

# *Before you Start*

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Here are two promises:

- I am not going to lecture you about the evils of smoking, because I would be very surprised if you don't know all of that already.
- No matter what you have already read about stopping smoking, I am going to tell you things you don't know.

OK, so what do I know about helping people to stop smoking? Am I a reformed smoker who wants to save people from their fate? No. Well, I'm an ex-smoker as it happens but your fate is your business and I don't think my personal story is of the slightest interest to you so we'll just skip it.

More importantly, I'm the Research Director of the National Smoking Cessation Institute, and what we, as a research co-operative, don't know about this subject isn't worth knowing.

Now, this is how the Handbook works. First, you read Part One, and then you read Part Two. It's not difficult.

Part One covers everything you need to know before you attempt to stop smoking. Why do you need to know these things? Well, they say knowledge is power and it's a cliché but it's a good one, because the biggest single factor in failing to achieve something is lack of knowledge. An example: how likely would you be to pass a driving test without someone teaching you how to drive? I accept that the idea of learning how to stop smoking might be a novel one to you but get used to it.

An example: how can eating tomatoes make it harder, for some people, to stop smoking? No, this is not a joke, it's science. If you don't know the answer, and I suspect you don't, you are going to enjoy Part One.

So, to Part Two. No-one can create a plan that is going to work for everyone and put it into a book, so I need you to bear with me on this one. Part Two has things for you to do that will, I promise, bring you closer to stopping. Can I promise that you will read the last page and stop? No, of course not. Whether you stop smoking or not is not up to me, it's up to you, and I mention this for a good reason. You smoke for a number of reasons, which of course I shall be going into in some depth, but no-one makes you smoke. Whether you stop is actually in your power. So don't abdicate responsibility to me. You could stop smoking right now. In this Handbook I'm going to make the impossible possible, and if it already was then I'm going to make what was hard easier.

You have the Handbook for one of three reasons:

- You are going to read it and try to stop smoking with its help. OK, but feel free to e-mail us for advice.

- You are going to try stopping with a drug product from your GP or pharmacist, or with a non-NSCI therapist. You will find some advice about integrating the plan with these products and therapies in Part Two.
- You have been given the Handbook as part of one of the Institute's programmes, in which case just follow the instructions you have been given with that programme.

*Read this Now. And I do Mean Now*

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Now, before you go any further, I want you to turn straight to Project 2 in Part Two. This is because that project is done twice. First you answer the questions as you feel before you read Part One, and then you answer them again after Part One. Sorry if that sounds complicated but it's not really and it's well worth doing. Don't do any of the rest of Part Two yet, will you? That wouldn't work at all.

## Tutorial One

### *Why people smoke when it makes no sense*

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The tobacco industry has an overwhelming imperative if it's going to maintain its market. It must make smoking appear normal. If it seems normal to people, there is always going to be a conflict between smoking and stopping. As long as smokers can be convinced that smoking really is normal, they are going to disbelieve the messages they get about the importance of stopping. As long as children get messages that it's normal, they are going to ignore the warnings they get against starting.

How do the pushers achieve this? Well, to a large extent it's historical. Smoking wasn't an issue for centuries. It was only with the introduction of the machinery of mass production that the nature of smoking changed. Before that, poor people, which was most of the population, smoked pipes and rich people smoked cigars, and by people by and large I mean men.

When it became possible to produce ready-made cigarettes in factories, this opened up the market enorm-

ously, because now it was possible to sell smoking to poor people at a price they could afford. Before that, poor people died of poverty, but now they were starting to become less poor as a result of a range of social and economic factors, so they could live longer and die of other things instead. Now, they wanted what rich people had, and rich people had cigars. Cigarette means what? It means a small cigar. It's what you smoke when you can't buy the real thing, but the very name made it an aspirational thing.

So smoking was a big thing long before we really understood exactly how dangerous it was. Now, when some food is found to have health risks the government bans it instantly. A one in a million chance of catching something? Clear the shelves instantly. No cost is too high to protect the public, even from a small danger like that. BSE? Kill all the cattle. Tobacco causes lung cancer? Sell it in sweetshops.

Yes, it's a funny old world. Tobacco is so dangerous it must, by law, come with a warning that it's going to kill you, but the same government that insists on that lets tobacco companies push it to children.

What does that mean? Think about it. Go into a sweetshop. What do you see in the bottom row of the sweet display? The cheap sweets (a farthing in my day, so now you know how old I am). Then, as you look up, which a child does because they're starting from a low point, you see the more expensive sweets that you aspire to as you grow up and they keep getting more expensive until the display stops and the eye keeps going up until it sees ... what? That's right, cigarettes. The tobacco companies give those displays free of charge to the retailers, because they know that's where they will

## Tutorial Two

### *Why smokers don't want to stop*

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If I took a clipboard out onto the street and asked smokers if they want to stop, I can tell you what the answer would be. Ninety percent of them, minimum, would say no.

If I then asked them another question, which is have you ever tried to stop smoking, almost all of them would say yes.

(By the way, how do I know this? Because I've done it.)

So we seem to have a wee conflict here. If they don't want to stop why have they tried? It doesn't make sense. Except that it does. When they say they don't want to stop, they don't actually mean they don't want to stop. It's a classic case of saying the wrong thing, another interesting human characteristic. What they actually mean is that they don't believe they CAN stop, because they keep failing, so they interpret that as leave me alone will you. But excuse me, it's just not good enough.

Saying you don't want to stop should mean that, not I

can't so I don't want to. You can't win the lottery but you want to. So far then, I've just proved the opposite of what I called this tutorial. I seem to be saying people say they want to stop when they don't. Confused? Just wait.

The problem isn't with the question, it's with the words. You might already have noticed (but thinking about it, no, probably you haven't) that I never talk about giving up smoking. I always talk about stopping. Why is that? It's quite simple, really. We associate giving up with loss, and my colleagues and I do not believe someone who stops smoking is losing anything. Quite the opposite, they are gaining something, so we don't call it giving up. But you do. Everyone does.

Do you want to give things up? No, because it implies loss, as I said. OK, then, let's use my word, stopping. Do you want to stop smoking? Aha, slightly more tricky, but I can do tricky. Just watch.

What you want if my guess is right, based on the indisputable fact that you're reading this, is to be someone who doesn't smoke. If you could wave a magic wand and you had never started smoking I think you would go for it, with some reservations perhaps but not many. What I'm saying here is that just about every smoker wants to be a non-smoker. What they don't want is to become a non-smoker.

Pardon? Read that sentence again, and this time put the emphasis on become. There's nothing wrong with being a non-smoker, but there's everything wrong, apparently (because you haven't managed to do it yet) with becoming one. Therefore, the problem isn't in the being, it's in the becoming. The act of STOPPING is what you don't want.

## Tutorial Three

### *Why it's hard to stop, and stay stopped*

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Stopping smoking is hard because most people do it wrong. They see a new product in the news and go straight to their GP to ask for it. They see a therapist advertising stop in one hour, guaranteed, and they rush off to give him their money. They have no idea what their problem is, why they can't stop smoking, and they act surprised when the wonder cure doesn't work.

So that's why so many people fail to stop with any given method, but there's a more fundamental question. Why can't you just stop? Why do you need help? We ask people this question when they ring us about one of our programmes. Here's a typical conversation:

'So, how many cigarettes do you smoke?'

'Oh, about twenty.'

'I see. What have you tried so far?'



'Well, you know, patches, gum, that sort of thing.'

'And did they help?'

'Not really.'

'I see, so what do you think the problem is?'

'What do you mean?'

'I mean why can't you stop smoking?'

'I've no idea. I wish I did but I just can't figure it out.'

'Really?'

'Uhuh.'

'OK, let's try a different approach. Do you think you are addicted to nicotine?'

'Oh, of course I am.'

Now I'm pretty sure if I asked a heroin user why he couldn't come off heroin his immediate response would be that he's addicted to heroin, and he would probably say it in a sarcastic kind of way as if it's a daft question, which it is. He's addicted, so he can't stop taking it. Cause and effect, simple.

