

LIFESTYLE: Quit Now

Objectives:

- Addiction
- Approved Medications for Nicotine Addiction
- Making a Plan
- Behavior Change to Quit
- Cognitive Change to Quit

WHAT IS AN ADDICTION

Many people believe that addiction is a result of weakness in character and an inability to change one's behavior. But is it really that simple? Research contradicts this position. Nicotine addiction is a form of chronic brain disease resulting from an alteration in brain chemistry. Dr. Alan Leshner, the former director of the National Institute on Drug Abuse, simply defines drug addiction as "compulsive use, without medical purpose, in the face of negative consequences".

Many smokers believe that smoking/dipping/chewing is simply a bad habit. Research has shown that nicotine addiction is a chronic condition, one with a biological basis. Nicotine readily penetrates the blood-brain barrier, resulting in transient exposure of the brain to high levels of nicotine. Nicotine has been estimated to reach the brain within 10–20 seconds of inhalation.

“Compulsive drug use, without medical purpose, in the face of negative consequences”

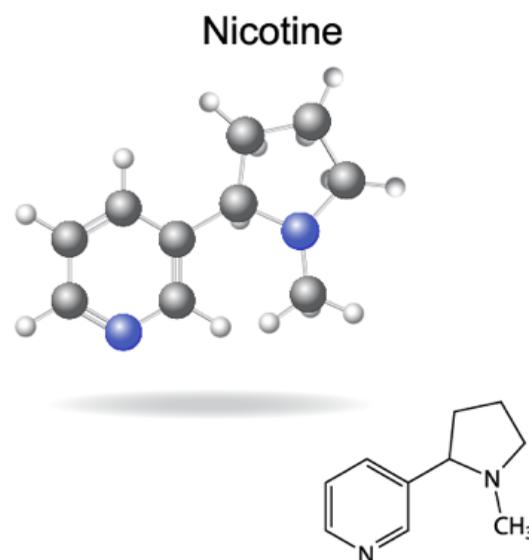
-Alan I. Leshner, *Ph.D.*,
Former Director, National Institute on Drug Abuse National Institutes of Health

Nicotine stimulates the release of brain neurotransmitters, including dopamine, which activates the dopamine reward pathway. This induces feelings of pleasure, which reinforce repeat administration of the drug.

With chronic administration, tolerance to the behavioral and cardiovascular effects of nicotine develops over the course of the day. Tobacco users regain sensitivity to the effects of nicotine after overnight abstinence from smoking. When tobacco users abruptly discontinue nicotine, they experience symptoms of withdrawal. These withdrawal symptoms serve as a powerful stimulus to repeat nicotine administration. Withdrawal symptoms include:

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience

- Depressed mood/ depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings



APPROVED MEDICATIONS

Currently five formulations of nicotine replacement therapy and two non-nicotine agents have FDA approvals as aids for smoking cessation. Medications that are available without a prescription include the nicotine gum, nicotine lozenge and nicotine transdermal patch. Medications available only with a prescription are the nicotine nasal spray, nicotine inhaler, sustained-release bupropion, and varenicline. One formulation of the generic transdermal patch is also available with a prescription.

- **Nicotine polacrilex gum**

- **Nicorette** (OTC)
- **Generic nicotine gum** (OTC)

- **Nicotine lozenge**

- **Nicorette Lozenge** (OTC)
- **Nicorette Mini Lozenge** (OTC)
- **Generic nicotine lozenge** (OTC)

- **Nicotine transdermal patch**

- **NicoDerm CQ** (OTC)

- **Nicotine nasal spray**

- **Nicotrol NS** (Rx)

- **Nicotine inhaler**

- **Nicotrol** (Rx)

- **Bupropion SR** (Zyban)

- **Varenicline** (Chantix)

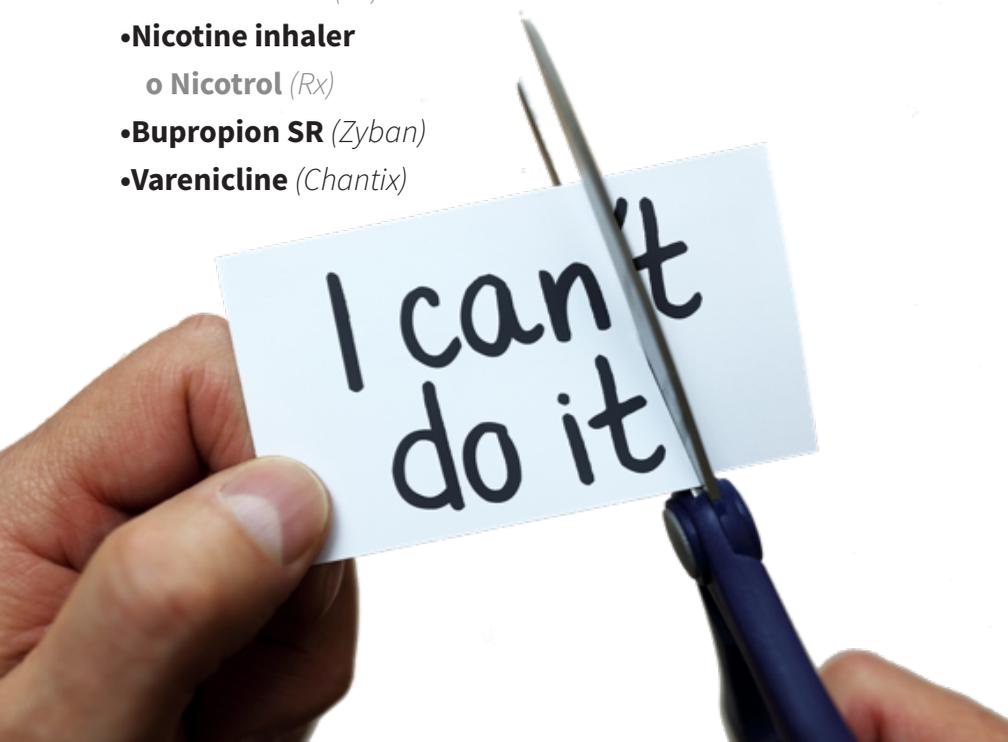
If your cessation regimen includes medications, it is important to use the products correctly as well as adhere to the recommended dosing schedule. Products work best in alleviating withdrawal symptoms when used correctly, and according to the recommended dosing schedule. Medications are effective, but they are just one component of comprehensive treatment for tobacco cessation. Behavior change is equally important.

