CONDITION

Nicotine withdrawal

Nicotine withdrawal is a group of temporary symptoms that can occur when regular nicotine use stops or decreases.

WHAT IT IS
Temporary symptoms after reducing or stopping nicotine

BODY SYSTEM
Nervous system and whole body

MAIN SYMPTOMS
Cravings, irritability, anxiety, trouble concentrating

WHAT CAUSES IT
Brain adaptation to repeated nicotine exposure

HOW IT IS DIAGNOSED
Nicotine-use history and symptom pattern

MAIN TREATMENT
Behavioural support and stop-smoking medicines

CAN IT BE CURED?
Yes - symptoms fade as the brain readjusts

IS IT AN EMERGENCY?
Sometimes - suicidal thoughts need emergency help

LONG-TERM OUTLOOK
Most symptoms settle within weeks; cravings may recur

Overview

Nicotine withdrawal can happen when you stop or sharply reduce regular nicotine use. This includes nicotine from cigarettes, cigars, vaping products, hookah, chewing tobacco, snuff, nicotine pouches, or other products.

Nicotine changes how the brain's reward and stress systems work. With repeated use, the brain adapts to having nicotine present. When nicotine levels fall, the brain needs time to adjust. This causes withdrawal symptoms.

Withdrawal is usually uncomfortable rather than medically dangerous. Symptoms often begin within hours of the last nicotine use. They are commonly strongest during the first few days and then ease over the next several weeks. Cravings linked to stress, routines, or seeing other people use nicotine may return much later.

Withdrawal is not a sign of weak willpower. It is a predictable physical and psychological response to nicotine dependence. Planning for it can make stopping more manageable and improve the chance of staying nicotine-free.

Symptoms

Nicotine withdrawal affects people differently. Some people have mild symptoms, while others find that symptoms disrupt sleep, work, study, or relationships.

Common symptoms include:

A temporary cough or more mucus can occur after stopping smoking. This is not a classic withdrawal symptom. It may happen as the airways begin clearing mucus and inhaled material. A lasting or worsening cough should still be assessed.

Symptoms usually start during the first day. Cravings may come in short waves, while mood, sleep, and concentration changes can last longer. Many symptoms improve substantially within two to four weeks, but there is no exact timetable.

People who have depression, anxiety, bipolar disorder, or another mental health condition may notice changes in their symptoms while stopping nicotine. Many people's mental health improves after the withdrawal period, but significant or persistent changes need medical attention.

- Strong urges or cravings for nicotine
- Irritability, frustration, anger, or restlessness
- Anxiety or feeling tense
- Low mood
- Trouble concentrating
- Difficulty sleeping or unusually vivid dreams
- Increased hunger or appetite
- Headache, tiredness, dizziness, or constipation

Causes and risk factors

Nicotine activates brain chemicals involved in reward, attention, and mood. One of these is dopamine, which helps create feelings of reward and reinforces repeated behaviour. Over time, the brain becomes used to regular nicotine exposure.

Withdrawal starts when the nicotine supply falls and those brain systems have not yet readjusted. Routines can also become strongly linked to nicotine. For example, cravings may occur after meals, while driving, with alcohol, during a work break, or when feeling stressed.

Withdrawal may be stronger if you:

The strength of withdrawal does not always match the number of cigarettes smoked. Vapes, pouches, and other products can deliver substantial amounts of nicotine, and the amount may be difficult to judge from use alone.

- Use nicotine frequently or soon after waking
- Use products that deliver high nicotine levels
- Have used nicotine regularly for a long time
- Have had strong withdrawal symptoms during previous attempts
- Are under stress or regularly spend time around nicotine use

Diagnosis

There is no blood test or scan that confirms nicotine withdrawal. It is usually identified from your symptoms, when they began, and your recent pattern of nicotine use.

A clinician may ask what products you use, how often you use them, when you last used nicotine, and whether symptoms improve after nicotine use. They may also check whether another problem could explain the symptoms.

For example, anxiety, sleep loss, medication effects, low blood sugar, and some medical conditions can resemble parts of nicotine withdrawal. New, severe, unusual, or long-lasting symptoms should not automatically be blamed on withdrawal.

Treatment and management

Treatment aims to reduce withdrawal symptoms, help you handle cravings, and support your decision to stop nicotine. It often combines practical support with medication.

Behavioural support may involve a trained stop-smoking adviser, counsellor, pharmacist, clinician, telephone quitline, group programme, text service, or digital programme. Support can help you identify triggers, prepare alternative routines, and recover from lapses without abandoning the attempt.

For people stopping smoking, established medication options include:

Available medicines differ by country. Suitability can also be affected by pregnancy, age, kidney problems, seizure history, mental health history, and other medicines. A pharmacist or clinician can explain the appropriate options and product instructions. Support for stopping vaping or nicotine pouches may need to be tailored to how much and how often you use them.

Simple coping measures can also help. When a craving arrives, delay acting on it, change your surroundings, take slow breaths, drink water, or do a brief activity. Removing nicotine products and changing routines linked with use can reduce reminders. Regular meals, movement, and a consistent sleep routine may ease appetite, restlessness, and sleep disruption.

