HEALTH BASICS

Smoking cessation

Smoking cessation is the process of stopping smoking with support, medication, or both.

WHAT IT IS
The process of stopping smoking

WHERE IT COMES UP
Personal health goals and care for smoking-related conditions

WHY IT MATTERS
Reduces exposure to harmful tobacco smoke

WHAT IT IS NOT
Not a disease or diagnosis

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

HOW IT IS CHECKED
Smoking history; carbon monoxide or cotinine testing when useful

Overview

Smoking cessation means stopping the use of smoked tobacco. It is also called quitting smoking. It is a health action, not a disease or diagnosis.

Cigarettes are the most common focus, but the same principles apply to cigars, pipes, and other burned tobacco. Tobacco smoke contains many harmful chemicals. Nicotine, a drug found in tobacco, causes dependence and can make stopping difficult. Most serious smoking-related harm comes from inhaling smoke rather than from nicotine alone.

There is no single correct way to quit. Some people stop on a planned date. Others reduce smoking before stopping. You may use behavioural support, medication, or both. It can take more than one attempt to stop for good.

A lapse-smoking once or briefly after trying to stop-does not erase your progress. It can help you identify triggers and adjust your plan.

How it works

Regular nicotine exposure changes how the brain responds to nicotine. When nicotine is

removed, you may have withdrawal. This can include cravings, irritability, restlessness, low mood, difficulty concentrating, increased appetite, or trouble sleeping. These effects usually become less intense with time.

A cessation plan addresses both nicotine dependence and learned habits. For example, you may associate smoking with coffee, alcohol, driving, stress, or social situations. Planning a different response to these triggers can make them easier to manage.

Counselling can be offered in person, by telephone, through a stop-smoking service, or digitally. It may help you set a goal, prepare for triggers, build coping skills, and recover from lapses.

Several medicines can support quitting:

Availability and prescribing rules differ by location. A pharmacist or clinician can help you choose an option based on your health history, other medicines, pregnancy or breastfeeding, and what you have tried before.

- Nicotine replacement therapy , or NRT, provides nicotine without tobacco smoke. Forms include patches, gum, lozenges, inhalers, and nasal sprays. A patch may be combined with a shorter-acting form for sudden cravings.
- Varenicline reduces nicotine withdrawal and makes smoking less rewarding.
- Bupropion is a non-nicotine medicine that can reduce cravings and withdrawal.
- Other medicines , such as cytisine, are available in some countries.

Why it matters for your health

Stopping smoking reduces exposure to carbon monoxide, fine particles, and cancer-causing chemicals in tobacco smoke. Health benefits begin soon after the last cigarette and continue over time.

Quitting lowers the risk of heart disease, stroke, chronic obstructive pulmonary disease, and several cancers. It can also improve circulation and lung function and reduce coughing or breathlessness related to smoking. The amount of benefit differs between people, but stopping is helpful at any age and after any length of smoking.

Quitting also reduces secondhand smoke exposure for people around you. This is especially important for children, pregnant people, and anyone with heart or lung disease.

Money, taste, smell, fitness, and freedom from planning around cigarettes may also improve. Your reasons for quitting do not need to match anyone else's. A personally meaningful reason can help you stay focused when cravings occur.

What can go wrong

Nicotine withdrawal can be uncomfortable, but it is usually temporary. Strong cravings, poor sleep, irritability, and difficulty concentrating can make an early return to smoking more likely. Support or medication may make these effects easier to manage.

A lapse or return to smoking is common during the quitting process. It does not mean that further attempts will fail. Review what happened, restart your plan, and consider whether you need different support.

Medication side effects can occur. NRT may cause skin irritation, mouth or throat discomfort, or nausea, depending on the product. Varenicline can cause nausea, sleep changes, or vivid dreams. Bupropion can cause dry mouth or insomnia and, rarely, seizures. Read the product information and discuss troublesome effects with a pharmacist or clinician rather than stopping prescribed medicine without advice.

Medicine interactions can change after smoking stops. Tobacco smoke-not nicotine itself-speeds up the breakdown of some medicines. When you quit, levels of medicines such as clozapine, olanzapine, or theophylline may rise. Caffeine may also affect you more strongly. Tell your prescriber or pharmacist that you plan to stop smoking so they can decide whether monitoring or a dose change is needed.

Arrange routine follow-up if withdrawal remains hard to manage, medication side effects bother you, or repeated lapses are preventing you from reaching your goal.

Seek urgent medical advice for a major or sudden change in mood, severe agitation, or other concerning symptoms after starting a medicine. Seek emergency help for a seizure, severe breathing difficulty, swelling of the face or throat, chest pain, or thoughts of immediately harming yourself.

What you can do

You can start by recording when, where, and why you smoke for several days. This can reveal triggers and show which cigarettes may be hardest to replace.

A practical plan may include:

Ask a pharmacist, primary care clinician, or stop-smoking service: "Which treatment fits my smoking pattern, health history, and other medicines?" If you smoke soon after waking, have strong cravings, or have had difficult withdrawal before, mention this.

Routine testing is not required to prove that you have quit. Exhaled carbon monoxide testing can show recent smoke exposure. Cotinine, a nicotine breakdown product, can be measured in

blood, saliva, or urine, but it also detects nicotine from NRT or vaping. These tests are mainly used when the result has a specific clinical purpose.

If you are pregnant, breastfeeding, younger than 18, or living with a complex physical or mental health condition, seek individual advice before choosing medication. Do not delay asking for help: treatment can be adapted to your circumstances.

- Choose a stop date or a short reduction period with a clear end date
- Tell supportive people what would help and what would not
- Remove cigarettes, lighters, and ashtrays from your usual spaces
- Plan alternatives for common triggers, such as walking after meals
- Ask about counselling and stop-smoking medicines
- Keep a record of cravings, lapses, and what helped
- Arrange follow-up around your planned quit attempt

Common questions

Do I have to quit all at once?

No. Some people stop on one date, while others reduce first. If you reduce, setting a clear plan to stop completely can prevent reduction from becoming open-ended.

Is "cold turkey" the best method?

Stopping without medicine or formal support works for some people. However, behavioural support and approved cessation medicines can improve the chance of quitting. Using help is not a sign of weak willpower.

Is nicotine replacement as harmful as smoking?

No. NRT provides nicotine without burning tobacco, so it does not expose you to the same mixture of smoke toxins. It can still cause side effects and should be used as directed.

Can vaping help me quit cigarettes?

Nicotine e-cigarettes may help some adults stop smoking, but products and regulations differ, and long-term effects continue to be studied. Completely replacing cigarettes is important; continuing both smoking and vaping may preserve much of the smoke-related risk. Ask about regulated cessation treatments and local guidance before choosing an approach.

What if I smoke after my quit date?

Treat it as information, not failure. Stop again as soon as you can, note the trigger, and adjust

your plan. Contact your support service or clinician if you need more help with cravings or medication.

Will I gain weight?

Some people gain weight because appetite and taste may change, or because food replaces smoking. Others do not. Regular meals, filling foods, and physical activity may help, but avoiding tobacco remains the main health priority.

Sources

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