

Smokers extinguish a mindset

If you want to kick the habit, there is help out there

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Her dog flying across the room was only a small sacrifice she made to extend her own life. She began her dangerous practice when she was 11 years old. January will mark six years since she stopped, and she could not be happier about the decision.

Lynn Binck of Runnemede was told by her doctor that she had chronic obstructive pulmonary disease (COPD) and needed to quit smoking if she wanted to watch her grandchildren grow up.

After discussing treatment options with her doctor, Binck, a Superior Court clerk, decided to try the prescription drug Chantix.

Chantix and dreams

“I was really glad there was such a thing as a pill that could help me quit smoking,” she said. “Chantix really did a good job for me.”

She took the pill for about five months, and only had one major side effect in the beginning: really peculiar dreams.

“I have a pug and I used to dream that Oreo was flying in my living room with white wings,” she said. “I also dreamt that I was on the beach, and I was sitting on the beach and there was a sand pile next to me. When I brushed away the sand, a skeleton popped up.”

After the skeleton dream startled her awake, she called the makers of Chantix, who said the dreams were a side effect of the drug. After one to two weeks of taking the pill, the dreams were gone.

“As far as smoking, I just can’t be bothered anymore,” she said. “I could care less. I don’t like the way it smells.”

For potential patients worried about possible side effects of the drug, she suggests monitoring yourself and asking your doctor any questions.

“I think the majority of it is that you have to want to quit,” she said. “You have to really say, ‘That’s it, I’m done. I don’t care.’”

Despite the concerns surrounding the drug, Binck is happy with her results.

“It was worth it,” she said. “Because now I’m smoke-free.”

While drugs like Chantix increase quit rates, Dr. Andrew Martin, chair of Pulmonary Medicine at Deborah Heart and Lung Center in Browns Mills, said that they do not actually cure smoking.

“The person has to understand that,” he said.

Mental planning

Dr. Martin explained that the best method to quit smoking is “cold turkey with a plan.” Set a quit date in advance “to prepare emotionally for the idea of stopping.”

“When you wake up on that day, you don’t say you’re trying to quit, because then you’re still identifying yourself as a smoker,” he said. “Repeat, out loud, over and over again, ‘I don’t smoke.’ Adopt the identity of a non-smoker.”

Karl W. Wirtz, a certified professional hypnotist from Blackwood, said he has had more than 300 patients in the area during his three years of practice. To use hypnosis as a smoking cessation technique, Wirtz first gets to know his patients and builds a rapport for them to feel comfortable.

“Cigarettes are a habitual habit,” he said. “It’s a learned trait. It can be unlearned very quickly if it’s done right.”

Tony DiMarco of Bellmawr quit smoking 20 years ago after getting hypnotized.

“I needed a crutch to get through it,” he said. “It was a group of about 150 people and we all got hypnotized together.”

His cravings did not go away overnight. It took over a year to not desire the taste of a warm cigarette. He used to walk around sporting a filter tip in his mouth “just like a pacifier” to avoid lighting up.

“First you’re counting hours, then you’re counting days, then you’re counting weeks, and eventually you stop counting,” he said.

DiMarco said his encounter with getting hypnotized was a good experience. “It works for some people but it doesn’t work for everybody,” he said.

A sweet tooth

Courier-Post readers Kathleen Savastano and Jim Roskoph both e-mailed to divulge their sweet quitting stories.

“I used hard candy and chewing gum which made me gain weight that I still have,” said Savastano. “My biggest problem was what to do with my hands when not smoking. One of my co-workers taught me how to knit.” She knitted her father-in-law a large sweater.

Roskoph also turned to hard candy to help with cravings over 30 years ago.

“I quit cold turkey. The only prophylactic I used was hard candy. I did gain some weight at first,” said Roskosph. “There are still times, when I am around someone smoking a good cigar that I am tempted to try a puff or two. However, I have not ever regressed.”

Accountability

Being held accountable for kicking the habit is key, according to Dr. John Lowe of Kennedy Health Alliance in Voorhees.

“I always, always, always give somebody information for a quit-line or a way to communicate to hold them accountable,” he said. “For cigarette smoking, because it’s such a hard addiction to break, you need behavioral feedback. You need to get out of old habits per se.”

Dr. Lowe uses a multi-cure approach in his treatment. He looks at the patient’s individual smoking triggers and learns about their history. “If you don’t look at what their triggers are for smoking, you won’t have a lot of success,” he said. Some smoke for nerves, for anxiety, to self-medicate.

“People who smoke, they go through a brief nicotine withdrawal,” he said. “You have to address that component as well.” Nicotine gum or the patch combined with medications such as Wellbutrin or Chantix potentially can help with the withdrawal symptoms.

Others look to the Electronic Cigarette.

Mixed opinions

“I’ve had patients use them. I’ve heard mixed results,” he said. “If it works, go ahead, if not, it won’t hurt you. The risk of the E-Cigarette is very low. There’s very little harm.”

Dr. Martin, on the other hand, has a philosophical problem with the use of the E-Cigarettes to quit smoking, based on how similar they look to cigarettes.

“They are not regulated. They don’t submit their products for testing,” he said. “They’re not recommended by anyone I know in the medical field that works on smoking cessation.”

No matter what the aid, or lack of aid, used to quit smoking, those who have successfully quit all have made their minds up to end their habit in one way or another.

“The individual has to be ready to quit,” said Dr. Lowe.

New mind-sets

At the Cooper Cancer Institute, Cori McMahon, director of Behavioral Medicine and a clinical psychologist, works on changing the mind-set of a smoker.

“The withdrawal can be very challenging,” she said. “We teach the different skills on how to resist urges.”

According to McMahon, many people see cigarettes as their friends, and leaving those buddies behind can be emotionally distressing.

“We’re working on someone’s thoughts and how that relates to their behaviors,” she said. For instance, if someone smokes before their morning coffee, she teaches the patient healthy alternatives to that routine, such as a fresh snack.

“Part of the whole process is to get the support from other people,” she said.

Quitting the habit certainly is not easy.

“It’s probably the hardest thing I’ve ever done in my life, and I’ve been around for awhile,” DiMarco laughed, as he looked back on his transition to a smoke-free life.

“Mind over matter so to speak,” he said. “You really have to want to do it.”