

Stopping smoking and withdrawal

Stopping smoking is different for everyone. Some people may find it easy to quit, but many others don't. However, there are some signs and symptoms that many people have in common when they stop smoking.¹⁻³



What are withdrawal symptoms?

Withdrawal symptoms are a collection of changes in your mood and body that usually appear when you stop smoking.^{1, 2}

You may have symptoms because you are no longer getting nicotine, the addictive substance in tobacco.^{1, 2} Nicotine in other forms, such as nicotine patches, gum, lozenges, mouth spray or inhalator, can reduce the strength of withdrawal symptoms.¹

Common symptoms of withdrawal are¹⁻⁴:

- Urges to smoke (cravings)
- Changes to sleeping patterns
- Being easily upset: feeling irritable, frustrated, or angry
- Feeling depressed or anxious
- Finding it harder to concentrate
- Feeling restless
- Wanting to eat more or weight gain

Some people have other symptoms that might also be due to stopping smoking:

- Mood swings or fewer positive moods^{5, 6}
- Feeling less interested in rewarding activities^{6, 7}
- Coughing³, sneezing⁸, or dizziness³
- Mouth ulcers^{3, 8}

- Upset bowel, such as finding it harder to pass poo 3, 9
- Increased dreaming³

Coughing before and after stopping smoking is common, but this usually decreases over one to two months after quitting.^{10, 11} Mouth ulcers and bowel symptoms seem to only affect a small number of people.^{8, 9}

It's common for people to have at least a few withdrawal symptoms when they stop smoking.¹² Many people only have mild symptoms, but some have more severe symptoms.¹²

Some people also report positive effects from stopping smoking, such as feeling more satisfied, and a better sense of smell and taste.^{5, 13}

How long do feelings of withdrawal last?

Feelings of withdrawal usually appear within the first one to two days and are strongest in the first week. For many people, most feelings of withdrawal fade and are gone after about two to four weeks.³

Of course, on top of these symptoms are life's usual emotional ups and downs. These moments can be hard when you're trying to avoid falling back on your usual response of having a cigarette. Many people find withdrawal a "bumpy ride".¹⁴

Not all people follow this pattern. Instead, their symptoms either fall then rise a few weeks later, or they do not go away for several weeks.^{3, 14} This can be due to people getting triggers to smoke from routines and happenings in their day-to-day life, which can make feelings of withdrawal seem worse.⁶ In some cases, people may also start feeling tired from the effort of being on the look-out for and resisting cravings.⁶ If you feel this happening to you, reach out for support from Quitline (13 7848).

The good news is that studies show that people's mental well-being tends to improve after feelings of withdrawal have faded. Compared to people who keep smoking, people who stop may have fewer symptoms of anxiety, depression and stress, and feel more cheerful and energized. By stopping smoking you're not likely to worsen your mood in the long-term, whether you are living with a mental health condition or not.¹⁵

Some people may have an increase in appetite that may last for six months or more.^{1, 16} Many people gain some weight when they stop smoking, which tends to happen in the first three months after stopping smoking then it slows down after that.^{17, 18} In the long term, the

average weight of people who have stopped smoking is similar to people who have never smoked.¹⁷



Cravings

Most people have strong and frequent cravings (the urge or desire to smoke) in the first days after they stop smoking.¹⁹ After about a month, strong cravings tend to happen less often, and not every day.²⁰

Cravings can be due to nicotine withdrawal.¹ However, a desire to smoke can also be triggered by things that you've learned to link with smoking, much like seeing or smelling tasty food can make you feel hungry.^{6, 19, 21, 22}

Triggers can be quite varied.^{21, 22} For example, they can be linked to places where you normally smoked, people who you usually smoked with, and being near other people smoking. Habits or routines such as smoking after meals, drinking coffee or alcohol, or talking on the telephone may bring on cravings. A lot of people feel the urge to smoke when they feel angry, stressed, bored, tense or happy; or when they want to relax. Often, it's a combination of where you are, what you're doing and how you're feeling that create a strong urge to smoke.^{6, 21}

