

A LINE ON LIFE

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The Nicotine Habit *

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The nicotine habit – smoking – is deadly. A good analogy would be if everyone sent to the Persian Gulf War died, and the President said, "*Okay, let's do this again next year.*" If this sounds stupid, consider the fact that smoking kills 40,000 people every year – about as many as were sent to the Gulf. Nicotine is the "*single most preventable cause of death and illness in the United States.*" More people die from smoking than from all the deaths caused by drugs, fires, alcohol and suicides combined. What can be done?

Because smokers often suffer physical and psychological withdrawal problems, nicotine gums and a transdermal nicotine patch have been developed. **Nicotine gum** – marketed since 1984 – has too little nicotine to satisfy most people's craving. Unlike regular gum, it doesn't taste good and is harder to chew, making jaws and mouth sore. It also does not handle the psychological aspects of addiction, since smokers are putting something in their mouths and have to self-administer the nicotine. Also, only a few subjects followed the instructions for using the gum. Some even chewed the gum while they smoked!

More recently, the **transdermal nicotine patch** was developed to deal with some of these problems. The person wears the patch during waking hours. It reduces the craving and helps people to become used to lower levels of nicotine because of the lower doses it provides. This is in contrast to the quick, intense jolt that the brain gets a few seconds after inhaling a cigarette. However, once smoking has stopped, some people have trouble weaning themselves from the patches. Neither the gum nor the patch are "*magic bullets*" that can perform miracles.

First of all, the smokers must want to quit – *really want to quit*. About 70% of smokers say they want to quit. However (like myself with dieting), they may want the results, but they want to avoid the effort and discomfort needed to achieve these results.

Once smokers are motivated, they need to prepare for quitting. They need to be aware of the cues that lead them to smoke and the needs that smoking fulfills for them. Then they need to develop active coping strategies. For this, some may need **professional counseling**. On a 1991 study of 819 health maintenance organization patients, smokers were offered counseling via a telephone advice line, a single-session group meeting, a bimonthly newsletter and self-help materials. Of these, subjects were most likely to use the self-help materials and least likely to use the group meeting or the hotline. However, another study reported in March of 1993 indicated that – if a hotline is used along with self-help materials – the proportion of people who quit is higher than without the hotline.

The American Psychological Association (APA) is proposing an increase in the federal **cigarette tax** by \$2 per pack. In 1989, California raised its tax on a pack of cigarettes by

25¢, which reduced the overall smoking rate. However, this modest increase might not be enough. Although California smokers initially stopped or cut down when the taxes were raised, many relapsed and slowly resumed their old habits. As one psychologist said, *"With all but extreme increases in price, you get a minor decrease in consumption in nicotine-dependent individuals, but the decrease is offset by the smokers inhaling more."*

Tobacco manufacturers started to market cheaper packages with fewer cigarettes, which appealed to adolescents, so the tax increase did not reduce the number of adolescent smokers in California. Still, there is some hope. In Canada, cigarettes cost twice as much as in the United States, and the youths are smoking less.

The problem is getting even harder. With the many people who have already quit smoking in recent years, the remainder is more likely to be hard-core smokers.

With all this, the biggest influence on smokers is their home and social environment. If the people around you do not smoke, it is much easier to get the social support to quit. Both counseling and social support are crucial. There are no *"magic bullets"* out there. If you have failed to quit smoking previously, get social and/or professional support and try again. If your first attempts have failed, the worst thing for you to do is conclude that you are a *"hopeless cause."*

* Adapted from a group of articles written by Tina Adler in [*The APA Monitor*](#), May, 1993, pages 14-17.