fun without your cigarettes? How many times did you say that you would gain too much weight if you quit smoking? All you were saying was that you needed nicotine, a drug, to overcome everyday life problems.

It was not until you were off cigarettes that you realized you could overcome such problems without smoking, and in most cases more effectively than when you were a smoker. Once you had quit you realized just how much a source of stress dependence upon nicotine was to you. You were caught by a socially unacceptable and physically deadly addiction and were quite often aware of it. This is when you had the desire to give them up, but thought the pain of quitting too great to even attempt it.

Even today, you probably still desire an occasional cigarette. It may be in a stressful situation, at a party after a few drinks, or at a time when you find yourself alone with nothing better to do. The fact is, there is nothing worse you can do than take a cigarette. One cigarette will not help you over the problem. In reality, it will create a new problem, a disastrous situation of a revived and reinforced addiction, with all the physical dangers and the dirty means of delivery that come with it.

So, next time you have the desire for a cigarette, sit back and take a few moments to reflect upon what you are setting yourself up for. Do you need that drug? Do you want that addiction? If not, simply remember - NEVER TAKE ANOTHER PUFF!

I Have to Smoke Because of All My Stress!

Stress is considered a cause for smoking by many people. Actually, smoking is a cause of stress. Recent correspondence dealt with reasons people give for going back to smoking: social situations, parties, alcohol consumption and stress. This month I wish to amplify on stress.

In January of 1979, Chicago and vicinity was devastated by a major blizzard. Heavy snows fell just after the New Year crippling the area. Additional snowfall continued

throughout the week. During this time period I was barraged with phone calls from participants of the November, 1978 clinic claiming to be terribly nervous, upset and anxious from "not smoking." Curiously, most of them were feeling well during the month of December. They had occasional urges which lasted only seconds and were quite easy to overcome. What they were experiencing in January was different. Many felt that they were on the verge of cracking up. To them life was "just no good" without their cigarettes. Was the anxiety they were now experiencing really a side effect from giving up smoking?

To any outside observer the answer to the mysterious intensification of perceived withdrawal was obvious. In fact, if our ex-smokers listened to radio or television or read the front page of any newspaper, they would have encountered a story on cabin fever. By simply comparing their symptoms with those accompanying cabin fever they would understand what was happening.

Attributing the anxiety to smoking cessation was transference of blame. In fact, they were having a normal reaction to an abnormal situation - confinement due to the blizzard. They would have had the same anxiety whether or not they had given up cigarettes.

The above story illustrates an atypical time period in which numerous people experience similar complaints. In everyday life inherent problems exist. Work, family, friends, and money can all contribute to daily distress. Ex-smokers often think that if they just take a cigarette during a stressful episode the situation will be solved. For example, consider a person who finds he has a flat tire in a parking lot during a freezing rain. When encountering this kind of misfortune, the ex-smoker's first reaction often is, "I need a cigarette." What will actually solve this problem is changing the tire, and driving off in a warm car. What would a cigarette do to help this situation? It only makes the person see the flat tire longer and freeze more. This adds up to greater frustration. The first puff will probably reinforce the addiction to cigarettes which is a much greater crisis than the flat tire ever was. In fact, taking the first puff almost always results in a bigger problem than the crisis that "caused" them to take the puff. Even in a real catastrophe, such as a death in the family, injuries, illnesses, flooding resulting in major property loss, bankruptcy and so on, a cigarette will not solve the problem. It will just add another major problem to the originally bad situation.

Remember, smoking cannot solve problems of daily living. No matter what the problem, there is a more effective way of solving it than smoking. In fact, a smoker's health risks are a real problem that can only be solved if they - NEVER TAKE ANOTHER PUFF!

I've Smoked for So Long and So Much, What is the Use in Quitting Now?

On the third day of a recent clinic, a woman participant in her late fifties who had been off smoking for just over 48 hours asked one of those questions that I have heard hundreds of times in past programs. "I have smoked so long and so heavily, what good

will quitting smoking do for me now?" A few minutes of explaining the bargaining phase people go through when they are initially quitting smoking seemed to clarify why she was having such thoughts rationalizing why she didn't really need to quit.

A few minutes later, she told me a story about her personal family history, one that quite simply gave a better answer to her original query than I could ever have come up with. "My father was a chain smoker," she said. "He quit when he was 60 because he had a heart attack. Never smoked one after that. Even though he was a heart attack victim, after he quit smoking he felt better than he had felt in years. Much more endurance, greater vitality. He lived to the age of 95, bright and alert to the end."

On the sixth night I called her to see if she had made it through the weekend all right. "I feel so bad," she replied. "I had a terrible evening last night and I had a major problem dealing with a client at work this morning. I was just so upset from lack of sleep and frustration, I finally broke down and took a cigarette. I've been beating myself up for it ever since. I am more depressed now than I was before. Why am I beating myself up so, and what should I do now?"

I said she had two options, quit right then and face a potential full three day withdrawal or go back to full fledged smoking all over again. If she didn't make a decision, her body would automatically make the decision for her. Again she expressed the sentiment that she was beating herself up so badly and wanted me to explain why she was so upset with herself. She just couldn't believe that one cigarette could be so important to be making such a big issue.

A few minutes later, she told me the story of how her husband had once been off for three years. One day while they were in the car together, for one reason or another he bummed a cigarette from her. She raised the issue with him of what good would a cigarette be after all that time, but he convinced her it was no big deal. What right did she have to protest anyway, she thought, she was a chain smoker herself. He finally got his way. He never stopped smoking after that day. Four years later she got a call at work that her husband had collapsed at her mother-in-law's home. By the time they got to him it was too late. He had died of a sudden and totally unexpected heart attack. She has little doubt that his last four years of smoking was a major contributing factor to his sudden and premature death.

So why was she now making such a big deal out of a cigarette? Once again, her own personal history was giving her a more powerful answer than I could ever have expressed. One cigarette, in a car a number of years earlier helped to end her husband's life. If he had known the implication that one cigarette would have had, he would never have considered the thought for more than a second. In retrospect, she had the opportunity to look back to that day and realize how a fleeting urge followed by poor judgment helped to end or shorten her husband's life.

With the kind of personal experiences she had witnessed associated with smoking, it is quite easy to see how she could be so hard on herself for what occurred earlier that day. She witnessed how smoking diminished the quality of her father's life and almost brought on a premature death. Equally important, she saw how quitting smoking vastly improved his health and general feeling of well being. She also witnessed how her husband's momentary lapse of judgment resulted in her suffering such a grave loss just a few years earlier. If he had the opportunity, he would surely have cursed the day he lit just one.

She had the benefit of hindsight, which now was haunting her because she had made the same mistake that day he had made just a few years earlier. He never got the chance to quit again. She still had time to make a decision - and she was asking me what she should do now.

Again, I feel her own personal experience and the immediate emotional reactions she was now experiencing were giving a more powerful answer to her question than I could. If she listened to her heart, I am sure it was telling her to - NEVER TAKE ANOTHER PUFF!

What A Relief, I Think I Have Cancer!

"Last night I was getting a burning sensation in my lungs. I actually thought I had lung cancer. I wasn't scared, surprised, or even upset. I was actually happy. I can't remember ever looking so forward to being diagnosed of having a terminal illness." This unusual statement was made to me by a clinic participant on her fourth day without smoking. While it sounds like the ravings of a severely depressed or mentally ill individual, in fact she was nothing of the sort. To the contrary, she was smiling and laughing when she said it.

What was the humor she saw in the statement? As soon as she said it to herself the night before, she realized the pain she was experiencing was the same complaints she heard three other people describe earlier that day at her clinic. It was a normal part of the healing process from quitting smoking. She also recognized the fact that she was not looking forward to a debilitating illness and an early demise. She was looking forward to taking a cigarette. When the pain started she rationalized that as long as she had lung cancer already, she might as well smoke. Then she realized she was looking forward to cancer. At that point she recognized just how morbid her thought processes had become. Not because she was quitting smoking, but because she was an addict was she capable of thinking in such depraved terms. Upon recognizing the absurdity of the situation, she laughed off the urge and went to bed.

It is important to remember just how irrational your thoughts were when you too were a smoker. As a smoker you were constantly warned of the dangers through the media, physicians, family, friends who quit, and most importantly, your own body. Not a week went by when you were not being bombarded by the constant annoying message that smoking was impairing and killing you. But being the obedient addict you were, you disregarded these pestering outside influences to obey your true master-your cigarette. As Vic, the participant in my first clinic once stated, "Everywhere I turned I was being warned about cigarettes. Newspapers reports and magazines articles constantly reinforced that cigarettes were deadly. Even bill boards advertising cigarettes carried the Surgeon General's warning signal. Every time I'd reach for my pack, a warning label stared me in the face. It was only a matter of time before I reached the only logical conclusion. I quit reading!"

The control cigarettes exert on you when you are in the grip of the addiction is complete. It makes you say and do things that when observed by outside observers makes you look weak, stupid or crazed. At the same time it robs you of your money,

health and eventually life. Once free of cigarettes you can recognize all these symptoms of your past addiction. To avoid ever living such a miserable existence - NEVER TAKE ANOTHER PUFF!

The Power of Advertising

The father sat reflecting on how much joy his two sons brought to him during the year. He decided to buy them both the present of their choice this holiday season. When he asked his older boy what he would like, the son replied, "Oh boy, I would like so many things. Maybe a bicycle, or new skis, or skin diving equipment. I wish I would have them all, but any one would make me happy."

That was fine with the father, he now had some good choices. Next, he turned to his younger son, who was only eight years old. The boy envied his brother for all the games he could play and all of the sports he could do so well. When asked what he would like, he made one simple request. "I would like a box of Tampax Tampons." The father was shocked, "What in the world do you want a box of tampons for?" he demanded angrily. The poor boy, not knowing he had said something wrong, answered, "With Tampax, you can swim, ski, sky dive, horseback ride and play any sport you want."

This humorous story illustrates a serious point. Advertising promises can influence our desires for material products. The more naive we are, the more effective advertising will be. The claims ads promote are often misleading or exaggerations of the truth. No product abuses the truth more than cigarettes.

Just as the young boy in our story expected great things from this marvelous unknown product, smokers have great confidence in the emotional benefits brought from inhaling burning weeds. To tell a smoker the truth about his cigarettes while he still is in the midst of the smoker's psyche results in a state of denial and defiance. He cannot believe his cigarettes, his friends and allies, would in any way hurt him. They help him over trauma, they help him enjoy life to the fullest. Think of all the things he does with his cigarettes. He wakes in the morning to them, works with them, plays with them, eats and drinks, goes to the bathroom, reads the paper, watches television, socializes with all of his friends and even has them on his mind during sex. If any person hung around him that much, it would drive him crazy. But not his friendly cigarettes - they enhance everything. The advertisements even say they do.

The advertisements do claim this, but the claim is not true. He does not smoke during all of these activities because he chooses to. He has to. Smokers are drug addicts. They cannot enjoy natural pleasures, no matter how good they are, until their serum nicotine level is raised. They are controlled by this product. Cigarettes are not friends, they are lousy acquaintances. Once you get rid of them, stay clear. Yes, they may call to you, and the ads may strike out at you. But you know the truth about cigarettes. Don't let any smoker who is feeling inferior, or tobacco company or advertising agency which wishes to maintain its vast wealth at the expense of your life convince you of anything different. Life can be longer as a ex-smoker, and life is better as a ex-smoker. Consider this whenever external or internal forces call out to you. Remember this and - NEVER TAKE ANOTHER PUFF!

A Safer Way to Smoke

Smokers are always looking for ways to reduce the health risks of smoking. Unfortunately, most techniques used to reduce the risk don't work, and, in many cases, may actually increase the dangers of smoking.

Probably the most popular method of risk reduction is switching to low tar and nicotine cigarettes. If people only smoked to perpetuate a simple habit, low tar and nicotine cigarettes would probably reduce the dangers of smoking. Unfortunately, the necessity to smoke is not continuance of a habit but rather maintenance of an addiction. Switching to a low tar and nicotine cigarette makes it difficult for a smoker to reach and maintain his normal required level of nicotine. The smoker will probably develop some sort of compensatory smoking pattern. Compensatory behaviors include smoking more cigarettes, smoking them further down, inhaling deeper, or holding the smoke down longer.

By doing one or a combination of these behaviors, the smoker will reach similar levels of tar and nicotine in his system as when he smoked his old brand, but, in the process, he may increase the amount of other potent poisons beyond what was delivered by his old cigarettes. Low tar and nicotine cigarettes often have higher concentrations of other dangerous poisons. By increasing consumption, substantially greater amounts of these poisons are taken into the system, thereby increasing his risk of diseases associated with these chemicals. One such poison, found in higher quantities in many low tar and nicotine cigarettes, is carbon monoxide. Carbon monoxide is one of the major factors contributing to the high incidence of heart and circulatory diseases in smokers. Also, to give flavor to the low tar and nicotine cigarettes, many additional additives and flavor enhancers are used. Tobacco companies are not required to disclose what the chemical additives are, but the medical community suspects that many of these additives are carcinogenic (cancer producing) and may actually be increasing the smoker's risk of tobacco-related cancers.

The filter at the end of cigarettes also may make a difference in how much poison a smoker takes in. Some filters are more effective than others, but, again, a smoker will generally alter the way he smokes rendering many of the protective actions of the filters useless. Some cigarettes have holes inserted around the perimeter of the filter permitting more air to be inhaled with the tars and gasses of the cigarette. Theoretically, this lowers the amount of the actual tobacco smoke being inhaled. But, a smoker will normally find these cigarettes difficult to inhale and cannot get the amount of nicotine necessary to satisfy the craving. In response, he may smoke more or may discover an even more innovative way to interfere with the filter's protective action. Many times a smoker will learn how to put the cigarettes a little deeper into his mouth and seal his lips around the ventilation holes, thus decreasing the filter's efficiency. I have even encountered smokers in clinics who put tape around these holes because they found the cigarette easier to inhale and generally tasted better. In the process, they inactivated the semiprotective mechanism of the filter. Their attempts at making their smoking safer were simply an inconvenience and a waste of time. Filters could be developed that would take out all of

the nicotine, but, unfortunately, in order to satisfy the addiction, most smokers would give themselves a hernia trying to inhale.

One last method of risk reduction worth mentioning is vitamin supplements. The body's ability to utilize Vitamin C is impaired by smoking. When some smokers learn this, they start taking supplemental Vitamin C. But vitamin C acidifies the urine, resulting in the body accelerating the excretion rate of nicotine. In response, the smoker may smoke extra cigarettes. In the process, he will probably destroy the extra vitamin C and increase his exposure to all of the poisonous chemicals found in tobacco smoke.

Almost every method of making smoking safer is a farce. There is only one way to totally reduce the deadly effects of smoking, and that is, simply, not to smoke. Only then will your chances of diseases such as heart disease, cancer and emphysema be reduced to the level of nonsmokers. And to keep your risk at these low levels, only one method is necessary— NEVER TAKE ANOTHER PUFF!

Are You Smoking More and Enjoying it Less

This creative slogan was once used by a cigarette advertiser trying to entice smokers of other brands to switch to their product. The slogan was a brilliantly conceived advertising tactic. Almost every smoker who had indulged for a significant period of time would instantly recognize him or herself in the slogan. He or she may even have tried smoking the other brand to recapture the pleasure and joy of earlier days of smoking. But to his or her dismay, even this cigarette failed to deliver that special feeling once derived from smoking.

Why do cigarettes seem to lose that special appeal for the veteran smoker? Have cigarettes changed so drastically over the years? No, that is not the problem at all. Cigarettes haven't changed, smokers have. For the longer an individual smokes, the more dependent the smoker becomes on his nicotine fix. In his early days of smoking, the smoker derived much pleasure from the pharmacological action of nicotine. It made him feel alert, energetic, or maybe even had a calming, relaxing effect. It helped in studying and in learning. Sometimes it made him feel more mature, confident, and more social. It pretty much did whatever he wanted it to, depending on the circumstances surrounding him while he smoked it. In these early days, he smoked maybe 5 to 10 per day, usually just when he wanted the desired effect.

But gradually, something happens to the smoker. He becomes more dependent on cigarettes. He no longer smokes to solve a problem, to celebrate, or to feel great. He smokes because he NEEDS a cigarette. In essence he smokes because he is a smoker, or, more accurately, a smoke-a-holic. No longer does he get those special smoker highs—now he smokes because not smoking makes him feel withdrawal. Not smoking means feeling nervous, irritable, depressed, angry, afraid, nauseous, or headachy just to mention a few effects. He grasps for a cigarette to alleviate these symptoms, all the time hoping to get that special warm feeling that cigarettes used to give him. But, to his dismay, all that happens is he feels almost normal after smoking a cigarette. And 20 minutes later the whole process starts up again.

Once he quits smoking, life becomes nice again. No longer does he go into withdrawal 20 to 80 times per day. He can go anywhere any time he wishes and not have to worry about whether he will be able to smoke at his needed intervals. When he gets a headache or feels nauseous, he knows he is coming down with an infection, not feeling the way he does every day as a smoker from too much or too little smoking. In comparison to his life as a smoker, he feels great. But then something insidious starts to occur.

He begins to remember the best cigarette he ever had in his life. It may be one he smoked 10, 20 or maybe even 40 years earlier. He remembers that special warm feeling of that wonderful cigarette. If he thinks about it long enough, he may even try to recapture the moment. Unfortunately, however, the moment will recapture him. Once again he will be in the grip of an addiction which will cause him to be smoking more and enjoying less. This time he may not get off. This wonderful cigarette will cost him his freedom, his health and eventually his life.

Don't make this mistake when you quit. Remember how cigarettes were the day you stopped, for that will be what they are like the day you go back, no matter how far apart those two days are. Remember the way they were and - NEVER TAKE ANOTHER PUFF!

"Quitting Smoking": A Fate Worse than Death?

People sitting in at smoking clinics are amazed at how resistant smokers are to giving up cigarettes. Even smokers will sit and listen to horror stories of other participants in sheer disbelief. Some smokers have had multiple heart attacks, circulatory conditions resulting in amputations, cancers, emphysema and a host of other disabling and deadly diseases. How in the world could these people have continued smoking after all that? Some of these smokers are fully aware that smoking is crippling and killing them, but continue to smoke anyway. A legitimate question asked by any sane smoker or nonsmoker is, "why?"

The answer to such a complex issue is really quite simple. The smoker often has cigarettes so tied into his lifestyle that he feels when he gives up smoking he will give up all activities associated with cigarettes. Considering these activities include almost everything he does from the time he awakes to the time he goes to sleep, life seems like it will not be worth living as an ex-smoker. The smoker is also afraid he will experience the painful withdrawal symptoms from not smoking as long as he deprives himself of cigarettes. Considering all this, quitting smoking creates a greater fear than dying from smoking.

If the smoker were correct in all his assumptions of what life as an ex-smoker were like, then maybe it would not be worth it to quit. But all these assumptions are wrong. There is life after smoking, and withdrawal does not last forever. Trying to convince the smoker of this, though, is quite an uphill battle. These beliefs are deeply ingrained and are conditioned from the false positive effects experienced from cigarettes.

The smoker often feels that he needs a cigarette in order to get out of bed in the morning. Typically, when he awakes he feels a slight headache, tired, irritable, depressed

and disoriented. He is under the belief that all people awake feeling this way. He is fortunate though, because he has a way to stop these horrible feelings. He smokes a cigarette or two. Then he begins waking up and feels human again. Once he is awake, he feels he needs cigarettes to give him energy to make it through the day. When he is under stress and nervous, the cigarettes calm him down. Giving up this wonder drug seems ludicrous to him.

But if he quits smoking he will be pleasantly surprised to find out that he will feel better and be able to cope with life more efficiently than when he was a smoker. When he wakes up in the morning, he will feel tremendously better than when he awoke as a smoker. No longer will he drag out of bed feeling horrible. Now he will wake up feeling well rested and refreshed. In general, he will be calmer than when he smoked. Even when under stress, he normally will not experience the panic reactions he used to feel whenever his nicotine level fell below acceptable levels. The belief that cigarettes were needed for energy is one of the most deceptive of all. Almost any ex-smoker will attest that he has more strength, endurance, and energy than he ever did as a smoker. And the fear of prolonged withdrawal also had no merit, for withdrawal symptoms would peak within three days, and totally subside within two weeks.

If any smoker just gives himself the chance to really feel how nice not smoking is, he will no longer have the irrational fears which keeps him maintaining his deadly addiction. He will find life will become simpler, happier, cleaner, and most importantly healthier, than when he was a smoker. His only fear will now be in relapsing to smoking and all he has to do to prevent this is - NEVER TAKE ANOTHER PUFF!

Quitting by Gradual Withdrawal

Quitting by the gradual withdrawal method. I discuss this method quite extensively in my seminars. I always tell how if there is anyone attending who knows a smoker who they really despise they should actively encourage them to follow the gradual withdrawal "cut down" approach. They should call them up every day and tell them to just get rid of one cigarette. Meaning, if they usually smoke 40 a day, just smoke 39 on the first day of the attempt to quit. The next day they should be encouraged to smoke only 38 then 37 the next day and so on. Then the seminar participant should call these people every day to congratulate them and encourage them to continue. I must reemphasize, this should only be done to a smoker you really despise.

You see, most smokers will agree to this approach. It sounds so easy to just smoke one less each day. Thirty-nine cigarettes to a two pack a day smoker seems like nothing. The trick is to convince the person that you are only trying to help them. For the first week or two the one downside is you have to pretend to like the person and you have to talk to them every day. They won't whine too bad either. When they are down to 30 from 40, they may start to complain a little. You really won't be having fun yet. When the payoff comes is about three weeks into scam. Now you've got them to less than half their normal amount. They are in moderate withdrawal all the time.

A month into the approach you've got them into pretty major withdrawal. But be persistent. Call them and tell them how great they are doing and how proud you are of

them. When they are in their 35th to 39th day, you have pulled off a major coup. This poor person is in peak withdrawal, suffering miserably and having absolutely nothing to show for it. They are no closer to ending withdrawal than the day you started the process. They are in chronic withdrawal, not treating him or herself to one or two a day, but actually depriving him or herself of 35 to 40 per day.

If you want to go in for the kill, when you got them down to zero, tell them don't worry if things get tough, just take a puff every once in a while. If you can get them to fall for this, taking one puff every third day, they will remain in withdrawal forever. Did I mention you really should despise this person to do this to them? It is probably the cruelest practical joke that you could ever pull on anyone. You will undercut their chance to quit, make them suffer immeasurably and likely they will at some point throw in the towel, return to smoking, have such fear of quitting because of what they went through cutting down, that they will continue to smoke until it kills them. Like I said, you better really despise this person.

Hopefully there is no one you despise that much to do this to them. I hope nobody despises themselves enough to do this to themselves. Quitting cold turkey may be hard but quitting by this withdrawal technique is virtually impossible. If you have a choice between hard and impossible, go for hard. You will have something to show at the end of a hard process, but nothing but misery at the end of an impossible approach. Quit cold and in 72 hours it eases up. Cut down and it will basically get progressively worse for weeks, months, years if you let it.

I Can't Quit or I Won't Quit

"I don't want to be called on during this clinic. I am quitting smoking, but I don't want to talk about it. Please don't call on me." This request was made by a lady enrolling in one of my clinics over 20 years ago. I said sure. I won't make you talk, but if you feel you would like to interject at anytime, please don't hesitate to. At that she got mad and said, "Maybe I am not making myself clear-I don't want to talk! If you make me talk I will get up and walk out of this room. If you look at me with an inquisitive look on your face, I am leaving! Am I making myself clear?" I was a little shocked by the strength of her statement but I told her I would honor her request. I hoped that during the program she would change her mind and would share her experiences with the group and me but in all honesty, I wasn't counting on it.

There were about 20 other participants in the program. Overall, it was a good group with the exception of two women who sat in back of the room and gabbed constantly. Other participants would turn around and tell the two to be quiet. They would stop talking for a few seconds and then start right up again with just as much enthusiasm as before. Sometimes, when other people were sharing sad, personal experiences, they would be laughing at some humorous story they had shared with each other, totally ignorant of the surrounding happenings.

On the third day of the clinic, a major breakthrough occurred. The two gossips were partying away as usual. There was one young woman, probably early twenties who asked if she could talk first because she had to leave. The two gossips in back still were not

listening and kept up with their private conversation. The young woman who had to leave said, "I can't stay, I had a horrible tragedy in my family today, my brother was killed in an accident." Fighting back emotions she continued. "I wasn't even supposed to come tonight, I am supposed to be helping my family making funeral arrangements. But I knew I had to stop by if I was going to continue to not smoke." She had only been off two days now. But not smoking was important to her.

The group members felt terrible, but were so proud of her, it made what happened in their day seem so trivial. All except the two ladies in the back of the room. They actually heard none of what was happening. When the young woman was telling how close she and her brother were, the two gossips actually broke out laughing. They weren't laughing at the story, they were laughing at something totally different not even aware of what was being discussed in the room. Anyway, the young woman who lost her brother shortly after that excused herself to go back to her family. She said she would keep in touch and thanked the group for all of their support.

A few minutes later I was then relating some story to the group, when all of a sudden the lady who requested anonymity arose and spoke. "Excuse me Joel," she said loudly, interrupting me in the middle of the story. "I wasn't going to say anything this whole program. The first day I told Joel not to call on me. I told him I would walk out if I had to talk. I told him I would leave if he tried to make me talk. I didn't want to burden anyone else with my problems. But today I feel I cannot keep quiet any longer. I must tell my story." The room was quiet.

"I have terminal lung cancer. I am going to die within two months. I am here to quit smoking. I want to make it clear that I am not kidding myself into thinking that if I quit I will save my life. It is too late for me. I am going to die and there is not a damn thing I can do about it. But I am going to quit smoking."

"You may wonder why I am quitting if I am going to die anyway. Well, I have my reasons. When my children were small, they always pestered me about my smoking. I told them over and over to leave me alone, that I wanted to stop but couldn't. I said it so often they stopped begging. But now my children are in their twenties and thirties, and two of them smoke. When I found out about my cancer, I begged them to stop. They replied to me, with pained expressions on their faces, that they want to stop but they can't. I know where they learned that, and I am mad at myself for it. So I am stopping to show them I was wrong. It wasn't that I couldn't stop smoking- it was that I wouldn't! I am off two days now, and I know I will not have another cigarette. I don't know if this will make anybody stop, but I had to prove to my children and to myself that I could quit smoking. And if I could quit, they could quit, anybody could quit."

"I enrolled in the clinic to pick up any tips that would make quitting a little easier and because I was real curious about how people who really were taught the dangers of smoking would react. If I knew then what I know now- well, anyway, I have sat and listened to all of you closely. I feel for each and every one of you and I pray you all make it." Even though I haven't said a word to anyone, I feel close to all of you. Your sharing has helped me. As I said, I wasn't going to talk. But today I have to. Let me tell you why."

Then she turned to the two ladies in the back of the room, who actually had stayed quiet during this interlude. Suddenly she flared up, "The only reason I am speaking up

now is because you two BITCHES are driving me crazy. You are partying in the back while everyone else is sharing with each other, trying to help save each other's lives. She then related what the young woman had said about her brother's death and how they were laughing at the time, totally unaware of the story. "Will you both do me a favor, just get the hell out of here! Go out and smoke, drop dead for all we care, you are learning and contributing nothing here." They sat there stunned. I had to calm the group down a little, actually quite bit, the atmosphere was quite charged with all that had happened. I kept the two ladies there, and needless to say, that was the last of the gabbing from the back of the room for the entire two-week clinic.

All the people who were there that night were successful at the end of the program. At graduation, the two ladies who had earlier talked only to each other were applauded by all, even the lady with lung cancer. All was forgiven. The girl who lost her brother also came for the graduation, also smoke free and proud. And the lady with lung cancer proudly accepted her diploma and introduced one of her children. He had stopped smoking for over a week at that time. Actually, when the lady with cancer was sharing her story with us, she had not told her family yet that she had even quit smoking.

It was a few days later, when she was off a week that she told her son. He, totally amazed said to her that if she could quit smoking, he knew he could and stopped at that moment. She beamed with joy. Six weeks later she succumbed to the cancer. I found out when I called her home just to see how she was doing and got her son on the line. He thanked me for helping her quit at the end. He told me how proud she was that she had quit and how proud he was of her, and how happy she was that he had quit also. He said, "She never went back to smoking, and I will not either." In the end, they had both given each other a wonderful gift. He was proud her last breath was smoke free- she NEVER TOOK ANOTHER PUFF!

Epilog: I normally say you can't quit for someone else, it has to be for yourself. This incident flies in the face of this comment to some degree. The lady with lung cancer was quitting smoking to save her children from her fate, to some degree undo the lesson that she had taught years earlier. The lesson that she "could not stop." It was that at the time she "would not stop." There is a big difference between these two statements. It holds true for all smokers. The lady in this story proved years later she could quit too late to save her life, but not too late to save her sons. Next time you hear yourself or someone else say, I cannot stop, understand it is not true. You can quit. Anyone can quit. The trick is not waiting until it is too late.

"Why Did I Start Smoking? Why Did I Quit?"

It is pretty funny. People often try to reflect on when and why they started smoking as if thinking that it would answer the daunting question of why they continue to smoke. In reality, the reason you start and the reasons you continue are not the same.

Some people start because of peer pressure. But in society today, if peer pressure were going to be the influencing factor, it would be making people quit smoking , not continue to smoke.

Some people took up smoking to look older and more mature. How many people in their 30's, 40's, 50's or 60's or beyond want to do everything in their power to look older than they already do?

Others take up smoking out of a sense of rebellion. Their parents, teachers, doctors and other adults told them they couldn't smoke. So to show them who was in control, they smoked anyway. Well, how many 60-year-old smokers are there who are smoking today so that they can snub their nose at their 80 to 90 year old parents saying, "you see, you still can't tell me not to smoke."

People start for a variety of reasons, but they continue for just one – they became drug addicts, the drug-nicotine. It is interesting though because the same thing happens when the smoker quits. The initial reason that people quit smoking often become secondary in importance to reasons they eventually stay off.

Some people quit to make others happy, or because of non-smoking policies issued at a place of employment. But after quitting, they find they feel better than ever, are calmer, have more energy, have more money, overall are happier and in more control of their own life. Their new reasons may have little bearing to their initial quit reason. In many ways they are better reasons and more lasting. Or, some people who quit for medical risks alone start to realize that not smoking is just a nicer way of life. Sometimes the quality of life becomes more important to them than the concept of length of life.

Whatever your initial reason for quitting was, it is still valid. On top of that there are numerous benefits you may have noticed and some you haven't even thought of yet which are still to be noticed. Some you will never think of but are real anyway. Keep focused on every good reason not to smoke. This becomes your ammunition to stay the course, and to ride out those annoying craves or thoughts that can pop out of nowhere.

Whether or not you ever accurately remember why you started to smoke, as long as you remember why you quit and why you desire to stay free, you will keep your resolve strong enough to NEVER TAKE ANOTHER PUFF!

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Chapter 2 The Real Cost of Smoking

My Cigarette, My Friend

How do you feel about a friend who has to go everywhere with you? Not only does he tag along all the time, but since he is so offensive and vulgar, you become unwelcome when with him. He has a peculiar odor that sticks to you wherever you go. Others think both of you stink.

He controls you totally. When he says jump, you jump. Sometimes in the middle of a blizzard or storm, he wants you to come to the store and pick him up. You would give your spouse hell if he or she did that to you all the time, but you can't argue with your friend. Sometimes, when you are out at a movie or play he says he wants you to go stand in the lobby with him and miss important scenes. Since he calls all the shots in your life, you go.

Your friend doesn't like your choice of clothing either. Instead of politely telling you that you have lousy taste, he burns little holes in these items so you will want to throw them out. Sometimes, he tires of the furniture and gets rid of it too. Occasionally, he gets really nasty and decides the whole house must go.

He gets pretty expensive to support. Not only is his knack of property destruction costly, but you must pay to keep him with you. In fact, he will cost you thousands of dollars over your lifetime. And you can count on one thing, he will never pay you a penny in return.

Often at picnics you watch others playing vigorous activities and having lots of fun doing them. But your friend won't let you. He doesn't believe in physical activity. In his opinion, you are too old to have that kind of fun. So he kind of sits on your chest and makes it difficult for you to breathe. Now you don't want to go off and play with other people when you can't breathe, do you?

Your friend does not believe in being healthy. He is really repulsed by the thought of you living a long and productive life. So every chance he gets he makes you sick. He helps you catch colds and flu. Not just by running out in the middle of the lousy weather to pick him up at the store. He is more creative than that. He carries thousands of poisons with him which he constantly blows in your face. When you inhale some of them, they wipe out cilia in your lungs which would have helped you prevent these diseases.

But colds and flu are just his form of child's play. He especially likes diseases that slowly cripple you - like emphysema. He considers this disease great. Once he gets you to have this, you will give up all your other friends, family, career goals, activities - everything. You will just sit home and caress him, telling him what a great friend he is while you desperately gasp for air.

But eventually your friend tires of you. He decides he no longer wishes to have your company. Instead of letting you go your separate ways, he decides to kill you. He has a wonderful arsenal of weapons behind him. In fact, he has been plotting your death since the day you met him. He picked all the top killers in society and did everything in his power to ensure you would get one of them. He overworked your heart and lungs. He clogged up the arteries to your heart, brain, and every other part of your body. In case you were too strong to succumb to this, he constantly exposed you to cancer causing agents. He knew he would get you sooner or later.

Well, this is the story of your "friend," your cigarette. No real friend would do all this to you. Cigarettes are the worst possible enemies you ever had. They are expensive, addictive, socially unacceptable, and deadly. Consider all this and - NEVER TAKE ANOTHER PUFF!

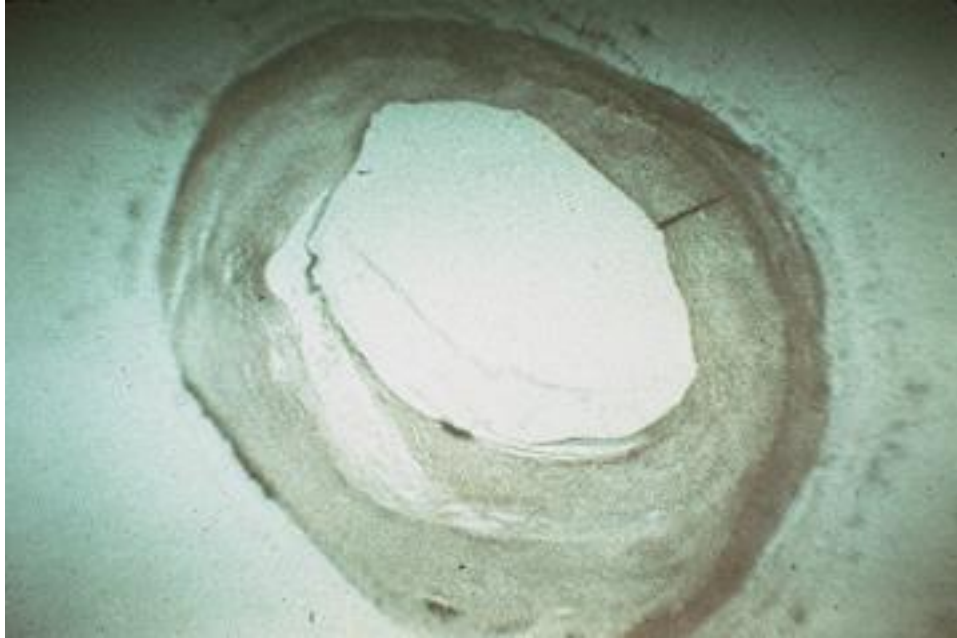
Smoking and Circulation

While most people equate smoking deaths to cancer and lung disease, in fact many more people will die from circulatory conditions from smoking than die from cancer or other lung diseases. Also, in general, they will die at much younger ages from these problems. We would have many more lung cancers than we do if smokers could live long enough to get them. When many people with fatal heart attacks or strokes are autopsied, there are often precancerous lesions found that indicate that if these people had a few more years to live they would have eventually succumbed to these smoking induced diseases.

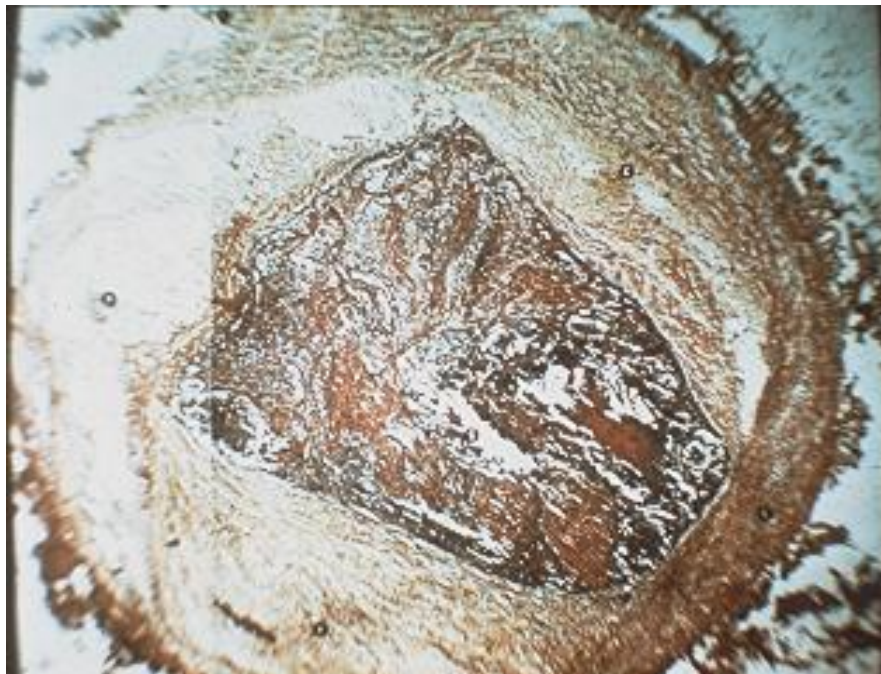
As for heart and other circulatory diseases, the two chemicals in cigarette that stand out as the biggest problems are nicotine and carbon monoxide. Nicotine, besides being addictive, has very powerful effects on arteries throughout the body. Nicotine is a stimulant, speeding up the heart by about 20 beats per minute with every cigarette, it raises blood pressure, is a vasoconstrictor which means it makes arteries all over the body become smaller making it harder for the heart to pump through the constricted arteries and it causes the body to release its stores of fat and cholesterol into the blood.