MAKING A PLAN

Fewer than 5% of smokers successfully quit without assistance. The subsequent failures that the other 95% of smokers encounter reinforces the belief that they cannot quit or that quitting is impossible. Likewise, most smokers underestimate how strong the habit of smoking can be and the need to make changes in patterns and routines. They mistakenly view smoking as only an addiction and often think that all they have to do to quit is wear a patch or use the gum.

A more successful approach is to view quitting as a learning process. Every smoker had to teach himself or herself how to smoke. Quitting is then a case of learning how not to smoke. In order to learn anything successfully, one must prepare properly and have a plan. However, most quitters not only do not make changes in their smoking related behaviors, they do not even understand the need to do so.

Many smokers believe that they can simply “make” themselves quit by somehow willing it to happen. A good quitting plan includes strategy for behavior change and thought change.



BEHAVIOR CHANGE TO QUIT NOW

- **Get your healthcare team involved**
- **Understand your tobacco use**

Behavioral strategies involve specific actions for coping with the effects of quitting and reducing the risk for relapse. The effectiveness of these strategies is based on the individual, meaning that one technique will work better for some than for others. To determine which strategies work best for you, get a clinician involved and help them understand your reasons for tobacco use and routines or situations with which tobacco use is associated.

General approaches to changing behavior include:

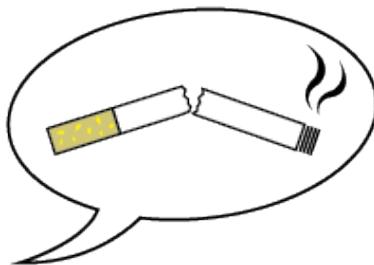
- **Enhanced control of the environment - tobacco-free environments can increase chances of success**
- **Removing cues for tobacco use**
- **Modify behaviors associated with tobacco use**
- **Actively avoid specific situations in which tobacco use is likely to occur**

Oral substitutes for tobacco use include drinking water, chewing sugar-free gum, or sucking on sugar-free candies. Taking walks helps to change your environment and also increases circulation and oxygenation while burning calories. Minimize stress where possible, obtain social support, and take frequent breaks.

Withdrawal symptoms are inevitable, especially for those who are heavy users of tobacco products. It is important to know what to expect, how to alleviate specific symptoms, and how long to expect the symptoms to last.

COGNITIVE CHANGE TO QUIT NOW

Many quitters panic because they are thinking about tobacco after they quit, and this leads to relapse. Thinking about cigarettes (*or other forms of tobacco*) is normal. The trick is not to dwell on the thought. As tobacco users move toward sustained abstinence, they learn to recognize that thinking about a cigarette doesn't mean they need to have one.



Some examples of cognitive strategies include the following:

- 1. Review your commitment to quitting; remind yourself that cravings and temptations are temporary and will pass.**

Ex: "I want to be a nonsmoker, and the temptation will pass." Or each morning, to look in the mirror and say, "I am proud that I made it through another day without tobacco!"

- 2. Deliberate, distractive thinking can help you move current thought processes to issues other than craving or temptation to use tobacco.**

- 3. Positive self-talks, or "pep-talks"**

Ex: "I can do this," or remind yourself of previous difficult situations in which tobacco use was avoided successfully.

- 4. Relaxation through imagery helps center the mind on positive, relaxing thoughts. This can help ease anxiety, stress, and negative moods that may trigger tobacco use.**

- 5. Mental rehearsal and visualization involves envisioning situations that might arise and how best to handle them. This method is commonly used by athletes prior to a game.**

Ex: Envision what would happen if you were offered a cigarette by a friend—craft and rehearse a response and perhaps even practice it by saying it out loud.

ACTION PLAN

1. Identify your triggers:

_____ Change plan: _____

_____ Change plan: _____

_____ Change plan: _____

_____ Change plan: _____

2. Who will help you with quitting?

3. What counseling assistance will you receive?

4. What medications will you consider?

NOTES