

The cigarette does nothing

A short book about smoking, and the belief that it calms
you when it mainly relieves the need it created

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First edition

Written by AI with human guidance. It can
contain mistakes, which later editions correct.

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Before you start

This is a short book. You can read it in two or three evenings.

It's about one belief. You smoke, and you know what it costs. Nobody needs to tell you again. You carry on partly because the cigarette seems to do something for you. It settles you after a bad phone call, it gets you through a long afternoon, and it's the one reliable pause in the day. Giving that up looks like volunteering to feel worse for the rest of your life.

I'm going to argue that the cigarette does far less than it seems to. Most of what it does is relieve a need that the previous cigarette set up. The calm is real. But it's the calm of getting back to where a non-smoker already was, and it lasts about an hour before the need starts again.

The title overstates this by a little, and I'd sooner say so now than have you catch me at it. Nicotine is a drug with some small effects of its own, and chapter 5 says exactly what they are. "The cigarette does almost nothing you couldn't have for free" is more accurate. It's also a worse title.

I won't spend pages on lungs and hearts. You've read the packet. Health comes up briefly where it bears on a decision, and that's all.

I won't ask you to stop smoking before you've finished reading, and I won't ask you to carry on either. If you want to stop tonight, stop tonight, and read the rest as you go. The practical chapters are 11 to 13.

Three cautions before we start.

The first is about medicines. Smoking changes how the body handles some drugs. The NHS says this applies to some antipsychotic medicines and antidepressants, and that doses may need checking and can sometimes come down once you've stopped. If you take either, talk to your GP or psychiatrist before you stop. Don't change a dose yourself. If you take regular medicine for anything else, tell your pharmacist you're planning to stop smoking. It costs nothing to ask.

The second is about mental health. If you live with depression, anxiety or another condition, you may have been told, or told yourself, that now isn't the time. Chapter 4 looks at the evidence, which is more encouraging than most people expect. But you deserve support while you do it, and your GP or a stop smoking service can arrange that.

The third is about pregnancy. If you're pregnant, tell your midwife or GP that you want to stop. They'll be glad you asked, and they can advise on which stop smoking aids suit you.

One more thing. This book is about understanding, and I think understanding helps. It doesn't replace the help that's been shown to work. Stop smoking services, nicotine products and prescription medicines all improve your chances, and chapter 11 sets out how much. You can use this book alongside any of them.

The notes at the back give the studies I've relied on and their limits. The rest is my own reasoning, and I'll say so where it matters.

The back door at ten past eleven

Here's an example. It's ten past eleven on a Tuesday, and you've just come off the phone with a client who was rude, and wrong, and who you had to be polite to for fourteen minutes. Your jaw is tight. You pick up your coat, because the lighter's in the pocket, and you go down the stairs and out of the back door by the bins.

You light up. On the first proper drag your shoulders come down. By the third you're thinking about the call more calmly, and by the end of the cigarette you've decided what to say in the follow-up email. You go back upstairs feeling like yourself again.

If somebody told you at that moment that the cigarette had done nothing, you'd think they'd never smoked. You felt it work. It took about ten seconds.

I'm not going to tell you that you imagined it. The relief at the back door is a real physical event, and any honest book about smoking has to start by admitting that. What I want to ask is what it was relief from.

You'd say the phone call. I think that's part of the answer, and the smaller part. Your last cigarette was at about half past nine, on the way in. By ten past eleven you'd gone an hour and forty minutes without nicotine, and for a regular smoker that's long enough to feel it. You wouldn't have called it a craving. It shows up as a slight restlessness and a shorter fuse, and a sense that something isn't quite settled. Then the client rang.

So at the back door you were carrying two things. One was the call. The other was a low, nagging need that had been building since half past nine and had nothing to do with the client at all. The cigarette removed the second one, quickly and completely. It did nothing about the first. The client was still rude and still wrong, and you still had the email to write. But with the need gone you felt so much better that the whole improvement got credited to the cigarette, and to its power over stress.

I'll use three plain terms in this book. The need is that background restlessness that builds as nicotine leaves your body. The relief is what you feel when a cigarette ends it. And a top-up is what most cigarettes are, which is a dose that arrives before the need has got loud enough for you to notice it.

Top-ups matter, because they explain why the need is so hard to see. If you smoke fifteen or twenty a day, you rarely let it build. You feel roughly all right most of the time, and you put that down to being a person who feels roughly all right. You only meet the need properly on a long flight, or in a meeting that overruns, or when you've run out at midnight. Then it's obvious, and unpleasant, and you think of it as what life without cigarettes would be like. It isn't, and chapter 10 explains why. It's what the gap between two cigarettes is like.

A colleague who has never smoked took a call just as bad at the desk next to yours. They were annoyed too. They made a tea, complained to someone for a minute, and wrote their email. They didn't need to go and stand by the bins to get back to normal, because for them normal wasn't draining away in the background all morning.

That's the argument of the book in one scene. The remaining chapters test it against the things cigarettes seem to do, one at a time, and some of those tests are harder for me than this one.

You can start checking it yourself. If you smoke over the next few days, take ten seconds before you light one and ask how you feel. I don't mean how your day is going. I mean in your body, at that moment. Then ask again halfway down the cigarette. You're not trying to change anything. You're looking for the need before the cigarette removes the evidence.

What the cigarette seems to pay

Nobody keeps up an expensive, inconvenient habit for years for no reason. If you've smoked for a long time, the cigarette seems to be paying you something, and I'd like to list the payments fairly before I question any of them.

The first is calm. This is the big one, and it's the payment most smokers mention first. A cigarette settles you when you're wound up, and the idea of facing a bad day without one is the main reason stopping feels frightening.

The second is concentration. You think better with one. A difficult piece of work, a long drive, a form that needs filling in. The cigarette seems to sharpen you, and without it your mind wanders.

The third is the break. A cigarette is five minutes that belong to you. It gets you out of the building, away from the screen or the children or the argument, and nobody questions it.

Then there's pleasure. Some cigarettes are just good. The one with the first coffee and the one after a meal are the obvious ones, and so is the one in a pub garden on a warm evening. You may not enjoy all twenty, but you enjoy those.

Company is a payment too. Smokers talk to each other. You've met people at back doors and in smoking areas that you'd never have spoken to inside, and some of them became friends.

Cigarettes also fill time. Waiting for a bus, waiting for a friend who's late, an empty half hour at home. A cigarette gives the time a shape.

There's weight. You may believe smoking keeps your weight down, and you may have put weight on the last time you stopped.