The heart has to work harder to overcome all of these effects. To work harder the heart, like every other muscle in the body, needs extra amounts of oxygen for the additional workload. The oxygen has to be transported through the blood. But carbon monoxide from tobacco smoke literally poisons the oxygen carrying capacity of the blood. So this results in the heart having to work harder to get more blood to itself to work harder, because it's working harder. This is a circle. A vicious and deadly circle when it comes down to it.

Below we see the cross section of a normal artery. Usually we have nice big openings in the artery to carry oxygen as well as all other nutrients to all the tissues of the body.



If you compare this artery to the one below....



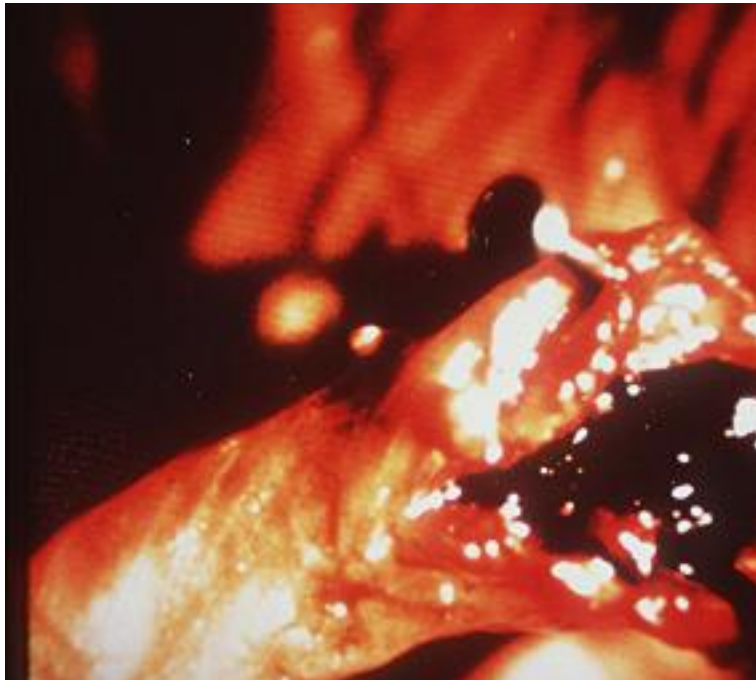
You can see the blood clotted blocking the blood flow to whatever organ or tissue this artery was leading to. Without being able to get circulation, that tissue will literally suffocate in a matter of minutes and basically be left as useless tissue. Sometimes the artery involved is a coronary artery, one that supplies the heart with the blood it needs to function.

Below is a picture of a coronary artery attached to the heart...

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If we look at a close up view of the artery...



Here we see the blood clotted and blood flow to the section of the heart that this artery was supplying was cut off. What will result is that a portion of the heart muscle that was supposed to get that blood flow suffocates and dies within a matter of minutes.



Above we see infarcted (dead) heart muscle (myocardial infarction). The tissue is literally brittle as illustrated by the cracking effect. Instead of being able to pump blood, this area whole section of muscle is no longer able to be utilized for its life sustaining function. Again, smokers get this much more often because of the effects of nicotine and carbon monoxide. Nicotine having all the direct effects on the heart itself, carbon monoxide robbing the oxygen supply, and both chemicals increasing clotting as well as clogging factors in the blood. If the section of the heart affected was larger enough the smoker would die from the first attack. Often smaller areas are affected and the patient can survive but has lost that specific section of the heart and may have permanent impairments from the now limited supply of heart tissue.

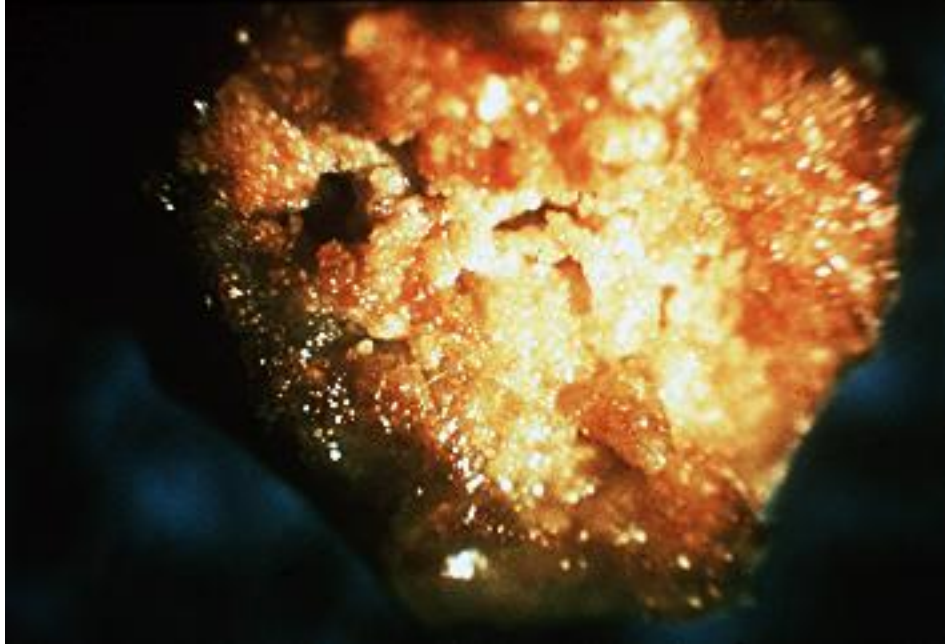
Cigarette smoking increases risks of blood clots significantly. If the blood clots in an artery and blood can no longer get through, the tissue that is supposed to be supplied with blood has lost the source of its oxygen and nutrients and dies in minutes. But clots are not the only way these arteries can be blocked. Another way is by clogs.

As opposed to clots where the blood actually coagulates and becomes an obstruction, clogs are where deposits of fat gradually build up. In the first picture below you can literally see the start of an artery getting a fat buildup.

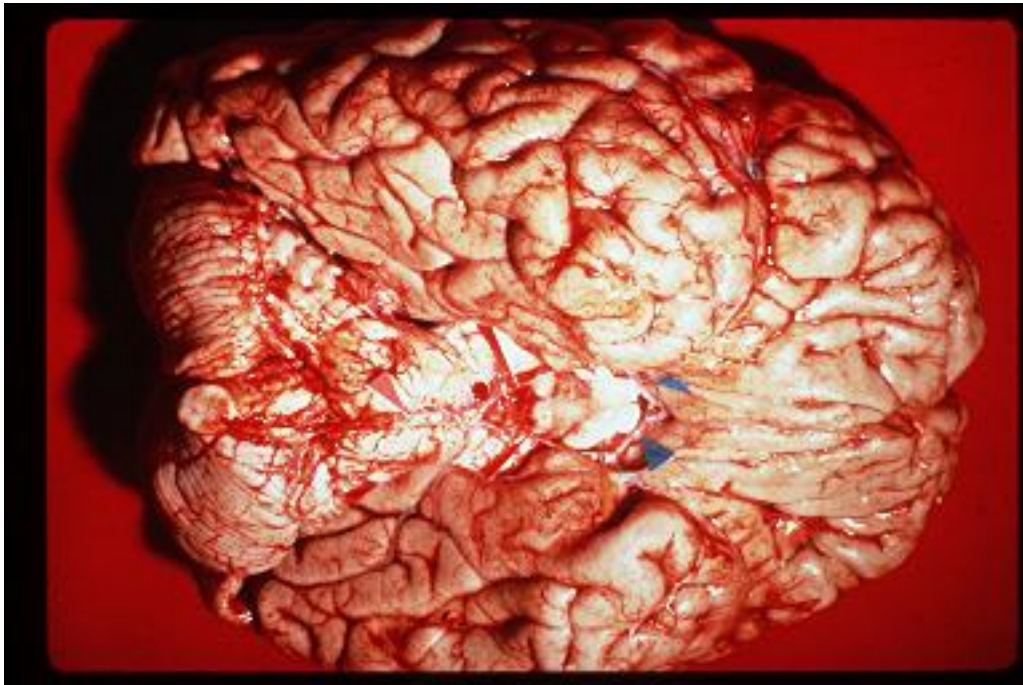


Over time, this opening can get narrower and blood flow gets more and more impeded. This of course adds to the workload of the heart to pump through smaller arteries with increased resistance. But this clogging does not only happen to the coronary arteries, it literally happens all over the body. Remember, nicotine is not only a vasoconstrictor, making arteries go into constrictions every time it is administered, but it also causes the body to release its own stores of fat and cholesterol. Besides this, carbon monoxide has an effect that makes the fat stick to the arteries. The reason is carbon monoxide lowers the oxygen level of the blood (hypoxia) and hypoxia seems to have an effect making fat stick to artery walls.

Eventually over time arteries can become totally blocked with fat as seen in the slide below.

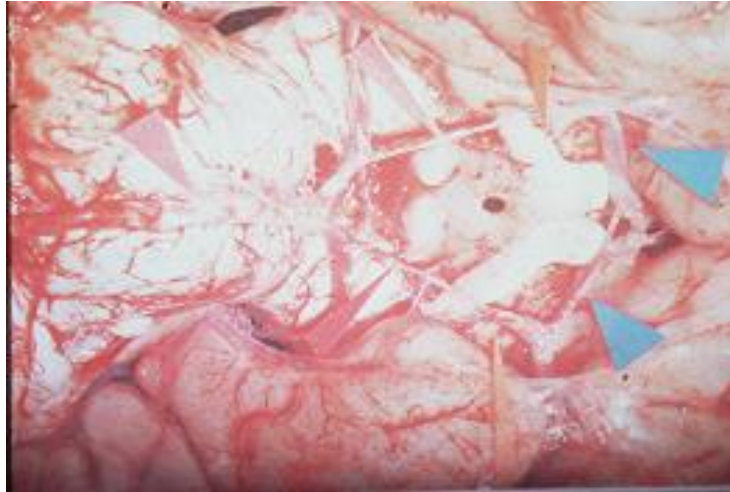


As in the case with a clot, blood cannot get through and the body part that was contingent on that blood supply for survival is lost. If this artery lead to your heart as in the case of the clotted coronary arteries above, the result would be a heart attack with a loss of heart muscle that if large enough would be fatal. But the heart is not the only organ affected this way. Another common site of problems are the arteries leading to the brain. Below is a picture of the base of a healthy human brain.

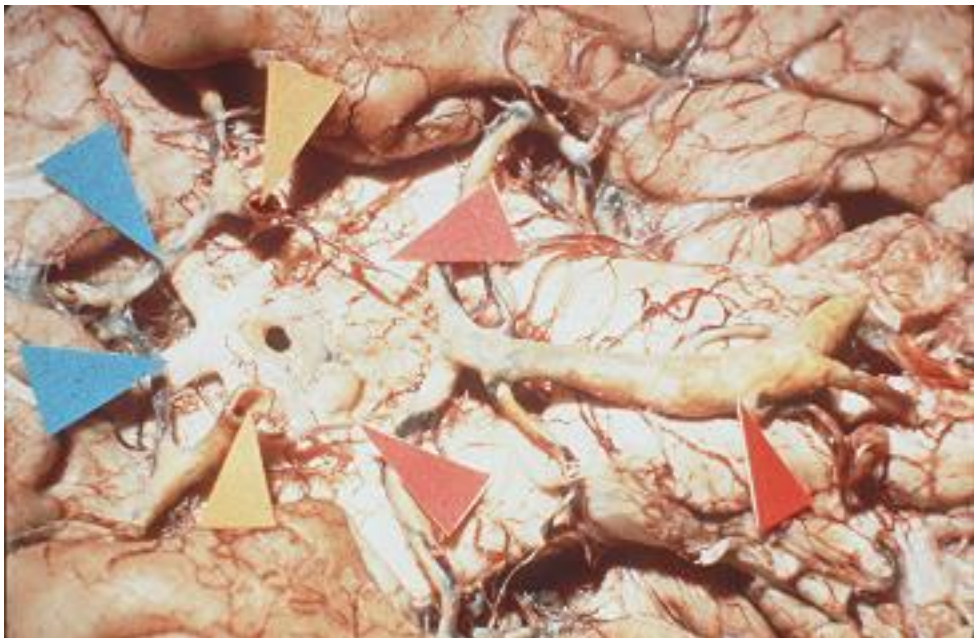


The arteries to the brain are very small here and clear, very difficult to see in fact. The arrows are pointing them out. To see them clearer here is a close up shot of these arteries...

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Again note, these arteries are very thin and clear. Smoking increases the fat deposits to these arteries so often, instead of looking like this, they can look like the slide below...

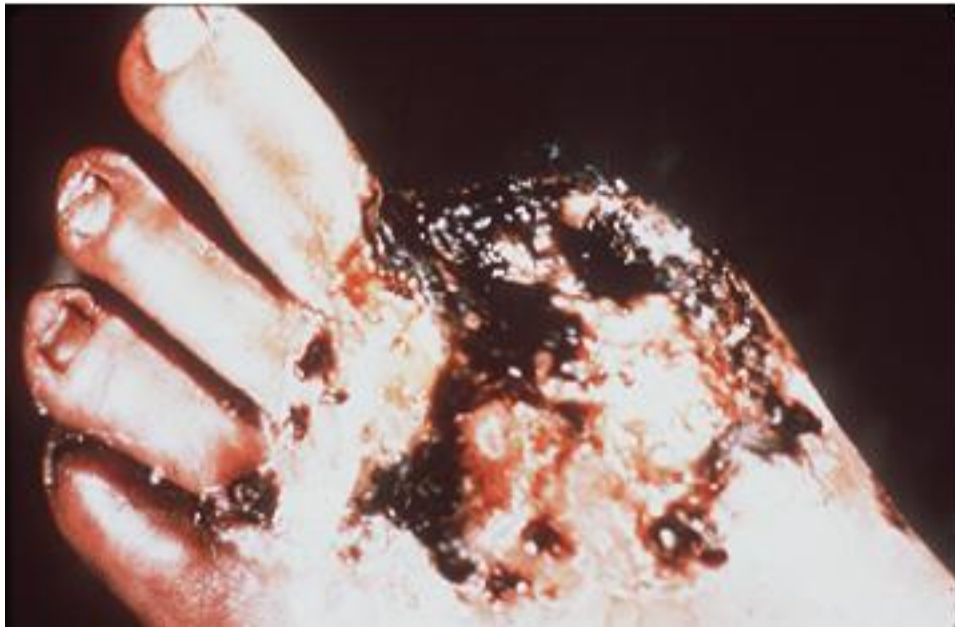


With the fat build up the arteries are much easier to see. But this build up if complete cuts off circulation to your brain and as is the case with the heart, the part of the brain that no longer gets circulation dies. This is what happens in the case of a stroke. Circulation gets cut off from the brain either through a clog or a blood clot. The section of the brain that gets cut off suffocates and dies. If this part of your brain controlled speech, you will not talk anymore, if it controlled some form of motor function, these abilities will be lost and leave the patient impaired or crippled. If the section of the brain affected controlled some life sustaining function, the patient will die, again, within minutes of when the circulation cut off is complete.

The clogging and clotting effects of nicotine and carbon monoxide are the primary reasons why smokers are at such a higher risk of this condition. But this clogging/clotting effect is not limited to just major organs like the heart or brain. These chemicals affect arteries throughout the entire body. These affects may not be as deadly as cutting off circulation to the heart or brain, but in a real way they can show the true potential of the grip of the nicotine addiction.

Peripheral circulation, arteries going to the extremities are also highly susceptible to the vasoconstrictor effects of nicotine as well as the increase of clots and clogging risks posed by smoking. Smoking is a primary cause of much of the peripheral vascular disease seen as well as a powerful aggravating factor for people who have other preexisting conditions causing circulation problems to the extremities.

One condition though stands out as being truly unique and in many ways, demonstrates the real addictive nature of nicotine better than any other cause. The condition is known as Buerger's Disease (thromboangiitis obliterans.)Buerger's Disease is a condition where there is a complete cutoff of circulation to the finger or toes, resulting in gangrene.



Once gangrene occurs the only course of action is to amputate the affected area.



The most common age bracket that this disease strikes is in people between the ages of 20 to 40, normally young to get circulation problems that result in amputations. While it is much more common in men, women are affected to. What makes Buerger's Disease unique is that it is a disease that is basically exclusive to smokers. There are almost no documented cases of this disease happening in a non-smoker. Smoking is the primary etiologic factor. This is a rare disease, but noteworthy because of this unique nature of happening only in smokers.

If a smoker gets lung cancer, the person and other people can sometimes think, "well non-smokers sometimes get lung cancer too, maybe cigarettes didn't cause it." Same thing with heart attacks or strokes, non-smokers get them too, smokers just get them much more often. But again a certain level of denial can be exhibited and there is no way to conclusively prove that cigarette did it. But Buerger's Disease, having no other known cause and basically never happening in non-smokers does not lend itself to such denials. When a doctor determines he or she is dealing with a Buerger's Disease patient, a basic ultimatum is going to be delivered—quit smoking or lose your limb—your choice! If we were dealing with simply a "bad habit," how many people given such an ultimatum and knowing it is true would continue doing the particular behavior given such consequences?

While Buerger's Disease is much more common in men, I have personally had two women who were Buerger's Disease patients in my clinics. My first actual encounter with a Buerger's Disease patient was with a woman who was 38 year old when I met her, which was about 24 years ago. Three years before I met her, at the age of 35 she was diagnosed with Buerger's Disease. This is actually relatively late to first be diagnosed. Her doctor had told her she had to quit smoking, but she did not comply and within a few months she had her right leg amputated. The circulation in her left leg was also badly affected, and after the hospitalization from the amputation she did quit smoking and had no further circulatory complications for the next three years.

Then one night at a party, a friend offered her a cigarette. She figured that since she had been off cigarettes for so long, she now had control over her dependency. If she liked the cigarette, she would smoke one or two a day. If she didn't like the cigarette, she just wouldn't smoke anymore.

Well, she took the cigarette. She didn't particularly like the cigarette, but the next day she was up to her old level of consumption. Four days later she lost circulation in her left leg. She knew the reason. After three years with no problem and only four days after going back to smoking her circulation was affected. Her doctor told her that if she did not quit immediately, she would probably lose her other leg.

This is when I met her. She enrolled in a smoking clinic that week and quit smoking. Almost immediately her circulation improved. The doctor took her off anti-coagulant drugs and vasodilators he had put her on a few weeks earlier to try to slow up the process even though they were highly ineffective at stopping the likelihood of gangrene and amputation. But once she quit smoking she no longer needed them. Soon, her circulation was back to normal.

Nine months later, I called to ask her to serve on a panel. At that time, she sluggishly replied, "I can't come. I have been in the hospital the last two months." When I asked what had happened, she hesitantly replied, "I had my toes amputated." She had gone back to smoking. She tried one because she just couldn't believe she would get hooked again. She was wrong. She lost circulation, had her toes removed and eventually had her leg amputated.

I have had other clinic participants with similar experiences, being told to quit smoking or lose limbs who did not quit smoking. The reason I talk about this particular woman again and again is about a year after she had the second amputation, she came back into a clinic I was conducting and told me she had quit again and was now off about 9 months. I told her I was surprised, I thought she had permanently lost control. After all, she had her leg removed, the toes from her other foot, and eventually her second leg. When I confronted her with that information she replied, "The doctor finally convinced me. He said, 'You might as well keep on smoking, I'll just take your arms off next.'" That scared her into quitting smoking. Her next comment to me was unbelievable. She looked me straight in the face, dead seriously, and said "I DIDN'T NEED A HOUSE TO FALL ON ME TO TELL ME TO QUIT SMOKING."

I had periodic contact for the next 15 years at which time she moved away. She was fine over that whole time period. Whenever I brought up that conversation, we both found ourselves amazed that she could ever have made such an irrational statement. She happened to be a very rational, bright and inspirational individual. She would get around on wooden legs, socializes, and even occasionally would sing and dance on stage. Once she had broken free of the drug's effects and the smoker's psyche, she knew she could do anything.

Frequently, I would encounter people who quit smoking on their own. When I ask how they did it, they tell me of this marvelous lady they met who told of how she used to be hooked on smoking. Hooked so bad, in fact, that she had her legs amputated from a smoking related illness. It usually turns out to be the same person. By spreading her story, she offers inspiration and hope to countless smokers to break the addiction before the addiction breaks them.

Her story represents the real power of the addiction. She could not deny anywhere along the way smoking wasn't the cause. Not only would every doctor and all the

research she could do pinpoint smoking as what was causing her problem, but she had quit, was fine, relapsed and within days lost her circulation—twice! The second time she actually lost her toes and her foot and then her lower leg. There was absolutely no way she could deny the cause and yet it took another 9 months for her to quit again.

Her continued smoking and ease of relapsing shows nicotine dependency at its worst. This overpowering nature of nicotine should not be lost on anyone here. You probably don't have a condition that is obvious as to force you to make a decision almost immediately upon relapse. In many ways this is worse, for cigarettes are quietly and insidiously destroying you, sometimes with little warning, or at least ones you will acknowledge. The first symptom to many circulatory diseases caused by smoking is sudden death. You may get no second chance.

Once you have a quit smoking, do everything in your power to make it last. You don't know that you will have the desire, strength or worst of all, the opportunity to quit next time. A tragic and fatal disease may get you first. Always consider the full danger of smoking and power of the addiction and your likely choice will be to - NEVER TAKE ANOTHER PUFF!

Because Now it Really Hurts!

“I want to quit for my health. I have no pulse in my legs and my doctor says I'm going to need surgery. But he won't even consider operating until I quit smoking. Besides this, I have had throat polyps removed and all of my doctors say I have to stop smoking.”

This dramatic story was told to me on the third day of a recent Stop Smoking Clinic. When I asked the participant how long she had all of these smoking related problems she replied, “For many years.” Then I asked why she decided to quit now? She answered, “Because now it really hurts.”

As opposed to fear, pain is a marvelous motivator for initiating a life-style change such as quitting smoking. Fear of something that might happen may make a person think about quitting. But fear can be bargained around. Thoughts like, "Maybe it won't happen to me," are often used as defense mechanisms protecting the smoker's addiction to cigarettes. But pain is not so easily dismissed. It is here, it is now, and it hurts.

While pain can be a powerful motivator in making positive change, it can also be responsible for preventing necessary changes from being successfully attempted. The participant in the above story is a good example of this. For years she knew that her cigarettes were slowly crippling and killing her. But any attempt to quit resulted in nicotine withdrawal symptoms. This discomfort results in taking a cigarette to help alleviate withdrawal. This inevitably results in relapse. So while the smoker may have solved the problem of withdrawal, the method used prolonged a much more serious problem - continuation of a powerful and deadly addiction.

While some discomfort may be involved in giving up cigarettes, it is insignificant compared to the pain and suffering which can be caused by continuing smoking. Physical withdrawal from quitting will normally peak within three days, and totally subside within two weeks. Diseases such as emphysema, heart disease, other circulatory conditions and cancers involve months or even years of long term suffering. These pains

are much more severe than anything encountered while quitting. The biggest difference, though, is that these diseases have the full potential of permanently crippling or killing their victims.

Smokers are not only prone to have these major catastrophic illnesses. Due to the weakening of the body's defense mechanisms, smokers are more frequently plagued by infectious diseases, such as colds, flu, and pneumonias. While most of these infections rarely result in permanent crippling or death, they do result in great inconveniences and discomfort. Not only does the smoker have a greater risk of these diseases, but when he does get one of them, it is more severe, and painful than it would have been if he didn't smoke. No non-smoker would consider inhaling dry hot smoke into an already burning irritated throat. But no matter how intense the pain, the smoker will else he suffers withdrawal besides the cold.

So any smoker who is afraid of experiencing the pain of withdrawal must consider the alternative. Continuing to smoke has the full potential of causing long-term suffering from causing and aggravating common infectious diseases. More significantly, smoking may eventually cause life-long, chronic suffering from diseases like emphysema, cancer, and circulatory diseases. And if the smoker waits too long, a smoking induced death may be the only relief. Don't let fear of withdrawal stop you from quitting. Withdrawal is short, and mild in comparison to the suffering caused from continuing to smoke. Once you quit, you will never experience it again as long as you - NEVER TAKE ANOTHER PUFF!

Smoking's Impact on the Lungs

Ex-smokers are often tempted when watching others smoke. Spending time with a specific friend and watching them smoke may be a trigger especially if it was the most time you had spend with the friend since you quit smoking. The first time you have any new experiences, even if smoking is not part of the ritual, the thought for a cigarette will seem like a natural part of the ritual.

Another factor is when watching a person smoke, the natural tendency is for the ex-smoker to start to fantasize about how good a cigarette will be at that given moment. A more productive way to handle the situation though is to really watch the person smoke one, and then wait a few minutes as they light another and then another. Soon you will see that they are smoking in a way that you don't want to and probably in a way that they don't want to either. But they have no choice. You do. I am attaching a letter here that addresses this issue. It is a little harder to describe because it is based on a demonstration I do at live seminars.

One demonstration I do at all my live seminars is a little smoking contraption made out of a plastic Palmolive bottle with a mouth piece inserted to hold a cigarette. The simulation shows how much smoke comes in when a person inhales, and how much comes out when they exhale. Smokers often feel they take in smoke and then blow most of it out, when in actuality, a very small percent actually comes out (about 10%). I always use cigarettes given to me by people in the audience, if I used one I brought people would think I was using a loaded cigarette. Anyway, below is a letter I wrote for clinic graduates who have seen this demonstration but the concepts apply to those who haven't also. Viewing smoking as it really looks will minimize the temptation for even a

Never Take Another Puff

puff.

The letter is as follows ...

Whenever you watch a person smoking, think of the Palmolive bottle demonstration you saw the first day of the Stop Smoking Clinic. Visualize all of the smoke that goes into the bottle that doesn't come out. Also, remember that the smoker is not only going to smoke that one cigarette. He will probably smoke another within a half-hour. Then another after that. In fact, he will probably smoke 20, 40, 60 or even more cigarettes by the end of the day. And tomorrow will be the same. After looking at cigarettes like this, you don't want to smoke a cigarette, do you?

I always suggest that clinic participants follow this simple visualization exercise to help them overcome the urge for a cigarette. When I suggested it to one participant who was off for three days she replied, "I see, you want me to brainwash myself so that I don't want a cigarette."

Somehow I don't consider this technique of visualizing smoking brainwashing. It is not like the ex-smoker is being asked to view smoking in an artificially horrible, nightmarish manner. To the contrary, I am only asking the ex-smoker to view cigarette smoking in its true light.

The Palmolive bottle demonstration accurately portrays the actual amount of smoke that goes in as compared to the small amount that you see the smoker blow out. Most smokers believe they exhale the majority of smoke they inhale into their lungs. But, as you saw by the demonstrations, most of the smoke remains in the lungs. When you visualize all the smoke that remains, it does not paint a pretty picture of what is happening in the smoker. Maybe not a pretty picture, but an accurate one.

When an ex-smoker watches a person smoke a cigarette, he often fantasizes about how much the smoker is enjoying it-how good it must taste and make him feel. It is true he may be enjoying that particular cigarette, but the odds are he is not.

Most smokers enjoy a very small percentage of the cigarettes they smoke. In fact, they are really unaware of most of the cigarettes they smoke. Some are smoked out of simple habit, but most are smoked in order to alleviate withdrawal symptoms experienced by all smokers whose nicotine levels have fallen below minimal requirements. The cigarette may taste horrible, but the smoker has to smoke it. And because the majority of smokers are such addicts, they must smoke many such cigarettes every single day in order to maintain a constant blood nicotine level.

Don't fantasize about cigarettes. Always keep a clear, objective perspective of what it would once again be like to be an addicted smoker. There is no doubt at all that if you relapse to smoking you will be under the control of a very powerful addiction. You will be spending hundreds of dollars a year for thousands of cigarettes. You will smell like cigarettes and be viewed as socially unacceptable in many circles. You will be inhaling thousands of poisons with every puff. These poisons will rob you of your endurance and your health. One day they may eventually rob you of your life.

Consider all these consequences of smoking. Then, when you watch a smoker you will feel pity for them, not envy. Consider the life he or she is living compared to the simpler, happier, and healthier life you have had since you broke free from your addiction. Consider all this and you will - NEVER TAKE ANOTHER PUFF!

A picture of the Palmolive Bottle Demonstration



This looks like it was an exhalation after about 10 previous exhalations, not that much is seen in this particular photo. I normally get a tremendous amount of smoke out of the bottle with every drag, normally we can smoke up a room with one cigarette. If you look at the mouthpiece of the bottle, it is almost solid brown with tar. It used to be clear. I have used this bottle with somewhere between 300 and 400 cigarettes. While that may sound like a lot, most people smoke more than that in any given month. Even the bottle is pretty yellow and I blow out almost all of the smoke used when it inhales. The bottle is dry allowing me to do this, your lungs are moist trapping most of the tars when inhaled. Literally over 90% of the tar that is inhaled stays in the lung, when you see a person exhale they are literally blowing out about 10% of the smoke.

You can see how the smoke had darkened the bottle after about a few hundred cigarettes. You can start to see how the smoker's lungs below became so discolored. Smokers don't just put a total of a few hundred cigarettes in their system; they literally deliver hundreds of thousands of cigarettes over their shortened lifetime. This discoloration effect is more than just aesthetically unpleasant-it is in fact deadly.



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Above: Normal city dwellers lung.

Note black specks throughout indicative of carbon deposits from pollution. Compare this to the lung below.



Smokers lung with cancer.

White area on top is the cancer, this is what killed the person. The blackened area is just the deposit of tars that all smokers paint into their lungs with every puff they take. To add a little more perspective to the demonstration, here is another way to see how much tar actually gets into the lungs from smoking. Below is the picture of a smoking machine.



This machine smokes 2,000 cigarettes a day, mimicking smokers puffing patterns to capture equivalent amounts of tar as would a smoker. In one day the machine captures the amount of smoke in the picture below.



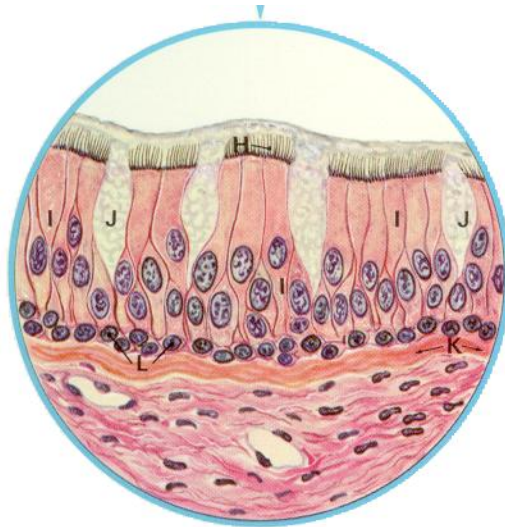
The bottle above with the tar collected from 2,000 cigarettes. If a diluted form (diluted, not concentrated as is often done in animal experimentation to demonstrate that chemicals are carcinogens) of this tar is painted on the skin of mice, 60% of the animals developed cancer of the skin within a year.



Many chemicals currently banned for human consumption were removed from usage if they even caused 5% or less cases of cancer in similar experiments. Cigarette tars contain some of the most carcinogenic chemicals known to man. Consider this when watching people smoking and exhaling only 10% of the tars they actually take in. Not only are these chemicals being painted into the lung, but smokers are also constantly painting them up on their lips, tongue, larynx, swallowing some and thus painting it in the esophagus and throughout the digestive tract. Smokers have increased incidents of cancer in all of these exposed sites.

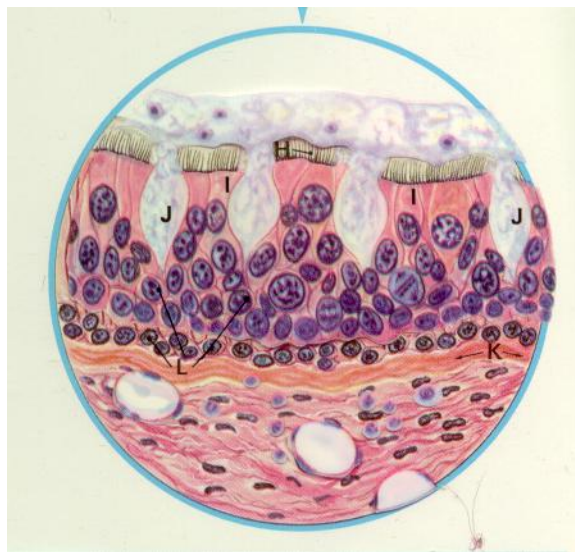
Now that you know what it looks like on a large scale and feels like, let's take a look at the microscopic level of things that happen in the lung from smoking.

The following series of slides illustrate microscopic changes that happen when a person smokes. The first slide is showing an illustrated blow-up of the normal lining of the bronchus.



On the top we see the cilia, labeled (H). They are attached to columnar cells, labeled (I). The cilia sweep the mucous produced in the goblet cells, labeled (J) as well as mucous coming from deeper glands within the lungs and the particulate matter trapped in the mucous. The bottom layer of cells, labeled (L) are the basal cells.

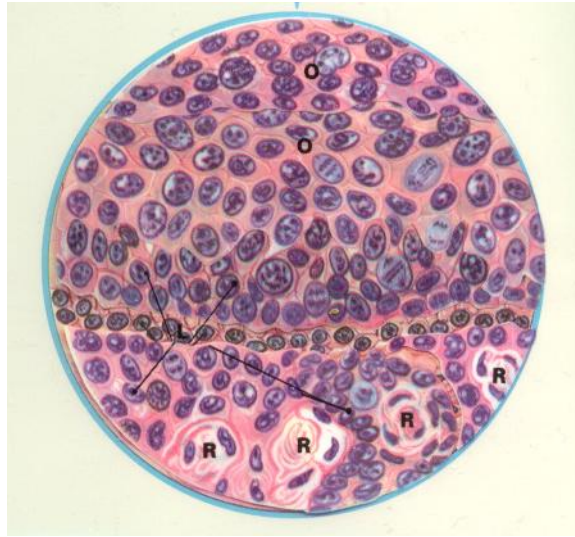
Below we start to see the changes that occur as people begin to smoke. You will see that the columnar cells are starting to be crowded out and displaced by additional layers of basal cells. Not only are fewer cilia present but the ones that are still functioning are doing so at a much lower level of efficiency. Many chemicals in tobacco smoke are toxic to cilia, first slowing them down, soon paralyzing them all together and then destroying them.



As you see with the cilia actions being diminished, mucous starts to build up in the small airways making it harder for the smoker to breathe and causing the characteristic smokers cough in order to clear out the airways.

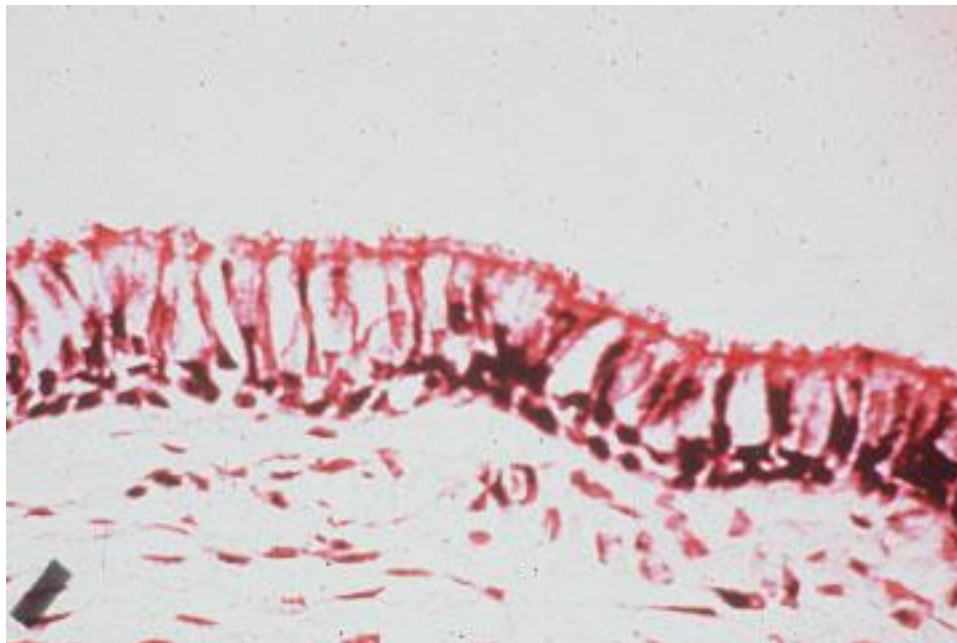
Eventually though, the ciliated columnar cells are totally displaced. As can be seen below ominous changes have taken place. Not only is the smoker more prone to infection from the loss of the cleansing mechanism of the cilia, but these abnormal cells (O) are cancerous squamous cells. These cells will eventually break through the

basement membrane wall and invade into underlying lung tissue and often spread throughout the body long before the person even knows they have the disease.



If a smoker quits before cancer actually starts, even if the cells are in a precancerous state, the process is highly reversible. Cilia regeneration starts in about 3 days once smoking stops. Even if cilia has been destroyed and not present for years, the lining tissue of the windpipe will start to repair. Even the precancerous cells will be sloughed off over time, reversing the cellular process to the point where the lining tissue goes back to normal. But if a smoker waits too long and cancer starts, it may be too late to save his or her life.

