# Nicotine Use Basics

Introducing You to Nicotine Use
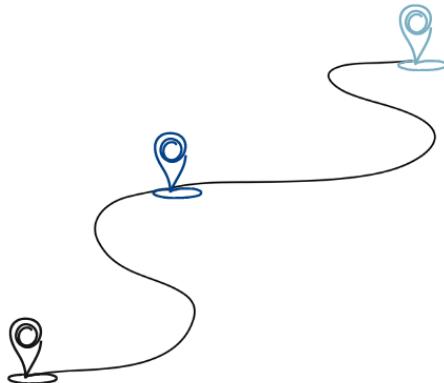
# Chapter Goals

- Learn what nicotine use is and how it is maintained

- Learn about a gold-standard treatment for nicotine use

- Start to identify your own nicotine use patterns

# What is Nicotine Use?



Many people find themselves using nicotine products for one reason or another, for example, because their peers encourage it, because it provides relief, etc. When we say **nicotine use**, we are talking about smoking cigarettes, chewing tobacco, vaping e-cigarettes, or snorting snuff. Using nicotine once or twice isn't necessarily a bad thing. Those without a history of persistent impulsivity are able to stop pretty easily and our bodies are pretty good at bouncing back from nicotine use. However, nicotine use can persist and problems can develop. **Nicotine use disorder** is characterized by *continuous* use of nicotine products in which the person has a strong craving to use, withdrawal symptoms if they don't use, and difficulties quitting if they attempt to quit. Millions of people find themselves dependent on nicotine products, despite negative consequences of their use.

Why nicotine use sticks around and how to manage nicotine use is the focus of this workbook. Nicotine use disorder can be considered a **psychological disorder**, which means that it is an *automatic* pattern of attending, thinking, feeling, and acting that is maintained in a *cycle* despite creating problems (Barlow, 2021; Bringmann et al., 2023). Calling it a psychological disorder doesn't mean it doesn't have

physical components, such as reliance on nicotine to regulate sensory information or physiological changes when trying to quit, but it puts the emphasis on changes that people can make today. A large body of research points to a set of factors that keep nicotine use going despite people wanting it to stop (Barlow, 2021).

Here's an example of a nicotine use cycle. As you read, take note of anything with which you can relate. It's okay if you don't quite understand what is outlined here or if your situation is a bit different. Your therapist can help.

Those experiencing nicotine use disorder find themselves craving their nicotine product of choice. This didn't start from nowhere and oftentimes has origins in adolescence, whether through peer pressure or depictions of nicotine use in the media. Not everyone who tries smoking, vaping, or chewing gets hooked. Some people are more prone to instant gratification than others and these people are more vulnerable to developing a nicotine use disorder. Nicotine use can help regulate sensory information and help people feel more at ease in stressful situations. However, the body can become dependent on nicotine and without it, symptoms of withdrawal can kick in, typically within 24 hours: depressed mood, insomnia, irritability, frustration, anger, anxiety, difficulty concentrating, restlessness, decreased heart rate, and increased appetite. Using nicotine during this period will reduce the withdrawal symptoms and subsequently reinforce the use of nicotine. Typically the first puff, vape, or chew of the morning is the one people would find the hardest to give up, presumably because nicotine is starting to break down.

Despite this continuous and automatic cycle, we can still make changes. Many researchers and clinicians agree that identifying patterns of attending, thinking, feeling, and acting that keep us stuck and practicing new ways of responding can really help us bounce back from nicotine use disorder and move us closer to a life worth living (Hofmann et al., 2012). Making changes can even be observed in our nervous system, which inherently responds to our environments and can be shaped by our experiences (Linden, 2006). However, we need to start by getting a better sense of your own experiences with nicotine use.

Although there are common patterns across people, nicotine use can look a little different from person to person. Take a moment to write down your experience with nicotine use: (1) when and where you use your nicotine product of choice, (2) how you feel before, during, and after using—such as what you notice in your body, (3) what you tend to pay attention to during days of heavy use, (4) how or what you tend to think about before, during, or after nicotine use, and (5) what you tend to do before and after using.