And there's the matter of who you are. After enough years, smoking stops being something you do and becomes part of how you see yourself. Your friends know you as someone who smokes. The habit has a place in your history, some of it fond.

That's eight, and I don't think any of them is stupid. Each rests on something you've really felt. If a book tells you these are all illusions and you're a fool for believing them, close it, because the person who wrote it hasn't been paying attention.

My claim is narrower than that. For each payment, I'll ask the same question, and I'd like you to keep it with you. Did this cigarette add something, or did it give something back?

Adding means you ended up better off than a non-smoker in the same spot. Giving back means you ended up level with them, having started below. From the inside the two feel identical, because all you can feel is the change. You can't feel where you started. That's why it takes some reasoning, and a bit of watching yourself, to tell which one you're getting.

For most of the list I'll argue it's giving back. For two or three the answer is more mixed. The break really is a break, the company really is company, and there's a small true thing in the

concentration claim. I'll say so when we get there. Where a payment meets a real need, I'll try to show that the need is fine and the cigarette is an odd way to meet it.

You already know the costs, so I'll name them once and move on. There's your health, which I said I wouldn't lecture you about. There's the money. There's the smell, the cough, the standing outside in February, and the low worry that sits behind all of it. And there's one cost people rarely count, which is the planning. You check your pockets before you leave the house. You work out when you'll next be able to have one. You get uneasy on trains. A part of your attention is always on supply, and it has been for so long that you may not notice it's there.

"It calms me down"

This chapter is about the mechanism, because the whole book depends on it. I'll keep the chemistry short.

When you draw on a cigarette, nicotine crosses from your lungs into your blood and reaches your brain in ten to twenty seconds. That's faster than an injection into a vein. It's one reason the cigarette feels so responsive. You do a thing, and within the same breath you feel the result. Very few things in life answer you that quickly.

Then your body starts clearing it. The level of nicotine in your blood drops sharply over the first twenty minutes as it spreads into your tissues, and then more slowly, halving about every two hours. So an hour or so after a cigarette, a regular smoker's brain, which has adapted over the years to expect nicotine, starts to register that the level is falling.

What that feels like is well described. Researchers who study people after they stop list the confirmed symptoms of nicotine withdrawal as anger, anxiety, low mood, difficulty concentrating, impatience, trouble sleeping and restlessness. Read that list again with a stressful day in mind. It's almost a definition of feeling stressed. The need doesn't announce itself as a need for nicotine. It arrives looking like irritability, or tension, or not being able to settle, and you read it as your mood or as the day you're having.

A cigarette ends it within seconds. So many times a day, for years, you run the same small experiment. You feel tense, you smoke, the tension goes. Any reasonable person would conclude from that experience that cigarettes relieve tension. The conclusion is wrong only because of what the experiment leaves out, which is where the tension came from.

A British psychologist, Andy Parrott, set this out in a paper in 1999 with the blunt title "Does cigarette smoking cause stress?". He pulled together several lines of evidence. Adult smokers reported slightly higher stress levels than non-smokers, and that's the wrong way round if cigarettes are a calming drug. Teenagers who took up smoking reported rising stress as the habit became regular. People who stopped reported less stress afterwards. And when smokers tracked their moods through the day, the pattern was normal mood while smoking and worsening mood between cigarettes. His summary was that the relaxing effect of a cigarette only reflects the reversal of the tension and irritability that build up as nicotine runs down. Dependent smokers, he wrote, need nicotine to remain feeling normal.

The last sentence is the one I'd underline. The cigarette gets you to normal and no further. A non-smoker is already at normal and didn't have to go outside for it.

It's a bit like an extractor fan that's been running so long you've stopped hearing it. When it clicks off, the quiet feels like a small gift. A cigarette clicks the fan off for an hour. It's also what turns it back on.

Here's the objection I'd raise if I were you. You might say that you know what calm feels like, that you feel it when you smoke, and that no paper can overrule your own experience. I agree. Your experience is accurate as far as it goes, and the relief is real. What the experience can't tell you is whether you've been lifted above level or returned to it, because relief feels the same either way.

I should add two honest complications. The first is that not everyone accepted Parrott's argument in full. The journal printed replies that disputed parts of it, and the question of how much smoking itself raises stress over the long run isn't closed. The part that isn't in dispute is the short-term cycle, where falling nicotine produces tension and a cigarette removes it. That's standard pharmacology, and it's what the NHS tells smokers today. Its advice says that many smokers mistake withdrawal symptoms for everyday stress.

The second complication is that a smoking break contains other things that do calm you down. You walk away from whatever wound you up. You go outside. You breathe slowly and deeply, which you almost never do otherwise. You stand still for five minutes. All of that helps, and none of it needs a cigarette. Chapter 6 comes back to this.

So when you next feel a cigarette calm you, I'm not asking you to deny it. I'm asking you to be precise about it. Something was making you tense, and the cigarette removed it. The question from the last chapter applies. Ask whether it added something or gave something back.

"But my stress is real"

There's a fair complaint about the last chapter. Your life may be hard in ways that have nothing to do with nicotine. You might have a job that asks too much, a parent who's ill, or money that doesn't stretch. Perhaps a teenager has stopped talking to you. Telling someone in that position that their stress is withdrawal would be insulting, and it isn't what I'm saying.

What I'm saying is that a smoker under pressure is carrying two loads. One is life, and it's as heavy as it is. The other is the need, which rises and falls every hour or so on its own timetable. The two feel alike, they arrive mixed together, and only one of them responds to a cigarette.

Think about what a cigarette can do about the first load. It can't shorten the hours or make your father well, and it can't pay anything. It costs money, which is a small extra weight if money is the problem. When you come back in from the back door, every real difficulty is exactly where you left it. What's changed is that the second load has been lifted for an hour, and that feels like coping.

This matters because of what it predicts. If cigarettes helped people cope with stress, you'd expect people who stop to cope worse. They'd have lost their tool, and over the following months you'd expect them to be more anxious and lower in mood than people who carried on.

Researchers have looked at this many times, and it isn't what they find. In 2014 a team led by Gemma Taylor pooled 26 studies that measured people's mental health while they smoked and again at least six weeks after some of them stopped. Compared with people who kept smoking, the ones who stopped showed falls in anxiety, depression and stress, and their mood and quality of life went up. The same group repeated the exercise on a larger scale for a Cochrane review in 2021, with 102 studies covering about 169,500 people. The result held. It held for people with diagnosed mental health conditions as well as for everyone else.

