

“Smoke Free in St. Helena”

An interview with Dr. Sachs on his use of prescription medicines for individuals with tobacco dependence (2005)

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BY SAM WHITING

Smoke Free in St. Helena

Along the Silverado Trail by St. Helena, \$4,500 will buy a week of pampering at Meadowood, or a week of pain at the Center for a Smoke-Free Life.

People who smoke them down to the wrist come from all over the world to not taste the fine food and wine of the Napa Valley and to not taste the cigarettes that follow the fine food and wine. That's nothing new. The stop-smoking camp at the St. Helena Center for Health, founded in 1969, is the oldest residential program in the country and one of only two in the nation (Mayo Clinic is the other).

What's new this year is the nicotine potion mixed by David P.L. Sachs, 59, a Stanford medical school clinical professor who also directs the Palo Alto Center for Pulmonary Disease Prevention. His clinic is a good two-hour drive from St. Helena, but that's not an inconvenience. All Sachs has to do is sit by his fax on Friday afternoon when it spits out a profile of each patient checked in that day at St. Helena Hospital. He works up a customized dosage of nicotine, and by Saturday morning each resident is wearing between two and seven little transdermal patches.

Yes, these are the same patches you can get at the drug store without a prescription, \$50 for a two-week kit of Nicoderm, which makes the other \$4,450 (not including drug prescriptions) seem a bit much. But data shows that 80 percent of addicts who fail with the patch are under-dosed. What you get for your money is all the nic kick — from the patch, nasal spray, inhalers, gum, lozenges — needed to suppress withdrawal symptoms, plus a chaser of bupropion, a dopamine inhibitor for the low moments.

This beats back the physical urge. The psychological urge is what the seven-day stay — before a parade of nutritionists, exercise physiologists, psychologists, art and relaxation therapists, various doctors and even a drive-through by Sachs (the program's new co-medical director) — is all about. “Nicotine is much, much harder to kick than heroin or any other drug,” Sachs was saying one summer Friday while sitting in his office waiting for the fax's whir. To un-



David Sachs' new cocktail to kick addiction finds grateful followers across the country



Above: Dr. David P.L. Sachs with a nicotine nasal spray — one of the weapons in his arsenal against smoking; far left, Roberta Morena sports four patches; left, Sachs with the view from the Center for a Smoke-Free Life behind him.

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derstand his point of view, you must understand his profound admiration for both the cigarette and the power of nicotine.

“The cigarette,” he says, “is the most effective drug-delivery system human beings have ever devised.” It gets a high dose of nicotine to the brain in seven seconds, half the time it would take to mainline it by injection.

“Nicotine,” he says, “increases brain production of a wide range of beneficial neurochemicals that relax people when they are tense, rev them up when they are down. The cigarette smoker has fingertip-control over mood and thinking.”

Unlike heroin or cocaine or alcohol, nicotine itself is not bad for you, until you try to get off it. Nicotine doesn’t cause cancer or heart disease, “it’s the 52 cancer-causing chemicals that tag along with tobacco smoke,” Sachs says. “Tobacco smoke is a soup of 5,000 toxins. Nicotine is not a toxin. It’s the thing that causes people to keep going back for the cigarette.”

Studies show that 12 is the average age to start smoking, but Sachs got a head start at 10, in Cleveland. His father bought a pack just for the purpose, but it was not the traditional rust-belt rite of passage. Sachs senior was a radiologist and guessed that 10 was the right age for his son to develop a permanent aversion.

The gamble worked. Sachs was put off by his first puff, but his father made him finish the whole cigarette. That did it. He never smoked again and made a medical career out of that cause.

But if he’d liked it enough to sneak a smoke again the next day and one a day for 10 days, his brain structure would have been permanently altered.

“Within 10 days the number of nicotinic receptors will double or triple,” he says. “Then the normal chemicals that make our brain work aren’t enough to keep the circuits running properly.”

