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How to Quit Using Tobacco

Guide to Quitting

Remember, tobacco addiction is both mental and physical. For most people, the best way to quit will be some combination of medicine, a method to change personal habits, and emotional support.

- [Making a Plan to Quit and Planning Your Quit Day](#)
- [Quitting Smoking or Smokeless Tobacco](#)
- [Quitting E-cigarettes](#)
- [Dealing with the Mental Part of Tobacco Addiction](#)
- [Nicotine Replacement Therapy to Help You Quit Tobacco](#)
- [Prescription Medicines to Help You Quit Tobacco](#)
- [Ways to Quit Tobacco Without Using Medicines](#)
- [Staying Tobacco-free After You Quit](#)
- [Help for Cravings and Tough Situations While You're Quitting Tobacco](#)

More information and resources

Quitting is the first part -- now you have to stay quit. Here are some tips that may help.

- [Reasons to Quit Smoking](#)
- [Health Benefits of Quitting Smoking Over Time](#)
- [The Great American Smokeout](#)
- [1-800-QUIT-NOW \[CDC\]](#)

Smoking Cessation video

Learn about 3 steps that can lead to quitting smoking for good. This how-to quit

smoking video also includes a short introduction to lung cancer screening with low-dose computed tomography (low-dose LDCT).

[Smoking Cessation - 3 Steps to Quitting](#)

Making a Plan to Quit and Planning Your Quit Day

There's no one right way to quit tobacco (known as **tobacco cessation**), but there are some important steps that can help make a person's decision to quit a success. These steps can help whether you or a loved one are trying to quit smoking cigarettes or smokeless tobacco (chew, dip, or snuff).

Make the decision to quit tobacco

The decision to quit smoking or to quit using smokeless tobacco is one that only you can make. Others may want you to quit, but the real commitment must come from you.

Think about [why you want to quit](#)¹.

- Are you worried that you could get a [tobacco-related disease](#)²?
- Do you believe that the [benefits of quitting](#)³ outweigh the benefits of continuing to use tobacco?
- Do you know someone who has had health problems because of using tobacco or being around it a lot?
- Are you interested in saving the money you now spend on cigarettes, chew, dip, or snuff?
- Are you hoping to be healthy and have more energy for upcoming events, such as a family wedding?
- Are you ready to make a serious try at quitting?

Write down your reasons so you can look at them every time you want to smoke or dip.

Set a date for your Quit Day

What's important about picking a Quit Day?

Once you've decided to quit, you're ready to pick a quit date. This is a key step. Pick a day within the next month as your Quit Day. Picking a date too far away gives you time to change your mind. Still, you need to give yourself enough time to prepare. You might choose a date with a special meaning like a birthday or anniversary, or the date of the [Great American Smokeout⁴](#) (the third Thursday in November each year). Or you might want to just pick a random date. Circle the date on your calendar. Make a strong, personal commitment to quit on that day. Let others know of your plan.

How do you plan to quit?

There are many ways to quit, and some work better than others. [Nicotine replacement therapy](#), [prescription drugs](#), and [other methods](#) are available and are helpful for quitting cigarettes. There may also be some benefit to using these when you are quitting smokeless tobacco. Learn more about ways to quit so you can find the method that best suits you. It's also a good idea to talk to your doctor or dentist, and get their advice and support. Also check with your insurance company about coverage for quit programs and quit aids, such as medicines and counseling.

[Support](#) is another key part of your plan. In-person quit programs, advice from trusted health care professionals, telephone quit lines, phone reminder apps, Nicotine Anonymous meetings, self-help materials such as books and pamphlets, and counselors can be a great help. Also tell your family, friends, and co-workers that you're quitting. They can give you help and encouragement, which increases your chances of quitting for good.

Combining 2 or more types of quit aids may be more effective than the use of just 1.

Prepare for your Quit Day

Here are some steps to help you get ready for your Quit Day:

- Pick the date and mark it on your calendar.
- Tell friends and family about your Quit Day.
- Get rid of all the cigarettes and ashtrays, or all the smokeless tobacco products in your home, car, and at work.

- Stock up on oral substitutes – sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws, and/or toothpicks.
- Decide on a plan. Will you use NRT or other medicines? Will you call a telephone quitline? Will you attend a quit class? If so, call to find out how to sign up as soon as possible.
- Talk to your doctor about what might work best for you and talk to your insurance company about coverage for programs and medicines.
- Practice saying, “No thank you, I don’t use tobacco.”
- Set up a support system. This could be a group program or a friend or family member who has successfully quit and is willing to help you.
- Ask family and friends who still use tobacco not to use it around you, and not to leave cigarettes or dip out where you can see them.
- If you are using bupropion or varenicline, take your prescribed dose each day leading up to your Quit Day.
- Think about your past attempts to quit. Try to figure out what worked and what didn’t.

Successful quitting is a matter of planning and commitment, not luck. Decide now on your own plan.

What else you can do before your Quit Day

Cut down on how much you use

One way to cut back before quitting is to cut down on the number of cigarettes you smoke each day or the amount you dip or chew each day. By doing this, you slowly reduce the amount of nicotine in your body. Try cutting back to half of your usual amount before you quit. If you usually carry a supply with you, try leaving it behind. Carry something else to put in your mouth instead.

Cut back on when and where you use

You can also try cutting back on when and where you smoke, dip, or chew. This gives you a chance to notice when your cravings are the worst. It helps you decide on a game plan if you know what triggers your cravings. Again, once you’ve decided not to use tobacco at a certain place, leave it at home when you go there. Try your substitutes instead.

Put off using tobacco when you have a craving

Go as long as you can without giving into a craving. Start by trying for at least 10 minutes, then longer and longer as you near your Quit Day. Pick your 3 worst triggers and stop using tobacco at those times. This will be hard at first, but practice will make it easier.

On your Quit Day

Over time, using tobacco becomes a strong habit. Daily events, like waking up in the morning, finishing a meal, drinking coffee, or taking a break at work, often trigger your urge to use it. Breaking the link between the trigger and tobacco use will help you stop.

On your Quit Day go down this list:

- Do not use tobacco. This means not at all – not even one puff!
- Stay busy – try walking, short bursts of exercise, or other activities and hobbies.
- Drink lots of water and juices.
- Start using nicotine replacement if that's your choice.
- Attend a quit class or follow your self-help plan.
- Avoid situations where the urge to use tobacco is strong.
- Avoid people who are using tobacco.
- Drink less alcohol or avoid it completely.
- Think about how you can change your routine. Use a different route to go to work. Drink tea instead of coffee. Eat breakfast in a different place or eat different foods.

Be prepared to feel the urge to use tobacco and the urge will probably be pretty strong. But, it's important to remember that urge will pass whether you give in to it or not. Use the 4 D's to help fight the urge:

- **Delay** for 10 minutes. Repeat if needed.
- **Deep breathe.** Close your eyes, slowly breathe in through your nose and out through your mouth. Picture your lungs filling with fresh, clean air.
- **Drink water** slowly, sip by sip.
- **Do something else.** Some activities trigger cravings. Get up and move around.

Often this simple trick will allow you to move beyond the strong urge to use tobacco.

Hyperlinks

1. www.cancer.org/healthy/stay-away-from-tobacco/reasons-to-quit-smoking.html
2. www.cancer.org/healthy/stay-away-from-tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html
3. www.cancer.org/healthy/stay-away-from-tobacco/benefits-of-quitting-smoking-over-time.html
4. www.cancer.org/healthy/stay-away-from-tobacco/great-american-smokeout.html
5. smokingcessationleadership.ucsf.edu/

References

American Cancer Society. *Cancer prevention and early detection facts & figures, 2019-2020*. Available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures-2019-2020.pdf>. Accessed October 10, 2020.

American Cancer Society Cancer Action Network. *States can help finish the fight against tobacco by boosting funding for tobacco prevention and cessation efforts*. 2016. Available at <https://www.fightcancer.org/releases/new-report-states-can-help-finish-fight-against-tobacco-boosting-funding-tobacco-0>. Accessed October 10, 2020.

American Lung Association. *Tobacco cessation coverage in state exchanges, 2020*. Available at https://www.lung.org/getmedia/fb9cdabf-7062-4e49-b86b-74754ab642eb/exchange-data-report_final_1.pdf. Accessed October 10, 2020.

Boccio M et al. Telephone-based coaching. *American Journal of Health Promotion*. 2017;31(12):136-142.

Centers for Disease Control and Prevention. *Quit smoking*. Available at https://www.cdc.gov/tobacco/quit_smoking/index.htm. Accessed October 10., 2020.

Olenik A, Mospan CM. Smoking cessation: Identifying readiness to quit and designing a plan. *Journal of the American Academy of Physician Assistants*. 2017; 30(7):13-19.

Smokefree.gov. *Build your quit plan*. Available at <https://smokefree.gov/build-your-quit-plan>. Accessed October 10, 2020.

Smoking Cessation Leadership Center. *Ready to quit*. Available at <https://smokingcessationleadership.ucsf.edu/ready-quit>. Accessed October 10, 2020.

US Department of Health and Human Services. *What you need to know about quitting smoking: Advice from the Surgeon General*. Available at <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-consumer-guide.pdf>. Accessed October 10, 2020.

US Preventive Services Task Force. *Tobacco smoking cessation in adults, including pregnant women: Behavioral and pharmacotherapy interventions*. 2015. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>. Accessed October 10, 2020.

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Quitting Smoking or Smokeless Tobacco

Quitting tobacco (tobacco cessation) is a lot like losing weight. **It takes a strong commitment over a long time.**

For people who smoke cigarettes, the quit process is known as **smoking cessation**. But, in many ways, quitting one tobacco product is a lot like quitting another tobacco product. For example, quitting smokeless tobacco can be a lot like quitting smoking. Both involve tobacco products that contain nicotine, and both involve the physical, mental, and emotional parts of addiction. Many of the ways to handle the mental hurdles of quitting are the same..

It's best to talk with your doctor about the plan that's right for you. Talking to a pharmacist can be very helpful, too. Don't forget to check with your insurance company about coverage for quit programs and quit aids. Read more about the first steps to take in [Making a Plan to Quit and Planning Your Quit Day](#).

Do quit programs really work?

