

Chapter 3

Our Wall of Illusion - Nicodemon's Lies?

Inventing Use Rationalizations

How many times have we told ourselves that we needed to use nicotine because we were happy or sad, to stimulate or relax us, to accompany a thrill or because we were bored, to help us concentrate or take our mind off things, or because we were around other smokers or all alone and lonely? During nearly every feeling or situation imaginable I had created a reason as to why this was the proper time to smoke more nicotine.

To “rationalize” is to attribute our actions to rational and creditable motives without analysis of true and especially unconscious motives or, in other words, to create an excuse or more attractive explanation.⁹⁶

Rationalizations are defense mechanisms for making true yet concealed motivations non-threatening. They are a means by which we attempt to justify or make tolerable the feelings, behavior and motives that would otherwise be intolerable.⁹⁷

Rationalizations are often personal and compelling. While a young smoker, I looked upon my chain-smoking mother with her emphysema-riddled lungs and non-stop cough and rationalized to myself, “I’m still young, far younger than she is.” “I haven’t hurt myself yet, so it’s still safe for me to smoke, at least for now.”



Little did I then appreciate that I was just as captive as my mother was. I also could not foresee how emphysema would so weaken her that it would diminish her leukemia treatment options, and that just two years after her own mother’s death she’d be gone. A problem with drug use rationalizations is that reality sometimes crushes them. It forces us to invent new ones.

What percentage of the roughly half of U.S. adult smokers who lost an average of 13 years of their lives rode the “there’s still time” rationalization until it collided with the, “it’s too late now” rationalization?

Some smokers believe that their recovery motivation will somehow be enhanced by waiting for their doctor to diagnose them with some smoking related disease such as chronic bronchitis, recurrent pneumonia, adult onset diabetes or emphysema. But as we’ll review a

⁹⁶ Merriam-Webster Online Dictionary, [Rationalize](#), July 2, 2008

⁹⁷ Online Medical Dictionary, [Rationalization](#), Department of Medical Oncology, University of Newcastle upon Tyne, July 2, 2008

bit later, while fear can motivate action, it has little sustaining power.

We can only stay afraid for so long before growing numb to it. A 2002 study found that only 22% of lung cancer patients who attempted to stop smoking by enrolling in the Mayo Clinic Nicotine Dependence Center were smoke-free six months after the program.⁹⁸

Between the “I’m still young” and the “it’s too late” rationalizations will be hundreds of additional rationalizations invented by a mind that knows amazingly little about why that next nicotine fix remains its #1 priority in life, and even less about nicotine dependency recovery and the path home.

Tobacco industry marketing is designed to feed the addict’s mind in supporting drug use rationalizations. Flavor, aroma, pleasure, price, to be cool, rebellious or make new friends, U.S. tobacco companies spend at least \$14 billion annually to keep us convinced that we use their products for every reason imaginable, except the truth: that we do so because we must. We do so because escalating anxieties begin to hurt when we don’t.

Think about the image, status and message conveyed to both youth never-smokers and hard core smokers by cigarette brand names such as: Alpine, Austin, Belair, Basic, Best Value, Bronson, Bucks, Cambridge, Camel, Champion, Class A, Eagle, Eclipse, Gold Coast, Grand Prix, Jade, Kool, Knights, Lark, Liberty, Lucky Strike, Main Street, Marlboro, Maverick, Merit, Misty, Monarch, Mustang, Natural American Spirit, Newport, Now, Palace, Parliament, Passion, Passport, Players, Pride, Prince, Pure Natural, Pyramid, Quality, Rave, Riviera, Roger, Rosebud, Satin, Savannah, Signature, Sonic, Southern Harvest, Sport, Springwater, Sundance, Tempo, Tourney, Triumph, True, USA Gold, Vantage, Viceroy, Virginia Slims, Wave, Wild Geese, Wildfire, Wildhorse, Windsail, and Yours.

Let’s explore a few of the more common rationalizations.

Chemical to Demon

It is not unusual for those addicted to nicotine to invent destiny controlling monsters and demons inside their bodies and minds. I must confess, some of my own early writings actually suggested such rubbish before Joel taught me otherwise.

The most famous smoking rationalization book is “The Easy Way to Stop Smoking⁹⁹” by the late Allen Carr of England, who we lost to lung cancer on November 29, 2006 at age 72. Like me, Allen was a former thirty-year smoker. Ending his five pack-a-day dependency likely contributed to buying him another 26 years of life.

Allen’s book focuses almost exclusively on a single aspect of recovery, using honesty to demolish and destroy smoking rationalizations, yet more than 40 times he teaches readers that successful recovery involves killing “monsters” that reside within.

⁹⁸ Sanderson CL, et al. [Tobacco use outcomes among patients with lung cancer treated for nicotine dependence](#), Journal of Clinical Psychology, August 2002, Vol. 20, Issue 16, Pages 3461-3469.

⁹⁹ Carr, Allen, The Easy Way to Stop Smoking, 1985, 2004 Edition, Sterling Publishing Company, Inc.

While Allen's work has helped millions to critically analyze their smoking justifications, there are no monsters and there is no Nicodemon – there never was.

