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Smoking and Addiction Recovery: For People in Recovery

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For decades, people in recovery from addictions to other drugs have had their lives cut short by tobacco-related diseases. These dear friends, patients, and colleagues died from nicotine addiction, but it could also be said they died from blindness—the failure to see nicotine as an addictive drug and the failure to embrace the need for smoking cessation within our understanding of *recovery*. For years, such casualties could be written off to the lack of knowledge about smoking and health and the lack of knowledge about the effects of smoking on recovery from other addictions. That simply is no longer the case. Science has weighed in on these issues, and the findings are excruciatingly clear. Here are the facts.

Nicotine is an addictive drug.[i]

- Genetic Influences: Genetic vulnerability plays a role in who starts smoking, who develops nicotine dependence, and who succeeds with particular approaches to quitting.[ii] Families with histories of alcohol addiction have high rates of nicotine addiction—even among family members who are not dependent on alcohol.[iii]
- Difficulty Quitting: Most smokers regret starting to smoke (90%), want to quit and have made a prior attempt to quit (70%),[iv] or are currently trying or planning to quit (40%).[v] A higher percentage of people successfully recover from alcohol and other substance use disorders than successfully quit smoking.[vi]
- Cycles of Use and Abstinence: Like other addictions, recovery from nicotine addiction involves cycles of abstinence, lapse, relapse, remorse, remotivation, and new abstinence attempts.[vii] Those who attempt to quit smoking report an average of 8-11 quit attempts before succeeding, with most relapsing within the first eight days following their last cigarette.[viii]

Nicotine has been, until recently, a celebrated drug.

- Hidden Addiction: The problem with drugs that have been so celebrated—

culturally praised, commercially promoted, and politically protected—is that we have not defined them as *drugs*, have not regulated them as we have other drugs, have not defined their compulsive use as *addiction*, and as a result, have only recently begun to fully understand their relationship to disease and premature death.[ix]

Nicotine addiction is declining, but remains a significant public health problem.

- Current Progress: Although the rate of smoking for adults in the US has declined from its peak of 45% in 1954 to 20.6% in 2009, 46.6 million Americans are currently addicted to nicotine.[x]

The medical consequences of nicotine addiction remain a leading cause of death in the United States.

- Disease and Death from Nicotine Addiction: Tobacco use accounts for more sickness and disease than the combined use of alcohol and other drugs.[xi] Medical disorders related to nicotine addiction cause more than 430,000 deaths each year in the United States;[xii] cigarette smoking is the leading preventable cause of death in the United States.[xiii] One-third to one-half of lifelong smokers will die of smoking-related illnesses.[xiv]
- Added Risk from Co-addiction: Combining nicotine addiction with other drug addictions amplifies the health risk of both addictions.[xv] For example, the risk of laryngeal cancer for those who are both heavy drinkers **and** heavy smokers is four times greater than for those who are either heavy drinkers or heavy smokers.[xvi]

Co-addiction is the norm.

- Smoking and Drinking: Nicotine use increases alcohol consumption; alcohol consumption increases nicotine consumption and the rewarding effects of nicotine.[xvii] Alcohol dependent smokers are more severely dependent upon nicotine,[xviii] are less likely to stop smoking,[xix] and as a result, bear a greater burden of nicotine-related diseases and deaths.
- Smoking and Psychiatric Illness: Overall, 40% of smokers in the US have a substance use or psychiatric disorder.[xx]
- Smokers in Addiction Treatment: Between 70-80% of people entering addiction treatment smoke—nearly 4 times the rate for all adults.[xxi]
- Co-addiction and Prognosis for Quitting: Smoking cessation rates are extremely low for alcohol and drug dependent persons not in recovery from these disorders; recovery from other alcohol/drug dependence may be a precondition for smoking cessation for most addicted smokers.[xxii]

Nicotine addiction (smoking) is a major cause of death among people in recovery from other addictions.

- Causes of Death Following Addiction Treatment: People treated for alcohol or drug dependence are more likely to subsequently die from smoking-related diseases than from alcohol or drugs other than nicotine. [xxiii]

Many of the pioneers of twentieth century addiction treatment and recovery mutual aid societies died of smoking-related disorders.

- Bill Wilson (emphysema) and Dr. Robert Holbrook Smith (cancer), co-founders of Alcoholics Anonymous;

- Mrs. Marty Mann (cancer), founder, National Council on Alcoholism and Drug Dependence;
- Danny C. (cancer) and Jimmy K. (emphysema and cancer), key figures in the founding of Narcotics Anonymous;
- Charles Dederich (cardiovascular disease), founder of Synanon;
- Dr. Marie Nyswander (cancer), co-developer of methadone maintenance; and
- Senator/Governor Harold Hughes (emphysema), sponsor of landmark alcoholism treatment legislation and founder of the Society of Americans for Recovery.[xxiv]

Quitting smoking reduces the risk of relapse and increases one's odds of sustained recovery from alcohol and other drug addictions.[xxv]

- Risk of Continued Smoking: Smoking cessation in early recovery does not increase craving for or urges to drink alcohol.[xxvi] Continued smoking following treatment for alcohol and drug dependence is a risk factor for resumption of alcohol and other drug use.[xxvii]
- Improved Recovery Rates: Quitting smoking in tandem with efforts to cease alcohol and other drug use does not threaten such recovery efforts and in fact, increases one's chances of recovery.[xxviii] Smoking cessation improves recovery rates of other addictions.[xxix]

There are medications and counseling available that can increase the odds of permanent smoking cessation.