As you plan for your Quit Day and make your quit plan, you may wonder about the cost of quit programs and quit aids, and the success rates of the many different methods available. Success rates are hard to figure out for many reasons. Not all quit programs

define success in the same way. Find out what goals the programs you're thinking about might have. For example, you can ask these questions:

- Does success mean a person isn't using tobacco at the end of the program? After 3 months? 6 months? 1 year?
- Does using tobacco less (rather than stopping completely) count as success?
- What is the program's success rate?
- What kind of follow-up is done to confirm the success rate?

It's important to remember that quitting is hard. Quit programs in general seem to have fairly low success rates, but they can still be worthwhile. Some experts have estimated only about 4% to 7% of people are able to quit smoking on any given attempt without medicines or other help. So finding a program that fits your needs can really make a difference.

What about medicines to help me quit?

For people trying to quit cigarettes, sometimes combining both prescription and over-the-counter medicines may work better than using just one. There may also be some benefit to [using medicines](#) when you are quitting smokeless tobacco. It's a good idea to talk to your doctor or dentist, and get their advice and support for what might work best for you. Talk to your insurance company about coverage, too.

Can e-cigarettes help me quit tobacco?

E-cigarettes are not currently approved by the FDA as aids to help stop smoking or using smokeless tobacco. This is because there's just not enough research or evidence yet on e-cigarettes. In contrast, there is a large body of evidence clearly showing that FDA-approved medications are safe and effective ways to help people quit smoking, especially when combined with counseling. Learn more in [What Do We Know About E-cigarettes?](#)¹

What can I do to increase my chances of quitting?

Support is a key part of a quit plan. Along with quit programs, counseling and other types of emotional support can boost success rates higher than medicines alone.

Behavioral and supportive therapies may increase success rates even further. They can also help you stay tobacco-free.

Check the package insert of any product you are using to see if the manufacturer provides free telephone-based counseling. Talk to a health care provider or contact us to find free telephone-based counseling.

Hyperlinks

1. www.cancer.org/healthy/stay-away-from-tobacco/e-cigarettes-vaping/what-do-we-know-about-e-cigarettes.html
2. smokingcessationleadership.ucsf.edu/

References

American Cancer Society. *Cancer prevention and early detection facts & figures, 2019-2020*. Available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-prevention-and-early-detection-facts-and-figures/cancer-prevention-and-early-detection-facts-and-figures-2019-2020.pdf>. Accessed October 10, 2020.

Boccio M et al. Telephone-based coaching. *American Journal of Health Promotion*. 2017;31(12):136-142.

Centers for Disease Control and Prevention. *Quit smoking*. Available at https://www.cdc.gov/tobacco/quit_smoking/index.htm. Accessed October 10., 2020.

Rigotti N. Overview of smoking cessation management in adults. *UpToDate*. 2020.

US Department of Health and Human Services. *What you need to know about quitting smoking: Advice from the Surgeon General*. Available at <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-consumer-guide.pdf>. Accessed October 10, 2020.

US Preventive Services Task Force. *Tobacco smoking cessation in adults, including pregnant women: Behavioral and pharmacotherapy interventions*. 2015. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>. Accessed October 10, 2020.

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Quitting E-cigarettes

E-cigarettes do not contain tobacco, but many of them contain nicotine, which comes from tobacco. Because of this, the Food and Drug Administration (FDA) classifies e-cigarettes as "tobacco products." (Learn more in [What Do We Know About E-cigarettes?](#)¹)

In many ways, quitting one tobacco product that contains nicotine is a lot like quitting another tobacco product that contains nicotine. This is because the physical, mental, and emotional parts of quitting are mostly caused by nicotine addiction. Many of the ways to handle the mental hurdles of quitting are the same. But most experts agree that more research is needed about the best ways to quit e-cigarettes.

While some people may be able to quit e-cigarette use on their own, others, such as daily users, are likely to find this to be very difficult. The Centers for Disease Control and Prevention (CDC) recommends following one of the ways known to help people quit other tobacco products, as they can be helpful. Read more about quitting tobacco products in [Making a Plan to Quit and Planning a Quit Day](#) and in [Quitting Smoking or Smokeless Tobacco](#).

If you're having trouble quitting e-cigarettes on your own, talk to your doctor or pharmacist. You can get help from other support services, too, such as your state quitline (1-800-QUIT-NOW) or the American Cancer Society (1-800-ACS-2345).

Can e-cigarettes be used to help quit smoking?

Some people who smoke choose to try e-cigarettes to help them stop smoking. The American Cancer Society does not recommend the use of e-cigarettes as a cessation method. No e-cigarette has been approved by the FDA as a safe and effective cessation product. It's important to know that people who switch to e-cigarettes when trying to quit other tobacco products still expose themselves to potentially serious ongoing health risks. It's best to stop using all tobacco products, including e-cigarettes, as soon as possible both to reduce health risks and to avoid staying addicted to nicotine.

Hyperlinks

1. www.cancer.org/healthy/stay-away-from-tobacco/e-cigarettes-vaping/what-do-we-know-about-e-cigarettes.html
2. smokingcessationleadership.ucsf.edu/

References

American Cancer Society. *American Cancer Society Position Statement on Electronic Cigarettes*. 2019. Available at <https://www.cancer.org/healthy/stay-away-from-tobacco/e-cigarette-position-statement.html>. Accessed October 10, 2020.

Centers for Disease Control and Prevention. *Protecting young people from e-cigarettes*. Available at <https://www.cdc.gov/tobacco/features/back-to-school/protecting-young-people-from-e-cigarettes/index.html>. Accessed October 10, 2020.

Jankowski et al. Smoking cessation and vaping cessation attempts among cigarette smokers and e-cigarette users in central and eastern Europe. *Int J Environ Res Public Health*. 2019;17(1):28.

Klein MD, Sokol NA, Stroud LR. Electronic cigarettes: Common questions and answers. *Am Fam Physician*. 2019;100(4):227-235.

Rehan HS, Maini J, Singh Hungin AP. Vaping versus smoking: A quest for efficacy and safety of e-cigarette. *Current Drug Safety*. 2018;13(2):92-101.

Surgeongeneral.gov. *Surgeon General's advisory on e-cigarette use among youth*. Available at <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>. Access October 10, 2020.

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Nicotine Replacement Therapy to Help You Quit Tobacco

Nicotine is the main addictive substance in tobacco. When a person uses tobacco, many parts of the body get used to having nicotine in them. When a person quits tobacco, they also quit nicotine and will likely have withdrawal symptoms from it. This is because the body has to get used to not having nicotine.

The nicotine in tobacco leads to actual physical dependence. This can cause unpleasant withdrawal symptoms when a person tries to quit. Nicotine replacement therapy (NRT) gives you nicotine – in the form of gum, patches, sprays, inhalers, or lozenges – but not the other harmful chemicals in tobacco. NRT can help relieve some of the physical withdrawal symptoms so that you can focus on the [psychological \(emotional\) aspects of quitting](#).

Many studies have shown using NRT can nearly double the chances of quitting smoking. It hasn't been studied as much for quitting smokeless tobacco, but the NRT lozenges may help.

People who smoke and are significantly dependent on nicotine should consider nicotine replacement or drug therapy to help them quit. Signs of severe nicotine dependence include:

- Smoking more than 1 pack a day
- Smoking within 5 minutes of waking up
- Smoking even while sick
- Waking up at night to smoke
- Smoking to ease symptoms of withdrawal

The more of these that apply, the more serious the nicotine dependence.

How does nicotine replacement therapy work?

Nicotine replacement therapy (NRT) can help with the difficult withdrawal symptoms and cravings that most people say is their only reason for not giving up tobacco. Using NRT reduces those symptoms.

Many people can quit tobacco without using NRT, but most of those who attempt quitting do not succeed on the first try. In fact, people trying to quit usually need many tries before they're able to quit for good. Most people who try to quit on their own go back to smoking within the first month of quitting – often because of the withdrawal symptoms. **But the good news is that many do succeed. In fact, there are now more people who formerly smoked than people who currently smoke!**

Together with counseling or other support, NRT may help increase the number of smokeless tobacco users who quit, too.

You can start using nicotine replacement therapy (NRT) as soon as you throw

away your tobacco. You don't need to wait a certain length of time to put on the patch or start using the gum, lozenge, nasal spray, or inhaler. Double-check this information with the instructions on your chosen method of nicotine replacement, but in general there's no need to wait to start using NRT.

Getting the most from nicotine replacement therapy

Nicotine replacement therapy (NRT) only deals with the physical dependence. It's not meant to be the only thing you use to help you quit smoking. You'll need other methods that help with the psychological (emotional and mental) part of tobacco, such as a quit program. Use these support systems during treatment with NRT and for at least a few months after you quit. Studies have shown that this approach – pairing NRT with a program that helps to change behavior – can improve your chances of quitting and staying quit compared to approaches that use only one method.

The best time to start NRT is when you first quit. Often people first try to quit tobacco on their own then decide to try NRT a day or more into quitting. This does not give you the greatest chance of success, but don't let this discourage you. There are many options for quitting and staying quit. Just remember that it often takes many tries.

The Food and Drug Administration (FDA) has approved the NRT products discussed here as effective aids for helping people quit smoking. None of these products has been FDA-approved specifically to help people quit smokeless tobacco. Still, studies are being done, and some have shown the lozenge form may help.

Who should not use nicotine replacement therapy?

The US Agency for Healthcare Research and Quality states that nicotine replacement therapy (NRT) is safe for all adults who want to quit smoking except pregnant women and teens. Still, it's best to discuss NRT use with your health care provider before starting it. You may have medical problems that should be considered. When deciding whether to use NRT, the benefits of quitting tobacco must outweigh the potential health risks of NRT for each person.

People who are still smoking or using any other form of tobacco should not use NRT. The companies that make NRT products warn that you should not use them if you're still using tobacco, and the FDA has not approved them to be used in this way. Get the advice of a health care provider if you want to use NRT while continuing to smoke or chew.

NRT has not yet been proven to help people who smoke fewer than 10 cigarettes a day.

But many tobacco treatment centers do use NRT for people who are "light smokers." Talk with your health care provider about a lower dose of NRT if you smoke less than that but feel you need nicotine replacement.

Types of nicotine replacement therapy

The US Food and Drug Administration (FDA) has approved 5 forms of nicotine replacement therapy (NRT):

- Patch
- Gum
- Nasal spray
- Inhalers
- Lozenges

Note that the patch, gum, and lozenge can be purchased over the counter, while the nasal spray and inhaler require a prescription.