Ask a smoker, though, and for some reason that eludes me he is unable to make the connection between being addicted to nicotine and his inability to stop smoking. I've been doing this job for more years than is healthy and still I don't get it, why smokers don't make the connection.

## Tutorial Four

### *Changing attitudes - yours especially*

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It's a funny old world, which I expect you realise, but I'm talking particularly about smoking.

A lot of people in this country have some input to the issue of smoking. The government regulates it but it also taxes it, which means it has a financial interest in its continued use. Doctors are tasked with doing something about it but they have no training in addiction and in any case they haven't been told by the government to treat smoking as addiction or given anything to do that with.

The business world sees tobacco as a completely normal industry and makes no moral judgment about an industry that kills its customers. Retail business, even supermarket businesses like the Co-op which has higher ethical standards than most, sell tobacco as if that was alright.

Everyone's saying tut tut, tobacco, terrible stuff, but at the same time everyone's making money and shrugging

their shoulders. They've got an attitude problem. You've got an attitude problem too, but you didn't get that attitude in isolation, you caught it from other people. Tobacco kills twelve hundred Americans each day but you see people smoking it in the street and you shrug your shoulders. Everyone is apparently saying it's alright, so how are you supposed to think differently?

I've probably mentioned it already but let's talk about this expression, giving up smoking. It's the wrong way to say it and it gives people the wrong attitude towards stopping. I would go as far as to say that there is a general attitude that it's a shame people have to stop smoking, wouldn't it be nice if they could just carry on? That attitude was expressed some time ago by a British government minister who said poor people shouldn't be harassed about their smoking because, bless them, it's the only pleasure they've got. Excuse me? Barmy or what? And these people, heaven help us, run the country.

If you are going to stop smoking there are two things you have to do in this department. You have to accept that other people are wrong and you might be the only sane person on the planet (I do) and you have to change your attitude. If you are going to go into this with the attitude that you wish you could carry on smoking but you can't so as much as you hate to do it you really must give it up, well then you are going to struggle. No you're not, you're going to fail.

In one way, you're in luck, because you're reading this Handbook, and by the time you've finished it I have some hope you will be thinking differently. Instead of thinking you can't cope with the stress of life without smoking you will know you can, and even if you can't it's

## Tutorial Five

### *Addiction - what it is and how it works*

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Take a substance, say tobacco, which for the sake of this argument, no-one has ever used. Dream up some marketing campaign to get people not only to try it, but to convince them that, although it tastes revolting, they should keep using it until they can overcome their distaste. Add massive punitive taxation, and then persuade every user that their life would not be worth living without it, even if they are on benefits and have to go without food to get it. Then put a death threat on the pack.

The person who could do all this does not exist. Either millions of people are certifiably insane, or there is something in tobacco that forces them to continue using it.

There are very many learned societies that sit around and talk about addiction and publish terribly erudite papers on the subject but I'm going to be very rude now and say they don't understand it. How do I know?

Because no-one has ever been able to cure it.

(This is not actually true, because there was one doctor who, in a discovery of massive importance, did understand how addiction works, and proposed a really quite simple cure for it, which was proved to work, but there was no way the pharmaceutical companies could find to patent it and make a profit from it so it was quietly dropped. The National Smoking Cessation Institute was set up specifically to continue his work. Dr Mackarness taught a small group of doctors about the mechanisms of addiction and the Institute is the repository of that research. We have offered the information, free, to the nation but the Department of Health has turned it down because if it were brought to light the pharmaceutical companies would withdraw their funding for the NHS smoking cessation service, which is paid for by commercial sponsorship.)

I am now going to give you a layman's explanation of how addiction works. With this knowledge, you will know more, with all due respect to them, than most doctors.

First, let's have a look at some of the myths about addiction, because myths are terribly destructive things. People go around believing the wrong things and because of that they do all the wrong things in an attempt to solve the problem. So here, first of all, is what addiction is not.

### **Myth number 1**

**Addiction happens because you like something so much you can't stop using it**

How can this possibly be true? Look at typical addictive

## Tutorial Six

# *Psychological dependence, what it is and what it does to you*

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Dependence on smoking keeps people smoking in three ways:

- It stops them trying to stop.
- It stops them succeeding when they try.
- It makes them go back when they have stopped.

Being dependent on something is not necessarily a bad thing. Dependence is what makes us form relationships and have families. The interdependency involved in these relationships is completely normal.

You have learned why and how you came to be addicted to nicotine, and now it's time to understand how that makes you dependent on smoking cigarettes and why this is a bad thing. In a nutshell it's a bad thing because being dependent on smoking is a terrible contradiction. It's not the comforting dependence that

two people have when they love each other, it's the dependence one person has for another person who abuses them. Tobacco involves a love-hate relationship - you love it and it hates you. The function of tobacco is very simple. It is to make you and keep you dependent for the profit of others. It confers no benefit on the user and makes no claim to do so. It is, in fact, the only product sold legally on the planet that does this. Without the dependence of the users, the manufacturers would simply stop operating.

It is not, clearly, a normal relationship in the world of business. A company that knowingly sold a product that killed a consumer, I mean A consumer, not 300 a day in the UK alone, would be charged with corporate manslaughter. Tobacco companies not only kill their customers but they even tell them they're going to do it. That, by the way, is a very clever trick on the part of the government. The health warning on the pack enables the pushers to claim that they warned you but you still bought it out of free choice, so you can't have a claim against them in the courts. The government, bless them, by making health warnings on cigarette packs compulsory, did the manufacturers a huge favour in protecting them from their victims. They're not as daft as they look, are they?

And the real issue here is that the pushers say you have a free choice about using the product. It's like a man who abuses his wife saying she can always leave him, knowing she's too scared to do that. Because dependence is actually very very serious. It means much more than you might think. It means that tobacco has control of you. A lot of smokers say they know this but actually even they, the honest ones, don't realise how serious that control is. Because, obviously, if they did,

## Tutorial Seven

### *Habit, what it isn't, and why it doesn't matter*

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Here is a completely typical discussion with someone calling us about one of the Institute's programmes:

'So, what's the problem, why can't you stop?'

'Dunno. Just a habit, I guess.'

'Really?'

'Uhuh.'

'Alright. Would you like some help with that?'

'Pardon?'

'Would you like me to tell you how to overcome the problem of your habit so that you can stop smoking?'

'Um, will it cost anything?'



'Nope, it's our gift to you.'

'Oh. OK then.'

'Right, well first let's define what we mean by habit. Would you agree with me that what you mean is that you tend to smoke in certain situations, like with a drink, or a cup of coffee, or after a meal, or when you've finished a job, or when you get in the car after work, or when you're going to make a long phone call?'

'I suppose.'

'Yes or no?'

'Yes.'

'Are you smoking now?'

'Um, yes.'

'Good. Now, would you also agree that you smoke at all of those times habitually because you've got cigarettes with you all the time and it's easy to pick one up and light it without thinking?'

'Can I think about that?'

'Yes.'

'Well, yes.'

'Excellent.'

'Is it?'

## Tutorial Eight

### *How nicotine makes you think you like smoking*

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In this tutorial I am going to be asking five questions:

- Is the perceived pleasure of smoking stopping you stopping?
- If you enjoy smoking, is it also true that you enjoy being a smoker?
- Who enjoys life more, smokers or non-smokers?
- Is smoking as enjoyable as you think it is?
- If it is, is it worth dying for?

The answer to all five questions is going to make it harder for you to justify smoking. You could guess that, couldn't you? What would be the point of this kind of Handbook otherwise? The sad thing is that I'm right. Sorry, but if you read this tutorial you are never again going to be able to say you won't stop smoking because you enjoy it too

much, not with a clear conscience, anyway. That excuse is going to be lost to you for ever. You could skip this tutorial, but come on, are you really such a coward?

## **Is the perceived pleasure of smoking stopping you stopping?**

I've talked about the fear of stopping, and this is another part of that, isn't it? The fear that you will never again be able to enjoy a cigarette. It's part of what we call the fear of success.