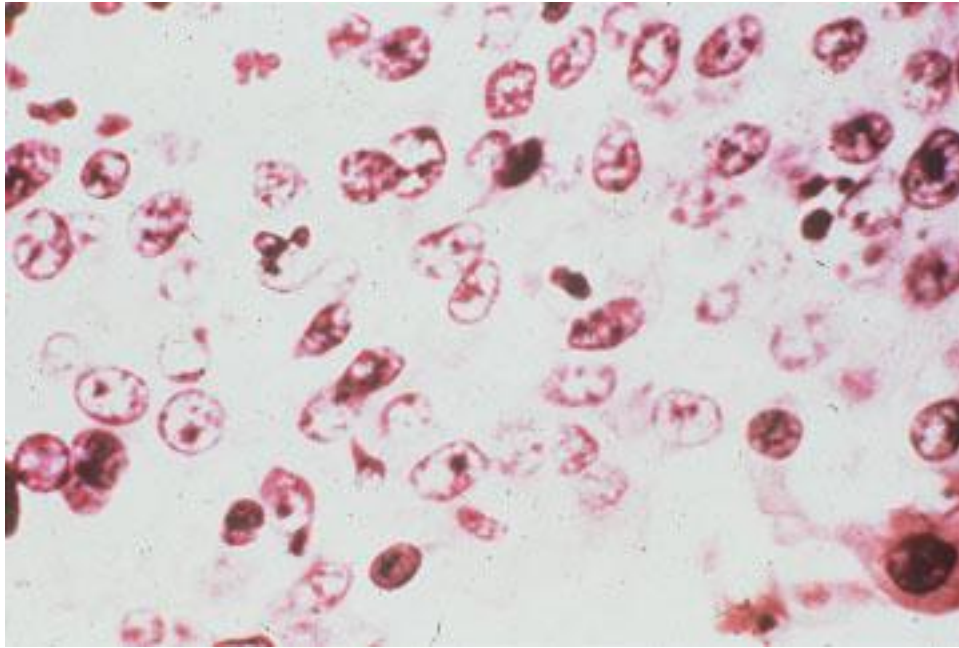
Following are actual pathological slides showing these same damaging effects.



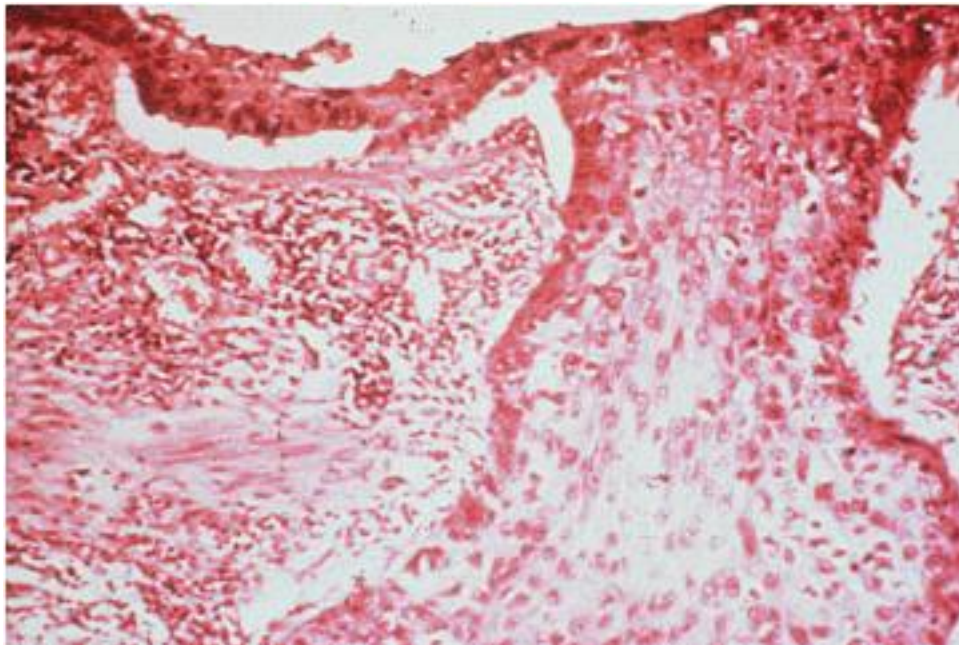
The little pink hairlike projections on the top is the cilia and if you compare this image with the illustrations above you should be able to see the mucous secreting cells and the separation of the lining tissue from the underlying lung tissue.

Below you can see the same area of tissue from a smoker's lung who has totally

destroyed the cilia in this tissue.



Again note, where there used to be two layers of well formed and organized basal cells, now numerous layers of disorganized squamous cells has replaced the normal defensive tissue. These cells are precancerous and if the continued irritation (cigarette smoke) is not ceased can go to that final stage where they become malignant and invade into the underlying lung tissue as seen below.



Then it is only a matter of time before it leaves the lung and spreads throughout the body. If the smoker quits smoking before this last cellular change occurs, before a cell turns malignant, the process seen in this last slide can be avoided. In fact much of the damage seen in the second picture here is highly reversible.

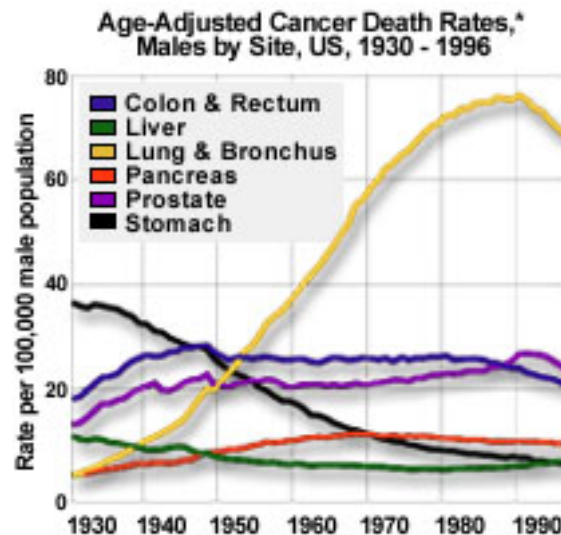
In three days cilia start to regenerate and usually within 6 months the normal cilia function is returned. Also over time, the extra layers of cells will be sloughed off and the lining tissue of the bronchus will return to normal.

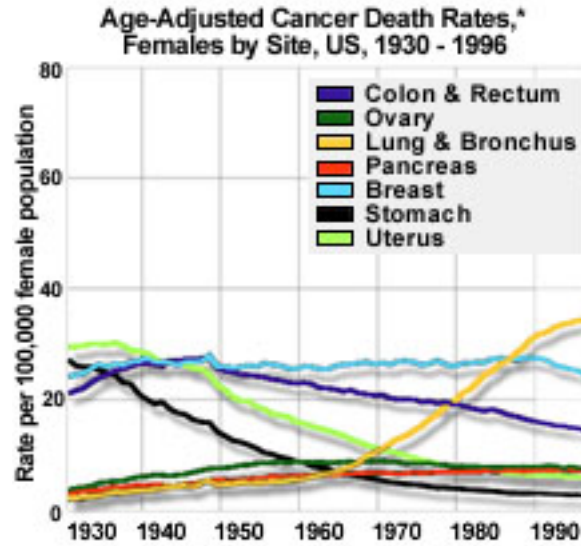
Unfortunately, if a smoker waits until a malignancy has started, the outlook is grim. The overall 5 year survival rate for lung cancer is only 14%. Lung cancer, is a disease that while once uncommon, is now the leading cancer killer in both sexes.

Cancer is actually many different diseases with many different causes. If we look at cancer trends over the last century we see some amazing changes. While cancer was always around, it was different sites that were primary problems. Lung cancer, at the turn of the century was almost unheard of. If a doctor saw a case he would have easily gotten it printed up in a medical journal. Now, it is the major cause of cancer death in our society, killing more men and women than any other site. The primary difference between now and then is smoking. Before the turn of the century smoking was a limited practice. A very small percentage of people smoked and even the ones who did smoked many fewer cigarettes. Cigarettes were not even mass produced till the very end of the 1900's.

We always hear of a cancer epidemic, how more and more people die of cancer every year. Actually, if you pull the smoking related sites out of the equation, cancer deaths have been on a decline. Some sites, like stomach the incidence dropped dramatically, not fully understood as to why. Other sites, like breast, even though the morbidity rate (number of cases) didn't drop, because we now have better treatments and earlier detection, the mortality (death) rate has dropped.

But the smoking cancers; lung, mouth, lip, tongue, throat, larynx, pancreas, esophagus, pharynx, urinary bladder have all seen marked increases over the 20th century. These cancers have gone from obscurity to some of the major causes of death in our country. Actually, for the first time in a hundred years we are starting to see an early decline of morbidity and mortality because we are seeing fewer smokers now with the drop in the percentages of adult smokers.





You see a dramatic difference in men and women, especially in lung cancer rates. The reason is women started smoking much later than men, about a 30 year time delay before it became socially acceptable for women to smoke. Male smoking rate jumped dramatically between World War I and another big boost during World War II. Free distribution of cigarettes to soldiers was a big factor. Women smoking rates happened much later and the time delay is reflected in the time delay in cancer and other diseases going up too.

The above pictures were primarily about how smoking causes cancer of the lung and other sites. But the assault on the lungs from the tars in tobacco are not just limited to causing cancer. Other lung diseases are directly caused by smoking, the most well known are the chronic obstructive lung diseases.

The most well known smoking induced COPD is emphysema. This is another one of those diseases that primarily happen to smokers. Over 90% of the cases are smoking induced. There are cases in some families where there does seem to be a genetic predisposition, where non-smokers get it too. This is from a rare condition, a lack of a blood enzyme called alpha1 antitrypsin. This again is rare, but if you do have family members who never smoked a day in their life get emphysema there may be a genetic tendency. But again, over 90% of emphysema cases are simply caused by smoking. Eradicate smoking and you eradicate the risk of the disease.

To get a sense of how a lung is altered by smoking to cause emphysema look at the pictures below. The first is a picture of an inflated non-smoker city dweller's lung.



As in the normal picture of a lung above, you can see carbon deposits collected throughout from pollution effects. But when contrasted with a smoker's lung with emphysema...



...there is a very dramatic visible difference. Not only is the discoloration the issue, but the lungs have literally been ripped out of shape making breathing extremely difficult and eventually impossible. To get a sense of what it feels like to breathe with emphysema take a deep breath and hold it. Without letting out any air, take another deep breath. Hold that one too. One more time, take one more breath. Okay let it all out.

That second or third breath is what it feels like to breathe when you have advanced emphysema. Emphysema is a disease where you cannot exhale air. Everyone thinks that it is a disease where you cannot inhale but in fact it is the opposite. When you smoke you

destroy the lungs elasticity by destroying the tissue that pulls your lung back together after using muscles that allow us to inhale air. So when it comes time to take your next breath it is that much more difficult, for your lungs could not get back to their original shape.

Imagine going through life having to struggle to breathe like those last two breaths I had you take. Unfortunately, millions of people don't have to imagine it, they live it daily. It is a miserable way to live and a slow painful way to die.

Hopefully when you breathe normally today you are not in pain and you are not on oxygen. If you don't smoke you will continue to give yourself the ability to breathe longer and feel better. Never lose sight of this fact. To keep your ability to breathe better for the rest of your life always remember to - NEVER TAKE ANOTHER PUFF!

The Isolation of a Widowed Smoker

Life had become a boring routine. She had just been going through the motions of maintaining a normal semblance of existence. Waking up, having a cigarette. Washing up and brushing her teeth, having a cigarette. Eating breakfast, having a cigarette. Doing some light cleaning, vacuuming, dusting, and having a cigarette. Watching a little television while having a cigarette. Preparing a sandwich for lunch, having a cigarette. Taking a short nap, waking up for a cigarette. Reading the newspaper, having a cigarette. Making a list of needed groceries, having a cigarette. Getting ready to do some light shopping, having a cigarette. Driving to the local market, having a cigarette. About to enter the store, but stopping to have a cigarette. Checking out at the cash register, leaving the store and having a cigarette. Going home and starting to prepare dinner, having a cigarette. Eating dinner, having a cigarette. Clearing the table and washing the dishes, having a cigarette. Watching a little television, having a couple of cigarettes. Washing up, brushing her teeth and getting dressed for bed, having a cigarette. Getting into bed, having a cigarette. Going to sleep.

Ever since the loss of her husband many years ago, nothing in her normal daily existence seemed to give her life any meaning or any real happiness. Weeks would go by with her barely cracking a smile. Almost nothing seemed to bring her joy anymore. But this day was starting differently. After breakfast her phone rang. She ran for a cigarette. On the fourth ring she made it to the phone and picked up the receiver. It was her daughter. She lived only an hour away, but because of her career, her husband's schedule and the kid's school, soccer, piano, ballet lessons, etc., they only were able to visit occasionally. Well, to her pleasant surprise, she found out that they were coming on Saturday to spend the day.

For the first time in weeks she seemed truly happy. As soon as she hung up the phone she grabbed for a cigarette. She had to start planning and preparing to see the kids. She called her beauty shop to make an afternoon appointment. When she hung up the phone she took a cigarette. She got dressed and ready to go shopping, and right before leaving, she took a cigarette. In the car driving to the store she hurriedly smoked two cigarettes for she knew she could not smoke while in the store. She hurriedly went up and down the aisles, with a certain bounce in her step for she was still so excited about the visit. When she left the store she hurried to her car and lit a cigarette. She went home, put away the groceries, prepared and ate a quick bite, smoked a cigarette and hurriedly left

the house to be on time for her beauty shop appointment. While she was there she smoked and conversed with the other patrons, glowing as she told of her exciting weekend news.

When she got home, she smoked a cigarette, and starting preparing a turkey for the big Saturday night meal. She smoked and ate, smoked and cooked and smoked and prepared for bed. One last cigarette and she slowly dozed off, happy and excited about the joy of the upcoming day.

When she woke up she excitedly grabbed for her first cigarette. She got up and cleaned and brushed her teeth, and took another cigarette. She ate breakfast and smoked again. She started preparing her feast and smoked numerous cigarettes. Even though she was not conscious of the fact, she was smoking more than normal. Through years of conditioning she had learned that since she couldn't smoke when around the grandchildren she had better have plenty of nicotine in her system by the time they arrived. A little last minute cleaning, and cooking and smoking. She was ready.

The door bell rings. She hurries to the door and opens it up. There is her family. Everyone is excited. She goes to kiss the youngest, who says "Oh grandma, you smell like an ashtray!" She was used to these comments, she loved him anyway. After 15 minutes of talking with all the kids and her daughter and son-in-law, she and her daughter go to the kitchen to work on the dinner. After a couple of hours she starts to feel the twinge for a cigarette. But she knows she can't smoke. The kids are running through the house vigorously. As the hours pass, her patience becomes strained. Too much noise she thinks to herself, boy, does she wish she could smoke a cigarette. She starts to complain of a minor headache. They decide they better eat early, grandma is seeming a little tired and a little hassled. They sit down to eat. The food is good and everyone is enjoying.

But grandma seems to be feeling worse and worse. Four hours have passed and still no cigarette. After dinner they all decide grandma needs some rest and mutually everyone agrees they will leave early. She kisses them all good-bye and rushes them out. As the door closes she hurries to her pack and smokes three cigarettes in a row. She finally starts to feel better. She now sits down in a quiet empty room thinking how lonely she feels and how sad that they had to leave so soon. But at least she has her cigarettes. But it had been a long day. She washes up, brushes her teeth, gets dressed for bed, and has one last cigarette.

Tomorrow would be another routine day.

Medical Implications of Smoking

Some people who enroll in our program are not quite convinced that they really want to quit smoking. Others claim that they cannot even think of good reasons to quit. In fact, there are many good reasons. The most important one is to avoid the dangerous health effects of cigarette smoking.

Worldwide, over four million will die this year from cigarette smoking, while here in the U.S. smoking will claim over 440,000. That is more Americans than die from all accidents, infectious diseases, murders, suicides, diabetes, and cirrhosis combined. In fact, this is more than all of the Americans killed in World War II.

The disease most often associated with cigarette smoking is lung cancer. One hundred

years ago, lung cancer was so uncommon that if a doctor ever saw a case of it he would have written it up in a medical journal. Even as recently as 1930 most doctors never came across a case of primary lung cancer. This disease, which 50 years ago was almost unheard of, is now the leading cause of cancer deaths in men and women. Lung cancer accounts for one third of all cancer deaths of men. Lung cancer was once believed to be predominantly a disease of males. By the mid 1980's, lung cancer overtook breast cancer to become the number one cause of cancer deaths in women. Over 85% of the people who die of lung cancer could avoid the disease completely if they just didn't smoke.

Besides the lungs, other sites where cigarettes exert a carcinogenic effect include: mouth, lip, tongue, larynx, pharynx, and esophagus. In addition, cigarettes contribute to cancers of the kidney, bladder, pancreas and stomach.

While most people associate smoking with cancer, even more people die from circulatory problems caused by cigarette smoking than from cancers caused from cigarettes. The effects on the circulatory system are both immediate and dangerous. Nicotine is a stimulant which raises the heart rate and blood pressure, constricts the arteries, and, in conjunction with carbon monoxide, causes atherosclerotic conditions within the artery walls. This clogging process affects the heart as well as other sites of the body such as the brain or peripheral circulation in the extremities, sometimes resulting in gangrene and amputations. Over 200,000 of smoking related deaths are attributed to the combined effect of nicotine and carbon monoxide on the circulatory system.

Chronic obstructive pulmonary diseases, such as emphysema and chronic bronchitis, are major crippers caused by cigarette smoking. While emphysema is not as deadly as lung cancer, patients with it often envy patients with cancer. People with lung cancer will usually die within six months of diagnosis. Patients with advanced stages of emphysema are permanently crippled, but it may take years for them to die from it. In its later stages, emphysema is a living hell. As one of our popular panelists proclaims, "When I die, I'm going to die healthy!"

Some smokers come into our clinics wondering if they need to quit smoking. They claim to feel fine. No symptoms of any diseases are yet obvious. Even their doctors say they appear normal. Unfortunately, the first sign of some of the smoking related illnesses is sudden death. This is not a preferable time to consider smoking cessation. The best time to quit to maintain the optimal benefits from not smoking is when you are alive and relatively healthy. If you are off cigarettes now, stay off. Your risk of all of the smoking related illnesses will eventually drop down to that of a non-smoker. They can still happen, but it is much less likely. If you currently smoke you will destroy more tissue and cause more damage and irritation every day you smoke.

We only have one body and one life. Some people feel they should have a choice to do the most with the time they have, so they should eat, drink, smoke and be merry. These people are partially correct. We should have the choice of what we can do to obtain the most fun and fulfilling life. But going through a long crippling period, followed by a long lingering death is not the best utilization of time. It is not fun. Consider all of the risks in comparison to the momentary pleasures that some of your cigarettes may have brought you. Give yourself a chance for a long, productive and happy life.

When things get rough and you feel like you want a cigarette, just take it one day at a time. You can always go out and buy cigarettes tomorrow. You cannot go out and buy

health. I guess that is why it is said that " The best things in life are free." In order to stay free - NEVER TAKE ANOTHER PUFF!

Reasons People Want to Quit Smoking

During my almost 30 years of being involved with smoking cessation education, smokers have given a multitude of reasons for wanting to stop smoking. Many needed to stop for medical purposes. This isn't surprising considering that over 400,000 Americans die every year from diseases caused by cigarettes. Among the more common ailments directly caused by smoking are: heart disease, cancers, strokes, peripheral vascular diseases, emphysema, bronchitis, ulcers and others. In addition, treatment of preexisting conditions can be complicated by smoking. Risk of anesthesia and post-operative complications are increased by use of cigarettes.

Social pressure is another major reason for quitting. Smoking is now viewed as smelly, offensive and disgusting by non-smokers as well as by many of the over 50 million ex-smokers in our country. While smoking was once thought to be sophisticated, people who smoke today are scorned by many of their peers. Some smokers now feel that they appear lacking in self control and looked down upon for not having the intelligence to quit. Some wish to quit smoking to set a positive example for their children.

The expense of smoking is another major reason. Many remember saying, "If cigarettes ever reach \$1.00 a pack, I will quit!" Now cigarettes are approaching triple that amount and these same people have continued to smoke. A smoking couple can be motivated to quit when realizing they are spending in excess of \$3,000 a year to maintain their addiction. Besides, smokers burn holes in their clothes, car, furniture and carpeting. One past clinic participant even burned a hole in a bride's wedding gown. Not only can costly burns result, but accidental fires can be started. In fact, over half of the fire deaths in our country are caused by cigarette smoking.

Many of my clinic participants have quit smoking previously for a substantial period of time and returned to smoking. When they were free from cigarettes they felt healthier, calmer, and happier. But lack of understanding allowed them to tempt a puff. This resulted in reinforcement of their full fledged addiction. They come to the clinic ready to reestablish their lifestyle as an ex-smoker.

While people come to us for a variety of reasons, most have one basic motivation in common. They need help to quit smoking. They know the dangers, hassles, and expense but still cannot stop.

Cigarette smoking is an addiction. It is imperative to remember that once you are an addict, you are always an addict. Once you are off smoking for a short period of time, staying off is relatively easy. You will have occasional thoughts for a cigarette, but they are nothing compared to the urges encountered from withdrawal during the early quitting process. But you must always keep in mind that one puff will put you back to a state of full fledged dependency. Then you will either have to go back to smoking or once again go through quitting. Those are both lousy options. Think of both of them whenever you consider taking a puff. Stick with the winners and - NEVER TAKE ANOTHER PUFF!

Individual Approaches Used to Motivate Smokers to Quit

Every now and then, someone informs me of an original technique they devised or heard of to help motivate family and friends to quit smoking or to at least consider getting outside assistance to break free from this deadly addiction. I feel that since the majority of people who have given up smoking have done so on their own without any professional intervention, these approaches are often viable alternatives for smokers who wish to quit or for you as ex-smokers to use to help significant others stop smoking.

Most recently, a clinic participant told us of a friend who wanted to convince her husband to give up smoking. She considered his chemical dependency not only to be deadly but also wasteful and expensive. To illustrate her point to the husband, every time he purchased a new carton of cigarettes she promptly went to the nearest sewer and deposited an equivalent amount of money. This was making the poor husband sick. He usually retorted, "Why don't you at least donate it to a worthy cause?" She would reply, "At least my way of wasting money isn't hurting anyone." This activity went on for a little over a month, at which time the husband, realizing the real waste of his addiction to nicotine, decided it was time to stop. He made it. Not only was he saving money, but, more important, he was saving his life. I give the wife a lot of credit for having the guts and perseverance to continue this unconventional practice to motivate her husband to help himself.

At all my clinics, I always tell the story of the lady who eight years ago had a circulatory condition, Buerger's disease, and had to have her right leg amputated. As you may recall, she quit smoking and had no further circulatory complications for three years.

Then one night at a party, a friend offered her a cigarette. She figured that since she had been off cigarettes for so long, she now had control over her addiction. If she liked the cigarette, she would smoke one or two a day. If she didn't like the cigarette, she just wouldn't smoke anymore.

Well, she took the cigarette. She didn't particularly like the cigarette, but the next day she was up to her old level of consumption. Four days later she lost circulation in her other leg. She knew the reason. After three years with no problem and only four days after going back to smoking her circulation was affected. Her doctor told her that if she did not quit immediately, she would probably lose her other leg.

She enrolled in a smoking clinic that week and quit smoking. Almost immediately her circulation improved. The doctor took her off anti-coagulant drugs. She no longer needed them. Soon, things were back to normal.

Nine months later, I called to ask her to serve on a panel. At that time, she replied, "I can't come. I have been in the hospital the last two months." When I asked what had happened, she replied, "I had my toes amputated." She had gone back to smoking. She tried one because she just couldn't believe she would get hooked again. She was wrong. She lost circulation, had her toes removed and eventually had her leg amputated.

I have had other clinic participants with similar experiences. The reason I talk about this story is I again ran into her about 3 years ago, at which time she told me she had finally quit smoking. I told her I was surprised, I thought she had permanently lost control. After all, she had her leg removed, the toes from her other foot, and eventually her second leg. When I confronted her with that information she replied, "The doctor finally convinced me. He said, 'You might as well keep on smoking, I'll just take your arms off next.'" That scared her into quitting smoking. Her next comment to me was

unbelievable. She looked me straight in the face, dead seriously, and said “I didn’t need a house to fall on me to tell me to quit smoking!”

I still have periodic contact with her, and whenever I bring up that conversation, we both find ourselves amazed that she could ever have made such an irrational statement. She happens to be a very rational, bright and inspirational individual. She gets around on wooden legs, socializes, and even occasionally sings and dances on stage. Once she had broken free of the drug’s effects and the smoker’s psyche, she knew she could do anything.

Frequently, I encounter people who quit smoking on their own. When I ask how they did it, they tell me of this marvelous lady they met who told of how she used to be hooked on smoking. Hooked so bad, in fact, that she had her legs amputated from a smoking related illness. It usually turns out to be the same person. By spreading her story, she offers inspiration and hope to countless smokers to break the addiction before the addiction breaks them.

You, too, probably have stories you can share with your smoking friends of your past experiences smoking, or of people you met in your clinic. Maybe you know of ways to help motivate family and friends to quit. Try to help those people most important to you. If they try to stop but can’t on their own, remember, we are always out here to help them. You can really make a difference in their lives. Share your knowledge. For friends who have already quit, as well as for yourself, don’t forget to reinforce the one principle - NEVER TAKE ANOTHER PUFF!

"If Cigarettes Were as Deadly as You Claim They Are, The Government Would Not Sell Them!"

Whenever I do my first day slide presentation, members of the audience often openly express this sentiment. We explain how smoking causes heart disease, cancers, circulatory conditions, emphysema and many other deleterious conditions. We go on further to claim that cigarette smoking is the number one most preventable cause of death in the United States, causing an excess of 434,000 premature deaths yearly. This is more deaths than those caused by all accidents, infectious diseases including AIDS, murders, suicides, diabetes, atherosclerosis, kidney disease and liver disease combined. More Americans will die this year from cigarette smoking than all the Americans killed in 24 years of battle deaths from World War I, World War II, the Korean War and the Viet Nam War, combined!

These statistics are staggering. Many smokers assume that if cigarettes were this dangerous they would not be allowed legally on the market. Chemicals like cyclamates, red dyes and other carcinogens are pulled off the shelf. Cigarettes are sold, so they must be safer. People thus suspect that my figures must be greatly exaggerated.

In response to this skepticism, let me explain that these figures originate with the United States Surgeon General's Reports. Since 1964, these reports have been produced annually by the government's office of Health and Human Services. The reports review all studies and available information, not only from America but from all over the world. The general consensus for over 20 years of accumulated data is that cigarettes are killers.

Some people assume that the government is exaggerating how deadly cigarettes are. This is not very likely. If the government was going to mislead the public on the dangers

of smoking, it would be denying the dangers, not exaggerating them.

The United States Government has had a strong vested interest in tobacco production and dissemination. In 1984 tax revenues generated from tobacco products exceeded 6 billion dollars annually. The government owned close to one billion dollars of surplus tobacco. Even with this strong vested interest, the report that year claimed that over 300,000 Americans died prematurely from cigarette smoking that previous year.

Before 1964, the U.S. Government did not issue much information about the dangers of smoking. Other developed countries without vested interests were warning their citizens of the inherent dangers of cigarettes. Today, the evidence is so conclusive that the government recognizes its obligation to report the facts. The United States government, medical associations, and the general world-wide medical community all agree that cigarettes are lethal.

Consider this information when confronted with what some ads call the smoking controversy. The only controversy is with the tobacco industries. They claim their product is harmless and offers great advantages to their customers who smoke it. This "harmless" product is everything but harmless. It is addictive. It is expensive. It is deadly. Consider all this and remember- NEVER TAKE ANOTHER PUFF!

So I Can't Run Marathons

"So I can't run marathons - big deal, I never wanted to anyway." Many times I encounter a smoker who claims that his smoking isn't a real problem in his life. Sure, he can't do vigorous activities, but generally he is able to meet life's essential demands.

Unfortunately, many fail to consider that giving up strenuous activities today means possibly giving up essential capabilities in the future. Today, jogging may not be possible, but tomorrow, getting up stairs, walking, and eventually getting out of bed may be more than the smoker can handle.

Hundreds of thousands of smokers become permanently crippled every year by diseases like emphysema. Typically, the smoker was warned by his physician to quit smoking before the disease caused minor impairments. But even when this threat became a reality, the smoker failed to quit.

However, once a breathing impairment becomes evident, every day of smoking makes it progressively worse. It will get to the point where normal breathing becomes painful, then impossible. Day by day he must give up yet another essential activity.

Soon he becomes totally dependent on his family to carry on his responsibilities. Not only can't he shovel snow, he can't leave the house if the temperature drops below freezing. He can't help prepare dinner, he hardly has the strength to chew it. And then one day breathing becomes impossible. His entire world becomes an oxygen tent, and death becomes his only way out. At this point, death is not an unwelcome alternative.

The dying patient may think back to when he made the comment "So I can't jog. Big deal." If he only knew then what he knows now, he would not have treated the subject so lightly. Unfortunately for him, it is too late to repair the damage.

You may feel that you have smoked so long that it is too late to quit now. But the odds are, you are not at this tragic point yet. If you quit, your odds of ever becoming this impaired are dramatically reduced. If you continue to smoke, well then every day this nightmarish existence becomes a closer possibility.

Consider what activities you can do now. They may seem insignificant or unimportant. But what will life really be like when you can no longer do them. If this type of life, or more accurately, slow death does not appeal to you, then - NEVER TAKE ANOTHER PUFF!

He Will Quit When He "Bottoms Out!"

It used to be believed that when dealing with drug addictions, such as alcoholism or illegal drug abuse, the addict had to "bottom out" before realizing the need for help. Bottoming out meant life became so complicated and unmanageable that the abuser would finally see that there was no other alternative except to quit drugs or lose everything and everyone close to him. What types of situations would precipitate an addict to come to such a realization? Things so severe as losing a family, career, health, or maybe even ending up homeless or in jail.

All these occurrences are traumatic and should be considered life shattering experiences. However given a lot of time, support and professional assistance, the addict can often regain some semblance of a normal lifestyle. Many even feel that living through such an experience gives them a real love of life and sobriety that they could never have fully appreciated without having survived such devastating experiences. As long as bottoming out doesn't entail loss of life, there is always some hope for rectifying the problems the drugs brought on and maybe coming out stronger than they were before drugs became a part of their lives.

Smokers, too, are drug addicts. Unfortunately, some smokers are content with the idea of waiting to bottom out before making a drastic move like quitting smoking. Until then they feel that their lives are quite manageable. When things get bad enough they believe they will quit with relative ease. While this sort of logic has been known to work with other drug dependencies, there is a major flaw in approaching smoking in this manner.

Bottoming out experiences for smokers are not normally correctable by time. Smokers generally won't lose their families from smoking. They probably won't lose their job, and they probably won't end up homeless and penniless trying to support their addiction. They won't end up in jail for smoking, and they will never be committed to treatment without their own consent. So what kind of incident is likely to be considered bottoming out for the smoker?

Diagnosis is the most common way smokers bottom out-diagnosis of a disease like cancer, heart disease or emphysema. While quitting upon diagnosis may improve chances of survival, a lot of irreparable damage is already done. With emphysema, the patient's breathing will be impaired for the rest of his or her life. Stopping smoking will significantly slow up or stop further deterioration, but normal breathing will never again be possible. Waiting for a diagnosis of cancer or circulatory disease as the bottoming out experience may cost the smoker his or her life. In fact, some smokers never have the opportunity to bottom out. The first discernible symptom for these smokers is sudden death which is not the bottoming out experience the smoker was likely counting on.

Many who quit before bottoming out recognize that they feel physically and emotionally better than they have in years and truly do appreciate the health and self esteem improvements. Those who quit should be proud of their accomplishment. They quit before they had to, and they will derive the greatest benefits for having taken that

action.

For those who are waiting for that magic moment when they know it is time, be forewarned. You may not have the strength to quit at that time; you may not get the desire to quit in time; and, most importantly, you may not have the opportunity to quit in time. Last year, 390,000 Americans died prematurely waiting for the right time. They never found it. Don't feel the need to wait for some unforeseen inspiration. Quit now before you have to. Quit now and - NEVER TAKE ANOTHER PUFF!

“It's only cigarette smoking - it's not like a crime punishable by death”

“So I failed in quitting smoking, big deal. I'm not going to feel guilty or be hard on myself. I mean, it is only cigarette smoking-it is not like a crime punishable by death.” I had to refrain from laughing at this statement. It was seriously quoted to me by a clinic participant who failed to abstain from smoking for even two days. She had the same old excuses of new job, family pressures, too many other changes going on.

But to say that cigarette smoking isn't a crime punishable by death-that was news to me. According to the United Nations, tobacco kills 4.9 million users per year. While we know that these people were killed by tobacco, it is hard to classify these deaths. Were they murders, suicides or accidents?

When examining the influence of the tobacco industry, one is tempted to call all tobacco related deaths murder. The tobacco industry uses manipulative advertising trying to make smoking appear harmless, sexy, sophisticated, and adult. These tactics help manipulate adults and kids into experimenting with this highly addictive substance. The tobacco industry knows that if they can just get people started, they can hook them on cigarettes and milk them for thousands of dollars over the smokers' lifetimes.

The tobacco industry always contradicts the research of all credible medical institutions that have unanimously stated that cigarettes are lethal. The tobacco institute tries to make people believe that all these attacks on cigarettes are lies. If the medical profession was going to mislead the public about cigarettes, it would be by minimizing the dangers, not exaggerating them. The medical profession has a vested interest in people continuing to smoke. After all, the more people smoke, the more work there is in treating serious and deadly diseases. But the medical profession recognizes its professional and moral obligation to help people be healthier. On the other hand, the tobacco industry's only goal is to get people to smoke, no matter what the cost.

It could be argued that a smoking death is suicide. While the tobacco industry may dismiss the dangers, any smoker with even average intelligence knows that cigarettes are bad for health but continues to smoke anyway. But I do not believe in classifying most of the smoking deaths as suicidal. Although a smoker knows the risk and still doesn't stop, it is not that he is trying to kill himself. He smokes because he doesn't know how to stop.

A smoking related death is more accidental than suicidal. For while the smoker may die today, his death was in great part due to his first puffs twenty or more years ago. When he started smoking the dangers were unknown. Society made smoking acceptable, if not mandatory in certain groups. Not only did he not know the danger, but also he was unaware of the addictive nature of nicotine. So by the time the dangers were known, he

was hooked into what he believed was a permanent way of life. Any smoker can quit, but unfortunately many don't know how.

Whatever the classification-murder, suicide or accident-the end result is the same. You still have a chance, you are alive, and you know how to quit. Take advantage of this knowledge. Don't become a smoking statistic - NEVER TAKE ANOTHER PUFF!

Smokers Need Not Apply!

In recent years this message has begun to appear at the end of job descriptions in many different fields. Except for the closing clause, some of these positions seemed perfect for a current smoker. The smoker may feel such hiring practices are discriminatory and feel great resentment toward the prospective employer.

In fact, some companies are now implementing no smoking rules for current employees. Where once the smoker was able to smoke at his or her desk without a hassle, now they must go to designated areas. And in some cases, they may not be able to smoke at all for eight hours a day due to total bans on smoking. Even though an employer may face animosity from such an anti-smoking policy from existing employees, prospective applicants, and even some clients, the practice is gaining popularity in the business community.

Why would management be in favor of such restrictions on smokers? Because a smoking employee is a financial liability. Estimates of the additional costs of an average smoking employee range from several hundred to several thousands of dollars per year. Multiplied by several employees, smoking may end up costing an employer tens or even hundreds of thousands of dollars annually. Smokers cost more due to increased medical costs, higher insurance premiums, decreased productivity, more illnesses, and more accidents. Besides this, employee morale becomes affected when the second hand smoke issue surfaces. All in all, the economical and logistical burden placed on an employer due to employee smoking is substantial.

It used to be that all a smoker had to worry about were the crippling and deadly effects of smoking. Then the social stigma became a major concern. But now he must also consider the professional ramifications of smoking. After all, if he can't find work, it will become increasingly difficult to afford a several hundred dollar a year addiction to cigarettes.

Being a smoker can limit your potential for physical, mental, social, professional and economic growth. Today, being personally and professionally successful is a difficult venture. All smoking will do is further complicate an already overly complicated situation. Besides this, the physical assault of smoking will affect your health and may eventually cost you your life. Is smoking worth all these risks? If you don't think so then - NEVER TAKE ANOTHER PUFF!

The Social Toll of Smoking

Smoking is deadly. It kills through cancer, heart and circulatory diseases, emphysema, fires and many other causes. Most people recognize the physical assault smoking exerts on the smoker. But many fail to consider the psychological,

emotional and social toll caused by cigarettes.

Since the majority of adults in America do not smoke, people still smoking are subject to greater harassment than they have ever experienced before. Over time, many smokers quit because they were beginning to feel like social outcasts. They no longer felt comfortable as smokers. Today, things are even worse. Smokers are finding themselves in many situations where smoking is no longer permitted. Many smokers now go through eight hours of peak physical withdrawal symptoms daily, for they are no longer permitted to smoke while on work premises. They go to social gatherings only to find that they may be the only person in the room smoking. They start to feel unwanted in the homes of their closest friends and family as long as their cigarettes are lit. They either have to suffer the embarrassment of smoking or the withdrawal from not smoking during these gatherings.

More non-smokers are now exerting their right to breathe clean (not smoke filled) air, something which 15 years ago would have appeared radical and in poor taste. All these sentiments are "bad news" to smokers. What they must now consider is that even though it is hard to be a smoker in today's society, the social ostracism is getting progressively worse.

So now, when the urge for a cigarette hits, be sure to consider the full ramifications of taking the first puff. Not only will you reinforce an addiction which is potentially deadly, but also you will be back to a socially unacceptable and very dirty chemical dependency. Do you really want to go through life viewed as a smoker? If not, simply remember - NEVER TAKE ANOTHER PUFF!

Proud To Be A Smoker?

"I am a smoker." Saying that 25 years ago was a way of showing yourself to be glamorous, sophisticated, grown-up, and even intelligent. It merely meant that you had a simple practice of lighting cigarettes—a habit you shared with over half the men and over a third of the women in our country. But times have changed! Being a smoker today makes you feel as popular as a leper in ancient times. In 25 years, smoking has gone from being a perfectly acceptable, even desirable, habit to a socially unacceptable, demoralizing behavior.