Nicotine is simply a chemical. Like table salt, it cannot think, plan, plot or conspire and is not some demon that dwells within. The fact that nicotine has an I.Q. of zero is reason for celebration. Although nicotine influences brain dopamine stimulation, the number of active nicotinic-type acetylcholine receptors, and insula driven anxieties, recovery is not some strength or willpower contest. We don't need to be stronger. Our greatest weapon has always been our infinitely superior intelligence but only if we put it to work.

I wrote a smoking rationalization article in early 2000 that I entitled "Nicodemon's Lies," the title clearly suggesting demon involvement. It wasn't long before Joel set me straight. I first read Allen's "Easy Way to Stop Smoking" in May 2006 and had to chuckle at all the references to monsters. Imagine two ex-smokers, an ocean apart, inventing and blaming evil monsters when attempting to destroy use rationalizations.

As Joel put it, although nicotine is the addictive chemical, it is "no more evil than arsenic or carbon monoxide or hydrogen cyanide – all chemicals found in tobacco smoke."¹⁰⁰ It is the mind's design physiology that generates crave episodes, not some evil force.

According to Joel, terms such as Nicodemon or monster "make nicotine seem to have more power than it actually does. The personification given to it can make an individual feel that nicotine has the potential of tricking him or her into smoking. An inanimate object such as a chemical has no such power." "People do not overcome the grip of chemical addictions by being stronger than the drug but rather by being smarter than the drug."

"Let's not give nicotine more credit than it is due," writes Joel. "Let's not make it some cute and cuddly or evil and plotting entity. It is a chemical that alters brain chemistry. It is no different than heroin, cocaine or alcohol. These drugs don't have cute names given to them and giving cute names to nicotine can start to make it seem different than these other substances -- more trivial or less serious in a way. Nicotine is not more trivial than other drugs of addiction and in fact kills more people than all other drugs of addiction combined."

Nicotine dependency recovery has nothing at all to do with demons or monsters. They are fictions invented by a chemically enslaved and uneducated mind. Nicotine is just a chemical. So long as it does not enter our bloodstream, there will be no need to invent explanations for its continued presence. There was always only one guiding principle ... no nicotine today.

Chemical to Friend

Imagine the illness inside a mind that looks upon its nicotine delivery device as a "good friend." Always there, never lets us down, calms us during crisis, gives us no arguments, it is our life's companion, more dependable than a dog. Is it any wonder that we addicts refer

to recovery as “quitting”? Personifying our addiction comes easily, at least until honesty arrives.

Life’s constant interruption, chemical dependency upon nicotine is an endless exercise in avoiding letdown, letdown clearly visible during crisis, as acidic fluids induce withdrawal. Like table salt, nicotine can’t talk, not one word. Unlike a dog, it never, ever demonstrates affection or is happy to see us. The only thing dependable about nicotine is its ability to keep us dependent upon it.

“My Cigarette, My Friend” is clearly the most widely read “friend” rationalization buster ever.¹⁰¹ Written by Joel, in it he asks, “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.”

As Joel notes, nicotine addiction is about surrendering control. It’s about putting life on pause come replenishment time. It compels smokers to find an acceptable place to feed, even during bad weather. It’s about being forced to go buy more, spending thousands during our years as users.

As a nicotine smoker it deprives us of engaging in prolonged vigorous activities. “Your friend won’t let you,” writes Joel. “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?”

Our “friend,” Joel notes, “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.” “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

101 Spitzer, J., “[My Cigarette, My Friend](#),” WhyQuit.com, Joel’s Library, 1990.

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,” writes Joel.

“But eventually your friend tires of you,” Joel reminds us. “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.”

Our cigarettes, cigar, pipe, chew, dip, gum or lozenge was the means by which nicotine entered our bloodstream. It is no more a friend than is a stainless steel spoon. Friend, asks Joel? They are “expensive, addictive, socially unacceptable, and deadly.” If anything they are closer to being the enemy. But in truth, our form of nicotine delivery is not our friend or the enemy. And it certainly isn’t a friend controlled by demons and monsters residing within us.

Expense and increasing social unacceptability are common to all forms of nicotine delivery. While each method of delivery comes with other chemicals, which pose their own risks, the form of delivery does not alter the super-toxin nicotine’s risks, or its ability to chemically addict the human brain.

It’s increasingly common to see those hooked on nicotine replacement products treat their form of nicotine delivery as though a “friend.” The risks posed by the nicotine alone are likely significantly less than those faced by smoking it. However, nicotine’s continued use, in any form, is NOT safe.

If you have Internet access, go to www.PubMed.gov. PubMed is the U.S. government’s medical study search engine. Search the word “nicotine.” My search on August 29, 2008, produced 10,205 journal articles having nicotine in the title. In the footnote below I cite titles to a few of the papers published during August 2008.¹⁰² It isn’t necessary for anyone