There are lots of times when you feel you enjoy a smoke. As a reward, after work, when you're relaxing, with friends, with a drink. If the thought of missing all that didn't put you off stopping it would be very surprising. It's enough to make people say they don't want to stop and it's also enough to sabotage an attempt when you do try to stop.

In fact it is possibly the main factor when people say they don't want to stop smoking. I regularly speak to smokers who say they know they should stop but it's their only pleasure. Well, we'll be looking shortly at the sanity of this statement but the fact remains that the majority of smokers, especially younger ones, believe they enjoy it, and they also believe that enjoyment is worth whatever smoking might do to them. They are doing a risk/benefit assessment without knowing they are doing it, in which they assume there is no risk because they're young and there is lots of benefit so actually it's a very quick assessment.

In other words, it doesn't matter how old you are and it doesn't matter how well or otherwise you understand the

## Tutorial Nine

### *How smoking makes you believe it relaxes you*

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Here's a typical scene from a three-part British television crime drama:

In the first episode, the police keep finding bodies and getting frustrated that they can't solve the crimes. In the second episode they arrest a man and go to the pub because it's all over, even though you know it's not because this is only part two so there must be more. Then, in the third episode, they find a particularly gruesome murder. Cut to the back of the police station. The Inspector is on the fire escape, smoking. The Sergeant comes out to have one himself.

'Oh, hello Guv'nor. Smoking eh? I thought you'd packed it up.'

'Yes Bill, but after that last body, well, ....'

Yes, the Sergeant knows what he means. It's enough to make anyone start smoking again. He and the Inspector

commiserate with each other and enjoy a nice relaxing smoke. The poor dears. They've been through a lot.

Alright, so what exactly is going on here? What is the scriptwriter telling us? That they are especially stressed. Stressed enough to start smoking again. Smoking is writers' shorthand for stress. It's not until you see a policeman, or a single mother whose child is missing, or even a doctor who has just lost a patient, that you appreciate the terrible stress they are under. And when you see them smoking, you know immediately.

It is not only lazy writing, it's nonsense. Yes, people smoke when they are stressed, and yes, ex-smokers go back to smoking when they are stressed, but why do they do that? Do they do it because it relaxes them, or because they THINK it's going to relax them? Do they do it because they saw someone on television doing it? Actually, that's not as crass as it sounds because it's true, TV has enormous influence, and it has the power, in one such scene, to influence millions of people, to confirm what they always suspected, that when you are stressed it's a good idea to smoke. It doesn't matter that it's not true. An idea doesn't have to be true for people to believe it. Ask any politician.

Oh no, I hear you say, smoking definitely helps me when I'm stressed. Well, look, I know you feel better when you smoke, I admit it, but now I am going to tell you why it's a trick.

Turn back to the chart in the previous tutorial, the one with the up and down lines that show displeasure from not smoking and pleasure when you smoke, the one that shows that the pleasure isn't actually pleasure, it's the relief of displeasure. This same chart applies equally to

## Tutorial Ten

### *What you need to know about smoking & eating*

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You're probably thinking this tutorial is going to tell you how not to put weight on when you stop smoking.

Well, yes, of course I'm going to be talking about that, but believe me there's a lot more to this subject than weight gain. Smoking and eating are closely connected, in more ways than you think, so even if you're not worried about your weight don't skip this tutorial, will you?

Alright, first things first, why do people put on weight when they stop smoking? For the same reason they put on weight when they do anything else - because they are eating too much. It's not complicated; the more you eat the heavier you get, and the less you burn the heavier you get. If you put eighty litres of petrol in your car it gets heavier. I don't know what eighty litres of petrol weighs but I expect it's not something you would want to carry around all day. As you burn that petrol the car gets lighter. You need the petrol in order to run the car, but there is a weight-to-power formula for every car.

Likewise for every person. You eat and get heavier. If you don't burn that food you stay heavier. The difference between a car and a person is that you can't keep stuffing a car.

So, why do people eat too much when they are stopping smoking? I wish I had a pound for every smoker who has told me it was because they needed something to do with their hands. Really, what silliness this is. Something to do with their hands? I can think of, let's say, five thousand things they could do with their hands that don't involve stuffing their faces.

Putting weight on has absolutely nothing to do with your hands, it's got to do with your mouth. In which case, the question remains, why do people eat more when they stop smoking?

Sugar. It works like this. When you smoke, your body immediately recognises that you are poisoning yourself and it produces a toxic reaction, a large part of which is increased activity in your adrenal glands. Smoking a cigarette, in other words, produces the same stress reaction as meeting a gang of drunks in the street on a dark night. This is because your body chemistry doesn't differentiate between stressors. If it's scared it's scared, and 4865 poisons down your throat is easily enough to scare it. It doesn't matter how many years you have smoked for, your body never gets used to it, and it never stops producing a stress reaction.

One of the main effects of the production of adrenaline is an increased blood-sugar level. This is because if you are going to have to fight or flee your muscles need more sugar. It is this effect that curbs your appetite when you smoke instead of eating. High blood sugar fools the

## Tutorial Eleven

### *What happens after you stop*

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There are reckoned to be 4865 biologically-active substances in tobacco smoke. Here are some of them:

Carbon monoxide, nicotine, acetaldehyde, acetone, NO<sub>x</sub>, formic acid, hydrogen cyanide, catechol, ammonia, benzene, acrolein, acrylonitrile, phenol, formaldehyde, carbazole, 2-nitropropane, N-nitrosornicotine, 4- (methylnitrosamino)-1-(3-pyridil)-1-butanone, N-nitrosoanabasine, N-nitrosodiethanolomine, N-nitrosopyrrolodine, N-nitrosodimethylamine, N-nitrosomethylethylamine, N-nitrosodiethylamine, N-nitrosodi-n-propylamine, N-nitrosodi-n-butylamine, N-nitrosopiperidine, hydrazine, urethane, vinyl chloride, benzanthraccine, benzopyrene, 5-methylcrysene, dibenzacridine, 2-naphthylamine, 4-aminobiphenyl, 2-toluidine, polonium-210. And so on, ad nauseam.

Now you know what I mean by poisonous. If you weren't scared before you are now. But it's not why I included this information. It means just about nothing to me, not being a chemist, but for good measure, in case you are, here is a list of the compounds you have been inhaling, under their major groupings, with the number of individ-



ual compounds in brackets:

Amines, imides, lactones (240); carboxylic acids, anhydrides (240); esters (475); aldehydes (110); ketones (520); alcohols (380); phenols (285); amines (200); N-nitrosamines (922); N-heterocyclics (920); hydrocarbons (755); nitriles (105); carbohydrates (45); ethers (310).

What's surprising is not that people get ill, but that anyone stays alive. The human body is pretty resilient isn't it? You can do all that to it, every day, maybe twenty times a day, and not die. Of course, the secret is in the quantity. You actually only inhale minute amounts of these substances at any one time.

The long-term effect, though, is that they are accumulated in your body, in your lungs and your arteries mainly. It's why smokers not only get cancer but also why tobacco smoke simply breaks down lung tissue.

The toxins in tobacco smoke are of three kinds, in that they do three kinds of damage. There are:

- Carcinogens - they generate cancers.
- Mutagens - they alter your genes, so you pass on faulty genes to your children.
- Teratogens - they cause malformations in your offspring.

The simple way to think of them, though, is that they come embedded in a thick tar that sticks to everything. In fact you might be interested to know how much tar:

## Tutorial Twelve

### *Why ex-smokers start again, and how not to*

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I've got some good news and some bad news. The bad news first:

Once a smoker always someone who used to be a smoker. This means that for the rest of your life you are going to be vulnerable to starting again. The good news? It doesn't matter.

A little story:

A patient came to us and described a previous attempt to stop smoking. One day, he said, I was driving along a country road and it was lovely and sunny and I had the windows down and it felt pretty good. I reached for my cigarettes on the passenger seat but instead of lighting one I got a sudden urge not to do it and there and then I threw them away, just chucked them out of the window. I didn't smoke for a year after that.

Some time later a man came to the clinic and related

not how he had once stopped but why he had started again, a subject we always look into.