I need to be careful about how much weight that carries. These weren't experiments where people were assigned to stop or continue. They followed people who chose to try, and then compared those who managed it with those who didn't. People who succeed in stopping may differ from people who don't, in ways that also affect mood. Life may have got easier for them that year, and that may be why they succeeded. The Cochrane reviewers rated their certainty as low to moderate for that reason. Their most cautious conclusion is the one I'd lean on. They found no sign that people's mental health gets worse as a result of stopping. The thing smokers fear most about stopping, which is being left defenceless, doesn't show up in the data.

An older study makes the same point from another angle. Sheldon Cohen and Edward Lichtenstein measured stress in people before they tried to stop and at one, three and six months afterwards. Those who never got past the first day stayed at a fairly high, steady level of stress throughout. Those who stayed stopped reported less stress the longer they went. And those who relapsed

showed a rise in stress as they went back. The authors pointed out that this could run both ways, since stress can cause relapse as well as follow it. Even so, it's hard to square with the idea that the cigarette was the thing keeping stress down.

Now the objection, and it's a strong one because it comes from experience. You may have stopped before, for a few days or a week, and been in a terrible state. You were snappy, you couldn't sleep, you cried at an advert. Then you had a cigarette and felt human again. From where you stood, that was proof. Without cigarettes you fell apart, and with them you were fine.

But look at what that week was. It was the need at full volume, unrelieved, for the first time in years. It tells you what withdrawal is like at its peak. It can't tell you what life without cigarettes is like, because you hadn't got there yet. Judging it that way is like judging a new house by the day of the move, when you're standing among boxes and can't find the kettle. The studies above measured people at six weeks and later, after the move, and that's where the improvement shows.

I'm not going to tell you the first week is nothing. Chapter 10 deals with it properly. The point for now is narrower. The week when you felt worst without cigarettes is the week you were most under the influence of cigarettes. It belongs in the evidence against them.

If your stress is real, it deserves a real answer. That might be a conversation with your manager or a visit to the GP about your sleep. It might be a debt advice line, or just a friend who'll listen. A

cigarette looks like an answer, and you can do it in five minutes by the bins. That's exactly why it crowds out the slower things that would help.

"It helps me think"

Plenty of smokers would give up the claim about calm before they gave up this one. You sit down to something difficult, a report or a tax return or a tricky bit of wiring. After forty minutes your attention frays, you go and have a cigarette, and when you come back the problem looks clearer. It's tempting to think of nicotine as fuel for the brain.

Start with the list from chapter 3. Difficulty concentrating is one of the confirmed symptoms of nicotine withdrawal. So is restlessness, and so is impatience. For a regular smoker, those begin to creep in an hour or so after the last cigarette. That's about how long you'd been at the desk.

So part of what happened is easy to explain. Your concentration was being eroded by the falling level of nicotine. The cigarette stopped the erosion. You came back able to think as well as you could before it started, which is to say as well as a non-smoker who'd simply had a five-minute walk. Once again you were given something back, and it felt like a gift.

There's a simple check on this. If cigarettes improved thinking, non-smokers would be at a disadvantage in any job that needs a clear head. Exam halls, operating theatres and air traffic control would be run by people who'd nipped out for one. They're not. The people around you who don't smoke get through difficult work without feeling that their brain stalls every hour.

This is the chapter where I owe you the honesty I promised about the title. Nicotine isn't inert, and the story above isn't the whole story.

In 2010 three researchers at the US National Institute on Drug Abuse, led by Stephen Heishman, pooled 41 laboratory studies of nicotine and mental performance. They deliberately chose studies where withdrawal couldn't explain the result. The participants were either non-smokers, or smokers who'd gone two hours or less without a cigarette. Everything was tested against a placebo, with neither side knowing who'd had what. They found that nicotine produced real improvements in six areas, including fine motor skill, alertness, and short-term and working memory. The authors concluded that these were probably real improvements and not relief from withdrawal.

So nicotine does something. How much is the important part. The effects ranged from small to moderate. In everyday terms, they're in the territory of a cup of coffee. These were also short laboratory tasks, such as pressing a key when a letter appears. They tell you little about whether anyone writes a better report.

Now set that against what it costs to get it by smoking. To collect a small lift in alertness for part of each hour, you accept a dip in concentration for the rest of it, every day, as the level falls. You also accept that on any day you can't smoke freely, in a long meeting or an exam or a flight, you'll think worse than you would have if you'd never started. That trade leaves you behind. I can't point to a study that adds up the two sides for a working day, so treat that sum as my judgement. But I notice that people who want a mild stimulant and have no history with cigarettes choose tea.

Something else did you good in that break, and it's the break itself. Most people find that attention runs down with use. Standing up after forty minutes, walking somewhere, and looking at something further away than a screen will often unstick a problem. Smokers do this many times a day, and non-smokers mostly don't, which is their loss. You've been crediting the cigarette with work that your legs were doing.

If you've already stopped, or when you do, the first couple of weeks may well include some foggy days. That's the withdrawal symptom, and it passes with the others. It helps to know it's coming and not to schedule your hardest piece of thinking for day three. It also helps to keep taking the breaks.

"It's my break"

In many workplaces, and many homes, a cigarette is the only excuse for stopping that nobody challenges. If you stood outside the back door for five minutes doing nothing, someone would ask if you were all right. Put a cigarette in your hand and the same five minutes needs no explanation. Smokers get the break and everyone else works through.

At home it can matter even more. "I'm just going out for a cigarette" gets you out of a room with a screaming toddler, or a tense dinner, or a partner who's following you around the house with an argument. It's a boundary that other people respect. For some people it's the only one they have.

I take this payment seriously, because the need under it is completely real. People need pauses. They need a few minutes that belong to nobody else, and a way of marking the end of one thing before the next begins. If stopping smoking meant losing all of that, it would be a genuine loss, and I wouldn't blame anyone for refusing.

But look at what the cigarette does here. It isn't the break. It's the ticket that gets you the break. The rest comes from the five minutes, the fresh air, the distance from the desk and the slow breathing. The cigarette supplies the permission. It also supplies the urgency, because the need makes sure you take your breaks whether you've time or not. What's insisting is a timer set by the last cigarette, and your body's need for rest has little to do with it.

The ticket also comes with conditions. You don't choose when the break happens. The need chooses, roughly every hour, and it picks its moments badly. It wants one halfway through a film, or during your daughter's school play, or at two in the morning on a train platform in the rain. It can turn a long lunch with people you love into an exercise in waiting for a chance to slip out. A break you'd chosen yourself wouldn't do that. This one is imposed on you, and it happens to be pleasant when it arrives because it ends the waiting.