102 Vaglenova J, [Long-lasting teratogenic effects of nicotine on cognition: Gender specificity and role of AMPA receptor function](#), *The Neurobiology of Learning and Memory*, **August 12, 2008** [Epub ahead of print]; also see, Somme E, et al, [Prenatal Nicotine Exposure Alters Early Pancreatic Islet and Adipose Tissue Development with Consequences on the Control of Body Weight and Glucose Metabolism Later in Life](#), *Endocrinology*, **August 7, 2008** [Epub ahead of print]; also see Huang YY, et al, [Chronic nicotine exposure induces a long-lasting and pathway-specific facilitation of LTP in the amygdala](#), *Learning & Memory*, **August 6, 2008**, Volume 6;15(8), Pages 603-610; also see, Zhang J, et al, [Nicotine Induces Resistance to Chemotherapy by Modulating Mitochondrial Signaling in Lung Cancer](#), *American Journal of Respiratory Cell & Molecular Biology*, **August 1, 2008** [Epub ahead of print]; also see, Baykan A, et al, [The protective effect of melatonin on nicotine-induced myocardial injury in newborn rats whose mothers received nicotine](#), *Anadolu Kardiyol Dergisi*, **August 2008**, Volume 8(4), Pages 243-248; also see, Marchei E, et al, [Ultrasensitive detection of nicotine and cotinine in teeth by high-performance liquid chromatography/tandem mass spectrometry](#), *Rapid Communications in Mass Spectrometry*, **August 2008**,

to resort to scare tactics or exaggeration regarding nicotine's effects upon the body. The truth is bad enough.

Personifying chemical delivery may artificially inflate emotional bonds and attachments but nicotine, regardless of how delivered, is just a chemical. Chemicals can't think or feel, but are capable of causing addiction and harm.

“I like it” - “I love it”

I used to say this too and believed this rationalization with every fiber of my being. Think hard, what is it that you love about smoking or using oral tobacco? If a smoker, what is so wonderful that we are willing to damage and even destroy our lungs and gradually clog every artery in our body, while accepting a 50/50 chance of departing earth more than 5,000 days early? If an oral user, how much love does it take to permanently expose your mouth to unadulterated tobacco's 2,550 chemicals?

Joel teaches that as dependent users we live a constant struggle to maintain a narrow range of nicotine in our bloodstream, referred to as our “serum nicotine level.” Each time our serum nicotine level falls below our minimum limit we begin sensing the onset of symptoms of early withdrawal.

We start growing tense, anxious, irritable, and depressed and the only thing that will bring us immediate relief from escalating symptoms is more nicotine. Once replenished, we are left totally convinced that we “enjoy smoking,” “like chewing” or “love our dip.”

On the other end, we also have to be cautious not to use too much nicotine and exceed our upper limit of tolerance or we risk suffering varying degrees of nicotine poisoning. Early symptoms can include a sick feeling, nausea and dizziness. As Joel notes, being a successful user is like being an accomplished tightrope walker, constantly maintaining a balance between these two painful extremes of too much or too little nicotine.¹⁰³

According to Philip Michels, PhD, a USC School of Medicine professor and cessation facilitator, it is normal for us to look to our own behavior in order to obtain clues about our attitudes and beliefs. We tend to draw conclusions about what we must like by watching what we see ourselves doing. Such self-analysis goes like this:



Volume 22(16), Pages 2609-2612.

103 Spitzer, J, “[I smoke because I like smoking.](#)” an article in Joel’s free PDF book [Never Take Another Puff](#), <http://whyquit.com/joel>

Logical Yet False Reasoning

- **I don't do things I don't like to do**
- **I smoke lots and lots of cigarettes**
- **Thus, I must really love smoking**

They say, "Ignorance is bliss." But for those addicted to smoking nicotine it is likely fatal. Now let's look at how informed analysis might flow:

Logical & True Reasoning

- **I don't do things I don't like to do**
- **I smoke lots and lots of cigarettes**
- **Each puff destroys more of my body**
- **I'm actually slowly killing myself**
- **I've learned nicotine is highly addictive**
- **I tried breaking free but failed**
- **Thus, I'm probably a "real" drug addict**

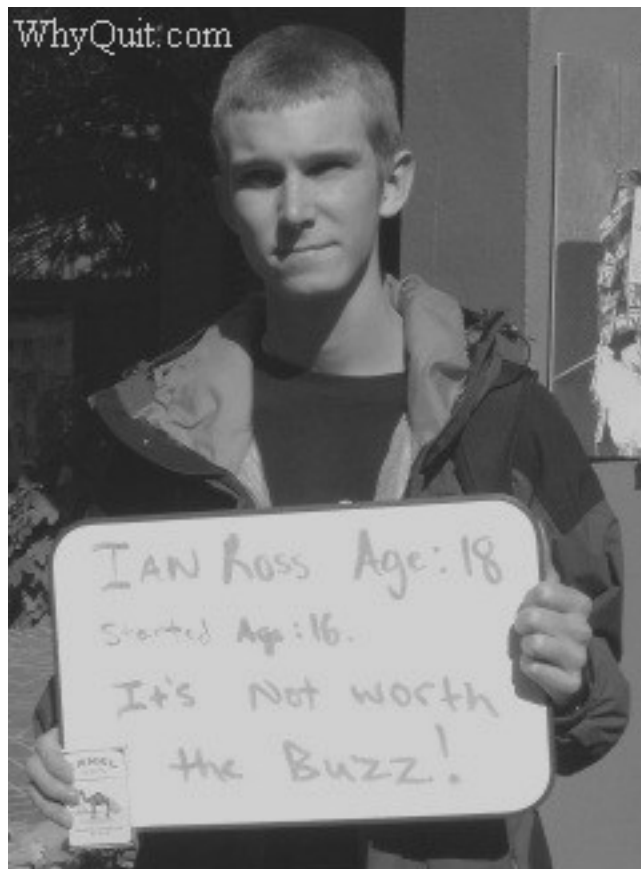
The most compelling statement of like or love revolves around the undeniable dopamine "aaah" sensation that arrives following replenishment. But even here the rationalization relies heavily upon selective memory. When valuing replenishment is it fair to ignore the urges and escalating anxieties that often immediately precede the "aaah"? The two are tied together. If we wait longer prior to replenishing, every nicotine-induced dopamine/adrenaline high will have a corresponding anxiety and depression riddled low. Every nicotine addict knows the "where is my nicotine?" feeling, and the emotions that accompany the "I need a nicotine fix AND NOW!!!" feeling. Remember the, "where are my cigarettes" feeling? Do you recall the emotions that accompany the "I have to have a smoke, AND NOW" feeling?

