



Thank You for Not Smoking

by Christina Skoski, MD

“Quitting smoking is easy. I’ve done it hundreds of times.”
~ Mark Twain (or so they say)

**“OK, OK, I know all this.
I’ve tried and failed, so quit
nagging!”**

Smoking is the single most preventable cause of death and disease in the U.S. today.

Tobacco use is responsible for one-third of all cancer-related deaths. In addition to its well-documented link to lung cancer, it can also cause tumors of the mouth, larynx, bladder, kidney, cervix, esophagus, stomach and pancreas. Smoking damages the microcirculation, causing peripheral vascular disease, a leading cause of amputation. It also leads to major heart and lung problems, such as strokes, heart attacks and emphysema. At the very least, smoking decreases mobility and stamina and weakens your bones, your immune system and your body’s ability to heal. Recent research also demonstrates that smoking increases the risk of developing Type 2 diabetes, and people with diabetes who smoke are at risk for nerve damage, vision loss and amputation.

Only a rare few are able to quit “cold turkey,” particularly without withdrawal or cravings. Most people find quitting to be extremely difficult. The average smoker tries to quit seven times before quitting successfully. Nicotine is one of the most addictive substances in nature, even more so than alcohol, heroin or cocaine. Coping with withdrawal’s physical symptoms is hard enough, but it’s also psychologically addictive. Breaking habits that have been ingrained in your everyday life for years adds to the difficulty. Understanding that this is an addiction, both physical and psychological, will help you advance to the next step in quitting. The old saying, “If at first you don’t succeed, try, try again,” couldn’t be more relevant. Despite the image the tobacco companies might want to portray, smoking is not a lifestyle choice. No matter why you took your first puff, once you become addicted, willpower has little to do with quitting.

Many studies have been done and millions of dollars have been spent by the government and public health organizations to find ways to help you rid yourself of this addiction. Smoking cessation techniques range from the innocuous to the extreme, including cutting down, hypnosis, acupuncture, counseling, support groups, cold turkey, inpatient treatment programs, aversion therapy (such as

the snap of a rubber band or a mild electrical shock), behavior modification, and lifestyle changes. A number of nicotine replacement medications are available over the counter or by prescription. Other new, non-nicotine drugs are presently available or soon will be. When it comes to quitting, we know that those who are most successful use more than one technique, intervention or drug.

In my case, I started smoking in college to help deal with stress. Everyone in my family smoked, and I quickly became addicted too. I've lost track of how many times I tried to quit over the years, but I've tried nearly every technique described in this article. I've been completely smoke-free since September 2000. Honestly, for me it was harder to quit than it was to lose my leg and learn to walk again. I really understand and sympathize with smokers and appreciate just how difficult quitting can be. The choice of which technique or combination will work best for you is extremely personal, and depends on your habits. But you can quit.

**OK, I'm ready to try.
Where do I start?**

Strategies and Skills for Quitting

(based on the U.S. Surgeon General's five keys to quitting)

1. Get Ready

Like an actor preparing for a role, you've got to find your motivation. No one can make you quit smoking if you're not truly motivated, so ask yourself honestly: "Why do I want to quit?" Make a list (surely you can think of more than one reason!) and keep a copy handy for times when you need to remind yourself why you're doing this. Some examples include:

- Setting an example for your children
- Wanting to see your children (or grandchildren) grow up
- Getting rid of the odor in your clothes, house and car
- Walking without pain or getting short of breath
- Being afraid of losing another limb.

My motivation was pretty objective. Osteoporosis had weakened my bones and interfered with my ability to wear my prosthesis and maintain my level of mobility and activity. My choice was simple: Walk or smoke. Duh!

- Make a plan. Find out about the kinds of help available in your area. Most community hospitals offer free smoking cessation programs. Your county and state health departments will provide free information to help you develop a personal plan for quitting. Call 800/QUIT-NOW for free support with a trained counselor who will inform you of free smoking cessation services in your state.
- If you've tried and failed in the past, consider what helped and what didn't. Plan strategies to deal with your specific habits.
- Check with your insurance provider to see what programs and drugs are covered under your plan.

2. Get Support

Enlist the support of your family and friends. Announce your intention to quit and ask them for encouragement and positive reinforcement.