So the practical step is to keep the break and change the ticket. It sounds too simple, and in one respect it is. Without a cigarette you'll feel self-conscious at first. You may also feel you haven't earned it. That's years of habit talking. Go outside anyway. Take a tea with you if you need something in your hand. Stand where you've always stood if the company's good, or somewhere else if the smell bothers you. The first few times will feel odd, and then it turns into an ordinary break.

At home, say what you mean. "I need five minutes" is a complete sentence, and most people you live with would prefer it to the smell on your coat. If it isn't respected the way the cigarette was, that's worth a conversation. But the conversation is about the household and not about tobacco.

Cigarettes also work as punctuation. There's one after a meal, one with coffee, one when you get in the car, one when a job's finished. These feel like natural full stops, and the day can seem shapeless without them. I think they're learned pairings. You've smoked after meals some thousands of times, so the end of a meal now calls up the wish for one. The wish is real, but it's a memory and not a

requirement. Chapter 10 explains how these pairings fade, and chapter 12 suggests what to put in their place for the first few weeks.

"Some of them I really enjoy"

Ask a smoker which cigarettes they'd miss and you rarely hear "all of them". You hear about four or five. The first of the day with a coffee. The one after a big meal. The one when you finally get out of the airport. The one at the end of a long shift, or after the cinema, or after sex. These are the ones people describe with real warmth, and they're the ones that make stopping feel like a sacrifice.

They have something in common. Every one of them comes after an unusually long gap.

The first of the day follows seven or eight hours without. Nicotine levels in a regular smoker build through the day and stay raised into the night, but by morning they're the lowest they'll be. The cigarette after a meal follows an hour at the table. The one outside arrivals follows a flight. The one after the film follows two hours in the dark. If the pleasure of a cigarette came from the cigarette, the timing wouldn't matter. But the ones you love are the ones you've waited longest for, and that's what you'd expect if the pleasure is mostly relief.

The opposite case points the same way. Think of a night out where you smoke one after another. By the fifth in two hours you're barely tasting them. You light the next one out of habit, smoke half, and wonder why you bothered. The tobacco is the same and so is the brand. There's no need left to relieve, so there's nothing much to enjoy. If it were the taste you wanted, the fifth would be as good as the first. With things that are pleasant in themselves, a second helping is usually still pleasant.

There's also your first ever cigarette. Hardly anybody enjoyed it. You coughed, you felt dizzy and a bit sick, and you carried on because of who you were with. If cigarettes tasted good you'd have liked that one. You learned to like them later, once there was a need for them to relieve.

I want to be careful here, because I said I wouldn't call your pleasure fake, and I won't. Relief is a real pleasure. Getting into a warm house on a freezing night is a real pleasure. When you say the after-dinner cigarette is lovely, you're reporting something true.

What I'd question is whether it's a pleasure worth arranging. The enjoyment of those four or five cigarettes is paid for by the discomfort that comes before them. The longer and more uncomfortable the wait, the better the cigarette. You get it in exchange for stretches of the day being slightly worse than they'd otherwise be. And the other ten or fifteen cigarettes, the top-ups you hardly notice, don't even deliver that. They're maintenance.

The ritual is a fair objection to all this. There's the coffee, the doorstep, the quiet street. That's true, and the ritual is carrying more of the pleasure than the cigarette gets credit for. A first coffee on the doorstep in the early light is a good thing with or without smoke in it. Smokers tend not to believe this, because they've never had one without the other since they were seventeen. The NHS lists an improved sense of taste and smell among the first changes people notice, within days or weeks.

If you smoke this week, run one more small check. Pick one of your favourites, and one of the forgettable ones from the middle of the afternoon. Pay full attention to both, from the first drag to the last. Notice the taste, how long the good part lasts, and how you feel as you stub it out. I won't tell you what you'll find. But I'd be surprised if the good part of even the best one lasts past the third or fourth drag.

"It's how I know people"

Smoking areas are friendly places. Stand outside any office, wedding or pub and you'll find people talking who'd never have spoken inside. The junior from accounts and the director share a lighter. Strangers at a wedding compare notes on the speeches. There's a loose membership to it, and an understanding that anyone who comes out is welcome to join in.

If you've smoked for years, some of your friendships started this way, and some of your best conversations happened there. It's natural to fear that stopping means handing in your membership. You picture yourself inside at the table, minding the coats, while the interesting people are out in the garden.

The conversations were good, and I'm not going to argue otherwise. What I'd ask is which part of the arrangement made them good. You were outside, away from the music, in a small group, with a natural time limit and nothing to prove. Everyone had stepped out of their role for five minutes. Those are close to ideal conditions for talking to someone. The cigarette gathered the group, but it isn't what made the talk good.

Nobody checks at the door of a smoking area either. You can go out with your friends when they go, holding your drink, and stay for the conversation. Most smokers don't mind in the least. You may find after a while that the smell puts you off, and drift towards going out less. But that's a choice you get to make later. It isn't a sentence passed on the day you stop.

I should be straight about a risk, though. Being around other smokers, with cigarettes to hand, is the classic setting for a slip. Saul Shiffman and colleagues had people who'd recently stopped carry small computers and record what was going on whenever they were tempted and whenever they lapsed. Lapses were more likely where smoking was allowed, where cigarettes were easy to get, and where other smokers were present. Low mood featured too. Add a few drinks, which make every plan feel less important, and you have the usual scene of a first lapse, in a pub garden at about ten o'clock on a Friday.

So for the first few weeks it makes sense to treat that setting with some respect. That doesn't have to mean staying away from your friends. You could leave the garden when the third round arrives, drink a bit less than usual, or tell the people you're with that you've stopped so nobody offers. The NHS suggests having a sentence ready, and "No thanks, I don't smoke" is hard to beat. Chapter 12 turns this into a plan.

There's a deeper version of this worry, which is about who you are. After fifteen or twenty years, "smoker" can feel less like a habit and more like a trait, part of a package with being sociable, a bit rebellious, not precious about things. People who stop sometimes feel they're going over to the other side, to join the ones who tut and wave their hands.

Think about when that identity was chosen. For a lot of people it was somewhere in their teens, outside a school gate or at a party, for reasons that made sense at fifteen. You wanted to look older, or

to belong to a particular group, or just not to refuse. You wouldn't let a fifteen-year-old pick your job or your partner, but they picked this, and you've been keeping it going ever since.

Stopping doesn't change your sense of humour or your politics, and it won't turn you into someone who tuts. The people worth knowing in the smoking area liked you for reasons that had nothing to do with what was in your hand. You get to keep all of it. What changes is that once an hour you're no longer steered by something you didn't choose.