Nicotinic receptors activate the dopamine pathway, “which is how we experience pleasure and happiness.” Receptors want to be fed and that’s what causes desperation in people like Roger Wilson, 47, who started at 14 in West Virginia and progressed to three packs a day.

When Wilson moved to the Bay Area in 1984 he quit and became a marathoner. This follows a trend that has seen the percentage of Californians who smoke halved from 32 percent to 16 percent since 1985. Then Wilson moved to Charleston, “where there is no such thing as nonsmoking,” he says. He could handle temptation, but not the added stress of having his in-laws move in.

After 15 smoke-free years he lit up, and within a week was back to three packs a day. He was on separate medications for anxiety, high blood pressure, high cholesterol and emphysema when he found the St. Helena program at www.smokefreelife.com.

“When I called I didn’t even give the marketing man a chance to say a word before I gave him my credit card number,” Wilson recalls. “I’m not a rich man, but I would have done anything to get out of the cigarette-induced depression I was in.”

On April Fool’s Day, 2005, he told family and friends he was vacationing in Palm Springs when he was getting fitted for three patches by Dr. Sachs. Now he chews one Chiclet-size square of Nicorette gum an hour, the equivalent of half a pack a day of Marlboro Reds. The dose will start tapering off in six months.

Sachs expects 50 percent of his patients will be nicotine-free in a year and the rest will take longer to avoid relapses that hit 95 percent who try to stop cold turkey and 48 percent who taper down too fast and don’t use behavioral tools.

Contacted by phone recently, Wilson was on his way to the golf course. Asked how long it had been since his last smoke, he didn’t have to pull out a calendar. The number was right there — 114 days.

“I feel awesome — reborn,” he says. “I am now able to do what I want, whereas before I was confined to a cigarette.” ♦

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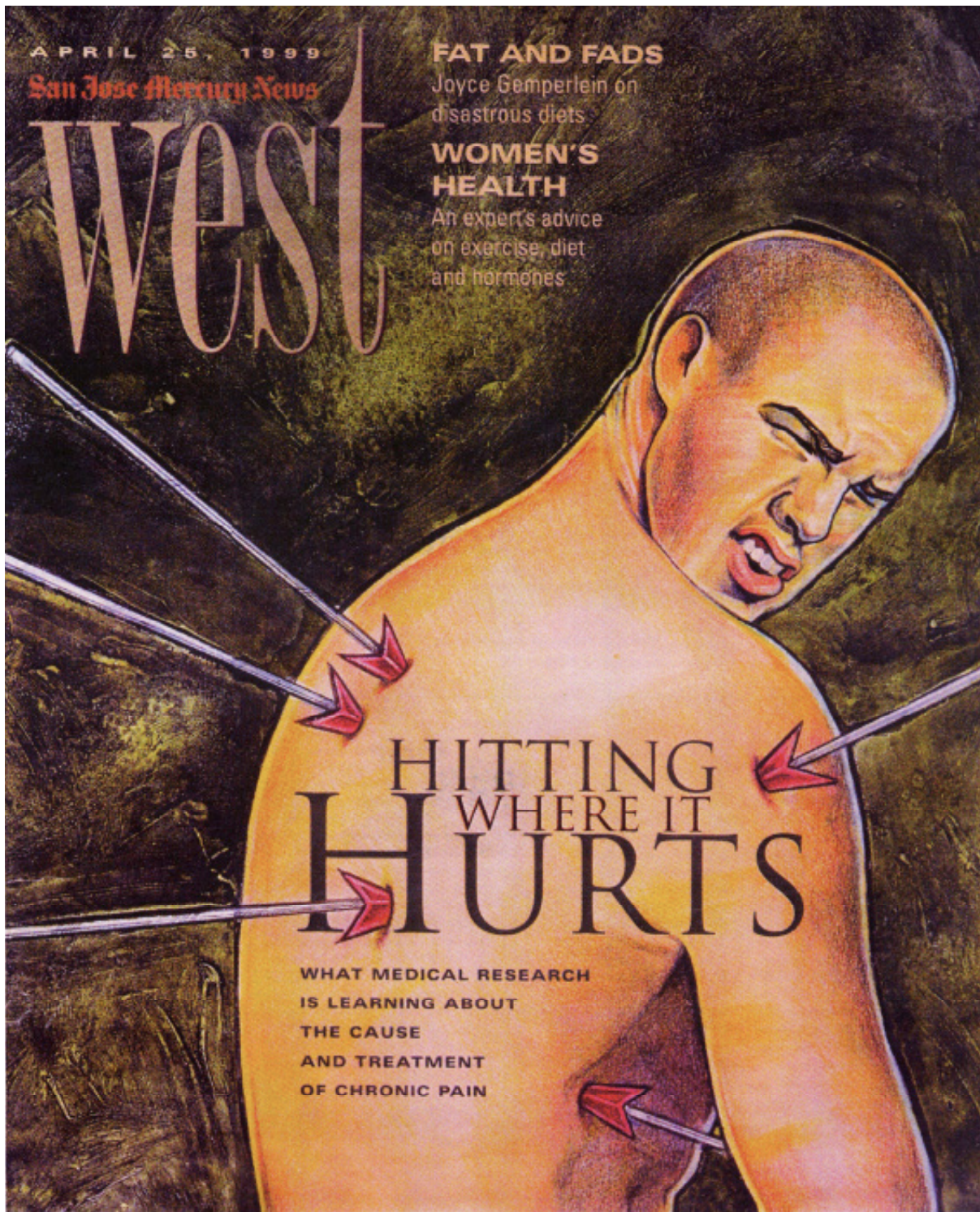
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“Leading Question”

