HEALTH BASICS

Smoking cessation medications

Medicines that reduce nicotine cravings and withdrawal while you stop smoking

WHAT IT IS
Medicines that support a quit-smoking attempt

WHERE IT COMES UP
During quit planning or treatment for tobacco dependence

WHY IT MATTERS
Reduces cravings and improves the chance of quitting

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
A pharmacist, primary care clinician, or stop-smoking service

HOW IT IS CHECKED
Review of tobacco use, cravings, and side effects

Overview

Smoking cessation medications help people stop smoking. They can reduce nicotine withdrawal, including cravings, irritability, restlessness, and difficulty concentrating. The medications do not remove every urge to smoke, but they can make a quit attempt more manageable.

The main options are:

The forms available without a prescription differ by country. A pharmacist can explain local options.

These medicines treat nicotine dependence; they do not treat lung damage or other conditions caused by smoking. They work best as part of a plan that may include counseling, a quitline, an app, or support from people you trust. Using medication together with behavioral support improves the likelihood of quitting.

Electronic cigarettes are not smoking cessation medications. Their regulation and evidence are considered separately from approved medicines.

- Nicotine replacement therapy , or NRT, which includes patches, gum, lozenges, inhalers, and nasal sprays

- Varenicline , a prescription tablet that acts on nicotine receptors in the brain
- Bupropion , a prescription tablet that affects brain chemicals involved in cravings and withdrawal

How it works

Cigarette smoke quickly delivers nicotine to the brain. With repeated use, the brain adapts to nicotine. When you stop, the absence of nicotine can cause withdrawal and strong urges to smoke.

Nicotine replacement therapy supplies nicotine without burning tobacco. This avoids tar, carbon monoxide, and the many other toxic substances in cigarette smoke. The dose reaches the brain more slowly than nicotine from a cigarette, which helps control withdrawal without reproducing the same rapid effect.

A nicotine patch provides a steady amount through the skin. Gum, lozenges, inhalers, and nasal sprays act more quickly and can be used for sudden cravings. Using a patch with a shorter-acting form, such as gum or a lozenge, is often more effective than using one form alone.

Varenicline partly activates the brain receptors that normally respond to nicotine. This can ease withdrawal while also making smoking less rewarding. It is usually started before or around the planned quit period, according to the prescribed instructions.

Bupropion was first developed as an antidepressant like sertraline or fluoxetine . It also reduces nicotine cravings and withdrawal through its effects on the brain chemicals dopamine and noradrenaline. Its benefit for quitting does not require you to have depression.

No blood test shows which option will work best. Choice usually reflects your preferences, previous quit attempts, other medicines, health history, cost, and local availability.

Why it matters for your health

Stopping smoking lowers exposure to substances that damage the heart, blood vessels, and lungs. Benefits begin after the last cigarette and continue over time. Quitting also reduces other people's exposure to secondhand smoke.

Medication can give you more time to respond to a craving without smoking. It may be especially helpful if previous attempts were interrupted by withdrawal or if you smoke soon after waking.

The best choice is one you can use correctly and continue for the planned course. If one medicine was unhelpful or difficult to tolerate before, another option or combination may suit you better. A return to smoking does not mean treatment can never work. Many people make more than one quit attempt.

Stopping smoking can also change how your body handles certain medicines. Tobacco smoke-not nicotine itself-speeds up the breakdown of some prescription drugs. When smoking stops, their levels can rise. Tell the clinician who prescribes your regular medicines when you plan to quit so they can decide whether monitoring or an adjustment is needed.

What can go wrong

Smoking cessation medicines can cause side effects. Many are mild and improve with a change in timing, technique, or formulation.

NRT can cause skin irritation from patches or mouth and throat irritation from gum, lozenges, or inhaled products. Patches may contribute to vivid dreams or disturbed sleep. Swallowing nicotine from gum that is chewed like ordinary gum can cause nausea, hiccups, or indigestion.

Varenicline commonly causes nausea and may cause sleep disturbance or vivid dreams. Bupropion can cause dry mouth or insomnia. Taking either medicine exactly as directed can reduce avoidable problems.

Some situations need review before treatment:

Mood changes can happen during a quit attempt, with or without medication. Contact a clinician promptly for new or worsening agitation, depression, unusual behavior, or other concerning changes.

Call emergency services for trouble breathing, swelling of the face or throat, a widespread blistering rash, a seizure, or immediate danger from suicidal thoughts or behavior.

Nicotine products can poison children and pets. Store unused and used products securely. If someone swallows a nicotine product or develops possible nicotine poisoning, contact a poison control service or emergency service without waiting for routine follow-up.

- Pregnancy or breastfeeding: counseling is usually central, and medication decisions should be individualized with a maternity or primary care clinician
- Seizure disorders: bupropion can increase seizure risk and is not suitable for some people
- Eating disorders: bupropion is generally avoided with a current or previous diagnosis of bulimia or anorexia nervosa

- Heavy alcohol use or sudden withdrawal: this can affect whether bupropion is safe
- Kidney problems: varenicline dosing may need adjustment
- Recent or unstable heart problems: NRT is much safer than continued smoking, but medicine choice should be discussed promptly
- Other bupropion products: taking more than one product containing bupropion can be dangerous

What you can do

Ask a pharmacist, primary care clinician, or stop-smoking service which options are available to you. Useful information to share includes how much you smoke, how soon you smoke after waking, previous quit attempts, pregnancy, kidney problems, seizures, eating disorders, and all medicines or supplements you use.

Ask these practical questions:

Keep a brief record of cigarettes smoked, cravings, medication use, and side effects. This can show whether the plan needs adjustment. There is no routine blood test required to prove that a cessation medicine is working.

Follow the product instructions rather than changing the amount on your own. If you smoke during the attempt, do not assume the entire plan has failed. Check the medicine instructions and ask a pharmacist or clinician what to do next.

- Which medicine or combination fits my pattern of cravings?
- When should I start it in relation to my quit date?
- How should I use it, and what should I do after a missed dose?
- Which side effects need routine follow-up, urgent advice, or emergency care?
- Could stopping smoking affect my regular medicines?

Common questions

Is nicotine replacement as harmful as smoking?

No. Nicotine is addictive and is not risk-free, but most of the severe harm from cigarettes comes from inhaling burned tobacco and its toxic chemicals. NRT delivers nicotine without smoke and is far safer than continuing to smoke.

Can I combine smoking cessation medicines?

A nicotine patch is often combined with a shorter-acting NRT product. Other combinations require individual review because the evidence, side effects, and prescribing rules differ. Do not combine prescription treatments unless the prescriber knows what you are taking.

What if I am not ready to stop all at once?

You can still discuss medication and support. Some treatment plans allow a gradual reduction before stopping completely. The appropriate approach depends on the medicine and its instructions.

Will these medicines cause weight gain?

The medicines themselves are not a usual cause of major weight gain. Some people gain weight after stopping smoking because nicotine affects appetite and metabolism. Bupropion or NRT may delay some early weight gain, but weight control is not their main purpose.

How long should I use treatment?

Treatment length differs by medicine, response, and relapse risk. Follow the product directions or prescription plan. If cravings remain strong near the planned end date, arrange routine follow-up rather than stopping or extending treatment without advice.

Sources

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