# Cognitive Behavioral Therapy

**Cognitive Behavioral Therapy** (CBT) has been adapted to treat different psychological disorders within different cultures (Naeem et al., 2019). It is considered a "gold-standard" treatment because it is the most effective and reliable treatment with enduring long-term benefits (David et al., 2018). The basic idea behind CBT is that different events can trigger different responses—attention, thoughts, feelings, and actions. This happens because at some point in our lives, we learned to respond to certain events in particular ways. We call this our "learned history," which includes our personal experiences as well as cultural expectations. These responses can actually impact one another and end up forming one's nicotine use disorder. Characteristic responses of nicotine use include:
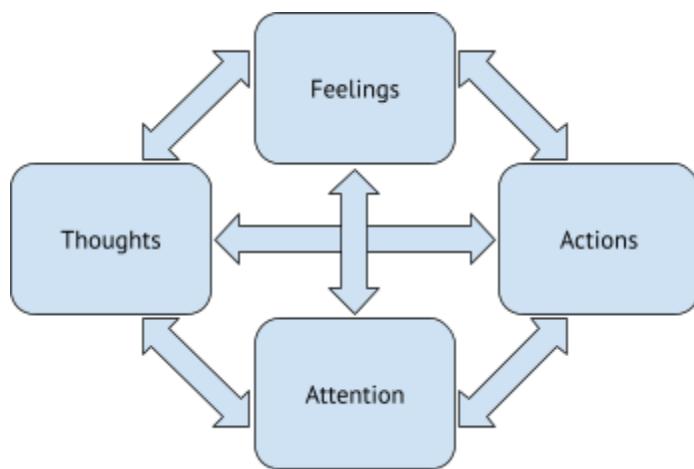
- **Attention** - Towards nicotine products or things associated with use
- **Thoughts** - "I need a cigarette.", "I can't cope without smoking."
- **Feelings** - Cravings for nicotine products, feeling jittery without them
- **Actions** - Smoking, vaping, chewing; taking breaks from work to smoke

How these responses are triggered and maintained is what you and your therapists will uncover together. Developing this understanding is what we call a **case formulation** and it directly informs what your treatment will look like.

It is helpful to have clear expectations through treatment. CBT can help you improve your nicotine use by helping you notice the thoughts, feelings, actions, and attention that keep you stuck as well as guide you towards new ways of responding. However, CBT isn't guaranteed and there are a lot of factors that impact how successful someone may be—for example, how many sessions you have, how much effort you put into change, how supportive your environment is, etc. If you do see improvements, they likely won't be linear.
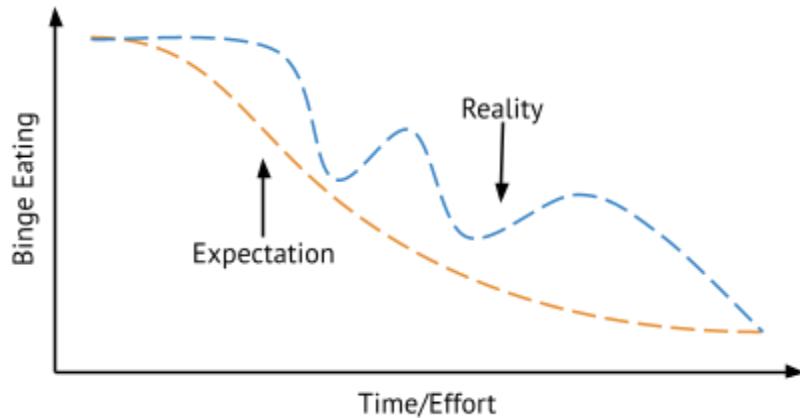
There are a number of what we call "core clinical change processes" that you and your therapists will consider when developing your **treatment plan**—for example, stimulus control, cognitive reappraisal, behavioral activation, mindful awareness, prolonged exposure, etc. A common change process used in nicotine use treatment is motivational enhancement (Heckman et al., 2010), which entails boosting one's desire for change and the long-term outcomes of change. It can help someone make choices that are more in line with their long-term goals or values,

even when faced with cravings or urges to use. Each process comes with different change techniques, which you could think of as different skills.