If you have habits strongly linked to smoking or you smoke to lift your mood, being confronted by these triggers after you quit may make your cravings and feelings of withdrawal seem worse.²³ Planning what to do in these situations instead of smoking, plus using stop smoking medications to reduce withdrawal symptoms, can help you stay quit.^{21, 24, 25} As you become used to doing other things, these urges to smoke tend not to happen as often and be less strong.^{22, 26}

Some people have occasional urges to smoke long after other withdrawal symptoms have gone.^{6, 26} If this happens to you, try not to be disheartened. Even though you've decided that you want to stop smoking for good, there may be times when you still have a desire to smoke. Remind yourself why you want to quit, think how far you've come and what you've gained.



Coping with feelings of withdrawal

Here are some top tips, but there are many more. Your friendly Quitline counsellor can give you support best suited to your needs or visit our website quit.org.au.

Your body's response to being without nicotine

- Prescribed stop smoking tablets and the nicotine patch, lozenges, mouth spray, gum and inhalator can help reduce feelings of withdrawal. Your doctor or pharmacist can advise you if they are suitable for you. You are more likely to successfully stop smoking when you talk with Quitline and use stop smoking medication.^{27, 28, 29} Nicotine patches are much cheaper with a script from your doctor.³⁰ Nicotine replacement therapy is also sold over-the-counter at pharmacies and some supermarkets.
- **Before you stop smoking:** Chemicals in tobacco smoke can affect how well some medicines work. These includes medicines for mental health conditions, heart disease and some other conditions.^{31, 32} If you are taking any medicines, talk with your doctor before stopping smoking.
- If you regularly drink alcohol, talk to your doctor about your plans to stop smoking. You may be advised not to drink while taking some stop smoking medications.
- Caffeine (for example in coffee, tea, chocolate and cola soft drinks) can also be affected by tobacco smoke.^{31, 33} Cutting down on drinks or foods with caffeine when you stop smoking is recommended.

Looking after your body and mind

- If you are living with depression, anxiety or other mental health condition, it is best to see your doctor **before you stop smoking**. With the right support, many people with a mental health condition have stopped smoking, and they mostly feel a lot better, both in body and mind.¹⁵
- If you are concerned about weight gain, talk with a doctor or dietician, who can help you make an eating plan suited for you. Plan healthy meals and snacks ahead of time. Get rid of or cut down on ultra-processed foods in your home (e.g. soft drinks, chips, biscuits, lollies, cakes). For more information go to quit.org.au or contact Quitline.
- Doing regular exercise you enjoy can reduce anxiety, help your mood, improve the quality of your sleep, and lower blood pressure.³⁴ It may also help reduce weight gain in the months and years after you stop smoking.³⁵ If you are not fit, talk with your doctor or an exercise therapist: they may advise you to start with some light exercise only.³⁶
- Doing something about managing situations in your life that make you feel tense or frustrated may help you cope better with withdrawal.³⁷ Try the exercise “Doing something about stress” in our booklet [Quit because you can](#) or talk about it with your Quitline counsellor on 13 7848.

Triggers to smoke

- Try to resist smoking “just one” cigarette. People who smoke from time to time after stopping smoking report having worse feelings of withdrawal.¹⁴ A cigarette now and then commonly leads to going back to regular smoking.³⁸
- If you can, make you home and car totally smokefree.³⁹ Get rid of any cigarettes, lighters and ashtrays.⁴⁰
- You need to understand why you smoke in order to plan how to cope without cigarettes when you stop smoking. You may need to change your behaviour or avoid situations that trigger urges to smoke for a little while.
- People who are most successful at resisting the urge to smoke use a range of coping strategies to help them.²¹ Contact Quitline or go to quit.org.au for ideas on topics such as living with a person who smokes, smoking and alcohol, managing stress, and many other situations.
- You might not feel like doing much in the first week or so, but this feeling should pass with time.⁷ When you’re ready, try doing activities which give you pleasure and a sense of well-being, such as getting involved in new or favourite hobbies, reading, or spending more time with friends and family. Perhaps relax by doing deep breathing exercises, listening to music, walking in the park, or taking dancing or exercise classes.