At Joel's clinics he identifies the two pack-a-day smokers who insist that they smoke because of the "good cigarettes" or because they like smoking. "First I ask them to tell me which cigarettes stand out in their mind as being really great cigarettes on any given day. Usually they will offer up the first one or two they have when they wake up, the ones after meals and maybe one or two others that they have on certain breaks." He then watches as they try to think of other good ones but none seem to come to mind.¹⁰⁴

“I simply point out that we have a mathematical problem occurring here. They have come up with five to seven good cigarettes yet they are smoking forty or more cigarettes a day. Where are those other cigarettes?”

As Joel points out, a few were smoked and tasted nasty while others were marginal but as soon as they were snuffed out they can't even be recalled. “So here we have a few good cigarettes, a few lousy cigarettes and a whole bunch of what now seem to be insignificant cigarettes.” As Joel notes, while there may be some good ones, they have to be accompanied by all of the mediocre and miserable ones, and when it comes down to it, “all of them, even the good ones are killing them.”

Regarding the few identified as “good cigarettes,” Joel poses a follow-up question. “How much do you like smoking? Do you like smoking more than you like something like, oh, I don't know...something like maybe...breathing?”



If we say we “like smoking” are we also saying we like the morning phlegm in our lungs and the need for water for a “horribly dry throat”? What about the nasty taste it leaves in our mouth and how it makes foods taste bland? If a pack-a-day smoker, do we like devoting an hour and a half each day to feeding our addiction? What about often feeling hurried, the dirty brown film on the inside of the car windshield, rush hour anxieties depleting nicotine reserves quicker, being unable to smoke while at work, attempting to run and being left with a throbbing heart that seems to want to explode, or standing in line to buy more nicotine, are we saying we like them too?¹⁰⁵

Furthermore, how can we claim to like or love something when we have no legitimate basis for comparison? A key reason why nicotine dependency recovery is so challenging is that dopamine pathway “aaah”s and insula cravings leave us convinced that using nicotine is as important as eating, that ending its use is akin to starving ourselves to death. To one degree or another, we are left falsely convinced that nicotine use defines who we are.

If we can no longer remember and explain what it felt like to reside inside our mind prior to nicotine taking control, if we cannot recall the calm and quiet mind we once called home, then what honest basis exists for asserting that we love and miss using nicotine more than we miss the pre-nicotine us? How can we talk about love if we cannot remember life prior to climbing aboard the endless roller-coaster ride of nicotine-dopamine-adrenaline highs and

105 Spitzer, J, “[Boy, do I miss smoking!](http://www.fff.yuku.com/topic/20665)” March 9, 2001. <http://www.fff.yuku.com/topic/20665>

lows?

As real drug addicts in every sense, with blind obedience to a true chemical dependency, what's love got to do with it?

“It relieves stress and anxiety”

It is normal and natural to believe that smoking is a stress buster, that it calms us during crisis. How could we not believe it? We felt it happen hundreds or maybe even thousands of times. But as reviewed in the previous chapter, stress relief is one the biggest rationalization shams of all.

According to a once secret 1983 Brown & Williamson research memo, “People smoke to maintain nicotine levels” and “stress robs the body of nicotine, implying a smoker smokes more in times of stress due to withdrawal, not to relax.”¹⁰⁶

Stressful events turn body fluids more acidic, which accelerates depletion of blood serum reserves of the alkaloid nicotine. Whether smoked, chewed or dipped, nicotine does not relieve anxiety but only its own absence. Like taking the time to calm ourselves by counting to ten, the time needed for replenishment combines with the arrival of a new supply of nicotine and leaves us falsely yet totally convinced that nicotine was an emotional solution to crisis.

When does nicotine ever resolve the underlying crisis? If the tire was flat, it was still flat. If some event made us angry, nicotine replenishment totally ignores the event.

Feeling the physiological effects of stress causes kidney urine acidification. Sucking nicotine from the bloodstream has the effect of making every stressful event life throws our way far more stressful than it is for never-users or ex-users, as they only need to endure the stressful event, not nicotine withdrawal too.

Without replenishment, even if the flat tire or other stressful situation is tackled and resolved, the nicotine addict still is not going to feel good. Conflict resolution does not ease withdrawal. Only re-administration of nicotine or navigating withdrawal and the up to 72 hours needed to eliminate nicotine from the body can bring relief.

Unlike total nicotine elimination, replenishment's relief is temporary. While it calms for the moment, the user will again soon be forced to confront the chemical clock governing their life (nicotine's two-hour chemical half-life) or witness accelerated depletion brought on by encountering stress or by consuming alcohol.