- Note to spouses and significant others: This is NOT an invitation to NAG! This will only increase an already stressful situation. And since tension is a common trigger for smoking, your well-intentioned words could actually be counterproductive.
- Talk to your ex-smoker friends about their experiences and be open to suggestions. Ask them to check in with you daily to see how it's going. If possible, quit with a buddy and support each other through the process.
- Ask for tolerance from your co-workers. They'll understand if you're cranky or short-tempered and will tolerate your mood swings for a good cause. If they smoke, ask them not to light up around you or excuse yourself briefly while they smoke.
- Join a support group. If you can't squeeze meetings into your schedule or you just don't like group meetings, pick up the phone or use the Internet. There is a wealth of information available 24/7, including chat rooms and support sites.

3. Learn New Skills and Behaviors

First, identify your smoking triggers (scenarios that make you reach instinctively for a cigarette) and plan strategies to deal with them before you quit. Common triggers include tension, coffee, alcohol and food.

- Find ways to alter your smoking habits and rituals and substitute healthful alternatives. Don't worry, the phone will work and your car will start without a cigarette in your mouth. Keep a supply of healthful snacks or sugar-free gum or mints handy.
- Shake up your daily routine. Change your diet. If coffee is one of your triggers, switch to tea or fruit juice. Go for a walk after lunch or make exercise a daily priority. Avoid alcohol and drink lots of water to help flush the nicotine out of your system.
- Avoid stressful situations or learn new ways of dealing with stress. Practice deep breathing techniques and find ways to release tension. Read a book, soak in the tub, or go for a walk.

4. Get Medication and Use It

Talk to your doctor about approved medications known to help in quitting. Studies have shown that these medications will double your chances of quitting if used alone and are even more effective when combined with other quitting strategies.

- Nicotine Replacement Therapy (NRT) provides nicotine in a safe form to ease withdrawal. Gum, patches and lozenges are available over the counter. Inhalers and nasal sprays are also available, but require a prescription.
- Bupropion is an antidepressant that is also approved as an antismoking drug because it helps suppress cravings and withdrawal. Available by prescription and sold either as Zyban or Wellbutrin IR, SR or XL, it can be used alone or with NRT.
- Clonidine (Catapres) is an antihypertensive drug. If you have high blood pressure, discuss the possibility of using this drug since it has been shown to help reduce cravings.
- Varenicline (Chantix) is the latest nicotine-free drug to be approved for smoking cessation. It works in two ways: By binding to the same chemical receptors in the brain as

inhaled nicotine, it decreases the pleasure of smoking and reduces the withdrawal symptoms, effectively blocking both the highs and lows of nicotine's effects.

- There's something new on the horizon for heavy smokers. The FDA recently granted approval for clinical trials to test a nicotine vaccine! When a vaccinated smoker inhales, antibodies attack the nicotine in the bloodstream. This bound nicotine cannot enter the brain and is harmlessly eliminated from the body. This blocks nicotine from reaching the chemical receptors and renders the inhaled smoke less pleasurable and less reinforcing. Initial tests have been very promising. Nine centers across the U.S. are recruiting smokers for this clinical trial. For more information, go to www.clinicaltrials.gov/ct/show/NCT00318383

5. Be Prepared for Relapse

Einstein allegedly defined insanity as repeating the same behavior over and over and expecting different results. Most people aren't successful the first few times they try to quit, but that doesn't mean it's impossible. Accept

each setback as a learning experience and move on. Ask yourself what worked, what didn't, and what you can do differently next time.

- There are numerous smoking cessation treatments available; each is effective alone, but some may be even more effective in combination.
- Try something new: a different schedule, a different NRT, or a new drug. Try combining tools, programs, counseling and medication as long as the combinations are safe. The point is, just keep trying.
- Remember: The more times you've quit and relapsed, the better your future chances of successfully quitting for good. To paraphrase the old saying, "If at first you don't succeed, quit, quit again." ■

Related Resources

National Cancer Institute Smoking

Quitline

877/44U-QUIT

www.cancer.gov/cancerinfo/tobacco

QuitNet

www.quitnet.org

Smokefree.gov

www.smokefree.gov

Tobacco Cessation Guideline

www.surgeongeneral.gov/tobacco/default.htm

Tobacco Information and Prevention Source (TIPS)

www.cdc.gov/tobacco

WebMD

www.webmd.com/diseases_and_conditions/smoking_cessation.htm

About the Author



Christina Skoski, MD, is a retired clinical anesthesiologist with 30 years experience and an active member of ACA's Medical Advisory Committee. She has been a hemipelvectomy

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