One day, he said, I was going for a walk in the country. As I walked alongside a country road this car came along and just as it passed me a pack of cigarettes and a lighter came flying out of the window and landed on the grass. It was like a sign from Heaven that I should smoke again.

Now you think I'm making this up, but the truth is sometimes stranger than fiction, because I'm not. I don't know if the two men did actually meet on the same country road, but I tell the story because it's lovely but also to illustrate just how easy it is to start again. If you have ever stopped smoking you know how true that is, don't you?

So, given that smokers stop for all the right reasons, and given that every ex-smoker I've ever spoken to says not smoking is better than smoking, why do so many start again? And the second question is, once they have started again why do so many find it hard to stop again? Wouldn't you think that if they had been happy non-smokers they would deal with it pretty quickly? Why don't they?

People who start smoking again almost all have one thing in common. They are surprised when they find they want to smoke. They thought they had won, and there they are, days, weeks or months later, and they want to smoke. And they interpret that wanting as meaning they must, so they do. There is lots to say about a different way to respond to the wanting, and I'll be doing that in Part Two, but for now it's enough to remember that once you have stopped you are, almost certainly, going to

## Project One

*Find out if you  
really want to do this*

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You're not sure, are you? You are? OK, prove it. Do these simple tests.

### **The one-minute motivation test**

Question: If your fairy godmother could wave a magic wand and turn the clock back so you had never started smoking, would you want that?

Yes  No

If you answered no, forget all about ever stopping smoking.

If you answered Yes, you want to be someone who doesn't smoke. Your problem is not BEING a non-smoker but BECOMING one. You've got so hung up on the stopping bit, you've lost sight of the pleasure of the being bit.

From now on, never forget you want to be a non-smoker, and never allow yourself to doubt your motivation.

### **The two-minute enjoyment test**

In case you still think you enjoy smoking, do this test. Buy a brand of cigarettes you don't normally smoke, but with a similar tar/nicotine content. If you don't enjoy it, then you have just proved you don't enjoy smoking. What you enjoy is the fix - your enjoyment is drug specific and has nothing to do with the delivery method. And for most smokers that is even brand-specific.

### **The NSCI lie detector test**

If you believe you want to be a non-smoker, do this simple test now. Imagine that the government, bless it, has been secretly researching how to genetically modify tobacco plants so that cigarettes can be made from them that are almost completely safe to smoke.

The new tobacco is about to be launched commercially and the government, bless it, has announced that it wants everyone to change over to it, so they are not going to tax it, at all, so in the UK twenty cigarettes will cost, say, a pound. What's more, these new cigarettes will actually smell quite pleasant, so people won't even mind if you smoke in their homes.

Try to imagine all of this is true. Now, you can smoke with a completely clear conscience, with no health worries, or financial or social issues either. Would you:

Still stop smoking  Try them for a while

## Project Two

### *Test the incorrect beliefs that keep you smoking*

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In this project you are going first to complete the questionnaire before reading any of Part One, then you are going to come back to it after reading the whole of Part One and completing the first two Projects. Why? Well, you'll see.

Tick the reasons, in column A, that you can't stop smoking:

	A	B	C	D
Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boredom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure you want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You enjoy it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, put a number in column B that places these reasons in order of importance. Don't put anything in the

other columns. That's it. Now you can go back and start Part One.

A week later .....

Alright, now you've read all of Part One and I'm hoping you've changed rather a lot of your ideas. It's time to come back to our list of perceived problems above and tick some more boxes. Do the same as last time: tick in column C any box you feel represents a problem for you, and then put them in order in column D.

Don't put what you think I would want you to say, just be honest.

OK. Are columns C and D different from columns A and B?

If they're not, either I haven't explained things very well or you are determined to prove me a liar, in which case this is where we part company.

Assuming there has been a change, think about this change. Think about the fact that before you started this Handbook you couldn't stop smoking because you didn't understand what the problems really were, and now you do. That, in fact, has been the whole point of the exercise. It's why you bought this Handbook. Actually, you probably bought the Handbook because you thought it was going to give you some magic formula that would stop you smoking without having to think about it. Well, it's too late to get your money back now.

Seriously, haven't you just proved that you got it wrong before but now you know how to fix it? A bit at least?

## Project Three

### *Assess why you can't stop*

---

If you have learned anything thus far from this Handbook, I hope it is that you have failed to stop smoking because you have been doing it wrong. Failure to achieve something is usually because you do it wrong, so why should stopping smoking be any different?

You have almost certainly also started to understand your past mistakes, and hopefully you have made a commitment not to make them again. But let's go further, let's analyse what you did and why it didn't work. We go through this kind of procedure in our clinical programme, Phoenix (because it's a long consultation and we have time to do it, and anyway it's a fundamental of medical practice, for us at least, that we can't help a patient until we understand them). You can't decide what to do in future until you know what was wrong with the past, can you?

This project is also rather similar to the workshops we run for corporate clients. I have a great time standing in front of a group of smokers writing all this stuff on a whiteboard and watching their little faces as the lights start to come on in their heads. There are two parts to it.



The first is going to help you to understand your individual problems with stopping smoking and in the second you will see why the attempts you made failed, because they failed to address the reasons you can't stop.

Let me give you an example. A smoker goes on a nicotine replacement product, for the simple reason that her GP gives it to her. The GP might have no idea why she can't stop and what this product might do to resolve that problem, and neither might she, but that issue never arises in the consultation. She takes the product and lo and behold for a few days she doesn't smoke. This looks good. Then, the threat to her job becomes real and she is made redundant. Guess what? Yes, she starts smoking again. She does that because she believes it's an appropriate response to her stress. It doesn't help of course, because her employer doesn't say, oh, you're a smoker, here's your job back. She stops using the NRP and smokes instead, because she is responding to a different problem from the one the NRP is supposed to address (which is the habit of smoking). It's a classic case of trying to solve the wrong problem, and if we've seen it once we've seen it a thousand times, and I'm not exaggerating.

Enough with the introduction already, so here goes. You have already done Project 2, twice; once before reading the tutorials in Part One, and again since, and I hope and trust that there has been a difference, that you can now see how just thinking the wrong things has got you into trouble.

What you are going to do now, with this new knowledge, is to ask yourself some searching questions. First, I want you to write down the list, from Project 2, that you ticked in column A, the reasons you can't stop smoking. This

## Project Four

### *Tailor the plan to your personal needs*

---

You should by this stage have discovered why you have failed to stop smoking, so by my reckoning you are now half way towards successfully stopping. This project and the ones that follow it are all concerned with preparing to stop, finding the right help if you need it, and stopping and staying stopped. You have been patient to have come this far, for which I thank you, but now you are going into the second half of the process of stopping.

There are three possibilities from this point on. Which one applies to you?

- You have found the Handbook so inspiring that you are going, with the help of the following projects, to stop smoking without any further assistance.
- You are going to use a non-NSCI product or service to help you, or you are already using one.

- You have been given this Handbook as part of a programme from the Institute.

You should use only the relevant part of this project.

### **Stopping with the Handbook on its own**

Obviously, if you are already in one of the Institute's programmes, or you are already using a drug product, this doesn't apply, but if you are not let's look at trying to stop without them.

An enormous amount of research has gone into what you are reading in this Handbook, starting in 1991, with tens of thousands of smokers. It is based on one question - why can't people stop smoking? Our research is unusual in the medical world, in that instead of looking for answers, and then for problems those answers might apply to (like developing a drug and then looking for a disease it might cure), which is the norm in the pharmaceutical industry, we don't look for any answers at all until we have asked questions. Learning to ask questions is in fact a fundamental, we believe, of research.

The Handbook is the answer to the questions we have been asking, but it is not a solution on a plate for you. If you work with it with the correct attitude (remember attitudes?) you are going to learn a lot, enough perhaps to succeed.

If you have a serious history of failure you might need help, you might need to buy a product or join a programme, and to be honest I think not a few of the smokers who come to us could have done it on their

## Project Five

*Work out if you need help  
and where to get it*

---

You might just have bought this Handbook, or some lovely person gave it to you, and you want to stop but you really don't know what would be the right way to go about it. Can I offer you some guidance about choosing a smoking cessation product or programme?