Joel makes one final yet important point. Nicotine's false calming effect quickly becomes a rationalization crutch reached for during stressful situations. The crutch and nicotine's

106 Brown & Williamson Tobacco Corporation, [Internal Correspondence](#), March 25, 1983, Bates Number: 670508492; <http://legacy.library.ucsf.edu/tid/uly04f00>

impact upon the user’s life is “more far-reaching than just making initial stress effects more severe.” According to Joel, “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 the ability to communicate and maybe even in some way, grow from the experience.”¹⁰⁷

Joel shares an example. “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 in 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,” writes Joel. “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,” writes Joel. “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.”

As Joel explains it, years of nicotine use stopped us from properly dealing with feelings early on. Instead, we allow them to fester and grow to a point where when they do come out, it is far more severe than if initially addressed. Sooner or later, even if we fail to break free from nicotine, that unresolved stress will most probably result in either a blowup or onset of one or more anxiety related diseases.

Don’t for a second think that hiding from life by escaping into a central nervous system

107 Spitzer, J, [New Reactions to Anger as an Ex-smoker](http://whyquit.com/joel), an article in Joel’s free PDF book [Never Take Another Puff](http://whyquit.com/joel), <http://whyquit.com/joel>

stimulated dopamine “aaah” sensation or hiding from life is an answer or solution. It’s our problem. As we climb back into our mind’s driver’s seat we need to listen to our feelings and emotions. We may discover that we need to learn to address the root causes of once suppressed anxiety or anger in positive and healthy ways.

The only lasting solution to anxieties brought on by rapidly falling nicotine reserves, anxieties that interfere with healthy conflict resolution, is to bring active nicotine dependence to an end.

“I’m just a little bit addicted”

With nicotine dependency diagnostic standards bearing official looking acronyms such as DSM-IV, FTND, MNWS, M-NRQ and HONC, much is being made of the validity of research standards for assessing the onset, existence and depth of nicotine dependency. But as to how deeply we’ve walked into dependency’s forest and measuring just how lost we’ve become, being a little bit addicted is like being a little bit pregnant.

It is normal to want to rationalize that we don’t have a problem, or if we do that it’s just some “nasty little habit”, or if not and we really are addicted that we’re just a little bit addicted. It’s normal for us to compare our situation with that of other drug or nicotine addicts and rationalize that it’s not nearly as bad.¹⁰⁸

The easiest dependency comparison standard is how frequently we use nicotine, our level of tolerance. But let’s stop kidding ourselves. Whether our brain demands a single nicotine fix daily or thirty, having lost the ability to simply say “no,” why pretend superiority once a full-fledged nicotine addict? See pretending superiority for what it really is, an addiction minimization rationalization that keeps you behind bars.

“I do it for flavor and taste”

Taste? Taste? How many taste buds are inside human lungs? Answer: zero, none!

We blame continuing use on what we describe as tobacco’s wonderful smells and tastes. This rationalization totally ignores the hundreds of flavor additives that the tobacco industry uses to engineer an amazing spectrum of smells and tastes. It also ignores the fact that hundreds of other plants, products and people smell good too but never once did we find it necessary to light any of them on fire and suck them deep into our lungs in order to complete the experience. But if any are ever soaked in nicotine, stand back as we’ll likely want to chew or set them on fire too.

A 1972 memo from Brown & Williamson consultants entitled “Youth Cigarette – New Concepts” recommends the company use a "sweet flavor cigarette... It’s a well-known fact that teenagers like sweet products. Honey might be considered." It also recommends apple-flavored cigarettes. “Apples connote goodness and freshness and we see many possibilities

¹⁰⁸ Craig, Kathleen, [Not Much of a Smoker](#). Originally posted at MSN’s Freedom from Tobacco’s on February 29, 2004, and today shared on Yuku’s Freedom from Nicotine forum on the site’s [Rationalizations](#) message board.

for our youth-oriented cigarette with this flavor.”¹⁰⁹

Since 1972 almost 700 industry tobacco flavor additives have been identified including: alfalfa extract, allspice extract, anise, angelica root extract, apple fructose, apricot extract, balsam oil, banana fructose, bark oil, basil oil, bay leaf, beet juice, black current buds, blackberry fructose, beeswax, bergamot oil, brandy, caffeine, cajeput oil, camphor oil, cananga oil, carob bean extract, caramel, caraway oil, carrot seed oil, cassia cocoa, cedarwood oil, celery seed extract, chocolate, chicory extract, cinnamon leaf oil and extract, citric acid, clary sage oil, clove oil, coffee extract, cognac oil, coriander oil, corn oil, corn syrup, corn silk, costus root oil, cubeb oil, cypress oil, dandelion root extract, date fructose, davana oil, dill seed oil, fennel sweet oil, fenugreek, fig juice, ginger oil, geranium rose oil, gentian root extract, grape fructose, honey, hops oil, jasmine, lactic acid, juniper berry oil, leucine, lavandin oil, kola nut extract, lemon oil, lavender oil, licorice, lemongrass oil, lime oil, linaloe wood oil, lovage oil, longosa oil, locust bean gum, linden flowers, menthol, mandarin oil, maple syrup, milk solids, wild mint oil, garden mint oil, mullein flowers, nutmeg, oak moss, oak bark extract, olibanum oil, olive oil, orange leaf, orange blossoms, orange peel oil, orris root, palmarosa oil, peach extract, pear extract, plum extract, peruvian oil, patchouli oil, parsley seed oil, peach kernel oil, pectin, pepper oil, peppermint oil, plumb juice, pimenta leaf oil, pine needle oil, pineapple extract, pipsissewa leaf extract, prune extract, quebracho bark, raisin extract, raspberry extract, rose water, rose oil, rosemary oil, rum, saccharin, saffron, sage oil, sandalwood oil, sclareolide, sherry, smoke flavor, sodium, spearmint oil, spike lavender oil, snakeroot oil, starch, star anise oil, strawberry extract, styrax gum, sucrose syrup, tamarind extract, solanone, tangerine oil, sugar alcohols, sugars, tarragon oil, thyme oil, rye extract, thymol, toasting flavors, tobacco extracts, tolu balsam gum, tagetes oil, tuberoso oil, turpentine oil, urea, vinegar, valine, wild cherry bark, xanthan gum, valerian root, vanilla beans and extract, vanillin, vetiver oil, violet leaf oil, walnut extractables, wheat extract, wine, whisky, yeast, and ylang ylang oil.