By Frost, Bob, San Jose Mercury News (April 25, 1999)

Dr. Sachs is interviewed on his innovative treatment plan for ending tobacco dependence.



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question

DAVID P.L. SACHS

SACHS, 53, A PHYSICIAN IN PRIVATE PRACTICE IN PALO ALTO AND A MEMBER OF STANFORD'S CLINICAL FACULTY, SPECIALIZES IN PULMONARY MEDICINE AND TOBACCO DEPENDENCY.

Along with two other doctors, you've developed an innovative treatment plan for getting off cigarettes. What's your success rate?

A. If the patient accepts the fact that tobacco dependency is a chronic disease that might take months to treat, and commits to the program and doesn't give up, we're looking at a permanent cure rate of more than 70 percent. By contrast, over-the-counter nicotine patches are at 10 percent and cold turkey is 5 percent.

What is your treatment plan?

We design an individual program for each patient. We use the different nicotine medications on the market—patches, inhalers and so on. We also use the drug Zyban, which works in the brain's nerve cells at different places than nicotine med-

ications. In addition, we help patients identify the major “trigger settings” that set off their smoking.

The biggest mistake most physicians and patients make in treating cigarette smoking is too low a dose of nicotine medications for too short a time. We've discovered the importance of individualizing therapeutic nicotine dosages to give patients an ideal blood level of the substance.

If the nicotine level in the blood is adequate, patients should feel just as well on the day they quit smoking as on the days when they smoked. They should feel no more anxious or restless or short-tempered than usual; they should not have any greater appetite or any added trouble concentrating. We can come very close to suppressing physical nicotine withdrawal symptoms.

You call tobacco dependency a “chronic disease.” How so?

Cigarette smoking is the primary symptom of very severe chronic medical disease called tobacco dependency. It's a disease because within weeks starting smoking, a number of permanent changes start to take place in most smokers' brains that physiologically hook them. Most smokers are not aware of this. Most smokers beat themselves up about their habit, concluding that they're “not-willed” or have a “character flaw.” That's not it all. The structure and function of their brains has changed! We can help them with that.

BOB FROST



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