But smoking is more than a habit—it is an addiction. Being a smoker is synonymous with being a drug addict. This creates a whole new set of problems. A smoker doesn't smoke by choice, he or she has to smoke. The smoker must smoke in certain time intervals. If not, he or she will experience withdrawal symptoms. This posed no threat 25 years ago. A smoker could smoke at home, work, restaurants, hospitals, doctors offices, actually anywhere and anytime he or she wished. It was the perfect drug for an addict. The only time a smoker faced withdrawal was through carelessness—like running out of cigarettes in the middle of the night—but this did not happen often.

However, slowly over the years more and more restrictions have been placed on where a smoker can get his or her "fix." In the beginning it was enforced by "radical" family members or friends. Restricting the smoker's right to smoke was considered to be in poor taste by most smokers and non-smokers alike. These early activists were often criticized and ostracized by those sympathetic to the smoker's plight.

But then the effects of second-hand smoke became an issue. With the possible health implication for non-smokers becoming apparent, the anti-smoking forces had powerful ammunition to support their contention that they had the right to a smoke-free environment. More people banned smoking in their homes. Then small municipalities and whole states started regulating mandatory non-smoking areas in public places. But the strongest threat was not the restriction on smoking in public areas. A smoker could avoid such places or limit the times there.

The newest and greatest threat is now becoming an all too common reality. No-smoking rules are being enforced in the one place the smoker has to be for extended periods of time-the office where he or she works. Some employers are providing out-of-the-way areas where smokers can smoke at breaks. But other companies are totally banning smoking on the premises. This creates the problem of 8-hour withdrawal periods on a daily basis. A smoker may wish to change his or her place of employment to avoid such regulation, but there is no guarantee that the next company won't eventually enforce a similar policy.

Today, chronic withdrawal is becoming a way of life for a smoker. Smoking is a hassle at home, at social gatherings, and now, due to the enforcement of new smoking policies, even at work. Where is it all going to end? The simple fact is that, for the smoker, it isn't. Smoking is beginning to interfere with all aspects of the smoker's life, and every smoker must now ask him or herself the same question, "Is smoking worth it?" If you don't think so, then - NEVER TAKE ANOTHER PUFF!

The Closet Smoker

"I can't come to the rest of the sessions. Nobody in my family knows I've relapsed and if I have to come here the next five nights, I will have to tell them where I'm going. I couldn't face them after that." I've had a number of past clinic participants who had relapsed and came to the first night of the clinic to tell me they were going to try on their own, without the support of the group and the rest of the sessions, solely to avoid the embarrassment of admitting their relapse. While some do quit after staying for the first session, others just continue smoking because they just can't seem to muster up the motivation to get through the initial stage of withdrawal on their own.

What follows for these closet smokers are lives complicated far beyond that of the potential life threatening health risks from smoking. More immediate of a risk is living a lie that places them in constant fear of being exposed. This will drastically reduce the amount smoked. The closet smoker will only smoke when the opportunity permits. But that means spending numerous hours every day, and possibly even entire days in a state of constant withdrawal. When they do get a chance to sneak a cigarette, what if someone sees them? What will that person think of them? Who else will they tell? Even if not seen, what about the smell? For a while the smoker may claim that the smell is from second hand smoke, but that just puts them deeper in the deception. If they do eventually get caught everyone will know that all the other times that they were being accused by some significant other, who thought they smelled it, that their denial then was a blatant lie too.

While some who are reading this may think, "Who cares what other people think," you should understand that to this kind of individual, others' opinion of the smoker's

strength or integrity is extremely important. If it were not, they would not have faced the initial dilemma of how to come to the clinic without admitting the failure. They are stuck in chronic withdrawal and the chronic anxiety of being caught, all for the luxury of sneaking a cigarette here and there to temporarily alleviate withdrawal whenever possible. It is obvious that the closet smoker is not smoking for enjoyment. They can't enjoy it during the act because they're afraid of being caught. The reason for lighting any given cigarette is plain and simple - the nicotine addict is getting their much needed drug fix, a fix that would not be necessary if they would just quit smoking and end the vicious withdrawal cycle.

The only logical solution to this problem is to quit smoking. And while the closet smoker may eventually be successful in quitting smoking, since they were already supposed to have quit, how will they then explain the serious mood swings and other physical withdrawal symptoms (including why they seem so irritable or maybe even irrational), during the first few days of withdrawal? While it may be embarrassing to confess, it is in all probability the best solution. Admit to relapse and find the time needed to get involved in a smoking cessation support group. Also, let people around you know what you are going through. Those closest to you can often be extremely supportive and understanding, but only if they know that their help is needed.

Once you do quit, do everything in your power to avoid ever having to go through quitting again. Smoking will be more expensive than you remember, more socially unacceptable, just as unhealthy and it could cost you your life. It may effect your social status, making many question your general sensibilities as well as your lack of concern for all non-smokers and ex-smokers around you. If you try to hide the fact that you relapse, you expose yourself to being caught and then viewed as a liar and a cheat, all for the "joy" of a nicotine fix. Never forget what each day was like when you were a smoker and it will make it much easier to always choose to - NEVER TAKE ANOTHER PUFF!

Divine Revelations

Jeff was sitting at his desk talking on the phone to a business associate. The Stop Smoking Clinic which his company was sponsoring was about to begin. He was in the process of debating with himself as to whether or not he should show up for the group in which he was enrolled. Finally, he said to his friend, "No, I don't think this is the time for me. Maybe next time I will be more ready." All of a sudden a loud cracking sound filled the room. Jeff looked down at his glass ashtray and to his amazement he saw that it had split down the center. Without being physically touched, his ashtray had cracked in half. He looked up at the ceiling and said into the phone, "I have to hang up now, its time for me to quit smoking."

The above story may sound like an unlikely occurrence. But it actually happened to one of our clinic participants. While most smokers do not get such divine revelations, all smokers get direct messages that they should stop smoking. The messages come from the smoker's own body. It may be in the form of a cough, a chest pain, tingling sensation or numbness in an extremity, headaches, indigestion, difficulty in breathing and a multitude of other complaints. Unfortunately, though, while the messages are constantly being sent to the smoker, they are not often received.

Sure, the smoker will feel the symptoms, but he will often disregard any association with cigarettes as being the causative factor. Sue, another clinic participant, had constant bouts with chronic bronchitis. Her doctor told her she was highly allergic to cigarettes and had to quit smoking. She accepted the fact that an allergy was causing her problems, but refused to believe her sensitivity was to cigarettes. She changed her diet, got rid of her carpeting, wore hypoallergenic make-up, and dusted constantly. She did everything possible but quit smoking. Even with all the positive changes her condition did not improve. But when she finally quit smoking, the attacks immediately subsided. She could then no longer refute the evidence—cigarettes caused her bronchitis.

The odds are when you smoked, you too received personal messages that smoking was not for you. Always remember these warnings for they become very powerful ammunition for overcoming the occasional urges for cigarettes. Whenever Sue would get an urge, all she had to do was remember the pain and terror involved with a severe bronchitis attack. Jeff kept his cracked ash tray on his desk as a constant reminder of how he should not smoke. Think of your personal messages when the thought occurs and it will be easy for you to NEVER TAKE ANOTHER PUFF!

One humorous side note. On the fifth day of the clinic, Jeff confided to me that he was a little concerned because he was snacking more since he quit smoking and was afraid of gaining weight. I told him not to worry. When it was time for him to diet, he would probably go to the refrigerator and see the door fall off.

The Fan Letter

Dear Julio:

I just felt I had to write you this letter to illustrate that I am truly your biggest fan. I know you hear it from others, but when you hear my story, I am sure you will agree that few will risk as much as I just have to see you perform.

You see, I have been having difficulty breathing, so bad in fact that I made an appointment with my doctor. Generally, I avoid talking to my doctor about any breathing difficulty. You see, I have smoked a pack and a half per day for over 40 years, and I know if I complain of breathing I will just get one of those stern doctor lectures. But this time it was bad enough that I thought I had better bring it to his attention.

I found out that I am in the early stages of emphysema. I never thought this would happen to me. This time when he said I have to quit smoking, I finally took it seriously. He was not talking about what might happen in the future, but what has happened and what would eventually cripple and kill me if I didn't take action. You see, every puff I take now destroys a little more lung and permanently takes away a little more of my ability to breathe.

I can tell you, I have never been so scared in my life. He suggested a clinic, and I signed up immediately. I went the first day, but I was really skeptical as to whether I could get off for even 24 hours. But, to my surprise, I actually stopped for the whole day. It was tough, though, and I was really shaky about making it for the next 24 hours, but I knew I was fighting for my ability to breathe.

When I went to the clinic the next night, I joined 11 other people—all who went 24

hours without smoking. They were all nervous-some were even physically ill from not smoking, but we were all off the full day and were proud of it. It was good to be with others sharing such a common bond.

The clinic meets every night the first week. Our instructor said that since it can be very difficult getting through the first 72 hours, focusing on just making it to the meeting the next day makes it seem a little more tolerable than thinking about making it for the rest of our lives. He said it was extremely important to attend those early meetings, not only for the information but for the support and motivation over such a crucial time period. Everyone in the meeting seemed to agree that being there each evening really helped motivate him or her to get through the next day.

The instructor reemphasized that we should arrange our schedules so we could attend every session. In fact, there was nothing else going on in our lives that week that was as important as quitting smoking. Anything we had to postpone at work or at home could be made up the next week and during the rest of our lives, but failing to quit smoking could permanently cost us our health and our lives.

When the instructor made the comment that there was nothing going on in our lives as important as quitting smoking he didn't know that I had tickets for your concert that next evening. I thought surely that would be an exception to the rule. After all, you would be gone next week. But, Julio, to my shock, when I told him the reason that I couldn't make it to the clinic, instead of agreeing he instructed me that seeing how shaky I was, I should forego the concert and attend the session. He acted as if missing the clinic for your concert was a lame excuse. But as important as my breathing is, I knew it was more important to see you.

So, Julio, I went to your concert. It was great too-everything I expected. I knew I made the right choice. The next day though, I went back to smoking. Funny, everyone else who went to the clinic that night made it through the next day and even through the weekend. In fact, they all are still off smoking. But they didn't get to see you that night. So who really got the best deal that day?

Anyway, my breathing is getting worse, and I am not sure now that I will be quitting again soon. If my instructor and my doctors are right, smoking the way I do, I may eventually become so impaired that getting to your future concerts may become difficult or maybe even impossible. I think you will agree I sacrificed a lot to see you, maybe even my life. But I am sure you would agree it was the right thing to do, wouldn't you Julio?

The next time you are in my area I may not be physically able to get to see you. Maybe as a reward for my sacrifice you can come do a private performance for me. But, I know you are a busy man, and even if you can't make it to my home or hospital bed, I will think no less of you. After all, I am your biggest fan and you have my unshakable devotion.

An Undying Fan?

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Chapter 3 How to quit smoking

Quit Smoking Tip Sheet

1. Quit cold turkey. In the long run it's the easiest and most effective technique of smoking cessation.
2. Do not carry cigarettes.
3. Quit smoking one day at a time. Do not concern yourself with next year, next month, next week or even tomorrow. Concentrate on not smoking from the time you wake up until you go to sleep.
4. Work on developing the attitude that you are doing yourself a favor by not smoking. Do not dwell on the idea that you are depriving yourself of a cigarette. You are ridding yourself of full-fledged smoking because you care enough about yourself to want to.
5. Be proud that you are not smoking.
6. Be aware that many routine situations will trigger the urge for a cigarette. Situations which will trigger a response include: drinking coffee, alcohol, sitting in a bar, social events with smoking friends, card games, the end of meals. Try to maintain your normal routine while quitting. If any event seems too tough, leave it and go back to it later. Do not feel you must give up any activity forever. Everything you did as a smoker, you will learn to do at least as well, and maybe better, as an ex-smoker.
7. Make a list of all the reasons you want to quit smoking. Keep this list with you, preferably where you used to carry your cigarettes. When you find yourself reaching for a cigarette, take out your list and read it.
8. Drink plenty of fruit juice the first three days. It will help flush nicotine out of your system.
9. To help avoid weight gain, eat vegetables and fruit instead of candies and pastries. Celery and carrots can be used safely as short-term substitutes for cigarettes.
10. If you are concerned about weight gain, do some moderate form of regular exercise. If you have not been exercising regularly, consult your physician for a practical exercise program which is safe for you.
11. If you encounter a crisis, (e.g. a flat tire, flood, blizzard, family illness) while quitting, remember, smoking is no solution. Smoking will just complicate the original situation while creating another crisis, a relapse into the nicotine addiction.
12. Consider yourself a "smoke-a-holic." One puff and you can become hooked again. No matter how long you have been off, don't think you can safely take a puff!
13. Don't debate with yourself how much you want a cigarette. Ask yourself how do you feel about going back to your old level of consumption. Smoking is an all or nothing proposition.

14. Save the money you usually spend on cigarettes and buy yourself something you really want after a week or a month. Save for a year and you can treat yourself to a vacation.
15. Practice deep breathing exercises when you have a craving.
16. Go places where you normally can't smoke, such as movies, libraries and no smoking sections of restaurants.
17. Tell people around you that you have quit smoking.
18. Remember that there are only two good reasons to take a puff once you quit. You decide you want to go back to your old level of consumption until smoking cripples and then kills you, or, you decide you really enjoy withdrawal and you want to make it last forever. As long as neither of these options appeal to you - NEVER TAKE ANOTHER PUFF

Quit Cold Turkey!

To many, cold turkey conjures up visions of torturous pain, suffering and general drudgery. In fact, it is easier to stop smoking using the cold turkey method than by using any other technique. Cold turkey induces less suffering and creates a shorter period of withdrawal. Most important, cold turkey is the approach by which the smoker has the best chance of success.

Smokers must recognize that they are drug addicts. Nicotine is a powerfully addictive drug. Once the smoker has smoked for a fairly long time, the body requires maintenance of a certain level of nicotine in the bloodstream. If this level is not maintained, the smoker will experience varying degrees of drug withdrawal. The lower the level, the greater the intensity. As long as any nicotine remains in the bloodstream the body will keep craving its full complement. Once the smoker quits, the nicotine level will eventually drop to zero and all physical withdrawal will cease. Cravings for an occasional cigarette may continue, but this is due to past psychological conditioning and not to a physical dependence.

Cutting down on cigarettes or use of nicotine replacement strategies throws the smoker into a chronic state of drug withdrawal. As soon as the smoker fails to reach the minimum requirement of nicotine, the body starts demanding it. As long as there is any nicotine in the bloodstream, the body will demand its old requirement. Smoking just one or two a day or wearing a patch which is gradually reducing the amount of nicotine being delivered will result in the smoker not achieving the minimum required level, creating a chronic state of peak drug withdrawal.

This state will continue throughout the rest of the smoker's life unless one of two steps is taken to rectify it. First, the smoker can stop delivering nicotine altogether. Nicotine will be metabolized or totally excreted from the body and the withdrawal will stop forever. Or, the smoker can return to the old level of consumptions accomplishing nothing.

Therefore, cold turkey is the method of choice. Once the smoker stops, withdrawal will end within two weeks. If you smoke, we can help you over this crucial period of

time. Once it is past, you can rest assured that you will never need to smoke again. Then, to stay off you will simply need to remember to Never Take Another Puff!

Take it ONE DAY AT A TIME

This concept is taught by almost all programs which are devoted to dealing with substance abuse or emotional conflict of any kind. The reason that it is so often quoted is that it is universally applicable to almost any traumatic situation.

Dealing with quitting smoking is no exception. Along with NEVER TAKE ANOTHER PUFF!, ONE DAY AT A TIME is the key technique which gives the smoker the strength to successfully quit smoking and stay free from the powerful grip of nicotine dependence.

When first quitting, the concept of ONE DAY AT A TIME is clearly superior to the smoker thinking that he will never smoke again for the rest of his life. For when the smoker is first giving up smoking, he does not know whether or not he wants to go the rest of his life without smoking. Most of the time the smoker envisions life as a non-smoker as more stressful, painful, and less fun.

It is not until he quits smoking that he realizes his prior thoughts of what life is like as a non-smoker were wrong. Once he quits he realizes that there is life after smoking. It is a cleaner, calmer, fuller and, most important, healthier life. Now the thought of returning to smoking becomes a repulsive concept. Even though the fears have reversed, the ONE DAY AT A TIME technique should still be maintained.

Now, as an ex-smoker, he still has bad moments every now and then. Sometimes due to stress at home or work, or pleasant social situations, or to some other indefinable trigger situation, the desire for a cigarette surfaces. All he needs to do is say to himself, I won't smoke for the rest of today; tomorrow I will worry about tomorrow. The urge will be over in seconds, and the next day he probably won't even think of a cigarette.

But ONE DAY AT A TIME should not only be practiced when an urge is present. It should be practiced daily. Sometimes an ex-smoker thinks it is no longer important to think in these terms. He goes on with the idea he will not smoke again for the rest of his life. Assuming he is correct, when does he pat himself on the back for achieving his goal? When he is lying on his deathbed he can enthusiastically proclaim, "I never smoked again." What a great time for positive reinforcement.

Every day the ex-smoker should wake up thinking that he is not going to smoke that day. And every night before he goes to sleep he should congratulate himself for sticking to his goal. Because pride is important in staying free from cigarettes. Not only is it important, but it is well deserved. For anyone who has quit smoking has broken free from a very powerful addiction. For the first time in years, he has gained control over his life, rather than being controlled by his cigarette. For this, he should be proud.

So tonight, when you go to sleep, pat yourself on the back and say, "Another day without smoking, I feel great." And tomorrow when you wake up, say, "I am going to try for another day. Tomorrow I will deal with tomorrow." To successfully stay free from smoking, TAKE IT ONE DAY AT A TIME and - NEVER TAKE ANOTHER PUFF!

Quitting for Others

"My husband can't stand it when I smoke - that is why I quit." "My wife is trying to quit, so I will stop just to support her." "My kids get sick when I smoke in front of them. They cough, sneeze, and nag me to death. I quit for them." "My doctor told me not to smoke as long as I am his patient, so I quit to get him off my back." "I quit for my dog."

All these people may have given up smoking, but they have done it for the wrong reason. While they may have gotten through the initial withdrawal process, if they don't change their primary motivation for abstaining from smoking, they will inevitably relapse. Contrary to popular belief, the important measure of success in smoking cessation is not getting off of cigarettes, but rather the ability to stay off.

A smoker may quit temporarily for the sake of a significant other, but he will feel as if he is depriving himself of something he truly wants. This feeling of deprivation will ultimately cause him to return to smoking. All that has to happen is for the person who he quit for to do something wrong, or just disappoint him. His response will be, "I deprived myself of my cigarettes for you and look how you pay me back! I'll show you, I will take a cigarette!" He will show them nothing. He is the one who will return to smoking and suffer the consequences. He will either smoke until it kills him or have to quit again. Neither alternative will be pleasant.

It is imperative for him to come to the realization that the primary benefactor in his giving up smoking is himself. True, his family and friends will benefit, but he will feel happier, healthier, calmer and in control of his life. This results in pride and a greatly improved self-esteem. Instead of feeling deprived of cigarettes, he will feel good about himself and appreciative to have been able to break free from such a dirty, deadly, powerful addiction.

So, always keep in mind that you quit smoking for you. Even if no one else offers praise or encouragement, pat yourself on the back for taking such good care of yourself. Realize how good you are to yourself for having broken free from such a destructive addiction. Be proud and remember - NEVER TAKE ANOTHER PUFF!

Every Quit is Different

Every quit is different. Not only that, but when a person quits multiple times, each one of those quits is different also. Some people quit and have a terrible time, relapse down the road and are terrified to quit again because they "know" what will happen the next time. Well, actually they don't know. The next time may be a breeze in comparison. On the alternate side, some people have an easy quit, go back with the attitude, "Oh well, if I have to, I'll just quit again." They may find the next quit horrendous, and possibly not be able to pull it off.

Never Take Another Puff

The reason I mention this is it is possible that you won't have any major symptoms this time. I have had a lot of four pack a day smokers who smoked 40 plus years who toss them with minimal withdrawal or discomfort. The reason they never tried to quit before is that they witnessed people who smoked one fourth of what they did go through terrible side effects and figured, "If it did that to them, it will kill me." But when the time came, their quit was easy in comparison.

You may find that this quit will be relatively easy. Stranger things have happened. But if it does, don't think that this doesn't mean that you were not addicted. The factor that really shows the addiction is not how hard or how easy it is to quit. What really shows the addiction is how universally easy it is to go back. One puff and the quit can go out the window.

Summing up, the first few days may be relatively easy, or for some, it may be very difficult. Who knows? The only thing we know is that once you get past the third day nicotine free, it will ease up physically. Psychological triggers will still exist but more controllable measures can be taken with them, basically keeping your ammunition up for why you don't want to be a smoker.

Easy or hard, quitting is worth it. Once you have quit for even a few hours, you have invested some effort, time, and maybe even a little pain. Make this effort count for something. As long as you hang in there now, all of this will have accomplished a goal. It got you off of cigarettes. After that, to stay off, the make or break point simply translates to knowing to NEVER TAKE ANOTHER PUFF!

I'm Not Going to Smoke Today!

During the quitting process, you most likely woke up thinking of this concept, either with great determination or incredible trepidation. Either way, it was imperative that you aimed a high degree of focus at this lofty goal. The incredible cravings elicited by the addiction required that you had all the motivation and ammunition to squelch the seemingly irresistible need to take a cigarette. Whether or not you understood it, immediately reaffirming your goal not to smoke upon waking was crucial during your initial quitting phase.

The fact is, restating the simple concept of "not smoking today" is not only important when you first quit. You should restate this upon waking for the rest of your life. Each day you should start with "I'm not going to smoke today." Equally important, each day you should end congratulating yourself and feeling a sense of pride and accomplishment for achieving your worthwhile goal.

For even years and decades after successful cessation, every day you continue to breathe and think a relapse to smoking is an inherent risk. The addiction to nicotine is as powerful as the addiction to alcohol or any illicit drug. The habituation of smoking nicotine permeated almost every area of your day-to-day existence. You may allow complacency to fill the void left by your old addiction and habits by disregarding the monumental effort and achievement which accompanied overcoming them. Complacency causes your guard to drop and you may begin to forget the reasons you

wanted to quit. You will no longer recognize the many vast improvements in the quality of your physical, social and economic well being which accompanied smoking cessation.

Then, one day when smoking seemed to be a part of an obscure past which had no real relevance to your current status, a thought for a cigarette is accompanied by an opportunity to "innocently" reach for one. Maybe it is under an insignificant social circumstance, or maybe a major life crisis. Either way, all the elements seem to be in place. Motive, cause and opportunity are present, reasoning and knowledge of addiction are conspicuously absent. A puff is taken.

New rules are now in place. Your body demands nicotine. A preordained process is now set in motion, and, even if you don't realize what has happened, a drug relapse has occurred. The wants and desire to take back the action are overpowered by the body's demand for nicotine. You will have no control of the physiological process set in action. Soon your mind bows to your body's dictates.

You will very likely feel great regret and remorse. An overriding feeling of failure and guilt will haunt you. You will soon find yourself longing for the days when you had hardly thought of cigarettes at all. But those days will slowly become a fading past image. Weeks, months or even decades may pass before you once again muster the resolve to attempt a serious quitting process. Sadly, you may never again have the appropriate strength, initial motivation, or, tragically, the opportunity to quit again. A terminal diagnosis or sudden death may preclude the well-intentioned future attempt that may never have a chance to be realized.

Don't take the chance of becoming entrapped in this kind of tragic and dismal scenario. Actively strive to successfully remain smoke free and maintain all the associated perks - the physical, emotional, economic, professional and social benefits of not being an active smoker. Always start your day off with the statement "I won't smoke today." Always end your day with a self-affirmation and sense of pride and accomplishment for once again winning your daily battle over your addiction. And always remember between your waking up and the ending of your day to - NEVER TAKE ANOTHER PUFF!

"Minimizing the Most Common Side Effects to Quitting Smoking"

Blood sugar plummets in many people when first quitting. The most common side effects felt during the first three days can often be traced back to blood sugar issues. Symptoms such as headache, inability to concentrate, dizziness, time perception distortions, and the ubiquitous sweet tooth encountered by many, are often associated with this blood sugar drop. The symptoms of low blood sugar are basically the same symptoms as not having enough oxygen, similar to reactions experienced at high altitudes. The reason being the inadequate supply of sugar and/or oxygen means the brain is getting an incomplete fuel. If you have plenty of one and not enough of the other, your brain cannot function at any form of optimal level. When you quit smoking, oxygen levels are often better than they have been in years, but with a limited supply of sugar it can't properly fuel your brain.

Never Take Another Puff

It is not that cigarettes put sugar into your blood stream; it is more of a drug interaction of the stimulant effect of nicotine that affects the blood sugar levels. Cigarettes cause the body to release its own stores of sugar and fat by a drug type of interaction. That is how it basically operated as an appetite suppressant, affecting the satiety centers of your hypothalamus. As far as for the sugar levels, nicotine in fact works much more efficiently than food. If you use food to elevate blood sugar levels, it literally takes up to 20 minutes from the time you chew and swallow the food before it is released to the blood, and thus the brain, for its desired effect of fueling your brain. Cigarettes, by working through a drug interaction cause the body to release its own stores of sugar, but not in 20 minutes but usually in a matter of seconds. In a sense, your body has not had to release sugar on its own in years, you have done it by using nicotine's drug effect!

This is why many people really gorge themselves on food upon cessation. They start to experience a drop in blood sugar and instinctively reach for something sweet. Upon finishing the food, they still feel symptomatic. Of course they do, it takes them a minute or two to eat, but the blood sugar isn't boosted for another 18 minutes. Since they are not feeling immediately better, they eat a little more. They continue to consume more and more food, minute after minute until they finally they start to feel better. Again if they are waiting for the blood sugar to go up we are talking about 20 minutes after the first swallow. People can eat a lot of food in 20 minutes. But they begin to believe that this was the amount needed before feeling better. This can be repeated numerous times throughout the day thus causing a lot of calories being consumed and causing weight gain to become a real risk.

When you abruptly quit smoking, the body is in kind of a state of loss, not knowing how to work normally since it has not worked normally in such a long time. Usually by the third day, though, your body will readjust and release sugar as it is needed. Without eating any more your body will just figure out how to regulate blood sugar more efficiently.

You may find though that you do have to change dietary patterns to one that is more normal for you. Normal is not what it was as a smoker, but more what it was before you took up smoking with aging thrown in. Some people go until evening without eating while they are smokers. If they try the same routine as ex-smokers they will suffer side effects of low blood sugar. It is not that there is something wrong with them now, they were abnormal before for all practical purposes. This doesn't mean they should eat more food, but it may mean they need to redistribute the food eaten to a more spread out pattern so they are getting blood sugar doses throughout the day as nature really had always intended.

To minimize some of the real low blood sugar effects of the first few days it really can help to keep drinking juice throughout the day. After the fourth day though, this should no longer be necessary as your body should be able to release sugar stores if your diet is normalized. If you are having problems that are indicative of blood sugar issues beyond day three, it wouldn't hurt talking to your doctor and maybe getting some nutritional counseling. In order to allow your body to maintain permanent control over the amount of glucose (sugar) in your brain ... NEVER TAKE ANOTHER PUFF!

How Can I Get My Family and Friends to Quit Smoking?

That is the question that I'm often asked by successful clinic graduates wishing to help those closest to them achieve freedom from their deadly addiction to cigarettes. Unfortunately, there is no simple solution. Smokers are going to smoke until they are ready to quit. Pestering, threatening, insulting, destroying or hiding cigarettes all cause the smoker to feel resentful and usually result in higher consumption of cigarettes for spite. These are not the methods of choice.

One method which I do suggest is understanding. Smokers do not smoke because they are stupid. They don't smoke because they are mean or obnoxious and wish to hurt their families and friends. They smoke because they are human, and as humans they make mistakes. One that all smokers are guilty of is experimentation with a highly addictive and dangerous drug - nicotine. Many of them took up smoking long before any dangers were known. When they realized the dangers, they may have attempted to quit, but for some it is not easy. They are hooked on a drug, and it will take strong resolve and a support system to overcome the initial difficulties encountered during the quitting process.

The best support which can be provided by significant others is to offer love, patience and understanding, and to try to make the smoker's life as easy as possible over the first few days. The smoker giving up cigarettes may have severe emotional outbursts and be irritable, depressed, and even irrational. These are all the effects of nicotine withdrawal. Many family members and friends will encourage them to smoke rather than act like that. If they were recovering alcoholics, they would not be offered drinks by these people. If they were reacting to chemotherapy they would not be begged to give it up and sacrifice their lives for the family's momentary comfort. Unfortunately, many friends and family members often do not take smoking cessation seriously enough. We are not talking about giving up a simple little annoyance such as biting of nails. We are talking about a powerful and deadly addiction. They are dealing with a real physiological need as well as a strongly ingrained psychological dependence. Offer the most encouragement you can. Be tolerant of their temporary emotional outbursts. They will soon return to normal, and you will have the personal satisfaction of knowing you helped them over one of the greatest challenges of their lives - giving up cigarettes.

While non-smokers may offer their love, patience and understanding, you, as an ex-smoker, have the unique ability to be a highly supportive and credible source to the individual attempting to quit smoking. You know what it was like to smoke. You know how much nicer it is to go through life as an ex-smoker. Share this knowledge. Be honest - if you still have "thoughts" for a cigarette, tell them. But clarify what the thoughts are like. If you are a typical ex-smoker, the thoughts occur quite infrequently, and even when they do occur they last only seconds and are just a passing desire rather than a real painful episode such as those encountered during initial cessation.

People giving up cigarettes need to know this natural evolutionary process of smoker to ex-smoker. When they encounter urges after the first two weeks, they are no longer experiencing physical withdrawal, rather they are responding to a psychological trigger. They are experiencing a new situation for the first time without a cigarette. The urge will

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pass and they will have learned how to face all future similar experiences as an ex-smoker, with no discomfort.

Share with them the information we shared with you. Give them the same support that the others ex-smokers gave to you. Most important, once smokers give up their cigarettes, offer periodic support to them letting them know you care about them, and always reinforce one concept to guarantee success in their continued non-smoking status - NEVER TAKE ANOTHER PUFF!

Replacing Crutches

"Boy did I ever drink my brains out, today," a clinic participant enthusiastically proclaimed, "But I did not smoke!" She was so proud of her accomplishment. Two whole days without smoking a single cigarette. To her, being bombed out of her mind was a safe alternative to the deadly effects of cigarettes.

Just 24 hours earlier I had made a special point of mentioning the dangers of replacing one addiction with another. In quitting smoking one should not start using any other crutches which might be dangerous or addictive. But this was not of concern to her. She said, "I already have a drinking problem, so what more could go wrong with getting drunk to quit smoking." Twenty minutes into the program, she stood up, passed out and had to be carried out.

Quitting by crutch replacement carries varying degrees of risks. Turning to any other addictive substance, even legal or prescribed drugs, carries the risk of a new addiction. In many of these cases the end result will be a more significant problem than just the original smoking. The new addiction can cause the person's life to end in shambles, and when it comes time to deal with the new dependence he or she will often relapse to cigarettes.

Turning to food, especially high calorie sweet foods, will usually result in a psychological need with a subsequent weight gain. The risk of weight gain is insignificant in comparison to the dangers associated with cigarettes. The ex-smoker would have to gain over 100 pounds to create the equivalent health hazard of cigarette smoking. But weight gain often results in a state of panic and frustration which can lead the ex-smoker to conclude that he or she would rather be a skinny smoker than an obese ex-smoker. The fallacy which causes the ex-smoker to reach this conclusion is that only two options exist for him or her - smoke or eat more. In fact, other choices exist. One is not smoking and eating in a manner similar to when he or she was a smoker. Another is increasing activity levels to compensate for the added caloric intake when eating extra amounts.

Some people turn to a healthy alternative as a crutch, like jogging or swimming. These activities carry low risk and, in fact, often result in physical benefits. But if they are being done as a direct crutch in maintaining abstinence, they pose one major threat. As with drugs, alcohol, or food, when the day comes that one must stop the activity, the seemingly successful ex-smoker will often relapse. Sometimes a minor ankle sprain will

temporarily end a jogger's running, or an ear infection will interfere with swimming. What should be a temporary minor inconvenience ends in a tragic result - relapse to cigarettes. Again, the ex-smoker believes that only one of two states exist for him or her - either smoking or mandatory exercise. But, in actuality, a third choice exists, not smoking and doing nothing. This is not to say an ex-smoker should not take up physical activities after quitting. But exercise should be done for the enjoyment and for the true benefits derived from it. The ex-smoker should do it because he or she wants to, not because he or she has to. If you are going to develop a crutch, make sure it is one which you can maintain for the rest of your life without any interruption. One that carries no risks and can be done anywhere, anytime. About the only crutch which comes close to meeting these criteria is breathing. The day you have to stop breathing, smoking will be of little concern. But until that day, to stay free from cigarettes all you need to do is - NEVER TAKE ANOTHER PUFF!

Pharmacological Crutches

Due to the recent release of Nicorette[®], a chewing gum containing nicotine, I feel it is necessary to issue a special warning to all clinic participants who may be considering experimenting with this product. The gum is intended to be used by smokers to ease the severity of symptoms encountered during initial smoking cessation.

But the ex-smoker occasionally desires a cigarette months and even years after quitting. He may feel that the urge is due to a physiological residual effect of withdrawal. This thought may lead to the idea that trying the gum may help get rid of the desire. But, the actual cause of the thought for a cigarette is due to a psychologically triggered response. Some situation, person or event is causing the thought for a cigarette. While these occasional triggers may be annoying, they pass in seconds and may not occur again for hours, days or even weeks.

If the ex-smoker tries the gum, the end result will be tragic. For once he takes the first piece, his addiction to nicotine will be re-established. Once again he will be in nicotine withdrawal. Then he will have to make a choice-either relapsing into full fledged smoking or once again encountering the two week nicotine withdrawal. All this because he wanted to ease a thought for a cigarette which would have only lasted seconds.

Even the intended use of nicotine gum presents certain problems. Many hope the gum will be a panacea for the truly addicted smoker. But caution must be given to the indiscriminate use by any smoker who feels that this new aid will help him break free from cigarettes. For while the gum may reduce the severity of initial withdrawal, it does so at a cost.

Normally, when a smoker quits, physical discomfort will peak within 72 hours and totally subside within two weeks. While the first three days may be traumatic, with proper support any smoker can successfully get through this period.

Use of the gum may reduce the initial severity of withdrawal when quitting. The ex-smoker may continue chewing the gum for months, never reaching peak withdrawal. But because blood nicotine never reaches the levels maintained by cigarettes, nor totally

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leaves the body, he feels minor withdrawal symptoms on a chronic basis. When he finally quits using the gum, he will probably experience the same withdrawal he would have originally encountered when quitting cigarettes.

The gum may help an addicted smoker break some of the psychological dependence and conditioned responses before experiencing potential difficult withdrawal. But the cost for this easing of initial symptoms is a prolonged chronic withdrawal followed by peak symptoms when giving up the gum. This is a lot of long term discomfort which could be avoided by simply ridding the body of all nicotine by quitting cold turkey.

When you quit smoking, you broke free from the addiction to nicotine. As long as you keep all nicotine out of your body you will never again have to worry about the health consequences of smoking or deal with the withdrawal of quitting. If you wish to stay free, don't try the gum, and as for cigarettes, cigars or pipes - NEVER TAKE ANOTHER PUFF!

NOTE: This was originally published in 1984. Since then, a number or similar products, (e.g., patches, gums, other devices are currently under development), have been introduced as over the counter cessation aids. The same principal applies to them all - they are transferring the delivery system of the drug nicotine. If the smoker simply stops, withdrawal will peak and start to subside within 72 hours. Use of the agents will unnecessarily prolong the cessation process as well as add to the expense.

Pharmacological Aids: Prolonging Withdrawal Syndromes

"I could wring your neck! What is this 72 hour garbage you are preaching about. It is not getting any better! You lied to me from day one!" This warm greeting was thrust upon me on a Sunday night by an irate clinic participant. Sure, she had reason to be mad. After all, being in constant withdrawal for five days is enough to make any person lose her composure.

While she had every right to be angry, it was aimed at the wrong person. She had only herself to blame for this prolonged agony. For unlike the majority of people in her group, she did not throw out her cigarettes during the clinic session Tuesday night. Instead, she had a couple of cigarettes that evening. Then on Wednesday she took a couple of sticks of Nicorette chewing gum. I then told her that due to the administration of nicotine from the cigarettes and then the gum, she was back at square one. She was angry at me then, too. She wanted to know what right I had to tell her she was failing. But she said she would throw out the cigarettes and get rid of the gum.

Unfortunately for her, she did not dispose of the gum and continued to chew a couple of sticks a day. The next three days were horrendous. Every night she came back to the meeting and complained bitterly. But this is nothing out of the ordinary, many people are suffering in the initial three days. On Saturday, she still complained of bitter symptoms. But she knew that she quit a day late, so this too could have been expected. But by Sunday, it should have been getting better. It was not though, and she was fuming.

I told her the gum was prolonging the withdrawal process. "But it's only a couple of sticks, and it's not like I am smoking." It was her failure to recognize this point that was causing all of her problems. Chewing the gum was exactly like taking a couple of puffs.

She was administering a small amount of nicotine - not enough to reach the peak nicotine level she desired, but just enough to reinforce her addiction and cause chronic withdrawal symptoms.

After the explanation she was still defiant. She would not accept that the nicotine gum was causing her problem. The next day, though, she came back to the clinic. All of the other participants had successfully overcome the first weekend. They all talked about how they still occasionally desired a cigarette but no longer were suffering the powerful cravings they had encountered the first few days. As usual, they were visibly calmer and enthusiastic about the progress they had made.

Almost everyone in the group expressed similar sentiment. Everyone except our friend with the gum, who still complained bitterly. And she still insisted she needed a cigarette or the gum to make quitting possible and bearable. In the beginning of the meeting she tried to monopolize the discussion. But soon she realized the group had no desire to sit and listen to her complain of the horrors of quitting. It was history to them, and they had more pertinent issues to address.

