

Multiple Components of Tobacco Dependence with Corresponding Clinical Implications & Interventions

Addictive Components	Clinical Relevance	Treatment Approaches
Habit (smoking cues by daily activities)	Smoking associated activities & stimuli produce urges Smokers may relapse without awareness when performing smoking-associated activities (e.g., talking on phone, driving in car)	<ol style="list-style-type: none"> 1. Training to anticipate, modify or avoid smoking activities 2. Training in cognitive and behavioral strategies to reduce urges/craving 3. Adoption of substitute habit, e.g., chewing gum, toothpicks, drinking water
Pleasure (smoking to increase pleasure)	Experiencing pleasure (e.g., after a meal, at a party) may "prime" urges to heighten pleasure through smoking About 25% of relapses occur when smokers are happy	<ol style="list-style-type: none"> 1. Identification and encouragement of alternative routes to enjoyment (e.g., exercise, hobbies) 2. Anticipation of and/or preparation for high-risk pleasure situations (e.g., parties, taverns)
Self-medication (smoking to reduce negative affect & physical symptoms)	Negative moods arising from stress or tobacco withdrawal produce powerful urges to smoke Craving may arise from withdrawal or stressors and is decreased rapidly by smoking Weight gain is a key withdrawal sign & causes many smokers to relapse About 65% of relapses occur when smokers are sad, angry, or anxious	<ol style="list-style-type: none"> 1. Pharmacologic nicotine replacement to reduce withdrawal symptoms & stress reactions 2. Training to anticipate and cope with stressors 3. Healthy eating & exercise habits may reduce negative physical feelings and weight gain 4. Cognitive & behaviors strategies for coping with negative moods (e.g., relaxation, using social support).