Staying positive

- Remember the good things that are happening to your body as well. Now that you have stopped smoking, your body can start to heal and reverse the damage from smoking.^{11, 41}
- Keep encouraging yourself to stick to your decision to stop. Make a list of the good things about being a non-smoker. Give yourself a pat on the back for your daily successes and reward yourself from time to time with the money you have saved.
- Remember, it’s normal to have several goes at stopping smoking before you quit for good.⁴²

Here is one way to confront your cravings and overcome the urge to smoke.

Remember the 4Ds:

- **Delay** acting on the urge to open a pack and light a cigarette. After a few minutes, the urge to smoke weakens.
- **Deep breathe.** Take a long, slow breath, and let it out slowly. Repeat three times.
- **Do something else.** Take your mind off smoking by taking action: put on some music, keep your hands busy, go for a walk or ring a friend.
- **Drink water.** Sip it slowly, and hold it in your mouth to savour the taste.



Help to stop smoking

The best way to **stop smoking** is to talk with Quitline and use stop smoking medications. These include prescribed tablets or [nicotine patches, lozenges, mouth spray, inhalator or gum](#). Your doctor or pharmacist can advise you on what would suit you.

If you are taking any medicines, talk with your doctor or pharmacist as they may need to look at your medicines before you stop smoking.

Contact Quitline

Quitline is a welcoming, free and confidential counselling service. Quitline counsellors are experts at helping you gain the skills to break free from smoking or vaping, or both. We will help you build and keep up your motivation to quit and help you create a quit plan that works for you. We listen carefully and answer your questions without judgement and can support you throughout your quit journey. Quitline counsellors can also support you if you are using vapes to stop smoking and can help you stop vaping.

There are many ways to contact Quitline:

- **Call 13 7848** Monday to Friday 8am to 8pm
- **Text** 'call back' to **0482 090 634** (VIC, SA, WA, NT only)
- **Webchat** at quit.org.au (VIC, SA, WA, NT only)
- **Facebook Messenger @quitvic** or **WhatsApp 61 385 832 920** (VIC, SA, WA, NT only)
- Ask Quitline to call you back **for free** at quit.org.au/callback

Aboriginal and Torres Strait Islander people can call Quitline and ask to yarn with an Aboriginal and/or Torres Strait Islander Quitline Counsellor if they wish, for Culturally sensitive support, delivered by mob, for mob.

Quitline has worked with people in the LGBTIQ+ community to make Quitline a safe and inclusive space. You can speak to Quitline in a language other than English: call 13 7848 and tell us you need an interpreter and we will call you back. We also use the National Relay Service with people with a hearing or speech impairment.

Go online: quit.org.au

Create your own quit plan to stop smoking or vaping with easy-to-find information. You'll find tips, distractions, tools and stories from people who quit.

Please note: this information is for general use only. Please consult your health professional for further advice.