Caffeine can feel stronger after you stop smoking because tobacco smoke changes how the body processes it. Reducing coffee, tea, cola, or energy drinks may help if you feel shaky or cannot sleep.

- Nicotine replacement therapy: Patches provide nicotine steadily, while gum, lozenges, sprays, or inhalator-type products can help with sudden cravings. These products deliver nicotine without tobacco smoke. A long-acting patch may be combined with a faster-acting product when appropriate.
- Varenicline: A non-nicotine medicine that reduces cravings and makes smoking less rewarding.
- Bupropion: A non-nicotine medicine that can reduce withdrawal symptoms and the urge to smoke.
- Cytisine: A medicine used for smoking cessation in some countries.

Complications

The main risk is returning to nicotine use to stop the discomfort. A lapse does not mean that the whole attempt has failed. Reviewing what triggered it and restarting the plan can prevent a brief lapse from becoming regular use.

Low mood, anxiety, poor sleep, and reduced concentration may temporarily affect daily life. Seek help if these symptoms are severe, continue to worsen, or make it hard to stay safe.

Stopping smoking can change the level of certain medicines because chemicals in tobacco smoke-not nicotine itself-affect how the liver processes them. This is particularly important with medicines such as clozapine, olanzapine, and theophylline. If you take these or other closely monitored medicines, tell the prescribing team when you stop or restart smoking.

Increased appetite may lead to some weight gain. This is not inevitable, and the health benefits of stopping smoking are much greater than the risks of modest weight gain.

Prevention

Withdrawal cannot always be prevented once the body has become dependent on nicotine. Avoiding regular nicotine use prevents nicotine dependence and withdrawal from developing.

If you already use nicotine regularly, planning support and appropriate medication before stopping can reduce symptoms. Gradually reducing use works for some people, but it can still cause withdrawal and may prolong exposure. A planned stop date or reduction plan can provide structure without requiring you to manage symptoms alone.

Living with it and what to expect

The first few days are often the most intense because nicotine has left the body while the brain is still adjusting. Irritability, poor concentration, and cravings may make ordinary tasks feel harder. It can help to keep the first week less demanding when possible.

Over the next two to four weeks, physical and mood-related symptoms usually become less frequent and less intense. Sleep and concentration may take time to settle. The course is not identical for everyone, especially after long-term or high-level nicotine use.

Later cravings are often tied to situations rather than ongoing physical withdrawal. Alcohol, stress, social events, driving, or being around smoking or vaping can trigger an urge months after stopping. These urges usually pass, even when they feel strong.

Many people make several attempts before they stop for good. Each attempt can show which triggers, medicines, and support methods are most useful. A lapse does not erase the health benefits already gained or prevent another attempt.

When to get medical help

Arrange routine medical or pharmacy support if withdrawal is difficult to manage, previous attempts have repeatedly ended because of symptoms, or you want help choosing a stop-smoking treatment. It is also sensible to seek advice if you are pregnant, breastfeeding, younger than 18, have seizures, have significant kidney problems, or take medicines that may be affected by stopping smoking.

Contact a clinician promptly if you develop severe or persistent depression, anxiety, agitation, confusion, or sleep problems. You should also seek assessment for symptoms that are unusual for withdrawal, such as a persistent fever, worsening breathlessness, fainting, or ongoing chest discomfort.

Get emergency help now if you have thoughts of suicide or self-harm, feel unable to keep yourself safe, or develop severe confusion or behaviour that is very unlike you. Chest pain, severe breathing difficulty, or signs of a stroke also require emergency care; these are not expected nicotine withdrawal symptoms.

Common questions

How long does nicotine withdrawal last?

Symptoms often begin within several hours and are strongest during the first few days. Many improve within two to four weeks. Cravings linked to habits or triggers may appear for months, but they usually become less frequent and easier to manage.

Is nicotine withdrawal dangerous?

It is usually not medically dangerous, although it can be distressing. Severe mood changes, suicidal thoughts, confusion, chest pain, or serious breathing problems are not symptoms to manage alone and need urgent assessment.

Is withdrawal from vaping the same as withdrawal from cigarettes?

Both are caused by a fall in nicotine exposure and can produce similar symptoms. The intensity depends partly on how much nicotine the product delivered and how frequently it was used. Some people vape throughout the day and may be more dependent than they realise.

Why am I so hungry after stopping nicotine?

Nicotine can suppress appetite, and using nicotine may replace eating in certain routines. Food may also taste and smell stronger after stopping smoking. Regular meals, filling snacks, and physical activity can help while appetite settles.

Will one cigarette stop the withdrawal?

Nicotine may briefly reduce symptoms, but it also reinforces dependence and can restart the cycle of cravings. If you smoke once, treat it as a lapse rather than proof that you cannot stop. Resume your plan and consider extra support.

Can I become addicted to nicotine replacement therapy?

Nicotine replacement can cause dependence, but it delivers nicotine more slowly and without the toxic products of tobacco smoke. The risk and harm are much lower than with smoking. Use the product as directed and ask a pharmacist or clinician for help when you are ready to reduce it.

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