"I'll put on weight"

This fear is reasonable, because it's based on something true. Most people who stop smoking do put on some weight. If you've stopped before and gone up a size, nobody needs to tell you. Books that skip this, or promise you'll stay the same, aren't being honest with you.

The best figures I know of are these. In 2012 a team led by Henri-Jean Aubin pooled 62 studies that had weighed people before they stopped and at intervals afterwards, counting only those who stayed stopped. The average gain was a little over one kilogram after a month, nearly three after three months, and between four and five after a year. Most of the gain came in the first three months and then it levelled off.

The average hides a very wide spread, though, and I think the spread is the more useful finding. At twelve months, about one in six people had lost weight. Rather more than a third had gained less than five kilograms. About a third had gained between five and ten. About one in eight had gained more than ten. So gaining weight is likely, gaining a lot is unusual, and a fair number of people gain nothing. The researchers also found the figures were much the same whether people used stop smoking medicines or not, and whether or not they'd been particularly worried about their weight beforehand.

The reasons usually given are straightforward. Nicotine takes the edge off appetite, so without it you're hungrier for a while. Food tastes better once your sense of taste recovers. And hands and

mouth that have been busy twenty times a day go looking for something else to do, which is often a biscuit.

There are two ways of reading that list. The common one is that smoking keeps you slim, so it has a benefit after all. I'd put it differently. Smoking has been holding your appetite slightly below where it would naturally be, and when you stop, it returns to where it would have been if you'd never smoked. The weight you arrive at is roughly your weight as a non-smoker. It's giving something back again, in a form you may not welcome. You haven't been slim because of a gift. You've been a bit under your ordinary weight because of a drug, and the drug has had other effects.

Then there's the question of what to set this against. One of the longest studies in medicine followed about 34,000 British doctors for fifty years. The men who smoked cigarettes throughout died on average about ten years younger than those who never smoked. Those who stopped at sixty gained back about three of those years. Stopping at fifty gained about six, stopping at forty about nine, and stopping at thirty about ten. I promised not to lecture you about health and I'll keep this to one paragraph. But when people weigh four or five kilograms against stopping, this is what's on the other side of the scale. I don't know of any finding that puts a few kilograms anywhere near it. If your weight worries you for medical reasons, such as diabetes, that's a good question for your GP, and the answer will almost certainly still be to stop.

On the practical side, I'd suggest three things, and they're my own view and not a tested programme.

Don't start a diet on the same day you stop smoking. The first few weeks ask enough of you, and strict dieting while you're irritable and hungry sets up a choice between the two projects. People tend to resolve it by going back to cigarettes, which don't solve the weight question in the long run either. Give the smoking a month or two, then look at food if you still want to.

Expect the hunger and plan something for it. If you know that the mid-morning urge will send you to the vending machine, bring something you'd rather eat. The NHS suggests keeping your mouth busy with things like sugar-free gum or chopped vegetables, which sounds joyless but does work for some people.

And use the fact that moving gets easier. The NHS says that within days or weeks of stopping you start to breathe more easily and have more energy, so stairs and hills feel different. A brisk ten-minute walk is also one of the better responses to an urge. You don't have to take up running. But if moving about gets more pleasant, you'll probably do more of it, and that can take care of some of the extra.

"I've tried, and it was awful"

If you've tried to stop before, you have a memory of what it was like. For many people the memory goes like this. You lasted somewhere between a day and a fortnight. You thought about cigarettes constantly, you were miserable and short with everyone, and at some point it seemed obvious that life was too short to feel like that. You had one, felt better at once, and concluded that you're someone who can't do it.

I'd like to take that memory apart, because I think it contains two mistakes, and neither of them is your fault.

The first mistake is about how long it lasts. John Hughes, who has spent much of his career studying what happens when people stop, reviewed the research on this in 2007. The confirmed symptoms, which are the ones I listed in chapter 3, peak within the first week and last two to four weeks. The NHS gives a similar picture. Withdrawal can start within a few hours of your last cigarette, it's usually strongest in the first week and especially the first three days, and on average it lasts three to four weeks. The NHS adds, fairly, that some people feel it for longer, occasionally for a few months.

Put that beside another of Hughes's findings. When people try to stop with no help at all, most of those who relapse do so within the first eight days. They go back during the worst stretch. So what most people know of stopping is the first week repeated, attempt

after attempt. It's the hardest part of the process, and they take it for the whole thing. Very few smokers have ever seen week five, so they've no reason to believe it's different.

The same review found that only about three to five in a hundred unaided attempts lasted six months to a year. I include that number because I think it's freeing. If you tried on your own and it didn't hold, you weren't showing a weakness of character. It's the ordinary outcome of an unaided attempt, for almost everybody. It's also the best argument I know for the next chapter, which is about the kinds of help that raise those odds.

The second mistake is about what the misery was. While you were going through it, you still believed the cigarette was your source of calm, your break and your pleasure. So each pang came with a story attached. The story said that this was what life would be like from now on, with a permanent gap where the good thing used to be. I think that story is what makes the first week unbearable, and what's happening in your body is the smaller part. An itch you know will be gone in three weeks is an irritation. If you believe it's permanent, the same itch is a good reason to give up. This is my interpretation and not a finding. But it's the reason this book spends nine chapters on beliefs before it gets to a plan.

It helps to know that there are two kinds of urge, because they behave differently.

The first is the need itself, the chemical one. It comes on its own timetable, whatever you're doing, and it's what makes the first days rough. It fades over those first weeks as your brain adjusts to

working without nicotine, and nicotine products or medicines can take much of the edge off it.

The second is the cue. This is the learned pairing from chapter 6. You finish a meal, or get in the car, or pick up the phone, or pour a glass of wine, and the wish for a cigarette appears, because those moments have been followed by a cigarette thousands of times. Cue urges can be sharp, but they're brief, and they're tied to situations. They wear out by going through the situation without smoking. The first coffee without one is strange. By the tenth you'll probably notice it much less. It's why an urge can ambush you months later in a place you haven't been since you stopped, like a particular holiday bar. You're nowhere near the start when that happens. You've met an old pairing you haven't yet had the chance to wear out.

Both kinds have something in common that's easy to forget in the moment. An urge rises, peaks and falls away whether or not you smoke. Having the cigarette isn't what ends it. It would have ended anyway, and the NHS is right to tell people to remember that cravings pass. If you smoke in answer to an urge, you're back on the hourly timetable, and the next one is already on its way. If you let it pass, I think the next one tends to be a little weaker, because that's how learned pairings usually fade.