Not easily, no, because to be honest I don't know you. When a smoker calls us we spend perhaps fifteen minutes on the phone talking about their problems with stopping before we feel we can make a recommendation. But since you have read this far it seems only fair to have a bash, so with your help here goes. Answer the questions here about your previous attempts to stop.

### **You haven't tried**

If you have never tried to stop you should continue working through the Handbook. If you succeed, that's

great. If you don't, at the very least you will have a far better idea why you can't stop than you did before and what the best approach would be for your personal circumstances.

### **You tried on your own**

This is usually called cold turkey, but what turkeys, regardless of their temperature, have to do with stopping smoking is a mystery to me.

Did you stop, completely, for a week or more?

If you did, you have proved you can stop.

Have you done it more than once?

If not, you have done what a lot of smokers do. You have convinced yourself you failed. Actually, you didn't fail, you succeeded and then you went back to smoking, which is different, and if you can make yourself believe this there is no reason why, with the help of the Handbook, you shouldn't succeed again.

If you have succeeded several times, in other words you stop and start regularly, you are almost there. Perhaps with the help of the Handbook you will now stop for ever, but if not consider joining the Institute's research project, epsilon.

What you don't need is to be spending a lot of money or taking drugs to do what you have already proved you can do without them.

## Project Six

### *Eliminate the things that might trip you up*

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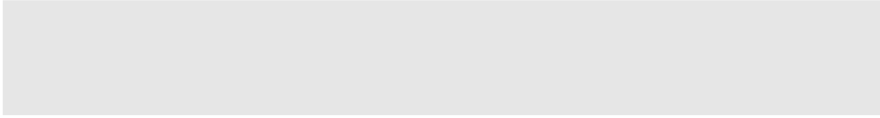
There are three things that might trip you up while you try to stop smoking, or once you have stopped:

Tobacco  You  Other people

What you are going to do in this project is to analyse why each of these might be a problem and decide what to do about it.

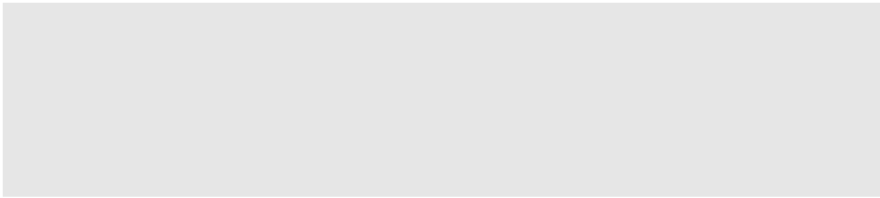
The key to all of this, of course, is you. Neither tobacco nor other people can make you do what you don't want to do. It's your life, and it's your mouth and you can decide what you put in it. So, first, write in the box here what you think your weaknesses are.

If you've written I'm pathetic, cross that out. This is not an exercise in self-pity. Now, in the next box, write down your strengths, the good things you are going to be bringing to this.



It's a smaller box, isn't it? We have to face the truth.

Now, in this next box, I want you to write down your thoughts on tobacco, and the tobacco industry, from the manufacturers to the shop you buy it from and the government that is part of the tobacco business because it taxes it. What control does tobacco have over you?



So much for you and your relationship with tobacco. What about other people? Who are the people who are going to help you and which ones are going to be a problem? The government, bless it, produces those leaflets, you know, the ones with the silly cartoons and stuff on it that you already know, and one of the bits of really helpful advice they give is choose a buddy to stand by you. Well, that, apparently, is the cutting edge of the government's, bless it, smoking cessation technology.

First, split people into smokers and non-smokers. The non-

## Project Seven

### *Deal with stress before you stop*

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As you've read, stress (including physical stress, as in withdrawal) is the single most important reason why people fail to stop smoking, and why they start again when they have stopped. I won't rehearse the reasons why, which you now understand.

So is it going to have this effect on you? Yes. Look, just reading all this common-sense stuff isn't going to change anything, because when people get stressed they don't listen to common sense, and if your reaction to stress in the past has been drug-taking that is exactly what you will do in future.

That's the bad news. The good news is that it's not true. Or at least it doesn't have to be. No, I'm not saying you should be less stressed, because strange as it may seem I accept you would if you could. If you can't change the stressors in your life, though, you can change your reaction to them, and that's what you are going to get to grips with now.



Actually, you are going to do two things in this project:

- You are going to learn to alter your stress reaction.
- You are going to break the connection between stress and smoking.

Of course you might not, but let's have a go anyway. But even before that I want to do something else. I am not a believer that you can, with the right 'expert' help, have a less stressful life, and if I tried I would be a terrible example because to be honest it has not been easy for me either but you don't want to know about me.

### **The stress barrel**

Having said that, the bit about not being able to change the stressors in your life, no, perhaps not, but actually there is a very interesting little exercise I learned from the same Dr Richard Mackarness who got me involved in the business of smoking cessation. He argued that the reason people are unable to change the stressors in their life is because they do it the wrong way (sound familiar?). People become obsessed with the big stressors and get overwhelmed by them, which I suppose is fair enough, that's human nature, but he proposed a different way of looking at it. As he was, among other things, a consultant psychiatrist he probably knew what he was talking about.

This is what you do. Below, you will see a barrel. Think of this as the sum total of all your stressors. Everything that is currently adding to your stress load is in this barrel. Some of those things are quite small, for example worries about the government, bless them, and some are much bigger,

## Project Eight

### *Control your smoking before you stop*

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There is a very unfortunate myth put about by people who frankly should be ashamed of themselves. They say you either smoke or you don't, that there's no point cutting down, you've got to stop altogether. Well, let's examine that for sanity. Which would you say is worse, smoking:

5 a day  20 a day  50 a day

I'm going to guess that you ticked 50 a day. In which case is it not axiomatic that smoking 20 a day is better, and that smoking 5 a day is better still? Aha, you say, I want to stop altogether. Yes, we'll come to that, but now answer this question:

Would you say that, if you had no intention of stopping, cutting down from 20 a day to 5 is better than continuing to smoke 20?

Yes  No

If the reasons you want to stop smoking are the normal ones - your health, social issues and the financial cost, it must be true that, if you were not able to stop smoking, going down from 20 to five would resolve 75% of each of these problems.

Yes, I know, you want to stop, but patience.

What we have done so far is establish that being a light smoker is better than being a heavy smoker. So, worst case, you don't stop, I want you to make a promise now, to yourself, not to me, that you will, if all else fails, become a light smoker. Look, I know it's not what you want but we have a quaint saying in the Institute that goes like this:

If you can't control how many you smoke, how are you going to control whether you smoke?

So now you are going to look at controlling when you smoke as a prelude, let's say preparation, for stopping. You are going to learn to control when you smoke so that you are better prepared for controlling whether you smoke. Because control is, after all, what it's about, isn't it? No, I know you don't want to do it, but humour me, because funnily enough I do know what I'm doing here. Anyway, what have you got to lose?

The first stage is to learn more about your smoking, and this means keeping a diary. It's easy to do, and actually it's hugely informative, and I think you will enjoy it and even if you don't life isn't supposed to be endless fun, you know, so just do it anyway.

Every time you smoke a cigarette, make an entry in the diary. Printed here is a diary for one day, but some

## Project Nine

### *The smoke-free day experiment*

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People who are trying to stop smoking do a strange thing, in my opinion. They try to stop smoking. I mean, why? Especially since they usually fail, and then they are even more afraid to try again. Failure breeds failure. And with smokers it confirms what they always suspected, that they can't stop.

You would be amazed at the number of people who have never tried to stop smoking, and I don't mean people in their twenties, but people in their thirties and older, and they have never actually tried to stop. Why? Well, that question is answered in a number of parts in this Handbook, but for now I want to work with one reason - they don't think they can.

This isn't a good reason to keep smoking. It is self-evidently utterly defeatist. I don't think I could climb Mount Everest so I don't try. Now that is a reasonable way to think. Actually I don't want to either, so that's another reason, but let's stick with I can't so I don't. The

point, though, is that climbing Everest has no real benefit. It's not, for example, going to save my life (it could of course do the opposite).