Finally, after sitting and listening to all the positive feeling expressed by her other classmates, she started to realize that she was the only one suffering. Our predictions of easing of withdrawal after 72 hours were true. And the only difference between her and the other group members was her first few cigarettes and her subsequent nicotine gum use.

Quitting smoking should be done in a manner which is as easy and effective as possible. Cease all administration of nicotine in any form. In a few days withdrawal symptoms will ease up, and in two weeks will stop all together. Then, to avoid ever having to quit again - NEVER TAKE ANOTHER PUFF!

NOTE: This was originally published in 1986. Since then, a number of similar products, (e.g., patches, gums, nasal sprays, and inhalers currently under development), have been or are soon to be introduced as over the counter cessation aids. The same principal applies to them all - they are transferring the delivery system of the drug nicotine. If the smoker simply stops, withdrawal will peak and start to subside within 72 hours. Use of these agents will unnecessarily prolong the cessation process as well as add to the expense.

The Easy Way Out!

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

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

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may seem farfetched, many people who try to follow medically unproven and controversial weight control programs often end up with this very dilemma.

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

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

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

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

I Will Quit When...

"I will quit when my doctor tells me I have to." "I can't quit now it's tax season." "Maybe I will quit on vacation." "School is starting and I'm too nervous to quit." "I will quit in the summer when I can exercise more." "When conditions improve at work, I will stop." "Quit now, during midterm, you must be nuts!" "Maybe after my daughter's wedding." "My father is in the hospital. I can't quit now." "If I quit now, it will spoil the

whole trip." "The doctor says I need surgery. I'm too nervous to try now." "When I lose 15 pounds, I will stop." "I am making too many other changes to stop now." "I have smoked for years and feel fine, why should I stop smoking now?" "I'm in the process of moving, and it's a real headache. I can't stop now." "It is too soon after my new promotion, when things settle down I will stop." "When we have a verifiable bilateral disarmament agreement, I will consider quitting." "It is too late. I'm as good as dead now."

Amazing, isn't it, how so many people can come up with so many excuses not to stop smoking? If any of these were valid reasons why now is not a good time to quit, when did 33,000,000 ex-smokers in our country stop? They must have been experiencing at least one of these situations during the initial quitting process. The only difference between successful ex-smokers and the smokers making these statements is that the ex-smokers were bright enough to recognize that smoking was not really necessary to deal with any of these situations.

The best time to quit is NOW. No matter when now is. In fact, many of the times specifically stated as bad times to quit may be the best. I actually prefer that people quit when experiencing some degree of emotional stress. In most cases, the more stress the better. This may sound harsh, but in the long run it will vastly improve the chances of long term success in abstaining from cigarettes.

When people quit at an easy time in their lives, they begin to feel comfortable as ex-smokers as long as no problems surface. But there is always the fear that when things get difficult they will not be able to cope without cigarettes. Many, when facing their first real catastrophe, return to smoking because they were not equipped to deal with real stress as ex-smokers.

If, on the other hand, they had quit during a difficult time, they would have realized that even under severe emotional stress life goes on without smoking. They will be secure in the knowledge that they can deal with crisis, any crisis, as non-smokers. Once they overcame the initial quitting process they found they were able to deal with stress better. They were able to meet the physical and emotional demands in their lives more efficiently than when they were smokers. They were truly better equipped for survival in our complicated world without the "help" of cigarettes.

So, no matter what is going on in your life, quit smoking. When things get tough - show yourself how tough you are. And once off smoking, deal with all future problems in as constructive a manner as you possibly can, always keeping one essential stress management technique foremost in your mind - NEVER TAKE ANOTHER PUFF!

Understanding the Emotional Loss Experienced When Quitting Smoking

In her 1969 book, *On Death and Dying*, Elizabeth Kubler-Ross identified five distinct phases which a dying person encounters. These stages are "denial," "anger," "bargaining," "depression," and finally, "acceptance." These are the exact same stages that are felt by those mourning the loss of a loved one as well.

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Denial can be recognized as the state of disbelief: "This isn't really happening to me," or "The doctor doesn't know what he is talking about." The same feelings are often expressed by family members and friends.

Once denial ceases and the realization of impending death is acknowledged anger develops. "Why me?" or "Why them?" in the case of the significant others. Anger may be felt toward the doctors, toward God, toward family and friends. Anger, though, doesn't change the person's fate. They are still in the process of dying. So next comes bargaining.

In bargaining, the person may become religious, trying to repent for all the sins that may be bringing about their early demise. "If you let me live, I will be a better person, I will help mankind. Please let me live, and I will make it worth your while." This stage, too, will come to an end.

Now the patient, becoming aware he is helpless to prevent his impending fate, enters depression. The patient begins to isolate himself from his surroundings. He relinquishes his responsibilities and begins a period of self mourning. He becomes preoccupied with the fact that his life is coming to an end. Symptoms of depression are obvious to anyone having contact with the patient in this stage. When the patient finally overcomes this depression he will enter the last stage, acceptance.

The patient now reaches what can be seen as an emotionally neutral stage. He almost seems devoid of feelings. Instead of death being viewed as a terrifying or horrible experience, he now peacefully accepts his fate.

As stated above, these stages are not only seen in the dying person but likewise in the family members mourning the loss of a loved one. However, on careful observation we can see these same stages in people who lose anything. It doesn't have to be the loss of a loved one. It could be the loss of a pet, the loss of a job, and even the loss of an inanimate object. Yes, even when a person loses her keys, she may go through the five stages of dying.

First, she denies the loss of the keys. "Oh, I know they are around here somewhere." She patiently looks in her pockets and through her dressers knowing any minute she will find the keys. But soon, she begins to realize she has searched out all of the logical locations. Now you begin to see anger. Slamming the drawers, throwing the pillow of the couch, swearing at those darned keys for disappearing. Then comes bargaining: "If I ever find those keys I will never misplace them again. I will put them in a nice safe place." It is almost like she is asking the keys to come out and assuring them she will never abuse them again. Soon, she realizes the keys are gone. She is depressed. How will she ever again survive in this world without her keys? Then, she finally accepts the fact the keys are gone. She goes out and has a new set made. Life goes on. A week later the lost keys are forgotten.

What does all this have to do with why people don't quit smoking? People who attempt to give up smoking go through these five stages. They must successfully overcome each specific phase to deal with the next. Some people have particular difficulty conquering a specific phase, causing them to relapse back to smoking. Let's analyze these specific phases as encountered by the abstaining smoker.

The first question asked of the group during the smoking clinic was, "How many of you feel that you will never smoke again?" Do you remember the underwhelming response to that question? It is remarkable for even one or two people to raise their

hands. For the most part the entire group is in a state of denial - they will not quit smoking. Other prevalent manifestations of denial are: "I don't want to quit smoking," or "I am perfectly healthy while smoking, so why should I stop," or "I am different, I can control my smoking at one or two a day." These people, through their denial, set up obstacles to even attempt quitting and hence have very little chance of success.

Those who successfully overcome denial progress to anger. We hear so many stories of how difficult it is to live with a recovering smoker. Your friends avoid you, your employer sends you home, sometimes permanently, and you are generally no fun to be with. Most smokers do successfully beat this stage.

Bargaining is probably the most dangerous stage in the effort to stop smoking. "Oh boy, I could sneak this one and nobody will ever know it." "Things are really tough today, I will just have one to help me over this problem, no more after that." "Maybe I'll just smoke today, and quit again tomorrow." It may be months before these people even attempt to quit again.

Depression usually follows once you successfully overcome bargaining without taking that first drag. For the first time you start to believe you may actually quit smoking. But instead of being overjoyed, you start to feel like you are giving up your best friend. You remember the good times with cigarettes and disregard the detrimental effects of this dangerous and dirty addiction. At this point more than ever "one day at a time" becomes a life saver. Because tomorrow may bring acceptance.

Once you reach the stage of acceptance, you get a true perspective of what smoking was doing to you and what not smoking can do for you. Within two weeks the addiction is broken and, hopefully, the stages are successfully overcome and, finally, life goes on.

Life becomes much simpler, happier and more manageable as an ex-smoker. Your self esteem is greatly boosted. Your physical state is much better than it would ever have been if you continued to smoke. It is a marvelous state of freedom. Anyone can break the addiction and beat the stages. Then all you must do to maintain this freedom is simply remember - NEVER TAKE ANOTHER PUFF!

Can we motivate a smoker to quit if he thinks he doesn't want to quit?

Over the years I have seen numerous smokers thrust into my program, totally against their will, who still manage to succeed in quitting smoking. I sometimes get young people who are being forced by their parents to attend. Sometimes it is adults who are forced in by doctors, while other times it is adults who have been tricked into coming to my seminars by family and friends who literally bring them to the program under some form of false pretense, such as they are just going out to dinner. While I won't say this tactic works in the majority of cases, it works far more often than most people would think.

To say that these people had no prior motivation or desire to quit smoking would probably not be true. I suspect most smokers have some level of motivation to quit, but motivation without an understanding of nicotine addiction and its treatment isn't enough to succeed. That is what I try to do in the first session of a clinic or in the single session

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seminars. I try to cram in four areas of information, all of which I think are crucial for the smoker to understand if he is going to have a reasonable shot at success.

The areas I try to cover are why people smoke, why they should stop, how to quit, and how to stay free. All four of these areas are crucial points of understanding for a person contemplating quitting. Without a firm grasp of each component, the smoker will be handicapped in his or her effort to quit.

Understanding why he or she smokes helps the smoker see that all the magical qualities associated with smoking were based upon false beliefs and feelings. While most smokers think they smoke because they want to, the real reason they smoke is because they have to. They are addicted to nicotine and their bodies are demanding that they smoke. They are drug addicts, plain and simple, and understanding this premise is the crucial first step. As with any other addiction or 12-step program, the premise of being powerless over the drug is the first step in recovery.

I try to help them to see that while they thought smoking was keeping them calm, it was actually increasing their stress levels, or more accurately, their reactions to stress. While they thought smoking made them energetic, in fact, it was robbing them of endurance and energy. While smokers often felt that smoking allowed them to have fun and lead more socially active lifestyles, it was actually impairing and limiting their ability to engage in many activities and to develop new relationships. As opposed to enhancing their ability to be vibrant and active members of society, it was in fact causing them to resort to many antisocial behaviors. It led them to smoke in lieu of human contact, often leaving gatherings or refusing to attend functions where smoking was no longer permitted.

Why a person should quit smoking is probably the least surprising type of information, as most smokers already know that smoking is bad for them. The problem is that most people don't recognize how bad it is. Many attending are overwhelmed when they fully realize the true magnitude of the dangers from smoking. While I don't spend a great quantity of time on the issue, maybe only an hour and a half out of ten hours of presentation time, it is still one of the areas that many people refer back to years later as a major motivating factor in staying off nicotine. The recognition that quitting smoking is in fact a fight for survival is often of paramount importance in long-term success. This information is often critical for dealing with the occasional thoughts that are still triggered by circumstances and situations faced throughout the ex-smoker's life.

How to quit - now this is a shock to most attending the session, especially if they did any research and reading prior to coming to the program. If they are medical professionals who have been bombarded with state-of-the-art smoking cessation techniques, what I am proposing is so radical that it takes them a few minutes to overcome the idea that I must be totally out of my mind.

After being presented with study after study and expert after expert saying to use nicotine replacement or other pharmaceutical aids, to come out and accept that the easiest and best way to quit smoking is simply to "quit smoking" seems totally simplistic and ludicrous. It is only when I have them think really hard of all the long-term (one year plus) ex-smokers they know, and how these people initially quit, that they start to realize that the vast majority of these people - and in many cases all of them - quit cold turkey. It is often like a light bulb goes off in their head as for the first time they see the obvious, even though it flies in the face of what they have been taught was conventional wisdom.

Finally, how to stay off, here is another remarkable revelation. Almost every piece of professional literature on smoking cessation produced over the last 30 years has buried within it, or sometimes printed very prominently, one line of text that will undercut the most truly motivated and educated smoker. The line is "don't let a slip put you back to smoking." That makes as much sense as saying to a recovering alcoholic "don't let a drink put you back to drinking," or a heroin addict being given the message "don't let a little injection put you back to using." The message needs to be stronger than that. Not, "do not let a slip put you back to using," the message had better be - DON'T SLIP!

There is no such thing as a slip, or an accident, or a mistake, or a puff, or just one - they are all terms that are actually defining a RELAPSE! This point, more than any other is what is going to make a quit last. Forgetting this concept, or worse, never knowing it all but assures failure.

I have seen the power of education work thousands of times in helping properly prepare smokers to quit. Again, that problem is more than just teaching the physical dangers of smoking. It entails the smoker developing a full appreciation of the physical, mental, social, economic, and aesthetic implications of smoking. I have also witnessed personal understanding evolve into a powerful tool utilized by thousands of ex-smokers in maintaining their resolve to stay quit too. They will continue to maintain their resolve so long as they continue to appreciate why they quit in the first place, and keep those reasons in the forefront of their consciousness.

Can we motivate a smoker to want to quit? I think most smokers who have smoked cigarettes for any appreciable period of time are already motivated. While maybe not all smokers in general, it is likely that any smoker who shows up at a quit smoking clinic on his or her own accord, or who has typed the word "smoking" into an internet search engine, has some initial interest and wants more information on how to quit.

So basically, the answer to whether or not a person can be motivated to want to quit is "yes." In fact most smokers already have some motivation in place. The emphasis must be on helping to teach the smoker how to quit and then how to stay off. It's really an easy lesson to teach. It's a matter of helping the cigarette smoker understand that to quit smoking and stay quit is simply a matter of knowing to NEVER TAKE ANOTHER PUFF!

"You know smoking two or three cigarettes is better than having smoked two or three packs!"

This statement was angrily snapped at me by an irate clinic participant on her third successive day of cheating during her stop smoking clinic. She was mad because I kept telling her that she was blowing her chance at quitting smoking. I told her that as long as she smoked three or two cigarettes or even a single puff, she should just smoke the other two packs she would normally consume in a typical 24 hour period. She was suffering horribly and was convinced that all this misery had to serve a useful purpose. I was belittling her valiant attempt, and she was mad as hell at my arrogance.

She had been in other professional programs before. The other programs considered an 80% reduction in smoking a great accomplishment. Sure, they thought 100% would

be better, but not all people could do 100%. Her physician would probably agree as well, that, if she couldn't quit, at least she drastically reduced her smoking. Her family and friends were most likely equally impressed by her major victory. Then she would come in to our meeting and I would say she was back to square one and should either smoke everything or stop all together. What made her so mad was her conviction that I really thought she was doing a great job but wouldn't admit it to her.

Contrary to her beliefs, I did not consider her attempt at reducing smoking a praiseworthy effort. Cigarette smoking is an addiction. Because of this, smoking is an all or nothing proposition. While her other programs, family, friends and other professionals may have viewed her drastic reduction as impressive, they all failed to understand that reduction was a temporary state. Reducing smoking by 50, 80, 90, or even 99.99% is worthless. It will result in a complete failure in the attempt. This failure will most often result in an eventual return to the old level of consumption and may even lead to a substantial increase over the level smoked prior to the attempt at quitting. It does not pay to cut down for a day or week or even a month just to become a heavier smoker for years afterward because of it. The end result of such a pattern is often the loss of one's health and eventually one's life. No one has ever lost his or her life from following our clinic's cold turkey and total abstinence approach, but many have already died and many more will die from disregarding it.

Eventual loss of health and life is not the only problem with cutting down in our program. There is the more immediate problem of intensified withdrawal lasting over a longer duration of time. It's not that the quitter is treating herself to one or two a day. In fact, she is prolonging the period during which she feels that she is depriving herself of 30 or 40 per day. This period will last until she either totally quits and survives through the initial quitting phase or until she reaches her old level. Unfortunately, the latter is the outcome in the vast majority of similar situations.

For a person truly dependent on nicotine, cutting down on tobacco consumption is guaranteed suffering and failure. It doesn't pay to suffer just for the sake of suffering.

Quitting cold may cause some discomfort, but it is short term, and the end result can be freedom from cigarettes. Sure, quitting cold turkey can be difficult. But-for an addict-quitting by any other means is virtually impossible. Given the choice between difficult and impossible, go for the difficult. At least there is a chance of success. With that success comes improved health, self-esteem, societal acceptance, more money and an overall improvement in the quality of life. Once quitting is accomplished, all that needs to be done to maintain a life free from nicotine addiction is to - NEVER TAKE ANOTHER PUFF!

“You said it would get better. It's just as bad as the day I quit smoking!”

Recently I was met with this warm greeting from a clinic participant on his eighth day without smoking. As you may recall, we explain during the clinic that if a smoker can get through the first three days without smoking, the physiological withdrawal will start to diminish, and within two weeks all physiological withdrawal will stop.

While we can accurately predict the physiological withdrawal, psychological withdrawals can occur at anytime. It is possible that the urge this man was having was just as painful as the ones he had a week earlier. While the urge may have been as strong, it was different. When he had an urge before, there was really nothing he could do to get over it. If he just held out a few minutes, the urge would pass. But psychological urges are more under the ex-smoker's conscious control. A good analogy demonstrating the difference between physiological and psychological pain can be seen by analyzing a common toothache.

A rotting tooth can cause a lot of pain. If your dentist explains to you why the tooth hurts it really doesn't resolve the situation. You know why it hurts, but it still hurts. Simply understanding physical pain does not make the pain go away.

To illustrate another point, say you go to the dentist and find out that you have a cavity. He has to drill the tooth and put in a filling. The drilling can be a very rough experience. After it is all over the pain will stop, but whenever you hear the sound of a dentist's drill, even if it's years later, you cringe at the thought of the pain. Once you realize that you are simply reacting to the sound, you know that you are not really in danger and the reaction will end. Understanding the root of the fear alleviates the anxiety and the associated pain.

Any urges for cigarettes that occur today are reactions to conditioned triggers. You are doing or experiencing something for the first time without smoking. It may be going to a bar, a wedding or going on a plane. It may be seeing a person or being in a place where you always had a cigarette in the past. It may be something you hear or even an old familiar aroma. The sense of smell is a powerful mechanism for triggering old emotional feelings.

So today, if you find yourself desiring a cigarette, look around you and see why at this particular time and place a cigarette is on your mind. Once you understand that the desire is being triggered by some reaction to an insignificant event, you can just say "no" to the cigarette without further problem. All you need to do is understand what triggered the thought. The urge will pass. The next time you encounter a similar situation you will not even think of a cigarette. You will have learned how to face another experience as an ex-smoker.

Quitting smoking is a learning experience. Every time you overcome an urge you will have overcome another obstacle that threatened your status as an ex-smoker. As time goes by, you will run out of obstacles and you can comfortably go through life a happier and healthier person. All you need to remember and practice to stay an ex-smoker is - NEVER TAKE ANOTHER PUFF.

“I have smoked for so long and so much, what is the use in quitting now?”

On the third day of a recent clinic, a woman participant in her late fifties who had been off smoking for just over 48 hours asked one of those questions that I have heard hundreds of times in past programs. “I have smoked so long and so heavily, what good

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will quitting smoking do for me now?" A few minutes of explaining the bargaining phase people go through when they are initially quitting smoking seemed to clarify why she was having such thoughts rationalizing why she didn't really need to quit.

A few minutes later, she told me a story about her personal family history, one that quite simply gave a better answer to her original query than I could ever have come up with. "My father was a chain smoker," she said. "He quit when he was 60 because he had a heart attack. Never smoked one after that. Even though he was a heart attack victim, after he quit smoking he felt better than he had felt in years. Much more endurance, greater vitality. He lived to the age of 95, bright and alert to the end."

On the sixth night I called her to see if she had made it through the weekend all right. "I feel so bad," she replied. "I had a terrible evening last night and I had a major problem dealing with a client at work this morning. I was just so upset from lack of sleep and frustration, I finally broke down and took a cigarette. I've been beating myself up for it ever since. I am more depressed now than I was before. Why am I beating myself up so, and what should I do now?"

I said she had two options, quit right then and face a potential full three day withdrawal or go back to full fledged smoking all over again. If she didn't make a decision, her body would automatically make the decision for her. Again she expressed the sentiment that she was beating herself up so badly and wanted me to explain why she was so upset with herself. She just couldn't believe that one cigarette could be so important to be making such a big issue.

A few minutes later, she told me the story of how her husband had once been off for three years. One day while they were in the car together, for one reason or another he bummed a cigarette from her. She raised the issue with him of what good would a cigarette be after all that time, but he convinced her it was no big deal. What right did she have to protest anyway, she thought, she was a chain smoker herself. He finally got his way. He never stopped smoking after that day. Four years later she got a call at work that her husband had collapsed at her mother-in-law's home. By the time they got to him it was too late. He had died of a sudden and totally unexpected heart attack. She has little doubt that his last four years of smoking was a major contributing factor to his sudden and premature death.

So why was she now making such a big deal out of a cigarette? Once again, her own personal history was giving her a more powerful answer than I could ever have expressed. One cigarette, in a car a number of years earlier helped to end her husband's life. If he had known the implication that one cigarette would have had, he would never have considered the thought for more than a second. In retrospect, she had the opportunity to look back to that day and realize how a fleeting urge followed by poor judgment helped to end or shorten her husband's life.

With the kind of personal experiences she had witnessed associated with smoking, it is quite easy to see how she could be so hard on herself for what occurred earlier that day. She witnessed how smoking diminished the quality of her father's life and almost brought on a premature death. Equally important, she saw how quitting smoking vastly improved his health and general feeling of well being. She also witnessed how her husband's momentary lapse of judgment resulted in her suffering such a grave loss just a few years earlier. If he had the opportunity, he would surely have cursed the day he lit just one. She had the benefit of hindsight, which now was haunting her because she had

made the same mistake that day he had made just a few years earlier. He never got the chance to quit again. She still has time to make a decision—and she was asking me what she should do now.

Again, I feel her own personal experience and the immediate emotional reactions she was now experiencing were giving a more powerful answer to her question than I could. If she listened to her heart, I am sure it was telling her to - NEVER TAKE ANOTHER PUFF!

“I’m just too weak to quit smoking!”

“I can't believe it, I'm just too weak to quit smoking.” This statement came to me on the fourth day of a clinic by a participant who could not stop smoking for even one day. When I asked him where he kept getting the cigarettes from, he replied, "They are mine, I never threw them out." When I asked him why he never got rid of them he said that it was because he knew the only way for him to handle not smoking would be by keeping cigarettes around in case he needed one.

This man was not capable of succeeding in his attempt to quit smoking. Not because the addiction to nicotine was too powerful. It was his fear of throwing out his cigarettes which rendered his attempt a failure. He figured if he needed them, he would have them. Sure enough, every day he needed one. So he would smoke one. Then another and still another. Five or six a day, never reaching his optimal level and never breaking the withdrawal cycle. He was discouraged, depressed, embarrassed, mad, and, worst of all, smoking.

Quitting smoking needs to be done in steps. First, the smoker should strengthen his resolve as to why he wishes to quit. He should consider the health consequences, the social implications, the fact that he is totally controlled by his cigarettes, the expense and any other personal problems cigarettes have caused him. It is helpful to write down all of these negative aspects of smoking. In the future when he does get the thought for a cigarette, his own reasons for quitting become powerful ammunition for not returning to smoking.

When the decision is made to quit, the smoker should implement a program that has the greatest potential of success. The first and most important step is to quit cold turkey. To accomplish this goal he should dispose of all smoking material. Cigarettes, cigars, pipes, butts, ashtrays, lighters—anything that was considered smoking paraphernalia. If cigarettes are not there, they cannot be smoked.

Then the person only needs to live through the first few days, one day at a time. Physical withdrawal may be rough or very mild. The symptoms will be overcome by making it through the first few days without taking a puff. Within three days the physical withdrawal will peak and by two weeks will cease altogether.

But the real obstacle is the psychological dependence to cigarettes. Most smokers are convinced smoking is essential in performing many normal daily activities. Dealing with stress, working, driving, eating, sleeping, waking up, relaxing - just about everything requires smoking. The only way to overcome this perceived dependence is by proving to

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oneself that all activities done with cigarettes can be done equally well without cigarettes. Just living through the first few days and functioning in normal required roles will prove that the smoker can survive without cigarettes. It may be difficult, but it is possible.

Once the initial quitting process is overcome, the rest is simple. Sure there will still be times when the ex-smoker wants a cigarette. But the ex-smoker must realize that he does not have the option of only one. Because he is a nicotine addict, smoking is now, and always has been an all or nothing proposition. The thought of relapsing back to his old level of smoking with all the associated consequences is all the ammunition needed to - NEVER TAKE ANOTHER PUFF!

We Understand Why You Relapsed

There are times when a member of a support group relapses and another well-meaning member jumps in saying that he or she “understands” the causes of the relapse. The well-meaning member feels that the person who has relapsed needs to be consoled and nurtured for the bad choice that he or she had made. I have even seen times when the forum's managers or seasoned group members have been criticized for not offering unconditional love and support to the relapsed person, as if these people don't understand or fully sympathize with his or her plight.

Well, the fact is, in our case our management and our longer-term successful members all understand how the person relapsed, all too well in fact. The person violated the law of addiction, took a puff of nicotine, and is paying the mandatory penalty - relapse. We also know that any excuse that the person is attempting to give for having once again started up an active chemical dependency in his or her body is total nonsense. There is no justification for relapse.

Today, there are support forums on the internet where, almost daily, you can watch relapsing members return and go unopposed as they attempt to convince the entire group that their justifications for relapse were legitimate. Should the people who just relapsed feel better after explaining and having everyone understand why they relapsed? That depends I guess. If the person has joined the group in order to feel better about smoking then, sure, he or she should be quite relieved. But if the person is participating because he or she is trying to save his or her life, then I don't think he or she should take much comfort in all the hugs and well wishes he or she receives.

I guess it is like someone standing on a ledge of a building. 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. 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 you totally disapprove of his or her current tactic for dealing with it. There are better ways to resolve these problems than committing suicide. The same concepts hold true for taking a puff of nicotine. 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 because the implication is relapse to smoking, and that can lead to death.

I sometimes read posts indicating that there are other quit smoking message boards that are far more accepting of relapse, in fact they see it as a normal and acceptable process. It's a very accurate observation. I think that any member of an education and support forum who feels that the group's relapse policy is too "tough" should look for another site. The majority of members who join no nonsense education oriented support programs do so because they offer the type of understanding and support that the person couldn't locate elsewhere.

If you are dead serious about quitting smoking and involved in a program committed to the belief that there is "no acceptable excuse for relapse" then you are probably in the right place to be. But if you find a given group's relapse philosophy too restricting don't try to change it. Trying to alter the group policy is as unfair as members from the serious forum going into an unstructured site and trying to change their tolerance towards excuses being made for relapse. Groups should be tolerant of the other sites and fully appreciate that some people will be happier elsewhere. But each member needs to do an assessment of what type of group enhances his or her personal chances of success. A group that makes you just feel better may not be the group that is actually enhancing your chances of successfully quitting.

Hopefully, whatever group you end up participating in will help you remained focused on making it through today. Whether this is your first day or thousandth day not smoking, it will be a much better day if you walk away with the understanding that no matter what happens in your life, either issues of great happiness or sadness, importance or mediocrity, exhilaration of sheer dullness, no matter what the circumstances, the only way to sustain your quit is to NEVER TAKE ANOTHER PUFF!

My Support Group is Responsible!

Case 1:	Case 2:
<p><i>"How do you expect me to quit smoking? All of my family, friends, and work associates smoke. Whenever I try to quit they all try to sabotage my efforts. With support like that, I can't quit smoking!"</i></p>	<p><i>"I know I will quit. Nobody wants me to smoke. My kids beg me to stop, my husband hates it when I smoke, and we're not allowed to smoke at work. I feel like a social outcast wherever I go. With all those people on my back, I know I won't fail in quitting!"</i></p>

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In both of the above cases, the smoker is wrong in their assessment of whether or not they can actually quit smoking. Success in quitting smoking is not primarily determined by significant others. It is based on the strength of the smoker's own desire to quit.

In case one, the smoker is blaming his failure on lack of support and actual sabotage attempts by others. But not one of these people physically forced a lit cigarette into his mouth and made him inhale. Considering that the only way he could reinforce his nicotine addiction is by inhaling a cigarette, none of his smoking associates had the final say on his success or failure.

Case two, on the other hand, was working under the false assumption that quitting smoking would be a breeze since everybody would support her because they hated her smoking. Not once, though, did she say that she actually wanted to stop for herself. She was stopping because everyone else wanted her to. In essence, she was depriving herself of her cigarettes to make everybody else happy. While she may not have lit up when surrounded by others, sooner or later she would be alone. With no one around, what personal reason does she have to strengthen her resolve not to take a cigarette?

When you joined our clinic, you may have initially blamed others for your failure or erroneously credited the clinic and others with your success. No one failed or succeeded for you. You did it. While significant others can influence how easy or difficult quitting will be, your own personal resolve is the major determinant of success or failure.

If you failed when you tried in the past, stop blaming others. Realize that your personal desire to stop was not strong enough to overcome the powerful grip cigarettes exerted on you. Rather than making one half-hearted attempt after another, make a personal assessment of why you smoke and why you wish to stop. If your personal reasons are good enough, then try to stop. As long as your ammunition is strong, no one will be able to make you smoke.

On the other hand, if you succeed, don't feel that the clinic or anyone else made you do it. You broke free from a powerful addiction. You did it by making up your own mind, throwing out your cigarettes, and refusing to take another one no matter how much temptation you faced. For this you should be proud. And to maintain that pride for the rest of your life - NEVER TAKE ANOTHER PUFF!

"I Liked My Other Smoking Clinic More!"

Almost 20 years ago when I was conducting one of my first Stop Smoking Clinics, one of the successful participants, a lady named Barbara, told me that she had once attended another clinic and liked it more than ours. I asked her how long she had quit for 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, why did she like the program more? She answered, "When I completed the program, I didn't feel bad about smoking!"

The task of any smoking clinic should be to help the participant break free from the powerful grip of the nicotine addiction. To do this, each participant needs to have a thorough understanding of both why he or she smokes and the consequences associated with maintaining use of cigarettes. Cigarettes are addictive, expensive, socially

unacceptable, and deadly. How in the world can any individual or clinic realize these effects and minimize the significance to the point where a smoker doesn't feel bad smoking?

The natural impulse of most smokers is to deny the health and social implications of smoking. When he picks up a newspaper and sees a headline with "Surgeon General", he will read no further. When he hears a broadcast on radio or television about the dangers, he either totally disregards the message or maintains the false belief that the problem doesn't apply to him. But eventually, even his own body complains. He may experience physical symptoms such as coughing, wheezing, pains in chest, numbness in extremities, headaches, stomachaches, hoarseness, and a variety of other complaints. He will generally pass the blame to the weather, his diet, to his stress, to a cold or flu, to allergies or any other excuse he can muster up to protect his cigarettes.

Our clinic was designed to permanently destroy all rationalizations of smoking by the smoker. He may make up lots of excuses for smoking, but he knows that they all are lies. Our clinic will accomplish one of two goals. Either the smoker will quit smoking, or the clinic will screw up his smoking for the rest of his life. No longer will he be able to sit back at the end of a day and think to himself in ignorant bliss how much he enjoyed his cigarettes. To the contrary, if any thought of smoking is allowed to creep into consciousness, it will be anger over how stupid it was to inhale 20, 40, 60 or even more cigarettes that day, and how sad it is that he is probably going to do the same again tomorrow.

Why do we want to make the smoker miserable about smoking? Because maybe if he gets mad enough about smoking he will stop it. Sooner or later logic may motivate him to stop. Maybe he will do it on his own, or maybe he will come back to us for help. How he does it is not important; what is important is that he does quit. For, while the concepts we instill in him may make him miserable, not understanding them can cause more significant long-term suffering.

If our clinic did what Barbara's first clinic accomplished - alleviating negative feelings toward smoking - it could result in the ammunition necessary to maintain smoking. Since cigarettes are responsible for over 300,000 premature deaths per year and the crippling of literally millions of others, alleviating the anxiety of smoking is not in the best interest of the smoker. Consider the physical, psychological, social, economic and any other personal consequences of smoking. Consider them all and - NEVER TAKE ANOTHER PUFF!

How Does Your Program Compare To...

"How does your program compare to hypnosis or acupuncture?" "Do you know anything about the single session treatment program advertised on the radio?" "I hear they have an inpatient treatment program at another hospital, what do you think of that for quitting smoking?" "My doctor said I should try nicotine gum, do you agree?" "I hear there are programs which promise no withdrawal or weight gain." "How about the shock treatments with money-back guarantees?" "Why should I choose you over the free

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program offered at...?" Almost daily we will receive calls asking at least one of these questions. It seems everyone wants us to compare what we do with that of other "treatment" strategies. While the specific questions vary, my advice is inevitably the same. If you are considering us or another program, go to them first.

People seem to be surprised at this advice. I think some wonder whether or not I am receiving a kickback from the other organization. But money is not the factor influencing the advice to seek help elsewhere before attempting us. Or maybe they think I can't defend our program over the other "proven" method. This assumption is also incorrect. Why then, am I willingly turning away potential customers to the local competition?

Anyone who has gone through our clinic will attest that participation in our program requires a 100% effort and commitment to attempt quitting. That is not to say that every participant must know before hand that he is going to stop. The person must be resolved to the fact that he will try as hard as he can to stop for just two weeks, a day at a time. Then, once past the initial withdrawal syndrome, he can decide whether or not he truly wishes to smoke. We want him to reach the point where he has a free choice. But he must base his decision on his true options, smoke nothing or everything, there is no in-between.

Anyone coming into our program with a backup method in mind, is not normally willing to give the 100% necessary to break the initial grip. When things start getting tough, which they almost inevitable do, the person just throws in the towel and takes a puff with the idea that it is no big loss, he will just try the other program next time. But his assessment is grossly mistaken - taking that first puff may very well be the biggest mistakes he ever made in his life - one that may in fact cost him his life. He may never again have the desire, strength, or opportunity to quit again.

What of his hypothesis that the other program will probably work better for him? Well, let it suffice to say, that when I suggest that a smoker goes to another program to quit before coming to ours, I am not really worried about losing potential income. I am just postponing when I may actually meet and work with the individual. In fact, the odds are, our price will increase significantly by that time and they are usually willing to pay. In the interim, they spent hundreds to thousands of dollars trying all these magical programs or feeding their addiction.

But money is not the major factor which needs to be considered. Smoking an extra five years, 10 months, or even a few weeks carries a potential risk. You just don't know which cigarette may be the one to initiate an irreversible process, such as cancer or a fatal heart attack or stroke. Every day you puff these risks remain high.

But the day you stop, you begin to reduce your risks, and eventually, they can drop to that of a person who never smoked a day in his life. Then, to keep your risk as low as possible and to never again have to go through the quitting process, simply - NEVER TAKE ANOTHER PUFF!

Support Group Diversions

At some online quit smoking message boards you will see members who feel a need to start diversion threads - topics of conversation that have almost nothing to do with smoking or quitting. It is curious as to why people should ever feel that there is a need for such diversional tactics for a quit smoking site. Why should anyone be logging into a quit smoking support group in order to divert the group's attention away from the topic of quitting smoking?

If the person is looking to discuss other topics and enjoys the anonymity afforded by a computer, there are forums and message boards all over the Internet whose sole purpose is to bring people together to meet, communicate and share thoughts and opinions on hundreds or even thousands of different topics. Many of these resources are highly effective at creating an environment that allows like-minded people to come together and socialize. The problem is that most of these sites have very little to offer a person who is there to quit smoking and for this purpose would be very ineffective.

For over 25 years I have been running live Stop Smoking Clinics. These programs are six sessions over two weeks, each session scheduled to last an hour and a half. It is not unusual though for these sessions to end up lasting over two hours in order to cover all the smoking topics that are brought up in group discussions. There are so many different aspects of smoking raised such as the reasons people want to quit smoking, how some for medical reasons now need to quit, and the general thirsting for the knowledge of how to stay quit. Diverting the group's attention to other areas would deprive them of precious time focused on getting information that they may very well need to accomplish long-term success.

It is not that I want people to feel that they need to fixate on not smoking 24 hours a day-but I want each participant to have all the pertinent information possible to focus on the new priority of not smoking. I want the participant to have all of the ammunition possible so that he or she is sufficiently prepared to face the triggers and problems that he or she will inevitable encounter in those first few days of quitting.

There is enough of a variety of pertinent, interesting and important information on smoking cessation that there should never be a need to divert any cessation group's attention away from these topics to keep a board active. Quitting smoking is the reason why people should join, participate and stay in group cessation programs. People are there to reinforce their own resolve and to reinforce other member's resolve to stay quit. The goal of a quit site should be to help people to grow more secure in their quits so that they have the time and tools to really live their lives without fear of relapsing because they feel that they are not properly prepared or equipped to deal with all contingencies.

Smoking was robbing every smoker of precious time, both in the present, when smoking was pulling him or her away from others in order for him or her to once again deliver another nicotine fix, and in the long run by taking years or actual decades off of his or her actual life by prematurely killing the smoker. So, look upon a highly focused cessation forum as an important tool for helping every member acquire more time for life and the additional wonderful diversions that the added time will bring.

While engaging the group, devote all your time to focusing your attention on why you quit smoking and toward

helping others focus their attention on not smoking too. You will give yourself and each other the greatest gift possible-more time to live, both quality time and healthier time. In a way serious forums can give you the "time of your life" by simply focusing on reinforcing your decision to NEVER TAKE ANOTHER PUFF!

"What should I call myself?"

An online forum member recently posted a message asking whether or not she should call herself a non-smoker since she had in fact quit smoking. Basically the answer is yes, although for some people it can create a state of confusion. These are people who look at the term from a historical perspective before the term smoker and non-smoker had any real negative or positive connotations. Early on the term was often used to refer to a person who never smoked a day in his or her life. I guess the more accurate term for usage today for a person who never smoked should be a "never-smoker." But it is hard to undo commonly accepted terminology. Sometimes on official documentation, such as insurance forms, there may be a legal distinction between the terms smoker, ex-smoker and never smoker. But for personal and general purposes, the term non-smoker is fine as long as you understand that there is a difference between a non-smoker and a never-smoker.

