

A B C T F A C T S H E E T S

TOBACCO DEPENDENCE

What Is Known About Smoking?

Behavioral scientists have studied smoking in depth for over 25 years. Much is known about the habit, including the fact that many of the facts which apply to smoking apply also to other forms of tobacco use, such as chewing tobacco, pipes, cigars, and snuff.

Smoking is a learned habit that provides positive short-term benefits — both psychological and biochemical. It is also the leading preventable cause of chronic illness. Over 420,000 deaths occur each year from cancer and heart and lung disease, and smoking is often a contributing factor.

Once the habit of smoking is established it is difficult to break because smokers learn that smoking is a quick, convenient way to feel good. Smoking becomes associated with daily events, like watching TV. Smoking can help you cope with uncomfortable emotions (like boredom or stress) or help you feel comfortable in social situations (like a party.) Everyone is different, smokes for different reasons, and can be more or less heavily dependent on smoking. Dependent means that you have difficulty stopping smoking even when you really want to stop.

All this knowledge about smoking means that giving it up depends on:

- breaking the automatic habit that links your wanting to smoke to your everyday routine (like after eating, talking on the phone, watching TV, drinking coffee);
- finding other ways to get the psychological benefits of smoking; and
- how heavily dependent on nicotine you are and, therefore, how unpleasant the withdrawal during the quitting process will be.

Quitting Smoking

The good news is that since cigarette smoking is a learned behavior, it can be unlearned. New behaviors and coping skills can be substituted so that you can live a satisfying life, but without the health-damaging effects of tobacco products. Any unpleasant withdrawal symptoms (trouble concentrating, sleep problems, irritability, headaches, cough, sore throat, appetite change, dizziness) are usually temporary. Most side effects are over in 7 to 10 days while some milder ones can last 1 to 3 months. More difficult than the side effects of withdrawal might be dealing with strong cravings or temptations to smoke again. It is therefore necessary to learn new ways to manage stress and emotions.

Tobacco use is one of the most complex and difficult habits to break. Most people try several times (the average is 3 to 5) before they finally succeed. It can take months or even years (3 to 7) to go through the process of quitting successfully. Over 40 million Americans have quit smoking over the last 20 years, so it can be done.

Quitting means hard work, learning, and practice. You may not succeed the first time you try, although many people do. Although cutting down does reduce the risk of illness, there is really no “safe” level of smoking, so your goal should be to stop completely. Even exposure to other people’s smoke causes increased health problems for kids and adults.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like smoking less or being more outgoing
- A way of feeling, like helping a person to be less scared, less depressed, or less anxious;
- A way of thinking, like learning to problem-solve or get rid of self-defeating thoughts
- A way of coping, like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person’s views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and are trained in techniques for treating anxiety disorders. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on “Find a CBT Therapist.”

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

The Stages in a Smoker's Life

Smoking can be divided into five stages:

1. Acquisition

Kids and young adults start smoking for many reasons. Some move quickly from experimenting to regular use. Many others luckily grow out of the habit. Young smokers do not take seriously warnings about future health effects of smoking. So prevention of smoking before it becomes a regular habit is an important priority for society. Behavioral scientists and educators have developed prevention programs for youth, families, and schools that focus on "peer resistance skills training" for tobacco, alcohol, and hard drugs. It is far easier to stop a possibly addictive habit before it takes hold than to stop it after years of use.

2. Regular Smoking

Regular smokers enjoy smoking and believe that it has more benefits than risks. They are not ready to quit and if they were pressured to quit by others they would probably have a very difficult time.

3. Thinking About Quitting

To prepare yourself for quitting, make a list of reasons to smoke (pros) and reasons to quit (cons). Seek information and open your mind to the cons — how smoking personally affects you and your immediate loved ones in negative ways. When the cons outweigh the pros, you may be ready to quit.

4. Quitting Smoking

5. Preventing Relapse

About 80% of smokers will be able to quit for 1 day. The first 14 days after quitting are the toughest, with about 20% to 30% of quitters slipping back into smoking during this time. The next 3 months are also tough, with about 30% more quitters resuming smoking. It takes a full year of nonsmoking to really consider yourself as having successfully quit.

In order to quit you need to understand your smoking patterns:

Why do you smoke?

Where do you smoke?

What triggers your cravings for cigarettes?

Which cigarettes are easiest to give up and which are the hardest?

You also need to learn new coping skills:

How to get through the day without cigarettes;

What you can do instead of smoke, when under stress, and so on.

This is where behavior modification skill training programs can help. You can learn relaxation, cognitive restructuring (self-talk to help you get through very tempting cravings), and social skills to get support from those around you. You can also learn some techniques to minimize the weight gain many smokers experience when they try to quit.

Treatments for Smoking

Generally you should try a lower cost self-help approach to quitting on your own if you are a first-time quitter, a lighter smoker (less than 20/day), feel less dependent on nicotine, don't smoke when you have a cold/flu or other ill-

ness, and don't have to smoke immediately (within 15 minutes) upon waking in the morning.

Behavioral self-help manuals (available from voluntary agencies like the local chapters of your American Lung Association, Cancer Society, or Heart Association) are recommended. The American Lung Association program has been well researched, is based on solid behavior therapy techniques, and has a good 15% to 20% success rate at 1 year after the first attempt to quit.

By contrast, you will need a more intensive clinic treatment if you have tried to quit and failed several times, are a heavier smoker (more than 20/day), feel dependent on nicotine, smoke even when you have a cold or other illness, and smoke immediately upon waking in the morning. Professional clinics provide intensive training, group support to quit, and, most important, coping skills to resist temptations to go back to smoking.

If you have also had problems with other drugs or alcohol, if you have problems with moods like anxiety or depression, then you will probably need a clinic plus medication to help you quit. If you have unsuccessfully tried the other methods, as a last resort, consider a clinic that combines behavioral treatment with medication or nicotine gum — the most intense and expensive alternative.

Much information is currently available. Programs are widespread to help people quit smoking and to encourage prevention. Advances in research by behavioral and biomedical scientists will continue to help us develop better treatments to help people overcome their dependence on tobacco.

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For more information or to find a therapist:

**ASSOCIATION for BEHAVIORAL
and COGNITIVE THERAPIES**

305 Seventh Avenue
New York, NY 10001
212.647.1890
www.abct.org