- Value of Medication: Medications can double the chances of successfully quitting,[xxx] and nicotine replacement medications may be particularly important for smokers with a history of alcohol and/or drug problems.[xxxi]
- Value of Medication and Counseling: Smokers who combine medications and counseling have the highest success rates.[xxxii]
- Value of Physician Guidance: Smokers with co-occurring addictions are five times more likely to successfully quit smoking if they are counseled by a primary care physician. [xxxiii]

People in recovery from addiction to alcohol and other drugs are incorporating recovery from nicotine addiction within their personal understanding of recovery. This is revealed by:

- the rise of smoking cessation with length of abstinence from alcohol and other drugs,[xxxiv]
- the growth of non-smoking meetings within recovery fellowships,
- some people in recovery changing their sobriety/clean dates to reflect the date they stopped all addictive drug use—including nicotine use, and
- addiction professionals broadening their understanding of "recovery" to encompass smoking cessation.[xxxv]

The health benefits of smoking cessation include increased life expectancy; reduced risk of heart disease, heart attacks, strokes, and cancer;[xxxvi] as well as a more rapid process of brain recovery from addiction.[xxxvii]

10 Suggestions for People in Recovery Who Wish to Quit Smoking

1. Expect success in quitting. Full and permanent recovery from nicotine addiction is possible for people recovering from other addictions. More than 48 million Americans have successfully quit smoking,[xxxviii] and persons with a history of other drug addictions can also successfully quit.[xxxix]

You can do this, but it will require sustained effort. Do not be discouraged. Many of us had to keep quitting until we quit completely and permanently.

2. Educate yourself. Do an internet search on "smoking cessation" and get more facts on the effects of smoking cessation on your health.

3. Prepare yourself by making a quit plan that includes these steps.

- Focus. (Write down all the reasons you want to quit smoking.)
- Set a quit date.
- Announce your quit date to others.
- Take preliminary steps, e.g., start decreasing the number of cigarettes you smoke each day; create a smoking diary by recording when you smoke, noting times, places, people, situations; experiment by eliminating a few of those "special" cigarettes (during phone calls, work breaks; while driving; after a meal; after sex—you know the ones I am talking about).
- Talk to your partner. (If you live with a smoker, explore whether you want to quit together. You will be five times more likely to give up smoking if he or she also quits.[xl])
- Talk to your doctor about your decision and the options for medications that may be of help to you.
- Line up additional sources of support. Line up lots of support and be prepared to combine multiple methods of support, such as self-instructional materials, medications, counseling, and mutual support (e.g., Nicotine Anonymous). Although the majority of people who quit smoking do so without assistance,[xli] the use of self-help groups, medications, counseling, and other aids to support smoking cessation have increased dramatically over the past three decades[xlii] and will increase your chances of being successful.

4. Apply principles and practices that have helped you recover from other addictions.[xliii] Although persons with additional drug addictions tend to have more severe nicotine dependencies, people in recovery from such addictions may be able to mobilize skills and supports that helped them recover to aid in their efforts to quit smoking.[xliv]

5. Talk with other people in recovery who have stopped smoking. Ask them to share their experiences and suggestions related to quitting.

6. Identify your most powerful smoking triggers. Use your smoking diary to identify the people, places, things, times, situations, and feelings most associated with smoking and minimize contact with these, particularly during the first 30 days of not smoking.

7. Minimize and manage cravings by doing the following:

- Closely adhere to medications if you are using them to suppress cravings.
- Use thought stopping (an internal shout "Stop!") that can be further enhanced by wearing a rubber band on your wrist and snapping it every time you think of having a cigarette. (I know this sounds silly, but it really works in extinguishing cravings.)
- Combine thought stopping with thought substitution—have a single thought (mantra) or image you can bring to mind as an alternative to thinking about smoking that strengthens your resolve to quit.
- When you experience a craving, change your physical environment for a few minutes.
- Increase your water intake—this may help with nicotine detoxification and carrying a bottle of water and drinking from it gives you an oral substitute and an alternative activity for your hands.

- Substitute oral activity for smoking during the early weeks of not smoking, e.g., sugarless gum, mints, toothpicks, straws, healthy snacks (e.g., carrot sticks).
- Increase your exercise.
- Carry an icon with you that you can draw on for strength, e.g., photo of a loved one, photo of someone who died of nicotine addiction, a worry stone, a recovery chip.
- Structure your time to remain in non-smoking environments (e.g., non-smoking recovery support meetings), particularly for the first month.
- Use other techniques, including breathing exercises, visualization, and daily sharing with a quit mentor.

8. Anticipate the need to relearn how to do some daily tasks without smoking. (Smoking had become so integrated into my writing rituals for so many years, I had to quite literally relearn how to write when I quit smoking.)

9. Plan rewards for yourself to celebrate key recovery milestones, e.g., first day, first week, first month.

10. For other great suggestions, check out www.helpusquit.org or http://www.becomeanex.org/ and join the Ex Community.

Dedication: This series of papers is dedicated to Charlie B.

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