Tobacco’s smells and flavors are highly engineered. Curing methods and additives attempt to make tobacco’s natural harshness acceptable to the senses. If you like one or more additives in your brand, such as licorice or chocolate, then go purchase licorice or chocolate. Savor their flavors. I doubt you’ll feel a need to light them on fire or later spit them out.

There are zero taste buds inside human lungs. Advertising which suggests that flavor or taste is the reason smokers suck nicotine laden smoke deep into their lungs (and then briefly hold it there) is an insult to our intelligence. Likewise, marketing that attempts to brainwash oral tobacco users into believing that taste is the reason they allow scores of toxins that damage taste bud sensitivity to linger in their mouth is pathetic.

“My coffee won’t taste the same”

There’s some truth here but probably not for the reason you’re thinking. Toxins in tobacco smoke actually impair our ability to accurately smell both coffee and cigarettes. It also increases the risk of taste impairment (an inability to detect very small amounts of one or

109 Marketing Innovations Inc., [Project: Youth Cigarette – New Concepts](#), September 1972, Brown & Williamson Document, Bates Number: 170042014

more of the four basic tastes: sweet, salty, sour and bitter) by 71% in smokers smoking 20 or more cigarettes per day.¹¹⁰

As Joel teaches, smells and flavors may not be better but will likely be more accurate. Once our senses have healed, many of us will find that coffee's smell and taste actually improves.

Personally, my morning coffee experience is far richer than when smoking. The aroma of coffee flowing through the automatic brewer often awakens me and the pot is more than 50 feet away.

“It helps me concentrate”

Introducing vast quantities of carbon monoxide into the brain by smoking nicotine does not improve concentration. Although nicotine is undeniably a stimulant that stimulates fight or flight pathways and excites certain brain regions, it is also a super toxin, vasoconstrictor, and promotes hardening of the arteries through angiogenesis. We probably won't worry about concentration if chronic nicotine use destroys too much brain gray matter or causes a stroke. Fresh air and exercise are far healthier brain stimulants.

As we navigate recovery it's important to understand the role nicotine played in regulating blood sugar, as its absence can cause the temporary impairment of concentration and clear thinking. Concentration problems stemming from low blood sugar can be avoided by drinking plenty of fruit juice (cranberry is excellent) during the first three days. Also try not to skip any meals for the first few weeks. Nicotine released stored fats and sugars into our blood, effectively feeding us with every puff, dip or chew. It isn't necessary to eat more food but to learn to spread our normal calorie intake out more evenly over the day, so as to keep blood sugar levels stable.

“I do it to relieve boredom”

It's easy to relate nicotine use to boredom. However, in reality we need to replenish whether we are bored to death, having the time of our life, and when things are normal or somewhere in-between. It makes sense that nicotine use might be more noticeable and thus more memorable when we are bored and doing nothing at feeding time. If excited or busy we may not even notice nicotine refueling.

The half-life of nicotine in the human body is about 2 hours. Most don't wait for the onset of depletion anxieties before tanking up again. Most do so early and often, whether bored or not.

Have you ever noticed the minor anxieties that occur when bored? It's why we talk of “relieving” boredom. Boredom is thought to be a means by which the mind motivates action. It causes us to seek accomplishment and the dopamine “aaah” reward that come

110 Vennemann MM, et al, [The association between smoking and smell and taste impairment in the general population](#), Journal of Neurology, July 28, 2008 [Epub ahead of print].

with anticipating completion and completing each task. It's sad to think that the mind views successful nicotine replenishment as a form of accomplishment.

Wowers! Maybe that's why we make such a powerful association between nicotine use and boredom. Instead of earning the rewards that boredom's anxieties seek to motivate, we steal them, over and over again.

Recovery presents a substantial increase in opportunities to call upon our boredom rationalizations. If we engage in nicotine replenishment ten times per day, and each averages five minutes, we now have nearly an extra hour each day to either fill with some new activity or to sense boredom's anxieties.

We didn't smoke, chew or dip due to boredom. Never-users get horribly bored too but most don't think about nicotine replenishment as a means of relief. Why would they?

Escalating nicotine depletion anxieties demand replenishment. Nuisance boredom anxieties suggest that we find something to do. While we can endure boredom, the onset of early nicotine withdrawal is another matter. With the single act of replenishment we satisfied both.

