It’s Time to Quit, Interview with Dr. Couturie

Tobacco is a killer. Smokers and other tobacco users are more likely to develop disease and die earlier than are people who don’t use tobacco. If you smoke, you may worry about what it’s doing to your health. You probably worry, too, about how hard it might be to quit smoking. In this interview Dr Michael Couturie answers some common questions on quitting smoking.

What are some of the recommended ways to help a person quit smoking?

Research consistently shows that a multifaceted approach leads to the best chances of success. Medication for smoking cessation aims to reduce the symptoms of nicotine withdrawal, thus making quitting smoking easier. However, smoking is both a learned behavior AND a physical addiction for most people who smoke, and, more often than not, changing the behaviors is more challenging than dealing with the withdrawal symptoms. Thus support and counseling should be a key part of any person’s plan to quit. Both counseling and medication (including bupropion, varenicline and nicotine replacement) have been shown to increase quit rates, but the combination of counseling and medication together have been shown to be better than either strategy alone.

What is your opinion about the nicotine patches, gums and e-cigarettes? Do you think they are effective ways to help a person quit? Why or why not?

I have quit smoking several times, the last time just over 3 years ago, and I have used patches, gums and e-cigarettes during previous quit attempts, and, well, what can I say? They do reduce the withdrawal symptoms. Research bears this out as well. Nicotine replacement therapy increases quit rates at 6 months as much as 2-fold, and while no individual method has been shown to be superior to another, the combination of a long-acting method (patch) plus a short-acting method (like the gum) has been shown to be better. These are great for people who smoke with physical addictions and should be offered to anyone willing to make a quit attempt unless medically contraindicated.

But medication is not the sole answer to every problem in medicine, and this is particularly true for smoking. For most people who smoke, a pattern of behavior has developed over years, with positive reinforcement at the level of their brain chemistry not only from the nicotine itself, but in various and complicated ways from our cultures, our peers, and ourselves. No one forces someone to start smoking – we all had our reasons – but in the face of continued and widely available information about the risks of smoking, people who smoke continue to smoke. Tobacco addiction is like any other addiction in that it convinces the user that they are in control even as they cede more control over to the addiction. I would literally schedule my day around cigarettes, but for most of my smoking life, I considered myself in control, able to stop when I wanted to. People come into my office worried about the pollution but with a pack of cigarettes in their shirt pocket almost every week. They know the contradiction, but the greater health risk by far has already been normalized for them, internalized and codified as who they are. People who smoke are called “smokers”, and the naming is itself a reinforcement of an identity that even when it has a negative connotation can resonate with individuals as an affirmation of individuality.
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What kind of mental, emotional or even physical challenges can a smoker expect to face on their way to becoming smoke-free?

Well, that’s a loaded question. Nicotine withdrawal can cause people to have trouble sleeping; be more irritable; more easily frustrated; or even feel like they are not thinking as clearly. Some people gain a couple of kilograms. You can expect to cough for a few months as your lungs begin to heal.

But again, the real problems are not so much with the withdrawal. For people who have been smoking for many years, it is about unlearning all of the rituals of tobacco use. I know when I smoked I looked forward to the first cigarette of the morning with my coffee and the last cigarette after dinner. Changing those habits probably made me more irritable than actual withdrawal symptoms. These smoking rituals are patterns of behavior that are as familiar to a person who smokes as putting on their clothes - almost automatic. Changing those patterns is rarely easy. Not to mention the social environment of someone who smokes: we all seek out people with similar interests, so chances are someone who smokes has friends and/or family who smoke, too. This creates opportunities for quitting together, but it can also be challenging to maintain a commitment to not smoking when others around you are smoking.

Does the severity of those challenges depend on how long a person has been a smoker? Does the amount of time a person has been a smoker and how much they smoke play a major role in their ability to quit?

This is hard to predict. The longer we perform any pattern of behavior the more automatic it becomes, and most people who smoke quit several times before quitting for good. The more cigarettes you smoke daily, the more likely you are to have a physical addiction, but even those of us who smoke 2-3 cigarettes daily (and are thus likely not physically addicted) have patterns of behavior that can end up trapping us.

Think about your signature – how often do you write it daily? Probably not too often. Now try to sign your name in a new way for a day. You have to think about it. And if you want to make that change permanent, you have to think about it every time you would normally sign your name. The analogy isn’t perfect, but hopefully you can see the point. People who smoke need to relearn their signatures.

How long can a smoker expect to face these challenges before feeling "normal" again?

Most people who stop smoking for 6 months stay off, but that’s not the same as feeling normal. At 6 months, most people feel better than they did before, physically – more stamina, less cough, they don’t smell like an ashtray, they can taste foods again, their energy improves.

I am tempted here to write “But that’s just the physical part,” which betrays the dualist thinking that is at the heart of why it is so difficult to break patterns like smoking. When we smoke we are hitting nerve centers all over our body but especially in our brain, and when we change things in our brains, we change things about ourselves – sometimes rapidly and dramatically as with alcohol intoxication or hallucinogenic drugs, sometimes slowly and more subtly as with coffee and cigarettes. Smoking changes how we think about smoking and how we think about ourselves, just like any regular habit. We codify the behavior and set it as a norm for ourselves. Working to build a new normal is one of the most challenging parts of quitting smoking.
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What are some helpful methods a smoker can practice to overcome these challenges?

Planning, planning, planning. Every person who smokes should work with his supporters (doctors, counselors, friends, family) to identify their smoking triggers and plan for ways to cope for situations where they would usually smoke. Here are some tips:

Exercise
Exercise is an excellent way to release tension, overcome smoking urges, and relieve withdrawal symptoms – not to mention improve physical fitness. Regular physical activity can help you look and feel better. But it does not have to be strenuous to be helpful. In fact, a strenuous exercise program might not be appropriate if you have been a heavy smoker or have a medical condition that limits your physical activity tolerance. Ask your doctor about the best level of activity for you.

That said, walking is a great exercise for almost all fitness levels. Start walking short distances at a slow pace, and gradually increase your speed and distance. Current recommendations for most people include aiming for at least 30 minutes of moderate intensity exercise most days of the week. Remember, moderate intensity exercise is equivalent to brisk walking (enough to get up a mild sweat and increase your heart rate).

Breathing Exercises
One quick and easy strategy is to use Relaxation Breathing Techniques. Whenever you feel yourself getting tense, focus on your breathing. Slow each breath down. As you breathe in through your nose, mentally say to yourself “I am.” As you slowly exhale through your mouth, think “relaxed.” This will help you feel more relaxed. Most counselors can teach you different types of Relaxation Breathing Techniques in more detail.

Change Your Routines
Take a different route to work. Drink tea instead of coffee. It might seem counterintuitive that additional changes to routines will decrease stress, but by developing new, smoke-free routines, you are smoothing the way for long-term success.

Reward Yourself
Smoking is a lot like shopping with a credit card. It makes you feel good in the present, but you pay for it later. Successfully quitting smoking has rewards – better health, improved ability to enjoy the smells and tastes of foods, a feeling of accomplishment, better hygiene – but these rewards often don’t come quickly enough to satisfy the immediate reward impulse that you’ve been feeding with cigarettes. So setting up some immediate rewards will help keep you motivated.

Your rewards should obviously be things you enjoy, and they should be easy to obtain. Some might be from money you save by not smoking. Some might not involve money at all. Plan a small reward for each day you remain tobacco-free, and set up milestones – 1 week, 1 month, 3 months, etc.

Here are some rewards to consider:
Stay in bed late and read or watch television
Buy something practical
Buy something frivolous
Take yourself out to dinner
Invite a friend to a movie