HEALTH BASICS

# Stop smoking support programs

Stop smoking support programs combine practical guidance and treatments to help people quit smoking.

**WHAT IT IS**
Structured support and treatments that help people stop smoking

**WHERE IT COMES UP**
Quitlines, clinics, pharmacies, workplaces, and digital services

**WHY IT MATTERS**
Improves quit success and reduces future smoking-related harm

**WHAT IT IS NOT**
Not a disease or diagnosis

**WHO TO ASK**
Primary care clinician, pharmacist, tobacco treatment service, or quitline

**HOW IT IS CHECKED**
No required test; smoking records may track progress

## Overview

A stop smoking support program is a service that helps you plan and carry out an attempt to quit smoking. It is not a disease, diagnosis, or medical test.

Programs may be offered through healthcare clinics, pharmacies, telephone quitlines, community services, workplaces, websites, or mobile apps. Some provide one-to-one support, while others use groups, text messages, or scheduled phone calls.

A program may help you understand nicotine dependence. This means the brain and body have adapted to regular nicotine use. Stopping can then cause withdrawal, such as cravings, irritability, poor concentration, restlessness, low mood, or trouble sleeping. These effects usually change over time and do not mean that quitting is failing.

Many programs combine behavioral support with stop smoking medicine. Behavioral support means practical counseling that helps you identify triggers, make a plan, and respond to cravings. Using counseling and an appropriate medicine together generally gives people a better chance of quitting than relying on either one alone.

You do not need to wait until you feel completely ready. A service can help you explore your reasons for quitting, even if you are unsure about when to begin.

## How it works

A program often starts by asking about your smoking pattern, previous quit attempts, health conditions, medicines, and reasons for wanting to stop. This is a conversation, not a test you can pass or fail.

You may choose a quit date. Another option is to reduce smoking in a structured way before stopping completely. The plan should be clear about what you are working toward and when the program will check in with you.

Counseling can help you prepare for common triggers. These may include stress, alcohol, social situations, driving, finishing a meal, or being around other people who smoke. You can plan another action for each trigger, such as taking a short walk, changing your routine, or contacting a support person.

Stop smoking medicines can reduce cravings and withdrawal. Options may include:

Nicotine replacement provides nicotine without the toxic smoke produced by burning tobacco. Some programs use a long-acting product, such as a patch, with a shorter-acting product for sudden cravings. A clinician or pharmacist can help you choose a suitable form and explain how to use it.

Availability and approval of medicines differ between countries. Your medical history, pregnancy status, age, other medicines, and personal preferences can also affect the choice. A support program should not tell you to start, stop, or change prescription treatment without appropriate review.

Follow-up is an important part of support. Sessions may focus on cravings, medicine use, difficult situations, and any return to smoking. A lapse-smoking once or for a short period-does not have to end the quit attempt. The program can help you identify what happened and adjust the plan.

- Nicotine replacement therapy, such as patches, gum, lozenges, sprays, or inhaler-type products
- Varenicline, a prescription medicine that acts on nicotine receptors in the brain
- Bupropion, a prescription medicine that can reduce cravings and withdrawal
- Other medicines approved or recommended in your country

## Why it matters for your health

Cigarette smoke exposes the body to nicotine and many harmful chemicals. Smoking is linked

with cancer, heart and blood vessel disease, stroke, chronic obstructive pulmonary disease, pregnancy complications, and harm from secondhand smoke.

Stopping smoking reduces ongoing exposure to tobacco smoke. Health benefits begin after stopping and continue over time. Support programs matter because nicotine dependence can make quitting difficult even when a person strongly wants to stop.

A structured program also replaces guesswork with a plan. It can provide reliable information about medicines, help you prepare for withdrawal, and offer follow-up when motivation changes.

Support is useful after previous unsuccessful attempts. Many people make more than one quit attempt. A past return to smoking does not show that you cannot quit or that support will not help. It may reveal which triggers, treatment problems, or stressful situations need a different approach.

