

Understanding Tobacco Addiction In Your Loved One

Do You Want Better Health?

Watching someone you care about who uses tobacco struggle for his or her health can be a frustrating and heart-rending time. Because so many diseases have been solidly linked to tobacco, continuing to use it can be viewed as a simple choice — do you want better health or not?

Time and time again, these arguments over smoking follow the same path: arguing, freezing each other out, being defensive and passive, nagging or totally shutting down. Resentment flares. Helplessness and desperation show.

All sorts of questions are thrown about, either in the mind or aloud: “Don’t you care about your family? About me? What do you mean you have nothing else to live for? Are you saying your cigarettes are more important than your life? What does that say about our relationship? Are you stupid? Are you selfish?”

“Don’t you understand what I go through watching you struggle with illness? I miss work. We struggle with bills. I worry all the time that something will happen to you, something I can’t control. If you’re gone, then I have to take care of the kids by myself.

“I deal with the insurance and the paperwork. I wait during your procedures. I drive you to appointments. I have to watch you suffer. We can’t have fun the way we used to. I miss your health. I miss you.



“And all because you won’t stop smoking that stupid cigarette. If you would just stop, our lives would be easier. I wouldn’t have to worry about you smoking while you’re on oxygen. I wouldn’t have to hear you cough like that anymore. I wouldn’t have to smell that awful breath when you cough deeply, from stuff we both know is rotting out your lungs.

“I wouldn’t have to worry about burns, fires or being around your smoke. I don’t have to worry that your smoke is making me sick too. I can’t pay as much attention to my own health when I’m taking care of you. Using tobacco is your choice — why are you doing this to yourself? To me? To us?”

To help your loved one, it may help to understand addiction and the inner voice. Learn more by turning the page.

Why Nicotine is Addictive

Most people (even tobacco users!) are unaware of the physical process going on in the body and brain during a craving.

Nicotine is probably the most addictive chemical on the planet. Everyone is born with a few million receptors in their brains. They are responsible for releasing chemicals, among other things. One thing they do very well is to absorb nicotine.

Once the nicotine is absorbed, the receptors release a large amount of dopamine, norepinephrine, and a few other “feel good” chemicals. This produces that relaxing, buzzy high that cigarettes are known for. This feels good, so the brain makes more receptors to absorb as much nicotine as possible.

The longer a person uses tobacco, the more receptors are made, until the brain actually becomes physically different when compared to the brain before tobacco use started.

Why does this matter? Because each of these receptors serves as a tiny alarm bell as well as keeps track of how much nicotine is used in a day.

This rush happens almost instantly after taking a drag on a cigarette or using an electronic tobacco product. The rush is constantly there while people use smokeless tobacco. It’s a way to feel instantly “better,” or at least, instantly “normal” again.

The receptors actually carry a “memory” of two things:

- your loved one’s triggers
- how much tobacco your loved one normally uses in a day.



This means the receptors will trigger your loved one to want tobacco during “trigger” situations (such as seeing a cup of coffee or getting in the car) or feelings (such as having an argument with someone, having fun with other people, or being bored).

This is why he or she reaches for a cigarette when starting the car. The receptors are “telling” your loved one that the car will not start without it! He or she reaches for a cigarette and interprets it as a “habit.” It is a habit but only because it is being constantly reinforced by the receptors.

It also means that when your loved one tries to cut down or quit, it is normal for the receptors to start cravings when they no longer get their normal amount. For example, if your loved one smoke 3 cigarettes on the way to work in the morning but only smokes 1, he or she will likely feel the difference. The receptors would know he or she did not met the “quota.” Your loved one then feels pressure from receptors to pull over at the nearest gas station and buy cigarettes as soon as possible.



Cravings last 3 to 5 minutes

Receptors can only remain agitated (throw a craving tantrum) for up to 15 minutes. They do not have the endurance to stay highly agitated

over a long period of time.

Most cravings last 3 to 5 minutes and many are an intense 30 seconds. This means that your loved one’s cravings will go away whether he or she uses tobacco or not. Using medicines can help make this time more manageable.

'Logic Voice' and 'Addiction Voice'

One of the defining factors of tobacco addiction is when a person uses tobacco even while knowing it is causing harm. There is rarely any logic in addiction. This is something that can be difficult if not impossible to understand, even by the person using tobacco.