Keep in mind that CBT is an effortful process. It is imperative that once you learn a new technique/skill, you practice it over and over and over again. We want you to retain your new pattern of responding so that it—and not the disordered pattern—becomes automatic. You may find that you take two steps forward and one step back. This is normal. Change is hard and it takes time to develop new patterns. Try not to get too discouraged. Anything worth doing is typically hard. Remember, if you're ever having a hard time understanding anything in this workbook or doing the activities in this workbook, reach out to your therapist.

## Illuminating Your Patterns

What we mean by that is, shine a big ol' light on your nicotine use cycle. Really look at the events and subsequent responses—attention, thoughts, feelings, and actions—that keep you stuck. This process, which we call **self-monitoring**, can increase the likelihood of changing unproductive habits (Zhao et al., 2021). Put simply, we can't change something that we aren't aware of.

To do this, you will need to make note of five things: events, attention, thoughts, feelings, and actions. **Events** are the triggers for nicotine use . Situations you are in can automatically trigger specific responses. These situations can be anything, such as first thing in the morning, being around other smokers. Triggers can also be various emotions that you may be experiencing and that have reliably

preceded nicotine use. Sometimes we can change these events. More often than not, we are changing how you respond to them.

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| **Attention** is where your focus is. It is what you notice outside and inside your body. What we attend to can bias our cognitive processing and pigeon-hole our behavior. Do you find yourself overly focused on things associated with nicotine use, for example, watching the clock, waiting for when you can smoke next? | **Thoughts** are how you make sense of things that have happened. Sometimes how we perceive an event is more important than the event itself. For instance, what does it mean that you slipped and smoked after a period of abstinence, for example, "screw-it, I'll just keep smoking." Some think they "need" cigarettes to cope with stress. |
| **Feelings** are the sensations in your body. They are the body's way of telling us that something is amiss or something is desirable. Cravings are good examples of the latter as they are associated with reward-activation in the nervous system. Withdrawal sensations are also common, for example, irritability, tiredness. | **Actions** are the things you do to try to address or cope with the events or feelings. Nicotine use is an obvious coping response to stress. Other actions include structuring your day around smoking, for example, regular smoke breaks. During withdrawal periods, people often eat as a way to cope with withdrawal. |

See the next page for your first "Change Task," which outlines how to monitor your nicotine use along with a helpful worksheet.

### Change Task
Illuminate Your
Nicotine Use  Cycle

It is helpful to get in the habit of tracking the ebb and flow of your nicotine use . So, what triggers your nicotine use  and what does your nicotine use entail—your attention, thoughts, feelings, and actions? On the flip side, what's going on when you are not using? If you are unclear on whether something is a trigger or not, just write down what is going on when you are using or just before you start using. You can start to monitor your nicotine use using the worksheet on the next page. It's helpful to get a couple weeks of data before you can start to see a pattern emerge. As you monitor, write down the events and responses as soon as you can. You may find that it is helpful to keep this workbook with you or jot down some notes on a piece of paper and then transfer your notes to this worksheet.

## Self-Monitoring Worksheet

| Events<br>The triggers of your nicotine use | Attention<br>What you tend to notice or focus on | Thoughts<br>How you make sense of different events | Feelings<br>The sensations in your body | Actions<br>How you cope with the event or feelings |
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# Chapter Summary

You have learned quite a bit in this chapter. You learned:

1.  that using nicotine a couple times isn't necessarily a bad thing,

2.  that nicotine use  disorder is a cycle of nicotine use that creates problems,

3.  how cognitive-behavioral therapy can help,

4.  what are reasonable expectations for progress,

5.  the difference between events, attention, thoughts, feelings, and actions, and

6.  the importance of knowing your nicotine use cycle.

Your **change task** for the week is to write down when and where you are using nicotine and any responses—attention, thoughts, feelings, and actions—while you are using.

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