Boredom can be a productive emotion. Recovery will clearly add additional free time to each day. Hopefully we will spend it in healthy, productive and joyful ways.

“I do it for pleasure”

“I smoke for pleasure.” Pleasure? It's the Newport sales cry and it's highly effective.

Pleasure is defined as a state of gratification, a source of delight, satisfaction or joy. Tobacco industry store marketing almost daily crams pleasure suggestions down our throats and into our subconscious minds. Playing upon dopamine's "aaah," they tout satisfaction as why smokers smoke.

The pictures associated with pleasure marketing almost always depict smokers laughing, looking carefree and having fun. While the conscious mind may not be noticing them, our subconscious is always listening.

Pleasure rationalizations sink their teeth into nicotine's dopamine high while ignoring the anxieties of nicotine's low. We are true drug addicts. As such, do we seek nicotine's high for pleasure or due to chemical obedience, because we must?

Pleasure? Why are there no marketing ads showing the serious displeasure that occurs when too much time passes without tobacco? It is hard to imagine being any more



intellectually dishonest than to teach children and teens that we use nicotine for pleasure. We do so because we have to, because the displeasure starts hurting when we don't.

“It’s my choice and I choose to”

“Quitters never win and I’m no quitter.” “It’s my choice and I choose to continue using nicotine!” The fact is, we lost “choice” the day nicotine took control. But that doesn’t stop the tobacco industry from spending billions on store marketing to build a mighty facade that screams, “Smoking is an adult free-choice activity.”

Every time we step up to the counter to purchase tobacco the signs and displays hammer our brains with the message that using it is all about flavor, pleasure and aroma.

Apparently few tobacco executives “choose” to buy into the lies. A former Winston Man, David Goerlitz, asked R.J. Reynolds executives, "Don't any of you smoke?" One executive answered, "Are you kidding? We reserve that right for the poor, the young, the black, and the stupid."¹¹¹

Once hooked, our only real alternative is the up to 72 hours needed to purge nicotine from our system. Choice? What users have chosen is to avoid withdrawal. As Joel puts it, it isn't that we like using nicotine but that we don't like what happens when we don't use it.

Then there are those of us who claim to smoke knowing full well that it's killing us. We say we don't care what happens, that we don't want to get old, that we have to die of something, so why not smoking. Most of us using these “self-destruction” rationalizations do so to hide the fears born of a history of failed attempts, and of a false belief that we're somehow different than others, and that we'll never be able to stop using.

Try to find anyone who isn't shocked when cancer, emphysema, heart attack or stroke does occur. As Joel writes, "no one ever called me enthusiastically proclaiming, 'It worked, it's killing me!' On the contrary, they were normally upset, scared and depressed."¹¹²

Choice? Once out from under our dependency's control then free choice is restored. But just one puff, dip or chew and our freedom and autonomy will again be lost, as our brain is soon begging for more.

“It’s just a nasty little habit”

"Nasty little habit?" We are true drug addicts in every sense! That's right, look in the mirror and you'll see an honest to goodness drug addict looking right back.

This is one of the most harmful rationalizations of all as it minimizes the risk of using nicotine products in the minds of our children. While it clearly takes time and repetition to

111 New York Times, [In America, Tobacco Dollars](#), by Bob Hebert, November 28, 1993.

112 Spitzer, J, "[I Smoke Because I'm Self-Destructive](#)," an article in Joel's free PDF book [Never Take Another Puff](#), <http://whyquit.com/joel>

establish a habit, research suggests that “experimenting” with smoking nicotine just once may be sufficient to begin fostering a loss of the autonomy to stop using it.¹¹³

Adoption of the “habit” rationalization is also disabling to those already enslaved. Instead of learning and living on the right side of the “Law of Addiction,” we reside in a pretend world where some day we’ll awaken and at last discover how to control, mold, modify or manipulate our nicotine use, so as to allow us to use or not use nicotine as often as we please. At last we’ll discover how to have our cake and eat it too, ” or so we dream.

The phrase "nasty little habit" is just more junkie thinking. Such soft fuzzy words are used to self minimize the hard cold reality of being chemically married to and dependent upon nicotine. It’s much easier to tell yourself that all you have is some "nasty little habit." The warmth of the phrase is akin to that found in the word "slip," a means to sugarcoat relapse and failure.

Failing to use turn signals while driving is a "nasty little habit" and so is using too many cuss words, cracking our knuckles or maybe even losing our temper too often. But, we will not experience physical withdrawal symptoms if we start using turn signals, stop using cuss words, stop cracking our knuckles or when we learn to keep our temper in check.

Chemical addiction does foster habits but it does so by forcing each of us to select patterns for the regular delivery of our addictive drug. Our addiction fathers our drug feeding habits, not the other way around. We would never develop a habit of sucking smoke into our lungs while talking on the telephone or after a meal unless the consequences of constantly falling reserves compelled us to do so.

Nicotine dependency is extremely dependable. Our blood-serum nicotine level always declines by roughly half if we fail to replenish within two hours. We can depend upon our mind to begin issuing subtle urges to remind us that it is time to bring more nicotine into our body. Calling nicotine addiction a habit is like calling a young child a parent.