The most important thing to do with any form of NRT is read and follow the package instructions very carefully.

Nicotine patches (transdermal nicotine systems)

Patches can be bought with or without a prescription.

Patches give a measured dose of nicotine through the skin. You're weaned off nicotine by switching to lower-dose patches over a course of weeks.

Many different types and strengths of patches are available, including 16-hour and 24-hour patches. Which patch you should use depends on how many cigarettes you smoke each day. Package instructions tell you how to use them, and list special considerations and possible side effects.

How to use nicotine patches: Depending on body size and smoking habits, most people who smoke should start using a full-strength patch (15-22 mg of nicotine) daily for several weeks, and then use a weaker patch (5-14 mg of nicotine) for another several weeks. The patch is changed every day. It should be put on in the morning on a clean, dry area of the skin without much hair. It should be placed below the neck and above the waist – for instance, on the upper arm or chest. The FDA has approved using the patch for a total of 3 to 5 months, but using it longer is better than going back to

smoking.

Possible side effects of the nicotine patch include:

- Skin irritation (redness and itching)
- Dizziness
- Racing heartbeat
- Sleep problems or unusual dreams (more common with the 24-hour patch)
- Headache
- Nausea
- Muscle aches and stiffness

No one has all of the side effects, and some people have none. Some side effects, such as racing heart, may mean the dose of nicotine is too high for you. Stop using the patch and talk to your health care provider if this happens. You could also have nicotine withdrawal symptoms if your NRT dose is too low.

What to do about side effects

- Try a different brand of patch if your skin becomes irritated.
- Reduce the amount of nicotine by using a lower-dose patch.
- Sleep problems may go away in 3 or 4 days. If not, and you're using a 24-hour patch, try switching to a 16-hour patch.
- Stop using the patch and try a different form of NRT.

Nicotine gum (nicotine polacrilex)

Nicotine gum can be bought without a prescription.

Nicotine gum is a fast-acting form of replacement. Nicotine is taken in through the mucous membrane of the mouth. You can buy it over the counter (without a prescription). It comes in 2 mg and 4 mg strengths.

In choosing your dose, think about whether you

- Smoke 25 or more cigarettes per day
- Smoke within 30 minutes of waking up
- Have trouble not smoking in restricted areas

If any of these describe you, you may need to start with the higher 4mg gum dose.

How to use nicotine gum

For best results, follow the instructions in the package. Nicotine gum is not meant to be used like regular gum. Chew the gum slowly until you get a peppery taste or tingle. Then tuck it inside your cheek until the taste fades. Chew it to get the peppery taste back, and hold it again. Do this off and on for 20 to 30 minutes. Food and drink can affect how well the nicotine is absorbed, so don't eat or drink for at least 15 minutes before and during gum use. This is important because many people misuse the nicotine gum and chew it like regular gum instead of how it should be used.

An advantage of nicotine gum is that it allows you to control the amount of nicotine you get. The gum can be used as needed or on a fixed schedule during the day. The most recent research has shown that scheduled dosing works better. A schedule of 1 to 2 pieces per hour is common. On the other hand, with an as-needed schedule, you can use it when you need it most – when you have cravings.

Chew no more than 24 pieces of gum in one day. Nicotine gum is usually recommended for 6 to 12 weeks, with the maximum being 6 months. Tapering down the amount of gum you use as you approach 3 months may help you stop using it. But it is better to keep using the gum rather than starting to smoke again.

Possible side effects of nicotine gum include:

- Bad taste
- Throat irritation
- Mouth sores
- Hiccups
- Nausea
- Jaw discomfort
- Racing heartbeat

The gum can also stick to and damage dentures and dental work.

Stomach and jaw discomfort are usually caused by improper use of the gum, such as swallowing the nicotine or chewing too fast. No one has all of the side effects, and some people have none. If your heart is racing or beating irregularly, stop using the gum and talk to your health care provider. You could also have nicotine withdrawal symptoms if

your NRT dose is too low.

Nicotine nasal spray

Nicotine nasal spray is only available by prescription.

The nasal spray delivers nicotine to the bloodstream rapidly because it's absorbed through the nose. It relieves withdrawal symptoms very quickly and lets you control your nicotine cravings.

How to use nicotine nasal spray

Most people are told to use 1 to 2 doses per hour. (1 dose = 2 sprays, 1 in each nostril.) At least 8 doses (16 sprays) each day may be needed when you first start, but use as directed by your health care provider. You should not use more than 40 doses (80 sprays) per day. Instructions can vary. Talk to your provider about the plan that's best for you.

The FDA recommends that the spray be prescribed for 3-month periods and that it not be used for longer than 6 months.

Possible side effects of nicotine spray

The most common side effects of the spray get better in about 1 to 2 weeks and can include:

- Nasal irritation
- Runny nose
- Watery eyes
- Sneezing
- Throat irritation
- Coughing

Other side effects are related to nicotine:

- Racing heart
- Nervousness
- Headache

No one has all of the side effects, and some people have none. Some side effects, such as racing heart, may occur because you've gotten too much nicotine. Stop using the spray to see if the feelings get better and talk to your health care provider if this happens. You may need to use it less often. You could also have nicotine withdrawal symptoms if your NRT dose is too low.

If you have asthma, allergies, nasal polyps, or sinus problems, your provider may suggest another form of NRT.

Special note: This form of NRT poses a more serious risk to small children and pets because the empty bottles of nasal spray contain enough nicotine to harm them. Do not get the liquid on your skin. If there's any skin contact, rinse thoroughly with plain water right away. If a bottle breaks or liquid leaks out, put on plastic or rubber gloves to clean it up. Call Poison Control and get emergency help if there's any question of overdose.

Nicotine inhalers

Inhalers are available only by prescription.

The nicotine inhaler is a thin plastic tube with a nicotine cartridge inside. Unlike other inhalers, which deliver most of the medicine to the lungs, the nicotine inhaler delivers most of the nicotine vapor to the mouth and throat where it's absorbed into the bloodstream.

Nicotine inhalers are the FDA-approved nicotine replacement method that's most like smoking a cigarette, which some people trying to quit find helpful. They are not the same as electronic cigarettes, which are not approved by the FDA to help people quit smoking. At this time, inhalers are the most expensive form of NRT available.

How to use the nicotine oral inhaler

You puff on the inhaler and the cartridge sends a pure nicotine vapor into your mouth. You may use up the cartridge all at once over about 20 minutes, or puff on it only a few minutes at a time. The recommended dose is between 4 and 20 cartridges a day, slowly tapering off over 6 months.

Possible side effects of the nicotine inhaler

The most common side effects, especially when first using the inhaler, include:

- Coughing

- Mouth and/or throat irritation
- Runny nose
- Upset stomach

Other side effects are related to nicotine:

- Racing heart
- Nervousness
- Headache

No one has all of the side effects, and some people have none. Some side effects, such as racing heart, may occur because you've gotten too much nicotine. Stop using the inhaler to see if the feelings get better and talk to your health care provider if this happens. You may need to use it less often. You could also have nicotine withdrawal symptoms if your NRT dose is too low.

Special note: This form of NRT poses an extra risk to small children and pets because the used cartridges still have enough nicotine in them to cause harm if it gets on skin or mucous membranes (for instance, if licked or touched to the eyes, mouth, or other mucous membrane). Be sure to store and dispose of the cartridges away from children and pets. Call Poison Control and get emergency help if there's any question of overdose.

Nicotine lozenges

Nicotine lozenges can be bought without a prescription.

The lozenge is available in 2 strengths: 2 mg and 4 mg. The needed dose should be based on how long after waking up a person normally has their first cigarette. So, if you smoke your first cigarette within 30 minutes of waking up, use 4 mg nicotine lozenges. If you smoke your first cigarette more than 30 minutes after waking up, use 2 mg-nicotine lozenges. Some people who are using NRT prefer the lozenge to the gum because its use is less conspicuous.

How to use nicotine lozenges

The recommended dose is 1 lozenge every 1 to 2 hours for 6 weeks, then 1 lozenge every 2 to 4 hours for weeks 7 to 9, and finally, 1 lozenge every 4 to 8 hours for weeks 10 to 12. The lozenge makers also recommend:

- Do not eat or drink for at least 15 minutes before using a lozenge or while using a lozenge. (Some drinks can reduce how well the lozenge works.)
- Do not use more than 1 lozenge at a time and do not use one right after another.
- Suck on the lozenge until it is fully dissolved, about 20 to 30 minutes. Move it from side to side in your mouth. Do not bite or chew it like a hard candy, and don't swallow it. The nicotine absorbs through the mucous membranes of the mouth.
- Do not use more than 5 lozenges in 6 hours, or more than 20 lozenges per day.
- Stop using the lozenge after 12 weeks. If you still feel you need to use the lozenge, talk to your doctor.

Possible side effects of the nicotine lozenge

- Nausea
- Hiccups
- Sore throat
- Coughing
- Heartburn
- Headache
- Gas
- Trouble sleeping
- Racing heart

Choosing and using the right nicotine replacement therapy for you

No one type of nicotine replacement therapy (NRT) - by itself or in combination - is necessarily any better than another. When choosing the type of NRT you will use, think about which method will best fit your lifestyle and pattern of smoking or using smokeless tobacco. For example, do you want/need something in your mouth or something to keep your hands busy? Are you looking for once-a-day convenience? How urgent are your cravings for nicotine?

Here are some important points to think about as you decide:

- Nicotine gums, lozenges, and inhalers are substitutes you can put into your mouth that let you control your dosage to help keep cravings under better control.
- Nicotine gums and lozenges are generally sugar-free, but if you are diabetic and

have any doubts, check with the manufacturer.

- Nicotine nasal spray works very quickly when you need it.
- Nicotine inhalers allow you to mimic the use of cigarettes by puffing and holding the inhaler. It also works very quickly.
- Nicotine patches are convenient and only have to be put on once a day.
- Both inhalers and nasal sprays require a doctor's prescription.
- Some people may not be able to use patches, inhalers, or nasal sprays because of allergies or other conditions.
- Nicotine gum may stick to dentures or dental work making it hard to chew before "parking."

Whatever type you use, take your NRT at the recommended dose. NRT is not recommended for long-term use, but if it's needed to prevent relapse, continuing to use NRT is preferable than returning to smoking.