Other terms that can apply to a person who used to smoke but no longer do are ex-smoker, reformed smoker, recovering smoker, or arrested smoker. Although, I think they should all be preceded by "very happy" as in "very happy ex-smoker" so the term is not interpreted with a tone of sadness or deprivation to the person who it is being said to.

It is crucial that each and every person who used to smoke but no longer does understands that there is a big difference between a never-smoker and an ex-smoker. Even though physically and mentally the never-smoker and ex-smoker may feel the same, even to the extent of having the exact same attitudes or outlook, there is one important physiological difference. The ex-smoker still has an addiction. It may now be asymptomatic but it exists nonetheless. This difference may only be apparent in one situation.

A never-smoker could, if they really wanted to (which, for no logical reason should ever happen) take a nice deep drag on a cigarette and in all likelihood, they would cough, gag, and possibly even throw-up from such a stupid and impulsive act. They might feel crummy for a while and hopefully would never consider doing it again.

An ex-smoker could do the same irrational act, taking a drag, coughing, gag, and maybe even throwing-up. He or she could feel absolutely horrible, physiologically, maybe even worse than the never-smoker who did the exact same thing. He or she is likely to end up hating the experience and be very angry at himself or herself for having done so, but within minutes, or hours or maybe days, he or she will likely have an uncontrollable urge and smoke another. The second time he or she may get the same reactions, feel absolutely horrible and sick. Soon the person will find himself or herself smoking more nicotine and will either quickly or gradually return to his or her prior levels of daily nicotine intake or maybe even higher than before.

The difference lies in the fact that the first drag - even though unpleasant - creates additional uncontrollable urges in the ex-smoker as compared to likely fostering repulsion in the never-smoker. One drag of nicotine means relapse to an ex-smoker. The addiction that was lying dormant is now brought back to full force.

You are an ex-smoker now, or whatever term you are comfortable with. But at every level of your consciousness, always remember you are still and always will be a recovering nicotine addict. It is not necessarily a pleasant way to think of oneself, but if your recovery is to endure, it is important to retain a basic awareness that because of your underlying arrested dependency, you must always remain on guard. For as negative as it may feel and sound in having to identify yourself an ex-smoker, it is far superior to having to again say, "I am a smoker."

A smoker is a person who is currently under control of a drug that compels them to constantly administer dose after dose, puff after puff after puff, dozens or possibly even hundreds of times a day. And with that active drug - nicotine - he or she is also receiving over 40 carcinogens (cancer producing chemicals) and more than four thousand other chemicals, hundreds of them poisonous (arsenic, hydrogen cyanide, carbon monoxide, and formaldehyde, to name a few). The smoker is increasing his or her risks of some of the most debilitating and fatal diseases known to man. He or she smells perpetually bad and he or she is a social outcast while actively using his or her drug delivery system.

Yes, ex-smoker may not sound perfect, but active smoker is a much more horrible thing to have to admit to and experience. To keep your current status using whatever name you've chosen, and to never return to the deadly way of life of a smoker, just remember to NEVER TAKE ANOTHER PUFF!

“I'm going to have to carry cigarettes with me at all times for me to quit smoking.”

I hear this comment almost every time I start a new clinic. The smoker truly believes that if he does not have cigarettes with him, he will not succeed in quitting. His reasoning for carrying cigarettes is that he has to show himself that he is stronger than the cigarettes, or that if he is faced with some traumatic stress he will need a cigarette to survive through the situation. Both of these beliefs carry serious implications, which almost guarantee failure at permanent cessation from cigarettes.

The first hypothesis—that the smoker must show he is stronger than the cigarette—assumes that the smoker believes he is stronger than his cigarettes. This is the gravest mistake the smoker can make. He is not stronger than his addiction. The day he admits this fact will be the day he has a fighting chance at quitting, the day he forgets it will be the day he again is caught in the grip of addiction.

If he were stronger, he would have been smoking one or two cigarettes a day whenever he wanted. But by the time he enrolled in our clinic he was probably smoking twenty to thirty times that amount. If he were stronger than cigarettes, he would never have showed his face in a smoking clinic. He would have just stopped. But at the time he

Never Take Another Puff

joined, he recognized he was not in control. He was probably out of control for many years. And as with any other addictive drug, he would never be in control again. Once he forgets that cigarettes controlled him, he will probably smoke his first cigarette. That will be a tragic day when he relapses into his past addiction and he may never be able to muster the strength necessary to break free from cigarettes again.

The second idea - that cigarettes are essential to overcome life's traumas - will almost certainly result in smoking within days of trying to stop. No matter how thorough the smoker is at planning a tranquil period when stress is at a minimum, stress will occur. With cigarettes present, one is sure to be taken. Even if he overcomes that one situation, the idea that cigarettes are capable of making life bearable is a false and dangerous belief.

The smoker feels he needs cigarettes to function properly in our world. Then he takes it one step further, he begins to believe that he will not only be less effective at functioning, he will be totally incapable of surviving. He is giving up the substance that makes life possible. With this belief present, he has about as good a chance of giving up smoking as he has of giving up breathing or eating. If cigarettes are essential to maintain life, quitting is a futile effort. But this is just not true. Everything a smoker can do with cigarettes he can do without them, but he will not learn this or believe it until he successfully quits and starts dealing with life without smoking.

Don't ever forget how cigarettes once controlled your behaviors and beliefs. When you quit smoking you admitted cigarettes controlled you. You were literally afraid that one puff could put you back. That was not an irrational fear. One puff today will lead to the same tragic results as it would have the day you quit. Cigarettes were stronger than you before, and, if given the chance, will be stronger than you again. If you want to show you are now in control, do it by admitting you can function without having cigarettes as a worthless and dangerous crutch. To permanently stay free from cigarettes, all that needs to be done is to NEVER TAKE ANOTHER PUFF!

Sleep Adjustments

Sleep {XE Sleep Adjustments} can get pretty disruptive the first few days. Some people will get very little sleep, waking up every hour or not sleeping at all yet not feel tired. Others can sleep 20 hours a day and be exhausted during their waking hours. Whichever way it goes, sleep will adjust itself when you quit and eventually go back to normal.

But there is a catch. You don't know what normal is. Normal is what it was prior to being a smoker with aging thrown in. Some people have not been normal for decades.

Nicotine is a stimulant drug that once it wore off threw the smoker into a physiologically depressed state. To overcome this depressant effect the smoker would smoke again to stimulate him or herself. Soon it would wear off and the endless cycle would be repeated over and over. Blood sugar and hormone levels would skyrocket, only to come crashing down later. By the end of the day the smoker could be physically exhausted from this chronic stimulant/depressant roller coaster. They had to adjust their sleep around these effects.

Without this chronic abuse, these ex-smokers may find that they can get by on less sleep after they quit smoking, sometimes knocking out hours of what they thought was needed sleep time. Others only minimize sleep by a short time period but it is very obvious when the alarm goes off they can jump out of bed full of energy and ready to go, or sometimes even wake up before the alarm with newfound energy. When they were smokers they were often exhausted upon waking, hating the alarm and needing cigarettes to pick them up and get them going.

There are a smaller number of people who need more sleep when they are ex-smokers. These are people who often smoked heavily at the tail end of their days. Their bodies were crying for sleep but they kept pumping nicotine into their system to override the body's need. Without nicotine as a constant stimulant they now have to listen to their bodies and go to bed when tired. They could take speed and get the same effects but normally realize that they wouldn't resort to a drug for this effect, yet they can rationalize that smoking was suitable for the exact same purpose. Well it wasn't. The schedule they were maintaining had a price attached and the long range cost for this "benefit" could be death.

Anyway, don't panic by the amount of sleep you get for the first few days. It is not your normal amount of sleep as an ex-smoker, it is your normal amount of sleep while in drug withdrawal. These are not "normal" times, nor will they last long. Anyone experiencing such problems the first week or two after quitting probably is likely just having adjustment issues. But, a health care professional should evaluate disruptions lasting longer, especially beyond a month. Many other causes can be responsible for such disruptions including physical, psychological, medication reactions, etc. Blaming such symptoms of sleep disruption on quitting smoking for a few days in most cases is probably justified, but at longer periods the ex-smoker needs to be more objective and getting a professional medical evaluation is then warranted.

Sleep will eventually settle in to a normal pattern for you as an ex-smoker. Then aging will exert its normal adjustments. Whether it turns out to be more sleep or less, you should at least sleep sounder knowing you are no longer under the control of nicotine and no longer posing such deadly risks to yourself by still smoking. To sleep happier because you know you are staying healthier and likely to live longer, always remember all the times you are awake to NEVER TAKE ANOTHER PUFF!

The Smoking Dream

The smoking dreams are common if not universal among ex-smokers. It is especially common when a person is off a short time period, and if it occurs within days or weeks of a quit, it is likely to be extremely disturbing and very realistic. Realistic enough in fact that the ex-smoker will wake up smelling and tasting a cigarette, convinced that he or she has actually smoked. I have had numerous clients search the house for the butt, it was that realistic of a sensation. Let me explain first why the physical sensation is so pronounced.

When first quitting, one of the early physical repairs that start up is cilia production. Cilia are tiny hair-like projections that line your trachea and bronchus, constantly sweeping particulate matter out of your lungs. When you smoked, you first slowed down, then paralyzed and would eventually destroy cilia. This is why smokers often have more colds and flues, they wipe out the first line of defense against the incoming microbes causing these illnesses.

When a person stops smoking, usually within 72 hours or so, cilia starts to regenerate. The ex-smoker may start cleaning out the lung in a matter of days. One of the early symptoms first encountered is coughing and spitting out, this is mucous and trapped matter that was never being cleaned out efficiently while smoking but now has an escape route and mechanism to start sweeping it. Ugly but good, you are starting to clean out a lot of garbage in your lung. Much of the garbage is tobacco tar--tobacco tars that have a very distinct taste and smell.

Let's say you are dreaming now, maybe a totally innocuous dream having nothing to do with smoking. While sleeping, cilia are sweeping, tobacco tars get brought up, reach sensory nerves for taste and smell and lo and behold, you create a dream sequence involving a cigarette. But not only are you now dreaming, physical sensations of taste and smell persist upon awakening. This then becomes a real smoking sensation.

This gives a plausible explanation of why the dream occurred and why it was so vivid. But that is not the end of the significance of the dream. The dream can be interpreted in one of two ways upon awakening, and quit often, the ex-smoker takes it as a sign that they actually want to smoke. After all, they had been off smoking and just dreamt about it, that means they want to smoke, right?

I used to get calls in the middle of the night for clinic participants panicked by the dream.

They would start off saying, "They can't believe it, off all this time and they still want to smoke." They knew they wanted to smoke because they dreamt about it. I would then ask them to describe the dream. They would tell about the vividness and realism, and they would almost always say it started to take on a nightmarish proportion. They would wake up in a sweat, often crying, thinking that they just smoked and blew the whole thing, that they were now back to square one. That all that time off smoking was wasted.

As soon as they would finish describing their feelings, I pointed out one very obvious fact. They just dreamt they smoked and assumed that meant that they wanted to smoke. They woke up and upon further clarification, they describe the dream was a nightmare. This is not the dream of someone who wants to smoke; it is the dream of someone who is afraid of smoking. This is a legitimate fear considering the ex-smoker is fighting a powerful and deadly addiction. Hence, it is a legitimate dream too. It kinds of gives you a sense of how bad you would feel if you actually

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do go back to smoking. Not physically speaking but psychologically. If the dream is a nightmare it makes you realize how bad this feeling is without having to actually have smoked and fallen into the grasp of nicotine addiction again. It can give you some perspective about how important not smoking is to your mental health.

The dangerous dream is when you smoke a whole pack in it, hack and cough, get socially ostracized, develop some horrible illness, end up on your death bed about to let out your final live breath—and all of a sudden wake up with a smile on your face and say, "that was great, wish I could do that when I am awake." As long as that is not the dream you were having, I wouldn't let myself get discouraged by it. If that is the dream, then we may need to talk more.

In regards to smoking, no matter what you do in your dreams, you will be OK as long as you remember in your waking state to Never Take Another Puff!

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Chapter 4 Relapse Prevention

The Smoker's Vow

To be said just before taking your first puff after having quit for any appreciable period of time

With this puff I enslave myself
to a lifetime of addiction.
While I can't promise to always love you,
I do promise to obey every craving and
support my addiction to you
no matter how expensive you become.

I will let no husband or wife,
no family member or friend,
no doctor or any other health professional,
no employer or government policy,
no burns or no stench,
no cough or raspy voice,
no cancer or emphysema,
no heart attack or stroke,
no threat of loss of life or limbs,
come between us.

I will smoke you forever
from this day forth,
for better or worse,
whether richer or poorer,
in sickness and in health,
till death do us part!
“You may now light the cigarette.”

“I now pronounce you a full-fledged smoker.”

Postscript: While 1 in 2 marriages end in divorce, the addiction to smoking will last a lifetime—albeit a shorter lifetime. Once a smoker, annulment of the addiction is

impossible. One puff can result in a permanent relapse. Don't take the chance of relapsing to this marriage of inconvenience. NEVER TAKE ANOTHER PUFF!

The Law of Addiction

Smokers are often furious with me because they believe I caused them to go back to smoking. Why do they think this? Well, I have this nasty habit of making a really big deal any time a clinic participant takes one puff or maybe just a few cigarettes. The smoker feels I am so persuasive in my arguments that he has no choice but to have a full-fledged relapse. In his opinion, I forced him back to the lifetime dependency which will impair his health and may eventually cost him his life. He is convinced that if I had not made such a major issue out of the incident, he would just have smoked that one time and would never have done it again. How can I sleep each night knowing what I have done?

I sleep quite well, thank you. For, you see, I am not responsible for these people's relapses to cigarettes. They can take full credit for becoming smokers again. They relapsed because they broke the one major law of nicotine addiction - they took a puff. This is not my law. I am not setting myself up to be judge, jury, and executioner. The law of physiological addiction states that administration of a drug to an addict will cause reestablishment of the dependence on that substance. I didn't write that law. I don't execute that law. My job is much simpler than that. All I do is interpret the law. This means, by taking a puff, the smoker either goes back to full-fledged smoking or goes through the withdrawal process associated with quitting. Most don't opt for the withdrawal.

Every clinic has a number of participants who have quit in the past for one year or longer. In fact, I had one clinic participant who had stopped for a period of 24 years before he relapsed. He never heard that such a law existed, that even after 24 years, the ex-smoker is not totally freed from his imprisonment of addiction. He didn't understand that the day he tossed his "last" cigarette, he was placed "on probation" for the rest of his life. But ignorance of the law is not excusable - not the way the laws of a physiological nature are written. By the American standards of justice, this seems to be cruel and unusual punishment. But this is the way things are.

Maybe instead of going to a smoking clinic, a recently relapsed person should contact his attorney to plead his case of why he should be able to have an occasional cigarette when he desires. Maybe he can cheat just once, get a sympathetic jury, be judged innocent, and walk out of the courtroom a free and independent person. Surely, in pleading his case before twelve impartial people, he will probably have no problem convincing them that he is innocent of any wrongdoing. And, as he happily walks out of court a free and independent person, he will probably have an uncontrollable urge and then light a cigarette.

Don't look for loopholes in the law of addiction. You will be convicting yourself back to smoking. While it may seem harsh and unfair, to many, smoking is a crime punishable by death. Don't try to cheat the system - NEVER TAKE ANOTHER PUFF!

"Just One Little Puff?"

It is hard for many people to grasp the concept of how just one little puff can result in full-blown relapse. It just doesn't seem logical to some people. But should you ever find yourself debating the thought of whether or not you could possibly get away with smoking "just" one, think about what advice you would give to a family member or friend who you cared for tremendously, while knowing that they were a recovering heroin or cocaine addict who was for the first time in months or years considering attempting recreational use. Imagine your shock and horror at even the thought of it, especially if you were with them back during the peak of their addiction when it was ruining almost every aspect of life and maybe even putting his or her very life on the line.

Would you say to him or her, "well, maybe you are better now, maybe its worth finding out if you could handle just one?" Would you feel the need to do a little research in current journals to see if maybe "one" is an option now? Would you maybe even delve into a few neurological journals to see if the scientists now have a better grip on neurotransmitter pathways that could explain why addiction happens? Then maybe you could say, "Well they are starting to understand a little more of how addiction works and maybe soon they can alter your brain physiology. So now, if you relapse it may not be a big deal for a cure is just around the corner-maybe even only a few years away." It is more likely that you would cut through the rationalization and say, "If you do it, you are going to be back where you were when you first had to quit. You are going to mess up your life and everyone around you."

The odds are you would go the latter route. You would be horrified and take a firm stand that he or she shouldn't do it - it would be stupid and even worse, suicidal. Well there is no difference between this scenario and the concept of, "Maybe I can have just one, now."

Well there is actually one difference. It is not medically or physically based, but rather societal. Our societies have not been taught about nicotine addiction. People have been taught about addiction and other drugs. Even though nicotine is more addictive than most any other addictive substance, and maybe even the most addictive of all, people still don't grasp how any administration of the substance can cause a relapse, even though they are taught this about most other addictive drugs.

How often has someone asked you after he finds out that you have quit smoking the question, "You mean you haven't even had one?" This is such a ludicrous comment, and yet so common. Or how many times have you seen literature put out by medical organizations advising a recovering addict to not let a slip put them back to using? The message has been clear and consistent with other drugs, the message being don't slip.

Everyone here has been exposed to this discrepancy, not just since he quit, but also for years and decades while he still smoked. You now have to alter a way of thinking that is part of your culture, no matter what culture you are from. The pervasive attitude of the society around you is wrong.

The society may accept the danger of smoking but they do not yet grasp the concept of the addiction. You have to be smarter and more informed than the society around you,

maybe even your health care provider. It is asking a lot of an individual to think differently than the society as a whole, but in regards to smoking it has to be done.

The consequence of not becoming fanatical against a puff is too serious to just dismiss. It will be the loss of your quit, and that can easily translate into loss of your health and eventually loss of your life. You have to be vigilant at all times, to keep reminding yourself that you are a recovering addict.

Over time there may be no signs of the addiction; thoughts of cigarettes may have become rare events now and maybe even non-existent. But even at this stage of the game, there is a silent addiction still there that can take you down with full force for making one miscalculation - thinking that maybe you are different.

You are no different than any other drug addict, whether the drug was alcohol, cocaine, heroin, etc. You are an addict for life, but as long as you get the drug out of your system and never administer it again, you will never be set into the downward spiral that the drug sets into motion to its users. In regards to smoking, that spiral is loss of your freedom, your health and your life, which means you can lose everything.

To keep what you've got, always remember that to stay smoke free you must NEVER TAKE ANOTHER PUFF!

"Was I Addicted?"

Are you a nicotine junkie? The one attribute that shows the addictive nature of nicotine is not how hard or how easy it is to quit, nor is it how hard or easy it is for an individual to stay off smoking. The one true property that shows the power of the addiction is that no matter how long a person is off, one puff and that quit can go out the window.

Don't ever try to prove to yourself that you were not addicted. You were addicted to nicotine all of the years you used it and you are addicted to it today too. But as an ex-smoker the addiction becomes asymptomatic. To keep it that way and to always stay in control remember to NEVER TAKE ANOTHER PUFF!

Devine Revelations

Jeff was sitting at his desk talking on the phone to a business associate. The Stop Smoking Clinic which his company was sponsoring was about to begin. He was in the process of debating with himself as to whether or not he should show up for the group in which he was enrolled. Finally, he said to his friend, "No, I don't think this is the time for me. Maybe next time I will be more ready." All of a sudden a loud cracking sound filled the room. Jeff looked down at his glass ashtray and to his amazement he saw that it had split down the center. Without being physically touched, his ashtray had cracked in half. He looked up at the ceiling and said into the phone, "I have to hang up now, its time for me to quit smoking."

The above story may sound like an unlikely occurrence. But it actually happened to one of our clinic participants. While most smokers do not get such divine revelations, all smokers get direct messages that they should stop smoking. The messages come from the smoker's own body. It may be in the form of a cough, a chest pain, tingling sensation or numbness in an extremity, headaches, indigestion, difficulty in breathing and a multitude of other complaints. Unfortunately, though, while the messages are constantly being sent to the smoker, they are not often received.

Sure, the smoker will feel the symptoms, but he will often disregard any association with cigarettes as being the causative factor. Sue, another clinic participant, had constant bouts with chronic bronchitis. Her doctor told her she was highly allergic to cigarettes and had to quit smoking. She accepted the fact that an allergy was causing her problems, but refused to believe her sensitivity was to cigarettes. She changed her diet, got rid of her carpeting, wore hypoallergenic make-up, and dusted constantly. She did everything possible but quit smoking. Even with all the positive changes her condition did not improve. But when she finally quit smoking, the attacks immediately subsided. She could then no longer refute the evidence-cigarettes caused her bronchitis.

The odds are when you smoked, you too received personal messages that smoking was not for you. Always remember these warnings for they become very powerful ammunition for overcoming the occasional urges for cigarettes. Whenever Sue would get an urge, all she had to do was remember the pain and terror involved with a severe bronchitis attack. Jeff kept his cracked ash tray on his desk as a constant reminder of how he should not smoke. Think of your personal messages when the thought occurs and it will be easy for you to NEVER TAKE ANOTHER PUFF!

One humorous side note. On the fifth day of the clinic, Jeff confided to me that he was a little concerned because he was snacking more since he quit smoking and was afraid of gaining weight. I told him not to worry. When it was time for him to diet, he would probably go to the refrigerator and see the door fall off.

"Maybe I am Different?"

Maybe I am different? Maybe I can take a cigarette and not get hooked? Maybe the cigarette will make me so sick I will never want to take a cigarette again? Maybe I was never addicted anyway? Maybe I will just smoke for a little while and quit again when things are better? Maybe, maybe, maybe . . .?

Do you ever find that you are asking yourself these questions? If so, and the suspense of the answer is just killing you, I thought I would suggest two ways of finally putting these unresolved questions to rest. First, take a cigarette. This is a really effective way of realizing the potential for relapse by reinforcement of the nicotine addiction. And the cost for this valuable lesson is simply returning to the deadly, expensive, socially unacceptable habit and addiction to cigarettes. You can then either smoke until it cripples

and kills you, or "just" quit again. Remember the last time? Smoke or quit, fun choice isn't it?

Of course there is another way of answering those perplexing questions of "maybe". Find a smoker who once quit smoking for a substantial period of time, say one year or longer, and then relapsed. Ask him how he liked not smoking. Ask him how he now likes smoking. Then ask the most important question, how did he return to smoking?

Let me venture a guess as to the answers to these three questions. "Not smoking was great. I hardly thought of cigarettes any more. I felt healthier, happier, even calmer. Cigarettes smelled repulsive. The thought of smoking at my old level was disgusting." To the second question, how do you now like smoking, the response will typically be, "I hate it, I smoke as much or even more than I did before. I feel more nervous, don't have as much energy, and generally feel like a fool when smoking in public. I sure wish I could quit again." The answer to the third and most important question of how did he return to smoking is almost always the same, "I took a cigarette."

It may have happened under stress, at a party, or at home alone with nothing special going on. Whatever the cause, the end result was the same-addiction to nicotine. Prior to taking the cigarette, he probably asked himself the same questions of "maybe". He found his answer. Your answer is the same. Learn from others' mistakes and not your own. Your smoking friend is stuck in the grips of a powerful and deadly addiction. Maybe he will get the chance and strength again to quit smoking, maybe he will smoke until it kills him.

You have successfully broken free of the nicotine addiction. While your smoking may have been a potential threat to your life in the past, now your risks are dropping down to that of a person who never smoked. As long as you stay off of cigarettes, you never will have to worry about the physical, psychological, social and economical risks of smoking again as long as you follow one simple practice...NEVER TAKE ANOTHER PUFF!

"Everyone is Different?"

A common belief in many circles is that everyone is different. While this concept holds true in most walks of life, in many ways it does not hold true when examining drug addiction. Most addicts are the same in more ways than they are different. Their behaviors, beliefs, attitudes are all being controlled by a substance. The more established and ingrained the addiction becomes the more the person becomes a stereotype of an addict.

In the case of a cigarette smoker, once the person quits and gets nicotine out of his or her body then true individual variations will become apparent. But there still are similarities that are shared with other ex-smokers that still need to be understood. Once a person becomes an ex-smoker he or she is in control of his or her addiction, but he or she still has the addiction. The ex-smoker is no longer an active smoker but the person is not a "never smoker" either. The ex-smoker is still a recovering addict and must keep that knowledge alive.

In one important way ex-smokers are all the same though. They will all be able to stay smoke free for the rest of their lives if they NEVER TAKE ANOTHER PUFF!

New Years Resolution

Remember all of those resolutions to start the New Year a non-smoker? Year after year, many smokers take this vow and keep it until January 1, 10:00 a.m. Well, this year you can make the resolution with confidence. Once you have quit smoking for an appreciable period of time, maintenance becomes much easier than quitting. Simply remember - NEVER TAKE ANOTHER PUFF!

Although urges for cigarettes still occur, and may increase with the preparations and pressures of the holiday season, they are usually not intense or long in duration. Many people get only one urge a day, a week or even a month. They last only seconds. In essence, the cravings last only 20 seconds a week while the other 10,060 seconds ex-smokers are overjoyed by the fact that they quit. When you now get an urge for a cigarette, it is literally for one cigarette, not for smoking at your old level. Instead of feeling deprived of one cigarette it is better to remember your pleasure in no longer consuming thousands of cigarettes a year. No longer are you spending hundreds of dollars on a habit which was making you feel ill, smell bad, seem like a social outcast, burning holes in your valuable furniture and clothing, affecting other peoples' opinion of you and possibly killing you.

The potential threat of that first puff is restarting the whole withdrawal cycle. One puff has sent many ex-smokers back to full fledged addiction, which only the day before they had considered one of the most disgusting of human behaviors. So, when you get the urge, sit back, take a few deep breaths, and consider the alternatives. The urge will pass and you can then pat yourself on the back for overcoming it. Always remember - NEVER TAKE ANOTHER PUFF!

Fixating on a Cigarette

What happens to some people is that when they are off smoking for a certain time period they start fixating on a cigarette. By that I mean they forget all the bad cigarettes they ever smoked, they forget the ones they smoked without ever really thinking about them even at the time they were being smoked, and they start to remember and focus on one good cigarette. It may be one they smoked 20 years earlier but it was a good one and they now want one again.

It's a common tactic for the ex-smokers to try and tell themselves that they do not really want that "good" cigarette. Well, the problem is, at that moment they really do want it. An internal debate erupts, "I want one, no I don't, one sounds great, no it doesn't, oh just one, not just one!" The problem is that if the ex-smoker's focus is on just "one" cigarette then there is no clear-cut winning side to the debate. The ex-smoker needs to change the internal discussion.

Don't say that you don't want one when you do, rather acknowledge the desire but ask yourself, "Do I want all the other cigarettes that go with it. Then, do I want the package deal that goes with the others? The expense, social stigma, smell, health effects, possible loss of life. Do I want to go back to smoking, full-fledged, until it cripples and kills me?"

Stated like this it normally is not a back and forth debate. The answer will normally be, "No, I don't want to smoke under these terms," and those are the only terms that a cigarette comes with.

Normally if viewed like this the debate is over almost immediately after being pulled into focus. Again, if the focus is only one, you can drive yourself nuts throughout the entire day. If you focus on the whole package deal, you will walk away from the moment relieved to still be smoke free and sufficiently reinforced to NEVER TAKE ANOTHER PUFF!

"Never Take Another Puff!"

I said it every day of the clinics, it's in almost all my posts, and you see it at the end of each of these short articles. Even so, I still feel I cannot repeat it enough - *NEVER TAKE ANOTHER PUFF!* It is not that I am afraid that you will like the cigarette and decide how wonderful going back to smoking will be. To the contrary, it will probably make you dizzy, nauseous, and generally sick. You may absolutely hate yourself for having done it. Even this, though, is not the problem.

The real danger is the reinforcement of the nicotine addiction. It is a powerful addiction. One puff can send you back to your old level of cigarette consumption within days. We have had clinic participants who have previously quit smoking for periods exceeding 20 years. One day they decide to try just one. Even after this great period of time, the first cigarette is enough to start the whole addiction withdrawal process. They are again hooked on a drug and within days their full chemical dependency returns. All of the physical dangers, psychological problems, and tremendous expenses return to their previous levels. If you do not believe this can happen to you, come into the first or second night of my next stop smoking clinic. Listen to all of the new enrollees who are there to quit smoking. These are people who were once off cigarettes for a substantial period of time before, people who liked not smoking, people who loved not smoking, people who now need help to once again reclaim their nonsmoking status because of one tragic mistake. They were not immune to the first drag. The odds are, neither are you. Consider this the next time you have a passing thought for a cigarette.

Now you have a choice. You can remain an ex-smoker or you can become an addicted smoker once again. Consider both options carefully. Which way of life better suits you - a slave to a deadly weed or a truly free person? The final decision is yours. If you choose the latter, simply practice the following advice - NEVER TAKE ANOTHER PUFF!

I Can't Quit or I Won't Quit

"I don't want to be called on during this clinic. I am quitting smoking, but I don't want to talk about it. Please don't call on me." This request was made by a lady enrolling in one of my clinics over 20 years ago. I said sure. I won't make you talk, but if you feel you would like to interject at anytime, please don't hesitate to. At that she got mad and said, "Maybe I am not making myself clear-I don't want to talk! If you make me talk I will get up and walk out of this room. If you look at me with an inquisitive look on your face, I am leaving! Am I making myself clear?" I was a little shocked by the strength of her statement but I told her I would honor her request. I hoped that during the program she would change her mind and would share her experiences with the group and me but in all honesty, I wasn't counting on it.

There were about 20 other participants in the program. Overall, it was a good group with the exception of two women who sat in back of the room and gabbed constantly. Other participants would turn around and tell the two to be quiet. They would stop talking for a few seconds and then start right up again with just as much enthusiasm as before. Sometimes, when other people were sharing sad, personal experiences, they would be laughing at some humorous story they had shared with each other, totally ignorant of the surrounding happenings.

On the third day of the clinic, a major breakthrough occurred. The two gossips were partying away as usual. There was one young woman, probably early twenties who asked if she could talk first because she had to leave. The two gossips in back still were not listening and kept up with their private conversation. The young woman who had to leave said, "I can't stay, I had a horrible tragedy in my family today, my brother was killed in an accident." Fighting back emotions she continued. "I wasn't even supposed to come tonight, I am supposed to be helping my family making funeral arrangements. But I knew I had to stop by if I was going to continue to not smoke." She had only been off two days now. But not smoking was important to her.

The group members felt terrible, but were so proud of her, it made what happened in their day seem so trivial. All except the two ladies in the back of the room. They actually heard none of what was happening. When the young woman was telling how close she and her brother were, the two gossips actually broke out laughing. They weren't laughing at the story, they were laughing at something totally different not even aware of what was being discussed in the room. Anyway, the young woman who lost her brother shortly after that excused herself to go back to her family. She said she would keep in touch and thanked the group for all of their support.

A few minutes later I was then relating some story to the group, when all of a sudden the lady who requested anonymity arose and spoke. "Excuse me Joel," she said loudly, interrupting me in the middle of the story. "I wasn't going to say anything this whole program. The first day I told Joel not to call on me. I told him I would walk out if I had to talk. I told him I would leave if he tried to make me talk. I didn't want to burden anyone else with my problems. But today I feel I cannot keep quiet any longer. I must tell my story." The room was quiet.

"I have terminal lung cancer. I am going to die within two months. I am here to quit smoking. I want to make it clear that I am not kidding myself into thinking that if I quit I

will save my life. It is too late for me. I am going to die and there is not a damn thing I can do about it. But I am going to quit smoking."

"You may wonder why I am quitting if I am going to die anyway. Well, I have my reasons. When my children were small, they always pestered me about my smoking. I told them over and over to leave me alone, that I wanted to stop but couldn't. I said it so often they stopped begging. But now my children are in their twenties and thirties, and two of them smoke. When I found out about my cancer, I begged them to stop. They replied to me, with pained expressions on their faces, that they want to stop but they can't. I know where they learned that, and I am mad at myself for it. So I am stopping to show them I was wrong. It wasn't that I couldn't stop smoking- it was that I wouldn't! I am off two days now, and I know I will not have another cigarette. I don't know if this will make anybody stop, but I had to prove to my children and to myself that I could quit smoking. And if I could quit, they could quit, anybody could quit."

"I enrolled in the clinic to pick up any tips that would make quitting a little easier and because I was real curious about how people who really were taught the dangers of smoking would react. If I knew then what I know now- well, anyway, I have sat and listened to all of you closely. I feel for each and every one of you and I pray you all make it." Even though I haven't said a word to anyone, I feel close to all of you. Your sharing has helped me. As I said, I wasn't going to talk. But today I have to. Let me tell you why."

Then she turned to the two ladies in the back of the room, who actually had stayed quiet during this interlude. Suddenly she flared up, "The only reason I am speaking up now is because you two BITCHES are driving me crazy. You are partying in the back while everyone else is sharing with each other, trying to help save each other's lives. She then related what the young woman had said about her brother's death and how they were laughing at the time, totally unaware of the story. "Will you both do me a favor, just get the hell out of here! Go out and smoke, drop dead for all we care, you are learning and contributing nothing here." They sat there stunned. I had to calm the group down a little, actually quite bit, the atmosphere was quite charged with all that had happened. I kept the two ladies there, and needless to say, that was the last of the gabbing from the back of the room for the entire two-week clinic.

All the people who were there that night were successful at the end of the program. At graduation, the two ladies who had earlier talked only to each other were applauded by all, even the lady with lung cancer. All was forgiven. The girl who lost her brother also came for the graduation, also smoke free and proud. And the lady with lung cancer proudly accepted her diploma and introduced one of her children. He had stopped smoking for over a week at that time. Actually, when the lady with cancer was sharing her story with us, she had not told her family yet that she had even quit smoking.

It was a few days later, when she was off a week that she told her son. He, totally amazed said to her that if she could quit smoking, he knew he could and stopped at that moment. She beamed with joy. Six weeks later she succumbed to the cancer. I found out when I called her home just to see how she was doing and got her son on the line. He thanked me for helping her quit at the end. He told me how proud she was that she had quit and how proud he was of her, and how happy she was that he had quit also. He said, "She never went back to smoking, and I will not either." In the end, they had both given

each other a wonderful gift. He was proud her last breath was smoke free- she NEVER TOOK ANOTHER PUFF!

Epilog: I normally say you can't quit for someone else, it has to be for yourself. This incident flies in the face of this comment to some degree. The lady with lung cancer was quitting smoking to save her children from her fate, to some degree undo the lesson that she had taught years earlier. The lesson that she "could not stop." It was that at the time she "would not stop." There is a big difference between these two statements. It holds true for all smokers. The lady in this story proved years later she could quit too late to save her life, but not too late to save her sons. Next time you hear yourself or someone else say, I cannot stop, understand it is not true. You can quit. Anyone can quit. The trick is not waiting until it is too late.

The Lucky One's Get Hooked!

NEVER TAKE ANOTHER PUFF! Even though this sentence consists of four simple words, some ex-smokers have a hard time understanding the true meaning of this most-important concept. These are the unfortunate smokers who make the tragic experiment of trying a cigarette to see how they will react. There are two possible outcomes to taking a puff. First, and most likely, the ex-smoker will become hooked and return to his old level of consumption, usually within a matter of days. The other possible reaction is that he does not get hooked. In the long run, he will truly be the greatest loser.

The ex-smoker who gets hooked from the first puff will have learned a valuable lesson. If he ever quits again, he will have a good chance of long term success, for he knows from his own experience that he cannot ever take one puff without going right back to his old level. He knows that he is not depriving himself of one drag, but rather doing himself a great favor by not smoking the amount that he used to when addicted to nicotine.

On the other hand, the ex-smoker who takes a drag and doesn't get hooked gets a false sense of confidence. He thinks he can take one any time he wants and not get hooked. Usually, within a short period of time sneaking a drag here and there, he will become hooked. One day he too may try to quit and actually succeed. He may quit for a week, month, or even years. But always back in his mind he feels, "I know I can have one if I really want to. After all, I did it last time and didn't get hooked right away." One day, at a party or under stress or just out of boredom he will try one again. Maybe this time he will get hooked, maybe not. But you can be sure that there will be a next time. Eventually he will become hooked again.

This poor person will go through a life of perpetual relapses. On cigarettes and off, on and off. Each time he goes back, he will have to quit once again. And you know what that means - going through the two-week withdrawal process over and over again. You hated going through it once. Think what it would be like to go through it three, four or even more times. One participant did it thirteen times, others eight and nine times each.

If they had just become hooked the first time they took a puff, it might never have happened again.

Taking the first drag is a no-win situation. There is little doubt that it will result in your returning to a powerful and deadly addiction. Consider the full ramifications of once again becoming addicted to cigarettes. The health consequences, the expense, the social stigma, the sense of failure and the prospects of once again having to go through the withdrawal process when you once again try to quit. Keep all this in mind and remember - NEVER TAKE ANOTHER PUFF!

Negative Support from Others

I actually wrote the below post to a member of Freedom a number of months ago because of someone making the comment to her that because she was such a basket case from not smoking, she should just give up. Sometimes such comments come from people near and dear to you and can become quite emotionally shattering. I'm attaching the original letter below in hopes of preparing all who read it, in the event something like this ever is said by others to you. No comment, look or stare from another person can undercut your quit. Only you can do that. The way is by simply disregarding the fact that you can NEVER TAKE ANOTHER PUFF! Joel .

The comment you received is very common, at times, almost universal, where a dear family member or friend blurts out, "If this is what you are like not smoking, then for God's sake, go back." Most of the time the person making the comment is not really considering the implications of the statement. It is comparable to you telling someone on chemotherapy and who is in a really bad mood due to hair loss, nausea, and some other possible negative side effects, and hence, in a less than happy mood, that he or she should get off that stuff because he or she is so irritable that he or she is ruining your day. Of course, if analyzed by any real thinking person, the comment won't be made, because most people recognize that chemotherapy is a possible last-ditch effort to save the other person's life. The decision to stop the treatment is a decision to die. So we put up with the bad times to help support the patient's effort to save his or her life.

