



Serene Scene

Transitional Sober Living Magazine

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12 STEP TREK

Step #7 Asking God to
Remove Our Shortcomings
12 Step Worksheet Series
Courtesy of Serene Center,
Long Beach

IS THERE A CURE TO ADDICTION?

Looking at Addiction's
Biggest Question
Brandon Beckman,
MBA, CATC, CDS

I'M SOBER

And You Should Be Too...
Jay Kolo

SECAD HIGHLIGHTS

Wisdom from the
Southeast Conference
on Addictive Disorders
Dennis Miller, Senior Staff Writer,
BHC Journal.com

BEYOND PSYCHOTHERAPY

The Application of
Mind-Body Medicine
Len Saputo, M.D.
Courtesy of
Serene Scene's
Medical Editor,
Richard Gracer, M.D.

REFLECTION: LEARN FROM OUR PAST AND PRESENT

Part 6 from
The 8 Essential
Ingredients of
Healing
Penny Rock

OPENING THE SMOKER'S VICE

A Solid Plan for
Nicotine Cessation
Andrew Martin, MBA, CADCA



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Photo by Dina Marie



Opening the Smoker's VICE

A Solid Plan for Nicotine Cessation

Nicotine is the mood altering addictive substance in smoking and chewing tobacco that creates a chemically dependent state in many that use tobacco products for an extended period. Some smoking addicts say that discontinuing their smoking habit was harder than discontinuing other chemical substances: there may be some truth to this statement.

For most that smoke and chew tobacco products, the act of smoking and chewing has become inconvenient, very expensive, and socially unacceptable. Additionally, when Gallup Poll asked active smokers if they wanted to quit, three out of four said "YES." So why are so many, particularly those in recovery from other addictions, continuing to smoke and chew tobacco products? The answers lie in several areas, and are individualized; however, there are some apparent trends.

The act of smoking itself is a major contributor adding to the difficulty of quitting. In many social circles, it can feel necessary to smoke in order to be a part of the crowd, or be privy to gossip on the smoker's patio, or feel rebellious against the norm of society. Naturally, all of these excuses for smoking are flawed in one way or another; however, that is why smoking is an addiction and not a simple choice.

The chemical reward system activation caused by smoking is yet another reason why it is difficult to stop using tobacco products. The onset of nicotine within the body is very fast, and the effects of nicotine do not last very long; therefore requiring another dose to maintain the effects. The result of the constant use of nicotine is a behavioral conditioning (or habit) that is hard to break within the physiology of the body: there is more on this later in the article. Suffice to say that if an individual performs the same routine repeatedly, it leads to a subconsciously engrained habit.

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Smoking and chewing tobacco products also allows individuals to escape for a short while. It is a form of isolation or escapism from other people or stresses throughout the day. While the ingestion of nicotine causes a short period of stimulation, it then causes a longer period of relaxation, which can give the impression that the act of ingesting nicotine is helping someone to cope. Naturally, this type of coping mechanism does not work well over the long-term.

For those that wish to quit using tobacco products, there is great hope. The withdrawal effects of nicotine cessation are minimal and there are proven methods to stop using tobacco products. With the recent release of FDA approved medications to assist with the physical cravings for nicotine, now is a great time to implement a smoking cessation plan.

The remainder of this article includes a cessation plan that I put together a while ago. You may find it helpful and enlightening. I hope it provides you with the necessary hope and information to be successful at a smoking cessation plan of your own, should you be pursuing one.

NICOTINE CESSATION

History:

In 1828, French chemists isolated the active ingredient in tobacco and called it nicotine. It is a colorless liquid alkaloid that upon oxidation (burning) turns brown and smells like tobacco. Nicotine is reported to be one of the most addicting chemical substances with approximately 25% of the population smoking cigarettes and approximately 4% of the population using nicotine in other forms such as chewing tobacco. Of people consuming just 4mg of nicotine per day (about 4 cigarettes, 1/20 of a cigar, or 1 wad of chew), 35% will be successful in quitting before the age of 60, the others will continue to use for 40 years or more. Mark Twain remarked how easy it is to stop smoking – “he’d done it several times.”