If you use a different dose or stop taking it too soon, NRT can't be expected to work like it should. If you smoke very heavily very lightly, or are a smokeless tobacco user, talk with your health care provider about how to get the NRT dose that best fits your needs.

What is light, average, and heavy smoking?

Most nicotine replacement therapy (NRT) products recommendations are based on how much you smoke. But there's no formal category in any textbook or group that defines how much smoking is considered light, average, or heavy smoking.

These are general guidelines:

- Light smoking: Fewer than 10 cigarettes per day
- Heavy smoking: A pack a day or more
- Average smoking falls in between.

How do I know what NRT dose to use based on my smokeless tobacco use?

NRT products are supposed to roughly match the amount of nicotine you typically took in through tobacco. It can be more of a challenge to get the dose right for smokeless tobacco users, since NRT products are labeled for people who smoke.

Certain types of NRT may help more than others. If you look at the way the tobacco is

used, nicotine gum and lozenges are most like using smokeless tobacco. They also let you control your dose to help keep nicotine cravings down. To avoid withdrawal symptoms, you want to aim for a nicotine dose fairly close to what you got from snuff or tobacco use.

These are general guidelines:

- A heavy user is a person who uses more than 3 cans of snuff or 3 pouches of tobacco a week, and would typically use the higher doses of NRT (the dose for people who smoke heavily).
- Those who use 2 to 3 cans or pouches per week would usually try the moderate doses.
- Those who use less than 2 would start with the lowest doses of NRT.

If you've decided to try NRT, discuss your dose with a health care provider before you quit tobacco.

Combining the patch and other nicotine replacement products

Using the nicotine patch along with shorter-acting products, like the gum, lozenge, nasal spray, or inhaler, is another method of NRT. The idea is to get a steady dose of nicotine with the patch and then use one of the shorter-acting products when you have strong cravings. In general, people who have smoked heavily do better with this combination approach. If you're thinking about using more than one NRT product, be sure to talk to your health care provider first.

High-dose nicotine replacement therapy for people who smoke heavily

For people who have been smoking heavily, Another option is to use NRT at a higher than usual dose based on the amount of nicotine that they've been getting from cigarettes. At this time, not much is known about this option. High-dose NRT should be considered only with a health care provider's guidance and close supervision.

Can you get too much nicotine from NRT?

Nicotine overdose is rare, but possible. Nicotine replacement therapy (NRT) products are labeled to match the amount of nicotine you get from NRT to the amount you got from tobacco. If used this way, you should get a nicotine dose fairly close to what you've been getting. You don't want to get more than that, because higher doses of nicotine can cause harm. To avoid this, follow dosing instructions carefully. Also, don't use heat

(like a heating pad or heat lamp) on the skin near your nicotine patch – you could absorb more nicotine due to the increased blood supply.

Nicotine absorbs through the skin and mucous membranes, so you must store and dispose of your NRT safely. Nicotine overdose can be fatal, but this is rare and requires taking in very high doses of nicotine. Overdose is more of a problem in children and pets because of their smaller size. Keep NRT and used gum, patches, empty cartridges, bottles, etc., safely away from children and pets. Never drop them on the street or in open trash cans where kids and animals can reach them.

Symptoms of nicotine overdose

Here are some symptoms of too much nicotine:

- Headache
- Nausea and vomiting
- Belly pain
- Diarrhea
- Agitation, restlessness
- Fast or irregular heartbeat
- Cold sweat
- Pale skin and mouth
- Weakness
- Tremors (shaking)
- Confusion
- Disturbed vision and hearing
- Weakness
- High blood pressure, which then drops
- Dizziness or faintness due to low blood pressure
- Seizures
- Fast breathing in early poisoning, breathing may stop later

Call Poison Control and get emergency help if you suspect an overdose. If you're taking NRT as prescribed and are still having mild symptoms such as headache, vomiting, diarrhea, or sweating, lower your dose and talk to your health care provider.

Does nicotine cause cancer?

No, nicotine has not been found to cause cancer. While nicotine is the addictive

substance in tobacco, it is other compounds in tobacco that can cause cancer. Using NRT to quit tobacco does not increase your risk of cancer – in fact, it can help lower your risk if it helps you stop using tobacco.

Stopping nicotine replacement therapy

Nicotine replacement therapy (NRT) is meant to be used for a limited period of time. Use should be tapered down before NRT is stopped. Studies to date have not shown that extending NRT use longer than the recommended time greatly impacts quit success. However, long-term NRT use is still preferable to smoking.

Research is still being done to refine the use of NRT. If you feel that you need NRT for a different length of time than is recommended, it's best to discuss this with your health care provider.

Long-term nicotine replacement therapy dependence

Nicotine replacement therapy (NRT) has the potential for long-term dependence. Nicotine is addictive, and people can transfer their dependence from tobacco to the NRT.

Use NRT only as long as you need it, as prescribed by your health care provider. Talk to your provider if you're having trouble stopping NRT.

Hyperlinks

1. smokingcessationleadership.ucsf.edu/

References

Hurst D. Nicotine lozenges and behavioural interventions may help smokeless tobacco users to quit. *Evid Based Dent*. 2015;16(4):104-105.

International Agency for Research on Cancer (IARC). Does nicotine cause cancer?. [iarc.who.int](https://cancer-code-europe.iarc.fr/index.php/en/ecac-12-ways/tobacco/199-nicotine-cause-cancer). Accessed at <https://cancer-code-europe.iarc.fr/index.php/en/ecac-12-ways/tobacco/199-nicotine-cause-cancer> on October 20, 2021.

National Institutes of Health. Nicotine Nasal Spray. Updated July 15, 2016. Accessed at www.nlm.nih.gov/medlineplus/druginfo/meds/a606020.html on October 10, 2020.

National Institutes of Health. Nicotine Oral Inhalation. Updated July 15, 2016. Accessed at www.nlm.nih.gov/medlineplus/druginfo/meds/a606021.html on October 10, 2020.

Hsia SL, Myers MG, Chen TC. Combination nicotine replacement therapy: Strategies for initiation and tapering. *Prev Med.* 2017;97:45-49.

Hartmann-Boyce J, Chepkin SC, Ye W, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. *Cochrane Database Syst Rev.* 2018;5(5):CD000146.

Rigotti N. Overview of smoking cessation management in adults. UpToDate. 2020.

Rigotti N. Pharmacotherapy for smoking cessation in adults. UpToDate. 2020.

Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. 2015. Accessed at <https://www.acpjournals.org/doi/10.7326/M15-2023?articleid=2443060&> on October 10, 2020.

Wadgave U, Nagesh L. Nicotine replacement therapy: An overview. *Int J Health Sci.* 2016;10(3):425-435.

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Dealing with the Mental Part of Tobacco Addiction

Nicotine is the drug in tobacco that causes pleasant feelings and distracts the user from unpleasant feelings. **Over time, a person becomes physically dependent on and emotionally addicted to nicotine.** This physical dependence causes unpleasant withdrawal symptoms when you try to quit smoking or other forms of tobacco. There are mental and emotional effects, too. Nicotine actually affects brain chemistry and emotions.

What you might feel when you quit tobacco

- Depression
- Sadness or grief
- A sense of loss
- Frustration
- Impatience
- Anger
- Anxiety
- Irritability
- Trouble concentrating
- Restlessness or boredom

What you can do

There are many tools to help quit tobacco for good. In most cases, people who use tobacco are aware of the annoying physical symptoms and think about things like [nicotine replacement therapies](#) and [medicines](#) to help with them. But they may not be ready for the mental effect, which can be a bigger challenge.

The emotional and mental dependence (addiction) make it hard to stay away from nicotine after you quit. To quit and stay quit, people who use tobacco must deal with both the physical and mental dependence. Fortunately, there are counseling services, self-help materials, mobile apps for your cell phone or tablet, and support services available to help you get through this time. And just like the physical symptoms, the emotional changes get better over time.

You can prepare yourself for the mental effects of tobacco withdrawal.

Quit-tobacco programs

Telephone-based help to stop using tobacco

All 50 states and the District of Columbia offer some type of free, telephone-based program that links callers with trained counselors. You can call the American Cancer Society at 1-800-227-2345 to help connect you or call 1-800-QUITNOW. The specialists you'll connect with can help plan a quit method that fits each person's unique pattern of tobacco use. People who use telephone counseling have twice the success rate in quitting smoking as those who don't get this type of help. Research has shown that telephone counseling also helps people who are trying to quit

smokeless tobacco.

Counselors may suggest a combination of methods including medicines, local classes, self-help brochures, mobile reminder apps, and a network of family and friends. Help from a counselor can keep people trying to quit from making many common mistakes.

Telephone counseling is also easier to use than some other support programs. It doesn't require driving, transportation, or child care, and it's available nights and weekends. In many instances, callers can receive free vouchers or coupons for NRT, but keep in mind this may vary by state and type of health insurance coverage.

The effectiveness of phone-based services has led to the development of many web-based quit aids and mobile apps. These offer another easy-to-use support resource to people trying to quit.

Support groups for people who are quitting tobacco

Support groups can be helpful, too. One long-standing peer help program is Nicotine Anonymous[®] (NicA). This group holds regular meetings and applies the 12-step program of Alcoholics Anonymous (AA) to tobacco addiction. This includes attending meetings and following the program. People new to NicA may choose a sponsor to help them through the steps and when they are tempted to use tobacco. The NicA meetings are free, but donations are collected to help cover expenses. NicA also has phone meetings and web meetings, and offers online support.

You can find out if there's a NicA group near you by visiting www.nicotine-anonymous.org/find-a-meeting¹ or calling 1-877-879-6422.

Some workplaces, hospitals, and wellness centers have quit-tobacco programs, groups, or classes. They may be led by professionals and focus on information and education, or they may be run by volunteers. Some programs may be set up like classes, while others focus on sharing by members of the group. Some groups are set up for just a few weeks, and others go on indefinitely. There are lots of options, and different types of groups work better for different people. Find one that works for you.

For people who can't go to support group meetings, there are online support systems as well as phone- and web-based support (see above).

Check with your employer, health insurance company, or local hospital to find a support group that fit your needs. Or call your American Cancer Society at 1-800-227-2345 for help finding the support you need.

What to look for in a tobacco cessation program

Tobacco cessation or quit programs are designed to help people who use tobacco recognize and cope with problems that come up while quitting. The programs should also provide support and encouragement in staying quit. This helps the former tobacco user avoid many of the common pitfalls of quitting.