As you now know, thinking you can't stop smoking is part of the fear of stopping, and the belief that you can't is really just an excuse so you don't have to try, but excuse me and I know I promised I wouldn't lecture you but as you know from time to time I have to include a sanity check and we are, let's face it, talking about coming off an addictive drug that is threatening to kill you so let's get serious.

And anyway, a lot of people have tried to stop smoking and have failed. They interpret that, sadly, as meaning they can't stop, but that's not true at all. I failed my first three driving tests but did it mean I couldn't drive? Well, OK, at the time, yes, but since then I passed and have been driving for, well, a long time. Alright, I am the first to admit I'm not a good driver (now did you ever hear a man admit that?) but it doesn't alter the fact that I passed the test.

The relevance of this? Any driving instructor will tell you that failing a test is, for many people, an important part of learning to drive. And failing to stop smoking can and should be an important part of learning to stop. Sadly, what most smokers do, as I said, is use failure to confirm that they are no good at not smoking (yes, when you put it like that it sounds silly) instead of learning from their mistakes. Learner drivers get better the more they try, smokers get worse. Strange.

Anyway, now I want you to try a little experiment, an experiment in succeeding. You can do it whether you have tried to stop before or not. Come on, it's fun.

## Project Ten

### *Don't stop, just don't smoke*

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(If you are using a drug product or another programme at the same time, skip this and go straight to Project 11)

If this were any other book about stopping smoking, this is the point where it would say, OK, now you're going to stop smoking, and you would do one of two things:

- You would close the book and put it somewhere you can't find it, so you never have to face up to it.
- You would read this chapter and think, huh, is that the best he can do?

Well, don't close this Handbook because this next bit is not going to frighten you, I promise, and don't say huh either, because I'm going to say something that might surprise you.

In the glossy leaflets printed by government organisations with more money than brains, you know the ones, they've usually got lots of amusing but completely pointless little cartoons, they say set a date for stopping. No, I don't think so. You would rather wrestle with croco-

diles than stop smoking and they want you to put a date in your diary? Wrong.

By now, if you're any good at following instructions, you've already done the Smoke-Free Day. On the other hand, maybe you haven't, by which I mean maybe you couldn't. Maybe you tried it and thought, this is silly, why don't I just stop messing about and stop?

Well, make my day.

On the other hand, maybe you did it successfully and you thought, yes, I can do this. Well, great, but don't get carried away. The object of that exercise was for you to challenge yourself without having to stop smoking yet. A bit like getting your friends to lower you into a river full of crocodiles upside down and pulling you out minus just one arm, to see if you like it.

This business of stopping smoking, you know, on the big day, well it's all terribly stressful, and I don't know about you but I'm not a great believer in increasing my stress if I don't have to. So try it a different way.

When you wake up in the morning, you're a non smoker. You haven't lit a cigarette, and by definition that makes you a non-smoker. I know what you're thinking, but stop thinking like that and listen. You're not a smoker until you light a cigarette.

Now, let's say you normally get up at 7.30 and light the first one at 8 o'clock. What is it you normally do just before 8? A shower? OK, have a shower the night before, so now you don't light up after the morning shower because there is no morning shower. Spend that time doing something different. So now you sit down at

## Project Eleven

### *Just do it anyway*

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(If you are using a drug product or a therapy you will follow this instead of Project 10)

If you are using, or planning to use, a drug product while you work through the Handbook, you need to look at the instructions you have been given with that product. When using an NRP it is normal to come off tobacco as soon as you start it. The idea of the NRP is to use it to maintain your addiction without the need to smoke. So what should you do if you are on an NRP or a psychotropic drug and you still feel the need to smoke? And does the idea of not smoking, as opposed to stopping smoking, work in this case?

Well, naturally, if you are using such a product and you still want to smoke you need to go back to the pharmacist who supplied it, or even the GP or nurse who prescribed it, because they should have the answers, or you can call the NHS smokers' helpline, because being sponsored by the manufacturers they also should have the answers. Their number is at the end of the Handbook.

The second question is a little trickier. Our philosophy,



and the one I have been encouraging you to adopt in the Handbook, is not to see stopping as a challenge. The problem with challenges is that when people can't cope with them they assume they have failed, whereas if there is no test to start with there is nothing to fail. Unfortunately, the attitude of many NHS staff is still the outdated one of success or failure, so if you are using a drug product (an NRP or a psychotropic drug) my advice is to stay with our philosophy and not go back to your GP or chemist and report failure.

After all, reporting failure serves exactly what purpose? Is it a cry for help or is it a way to blame someone else? So in this situation I am going to suggest you resist the urge to say you have failed, to use the product perhaps in a slightly different way. I'm not allowed to say what you should or shouldn't do with a drug product, so I'm not going to, but I am going to encourage you in this project to look at the problem in a different way.

Actually, I am going to encourage you to continue with your attempt to stop smoking notwithstanding the product. I'm saying that if the product helps you, at all, that's nice, but if it doesn't, or not enough anyway, that you are going to take over from it and you are going to stop anyway, regardless of what the product does or doesn't do.

So this project is about getting what you can out of any drug product or therapy, and applying some other bits as well. Let's look at what you're trying:

## **Nicotine replacement products**

Are you finding it hard to use? This means the patch slips

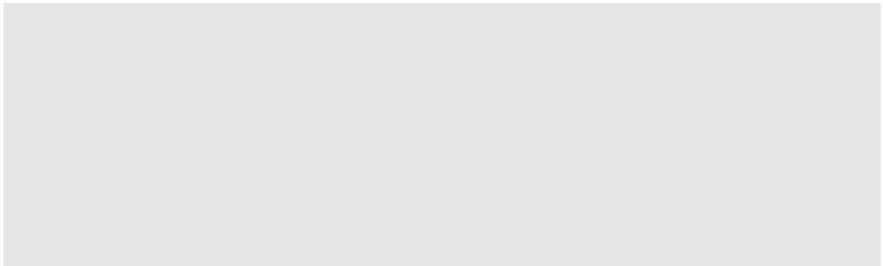
## Project Twelve

### *Creating a structure for staying stopped*

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Most of the smokers who come to us have stopped before, so a lot of the work we do, once we've helped them to stop again, is about helping them to stay stopped. In this project you are going to create a structure, one that suits you, that you know you can operate within and fall back on, one that will cover every eventuality, every possible thing that might happen to make you smoke again.

The first thing you are going to do is to write down here the reasons why you have started again in the past, if you have. I hope you don't need all this space.



Not making the same mistakes again is going to depend on you understanding why you made them in the first place, and you should understand that by now from this Handbook. Even as you read them I hope you were thinking to yourself oh yes, now I can see it and I don't think I will fall for that again.

For example, if you started again because you were stressed you should now be saying but I won't smoke next time I'm stressed because I know there would be no point because smoking never really made me less stressed it just tricked me into thinking it did, and in any case there are other and better things I can do when I'm stressed than going back on a drug I spent twenty years trying to get off. Something like that.

For another example, if you do smoke a cigarette and it doesn't taste nice and neither does it make you happier/less stressed/sexier or anything else it promises but doesn't deliver, instead of saying well look I didn't give it a chance, I'd better do it again, you will say to yourself that brilliant Handbook said I should ask myself why, why it doesn't do those things, and the answer is because it can't, it's incapable of delivering anything I want, and I'll put it out and not beat myself up about it. Maybe something like that.

And for yet another example, if you get drunk and smoke and in the morning you realise you've bought some and there they are staring at you, instead of thinking well I've got them so I might as well smoke them you are going to remember the complete futility of that action because you've done it before and instead of making you happy it made you unhappy, and you are going to enjoy throwing them away. Aren't you?

## One

### *Some frequently asked questions*

---

These questions have all, I promise, been asked at some time, in one form or another

**If smoking is so dangerous, why do so many people still do it?**

Because smoking turns your brain to mush, so you can't think like a non-smoker, and you can't make the same judgments. Smoking is by far the largest example of mass national insanity, even more than voting in General Elections.