Because nicotine is legal, it is easy for abusers to justify the use of the drug; however smoking directly causes 435,000 deaths each year with another 53,000 deaths caused directly by second hand smoke. These statistics do not take into account the deaths caused by alternate diagnosis: as an example, pubescent girls exposed to second hand smoke have a 70% greater likelihood of developing breast cancer in her lifetime. The US Surgeon General reports that 80% of the effects of nicotine are passed along in second hand smoke, and that second hand smoke is the #1 cause of cardiovascular disease. Nicotine is a toxin and can be found in such substances as insecticide: just 60mg of Nicotine is a lethal dose for a human being.

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How Nicotine Works:

Nicotine mimics acetylcholine in brain receptor sites, similar to the consumption of THC, which stimulates the mesolimbic dopamine system. However, unlike marijuana, nicotine first stimulates and then blocks the brain synapses. Additionally, nicotine causes the release of adrenaline and dulls pain receptors found in the skin and tongue while increasing heart rate, blood pressure, and respiration. The effect of nicotine on the user is an arousal of the senses about 10 to 19 seconds after ingestion, and then a calming and tranquilizing effect sometime thereafter. One dose of nicotine lasts 10 to 20 minutes, and acts to inhibit the absorption of other drugs while present in the central nervous system.

Because nicotine dependence is an addiction, it may exist as a co-addiction in chemically dependent individuals. Studies show that active smokers have a much higher relapse rate for other substance dependencies. The good news is that a chemically dependent person is three times more likely NOT to relapse if they quit smoking at the same time they arrest other chemical dependency.

**A CHEMICALLY DEPENDENT PERSON IS
THREE TIMES MORE LIKELY NOT TO RELAPSE
IF THEY QUIT SMOKING.**

Smoking Cessation:

The average number of times a smoker tries to quit using nicotine is approximately seven. In spite of that, 30% - 40% of those attempting to quit while in treatment with counseling and pharmacotherapy are successful, compared to only 5% - 10% for those trying to quit on their own.

**30-40 PERCENT OF THOSE ATTEMPTING TO
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Withdrawal from nicotine lasts 2 – 3 weeks and can include symptoms such as chest tightness, concentration problems, coughing, dry throat, post nasal drip, cravings, depression, dizziness, fatigue, constipation, gas, hunger, insomnia, and irritability.

When an individual wants to consider quitting, it may be useful to explore the cognitive rationale of the chemically dependent person. The following questions may be helpful in clarifying the need and/or intent:

- What do you like about smoking?
- What do you dislike about smoking?
- What does smoking do for you?
- Do you want to quit?
- What keeps you from quitting?

Just as with other addictions, the cessation of nicotine abuse must be approached carefully. It can be beneficial to experiment with quitting before a 100% cessation effort. Try quitting for a day, keep a diary, and explore the kind of behaviors and thinking processes surrounding that day.

Once convinced that the smoking needs to stop, approach the task with a carefully laid out cessation plan as follows:

1. Target a quit date (1 – 2 weeks out, and try to taper down before starting)
2. Develop coping strategies (nicotine pharmacotherapy, alternative activities, what to say when offered a cigarette)
3. Plan rewards for successes
4. Schedule outside support resources (counseling, self-help groups like Nicotine Anonymous)
5. Create a list of activities incompatible with smoking (jogging, hiking, climbing, walking, bicycling, etc.)
6. Design a relapse plan

There are many forms of treatment and pharmacotherapy available: group counseling, individual counseling, self-help, nicotine skin patches, nicotine lozenges, nicotine inhalers, nicotine nasal spray, and Chantix to name a few. Keep trying different programs until one works. **SS**