What family members and friends often overlook is that quitting smoking, too, is an effort to save the quitter's life. While others may not immediately appreciate that fact, the person quitting has to know it for him or herself. Others may never really appreciate the concept, but the person quitting has to.

One thing I did notice over the years was that, while the comment is made often, it is usually from a spouse, a child of the smoker, a friend, a co-worker or just an acquaintance. It is much more uncommon that the person expressing it is a parent or even a grandparent. I think that says something. Parents are often used to their kids' outbursts and moods, having experienced them since they were infants. The natural parental instinct is not to hurt them when they are in distress and lash out, but to try to protect

them. I think it often carries over into adulthood and is a very positive statement about parenthood.

A tragic situation is often experienced when a person does actually encourage a family member or friend to smoke and then, months, years or decades later, the person dies from a smoking induced illness. Sometimes the family member then feels great guilt and remorse for thinking that he caused his loved one to relapse to smoking way back when he or she remembers making the remark. But you know what, they didn't do it. The smoker did it to him or herself. Because in reality, no matter what any person said, the smoker had to quit for him or herself and stay off for him or herself. How many times did a family member ask you to quit while you were still smoking and you didn't listen? Well if you don't quit for them, you don't relapse for them either. You quit for yourself and you stay off for yourself.

I am going to touch on the comment from one more angle. Sometimes when you were a smoker and someone did something inconsiderate or wrong that angered you, and you were about to take the issue on, you experienced an immediate and almost uncontrollable urge to smoke. That urge, induced by the urine acidity, all of a sudden took precedence over dealing with the person and issue at hand, and sent you off in pursuit of a cigarette. This momentary venture gave you a cooling off period and at times, you may have even let the whole event slide, feeling it was now not worth even mentioning. Consider this behavior from the other person's perspective. He or she may not even know that he or she did something offensive, and even if it is recognized, they paid no penalty for the infraction.

As an ex-smoker, you may not take that kind of behavior from another person, being wronged and accepting it without challenge. Well to the other person, now having you stand up for yourself may make you seem to be a bad or terrible person. But you know what, if they were wronging you to start with, they are the instigators of the reaction. You just may not take being walked over any more and they will just have to get used to that fact. But the odds are if this is the case, they will no longer take advantage of your "good" nature and will not repeat the offending practice. So in some ways, you are educating them to be easier to live with people too.

Whatever the situation, keep focused on the fact that you are quitting for yourself and whether or not any specific person supports your effort, you are behind it. We are behind you too. You will not find a single soul here at Freedom who will tell you to go back to smoking. We all recognize the significance of the effort. You are fighting for your health and your life. To win that fight, no matter what, **NEVER TAKE ANOTHER PUFF!**

I Feel 100% Better Since I Quit

"Not smoking makes me feel great!" Often you will hear an ex-smoker excitedly express this statement when first quitting cigarettes. What is amazing is when you think back to the days when the very same smoker would blatantly proclaim that his smoking never caused him any difficulty. He functioned perfectly normal for someone his age. It

is impossible for any smoker to accurately judge just how much impairment his smoking is causing. Not until he stops will he actually recognize the full degree of improvements possible by quitting smoking.

The statement that not smoking makes the ex-smoker feel great is very misleading. Not smoking doesn't make people feel great. It actually only makes them feel normal. If a person who never smoked a day in his life decides one morning not to have a cigarette, he will not feel any better or worse than the morning before. But if a person wakes up every day and smokes a cigarette, followed by 20, 40, 60 or more before going back to bed, he will feel the effects of nicotine dependence. He never feels normal. His life consists of a chronic withdrawal state, only alleviated by lighting one cigarette every 20 to 30 minutes.

While smoking at these intervals keeps the suffering of withdrawal down to a minimum, it does so at a cost. It impairs his breathing, circulation, elevates his carbon monoxide levels, wipes out his cilia, robs him of his strength and endurance, and greatly increases his risks of deadly diseases like cancer. All this will cost him hundreds of dollars a year, make him appear socially ostracized, and even viewed by family and friends as weak or unintelligent. It is no wonder that once he quits smoking he feels so much better. But it is important for the ex-smoker to realize that he feels so much better because smoking made him feel so bad.

For once a smoker quits, he often forgets just how rotten life was as a smoker. He forgets the bad cigarettes, the cough, the aches and pains, the dirty looks, the inconveniences, and most importantly, the addiction. He forgets what life was truly like as a smoker. Unfortunately, he doesn't forget everything. One thought often remains, lingering for years and even decades—the thought of the best cigarette he ever smoked. It may be a cigarette he smoked 20 years earlier, but it is the one he remembers above all others. Without keeping an accurate perspective of what life was really like with cigarettes, the thought of the best cigarette often leads to an attempt to recapture the bliss by taking a puff. What follows is an unexpected and worse, an unwanted relapse to a full-fledge addiction.

To stay off cigarettes, some people look at smoking in an artificially negative light. They think of the worst condition smoking may or may not really cause them. Don't look at cigarettes this way. But on the same note, don't look at cigarettes in an artificially positive light either. Don't think of smoking as being inhaling one or two delightful cigarettes a day just when you feel like it. You couldn't do that before and you will never do it that way again. Rather, look at smoking as it actually was. It was expensive, inconvenient, and sociably unacceptable on a daily basis. It controlled you totally. It was costing you your health and had the full potential of one day costing your life. See cigarettes for what they were. If you remember your life as a smoker it will be easy to **NEVER TAKE ANOTHER PUFF!**

“I'm Not Going to Smoke Today!”

During the quitting process, you most likely woke up thinking of this concept, either with great determination or incredible trepidation. Either way, it was imperative that you

aimed a high degree of focus at this lofty goal. The incredible cravings elicited by the addiction required that you had all the motivation and ammunition to squelch the seemingly irresistible need to take a cigarette. Whether or not you understood it, immediately reaffirming your goal not to smoke upon waking was crucial during your initial quitting phase.

The fact is, restating the simple concept of "not smoking today" is not only important when you first quit. You should restate this upon waking for the rest of your life. Each day you should start with "I'm not going to smoke today." Equally important, each day you should end congratulating yourself and feeling a sense of pride and accomplishment for achieving your worthwhile goal.

For even years and decades after successful cessation, every day you continue to breathe and think, relapse to smoking remains an inherent risk. The addiction to nicotine is as powerful as the addiction to alcohol or any illicit drug. The habituation of smoking permeated almost every area of your day to day existence. You may allow complacency to fill the void left by your old addiction and habits by disregarding the monumental effort and achievement which accompanied overcoming them. Complacency causes your guard to drop and you may begin to forget the reasons you wanted to quit. You will no longer recognize the many vast improvements in the quality of your physical, social and economic well being which accompanied smoking cessation.

Then, one day when smoking seemed to be a part of an obscure past which had no real relevance to your current status, a thought for a cigarette is accompanied by an opportunity to "innocently" reach for one. Maybe it is under an insignificant social circumstance, or maybe a major life crisis. Either way, all the elements seem to be in place. Motive, cause and opportunity are present, reasoning and knowledge of addiction are conspicuously absent. A puff is taken.

New rules are now in place. Your body demands nicotine. A preordained process is now set in motion, and, even if you don't realize what has happened, a drug relapse has occurred. The wants and desire to take back the action are overpowered by the body's demand for nicotine. You will have no control of the physiological process set in action. Soon your mind bows to your body's dictates.

You will very likely feel great regret and remorse. An overriding feeling of failure and guilt will haunt you. You will soon find yourself longing for the days when you had hardly thought of cigarettes at all. But those days will slowly become a fading past image. Weeks, months or even decades may pass before you once again musters the resolve to attempt a serious quitting process. Sadly, you may never again have the appropriate strength, initial motivation, or, tragically, the opportunity to quit again. A terminal diagnosis or sudden death may preclude the well-intentioned future attempt that may never have a chance to be realized.

Don't take the chance of becoming entrapped in this kind of tragic and dismal scenario. Actively strive to successfully remain smoke free and maintain all the associated perks—the physical, emotional, economic, professional and social benefits of not being an active smoker. Always start your day off with the statement "I won't smoke today." Always end your day with a self-affirmation and sense of pride and accomplishment for once again winning your daily battle over your addiction. And

always remember between your waking up and the ending of your day to - NEVER TAKE ANOTHER PUFF!

New Reactions to Anger as an Ex-smoker

Dealing with emotional loss has similarities to dealing with anger in regards to smoking cessation and its aftermath. When smokers encounters a person or situation that angers them, they initially feel the frustration of the moment, making them - depending on the severity of the situation - churn inside. This effect in non-smokers or even ex-smokers is annoying to say the least. The only thing that resolves the internal conflict for a person not in the midst of an active addiction is resolution of the situation or, in the case of a situation which doesn't lend itself to a quick resolution, time to assimilate the frustration and in a sense move on. An active smoker though, facing the exact same stress has an additional complication which even though they don't recognize it, this complication creates significant implications to their smoking behavior and belief structures regarding the benefit of smoking.

When a person encounters stress, it has a physiological effect causing acidification of urine. In non-active tobacco users, urine acidity has no real perceivable effect. It is something that internally happens and they don't know it, and actually, probably don't care to know. Nicotine users are more complex. When a person maintaining any level of nicotine in his body encounters stress, the urine acidifies and this process causes nicotine to be pulled from the bloodstream, not even becoming metabolized, and into the urinary bladder. This then in fact drops the brain's supply of nicotine, throwing the smoker into drug withdrawal. Now he is really churning inside, not just from the initial stress, but also from the effects of withdrawal.

Interestingly enough, even if the stress is resolved, the smoker generally is still not going to feel good. The withdrawal isn't eased by the conflict resolution, only by re-administration of nicotine, or, even better, riding out the withdrawal for 72 hours. This totally eliminates nicotine via excretion from the body, metabolizing it into by-products that don't cause withdrawal. Most of the time, the active smoker uses the first method to alleviate withdrawal, taking another cigarette. While it calms him down for the moment, its effect is short lived, basically having to be redone every 20 minutes to half hour for the rest of the smoker's life to permanently stave off the symptoms.

Even though this is a false calming effect, since it doesn't really calm the stress, it just replaces the nicotine loss from the stress, the smoker feels it helped him deal with the conflict. It became what he viewed as an effective crutch. But the implications of that crutch are more far-reaching than just making initial stress effects more severe. It affects how the person may deal with conflict and sadness in a way that may not be obvious, but is nonetheless serious. In a way, it affects his ability to communicate and maybe even in some way, grow from the experience.

Here is simple example of what I mean. Let's say you don't like the way a significant other in your life squeezes toothpaste. If you point out how it's a problem to you in a

calm rational manner, maybe the person will change and do it a way that is not disturbing to you. By communicating your feelings you make a minor annoyance basically disappear. But now let's say you're a smoker who sees the tube of toothpaste, gets a little upset, and is about to say something, again, to address the problem. But wait. Because you are a little annoyed, you lose nicotine, go into withdrawal, and before you are able to deal with the problem, you have to go smoke. You smoke, alleviate the withdrawal and, in fact, you feel better. At the same time, you put a little time between you and the toothpaste situation and on further evaluation, you decide it's not that big of a deal, forget it. Sounds like and feels like you resolved the stress. But in fact, you didn't. You suppressed the feeling. It is still there, not resolved, not communicated. Next time it happens again, you again get mad. You go into withdrawal. You have to smoke. You repeat the cycle, again not communicating and not resolving the conflict. Over and over again, maybe for years this pattern is repeated.

One day you quit smoking. You may in fact be off for weeks, maybe months. All of a sudden, one day the exact problem presents itself again, that annoying toothpaste. You don't have that automatic withdrawal kicking in and pulling you away from the situation. You see it, nothing else affecting you and you blow up. If the person is within earshot, you may explode. When you look back in retrospect, you feel you have blown up inappropriately, the reaction was greatly exaggerated for the situation. You faced it hundreds of times before and nothing like this ever happened. You begin to question what happened to you to turn you into such a horrible or explosive person. Understand what happened. You are not blowing up at what just happened, you are blowing up for what has been bothering you for years and now, because of the build up of frustration, you are blowing up much more severely than you ever would have if you addressed it early on. It is like pulling a cork out of a shaken carbonated bottle, the more shaken, the worse the explosion.

What smoking had done over the years was to stop you from dealing with feelings early on. Instead, they festered and grew to a point where when they came out, it was more severe than when initially encountered. Understand something though. If you had not quit smoking, the feelings sooner or later would manifest. Either by a similar reaction as the blowup or by physical manifestations which ongoing unresolved stress has the full potential of causing. Many relationships end because of clamming up early on effectively shutting down conflict resolution by communication between partners. There's only one way to guarantee that early nicotine withdrawal never interferes with your conflict resolution and communications skills again, by keeping in practice your commitment to NEVER TAKE ANOTHER PUFF!

“Why are you so hard on the concept of cheating?”

"When I go to Weight Watchers and say I cheated on dessert, they still applaud and cheer me on to keep trying. Why don't you offer me similar support with cigarettes?" Recently, an angry clinic participant attacked my lack of enthusiasm for her technique after relapsing on her fifth day without smoking.

I explained that trying to change a behavior such as overeating or an addiction such as smoking requires two distinctly different treatments. While it is true that "cheating" in dieting is a common practice under certain conditions such as holidays or parties, cheating with an addiction is synonymous with total relapse. Taking a piece of cake will not make a person 50 pounds heavier the next day. On the other hand, taking a cigarette can and will lead an ex-smoker right back to smoking, usually reaching the old level of consumption within days or weeks.

While many weight control programs may condone the possibility of a slip, dealing with addictions such as heroin, alcohol, or nicotine requires the total commitment of the addict to completely avoid any use of the abused substance. Because of this simple rule of total abstinence to ensure success, I can offer no applause to any individual who allows himself or herself to take a cigarette because of stress, weight, partying or any other reason.

Relapse is relapse, no matter what the reason for its occurrence. The goal of any ex-smoker is to avoid returning to the nicotine addiction. When you encounter situations that seem to warrant having a cigarette, take a minute to reflect back on what it meant to be a drug addict.

Coughing, wheezing, sore throats and shortness of breath. Constant threats by your doctor of "quit smoking or else." Bad breath and smelly clothes and hair. Headaches, exhaustion, and just generally feeling miserable on days when you oversmoked. Always worrying that you may have left a cigarette burning in your home or office. That panicky feeling when you realized you ran out of cigarettes. Being unwelcome in the homes of family and friends while smoking. Spending hundreds or thousands of dollars a year on cigarettes and clothes and furniture which needed to be replaced because of cigarette burns. Nagging from children or parents to quit. Being the only person at a party smoking and feeling like a social misfit. Being totally controlled by cigarettes. Not a pretty picture, is it?

So next time you feel like you need or "deserve" a cigarette, consider the consequences. There is no such thing as cheating, slipping, or experimenting. There is no chance of smoking "a cigarette". The only options that exist for you are success or failure. Total freedom or total relapse. Within seconds you will realize that you have no desire to return to such a miserable existence. You can pat yourself on the back for overcoming another obstacle. You realize you like yourself too much to smoke. Continued success depends on one simple technique - NEVER TAKE ANOTHER PUFF!

"Things were just so bad at work that I took a cigarette!"

This sentiment was expressed to me by a clinic participant who had successfully broken free from their nicotine addiction. I then asked her if she had had a loaded gun in her possession at the time things were so bad, would she have put it to her head and pulled the trigger. Without a moment of hesitation, she responded, "Of course not!", as if I had just asked a ridiculous question. "Then if the problems were not worth shooting yourself for, they were not worth smoking for either", I replied.

While on the surface the analogy may seem a bit exaggerated, looking at the particular case history reveals that the risk this woman was facing by returning to smoking could easily cost her her life.

Five months prior to this "catastrophic time at work" she suffered a severe heart attack. Fortunately, she survived and six weeks after returning home from the hospital she enrolled in our clinic to quit smoking. She had been smoking four packs per day and had been a smoker for over 33 years. To her surprise, she quit with what seemed to be minimal difficulty. She successfully remained off cigarettes for three months. In that time, though, she gained close to 30 pounds. While 30 pounds is a lot of weight to gain, she understood fully why her weight had increased. She ate more. A lot more.

But she was so concerned about not returning to smoking that she figured if eating would prevent smoking, then 30 pounds was worth it. Technically, she was correct. The strain produced on her heart from 30 pounds of extra weight was nothing compared to the risk of smoking 80 cigarettes per day. She was preparing to find a weight control program to address the weight gain problem.

But now this problem at work caused her to take a cigarette. She thought it would only be "one" to help over the initial crisis. She failed to understand the basic rule of addiction. There is no such thing as one. Not one pack, one cigarette, one butt, or one puff. All of these will lead to the same end result. ONE ADDICTION. A powerful addiction. An addiction which could make an ex-smoker of 30 years return to her full past level of consumption within 24 hours. Because she didn't understand this most important rule, she broke it. And now she was smoking again and couldn't seem to quit.

Now the analogy between taking a cigarette and pulling the trigger becomes quite realistic. While her 30 pounds were insignificant compared to smoking, now she was going to return to her old level of cigarette consumption and be 30 pounds heavier. All this within 6 months after a heart attack. Adding all this up, she became a walking time bomb.

While you may not have all of her risk factors, returning to smoking still may be the decisive factor in a heart attack, cancer or any number of tragic illnesses smoking causes. You are now free from your addiction. Don't let a major crisis, a trivial stress, a party, a drink or any other situation let you make the same mistake. Stay free from cigarettes—NEVER TAKE ANOTHER PUFF!

"If they ever cure lung cancer, I would go back to smoking."

This sentiment is often expressed to me by clinic participants when they are initially trying to quit. More surprisingly though, some ex-smokers off for substantially longer times maintain this feeling. Apparently, these people originally quit smoking out of fear of cancer. But once off smoking, so many other benefits are evident to most ex-smokers that fear of disease should not be the only motivation for not smoking.

Physical and psychological benefits from not smoking are both numerous and rewarding. Most ex-smokers breathe better, have more energy and greater endurance. Circulation improves and cardiovascular fitness is greatly increased. Because of the

benefits to the respiratory and circulatory systems, ex-smokers can participate in activities which they had to avoid while smoking. Ex-smokers are more productive, both at home and work, leaving them more time to do enjoyable recreational activities. Food smells and tastes better, making the ex-smoker much more capable of enjoying finer culinary treats. They become calmer, better able to deal with life's demands and stresses. Aesthetic improvements are dramatic. They smell better, and even the skin appears healthier.

In many, not smoking will prevent premature wrinkling which would have occurred if they continued to indulge in cigarettes. They are more socially acceptable as ex-smokers. No longer do they have to worry about offending non-smokers around them. They can go anywhere, any time without worrying about whether they will be able to get their 20-minute fixes of nicotine. Improved self-esteem is a major benefit noted by the majority of ex-smokers. No longer are they spending hundreds or even thousands of dollars a year on cigarettes. No longer do they worry about burning holes in their furniture, clothes and cars. No longer do they worry about starting fires which could destroy everything they own and possibly themselves. Last, but in no way least, they are eliminating from their lifestyle the greatest preventable cause of premature death and disability in our country.

Why would anyone want to sacrifice such gains to go back to smoking? Even if they reduced the risk from one disease, all the other diseases still pose a great threat to smokers. But worse yet, returning to smoking means once again becoming an addict. All of the associated behaviors will once again become necessary to maintain a serum nicotine level high enough to avoid withdrawal. They will have to smoke in places where smoking is unacceptable. When encountering stress, they will have to smoke continuously to feel better. "Better" means just as rotten as they would have felt originally if they were non-smokers encountering the same stress. No longer could they sit comfortably through a two-hour movie or meeting where smoking is prohibited. Once again they will be viewed by others as weak unfortunates unable to break free from such a dirty chemical dependency. Some view them with pity, others with scorn. No one views them with envy. They will smell bad, they will look bad, and they will be slowly crippling and killing themselves.

Life is simpler, healthier and more enjoyable as a non-smoker. Whenever considering going back to smoking, or just trying one cigarette, take a long careful inventory of the gains you have made by quitting. Think of the inconveniences and dangers you will face of once again having to smoke 20, 40, 60 or even more cigarettes a day. Consider both of these sides and, if you choose to remain an ex-smoker, simply - NEVER TAKE ANOTHER PUFF!

“I went back to smoking when I was in the hospital with pneumonia.”

“I was scared about how sick I was and very bored being in the hospital. I had been off smoking for about three years. But this was the first time I was really sick.” This sad story was told to me the second day of a stop smoking clinic. He joined the clinic now

because he had been diagnosed with emphysema. I asked if he had already had the emphysema when he was hospitalized with the pneumonia. "Oh no," he replied, "I've only been diagnosed with emphysema for a couple of years now." Then I asked how long ago the relapse in the hospital had occurred. He thought for a few seconds and replied, "Twenty-two years ago." Somehow, the man didn't see anything extraordinary about this story. He had a problem and thought smoking would solve it. But, to an impartial observer, two specific problems become quite obvious.

First, if the man was really concerned about his health risk from pneumonia, cigarette smoking should have been the last thing to do. If anything, this would make the disease last longer and possibly result in more serious complications. Second, and in this case more important, his action of taking a cigarette resulted in a longer-term problem. He once again became hooked on cigarettes. Not only did he have to smoke while he was bored in the hospital. He has now smoked for 22 years because of this one mistake. In the interim period, he developed a crippling breathing disease from all the cigarettes smoked as a result of the relapse. With proper treatment the original pneumonia would be cured and his breathing capabilities would return to normal. But the smoking now caused a disease that had permanently impaired him. Even if he did quit smoking now, he would have the limitations in breathing for the rest of life. In retrospect, this was a high price to pay to deal with a few days or weeks of fear and boredom. Especially considering both would have been resolved over 22 years ago!

Smoking is never the answer to any problem. In most cases, taking a cigarette results in a more serious situation than the problem leading you to take it. Don't make the same mistake this man did. When you find yourself faced with a real problem, work hard to find a real solution. If it is truly a problem that would be resolved when smoking, then with a little time and patience you will also overcome it as an ex-smoker. By not smoking you will have not only overcome one problem, but you will have prevented another more serious situation. You will have avoided reinforcing the powerful and deadly nicotine addiction. Once again you will have overcome another obstacle which threatened your ex-smoking status. Unless you plan on smoking at your old level of consumption or possibly even higher every day for the rest of your life, always remember- NEVER TAKE ANOTHER PUFF!

Come Share Your Strength, Come Recognize Your Vulnerabilities

At every clinic graduation I make an impassioned plea for all participants to come to future sessions as a way of reinforcing their resolve to stay off nicotine. At the time I make the request many, if not most, of the clinic graduates realize the benefit and commit to the concept of returning to future clinics. While the commitment is made in all good faith, compliance is pitifully low. Within weeks of graduation, most feel they are so secure not smoking that coming into available clinics for further reinforcement is unnecessary and inconvenient. They still have good feelings about the clinic and generally feel they will come back when they "need to."

Unfortunately, most only recognize they need to come back by one obvious symptom. They are once again chronically administering nicotine and can't seem to stop. This is a dangerous way to find out they could have benefited from reinforcement meetings. For once a relapse has occurred there is no guarantee a smoker will have the strength, desire or opportunity to quit again before smoking tragically interferes with his health, social status, and maybe even his life.

Reinforcement in our clinic is basically a sharing process. The sharing offered by successful graduates is a powerful motivation to the current clinic participants who are desperately attempting to keep the strong resolve needed to overcome the powerful physical and emotional traumas experienced during the initial quitting process. Seeing a variety of people who have successfully overcome such a seemingly impossible task offers hope and encouragement at the time they most need it. Your presence and sharing one day every couple of months can make a real difference, and, possibly, in the long run even saving the life of one or more current clinic participants. What else would you do for an hour and a half on a weekday evening that could play such a pivotal role in other people's lives?

But sharing is a two way process. By coming to help current clinic participants you will walk away with more than a good feeling that you helped others that day. You will walk out with a greater understanding and appreciation of just how lucky you are to be off smoking and a lot more prepared to deal with the occasional obstacles that can still threaten any ex-smoker weeks, months, years and even decades after cessation.

In the clinic I just graduated, we had one participant who relapsed almost 11 years after being in our program. She was feeling great not smoking but complacency led to relapse, which led to smoking and the painful process of quitting. Another participant there had once been off of smoking for over 35 years before his first relapse. Since then he's tried three previous times and still can't get off. Witnessing these people and others like them is a sobering but beneficial process. It will make any ex-smoker recognize just how close he is to being a smoker again and greatly appreciate that, to this day, he made the right decision not to take that first puff.

While these two people and others in the clinic had valuable experiences they wanted and needed to share, it was really sad that, except for the 10 people who came panel night, no other past participants came to help or came to benefit from these experiences. Ten out of over 4,000! It's time to join the minority. Be one of the few who comes to reinforce resolve. It is so much better to learn from others' mistakes, as opposed to maybe one day having to learn from your own.

Consider coming to share your time and experiences with one of our groups. You will not regret it. If traveling is impossible, call me or write me some time and share a story I may pass on to others of how you still overcome the occasional obstacles that can lead to relapse. If you do, I promise I will share a concept with you which will help secure your continued ex-smoking status. I will share with you the knowledge that to stay off of smoking you simply need to remember to never take another puff!

“You said it would get better. It's just as bad as the day I quit smoking!”

Recently I was met with this warm greeting from a clinic participant on his eighth day without smoking. As you may recall, we explain during the clinic that if a smoker can get through the first three days without smoking, the physiological withdrawal will start to diminish, and within two weeks all physiological withdrawal will stop.

While we can accurately predict the physiological withdrawal, psychological withdrawals can occur at anytime. It is possible that the urge this man was having was just as painful as the ones he had a week earlier. While the urge may have been as strong, it was different. When he had an urge before, there was really nothing he could do to get over it. If he just held out a few minutes, the urge would pass. But psychological urges are more under the ex-smoker's conscious control. A good analogy demonstrating the difference between physiological and psychological pain can be seen by analyzing a common toothache.

A rotting tooth can cause a lot of pain. If your dentist explains to you why the tooth hurts it really doesn't resolve the situation. You know why it hurts, but it still hurts. Simply understanding physical pain does not make the pain go away.

To illustrate another point, say you go to the dentist and find out that you have a cavity. He has to drill the tooth and put in a filling. The drilling can be a very rough experience. After it is all over the pain will stop, but whenever you hear the sound of a dentist's drill, even if it's years later, you cringe at the thought of the pain. Once you realize that you are simply reacting to the sound, you know that you are not really in danger and the reaction will end. Understanding the root of the fear alleviates the anxiety and the associated pain.

Any urges for cigarettes that occur today are reactions to conditioned triggers. You are doing or experiencing something for the first time without smoking. It may be going to a bar, a wedding or going on a plane. It may be seeing a person or being in a place where you always had a cigarette in the past. It may be something you hear or even an old familiar aroma. The sense of smell is a powerful mechanism for triggering old emotional feelings.

So today, if you find yourself desiring a cigarette, look around you and see why at this particular time and place a cigarette is on your mind. Once you understand that the desire is being triggered by some reaction to an insignificant event, you can just say "no" to the cigarette without further problem. All you need to do is understand what triggered the thought. The urge will pass. The next time you encounter a similar situation you will not even think of a cigarette. You will have learned how to face another experience as an ex-smoker.

Quitting smoking is a learning experience. Every time you overcome an urge you will have overcome another obstacle that threatened your status as an ex-smoker. As time goes by, you will run out of obstacles and you can comfortably go through life a happier and healthier person. All you need to remember and practice to stay an ex-smoker is - NEVER TAKE ANOTHER PUFF.

"The only time I think of cigarettes is when I receive one of your stupid letters!"

"The only time I think of cigarettes is when I receive one of your stupid letters!" Recently, a clinic graduate expressed this sentiment when I inquired as to how life without smoking was going. He was trying very hard to forget that he had ever smoked. It was a part of his life that he no longer wished to dwell upon. But my follow-up correspondence was making forgetting impossible. He was now at the point where he threw out my letters without even opening them.

The fact is that I continue to send these letters so that the ex-smoker will never forget about smoking. For if he is like most ex-smokers, he will never totally forget his smoking past. He will forget the cigarettes that made him sick, the ones that made him feel socially ostracized, and the countless ones he smoked daily without even being aware that he was lighting them. Most important, he will forget the cigarettes he didn't want to light but which were alleviating urges that were too powerful to control. In essence, he will forget about the majority of cigarettes he had smoked, and then, only occasionally, he will remember a "good" one.

And then it happens. One day at a party, under stress, or just out of boredom, he will get the desire for that "good" cigarette. By having distanced himself from his past addiction, he will have forgotten or just no longer accept the fact that even "one puff" is almost certain to result in full and complete relapse. Because he no longer accepts his addiction, he sees no reason why he shouldn't be able to enjoy a good cigarette. So he tries one. Maybe it will be a great cigarette, maybe it will be a horrid one. It really doesn't make a big difference. Good or bad, it will take control and he will once again be an addicted smoker. He must now suffer all the physical, emotional, social, financial and health consequences that accompany nicotine addiction.

I actually sent the letters to everyone from my clinics for two reasons. First, as stated above, to keep the ex-smoker from getting complacent and losing a quit. The second was in the sad cases when the smoker had relapsed, the letters were to serve as a constant reminder (usually referred to as pestering) that smoking was a problem that needed to be dealt with. There were plenty of times that people came back saying that one of the letters brought them back to quit again. Those were some of the most wonderful effects I felt these letters had.

Never allow yourself to forget your smoking past. Yes, there may have been some "good" cigarettes, but there were certainly a lot more bad ones and even the "good" ones were slowly killing you. What is sad is that the man who made the comment, as well as all the others like him who really need to read the letters, will never see this one before it's too late. They will have thrown the letters out without ever having opened them. Maybe next time they quit smoking they will know better - if there is a next time. Consider the full ramifications of just one cigarette and then choose to - **NEVER TAKE ANOTHER PUFF!**

"Help Me, I've Relapsed!" A plea for help or a cry for attention?

When I run clinics, everyone has my phone number and pager numbers to reach me 24 hours a day. I always tell people that in case of an emergency, call me anytime day or night. I actually tell them it doesn't even have to be an emergency. If in the middle of the night they wake-up and feel good and just want to say hello and everything is fine, that is fine with me too (my family hates this part of my nature, but has learned to live with it). Luckily, not many of them take me up on this offer but the option exists. I just want them to get the sense that there is help available to them when needed. I have no problem with anyone calling for help at any time, when help can be given.

But calling me in the middle of the night to tell me about a relapse is totally unnecessary. Paging me in the middle of the day and maybe interrupting my dinner or a television show, or even an interesting commercial to announce a relapse is also unnecessary. Once a puff is taken there is no emergency anymore, no real sense of urgency. Nothing is on the line now. The quit is blown already.

There is no real significance to the second, third or even tenth cigarette, they were all the result of the first puff, as are all the other hundreds of thousands and maybe more than a million that are destined to follow. Is it that I don't want to know about the relapse? Not at all. I tell them they are more than welcome to send me a post card, third class if possible. It will get to me eventually and I can update my records, but there is no need for me to actually have to be woken up and lose a second of sleep for such an announcement.

The support offered at online message board quit smoking forums works on the same principle. It may take a few minutes before someone gets to the board, but usually not long. While waiting the person has plenty of reading material available. They can read the [daily posts](#), explore specific forum topic areas like "[relapse prevention](#)," spend some time in the forum's article [library](#) or even visit [WhyQuit.com](#). There is plenty of material to reinforce anyone's resolve, anyone who wants their resolve reinforced that is.

Bottom line. Post before you RELAPSE. Read and read until someone gets back to you. The odds are if you refocus your thoughts, a reply to your message will not even be necessary, just a nice reminder that someone cares. But you will have already passed the crisis state. It doesn't take long.

There may still be an ongoing trauma in your life at the moment, but those problems were going to be happening whether you were an active smoker, an ex-smoker, even if you had never smoked in your life. But if you think about the real situation you will realize that your relapsing to a deadly addiction will not in any way, shape or form help resolve the ongoing problem. It will just give you another life threatening problem that you will need to contend with.

If your relapse eventually results in your premature death, everyone you know and leave behind will have to live with the same kind of grief and frustrations too. Do you want all of your children, parents, siblings, friends, co-workers, and just plain acquaintances to feel the need or acceptance to relapse to a deadly drug addiction in your memory? If not, don't you need to teach them that lesson now while you are still alive? It is the same lesson that you can teach yourself every day. The lesson-that you can quit

smoking and you can stay off smoking under any circumstances as long as you always remember to NEVER TAKE ANOTHER PUFF!

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Chapter 5 Weight Gain

Minimizing the Weight Gained from Quitting Smoking

You may have heard that you can't deal with weight control issues at the same time as quitting smoking. It may be fine for some people to gorge themselves while quitting smoking and deal with the weight at a later time. The health implication of a minor weight gain is negligible in comparison to the health risks posed by smoking. The average smoker would have to gain over 75 pounds to put the additional workload on the heart that is experienced by smoking, and this is not saying anything about the smoking cancer risk.

But for aesthetic and emotional reasons, allowing uncontrolled eating and the inevitable weight gain is a mistake that will often undermine the quitting process. Discouragement over appearance can cause some to return to smoking. Then the smoker has the additional problem of the extra weight combined with smoking. Sometimes the weight does not automatically disappear by simply relapsing back to smoking.

Weight gain following smoking cessation can be due to several factors. Smoking can have an effect on a person's metabolism and thus quitting can account for a small weight gain in some individuals. Gains of 5 to 10 pounds over a number of months can be attributed to metabolic alterations in some individuals. But once weight gain exceeds 10 pounds, other factors are more probably responsible.

Snacking between meals or increasing the overall size of meals, can easily result in the consuming of several hundred extra calories per day. Eating just an additional 100 calories a day will result in a one-pound fat gain in just over a month, 10.4 pounds in one year, and an extra 104 pounds in ten years. One hundred four pounds of fat from drinking the equivalent of one extra soft drink per day. This is why you often hear, "I didn't eat that much more but gained excessive amounts of weight!" True, they may not have eaten that much more daily, but they did it everyday, and the cumulative effect can easily account for the "mysterious" weight gain.

Some ex-smokers eat more because they are just hungrier. They find themselves snacking between meals or needing to eat at times that were never necessary before. If they wait to eat too late in the day or there is too much time between meals, they may start to experience symptoms such as headaches, sleepiness or lack of energy. This can be a real side effect of smoking cessation.

The reason for the new sense of hunger is due to the fact that nicotine is an appetite suppressant. Smoking between meals seems to eradicate the need for the snacking behaviors experienced by many ex-smokers. Nicotine does this by elevating the blood sugar and blood fat levels, basically tricking the body into thinking that it has eaten more than it actually has. While that may help to control weight, it does so at a risk. Cigarettes used as an appetite suppressant can cause cancer, heart disease, strokes and a host of other illnesses.

The ex-smoker is no longer constantly administering an appetite suppressant. This does not mean he or she needs to increase caloric intake. It may be a matter of redistributing food normally eaten at single sittings at large meals into numerous smaller meals spaced throughout the day. This can allow for the snacking between meals ex-smokers are notorious for without increasing overall caloric intake. As an example, if breakfast consists of cereal, muffin, eggs, and a glass of juice, instead of eating all that food in one sitting, it can be dispersed over two or three times keeping a more even distribution of blood sugar throughout the morning hours. The same rule can apply to lunch and dinner, allowing for numerous snacking times throughout the day.

A more insidious mechanism of increased caloric intake can be experienced by unwittingly eating more at the end of meals. The smoking of a cigarette used to signify the end of a meal. With no cigarette to serve as a cue, the ex-smoker may continue to consume extra food after every meal whether or not he or she is hungry. The ex-smoker may not even know that he has eaten more in the process.

One solution to this behavior can be planning the meal out in advance. Calculate and prepare the amount of food you used to consume while smoking and acknowledge to yourself that you have finished. Another way is leave the table immediately upon completion of the meal. If you must stay at the table have a glass of cold water or a non-caloric beverage present. Don't leave a plate with scraps or desserts in easy reach.

Another very good solution is getting up and brushing your teeth. This can become the new cue for the end of the meal as well as improve dental hygiene. The clean feeling in your mouth may be a new pleasurable experience for an ex-smoker. While smoking, brushing of the teeth was often followed by a cigarette, compromising the overall cleansing process.

Besides controlling consumption, exercise is another tool to help with weight control efforts after quitting smoking. Twenty to thirty minutes of exercise done every other day can offset the metabolic alteration accompanied by smoking cessation. If you are eating "a little more," then more exercise can help offset that, too. But be realistic. You have to do a lot of activity to burn off a relatively small amount of food. That is not to say it is a waste of time to exercise to lose weight; just don't eat food with a shovel and go for a short walk and expect to work off the difference.

Successful weight control while quitting smoking can be accomplished with a little extra effort and planning. If weight gain is experienced during smoking cessation, steps should be implemented as soon as possible to reverse the process. Then to maintain a healthy lifestyle, watch your food consumption, exercise regularly, and most importantly - NEVER TAKE ANOTHER PUFF!

"I've tried everything to lose weight but nothing works!"

Recently a lady called our department inquiring about our recommendations concerning a liquid protein diet program for weight control. We explained that for any kind of permanent weight control program to be successful, a sensible approach which can be maintained after reaching an ideal weight is required. Otherwise, the person is

likely to adopt his old pattern, which resulted in being overweight in the first place. Liquid protein diets are potentially dangerous and are not conducive to permanent weight loss. We suggested that she enroll in a sensible weight control program. She replied, "I tried them all, they are a rip-off and a fraud! I didn't lose any weight at all!" She proceeded to ask what approach we recommend. We suggested a sensible diet and exercise program. "Exercise," she expressed with disgust, "who has time to exercise?" It was becoming apparent why her past attempts at weight control had failed so miserably. It was not a weakness in the program, but rather in her own conviction in losing weight. She wanted to be thinner, but heaven forbid she should have to work at it.