Studies have shown that the best programs include either one-on-one or group counseling. There's a strong link between how often and how long counseling lasts (its intensity) and the success rate – overall, the more intense the program, the greater the chance of success.

Intensity may be increased by having more or longer sessions or by increasing the number of weeks over which the sessions are given. So when looking for a program, try to find one that has the following:

- Each session lasts at least 15 to 30 minutes
- There are at least 4 sessions
- The program lasts at least 2 weeks (longer is usually better)

Make sure the leader of the group is trained in smoking cessation.

Not all programs are honest, so be careful. Think twice about any programs that:

- Promise instant, easy success with little to no effort on your part
- Use injections or pills, especially “secret” ingredients
- Advertise 100% success rate with no ill effects
- Charge a very high fee (check with the [Better Business Bureau](#)² if you have doubts)
- Won't give you references and phone numbers of people who have used the program

Support of family and friends

Many former tobacco users say a support network of family and friends was very important during their quit attempt. Other people, such as your co-workers and your family doctor, may offer support and encouragement. Tell your friends about your plans to quit. Try to spend time with people who don't use tobacco and former tobacco users who support your efforts to quit. Talk with them about what you need – for instance, patience as you go through cravings, taking your late-night or early-morning phone

calls, and plans for doing things in places where it's harder to use tobacco.

Some people who smoke or are trying to quit are also struggling with a mental illness or substance abuse. Peers who have had similar experiences can be helpful in assisting quit attempts. Find out what you can count on each friend or family member to do. You can also suggest that they read [How To Help Someone Quit Smoking: Do's and Don'ts](#)³.

Hyperlinks

1. www.nicotine-anonymous.org/find-a-meeting
2. www.bbb.org/
3. www.cancer.org/healthy/stay-away-from-tobacco/helping-a-smoker-quit.html
4. smokingcessationleadership.ucsf.edu/

References

Boccio M et al. Telephone-based coaching. *American Journal of Health Promotion*. 2017;31(12):136-142.

Centers for Disease Control and Prevention. *Quit smoking*. Available at https://www.cdc.gov/tobacco/quit_smoking/index.htm. Accessed October 10., 2020.

Malone V, Harrison R, Daker-White G. Mental health service user and staff perspectives on tobacco addiction and smoking cessation: A meta-synthesis of published qualitative studies. *J Psychiatr Ment Health Nurs*. 2018;25(4):270-282.

Nash CM, Vickerman KA, Kellogg ES, Zbikowski SM. Utilization of a Web-based vs integrated phone/Web cessation program among 140,000 tobacco users: an evaluation across 10 free state quitlines. *J Med Internet Res*. 2015;17(2):e36.

Nicotine Anonymous. *Find a meeting*. Available at <https://www.nicotine-anonymous.org/find-a-meeting>. Accessed October 10, 2020.

Shaik SS, Doshi D, Bandari SR, Madupu PR, Kulkarni S. Tobacco use cessation and prevention: A review. *J Clin Diagn Res*. 2016;10(5):ZE13-17.

Smoking Cessation Leadership Center. *Behavioral health: Fact sheets and reports*. Available at <https://smokingcessationleadership.ucsf.edu/behavioral-health/resources/factsheets>. Accessed October 10, 2020.

US Preventive Services Task Force. *Tobacco smoking cessation in adults, including pregnant women: Behavioral and pharmacotherapy interventions*. 2015. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>. Accessed October 10, 2020.

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Prescription Medicines to Help You Quit Tobacco

There are prescription drugs that have been shown to help people quit tobacco. Some can be used along with [nicotine replacement therapy \(NRT\)](#). You often need to start taking them in the weeks before your Quit Day (the day you plan to quit).

People who are significantly dependent on nicotine should consider nicotine replacement and/or drug therapy to help them quit. Signs of severe nicotine dependence in people who smoke include:

- Smoking more than 1 pack a day
- Smoking within 5 minutes of waking up
- Smoking even while sick
- Waking up at night to smoke
- Smoking to ease symptoms of withdrawal

The more of these that apply, the more serious the dependence.

Talk to your health care provider if you think you might want to use one of these drugs to help you quit tobacco. You'll need a prescription. It's also a good idea to talk to your health insurance about coverage for these medications.

If you plan to use a prescription drug to quit tobacco, talk with your health care provider about exactly when to start, and how to use the medicine. Also find out what side effects to watch for and report. Put a note on your calendar to remind you when to start taking it.

Varenicline (Chantix)

Varenicline (also called Chantix) is a prescription medicine developed to help people stop smoking. It works by interfering with nicotine receptors in the brain. This means it has 2 effects:

- It lessens the pleasure a person gets from smoking.
- It reduces the symptoms of nicotine withdrawal.

For people trying to quit smokeless tobacco, several studies have shown varenicline can increase their chance of quitting when compared to taking no medicines at all, at least in the short term. (Some studies have also found NRT lozenges can help.)

You typically start taking varenicline (a pill) about a month to a week before your Quit Day. Take it after meals, with a full glass of water. The daily dose increases over the first 8 days you take it. If you have problems with the higher doses, a lower dose may be used while you try to quit.

Typically, varenicline is given for 12 weeks, but people who quit during that time may get another 12 weeks of treatment to boost their chances of staying off tobacco. It's important to keep up with other support systems during this time and for at least a few months after quitting.

Tell your provider about any medical conditions and allergies you have before you start varenicline, including if you might be pregnant.

Side effects of varenicline

Reported side effects have included:

- Nausea
- Vomiting
- Headache
- Trouble sleeping, unusual dreams, or sleepwalking
- Constipation
- Gas
- Changes in taste
- Skin rashes
- Seizures
- Heart or blood vessel problems (mostly in people who already have these

problems)

- Mood or behavior changes, such as depression, hallucinations, delusions, aggression, hostility, agitation, anxiety, panic, or even suicidal thoughts

Talk to your health care team about what to expect while taking this drug, and what to do if you or others notice possible side effects. Be sure to let your provider know if you've ever had depression or other mental health problems, or if you start feeling depressed or have thoughts about suicide.

Using varenicline along with NRT or bupropion for quitting smoking

Research is being done to find out if varenicline can be used at the same time as nicotine replacement therapy (NRT). A few studies have suggested that using varenicline along with NRT is well-tolerated and safe, but others have found this has no long-term benefit in helping people quit. More research is needed.

Research on using both varenicline and bupropion at the same time is also being done. While there may be a benefit to combining the drugs vs. taking only varenicline, more research is needed to understand if this could cause more severe side effects.

Bupropion (Zyban)

Bupropion also may be called by the brand names Zyban, Wellbutrin, or Aplenzin. It's a prescription antidepressant in an extended-release form that helps reduce cravings and symptoms of nicotine withdrawal. It does not contain nicotine. This drug acts on chemicals in the brain that are related to nicotine craving. Bupropion works best if it's started 1 or 2 weeks before you quit smoking. The usual dosage is one or two 150 mg tablets per day.

If you're still not using tobacco after taking bupropion for 7 to 12 weeks, your provider may have you keep taking it for some time afterward to help stop you from going back to smoking. Keep up with your other support systems during this time and for at least a few months after you quit.

This drug **should not be taken** if you have or have ever had:

- Seizures (it can cause or worsen seizures)
- Heavy alcohol use
- Cirrhosis
- A serious head injury

- Bipolar (manic-depressive) illness
- Anorexia or bulimia (eating disorders)

You also shouldn't take it if you're taking sedatives or have recently taken a monoamine oxidase inhibitor (MAOI, an older type of antidepressant).

Tell your doctor about any medical conditions and allergies you have before you start bupropion, including if you might be pregnant.

Side effects of bupropion

Reported side effects of bupropion include:

- Dry mouth
- Stuffy nose
- Trouble sleeping and nightmares
- Tiredness
- Constipation
- Nausea
- Headaches
- High blood pressure
- Seizures
- Feeling depressed, anxious, agitated, hostile, aggressive, overly excited or hyperactive, or confused; or having suicidal thoughts

If you are using bupropion, call your health care provider if you feel depressed or start thinking of suicide. Also be sure to ask what to expect while taking this drug, and what to do if you or others notice possible side effects.

Bupropion can cause drug interactions and shouldn't be used with certain other drugs or supplements. Be sure your provider knows about everything you take, such as prescription drugs, vitamins, herbs, supplements, and any medicines you take on your own when you need them, like acetaminophen (Tylenol) or aspirin. Also be sure to tell every provider you see that you're taking bupropion.

Using bupropion along with NRT or varenicline for quitting smoking

There is some consensus that using bupropion along with NRT might increase the odds of quitting. Research on using both varenicline and bupropion at the same time is also

being done.

Other prescription drugs used to help people quit tobacco

For those who can't use either of the US Food and Drug Administration (FDA)-approved drugs to help them quit, or for those who haven't been able to quit using them, other drugs have shown promise in studies. They're recommended by the Agency for Healthcare Research and Quality for this kind of use, but have not been approved by the FDA for this purpose and so are used "off-label." (See [Off-label Drug Use](#)¹ for more on this.) These drugs are only available with a prescription and are not recommended for pregnant women, teens, or people who smoke fewer than 10 cigarettes a day.

Nortriptyline

This is an older anti-depressant drug that helps reduce tobacco withdrawal symptoms. It has been found to increase chances of success in quitting smoking when compared to those taking no medicine. It's typically started 10 to 28 days before a person stops smoking to allow it to reach a stable level in the body.

Some people have side effects like a fast heart rate, blurred vision, trouble urinating, dry mouth, constipation, weight gain or loss, and low blood pressure when they stand up. The drug can affect a person's ability to drive or operate machinery, and certain drugs cannot be used along with it.

If you and your health care provider decide to use this drug, be sure your provider and pharmacist know exactly what other drugs you're taking before you start this medicine. Also be sure you know how to take it and how to taper off it when you are ready to stop. The dose of nortriptyline must be slowly lowered, since the drug cannot be stopped suddenly without the risk of serious effects. People with heart disease should use this drug cautiously. Be sure to tell all your health care providers that you are taking this drug.

Clonidine

Clonidine is another older drug that has been shown to help people quit. It's FDA-approved to treat high blood pressure. When used to quit smoking, it can be taken as a pill twice a day or worn as a skin patch that's changed once a week.