An addict wants something because he or she wants it. It's that simple. Certain feelings and situations trigger it, but at the most basic level, the receptors in the brain scream for what they want. Picture an angel and devil on a person's shoulder — a symbol of the "good" and "bad" saying what to do next. Instead, replace that with "logic voice" and the "addiction voice."

■ "Logic voice" says things like:

- "You don't need that tobacco, not really."
- "You know it's not good for your health."
- "Your heart is not doing well. It's hard to breathe."
- "My partner doesn't want me to keep doing this. My kids hate that I use."
- "I don't have the money for this."
- "I don't want to do this anymore."
- "I don't really need it."



■ "Addiction voice" has its own statement. Because of the physical nature of the receptors, addiction voice is extremely LOUD.

During a craving, addiction voice is screaming.

- "YOU COMPLETELY NEED THIS."
- "YOU CAN'T RELAX WITHOUT ME."
- "NO ONE ELSE IS THERE FOR YOU LIKE I AM."



- "JUST ONE WILL NOT HURT. "
- "YOU DESERVE THIS!"
- "YOU WILL NEVER FEEL BETTER UNTIL YOU USE!"

Logic voice speaks only at a whisper. Addiction voice drowns it out. Wading through each moment of this can be exhausting.

How You and Members of the Care Circle can Help

People rarely quit because they were nagged. Anger, orders and threats can also backfire. Often, these approaches will make a person want to use tobacco even more.

Provide support

You need the right kind of support in different situations. It may help to talk together. Ask your loved one what he or she would like to do next about tobacco. Does he or she want to quit?

■ If your loved one wants to quit, what kind of support does he or she need? Here are a few ideas:

- **Ask**, "Do you want me to check in with you and ask how you are doing?" "I want you to know I'm interested and that I care but I don't want to annoy you."
- Your loved one might respond: "I'd rather you don't ask, but in return, I'll let you know when there is something to celebrate. I may also reach out and let you know when I've having a hard moment."
- **Ask**, "Do you want me to remind you why it's important you quit?"
- Your loved one might respond: "No, I already know why it's important. This is why I'm quitting. If I forget, I'll let you know."

— **Ask**, “What can I say to you that is helpful?”

- Your loved one might respond: “You can say things like, I believe in you, I trust you, I love you, I know you’re doing your best.”

■ What happens if your loved one doesn’t want to quit? What then?

— Hearing that your loved one is not ready or not interested in quitting can be difficult. Try your best to be understanding while making sure you feel your own health is not at risk by being around tobacco.

— If possible, establish boundaries such as no tobacco use in the house or vehicles, or around children.

■ If you use tobacco yourself, consider quitting. If you choose not to quit, use it outside and away from your loved one while he or she is trying to quit.

Some people trying to quit will say other people using doesn’t bother them, but it’s still a temptation. Secondhand smoke is as harmful as firsthand smoke, so exposing others to it is dangerous for their health.

■ There are a few questions to go over with each other. If your loved one wants a cigarette, how should you or other members of the care circle handle it? What if you are asked to go and buy cigarettes for your loved one?

■ If your loved one slips, how should you respond? It can be helpful to ask if he or she wants to talk about it. If so, offer encouragement. Listen without judgment. Explore how your loved one got to the point where he or she felt a cigarette, vape or dip was the only option.

How could he or she handle things differently the next time? Do your best to help your loved one find solutions without saying what to do.

Nicotine Replacement Therapy

Medicines are proven to be helpful during a time when very few people are able to quit without them because of recent changes in how tobacco is made. Tobacco companies have added chemicals to make tobacco products more addictive and difficult to quit.

If your loved one chooses to use medicines to help him or her quit, please support that decision. Nicotine replacement therapy (known as NRT) uses patches, gum, lozenges and inhalers to help manage cravings.

Nicotine from NRT binds to nicotine receptors just like nicotine from tobacco products. NRT will produce lower levels of nicotine throughout the body than from tobacco and still help calm the brain. This can make a person feel more in control during a craving without getting more chemicals from tobacco that cause health problems.

Resources to Help Your Loved One Quit Tobacco

■ Tobacco Intervention Program at Abbott Northwestern Hospital

— 612-863-1648

■ Tobacco Intervention Program at Mercy Hospital

— 763-236-8008

■ Tobacco Intervention Program at River Falls Area Hospital

— 715-307-6075

■ *United Hospital Lung and Sleep Clinic Tobacco Cessation Program

— 651-726-6200

■ *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching

— 612-863-5178

***There may be a cost to you. Check with your insurance provider.**