In order to be successful in any lifestyle change, a person must first decide how important benefits from the change are to them. If the benefits are important enough, the individual can make a sincere commitment and have a good chance of being successful. Weight control is an important topic because so many ex-smokers do gain weight after first giving up cigarettes.

Upon cessation of smoking, food may smell and taste better and many ex-smokers find they do have an increased appetite. Many feel a real need to substitute food for the oral gratification they claim to have derived from cigarette smoking. Some feel that since they quit smoking, they ought to be able to treat themselves as a reward for their great accomplishment. While it may seem like a rational idea at the time, there may be severe ramifications. Even after the initial quitting process is over and the urge for cigarettes diminishes, a new eating pattern is now being established. This pattern includes consuming more calories than are burned off in normal daily activities. The end result is extra fat and extra weight.

Giving up cigarettes is a great accomplishment, but it does not necessitate consuming vast quantities of extra calories. Eating cakes, cookies, ice cream, extra main courses, or drinking extra alcohol all causes real weight gain. Calories add up quickly. While many people may get discouraged by this added weight, they do not always take positive steps to correct the situation. They persist with their new habit of continuous gluttony. What does it take to encourage these people to initiate a positive change?

When they get sick and tired enough of being overweight, they can do something about it. That is how they first quit smoking. It came to a point where they knew it was time to quit. In the beginning it was not easy to give up cigarettes. Not only did they have to break the strongly ingrained conditioning associated with their dependency, but the underlying addiction too. They experienced real drug withdrawals. But their conviction was strong. In a short time they were nicotine free. It became relatively easy not to smoke. Food can take a similar route. At first it may be hard to refuse the extra dessert. It may not be easy to go out for that first walk around the block. But soon, smaller portions of food become sufficient to quench culinary desires. You may even begin to look forward to your walk. And you will begin to look and feel better. That's the real pay-off.

If you are concerned about your weight, do something about it. Start to modify your diet. Take up exercise. Some past participants find it helpful to attend our smoking clinic when they first start their diet. Listening to the great difficulty that the participants are experiencing giving up cigarettes and remembering how they overcame the same problem, can establish a strong sense of confidence. They begin to realize that if they

could quit smoking, they could do anything. Some people not only lose the extra weight they gained since they quit smoking, but continue to make positive changes in diet and exercise, even to the point of weighing less than when they were smokers.

Work on staying healthier and happier. Be sensible with your diet. Push yourself to keep active. Most important, always keep in practice - NEVER TAKE ANOTHER PUFF!

“I would rather be a little overweight and not smoking than underweight and dead.”

This thought-provoking sentiment was one panelist's opinion of the ten pounds she gained when giving up cigarettes. While it is not inevitable, many people do gain weight when quitting smoking. The reason is quite easy to explain - they eat more.

People eat more when quitting smoking for a variety of reasons. Food is often enjoyed more since the improved senses in ex-smokers make it smell and taste better. For some, cigarettes decrease the appetite. Others use cigarettes as their cue that the meal has ended. Take away the cigarette and they don't know it is time to stop eating. Social situations with food used to be easy as a smoker. When a smoker is finished with his food, he can sit and smoke while conversing with others at the table. Without cigarettes, he feels awkward just sitting, so he often orders extra coffee and dessert to last the duration of the conversation. All of these different behaviors add up to one result--extra calories eaten--which results in gaining weight.

Weight gain can be extremely dangerous to an ex-smoker, but not because of the strain on the heart. An average ex-smoker would have to gain 75 pounds to put a strain on his heart equal to the extra risk associated with smoking a pack a day. Even then, the extra weight would not cause the lung destruction, cancer risk and many other conditions caused by smoking. The real danger of the extra weight is that many ex-smokers use it as an excuse to go back to smoking. They think that if they smoke again they will automatically lose weight. To their unpleasant surprise, many return to smoking and keep the added pounds.

One clinic participant told how after three months without smoking she gained 15 pounds. Her doctor told her that she must lose the weight. He said that if she had to, just smoke one or two cigarettes a day to help. If her doctor understood the addictive potential of cigarettes he would never have given her such advice. For, as soon as she took her first few cigarettes, she started smoking in excess of 3 packs per day. Her weight gain did not go away. When her doctor realized that she had returned to smoking, he warned her that it was imperative that she quit. In her condition smoking was extremely dangerous. So not only did she still have to lose 15 pounds, but once again she had to go through the withdrawal process of stopping smoking.

Smokers, ex-smokers or never-smokers can all lose weight the same way. The three ways to lose weight are to decrease the amount of calories one eats, increase one's activities to burn extra calories, or, a combination of both techniques. While dieting may be more difficult for some after smoking cessation, it is possible, and in many ways ex-smokers have major advantages over smokers for controlling their weight.

The most obvious advantage is that not smoking allows a person to do more physical activities, burning off fat in the process. When smoking, exercise is tiresome, painful and for some, impossible. But with the improvement in breathing and cardiovascular fitness accompanying smoking cessation, exercise can become a regular routine in the ex-smoker's lifestyle. And while dieting may be difficult at first, ex-smokers should realize that if they had the capability of breaking free from cigarettes, they could also decrease the amount they eat. It is simply a matter of using the same determination initially used to quit smoking.

So, the next time you look in the mirror or step on a scale and feel that you are unhappy with your weight, start taking some sensible steps to deal with it. Become active, eat lower calorie, nutritious foods, and pat yourself on the back for once again taking control of your life. Not only will you lose weight, look and feel better, but you will have done it all without smoking. With that knowledge you should be extra proud. Diet, exercise and - NEVER TAKE ANOTHER PUFF!

After I Lose Weight I Will Quit Smoking

"After I lose some weight I will quit smoking." Many times a smoker will use being overweight as an excuse for continuing to smoke. He may feel that the logical sequence is to lose weight and then quit smoking. But the end result of this approach is usually quite disappointing.

For even if the smoker does lose the weight, the odds are that he will do so by increasing his cigarette consumption. Cigarettes are capable of suppressing the appetite. Then when he tries to quit smoking he will probably eat more in order to curb his urge to smoke. Once again he will gain back the weight, and out of discouragement will probably relapse back to cigarettes. And then he is in the same position that he was in at the start--overweight and smoking.

If a smoker's goal is to quit and stay off cigarettes and to permanently lose weight, he must achieve success in one without depending on the other as a crutch. This is not to say that the smoker must quit smoking and go onto a diet at the same time. While it is not impossible, dieting is difficult for many smokers during cessation.

Due to the drop in blood sugar levels that accompanies smoking cessation, the urge to snack on sweet foods is constant. Also, without a cigarette to cue the end of a meal, the smoker may continue eating long after dessert is over. But if the smoker wants to control his weight while quitting, he must either control the urge to snack or eat lower-calorie alternatives during the initial quitting phase.

But the ex-smoker may feel that it is better to deal with one problem at a time. He may indulge himself with his favorite foods with the full expectation that he will only be doing this for a week or so. Cakes, cookies, potato chips and many other popular snack foods are used. A potentially long-term and destructive eating habit may be established. What he thought would last only a few days, becomes weeks and maybe even months. Weight gain will be the inevitable result. The ex-smoker will either relapse to cigarettes

out of discouragement or continue gaining until positive steps are taken to break free from the new pattern of overeating.

If, on the other hand, the ex-smoker addresses the food issue when first quitting, all the long-term weight problems can be avoided. To help curb the urge for sweets, plenty of fruit juices should be consumed for the first three days after quitting. This will help stabilize the drop of blood sugar, hence alleviating some of the common withdrawal symptoms encountered during smoking cessation. Also, the acidity of the juices should help accelerate the excretion rate of nicotine, thus shortening the duration of physical withdrawal symptoms.

Snacking on carrots and celery is also a reasonable alternative for the first few days. These items should be encouraged because they are low in calories and, for the most part, non-habit forming. Within a couple of weeks, the ex-smoker will tire of these vegetables and just give them up. He will have quit smoking without replacement of food as a permanent crutch.

Staying off smoking is a lifelong commitment. The most important step you can take to insure success in this goal is to keep a positive attitude about not smoking. Don't develop a negative replacement behavior which will result in a secondary problem. This will make a positive attitude toward not smoking impossible, and the end result will be a relapse to cigarettes.

If you have already gained weight since quitting, take action to rectify the problem. Then you too will feel good about your accomplishments. Not only will you have quit smoking, you will have done so without depending on any other destructive crutches. You really will have taken control of your life. To keep control, watch your diet and - NEVER TAKE ANOTHER PUFF!

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Chapter 6 Prevention

Frightening Trends in Teenage Smoking

Smoking has been declining in adults for the past 30 years. In 1964, over half the men (52%) in the United States smoked. Thirty-four percent of women were smokers at that time. Today only 25% of adults smoke cigarettes, (28% men and 23% women). While the battle to combat smoking seems to have made major strides in the past three decades, the war on tobacco is far from over. For now the war on tobacco needs to be redirected at a new front. For kids are being targeted by tobacco advertisers and now kids are starting to smoke in record numbers. The statistics are frightening, and if steps are not taken to reverse the trends, the medical, economic and social costs to our children as well as to our country will be staggering. Consider the following:

- 82% of adults who ever smoked had their first cigarette by their 18th birthday. More than half became regular smokers by that time.
- Smoking among 8th and 10th graders has risen 50% since 1991.
- Nationwide, 71% of high school students have tried smoking.
- About 1/3 of high school students are current smokers (smoked at least one cigarette in the last 30 days).
- Although only 5% of daily smokers surveyed in high school said they would definitely be smoking five years later, close to 75% were smoking 7 to 9 years later.
- Each day, nearly 3000 American youngsters become regular smokers. Of these, 1,000 will die from early tobacco-related diseases.
- Of 1,000 20-year-olds who continue to smoke, 6 will die prematurely from homicide, 12 from car accidents, and 500 from smoking.

Kids are smoking more. Are they being taught and do they understand the long-term implications of smoking? Do they understand the relative health risks of smoking compared to other dangerous activities? Do they understand the addictive nature of nicotine? Do they realize that if they innocently experiment with tobacco and have no intention of smoking, that they just may get hooked and not be able to quit?

From the above statistics, it sure does not seem they know these facts. So what do kids know about smoking? We know that 30% of three-year-olds and 91% of six-year-olds can identify Joe Camel as a symbol of smoking and we know that kids are starting to smoke in record number. We know kids are effectively being targeted with a smoking

message but it is not the message they need to hear. We must undo the influence of the multi-billion dollar advertising campaigns aimed at our youth. We must counter misinformation with facts. We need to relentlessly spread the message far and wide that cigarettes are deadly and nicotine is addictive.

Always remember that one way you can influence the people most significant in your life in regards to smoking is by example. Spread the unique perspective of your nicotine addiction and your triumph of cessation. For the smokers you know, spread the word that there is life after smoking. For ex-smokers, share your understanding of the potential of relapse. Most important, to kids you know share your experience of how you got addicted and how you now must constantly be on your guard to stay off. Most smokers wish they never started. Make kids aware of this from your personal perspective. Be aware of your position as a potential role model and - NEVER TAKE ANOTHER PUFF!

What Can We Do to Stop the Rise of Teen Smoking?

Long before I began teaching at smoking cessation clinics, I worked for the American Cancer Society. My position there involved developing and implementing smoking prevention programs geared at students in junior high, high school and college. I was kept quite busy, speaking to over 60,000 kids from 1972 through the time I started teaching clinics at the end of 1978. In this time period, smoking rates among school age children were dropping in boys and beginning to stabilize in girls. It seemed that the message of the dangers of smoking and the importance of not starting, what could very well turn into a life dependency was reaching many of the children of the time.

Unfortunately, as recent media coverage has illustrated, we are once again living in a time where the popularity and appeal of tobacco usage is rising in children. Even though we have a better understanding today of the addictive nature of nicotine, that message is either not reaching our youth or not being comprehended. The danger of not understanding nicotine addiction leads to what is viewed by many children and some adults as harmless and natural experimentation with this daring and "grown up" substance. Experimentation with nicotine should not be viewed as harmless or as a rite of passage.

Nicotine is one of the most addictive substances known to man! Over 80% of children who experiment with nicotine will go on to regular usage with many experiencing tolerance and withdrawal symptoms within months of the first cigarette. The significance of this cannot be overstated. These are indicators of addiction. Nicotine has the potential of addicting over 80% of its users. By contrast, alcohol has an addiction rate of approximately 10%. The odds are against children if they take up smoking, and, if recent trends continue, the odds of children, and maybe even the odds of your child taking up smoking are increasing.

While you may not be able to change the national statistics, I think any of you who either have children or grandchildren of your own, or friends or other family with children should do what you can to improve their odds of not becoming another smoking statistic.

You were once there. You understand how early experimentation can turn into an addiction. An addiction which may have caused you to personally suffer the physical ravages induced by smoking. An addiction which may have caused a difficult and painful time period when you tried to break free. An addiction you may have witnessed in friends and family members which prematurely took them away from you because of their early disability and death. You have been on both sides and know how difficult it was to get cigarettes out of your life and how hard it is to keep them out.

We need to help clarify the addictive nature of nicotine, review the overall dangers of tobacco usage, and, offer some strategies for coping with the peer pressures for tobacco usage faced by our children. If you are involved with schools or PTA groups, please raise the issue of educating our children regarding the truth about smoking and addiction.

I hope by working together we can help positively influence the future of our children. And, do not forget, your future is still being shaped on a day by day basis. To keep your future healthier and happier by having a smoke free lifestyle, remember - NEVER TAKE ANOTHER PUFF!

“Thank goodness it's only cigarette smoking!”

"It's only cigarette smoking, at least he is not using drugs." Many modern parents would feel a strong sense of agreement with the sentiment expressed above. But parents who feel safe and secure in this belief are overlooking some very obvious and some, not so obvious flaws in their understanding of smoking, and drug addiction in general.

In 1989, the Surgeon General's Report on the Health Consequences of Smoking concentrated on one area only, smoking as an addiction. This landmark report established two facts about smoking in respect to nicotine's addictive properties. First and foremost, nicotine is the addictive chemical reinforcing the smoking behavior, a behavior which is responsible for more deaths than all other drug addictions, including alcoholism, combined. This was a reconfirmation of a concept which many knew already. So the feeling that at least smoking is not as bad as using drugs is a twisted sense of logic. The child is actually using a very addictive drug, although it is accurate to say at least it is a drug that he won't end up in major troubles with the law over.

The second finding, though, would shatter the sense of relief felt by any parent with the idea that at least the child is not using an illegal controlled substance. Findings from various areas of the report went as follows:

Persons who use dependence-producing drugs are often cigarette smokers and cigarette smoking precedes and may be predictive of illicit drug use. The National Household Survey on Drug Abuse (1985) reported a 32 fold increase in incidence of cocaine use in 12-17 year olds who smoked cigarettes daily compared to those who never smoked. Even more impressively, there was a 113 fold increase in use of marijuana.

Kandel found that virtually all persons who ever used illicit drugs such as marijuana and cocaine had previously used licit drugs such as cigarettes and alcohol.

"Although some use of alcohol may precede tobacco use, it is prior use of tobacco and not alcohol that emerges...as the stronger predictor of illicit drug use."

Dr. Ginzel of the University of Arkansas described the "pivotal role of tobacco as an integral part of the addictive process" and said that:

"In looking at tobacco as a gateway to the use of other addictive substances, we must not forget that smoking has caused the deaths of more people than have fallen victim to all of the other drugs and alcohol combined. The general public's continuing lack of understanding of the sheer magnitude of the toll tobacco inflicts is unfortunate, but the lack of understanding and appropriate action on the part of those who pretend to take charge of the nation's drug problem is intolerable and inexcusable."

The significance of these statements is inescapable. Giving the stamp of approval to smoking as an acceptable alternative to drug usage may very well lead to experimentation and possibly addiction to the substances the parent fears most. Strong efforts should be taken by parents and the educational community at large to prevent the early use of cigarettes in an effort to reduce the long-term health consequences of smoking as well as minimizing the risks of illegal and life threatening usage of other controlled substances. If you have children or grandchildren in schools, or if you yourself are a faculty member, please consider encouraging implementation of these smoking prevention programs for your school district.

If you have children who know you are or ever have been a smoker, you should never draw a distinction between smoking and other drugs of dependency while trying to rationalize the legitimacy of cigarette smoking over the other substances. Children will recognize and feed on the hypocrisy that it is all right for you but not for them. Rather, tell the truth about the lack of understanding and ignorance that caused you to originally experiment with smoking and led you into the grips of an addiction—an addiction you desperately wish to break and stay free from for the rest of your life. Nicotine is an addiction which will once again control you and will probably cost you your life if you give it the opportunity.

Try to develop a sense of understanding in your children of how easy it is to lose control over an addictive substance, whether it be cigarettes, alcohol, heroin or crack cocaine. And for your sake, as well as your children, set a positive exemplary role by remembering to - NEVER TAKE ANOTHER PUFF!

Why I don't speak at more sites on how to help people quit smoking.

During the week of the Great American Smoke-Out, I received two requests from local companies for free smoking lectures for their employees. I went to the first, a major insurance company with close to 3,000 employees on site. The company was anticipating at least 20 employees would take advantage of such a beneficial program offered at lunch time. I was armed with my slides showing the deleterious effects of smoking accompanied by the ever famous smoking bottle. I was prepared to deliver a dynamic presentation of facts and figures overwhelming any smoker with even the least bit of interest and with any cognitive capability to the realization that he or she should quit smoking or risk losing life, limb, self-respect and social status. I anticipated the skepticism I used to encounter when I first started a lecture to a group of smokers. When

given an hour, though, to present the facts, the dangers of smoking usually become overwhelming and indisputable.

So here I was all revved up to attempt to break through the smokers' ever present denial and other defense mechanisms protecting his or her addiction. I sat patiently waiting for the onslaught of smokers, coming in with great anticipation and trepidation as to how we were going to treat them and the subject of smoking cessation. The first person to come into the room was the company contact person. She was an ex-smoker of about a year. She was only going to stay to greet the audience and introduce me.

Next came a former clinic graduate, coming to tell me she had quit almost five years ago and was very grateful for being able to stay off smoking all this time. She stated, as so many often do, that quitting smoking was one of the best moves she ever made in her life. She introduced me to a friend who had quit smoking almost three months prior while hospitalized due to a major smoking related illness. The clinic graduate thought her friend would benefit from hearing my presentation to reinforce her ammunition and resolve to stay off smoking.

The time that the presentation was to have started had now passed. One more person, a young woman, came into the room. I asked her if she was coming in to quit smoking. It turned out she was a non-smoker. She had recently lost both her parents to cancer and was going to start volunteering for the American Cancer Society in cancer prevention. She was just coming to observe how to deal with smokers on the topic of quitting. No one else came to the program.

It was obvious that the materials I brought were unnecessary. I didn't need slides convincing my audience of the dangers of smoking. They already knew that smoking was deadly and had stopped or never started. The smoking bottle, too, was unnecessary, and, besides, I had no one to get a cigarette from even if I wanted to do the demonstration. I spent the hour talking about the nicotine addiction and the importance of relapse prevention.

A couple of days later I went to the second company. It was a much smaller employer with only about 100 employees on site. I was a little worried that with this small employee population it was quite possible that no one would show up for the presentation. Once again I set up my slides and was prepared to do my demonstration. This time, to my pleasant surprise, 15 employees came into the room. When I started to inquire on smoking histories, though, it turned out that 12 of them had never smoked, 2 had quit for almost 20 years each, and one was a current smoker who was dragged in and had no interest in quitting.

Normally, I would gear my presentation to the one smoker if she had wanted to quit. She had made it quite clear that she was there under protest. As you may recall from your participation in our clinic, we are there to help people who want to quit smoking not to force people to stop. The other 14 people came to hear the dangers of second-hand smoke. So, again, I disregarded my slides and bottle and proceeded to talk on a topic different from what I had prepared. I spent some time on relapse prevention for the two ex-smokers there and the remainder of the time on the dangers of second-hand smoke and how to deal with smokers.

While I don't want to draw any universal conclusions from only two local companies, I think a trend is becoming apparent in this area. Those who found it possible to quit on

their own have stopped. We have many more non-smokers and ex-smokers now than we have smokers. Non-smokers and ex-smokers are becoming ever more interested in how they can improve their health and reduce their exposure to the dangers of tobacco smoke.

Unfortunately, the group who should be the most interested and take advantage of cessation programs are not doing it. They are so deeply addicted or so hopeless that they are afraid to stop on their own or even take advantage of convenient free programs offered to help. They are becoming more shunned and less tolerated by the new health conscious majority. They are not in an enviable position.

If you are currently a smoker, recognize that you are caught in the grip of addiction. Common sense is telling you smoking is expensive, socially unacceptable and deadly. Unfortunately, common sense is taking a back seat to the drug seeking behavior associated with addiction. It's time to override this deadly drug seeking mechanism. As a clinic graduate you are welcome to come in and start again free of charge. This time make it work. Your life may depend on it. Don't quit to be right to the majority, quit to be right to yourself.

If you are an ex-smoker, don't take not smoking for granted. Getting off cigarettes was only the start. Staying off is now equally important. You worked hard to get this far. Keeping it going now is relatively simple--all it entails is remembering to - NEVER TAKE ANOTHER PUFF!

Kids Just Don't Get It!

I wrote a letter to John - [WhyQuit's](#) founder - in February 2000, shortly after we met. John and I were discussing presenting youth programs when he said to me that he had started smoking to impress a girl and would have given up his big toe for a chance at a date. In that she smoked, John thought smoking would somehow help in this effort. Much of the following article was part of my response to John. The reasons people give for starting to smoke are not the reason that they continue.

Kids just don't get it! On the surface the preceding sentence explains why kids are smoking at such an alarming rate. Here we have a product that is deadly, so deadly in fact it has been deemed the most preventable cause of premature death in almost all developed nations. Many who don't die from cigarettes will still become impaired or crippled from them. Not only are cigarettes deadly, they're expensive, too. Kids taking up smoking today are likely to spend their entire life dependent upon a product that will end up costing them tens of thousands of dollars. But today, kids are still taking up smoking in record numbers. What is the only logical explanation for this tragedy?

Again, it must be that kids just don't get it. But don't be too quick to interpret my meaning of this phrase. Yes, there are some kids who no matter what you teach them will not listen to any amount of reasoning. But this is not the majority of kids taking up smoking. When I say kids don't get it, I don't mean kids lack the common sense to make a rational decision about smoking. What they don't get is the real information in a manner that helps them understand the magnitude of the danger and the power of the addiction. Without such understanding they are not equipped with the ammunition to overcome peer pressure, as well as tobacco promotion tactics by cigarette manufacturers.

When I try to offer programs to many local schools, free of charge mind you, I often get turned down for the reason that they can't take time out of the busy education schedule required in schools today. Besides this, the school officials often feel kids already are getting the facts about smoking in health classes and DARE presentations. This is all well and good, except the message delivered in these programs is often presented quickly and most truly skim the surface of the depth of the nicotine addiction. I know when I do a school for the first time, the kids are amazed at the stories I relate about the dangers of smoking and the strength of addiction. More important than this though, it almost never fails that the health teacher comes up to me and tells me that he or she never understood the magnitude of the problem.

Recently, I spoke at a conference where representatives from many health organizations were coming to find out how to possibly obtain funding from tobacco settlement monies. The DARE officers present came up to me afterwards shocked about how dangerous smoking actually was. It was apparent that the people who were being relied upon to do the education didn't understand the dangers themselves. The authorities in the schools who should have been responsible for making sure that students were actually being taught the dangers, were not working to make the information available to the students because they were under the false impression that it was being adequately covered by poorly-informed DARE officers.

Kids can get it if it is given to them. It's not only a financial limitation that this material is not disseminated. It is a lack of resolve and commitment by the public that allows this to happen. Parents should be demanding this information for kids. PTA groups should be screaming to increase the educational component of smoking prevention. But unfortunately, most of them don't get it either. How often does a parent react to their child smoking by saying, "Well at least they are not using drugs." There are so many problems faced by kids today such as drugs, alcohol and violence that smoking seems minor in comparison.

What parents and other responsible adults fail to understand is that smoking is going to kill more children than all the other problems combined. Their child has picked up an addiction that is likely going to kill him or her. What do I mean by likely? Well for every thousand 20-year olds who smoke today and don't quit, six of them will eventually die prematurely from being murdered (violence), 12 will eventually die prematurely from accidents, and 500 will die from smoking! "But, at least they are not using drugs." Understand that when parents say this or think this they don't get it either. It is likely that the parents never learned the full extent of the dangers or the addictive properties of nicotine while they were young either.

John, you made the comment that you would have given up your toe for Kimberly back when you were a kid. Think about it though, do you really think you would have given up your toe? If I was there with a chainsaw and made a promise that I would guarantee you a date with Kimberly if you let me lop off your toe, would you have accepted my offer? Probably not, and this analogy is not as farfetched as it may sound on the surface. There are people who end up losing toes, fingers, feet, hands, legs, and arms from peripheral vascular diseases caused by smoking. Their doctors often give them the choice to quit smoking or lose the limb, but they really don't have a choice. They are addicts who lost control. Kids need to understand the extent of that control before they

begin smoking. Not just that it smells bad, not that it makes your teeth yellow, and not that it is just "bad" for you. Kids think lots of things are bad for them. But tobacco is in a league by itself. When more kids get this information in its full non-diluted strength, more will have the ammunition needed to say no.

Peer pressure is a real phenomenon. Just telling kids not to give into it isn't enough. Give them the reason not to give into it. Give them the full unadulterated message of the deadly and addictive nature of nicotine. Give them a reason to say no and they will be more likely to say no. Let's make sure kids do get it and I think we will see a turn-around in current trends.

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Chapter 7 Smoking, a historical perspective

When Smoking Was a "Choice Addiction"

It was cheap, well under 50 cents a pack. It was readily available. You could smoke it anywhere, any time you wanted. It was respectable. Your friends did it, your relatives did it, your co-workers did it, your boss did it, your doctor even did it. There was no social stigma attached, to the contrary, you were viewed as sophisticated, smart, tough, enlightened, or even healthy and robust as you deeply sucked in drag after drag. You never felt threatened by it—as far as you knew, it was safe. You never felt withdrawal, you seldom felt nicotine poisoning. When you could smoke any time you wanted, you were able to balance nicotine at optimal levels never facing extremes. Without facing extremes, you never recognized the consequences associated with using an addictive substance. You smoked because you liked it. For a while you knew you could take it or leave it.

But in 1964 things started to change. It was then the first Surgeon General's report was released. For the first time, the public was made aware about the early known dangers of smoking. The link to lung cancer was firmly established and the risks of heart disease were becoming apparent. Those who actually read the report and understood the implications of the early studies were the first to begin to stop smoking. Among the first groups of people to reduce smoking among their ranks were physicians and dentists. As more time passed and hundreds and then thousands of studies were reported, the link between smoking and premature death was becoming firmly established. Greater numbers of non-medical professionals were joining the ranks of ex-smokers. All of a sudden, the act of smoking was not viewed as an intelligent behavior. Smokers were not shunned, but they were no longer admired for their smoking behaviors.

Many American were attempting to quit but could not. For the first time, they were beginning to realize they were no longer smoking by choice. They were now hooked. They knew for medical reasons they should quit, but without understanding how to treat addiction they did not know how to stop. While they may not have been happy about this realization, they still felt comfortable smoking (unless they had developed crippling effects). After all, they could still smoke at the regular intervals necessary to avoid the consequences of nicotine withdrawal syndrome. They were now drug addicts.

But nicotine addiction still had major advantages over any other addiction. Sure, it literally killed more people than all other addictions combined, including alcohol and heroin. But it was still legal, accessible, and relatively socially acceptable. These are important attributes for a drug of addiction. For, even though the long-term effects are lethal, the immediate short-term effects are relatively comfortable, if not down right pleasurable. What other drug could you self administer 40 plus times a day getting the little pharmacological fix with each and every hit that a smoker gets from every puff?

Smokers still didn't face the chronic withdrawal syndromes other addicts faced from being unable to deliver ever larger amounts of a substance required by the increasing tolerance associated with addiction.

The biggest slam to affect the smoker was the danger associated with secondhand smoke. Nonsmokers, who made up the majority of the population, were becoming intolerant. Workplaces, homes of friends and families, public meeting places and even the smoker's own home were becoming smoke free. No longer could the smoker deliver the ever-increasing fixes necessary to avert nicotine withdrawal. Now the smoker was either oversmoking or undersmoking all day long. He oversmoked so he could get as much nicotine as he could possibly tolerate to get him through multiple hours before he could get to his next fix. He undersmoked for numerous hours when he was restrained by no-smoking rules and regulations. Chronic withdrawal or chronic poisoning was the norm experienced by smokers.

So, today, the smoker does not only have to worry about the slow crippling effects of smoking or the long-term lethal effects. He or she must be concerned about the day to day drudgery experienced by maintaining an addiction which is socially unacceptable and, hence, not allowed for many hours every day. Smokers today are suffering from oversmoking and undersmoking. They are scorned by many. They should be pitied by all and envied by none. The memories from the heyday of smoking are a fantasy in today's reality. The reality of smoking is a tortured life and a slow death. Don't get trapped in life of addiction - NEVER TAKE ANOTHER PUFF!

"How did we survive back then?"

A few weeks ago I went to a night White Sox game with a friend and his nine year old and five year old sons. The game was good, the weather was great, and the Sox were victorious. It should have been a very enjoyable experience. One factor, though, made this a less than perfect evening. One man, just one row behind us and a few seats over and one young woman, two rows ahead of us, were smoking. Here we were in an outdoor stadium with only two people smoking in our entire section. A section of probably over 100 people. It seems like it should have been a minimal exposure. Somehow though, every time they lit up, the smoke came right at us. For those few minutes when either one of them was smoking a cigarette, my throat burned with every breath I took. I thought maybe it was just me, but then the nine year old turned to me and complained that the smoke was really burning him too. A few times when they both lit up simultaneously, the smoke got so bad that I got up with the nine year old and took a walk through the concession area so we could avoid the irritation. I wondered how many of the other 100 or so people not smoking around us were having similar experiences created by these two smokers.

Some people may have left the game bitter with the feeling of resentment that two people could be so selfish and inconsiderate, interfering with the enjoyment of so many others. I didn't think that. I truly believe they had no idea that their smoke was irritating adults and children all around them. Even if they had been told, I don't think they could possibly believe it made us feel as bad as it did. They would think it was just another

fanatic trying to infringe on their right to exercise a private practice that delivers a few seconds of personal pleasure. It is not my purpose in this particular letter to debate the fact that the smoker is not really feeling pleasure, rather, just alleviating the pains of withdrawal. It is also not my intent to belabor the point about how two people could ruin the evening for so many others.

To the contrary, these two smokers heightened my awareness as to how far we have come as a society. If this was 30 years ago, over half of the men and over a third of the women would have been smoking at any given ball park in the country. If two people could produce enough smoke to make me and the people around me feel so bad, it must have been 10 or 20 times worse back then. How did we survive back then? I do remember when I was a child having to leave certain events because the smoke exposure was so concentrated and irritating. You couldn't find a place to walk around to avoid the smoke for a few minutes because the smoke was everywhere. You couldn't even say anything about it—back then it would have been considered terribly impolite to raise the issue. It is only by remembering how terrible it was that you can start to appreciate how far we have come.

With the exception of two people, here we were virtually surrounded by nonsmokers and ex-smokers. These people were not restricted from smoking by rules or regulations. Each and every one of them had a choice. They could smoke like the one man or the one woman, or they could not smoke like everyone else. Ninety percent of them were choosing not to smoke. Those who had never smoked just took it for granted. Even most of the ex-smokers were not sitting and thinking how fortunate they were to be able to sit through a game without needing a cigarette. They, too, just took it for granted that they didn't smoke anymore. And the two smokers were probably oblivious to the fact that they were the only ones smoking in their immediate vicinity.

I think we can see the day coming where no one will be smoking in an outdoor stadium. Wrigley Field already eliminated smoking in the park except for rest rooms. It is also becoming apparent that indoor public smoking will soon be gone. Most will not be smoking by choice. A few will have it regulated from them. We will sit and watch a game, go to meetings, eat in restaurants, stand in theatre lobbies and not think about how no one is smoking. We will just take it for granted that people do not expose other people to their cigarette smoke anymore. Children will no longer be irritated by adults around them having to feed a physical craving. They will never know what it used to be like to be assaulted by secondhand smoke. We, on the other hand, should never take it for granted that we are no longer assaulted by the smoke of others. We should think back to the days when a lot of people smoked in these places, or even back to the time period that we are in now when only a few people were smoking in public. We will feel very appreciative that we no longer have to be exposed to the risks and annoyances posed by other peoples' smoke.

You should also think back to the days when you were the smoker affecting people around you. Even though you never realized it at the time, you were hurting yourself as well as the young and old all around you. You can't do anything today to change that past—but your focus should now be on never exposing yourself and those around to such discomfort and possible dangers. So that you may never again have to face such personal

risks or feelings of guilt again, always remember, to stay smoke free - NEVER TAKE ANOTHER PUFF!

The Right to Smoke in Public

Currently, a new issue is coming into focus as a threat from tobacco usage - the possible health effects to non-smokers. Smokers feel they have the right to smoke any time and any place they choose. They feel that they are only hurting themselves. But the increasing evidence that side-stream smoke is posing a health threat to the people surrounding the smoker has opened up a whole new controversy.

It is known that children who grow up with smoking parents have more chronic respiratory diseases, such as colds, bronchitis and pneumonias, than children who grow up in non-smoking households. Many people are allergic to cigarette smoke. Reactions vary from mild eye irritation and sneezing to more threatening reactions, especially for predisposed individuals such as asthmatics, people with bronchitis and the elderly. Patients with angina pectoris who are exposed to carbon monoxide from cigarette smoke can tolerate less exercise before experiencing chest pain. Some studies now indicate that second hand smoke may be the second leading cause of lung cancer occurring in non-smokers. As a consequence, many individuals and society as a whole are turning against smokers.

To a large degree, society dictates the way its members should and should not behave. In fact, cigarette smoking got its start due to the potential health risks faced by society from the earlier use of tobacco for chewing. Tobacco chewing was a common practice of men in the late nineteenth century. Spitting, due to the excessive saliva produced while chewing tobacco, was then considered acceptable behavior. Spittoons were commonplace in homes, businesses and public gathering places. When it was realized that the spitting was responsible for the spread of the germs that caused tuberculosis, society's acceptance of spitting in public was reevaluated.

Spitting was soon viewed as an anti-social behavior, and tobacco chewing was voluntarily stopped by previous users. At about the same time, the first machines for mass production of cigarettes were introduced, and many tobacco users welcomed this new method of nicotine delivery, which did not require spitting and seemed to be risk free.

While tuberculosis and infectious diseases are no longer the major health threats they used to be, degenerative diseases such as heart disease and cancers are now of major concern. With the possibility of smoking contributing to an increase of these diseases in non-smokers, society is becoming intolerant of cigarette smoking.

It will probably reach the point where the disdain for smoking will be similar to society's feeling toward public spitting. If a visitor in your house constantly spits in your ashtray, you would probably toss him out. Smokers are beginning to encounter this same response from family, friends, employers and anyone else with whom they come in contact. They are not welcome as long as they have a lit cigarette, cigar or pipe in their possession.

If you don't wish to become socially ostracized due to the continuation of a dirty and degrading form of drug addiction, don't smoke nicotine. You will be free to go anywhere, any time, without worrying about whether you have cigarettes and will be allowed to smoke them. Life becomes much simpler once you break free from this disgusting addiction. Stay free from cigarettes - NEVER TAKE ANOTHER PUFF!

"I am a smoker!"

That, 25 years ago was a way of showing yourself to be glamorous, sophisticated, grown-up, and even intelligent. It merely meant that you had a simple practice of lighting cigarettes - an activity you shared with over half the men and over a third of the women in most developed nations. But times have changed! Being a smoker today makes you feel as popular as a leper in ancient times. In 25 years, smoking has gone from being a perfectly acceptable, even desirable, "habit" to a socially unacceptable, demoralizing behavior.

But smoking is more than a habit - it is an addiction. Being a smoker is synonymous with being a drug addict. This creates a whole new set of problems. A smoker doesn't smoke by choice, he or she has to smoke. The smoker must smoke in certain time intervals. If not, he or she will experience withdrawal symptoms. This posed no threat 25 years ago. A smoker could smoke at home, work, restaurants, hospitals, doctors offices, actually anywhere and any time he or she wished. It was the perfect drug for an addict. The only time a smoker faced withdrawal was through carelessness - like running out of cigarettes in the middle of the night - but this did not happen often.

However, slowly over the years more and more restrictions have been placed on where a smoker can get his or her "fix." In the beginning it was enforced by "radical" family members or friends. Restricting the smoker's right to smoke was considered to be in poor taste by most smokers and non-smokers alike. These early activists were often criticized and ostracized by those sympathetic to the smoker's plight.

But then the effects of second-hand smoke became an issue. With the possible health implication for non-smokers becoming apparent, the anti-smoking forces had powerful ammunition to support their contention that they had the right to a smoke-free environment. More people banned smoking in their homes. Then small municipalities and whole states started regulating mandatory non-smoking areas in public places. But the strongest threat was not the restriction on smoking in public areas. A smoker could avoid such places or limit the times there.

The newest and greatest threat is now becoming an all too common reality. No-smoking rules are being enforced in the one place the smoker has to be for extended periods of time - the office where he or she works. Some employers are providing out-of-the-way areas where smokers can smoke at breaks. But other companies are totally banning smoking on the premises. This creates the problem of 8-hour withdrawal periods on a daily basis. A smoker may wish to change his or her place of employment to avoid such regulation, but there is no guarantee that the next company won't eventually enforce a similar policy.

Today, chronic withdrawal is becoming a way of life for a smoker. Smoking is a hassle at home, at social gatherings, and now, due to the enforcement of new smoking policies, even at work. Where is it all going to end? The simple fact is that, for the smoker, it isn't. Smoking is beginning to interfere with all aspects of the smoker's life, and every smoker must now ask him or herself the same question, "Is smoking worth it?" If you don't think so, then - NEVER TAKE ANOTHER PUFF!

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