If you're planning to use this drug, be sure your health care provider and pharmacist know exactly what else you're taking before you start taking it. The most common side effects of clonidine are constipation, dizziness, drowsiness, dry mouth, and unusual

tiredness or weakness. There are rarely more severe side effects, such as allergic reactions, a slow heart rate, and very high or very low blood pressure. Your health provider might want to watch your blood pressure while you are on this drug. The drug can affect your ability to drive or operate machinery.

You can start taking clonidine up to 3 days before you quit smoking, but it can also be started the day you quit. It shouldn't be stopped suddenly. The dose must be lowered over a few days to prevent tremors, confusion, agitation, or a rapid increase in blood pressure.

Other drugs being studied to help people quit tobacco

A plant-based drug called **cytisine** has shown promise in other countries and is now being studied in the United States.

Naltrexone is a drug used to help those with alcohol and opioid abuse disorders. Studies are looking at ways to combine it with varenicline to help people quit smoking, especially people who smoke and are also heavy drinkers.

Also being tested are possible **anti-smoking vaccines** that are given as injections.

So far these new options seem to be safe, but their effect on smoking cessation has been disappointing.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/off-label-drug-use.html
2. smokingcessationleadership.ucsf.edu/

References

Gomez-Coronado N et al. Current and emerging pharmacotherapies for cessation of tobacco smoking. *Pharmacotherapy*. 2018;38(2):235–258.

Hartmann-Boyce J, Chepkin SC, Ye W, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. *Cochrane Database Syst Rev*. 2018;5(5):CD000146.

Hughes JR, Stead LF, Hartmann-Boyce J, Cahill K, Lancaster T. Antidepressants for smoking cessation. *Cochrane Database Syst Rev*. 2014;1:CD000031.

Koegelenberg CF, Noor F, Bateman ED, et al. Efficacy of varenicline combined with nicotine replacement therapy vs varenicline alone for smoking cessation: a randomized clinical trial. *JAMA*. 2014;312(2):155-161.

Manufacturer's product information. CHANTIX (varenicline). Revised 2019. Accessed at <http://labeling.pfizer.com/ShowLabeling.aspx?id=557> on October 10, 2020.

Manufacturer's product information. ZYBAN (bupropion hydrochloride). July 2019. Accessed at www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Zyban/pdf/ZYBAN-PI-MG.PDF on October 10, 2020.

McDonough M. Update on medicines for smoking cessation. *Aust Prescr*. 2015;38(4):106-111.

Rigotti N. Overview of smoking cessation management in adults. UpToDate. 2020.

Rigotti N. Pharmacotherapy for smoking cessation in adults. UpToDate. 2020.

Roche DJ, Bujarski S, Hartwell E, Green R, Ray LA. Combined varenicline and naltrexone treatment reduces smoking topography intensity in heavy-drinking smokers. *Pharmacol Biochem Behav*. 2015;134:92-98.

Schwartz J, Fadahunsi O, Hingorani R, et al. Use of varenicline in smokeless tobacco cessation: A systematic review and meta-analysis. *Nicotine Tob Res*. 2016;18(1):10-16.

Siu AL. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force Recommendation Statement. 2015. Accessed at <https://www.acpjournals.org/doi/10.7326/M15-2023?articleid=2443060&> on October 10, 2020.

Tulloch HE, Pipe AL, Els C, Clyde MJ, Reid RD. Flexible, dual-form nicotine replacement therapy or varenicline in comparison with nicotine patch for smoking cessation: A randomized controlled trial. *BMC Med*. 2016;14:80.

Vogeler T, McClain C, Evoy KE. Combination bupropion SR and varenicline for smoking cessation: A systematic review. *Am J Drug Alcohol Abuse*. 2016;42(2):129-139.

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Ways to Quit Tobacco Without Using Medicines

No one should smoke cigarettes, and every effort should be made to get people to quit all forms of tobacco and to prevent everyone – especially youth – from starting to use any tobacco product. People who smoke are strongly advised to use proven cessation methods, such as prescription medications and counseling, to quit smoking. You may hear or read about other tools or methods to quit smoking besides [nicotine replacement therapy](#) or [prescription drugs and whether they can help people quit smoking](#).

There is no one right way to quit.

Cold turkey and gradual withdrawal

A lot of people who smoke quit cold turkey – they stop completely, all at once, with no medicines or nicotine replacement. You may hear that more people quit cold turkey than by using assistance. That is true, but it reflects the fact that so many more people use the cold turkey method. In fact, the chances of a successful quit attempt are much higher when someone uses assistance.

Another way is gradual withdrawal – cutting down on the number of cigarettes you smoke a little bit each day. This way, you slowly reduce the amount of nicotine in your body. You might cut out cigarettes smoked with a cup of coffee, or you might decide to smoke only at certain times of the day. It makes sense to cut down before your quit date in order to reduce withdrawal symptoms, but this can be hard to do. It's important to know that merely cutting back (and not quitting) has only minimal health benefits.

Filters

Filters that reduce tar and nicotine in cigarettes do not help people quit smoking, nor do they reduce the health risks from smoking.

Smoking deterrents

Other methods have been used to help stop smoking, such as over-the-counter products that change the taste of tobacco, stop-smoking diets that curb nicotine cravings, and combinations of vitamins. At this time there's no scientific evidence that any of these work.

Electronic cigarettes (e-cigarettes)

E-cigarettes and similar devices are not approved by the FDA for use as smoking cessation aids. This is because there's just not enough research or evidence yet.

Still, some people who smoke choose to try e-cigarettes to help them stop smoking. Stopping smoking clearly has well-documented health benefits. But people who switch from smoking cigarettes to using e-cigarettes still expose themselves to potentially serious ongoing health risks. It's important to stop using all tobacco products, including e-cigarettes, as soon as possible both to reduce health risks and to avoid staying addicted to nicotine.

Some people choose to use both cigarettes and e-cigarettes at the same time on an ongoing basis, whether they are trying to quit or not. This is known as "dual use." The dual use of e-cigarettes and tobacco cigarettes can lead to significant health risks because smoking any amount of regular cigarettes is very harmful. People should not use both products at the same time and are strongly encouraged to completely stop using all tobacco products.

To learn more, see the [American Cancer Society Position Statement on Electronic Cigarettes](#).¹

Tobacco lozenges and pouches

The FDA has ruled that lozenges, strips, and sticks that contain tobacco and small pouches of tobacco that you hold in your mouth are types of [oral tobacco products](#)² much like snuff and chew, and are not smoking cessation aids.

There's no evidence that these products can help a person quit smoking. And we know that oral tobacco products like snuff and chewing tobacco cause cancer. However, in Sweden, the widespread use of oral snus (a type of moist snuff) has helped to drive down smoking rates to 3%, and the health complications of using snus are much less than those from smoking.

Other forms of nicotine not approved by the FDA

Nicotine has been added to drinks, lollipops, straws, and lip balms which are marketed as quit tools. None of these are approved by the FDA, and, in fact, some are illegal in the US. None have been shown to help people quit smoking. They also pose a risk for children and pets if they are not well-labeled, carefully stored, and disposed of safely.

Hypnosis

Hypnosis methods vary a great deal, which makes it hard to study as a way to stop smoking. For the most part, reviews that looked at controlled studies of hypnosis to help people quit smoking have not found that it's a quitting method that works. Still, some people say that it helps. If you'd like to try it, ask your health care provider to recommend a good licensed therapist who does hypnotherapy.

Acupuncture

This method has been used to quit smoking, but there's little evidence to show that it works. Acupuncture for smoking is usually done on certain parts of the ears.

Magnet therapy

Magnet therapy to quit smoking involves 2 small magnets that are put in a certain spot, opposite each other on either side of the ear. Magnetism holds them in place. There's no scientific evidence to date to suggest that magnet therapy helps people stop smoking. There are many on-line companies that sell these magnets, and they report various "success" rates. But there's no clinical trial data to back up these claims.

Cold laser therapy

This is also called *low level laser therapy*, and is related to acupuncture. In this method, cold lasers are used instead of needles for acupuncture. Despite claims of success by some cold laser therapy providers, there's no scientific evidence that shows this helps people stop smoking.

Herbs and supplements

There's little scientific evidence to support the use of homeopathic aids and herbal supplements as stop-smoking methods. Because they are marketed as dietary supplements (not drugs), they don't need FDA approval to be sold. This means that the manufacturers don't have to prove they work, or even that they're safe.

Be sure to look closely at the label of any product that claims it can help you stop

smoking. No dietary supplement has been proven to help people quit smoking. Most of these supplements include combinations of herbs, but not nicotine. They have no proven track record of helping people to stop smoking.

Mind-body practices

Some studies have looked at cessation programs using yoga, mindfulness, and meditation to aid in quitting smoking. Results were not clearly in favor of these methods, but some did show lower craving and less smoking. More research is needed, and studies of these practices are still going on. Cognitive processing methods (cognitive-behavioral approaches) are also being studied.

Hyperlinks

1. www.cancer.org/healthy/stay-away-from-tobacco/e-cigarettes-vaping/e-cigarette-position-statement.html
2. www.cancer.org/healthy/stay-away-from-tobacco/health-risks-of-tobacco/smokeless-tobacco.html
3. smokingcessationleadership.ucsf.edu/

References

Barnes J, McRobbie H, Dong CY, Walker N, Hartmann-Boyce J.. Hypnotherapy for smoking cessation. *Cochrane Database Syst Rev.* 2019;6(6):CD001008.

Carim-Todd L, Mitchell SH, Oken BS. Mind-body practices: an alternative, drug-free treatment for smoking cessation? A systematic review of the literature. *Drug Alcohol Depend.* 2013;132(3):399-410.

Drope J, Cahn, Z, Kennedy R, et al. Key issues surrounding the health impacts of electronic nicotine delivery systems (ENDS) and other sources of nicotine. *CA Cancer J Clin.* 2017;67:449-471.

Kalkhoran S, Glantz SA. E-cigarettes and smoking cessation in real-world and clinical settings: A systematic review and meta-analysis. *Lancet Respir Med.* 2016;4(2):116-128.

Lindson N, Klemperer E, Hong B, Ordonez-Mena JM, Aveyard P. Smoking reduction interventions for smoking cessation. *Cochrane Database Syst Rev.* 2019;9(9):CD013183.

McLean L, Cornett NA. Nondrug treatments for smoking cessation. *JAAPA*. 2017;30(10):1.