Quitting can also affect how the body processes certain medicines. Cigarette smoke-not nicotine itself-changes the activity of some liver enzymes. When smoking stops, levels of medicines such as clozapine, olanzapine, or theophylline may rise. If you take regular medicines, tell the prescriber or pharmacist that you plan to quit.

## What can go wrong

Nicotine withdrawal can cause cravings, irritability, anxiety, low mood, sleep changes, and difficulty concentrating. These effects can be uncomfortable, but a support service can help you manage them. Contact the service routinely if withdrawal is difficult, persistent, or disrupting daily life.

Return to smoking can happen during a quit attempt. Shame or criticism can make it harder to seek help. A useful program treats this as information: what triggered the return, whether medicine was being used correctly, and what could change next time.

Medicine side effects depend on the treatment. Nicotine products can cause local irritation, while prescription medicines have their own possible effects and safety considerations. Read the supplied information and report troublesome effects to a pharmacist, prescriber, or program clinician. Do not double a dose after missing one unless the instructions specifically say to do so.

Pregnancy or breastfeeding requires tailored advice. Behavioral support is an important option, but decisions about medicines should be made with a maternity clinician or another qualified healthcare professional.

Mental health conditions may affect a quit plan, and withdrawal can temporarily affect mood.

Tell the service about current mental health care and medicines so support can be coordinated.

Seek urgent medical help for a severe or rapidly worsening reaction after using a medicine. Examples include swelling of the face or throat, severe breathing difficulty, collapse, or serious chest pain. Thoughts of suicide or immediate danger of self-harm also require urgent crisis or emergency support.

Less severe cravings, sleep problems, mild side effects, or a lapse are usually reasons for routine contact with the program, pharmacist, or clinician rather than emergency care.

## What you can do

You can contact a local quitline, pharmacy, primary care service, or tobacco treatment program. Ask what type of counseling it offers, whether medicines are discussed, how often follow-up occurs, and whether there is a cost.

Before your first session, keep a short record of when you smoke and what was happening at the time. This can reveal triggers and times when support or medication may be most useful.

Bring or prepare a list of your medicines, including non-prescription products. Mention pregnancy, breastfeeding, seizures, kidney problems, mental health treatment, and previous reactions to stop smoking medicines. These details can affect treatment choices.

Questions you can ask include:

There is no required blood test, scan, or examination for joining a program. Some services measure exhaled carbon monoxide, a gas produced by smoking, to show changes in recent smoke exposure. This test is optional in many settings and is not the purpose of the program.

- Which support format fits my schedule and communication needs?
- Which stop smoking medicines are available to me?
- How should I use the chosen medicine correctly?
- Could quitting affect any medicine I already take?
- What should I do if I smoke after my quit date?
- How can I get help between planned appointments?

## Common questions

Do I have to quit immediately?

Not always. Some programs support a set quit date, while others help you reduce smoking before stopping. A clear plan and follow-up are more useful than reducing without an end goal.

Can I join if I have tried before?

Yes. Previous attempts can help a counselor understand which situations, cravings, or treatments were difficult. The next plan can use that information.

Do I have to use medicine?

No. Counseling can help on its own. However, stop smoking medicine may improve the chance of success for many adults. A clinician or pharmacist can help you weigh the options.

Are apps and text programs enough?

Digital support can be useful, especially when it provides regular, evidence-based guidance. Some people need more personal contact or medicine support. Check who developed the program, what information it collects, and whether qualified help is available.

What if I also vape?

Tell the service about every nicotine or tobacco product you use. The plan should account for cigarettes, vaping products, cigars, pipes, or smokeless tobacco rather than focusing on only one source.

Should family members take part?

Only if that feels helpful to you. They can support smoke-free routines, avoid offering cigarettes, and understand that cravings or irritability may occur. The quit plan remains your choice.

## Sources

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