I can't promise you an easy few weeks, and I'd distrust anyone who did. Some people have a rough time even with every kind of help. What I can say is that it has an end, and that it's a different thing from the permanent loss you may have been picturing. With help it's also usually milder than you remember.

"Using help is cheating"

A lot of smokers carry an idea that the proper way to stop is alone, by force of will, and that patches, vapes and tablets are for people who aren't serious. You might also think a book like this one ought to agree. If the cigarette does so little, then understanding that should be enough, and anything else is a crutch.

I don't agree, and the evidence is clear enough that I'd be doing you harm if I pretended otherwise.

Start with nicotine replacement, meaning patches, gum, lozenges, sprays and inhalators. A Cochrane review pooled 133 trials with about 64,600 people. Those given nicotine replacement were 50 to 60 per cent more likely to have stopped six months later than those given a placebo or nothing. The reviewers rated the evidence as high quality and said further research was very unlikely to change it. Side effects were mostly minor, such as skin irritation from patches.

Then there are prescription tablets. Another Cochrane review, of 75 trials, found high-certainty evidence that people taking varenicline were more than twice as likely to stop as those on a placebo. It also found that people taking it were probably somewhat more likely to report serious side effects, which is a reason to discuss it with a doctor and not a reason to rule it out. A similar medicine called cytisine, which the NHS now offers under the name cytisinicline, also beat placebo.

Then there's support from a person. A review of 52 trials found that combining behavioural support with medication raised success by about 80 per cent compared with brief advice or usual care. In most of the UK that combination is free through local stop smoking services. You see or phone an adviser, usually for up to twelve weeks, and they arrange the products. Your GP or pharmacist can refer you.

And there are vapes. The most recent Cochrane review I could find, from late 2025, covered 104 studies. It found high-certainty evidence that nicotine vapes help more people stop than nicotine replacement does. In absolute terms that was about three more successes per hundred people. The NHS position is that vaping is less harmful than smoking and is one of the most effective tools for stopping. It's equally clear that vaping isn't harmless, that nobody yet knows the long-term effects, that non-smokers and children shouldn't vape, and that you should aim to stop vaping too in the end.

How does all that sit with the argument of this book? If nicotine relieves the need it creates, a patch or a vape does the same, and you might fairly ask what's been gained.

Quite a lot has. Smoking bundles two things together. One is a nicotine habit, which is what keeps you doing it. The other is the smoke, and the smoke is what does nearly all the damage to your body. Nicotine products let you take these apart and deal with them one at a time. First you stop inhaling smoke, which is the urgent part, while the product keeps the need quiet enough for you

to unpick the cues, the breaks and the routines. Then, over weeks or months, you step the nicotine down. It's a staged exit, and the trials say it works better than jumping.

A patch fits the argument in another way. It delivers nicotine slowly and steadily, with no ten-second hit and no hourly rise and fall. A patch can't respond to a bad phone call, because it doesn't know you've had one. It just keeps the level flat, and the need stays quiet. That's a fair demonstration that what the cigarette was doing, behind all the ritual, was topping up a level.

I should be honest that a vape fits this less neatly. It's fast, it's hand to mouth, and it can take over the cigarette's role very completely. That's why it helps, and it's also why some people find themselves vaping indefinitely. I'd still choose that over smoking without hesitating, given what the NHS says about the relative harm. But go in with the second stage in mind.

Which of these suits you is a decision for you and a clinician or adviser, particularly if you have a heart condition, are pregnant, or take other medicines. I'm not going to recommend one. My point is only that using help doesn't mean you've failed to understand. The understanding in this book and a patch on your arm do different jobs, and nothing stops you having both.

The decision

Everything so far has been argument. This chapter is a plan. You can change any part of it to suit your life, and where a part rests on evidence I'll say so, so you know which bits are more than my opinion.

Decide that you're stopping, and what that means. The decision I'd suggest is that you've smoked your last cigarette and you don't smoke at all from a given day. I don't mean cutting down, or smoking only at weekends, or only when you're drinking. The NHS is firm on this. It says that even one cigarette can put you back in the cycle of craving and withdrawal, and it advises against a single puff. That fits the mechanism. One cigarette restarts the hourly clock.

Pick a day soon, and stop all at once. A lot of people would rather taper, and it sounds sensible. It was tested in a trial of 697 smokers in England. Half stopped abruptly on a set day. Half cut down by three quarters over the two weeks before that day. Both groups had nicotine replacement and support from a nurse. After four weeks, 49 per cent of the abrupt group weren't smoking, against 39 per cent of the gradual group. At six months it was 22 per cent against 15.5. Abrupt stopping did better even among people who'd said beforehand that they'd prefer to cut down. My reading of why ties back to chapter 7. When you ration cigarettes, the gaps get longer and every cigarette delivers more relief, so you make each one more precious just as you're trying to let go of them. So choose a day within the next two weeks. An ordinary day is better than a symbolic one.

Line up your help before the day. Ring your local stop smoking service, or speak to your GP or pharmacist, and sort out whichever product or medicine you've chosen. An adviser will tell you if yours needs starting before the day. If you take the medicines I mentioned at the start of the book, this is when you have that conversation with your doctor.

Clear the decks. The night before, get rid of every cigarette, and I mean the emergency one in the glovebox as well. Lighters and ashtrays can go too. The lapse study in chapter 8 found that lapses were more likely when cigarettes were easy to get. A pack in the drawer might seem like a test of your resolve, but in practice it's just a supply.

Write three plans for your three hardest moments. Use the form "when this happens, I'll do that", because plans in that form have been shown to make follow-through more likely than good intentions alone. Yours will be your own. Here are some examples. When I finish dinner, I'll get up straight away and make a tea. When I get in the car, I'll put the radio on before I start the engine and keep mints where the pack used to be. When someone offers me one, I'll say "No thanks, I don't smoke". Go for the moments you dread most. They're the cues from chapter 10, and having a plan turns the moment into something you've already dealt with once, on paper.

Keep your breaks. Take them at about the times you used to, outside if you can. This is chapter 6 put to work. You're removing the smoke from your day and leaving the pauses where they were.

Know what to do with an urge. When one comes, name it. It's either the need, which is chemical and fading, or a cue, which is a memory tied to a situation. Either way it'll rise, peak and pass without your doing anything about it. While it does, use what you've arranged, whether that's a spray, a vape or gum. Move if you can, even to another room. Breathe slowly, which is half of what the cigarette break used to give you. And ask the question from chapter 2. A cigarette now wouldn't add anything. It would give back an hour of quiet and book the next urge.

Two things catch people out in the first fortnight.