McRobbie H, Bullen C, Hartmann-Boyce J, Hajek P. Electronic cigarettes for smoking cessation and reduction. *Cochrane Database Syst Rev*. 2014;12:CD010216.

National Academies of Sciences, Engineering, and Medicine. *Public health consequences of e-cigarettes*. 2018. Accessed at <https://www.nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes> on October 10, 2020.

White AR, Rampes H, Liu JP, Stead LF, Campbell J. Acupuncture and related interventions for smoking cessation. *Cochrane Database Syst Rev*. 2014 Jan 23;1:CD000009.

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Staying Tobacco-free After You Quit

Nicotine is the main addictive substance in tobacco. When a person uses tobacco, many parts of the body get used to having nicotine in them. When a person quits tobacco, they also quit nicotine and will likely have withdrawal from it. This is because the body has to get used to not having nicotine.

Dealing with withdrawal

Withdrawal can be uncomfortable. Withdrawal from nicotine has 2 parts – the physical and the mental. The physical symptoms are annoying but not life-threatening. Still, if you're not ready to resist them, they can tempt you to go back to smoking or chewing. Nicotine replacement and other medicines can help reduce many of these symptoms. Most people who use tobacco find that the mental part of quitting is the bigger challenge.

If you've been using tobacco for any length of time, it has become linked with a lot of the things you do – waking up in the morning, eating, reading, watching TV, and drinking coffee, for example. It will take time to “un-link” tobacco from these activities. This is why, even if you're using [nicotine replacement therapy](#), you may still have strong urges

to smoke or chew.

Rationalizations are sneaky

One way to overcome urges or cravings is to notice and identify **rationalizations** as they come up. A rationalization is a mistaken thought that seems to make sense at the time, but isn't based on reality. If you choose to believe in such a thought even for a short time, it can serve as a way to justify using tobacco. If you've tried to quit before, you might recognize many of these common rationalizations:

- "I'll just do it once to get through this rough spot."
- "Today isn't a good day. I'll quit tomorrow."
- "It's my only vice."
- "How bad is smoking/chewing, really? Uncle Harry smoked/chewed all his life and he lived to be over 90."
- "Air pollution is probably just as bad."
- "You've got to die of something."
- "Life is no fun without tobacco."

You may be able to add more to the list. As you go through the first few days without tobacco, write down rationalizations as they come up and recognize them for what they are – messages that can trick you into going back to smoking/chewing. Look out for them, because they always show up when you're trying to quit. After you write down the thought, let it go and move on. Be ready with a distraction, a plan of action, and other ways to re-direct your thoughts.

Use these ideas to help you stay committed to quitting

- **Avoid temptation.** Stay away from people and places that tempt you to smoke or chew. Later on you'll be able to handle these with more confidence.
- **Change your habits.** Switch to juices or water instead of alcohol or coffee. Choose foods that don't make you want to smoke or chew. Take a different route to work. Take a brisk walk instead of a tobacco break.
- **Choose other things for your mouth:** Use substitutes you can put in your mouth like sugarless gum or hard candy, raw vegetables such as carrot sticks, or sunflower seeds. Some people chew on a coffee stirrer or a straw.
- **Get active:** Do something to reduce your stress. Exercise or do something that keeps your hands busy, such as needlework or woodworking, which can help distract you from the urge to use tobacco. Clean out a closet, vacuum the floors, go

for a walk, or work in the yard.

- **Breathe deeply:** When you were smoking, you breathed deeply as you inhaled the smoke. When the urge strikes now, breathe deeply and picture your lungs filling with fresh, clean air. Remind yourself of your reasons for quitting and the benefits you'll gain when you do. Deep breathing may help you also remember that you're cleaning the toxins from tobacco out of your body.
- **Delay:** If you feel that you're about to light up, hold off. Tell yourself you must wait at least 10 minutes. Often this simple trick will allow you to move beyond the strong urge to smoke. This works for smokeless tobacco too: wait 10 minutes until the urge lessens.
- **Reward yourself.** What you're doing isn't easy, and you deserve a reward. Put the money you would have spent on cigarettes or tobacco in a jar every day and then buy yourself a weekly treat. Buy a book or some new music, go out to eat, start a new hobby, or join a gym. Or save the money for a major purchase.

You can also reward yourself in ways that don't cost money: Visit a park or go to the library. Check local news listings for museums, community centers, and colleges that have free classes, exhibits, films, and other things to do.

Staying tobacco-free

Maybe you've quit many times before. If so, you know that staying quit is the final, longest, and most important stage of the process. You can use the same methods as you did to help you through withdrawal. Think ahead to those times when you may be tempted to smoke or chew, and plan on how you'll use other ways to cope with those situations.

More dangerous, perhaps, are the unexpected strong desires to smoke or chew that can sometimes happen months or even years after you've quit. Rationalizations can show up then, too. To get through these without relapse, try these:

- Remember your reasons for quitting and think of all the benefits to your health, your finances, and your family.
- Ask your tobacco-using friends for support. Tell them to NOT share their cigarettes or tobacco with you – no matter what!
- Remind yourself that there is no such thing as just one dip or one cigarette – or even just one puff.
- Ride out the desire to smoke or chew. It will go away, but don't fool yourself into

thinking you can have just one.

- Avoid alcohol. Drinking lowers your chance of success.
- If you're worried about weight gain, put some energy into planning a healthy diet and finding ways to exercise and stay active.
- Keep getting the counseling and support that's helped you so far.

Recovering from slips

What if you do smoke or chew? Here's the difference between a slip and a relapse: A slip is a one-time mistake that's quickly corrected. A relapse is going back to using tobacco. You can use the slip as an excuse to go back, or you can look at what went wrong and renew your commitment to staying away from cigarettes and/or smokeless tobacco for good.

Even if you do relapse, try not to get too discouraged. Very few people are able to quit for good on the first try. In fact, it takes most people several tries. What's important is figuring out what helped you when you tried to quit and what worked against you. You can use this information to make a stronger attempt at quitting the next time.

Weight gain after quitting smoking

Some people who smoked cigarettes gain weight when they quit. For some, this is enough of a concern to make them decide not to quit. But the weight gain that follows quitting is usually small. Even when nothing is done to try to prevent it, the average gain is less than 10 pounds in most studies. Remember that it's much more dangerous to keep smoking than it is to gain a small amount of weight.

You're more likely to quit tobacco for good if you deal with the smoking first, and then later take steps to lose weight. While you're quitting, try to focus on ways to help you stay healthy, rather than on your weight. Stressing about your weight may make it harder to quit. Get regular physical activity. Try to follow a healthy eating pattern, which includes a variety of colorful fruits and vegetables and whole grains, and which avoids or limits red and processed meats, sugar-sweetened beverages, and highly processed foods. Be sure to drink plenty of water and get enough sleep.

Try walking. Walking is a great way to be physically active and increase your chances of not smoking. Walking can help you by:

- Reducing stress

- Burning calories and toning muscles
- Giving you something to do instead of thinking about smoking

All most people need for walking is a pair of comfortable shoes is, and most people can walk pretty much anytime. You can use these ideas as starting points and come up with more of your own:

- Walk around a shopping mall
- Get off the bus one stop before you usually do
- Find a buddy to walk with during lunch time at work
- Take the stairs instead of the elevator
- Walk with a friend, family member, or neighbor after dinner
- Push your baby in a stroller
- Take your dog (or maybe a neighbor's) out for a walk

The [American Cancer Society recommends](#)¹ getting 150-300 minutes of moderate intensity or 75-150 minutes of vigorous physical activity each week. Getting more is even better. But if you don't already exercise regularly, check with your health care provider before you start.

Managing stress after quitting tobacco

Tobacco users often mention stress as one of the reasons for going back to using. Stress is part of life for people who use tobacco and for those who don't. The difference is that people who use tobacco use nicotine to help cope with stress and unpleasant emotions. When quitting, you have to learn new ways of handling stress. Nicotine replacement can help for a while, but over the long term you'll need other methods.

As mentioned before, physical activity is a good stress-reducer. It can also help with the short-term sense of depression or loss that some people have when they quit. There are also stress-management classes and self-help books. Check your community newspaper, library, or bookstore.

Spirituality can give you a sense of purpose and help you remember why you want to stay tobacco-free. Spiritual practices involve being part of something greater than yourself. For some, this includes things like religious practices, prayer, or church work. For others, it may involve meditation, music, being outside in nature, creative work, or volunteering to help others.

Think about how you can deal with stress and not use tobacco. Look at the resources around you and plan on how you will handle the stressors that will come your way.

Taking care of yourself

It's important for your health care provider to know if you use any type of tobacco now or have in the past, so that you'll get the preventive health care you need. It's well known that using tobacco puts you at risk for certain health-related illnesses, so part of your health care should focus on related screening and preventive measures to help you stay as healthy as possible.

For instance, regularly check the inside of your mouth for any changes. Have your doctor or dentist look at your mouth, tongue, gums, and throat if you have any changes or problems. This way, you may find changes such as leukoplakia (white patches on the mouth tissues) early, and maybe prevent oral cancer or find it at a stage that's easier to treat.

Smokers should also be aware of any of these changes:

- Change in cough
- A new cough
- Coughing up blood
- Hoarseness
- Trouble breathing
- Wheezing
- Headaches
- Chest pain
- Loss of appetite
- Weight loss
- General tiredness
- Frequent lung or bronchial infections

Any of these could be signs of lung cancer or a number of other lung problems and should be reported to a health care provider right away.

Lung cancer screening is recommended for certain people who smoke or used to smoke, but don't have any signs or symptoms. This includes people who are between the ages of 50 and 80, formerly smoked heavily or currently smoke, and are in fairly good health. There are [guidelines on the use of low-dose computed tomography \(CT\) to screen for lung cancer](#)² in certain people at high risk. If this describes you, talk with your

health care provider about your lung cancer risk and the potential benefits and risks of lung cancer screening.

Remember that tobacco users have a higher risk for many other cancers, too. If you have any health concerns that may be related to your tobacco use, please see a health care provider as soon as possible. Taking care of yourself and getting treatment for problems early on will give you the best chance for successful treatment. But the best way to take care of yourself and decrease your risk for life-threatening health problems is to quit using tobacco.

Hyperlinks

1. www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
2. www.cancer.org/cancer/lung-cancer/detection-diagnosis-staging/detection.html
3. smokingcessationleadership.ucsf.edu/

References

Centers for Disease Control and Prevention. *Quit smoking*. Available at https://www.cdc.gov/tobacco/quit_smoking/index.htm. Accessed October 10., 2020.