It didn't take any two hours for my mind to generate the anxieties needed to compel me to smoke more. At three packs-a-day, if I was on the phone and had not filled my nicotine tank in the past 15 to 20 minutes, then, like call waiting, a second message from my brain’s insula arrived, reminding me of my need to feed. Even food refueling would take a backseat to nicotine replenishment if the meal lasted much longer than 30 minutes. It limited uninterrupted driving time, romance, learning, exercise (if you can call it that), work, living and nearly every aspect of my life.

Yes, it was almost always nearing time for another fix. Yes, I developed habits but not just for the sake of having habits. There were only two choices - smoke more nicotine or prepare for withdrawal.

I wish it were just a "nasty little habit," I truly do. But, truth is, my name is John and I’m a recovered nicotine addict. Comfortably, I live just one puff away from three packs a day.

113 DiFranza JR, [Hooked from the first cigarette](#), Scientific American, May 2008, Volume 298(5), Pages 82-87.

If I want to stay free, and to stay me, all I have to do is ... Never Take Another Puff, Dip or Chew!

“I’ll lose my friends”

According to Philip Morris research, “over 85% of smokers agree strongly/very strongly with the statement, “I wish I had never started smoking.”¹¹⁴ Most of our friends feel the same and wish they knew how to stop. They can benefit greatly by having a friend in their corner who understands the journey users make in returning home.

The nicotine addict’s mind has been conditioned to believe, through association, that using nicotine is central to our entire life, including friendships. While true that we will no longer engage in nicotine use with any person, no relationship whose foundation is broader than shared drug use needs to be adversely affected by nicotine’s absence. Successful recovery need not deprive us of a single friend or loved one. On the contrary, tobacco use has probably cost us relationships. Fewer and fewer non-users are willing to tolerate being around the smells and smoke, and oral tobacco use can be a major turn-off.

Aside from no longer using nicotine, our current lives do not need to change at all unless we want them to change. Mine did. I no longer sought situations that allowed me to feel comfortable smoking. Fellow nicotine addicts don’t normally try to make each other feel guilty for being hooked and using. In fact, there can be a very real sense of dependency camaraderie. We serve as a form of “use” insurance for each other on those occasions when our supply runs out.

Obviously, I no longer frequented community ashtrays. In fact, for the first time in my adult life I found myself totally comfortable sitting beside non-users and ex-users for extended periods of time. Gradually, yet increasingly, my circle of friends and acquaintances grew to include far more non-users and ex-users. It was as if my addiction had been picking relationships for me.

“I can’t quit”

I’ve made it no secret over the years that my favorite Joel Spitzer article is the one entitled, “I Can’t Quit or I Won’t Quit.”¹¹⁵ It’s about a lady who enrolled in one of Joel’s two-week clinics, which involved six, two-hour sessions. She advised Joel up front that, "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."

Joel said, “Sure. I won't make you talk, but if you feel you would like to interject at anytime, please don't hesitate to.” She grew angry. "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?"

114 Philip Morris, [The Cigarette Consumer](http://legacy.library.ucsf.edu/tid/wos84a00), March 20, 1984, Bates Number: 2077864835; <http://legacy.library.ucsf.edu/tid/wos84a00>

115 Spitzer, J, [I Can't Quit or I Won't Quit](http://www.whyquit.com), WhyQuit.com, Joel's Library, 1986.

Surprised by the force of her reaction, he said he'd honor her request. Although he still hoped she'd change her mind and share her experiences with the group, Joel was no longer expecting it.

With approximately 20 participants, it was a good group except for two women in back who "gabbed constantly." Others were forced to turn around and ask them to be quiet. The women would stop for a few seconds and then were right back at it. Sometimes, when other people were sharing sad, personal experiences, they would be laughing at some humorous story they had shared with each other, oblivious to surrounding happenings, recalls Joel.



On the third day of the clinic it happened. The two ladies in the back were talking away as usual when a young lady asked if she could speak to the group first because she had to leave. The two in the back continued their private conversation as if she wasn't there. The young woman said, "I can't stay, I had a horrible tragedy in my family today, my brother was killed in an accident. 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'd remained nicotine-free for two days and not smoking was obviously important. Joel recalls that the group "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," writes Joel. "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." The young lady excused herself to return to her family, said she'd keep in touch and thanked the group for their support.

A few minutes later Joel was relating a story to the group when all of a sudden the lady who had requested anonymity interrupted him. "Excuse me Joel," she said loudly. "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 went 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."

She turned to the two ladies in the back, who Joel recalls had listened to her every word. "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 told them about the young woman whose brother was killed and how they laughed, totally unaware of her loss.

"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." Joel recalls they sat stunned. He had to calm the group as things had become "quite charged." Needless to say, writes Joel, "that was the last of the gabbing from the back of the room for the entire two-week clinic."

All present that night were successful in remaining nicotine-free. The two ladies who had earlier talked only to each other were applauded by all during graduation, even by the lady with lung cancer. "All was forgiven," recalls Joel. The lady who'd lost her brother was also present, nicotine-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," wrote Joel. Six weeks later his mother was dead.

When Joel called to see how she was doing her son answered. He thanked Joel for helping her quit at the end and told him how proud she was and how proud he was of her. "She never went back to smoking, and I will not either," he said.

She'd taught her children a falsehood and as her final lesson sought to set the record straight. It wasn't that she couldn't quit but that she wouldn't. I too was once convinced "I couldn't" but it was a lie. It was a lie sold to me by a mind taken hostage by nicotine, a captive mind that had me believing that my next fix was more important than life itself.