**If smoking is so dangerous, why does the government allow its sale?**

Because governments, bless them, don't, and you might have noticed this yourself, always do the right thing. How can you justify saying that tobacco is addictive and kills 300 users a day in the UK, and allow its sale in sweetshops? You can't. They do. Don't let it worry you, and certainly don't use it as an excuse to carry on smoking. You are right and they are wrong.

### **What is the point of stopping if I'm under thirty?**

If you don't you will be faced with stopping when you are fifty or sixty, when damage will already have been done to your health, and it will be harder to stop. And in any case the question makes no sense. What is the point in NOT stopping?

### **What is the point of stopping if I'm over sixty?**

You have a choice. You can die the easy way or you can die the hard way. OK, you might not have a choice, but if you carry on smoking you certainly won't.

### **What is the point of stopping if I've already got emphysema?**

Emphysema, you will have been informed, is incurable. So why not enjoy smoking while you can? For two reasons. The first is that you don't enjoy smoking, you only imagine you do, and you should certainly by now have understood that.

The second is that emphysema can't be cured, but it can be stabilised. Look at it like this; if you stop smoking it will probably get no worse. If you continue smoking it will. Which do you want?

### **Isn't smoking really just a habit after all?**

Do you really want me to answer that?

### **So how can I tell if it's habit or addiction that makes me smoke?**

Easy. It can't be habit, so it must be addiction, and the dependence the addiction has created.

### **So why is smoking the only habit I can't control?**

Because it is the only habit you have that involves an addictive drug. And anyway, you can control it.

### **Am I addicted to smoking?**

No. You cannot be addicted to an activity. You are addicted to nicotine, which you get from smoking. You are therefore psychologically dependent on smoking to get your drug.

### **Do I have an addictive personality?**

No, for the simple reason that no-one has an addictive personality. You might have a dependent personality, and that might make you more prone to becoming addicted.

### **Isn't that just semantics?**

Yes.

### **How can some people be social smokers, and could I?**

Some people have a high tolerance for withdrawal symptoms, and need nicotine only once every four days. So-called social smokers almost always get nicotine every four days at least, directly or by passive smoking. A small number of those who don't unintentionally remain addicted by eating tomatoes.

By doing this, they can still smoke without displeasure, even after weeks. A small number of people don't do any of this but still 'enjoy' a smoke every few months. No they don't actually. What they do is have a high toler-

ance for the poisons in tobacco smoke, and the first cigarette, which would normally be unpleasant, is interpreted as a pleasure.

As for you, no you can't. You are addicted, and you can't go backwards from there. Anyway, why would you want to? That you even ask the question confirms that you are afraid of stopping. Once you stop, you will stop being afraid and you won't want to be a social smoker.

### **How can I stop using cigarettes as rewards?**

A cigarette is a reward for not smoking. It is not a reward for finishing the ironing. Check this out by smoking before you finish the ironing.

### **Why is it I find it easy to cut down from forty to five or six a day but struggle to stop altogether?**

Because the first thirty-five you don't smoke are controlled by changing your smoking habits, which is not hard if you have a good reason to do it. You only smoke them because they are there, because you are bored, or tired or stressed, situations you have control over. The last four or five perform a quite different function. They give you the minimum amount of nicotine that will stop you having withdrawal symptoms. Go without one of these and the withdrawal will tell you to smoke. It's like the difference between not overeating and not eating at all.

### **I've read about something called the Addiction Level. Is this how many cigarettes I smoke or is it the same as the Addiction Threshold?**

No, and no. It is an immunological function that is tested by our medical staff for patients in The Phoenix Prog-

ramme, and doesn't concern you if you're not in it.

**Why do you go on about the addiction so much?  
I've been told it's all in the mind**

Well you have been sold a pup. Really, I'm not going to explain it all again. Read the Handbook. But why do people tell you these lies? Usually because they've got a book to sell, or some treatment they've dreamed up, and since they don't understand addiction they sweep it under the carpet. I'm not an uncritical devotee of what often passes for science, but in this case the science just can't be argued with.

**How can I control my addiction to nicotine?**

There are only three ways that I know of. There are two the Institute provides (Phoenix and acupuncture) and there is the good old-fashioned way, sometimes, for reasons I have never been able to fathom, called cold turkey. Addiction is over in four days. If anyone tells you otherwise they are a nincompoop and you must laugh in their face. If you have still had a craving after more than four days that is either because you were maintaining the addiction by some other means, or you have a craving that has a trigger that is psychological, not physiological.

**Does it matter what the trigger is?**

Yes.

**Why don't I enjoy all the cigarettes I smoke?**

This is the acid test for addiction, or one of them. Many of the cigarettes you smoke are for no very good reason, just out of habit because they are there. If you don't



need nicotine, you won't much enjoy smoking. If you do need nicotine, because you haven't had any for a while, you will enjoy smoking. The pleasure of smoking is never anything more than the relief of the displeasure of not smoking. Thinking you are enjoying it with friends and a glass of wine is something else, which I have already explained.

**Will I enjoy socialising with my friends after I stop smoking?**

Look, I don't know your friends, but in short, yes. Don't you enjoy being with your non-smoking friends? Well, all your friends will enjoy being with you when you don't smoke.

**Will I be able to play the piano after I stop smoking?**

Only if you could before. (Actually, I made this one up. Sorry.)

**If I want to stop smoking so much, which I do most of the time, why do I tell myself I don't want to?**

This is classic psychological dependence. I've explained it all in detail in this Handbook, but in brief it is because the addiction to nicotine has changed the way you see smoking. On the intellectual level you know smoking is nonsense and you would be better off not doing it, but addiction gets you on the emotional level, and this prevents you approaching the subject rationally. The emotions almost always win over the intellect. Ask anyone who has ever fallen in love. In the words of the goddess of victory, just do it.

**What will I do after meals when I no longer smoke?**

The washing up.

### **Why is it I hated smoking at first and now I like it?**

Because tobacco smoke is poisonous. You are supposed to hate it. It is still poisoning you, but by becoming addicted you switched off your ability to taste the poisons. You don't like it, you just satisfy the need for it, which is interpreted incorrectly as liking.

### **How do I know when I've succeeded in stopping? My doctor says it's after a year of not smoking**

I'm afraid your doctor is wrong. This one-year business is pseudo-scientific mumbo-jumbo. I can prove it. If I rang you after 364 days and asked you how you were doing and you said fine, not smoking, and then the next day you smoked, are you really going to tell me that means you failed? You succeeded for 364 days, which is all you need to know. Anyone who talks about failure doesn't understand the psychology of smoking and should not be permitted to pretend to offer help to smokers.

And by the way, if you succeed, for a month or even a week, you have succeeded, and if you then smoke, yes you've smoked, but what you have not done is failed, because failed is a meaningless word. If you can stop, and not smoke for one week, you can stop again. So stop worrying about it. And stop expecting your GP to know the answer to everything.

### **Why do I feel depressed when I stop smoking?**

It can happen for a number of reasons. You go through a quite serious physiological change and that can alter your brain chemistry. And suddenly achieving what you have always wanted but were afraid to do is also going to have an effect on you. Perversely, some ex-smokers

actually start smoking again rather than go through this life-changing experience. Don't.

**I've read there's no point cutting down, you just  
have to stop**

Oh dear oh dear, more nonsense. First, smoking is bad for you, so the less you smoke the less bad it is. Second, if you cut down, say from twenty to ten, you have proved you can control your smoking. Yes, here it comes again - if you can't control when you smoke, how are you going to control whether you smoke?

Got a question? E-mail it to:  
[handbook@stopsmoking.coop](mailto:handbook@stopsmoking.coop)

## Two

### *Where to get help*

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To get information and advice about any of the products, therapies or programmes mentioned in this Handbook, contact the following:

#### **Nicotine replacement products and psychotropic drugs**

You can either ask your GP or practice nurse, or in the UK you can phone the NHS smokers' helpline. This line is sponsored by the pharmaceutical companies so you can be sure they will be able to advise you.

