

Information from Your Family Doctor

◉ Smoking Cessation in Recovering Alcoholics: Fiction Versus Fact

This information provides a general overview on smoking cessation in recovering alcoholics and may not apply to everyone. Talk to your family doctor to find out if this information applies to you and to get more information on this subject.

Fiction #1

"Smoking isn't a bigger problem for people in recovery than it is for anyone else. You're just trying to scare me."

Fact:

Almost 85 percent of people who are in alcohol recovery smoke, compared with 25 percent of the general public. Smokers in alcohol recovery may be more addicted to nicotine than smokers who don't have a history of alcohol abuse. People in alcohol recovery often smoke more than smokers in the general public.

People who have been in treatment for alcohol problems are more likely to die from tobacco-related diseases than from alcohol-related problems. These people have a higher risk of heart disease and cancer than nonsmoking recovering alcoholics.

Cancers of the head and neck are special problems in people with a history of heavy drinking and smoking.

Fiction #2

"Quitting smoking will threaten my sobriety."

Fact:

Until recently, we thought that quitting smoking made it harder to stay sober. We now know that smokers who are in recovery from alcohol abuse can stop smoking without starting to drink again. Because smoking and drinking usually go together, smoking can lead to a stronger craving for alcohol. So quitting smoking during treatment for alcoholism, or right after treatment, can actually increase your chances of staying sober. People who have been off smoking for a long time say that they feel more in control of their lives, less anxious and less depressed than they felt when they smoked.

Fiction #3

"Alcohol addiction was the biggest threat to my life and my health, and I've quit drinking. Smoking won't hurt me that much."

Fact:

Make no mistake about this: smoking is an addiction, and it's as likely to kill you as any other addiction, maybe more so. Recovering alcoholics who smoke are more likely to get heart disease, lung disease and cancers of the head, mouth and throat. They are also more likely to die earlier than people in the general public.

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Fiction #4

"People who are just starting alcohol recovery shouldn't try to quit smoking. My counselors told me to take one thing at a time."

Fact:

It's true, only you can decide when to quit smoking. Just remember, continuing to smoke when you're sober can increase your craving for alcohol if you used to smoke and drink together. Addiction experts strongly encourage recovering alcoholics who smoke to treat their smoking like any other addiction—and get help to quit.

Fiction #5

"Most people in recovery don't want to quit smoking."

Fact:

Research has shown that more than half of the smokers in chemical dependency programs would like to quit smoking. Almost two thirds of them have already tried to quit.

Fiction #6

"I'm too addicted to quit smoking. I tried to quit before and failed because the withdrawal symptoms were just too bad."

Fact:

You may very well be more addicted to nicotine than other smokers, but there are ways to help you quit. Very few people succeed the first time they try to quit smoking. Part of the problem may be that you tried to stop smoking on your own. If you couldn't quit drinking without the help of others, why expect to quit smoking that way? Lots of people and techniques can help you be successful: your doctor, nicotine replacement therapy, Nicotine Anonymous, friends and family members, the American Cancer Society, the American Lung Association, stop-smoking support groups, etc. All you have to do is ask for help.

When you stop smoking, withdrawal symptoms like irritability, nervousness, difficulty concentrating and constipation usually last no more than three to four weeks. Behavior therapy, along with nicotine replacement therapy, can help you with the withdrawal symptoms.

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Fiction #7

"I'll fail—I know I will. Quitting smoking will be harder for me than quitting drinking was. I just can't quit."

Fact:

There's a good chance that you felt this way at times about recovering from alcohol abuse. Feeling powerless and admitting you need help is the first step to kicking your smoking addiction. You need to approach quitting smoking the same way you approached quitting drinking—one step at a time. What gave you the strength and courage to give up drinking? The same tools can help you quit smoking if you just use them—treatment, therapy, group support, spirituality, friends and family, etc.

Fiction #8

"I could never quit. Most of my family members and friends smoke."

Fact:

Being around smokers can make quitting harder. But giving up any addiction is hard and requires you to make your own choice about what's best for you and your loved ones. Asking family members and friends not to smoke around you gives them the opportunity to be supportive. At first it may help to stay away from other smokers. It also helps to practice what you'll do when you feel like smoking.

Fiction #9

"I have too much stress in my life to quit right now."

Fact:

Your body is addicted to nicotine, so it feels better with the drug than without it. Maybe another time would be better. But remember that you, like all other people, will always be under some kind of stress. Waiting to be stress-free before trying to quit smoking may just be an excuse for not facing your nicotine addiction.

Fiction #10

"I can't quit smoking because I'll gain weight, and that's bad for my health, too."

Fact:

Not everyone who quits smoking gains weight. Some people actually lose weight. If they do gain weight, most people gain only 5 to 10 pounds, which is much less of a health risk than smoking. Exercise and eating low-fat foods can help you keep from gaining too much weight.

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Tips to Help You Quit Smoking When You're Ready

Before you quit smoking, you might try the following:

- First, write down what you like about smoking and what you don't like about quitting. Then reverse this process: write down good reasons to quit and bad reasons to keep smoking.
- Switch to a brand of cigarettes with a lower nicotine content while smoking the same number of cigarettes every day.
- Cut out a few of your favorite cigarettes during the day.
- For three to five days, use a notebook to keep track of when you smoke each cigarette, and what you're doing and how you're feeling when you reach for a cigarette. Look for patterns in your smoking.

To help you cope with craving and withdrawal, you might try the following:

- Ask your doctor about using some form of nicotine replacement therapy, such as the nicotine patch, nicotine gum, nicotine inhaler or nicotine nasal spray.
- Talk to your doctor about other drug therapies, such as bupropion (brand names: Wellbutrin, Zyban) that you might use just for a while to help reduce your cravings.
- Consider starting an exercise program. Exercise often helps reduce withdrawal symptoms, and it gives you something to do when you get a craving.
- Check with your doctor to find out about deep-breathing, relaxation and imaging techniques that help you cope with stress and cravings.
- Avoid doing the things that trigger your cravings for a cigarette. Look back in your notebook to find out these triggers.

To prevent relapse, you might find the following tips helpful:

- Plan ahead of time and practice how you'll handle difficult situations, such as being around friends and family members who smoke, managing stressful situations and coping with negative feelings like anger, sadness and anxiety.
- Look for smoke-free options, such as smoke-free Alcoholics Anonymous meetings and other support groups, like Nicotine Anonymous. Plan activities where smoking is unlikely or with family members and friends who don't smoke. Sit in the nonsmoking sections of restaurants.
- Remember that breaking down and having a cigarette doesn't mean that you're a failure or that you have totally relapsed to smoking. Instead, "climb back on the wagon" and start again.

This handout is provided to you by your family doctor and the American Academy of Family Physicians. Other health-related information is available from the AAFP on the World Wide Web (<http://www.aafp.org/healthinfo>). Information may also be obtained from HealthAnswers® (<http://www.healthanswers.com>). 4/98