One is coffee. Smoking makes your body clear caffeine faster, and when you stop, the same number of cups leaves more caffeine in your blood. Jitters and poor sleep in week one may be partly the coffee. If you drink a lot of it, consider cutting back by a cup or two for a while.

The other is alcohol. The NHS points out that it weakens self-control and makes cravings harder to resist, and it suggests going easy for the first 28 days. You don't have to become a hermit. But the third drink in a pub garden is where a good many attempts end, so decide in advance how you'll handle that evening.

As for what to expect, the first three days are usually the worst, and the first week is the hard one. You may be irritable, restless, foggy and tearful, you may sleep badly, and you may cough more for a bit. Tell the people you live with what's happening, so they know it's temporary and not about them. Weeks two to four are generally easier and more uneven, with good days and sudden bad hours.

The NHS says that people who reach 28 days are five times more likely to stay stopped. After that, what's left is mostly cues, arriving less and less often.

Some of the good changes come early, and they're worth looking out for. Food tastes of more, and you've got more breath on the stairs. You have money at the end of the week, which the NHS puts at around 49 pounds for an average smoker. One change tends to arrive without announcing itself. At some point you'll realise you've sat through a whole film, or a whole lunch, without part of your mind being elsewhere.

I can't promise any of this will be painless, and I can't give you odds. I think your chances are better with the beliefs from the earlier chapters taken apart, and with help in place, than they were last time. That's my honest estimate and it's no guarantee.

When you've had one

I hope you won't need this chapter, but plenty of people do, and it's better read in advance.

Suppose it's the third week. It's been going well. Then there's a bad day, or a good night out, and a cigarette is in your hand and then it's smoked. The thought that follows is nearly always the same. You've blown it. Three weeks are wasted, you're a smoker again, so you may as well buy a pack.

That thought does more damage than the cigarette. One cigarette is a small dose of nicotine that your body will clear by tomorrow. Buying a pack on the strength of it means twenty more, and that's how a slip becomes a return to smoking. The NHS puts it kindly. It says relapse happens to lots of people and that the most important thing is to try again. I'd add that you don't need to try again from scratch, because you aren't back at the start.

Think about what three weeks bought you. Your brain has done most of its adjusting to life without nicotine. You've had twenty first coffees without a cigarette and the pairing is half worn out. You know what day three feels like and that it ends. One cigarette doesn't erase that, unless you decide it has.

So here's what I'd do, in order.

Stop at the one. Put it out, even half smoked. If you bought a pack, throw it away, and don't keep the rest for emergencies. It feels wasteful, but it costs far less than smoking the rest would.

Notice what it was like. This is useful information you can only get this way. From the mechanism, I'd expect the lapse cigarette to be a disappointment. After three weeks away it's likely to taste harsh and make you light-headed, and it won't fix whatever was wrong. Then, an hour or so later, I'd expect a pull towards another, stronger than anything you'd felt for a week. That's the mechanism of this whole book happening in front of you. The cigarette set up a need and then offered to relieve it. If that's how it goes for you, you've just confirmed the central claim with your own body.

Work out what happened, without putting yourself on trial. Where were you, who with, what had you been drinking, how were you feeling? The study in chapter 8 found the same few ingredients again and again, which were low mood, cigarettes within reach, other smokers and a place where smoking was allowed. Find which of those applied and change the plan. It may need a new when-then line, or a different arrangement for Friday nights, or a call to your adviser to adjust the product or the dose.

Carry on the same day. Waiting for Monday or the first of the month only gives the habit time to settle back in. You stopped three weeks ago and had one cigarette on a Thursday. That's the accurate account of what happened, and it's much easier to live with than "I failed".

I'd also let go of counting days as a streak. A streak makes one cigarette catastrophic, because it resets you to zero, and someone at zero has nothing to lose. It's more useful to count how many of the last thirty days were smoke-free. If the answer is twenty-nine, it's obvious you should keep going.

If you do slide back into regular smoking, which happens to a great many people on the way to stopping for good, the same attitude applies on a longer scale. You've learned where your plan was thin. The belief you took apart in the earlier chapters doesn't put itself back together just because you've smoked. When you're ready, set another day, and get more help than you had last time. That doesn't mean less of your own effort.

Some things are reasons to talk to a professional. Trying harder isn't the answer to any of them.

- Your mood stays low or anxious for more than a few weeks after stopping, or gets worse instead of better.
- You have a mental health condition and notice your symptoms changing, in either direction, after you stop. Medicine doses may need adjusting.
- You get side effects from a stop smoking medicine that worry you.
- You've made several serious attempts with help and none has held. A specialist adviser can offer combinations and approaches that a pharmacy visit won't.
- You have thoughts of harming yourself. That needs urgent help the same day, from your GP, NHS 111 or an emergency department, whatever else is going on.

The back door again

Here's the example from chapter 1 again, some months later.

It's ten past eleven on a Tuesday, and the same client has been rude, and wrong, for fourteen minutes. Your jaw is tight. You pick up your coat, because it's cold out, and go down the stairs and out of the back door by the bins.

You stand there for five minutes with a tea. You breathe. Two of the people from the second floor are out there, smoking, and you talk about nothing much. The call still annoys you. Partway through the tea you work out what to say in the follow-up email, and you go back upstairs and write it.

It isn't a transformation. The client hasn't improved, the job is the same job, and you were angry for about as long as you'd have been angry before. What's different is what was missing. You came downstairs carrying one load this time. There hadn't been a second one building underneath it since half past nine, and you hadn't spent the morning doing the quiet arithmetic of when you could next get out. When the shoulders came down, it was because you'd walked away from your desk and taken a few slow breaths. That was always most of it.

I'd like to be realistic about that day. It won't be the day after you stop, or the week after. There'll be a stretch in between when the back door is a hard place to stand, and you may choose the front steps for a while. There may be a lapse or two on the way, and a few

pounds. You may still, years on, catch a whiff of someone's cigarette on a summer evening and feel a brief, fond pull. That's a memory, and you can let it go by.

I've argued that the cigarette does almost nothing. It delivers a small stimulant effect that you could get from a cup of tea, and beyond that it relieves a need that exists only because of the last cigarette. The calm, the focus and the pleasure were real experiences, and each of them was mostly a return to the level where non-smokers spend their whole day. The break and the company were real too, and you can have them without the smoke.

If that argument has landed, stopping looks different from how it looked at the start. You aren't giving up a comfort and gritting your teeth for the rest of your life. You're going through a few uncomfortable weeks to be free of a need, and after that you won't have to keep refuelling it.