For the same reason though, their sponsors do not permit them to advise on any other stop-smoking method.

The NHS smokers' helpline 0800 1690169

In Scotland the Health Education Board runs Smokeline. They produce a typical waste-of-time booklet, but the last we heard they were not sponsored by drug companies so may give independent advice.

Smokeline 0800 848484

Be aware though that the National Health Service does not like smokers using private services. Your GP is unlikely to talk to you about anything other than drugs, because the NHS pays him or her to promote NHS services, not drug-free solutions.

### **Allen Carr's Easyway**

This business is franchised throughout the UK and internationally.

United Kingdom  
[www.allencarreasyway.co.uk](http://www.allencarreasyway.co.uk)

USA and Canada  
[www.theeasywaytostopsmoking.com](http://www.theeasywaytostopsmoking.com)

Australia  
[www.allencarr.co.au](http://www.allencarr.co.au)

### **Herbal cigarettes**

These are available in most health-food shops, especially Holland & Barrett. The main brand is Honeyrose, who do a good range of flavours as well as a variety of hand-rolling mixtures (which are also useful for rolling joints without tobacco).

United Kingdom  
[www.honeyrose.co.uk](http://www.honeyrose.co.uk)  
01473 467949

USA  
[www.honeyroseusa.com](http://www.honeyroseusa.com)

## Acupuncture

In the UK, there are two ways to find a qualified acupuncturist. Look in the Yellow Pages, where you will find a large advertisement for the British Acupuncture Council. All BAcC members are well qualified in acupuncture, but you will need to phone them to ask if they specialise in smoking, because many don't.

If you want acupuncture as part of a programme that includes counselling and support, see the Institute's details below. The NSCI has acupuncturists throughout the UK.

United Kingdom  
[www.thensci.info](http://www.thensci.info)  
[www.acupuncture.org.uk](http://www.acupuncture.org.uk)

USA  
[www.aaaonline.org](http://www.aaaonline.org)  
[www.medicalacupuncture.org](http://www.medicalacupuncture.org)  
[www.acudetox.com](http://www.acudetox.com)

Canada  
[www.cmaac.ca](http://www.cmaac.ca)  
[www.afcinstitute.com](http://www.afcinstitute.com)

Australia  
[www.acupuncture.org.au](http://www.acupuncture.org.au)  
[www.acupaa.com.au](http://www.acupaa.com.au)

## Hypnotherapy

In the UK, there are over forty schools of hypnotherapy. They all issue their own certificates, and there is no gov-

erning body that controls them. There are at least six societies for hypnotherapists to join, but they do not fulfil the function of a governing body. So how do you find a therapist whose qualifications you can trust? With difficulty.

If you see an advertisement in your local paper suggesting you can stop in a single one-hour session, money-back guarantee, that is just the sort of thing smokers tend to respond to but shouldn't. It is frankly not professional. And if the therapist has a whole string of letters after their name, that doesn't guarantee anything either, unfortunately.

The National Smoking Cessation Institute is the body in the UK that trains and sets standards for hypnotherapists who specialise in smoking cessation. There are NSCI hypnotherapists throughout the UK, and as with acupuncture you will know that there is a comprehensive programme of counselling and support provided with the therapy, as well as having an assurance that the therapist is properly qualified.

United Kingdom  
[www.thensci.info](http://www.thensci.info)

USA  
[www.hypnosis.edu](http://www.hypnosis.edu)  
[www.asch.net](http://www.asch.net)

Canada  
[www.archcanada.ca](http://www.archcanada.ca)

Australia  
[www.hypnotherapyaustralia.com.au](http://www.hypnotherapyaustralia.com.au)

## **The National Smoking Cessation Institute**

We are the UK's not-for-profit co-operative doing original research in smoking cessation, as well as working to improve standards, regulate and train therapists, and provide help for those smokers the NHS can't. The Institute is part of the National Smoking Cessation Co-operative.

We are a growing organisation and may have new phone numbers since the publication of this Handbook. It's best to get the latest contact information from our website:

[www.thensci.info](http://www.thensci.info)

### **Please tell us what you think**

I could not have written this Handbook if tens of thousands of smokers had not taught me everything I know. You can help to further build the NSCI Knowledge Base. If you have any comments or suggestions about the Handbook, please don't hesitate to tell us. Do it by e-mail, please, because we can't spend a lot of time talking to readers, as nice as that would be.

Use this e-mail address:

[handbook@stopsmoking.coop](mailto:handbook@stopsmoking.coop)



## Three

### *Dr Richard Mackarness*

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Dr Mac, as he is affectionately known by all who came into contact with him, was a consultant psychiatrist at Basingstoke District General Hospital.

As a National Health Service psychiatrist, he got a lot of referrals from physicians who were unable to solve cases and wanted to label their patients' problems as psychological in origin. Dr Mac came to the conclusion that this was incorrect, and his work resulted in an influential book called *Not All in the Mind*, which explained the triggers for illness that other doctors were missing. The book changed the way many doctors see illness, and became the start of a new branch of medicine called Clinical Ecology, which means looking at the causes of illness instead of just the illness itself, which in turn involves what the lay person calls allergy. It was Dr Mac who saved my life.

His work was not popular with some doctors, because he was saying that rather than prescribing drugs to suppress symptoms, they should spend more time to find what a patient is eating, or breathing, or wearing even, that is triggering their symptoms.

He then brought back from the USA some research that tied in perfectly with his own findings, in particular the amazing fact that allergy and addiction have the same trigger. He realised that they are opposites, which means the same thing - two sides, in other words, of the very same coin. They are both immune-system dysfunction. At the hospital he developed a way to use tobacco, in isopathic titration (the same technique that is used to control allergic reactions), to neutralise tobacco craving, and experimented with this technique with NHS patients, although he could get no funding to further develop the technique into a full-blown smoking cessation programme.

Dr Mac retired to Melbourne, where the State of Victoria Health Commission persuaded him to come out of retirement to do the very work the NHS in Britain would not support, specifically the use of ecological techniques to control addiction, although in Australia in the 1980's this was for heroin and alcohol, not tobacco. He worked there until his death.

The work the Institute has been doing since 1991 is based on the promise I made personally to Dr Mac that his work would continue.

## Four

### *Tobacco neurogens*

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Dr Mac's speciality was allergy. He is the doctor who brought from the USA the technique of neutralising allergic reactions with a micro-dose of the allergen, a technique now practised by specialist doctors in the UK.

He theorised that if this can be done for an allergic reaction, it could be done for an addictive one. The reason for this is the close relationship between allergy and addiction. Allergy is when the immune system gives you symptoms of poisoning from a substance that is not a poison. Addiction is the opposite - the immune system telling you, with what we call withdrawal symptoms, that something which is a poison (tobacco in this case) is needed.

Let's start at the beginning. Tobacco smoke is poisonous. You know that because the first time you smoke a cigarette you get the symptoms of poisoning - it tastes bad, it makes you nauseous and dizzy. This is explained fully in Tutorial 5.

When you 'learn' to smoke, what you do is teach your immune system to recognise the poisons you are inhaling

and to stop it telling you they are dangerous. You are now addicted.

If you could tell your immune system that you don't need the poisons (such as nicotine), your body would stop asking for them. In other words it would stop sending messages of craving to your brain - the messages that, if you ignore them, create withdrawal symptoms.

Dr Mac hypothesised that if it is possible to block the body's reaction to an allergen, it might also be possible to block the body's reaction to the opposite - withdrawal. He titrated tobacco smoke in water and measured it against the patient's immune reaction to tobacco. He tried it on three hundred patients at the hospital, and in every case, without exception, the patients said it stopped their craving.

This is the foolproof treatment the NHS refused to fund, and that we in the National Smoking Cessation Institute further developed into Addiction Neutralisation Therapy, part of The Phoenix Programme. We only use it for tobacco but the same technique will bring an addict off any substance immediately, and without withdrawal symptoms. The reason the technique is not used by doctors in the NHS is simply because it cannot be patented. Pharmaceutical companies don't produce anything that can't be patented.