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References

1. Royal College of Physicians. Nicotine addiction in Britain: a report of the Tobacco Advisory Group of The Royal College of Physicians. London: Royal College of Physicians of London; 2000.
2. United States. Dept. of Health and Human Services. How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease : a report of the Surgeon General. Rockville, MD: U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2010.
3. Hughes JR. Effects of abstinence from tobacco: valid symptoms and time course. *Nicotine & Tobacco Research* 2007;9(3):315-27.
4. Etter JF. A self-administered questionnaire to measure cigarette withdrawal symptoms: the Cigarette Withdrawal Scale. *Nicotine & Tobacco Research* 2005;7(1):47-57.
5. Etter JF, Ussher M, Hughes JR. A test of proposed new tobacco withdrawal symptoms. *Addiction* 2013;108(1):50-9.
6. Piper ME. Withdrawal: Expanding a Key Addiction Construct. *Nicotine Tob Res* 2015;17(12):1405-15.
7. Hughes JR, Klemperer EM, Peasley-Miklus C. Possible New Symptoms of Tobacco Withdrawal II: Anhedonia-A Systematic Review. *Nicotine Tob Res* 2020;22(1):11-17.
8. Ussher M, West R, Steptoe A, McEwen A. Increase in common cold symptoms and mouth ulcers following smoking cessation. *Tobacco Control* 2003;12(1):86-8.
9. Hajek P, Gillison F, McRobbie H. Stopping smoking can cause constipation. *Addiction* 2003;98(11):1563-7.
10. Warner DO, Colligan RC, Hurt RD, Croghan IT, Schroeder DR. Cough following initiation of smoking abstinence. *Nicotine & Tobacco Research* 2007;9(11):1207-12.
11. IARC. IARC Handbooks of cancer prevention, Tobacco Control, Vol. 11: Reversal of risk after quitting smoking. Lyon, France: International Agency for Research on Cancer; 2007.
12. Hughes JR. Effects of abstinence from tobacco: etiology, animal models, epidemiology, and significance: a subjective review. *Nicotine & Tobacco Research* 2007;9(3):329-339.
13. Gilbert HM, Warburton DM. Individual variation in psychological and psychomotor symptoms following smoking cessation: the implications for treatment. *Psychology & Health* 2003;18(5):613-624.
14. Piasecki TM, Jorenby DE, Smith SS, Fiore MC, Baker TB. Smoking withdrawal dynamics: I. Abstinence distress in lapsers and abstainers. *Journal of Abnormal Psychology* 2003;112(1):3-13.
15. Taylor GM, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, Te Water Naude R, et al. Smoking cessation for improving mental health. *Cochrane Database Syst Rev* 2021, Issue 3. Art. No.:CD013522. DOI: 10.1002/14651858.CD013522.pub2. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/33687070>.
16. Kleber HD, Weiss RD, Anton Jr. RF, George TP, Greenfield SF, Kosten TR, et al. Practice Guideline for the Treatment of Patients with Substance Use Disorders. Arlington VA: American Psychiatric Association; August 2006. Available from: <http://psychiatryonline.org/guidelines>.
17. Greenhalgh E, Stillman S, Ford C. 7.1 Health and other benefits of quitting. In: Greenhalgh E, Scollo M, Winstanley M, editors. Tobacco in Australia: Facts & issues. Melbourne: Cancer Council Victoria; 2020. Available from: <https://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-1-health-and-other-benefits-of-quitting>.