National Cancer Institute. *How to handle withdrawal symptoms and triggers when you decide to quit smoking*. Available at <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/withdrawal-fact-sheet>. Accessed on October 10, 2020..

Rigotti N. Overview of smoking cessation management in adults. *UpToDate*. 2020.

Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. *CA Cancer J Clin*. 2020;70(4). doi:10.3322/caac.21591. Accessed at <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21591> on June 9, 2020.

Smokefree.gov. *Understanding withdrawal*. Available at <https://smokefree.gov/challenges-when-quitting/withdrawal/understanding-withdrawal>. Accessed October 10, 2020.

Smoking Cessation Leadership Center. *Behavioral health: Fact sheets and reports*. Available at <https://smokingcessationleadership.ucsf.edu/behavioral-health/resources/factsheets>. Accessed October 10, 2020.

US Preventive Services Task Force. *Tobacco smoking cessation in adults, including pregnant women: Behavioral and pharmacotherapy interventions*. 2015. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>. Accessed October 10, 2020.

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Help for Cravings and Tough Situations While You're Quitting Tobacco

What does it take to stay tobacco-free?

Quitting tobacco can be a long and hard process. But *staying* tobacco-free is the longest and most important part of it. Every day you must decide not to use tobacco *today*.

Each day that you don't smoke or use tobacco is a small victory. These all add up to a huge victory over time.

How do I get through the rough spots after I quit?

- For the first few days after you quit smoking or using smokeless tobacco, spend as much free time as you can in public places where tobacco products are not allowed. (Libraries, malls, museums, theaters, restaurants without bars or patios, and churches are most often smoke-free.)
- Take extra care of yourself. Drink water, eat well, and get enough sleep. This could help you have the energy you might need to handle extra stress.
- Don't drink alcohol, coffee, or any other drinks you link with using tobacco for at least a couple of months. Try something else instead – maybe different types of water, sports drinks, or 100% fruit juices. Try to choose drinks that are low- or no-calorie.
- If you miss the feeling of having a cigarette in your hand, hold something else – a pencil, a paper clip, a coin, or a marble, for example.

- If you miss the feeling of having something in your mouth, try toothpicks, cinnamon sticks, sugarless gum, sugar-free lollipops, or celery. Some people chew on a straw or stir stick.
- Avoid temptation – stay away from activities, people, and places you link with using tobacco.
- Create new habits and a tobacco-free environment around you.
- Get ready to face future situations or crises that might make you want to smoke or chew again, and think of all the important reasons you've decided to quit. To remind yourself of these reasons, put a picture of the people who are the most important to you somewhere you see it every day, or keep one handy on your phone.
- Take deep breaths to relax. Picture your lungs filling with fresh, clean air.
- Remember your goal and the fact that the urge will lessen over time.
- Think about how awesome it is that you're getting healthier. If you start to weaken, remember your goal. Remember that quitting is a learning process. Be patient with yourself.
- Brush your teeth and enjoy that fresh taste.
- Exercise in short bursts (try alternately tensing and relaxing muscles, push-ups, lunges, walking up the stairs, or touching your toes).
- Call a friend, family member, use a mobile app that connects you with others, or a telephone quitline when you need extra help or support.
- Eat 4 to 6 small meals during the day instead of 1 or 2 large ones. This keeps your blood sugar levels steady, your energy balanced, and helps prevent urges to smoke or chew. Avoid sugary or spicy foods that could be triggers.
- Above all, reward yourself for doing your best. Give yourself rewards often if that's what it takes to keep going. Plan to do something fun.

When you get cravings

Cravings are real – it's not just your imagination. When you feel a strong urge to use tobacco you may also notice that your mood changes, and your heart rate and blood pressure may go up, too. Try these tips to get through these times, and hang in there – the cravings will get better.

- Keep substitutes handy that you can suck or chew on, such as carrots, pickles, apples, celery, raisins, or sugar-free gum or hard candy.
- Know that anger, frustration, anxiety, irritability, and even depression are normal after quitting and will get better as you learn ways to cope that don't involve

tobacco. See your doctor if these feelings last for more than a month.

- Go for a walk. Exercise can improve your mood and relieve stress.
- Take a shower or bath.
- Learn to relax quickly and deeply. Think about a soothing, pleasing situation, and imagine yourself there. Get away from it all for a moment. Focus on that peaceful place and nothing else.
- Light incense or a candle instead of a cigarette.
- Tell yourself “no.” Say it out loud. Practice doing this a few times, and listen to yourself. Some other things you can say to yourself might be, “I’m too strong to give in to cravings,” “I don’t use tobacco anymore,” or “I will not let my friends and family down.” And most important, “I will not let myself down.”
- Never let yourself think that “just one slip won’t hurt,” because it very likely will.
- Wear a rubber band around your wrist. Whenever you think about smoking or chewing, snap it against your wrist to remind yourself of all the reasons that made you want to quit in the first place. Then remember that you won’t always need a rubber band to help you stay with your plans to quit.

Other ways to stay active

You might have a lot of pent-up energy while trying to quit and stay tobacco-free. When you’re looking for something to do, think about ways you can be active and productive, or maybe you can try something new! Do some yardwork or housework. Organize or clean out a closet, a room, or even the entire basement. Get involved in a new sport or hobby you like. Some of these “distractions” can help keep you from gaining weight after quitting, too.

Find activities that are free or fairly cheap. You can find programs online or streaming through a TV or mobile app for beginner’s yoga, tai chi, or aerobics – or maybe even borrow a video or book about them from the library. A walk in a park, on a trail, a local mall, or around your neighborhood is a good way to get moving, too. You’ll notice over time that it gets easier to do these things. And watch how much better you can breathe as each day passes.

Staying tobacco-free over holidays

The first few weeks after quitting can be hard for anyone. And staying away from tobacco may be extra tough during a holiday season, when stress and the temptation to overindulge are often worse. Some special efforts can help you celebrate the holidays

without giving in to the urge. Many of these ideas can also help throughout the year.

Celebrate being tobacco-free and try these tips to keep your mind off smoking:

- **Think about being a host.** Consider hosting the family dinner to keep yourself busy. Shopping and cooking will certainly take up a lot of your time. If you'd prefer being a guest this year, maybe you can make a special dish to take with you.
- **Don't overdo it.** You might be inclined to go overboard with the holiday feasting. Be aware of how much you're eating and drinking; it may be easy to give in to these other temptations. If you do overdo it, forgive yourself. Remember, next year it won't be as hard.
- **Try to stay away from alcohol.** Stick to sugar-free seltzer, punch without alcohol, club soda, or apple cider. This will curb the urge to light up when drinking and can also help keep off extra pounds.
- **Avoid spicy and sugary foods.** Spicy and sugary foods tend to make people crave cigarettes more.
- **Nibble on low-calorie foods.** Low-calorie foods such as carrot sticks, apples, and other healthy snacks, can help satisfy your need for crunch without adding extra pounds.
- **Stretch out meals.** Eat slowly and pause between bites to make a meal more satisfying. For dessert, grab an orange or tangerine, or crack some nuts – something that will keep your hands busy, too.
- **Keep busy at parties.** Serving snacks and meeting guests will help keep your mind off smoking. If the urge to smoke or chew presents itself, put something in your hand other than a cigarette.
- **Treat yourself to something special.** Celebrate staying quit. Think about buying yourself something special you've been wanting.
- **Learn to cope with frustration.** Any added frustration can leave you wanting a cigarette or a dip. Take along your favorite magazine or book, check your email, or text a friend while waiting in lines. When you feel you're about to lose control, stop and think. Take hold of yourself and start talking with someone in line next to you, or start looking at what you brought with you.

If you have a weak moment and slip during the holidays, don't panic. Take a deep breath. Remind yourself of your commitment to quit, and all the reasons you quit. Commit to going back to your quit program right away. Destroy any tobacco products you have before you're tempted again. Try to figure out why you had a setback and learn from it.

More suggestions

Here are more ideas that have helped others kick their tobacco habit for good:

- **Take one day at a time.** When you wake up each morning, make the promise you won't smoke or chew that day. A day at a time keeps the whole thing more manageable.
- **Picture and plan for your success.** Plan ahead and think of how you'll deal with stressful situations with other alternatives.
- **Take a breather.** Relaxation exercises can help relieve your urge to smoke or chew. Take a deep breath, hold it for a second, then release it very slowly. Or, stand up and stretch while you take a few deep breaths. Remember, the urge is only temporary. It will pass.
- **Work out.** Physical activity helps relieve tension and the urge to smoke or chew. Exercise will also help burn off any extra pounds.
- **Make friends with people who don't smoke, chew or use other tobacco products.** They can be your partners to help keep you busy. Plan time together and explore new outlets you might enjoy. Remember, you're learning to be tobacco-free, and you need to find new places and activities to replace your old ones.

Get support you can count on

If you're thinking about reaching for a cigarette or other tobacco product, reach for help instead. Ask your friends and family to encourage the new healthier you, reach out to a support group, visit Nicotine Anonymous, or call 1-800-QUIT NOW. You can always call your American Cancer Society at 1-800-227-2345. We want you to quit tobacco and we're here to help you do it!

Hyperlinks

1. smokingcessationleadership.ucsf.edu/

References

Betts JM, Dowd AN, Forney M, Hetelekides E, Tiffany ST. A meta-analysis of cue reactivity in tobacco cigarette smokers. *Nicotine Tob Res.* 2020;9:147. [epub ahead of

print].

Centers for Disease Control and Prevention. *Quit smoking*. Available at https://www.cdc.gov/tobacco/quit_smoking/index.htm. Accessed October 10., 2020.

National Cancer Institute. *How to handle withdrawal symptoms and triggers when you decide to quit smoking*. Available at <https://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/withdrawal-fact-sheet>. Accessed on October 10, 2020..

Rigotti N. Overview of smoking cessation management in adults. *UpToDate*. 2020.

Smoking Cessation Leadership Center. *Behavioral health: Fact sheets and reports*. Available at <https://smokingcessationleadership.ucsf.edu/behavioral-health/resources/factsheets>. Accessed October 10, 2020.

US Preventive Services Task Force. *Tobacco smoking cessation in adults, including pregnant women: Behavioral and pharmacotherapy interventions*. 2015. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>. Accessed October 10, 2020.

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