One thing to do today. If you haven't yet, find the number of your local stop smoking service or book ten minutes with your pharmacist, and choose your day. Put it in your calendar like any other appointment.

Notes

This book gives general information. It isn't medical or psychological advice, and it's no substitute for a doctor, pharmacist or stop smoking adviser who knows your situation.

I've kept sources out of the chapters where I could so they read easily. Here they are by chapter, with the limits I'm aware of. I read the summaries of these papers and not the full texts, with one exception noted under chapter 3. Where a chapter isn't listed, it rests on my own reasoning. That includes the list of payments in chapter 2 and the account of the break in chapter 6. It also covers the argument about identity in chapter 8.

Before you start. The advice about antipsychotic medicines and antidepressants follows the NHS page "Stopping smoking for your mental health", read in September 2026. The NHS pages I've used are written for England, and services differ elsewhere.

Chapter 3. The speed at which nicotine reaches the brain, its fall over the first twenty minutes and its half-life of about two hours are from Benowitz, Hukkanen and Jacob, "Nicotine chemistry, metabolism, kinetics and biomarkers", Handbook of Experimental Pharmacology 192, 2009, pages 29 to 60. I checked these figures in the full text. The list of withdrawal symptoms is from Hughes, "Effects of abstinence from tobacco: valid symptoms and time course", Nicotine and Tobacco Research 9, 2007, pages 315 to 327. The author notes that the review rested on his own judgement of the studies. Parrott, "Does cigarette smoking cause stress?", American Psychologist 54, 1999, pages 817 to 820. Three replies

were published in the same journal in October 2000. The statement that many smokers mistake withdrawal for everyday stress is from the NHS Better Health page "The truth about smoking, stress and mental health".

Chapter 4. Taylor, McNeill, Girling, Farley, Lindson-Hawley and Aveyard, "Change in mental health after smoking cessation: systematic review and meta-analysis", BMJ 348, 2014, g1151. Taylor and others, "Smoking cessation for improving mental health", Cochrane Database of Systematic Reviews 2021, issue 3, CD013522. The reviewers judged every included study to be at serious risk of bias, because things that change over time could affect both stopping and mood. They rated the evidence as very low certainty for depression, low for anxiety and moderate for mixed anxiety and depression. Some authors of the 2014 paper had received fees or grants from makers of stop smoking medicines. Cohen and Lichtenstein, "Perceived stress, quitting smoking, and smoking relapse", Health Psychology 9, 1990, pages 466 to 478.

Chapter 5. Heishman, Kleykamp and Singleton, "Meta-analysis of the acute effects of nicotine and smoking on human performance", Psychopharmacology 210, 2010, pages 453 to 469. The effect sizes ran from 0.16 to 0.44. The comparison with a cup of coffee is mine and is meant only to convey scale. The judgement that a smoker ends up behind over a working day is also mine.

Chapter 7. The pattern of nicotine levels through the day and night is from the Benowitz chapter above. The observation that favourite cigarettes follow the longest gaps is my own argument and I

haven't cited a study for it. Improved taste and smell within days or weeks is from the NHS Better Health page "Benefits of quitting smoking".

Chapter 8. Shiffman, Paty, Gnys, Kassel and Hickcox, "First lapses to smoking: within-subjects analysis of real-time reports", *Journal of Consulting and Clinical Psychology* 64, 1996, pages 366 to 379. That most smokers start in their teens is widely reported. I haven't cited a figure for it.

Chapter 9. Aubin, Farley, Lycett, Lahmek and Aveyard, "Weight gain in smokers after quitting cigarettes: meta-analysis", *BMJ* 345, 2012, e4439. The figures in the chapter are for people who stopped without treatment. Two of the authors had received fees from makers of stop smoking medicines. The reasons given for weight gain are the usual ones and I haven't cited studies for them. Doll, Peto, Boreham and Sutherland, "Mortality in relation to smoking: 50 years' observations on male British doctors", *BMJ* 328, 2004, page 1519. All the participants were men, born between 1900 and 1930. The practical suggestions are mine.

Chapter 10. Hughes 2007, as above. Hughes, Keely and Naud, "Shape of the relapse curve and long-term abstinence among untreated smokers", *Addiction* 99, 2004, pages 29 to 38. The authors say the studies were few and varied. The NHS timings are from the Better Health page "Managing nicotine withdrawal symptoms". The division into two kinds of urge is a common one in stop smoking advice. The claim that belief makes the first week harder is mine, as is the claim that urges weaken when they aren't answered.

Chapter 11. Hartmann-Boyce, Chepkin, Ye, Bullen and Lancaster, "Nicotine replacement therapy versus control for smoking cessation", Cochrane Database of Systematic Reviews 2018, issue 5, CD000146. Livingstone-Banks and others, "Nicotine receptor partial agonists for smoking cessation", Cochrane Database of Systematic Reviews 2023. Stead, Koilpillai, Fanshawe and Lancaster, "Combined pharmacotherapy and behavioural interventions for smoking cessation", Cochrane Database of Systematic Reviews 2016, issue 3, CD008286. Lindson and others, "Electronic cigarettes for smoking cessation", Cochrane Database of Systematic Reviews 2025, issue 11, CD010216. This is a living review and is updated as trials report, so check for a newer version. It covered regulated nicotine vapes only. The NHS position on vaping is from the Better Health page "Vaping to quit smoking". Details of stop smoking services are from the NHS page "NHS stop smoking services help you quit". The description of nicotine products as a staged exit is my framing.

Chapter 12. Lindson-Hawley, Banting, West, Michie, Shinkins and Aveyard, "Gradual versus abrupt smoking cessation: a randomized, controlled noninferiority trial", *Annals of Internal Medicine* 164, 2016, pages 585 to 592. Participants couldn't be blinded to their group and most were white. My explanation of the result isn't the authors'. Plans in "when, then" form are from Gollwitzer and Sheeran, "Implementation intentions and goal achievement", *Advances in Experimental Social Psychology* 38, 2006, pages 69 to 119. The caffeine point rests on Benowitz, Hall and Modin, "Persistent increase in caffeine concentrations in people who stop smoking", *BMJ* 298, 1989, pages 1075 to 1076. I could confirm only the title and citation of that paper. The advice on single cigarettes,

alcohol and the 28-day figure, and the weekly saving, are from the NHS Better Health pages. The plan as a whole is mine and hasn't been tested as a package by anyone.

Chapter 13. The NHS wording on relapse is from the Better Health page "Staying smoke free". The description of how a lapse cigarette tends to feel is my expectation from the mechanism and not a research finding. The advice against counting streaks is mine.