18. Aubin HJ, Farley A, Lycett D, Lahmek P, Aveyard P. Weight gain in smokers after quitting cigarettes: meta-analysis. *BMJ* 2012;345:e4439.
19. Ferguson SG, Shiffman S. The relevance and treatment of cue-induced cravings in tobacco dependence. *Journal of Substance Abuse Treatment* 2009;36(3):235-43.
20. Herd N, Borland R. The natural history of quitting smoking: findings from the International Tobacco Control (ITC) Four Country Survey. *Addiction* 2009;104(12):2075-87.
21. Stoffelmayr B, Wadland WC, Pan W. An examination of the process of relapse prevention therapy designed to aid smoking cessation. *Addictive Behaviors* 2003;28(7):1351-1358.
22. Doherty K, Kinnunen T, Militello FS, Garvey AJ. Urges to smoke during the first month of abstinence: relationship to relapse and predictors. *Psychopharmacology (Berl)* 1995;119(2):171-8.
23. Piasecki TM, Piper ME, Baker TB. Refining the tobacco dependence phenotype using the Wisconsin Inventory of Smoking Dependence Motives: II. Evidence from a laboratory self-administration assay. *Journal of Abnormal Psychology* 2010;119(3):513-23.
24. Piasecki TM, Piper ME, Baker TB. Tobacco Dependence: Insights from Investigations of Self-Reported Smoking Motives. *Current Directions in Psychological Science* 2010;19(6):395-401.
25. Stead LF, Koilpillai P, Fanshawe TR, Lancaster T. Combined pharmacotherapy and behavioural interventions for smoking cessation. *Cochrane Database of Systematic Reviews* 2016, Issue 3. Art. No.:CD008286. DOI: 10.1002/14651858.CD008286.pub3. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008286.pub3/full>.
26. United States. Department of Health and Human Services. The health consequences of smoking: nicotine addiction: a report of the Surgeon General. Rockville, Md.: U.S. Dept. of Health and Human Services Public Health Service Centers for Disease Control Center for Health Promotion and Education, Office on Smoking and Health; 1988.
27. Hartmann-Boyce J, Hong B, Livingstone-Banks J, Wheat H, Fanshawe TR. Additional behavioural support as an adjunct to pharmacotherapy for smoking cessation. *Cochrane Database Syst Rev* 2019, Issue 6. Art. No.:CD009670. DOI: 10.1002/14651858.CD009670.pub4. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/31166007>.
28. Howes S, Hartmann-Boyce J, Livingstone-Banks J, Hong B, Lindson N. Antidepressants for smoking cessation. *Cochrane Database Syst Rev* 2020;4:CD000031.
29. Cahill K, Lindson-Hawley N, Thomas KH, Fanshawe TR, Lancaster T. Nicotine receptor partial agonists for smoking cessation. *Cochrane Database of Systematic Reviews* 2016, Art. No.:CD006103. DOI: 10.1002/14651858.CD006103.pub7. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006103.pub7/full>.
30. Australian Government Department of Health. The Pharmaceutical Benefits Scheme (PBS). Browse by Body System. Nervous System. Other nervous system drugs. Drugs used in addictive disorders. N07BA Drugs used in nicotine dependence. Canberra: Commonwealth of Australia; 2019. Available from: <http://www.pbs.gov.au/browse/body-system?depth=4&codes=n07ba#n07ba>. Accessed 25 June, 2019.
31. Lucas C, Martin J. Smoking and Drug Interactions. *Australian Prescriber* 2013;36(3):102-4.
32. Just J, Hurley S, Greenhalgh E, Winstanley M. 3.15 The impact of smoking on treatment of disease. In: Greenhalgh E, Scollo M, Winstanley M, editors. Tobacco in Australia: Facts & issues. Melbourne: Cancer Council Victoria; 2020. Available from: <https://www.tobaccoinaustralia.org.au/chapter-3-health-effects/3-15-smoking-and-complications-in-medical-treatment>.

33. Hurley LL, Taylor RE, Tizabi Y. Positive and negative effects of alcohol and nicotine and their interactions: a mechanistic review. *Neurotox Res* 2012;21(1):57-69.
34. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans. 2nd edition. Washington, D.C.: U.S. Department of Health and Human Services; 2018. Available from: https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf.
35. Hartmann-Boyce J, Theodoulou A, Farley A, Hajek P, Lycett D, Jones LL, et al. Interventions for preventing weight gain after smoking cessation. *Cochrane Database Syst Rev* 2021;10:CD006219.
36. Franklin BA, Rusia A, Haskin-Popp C, Tawney A. Chronic Stress, Exercise and Cardiovascular Disease: Placing the Benefits and Risks of Physical Activity into Perspective. *Int J Environ Res Public Health* 2021;18(18).
37. Gilbert HM, Warburton DM. Attribution and the effects of expectancy: how beliefs can influence the experiences of smoking cessation. *Addictive Behaviors* 2003;28(7):1359-69.
38. Piasecki TM. Relapse to smoking. *Clinical Psychology Review* 2006;26(2):196-215.
39. IARC Working Group on the Evaluation of the Effectiveness of Smoke-free Policies. Evaluating the effectiveness of smoke-free policies. Lyon, France: International Agency for Research on Cancer; 2009. Available from: <http://www.iarc.fr/en/publications/pdfs-online/prev/handbook13/index.php>. Accessed June 07, 2010.
40. O'Connell KA, Shiffman S, Decarlo LT. Does extinction of responses to cigarette cues occur during smoking cessation? *Addiction* 2011;106(2):410-7.
41. United States. Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
42. Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2008. Available from: <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>.