

## Withdrawal

### Introduction

Stopping smoking is different for everyone. Some smokers find it easy to quit, others don't. However, there are some signs and symptoms that many people have in common when they quit.<sup>1, 2</sup>

### What are withdrawal symptoms?

Withdrawal symptoms are a collection of changes in your mood and body.<sup>3, 4</sup> They usually appear when you stop smoking and are relieved or reversed by starting smoking again.<sup>3</sup>

Most symptoms occur because you are no longer getting nicotine, the addictive drug in tobacco.<sup>1, 4</sup> Nicotine in other forms, such as nicotine patches, gum, lozenges, mouth spray or inhalator, can reduce the strength of withdrawal symptoms.<sup>4</sup>

Common symptoms of withdrawal are<sup>1, 2, 4, 5</sup>:

- Urges to smoke (cravings)
- Depressed mood
- Difficulty sleeping or sleep disturbances
- Irritability, frustration or anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Increased appetite (hunger) or weight gain

Some people have reported other symptoms, which might also be due to stopping smoking:

- Coughing<sup>2</sup> and possibly other cold symptoms (sneezing, deafness)<sup>6</sup>
- Mouth ulcers<sup>2, 6</sup>
- Bowel disturbance, constipation<sup>2, 7</sup>
- Mood swings<sup>8</sup>
- Dizziness<sup>2</sup>
- Increased dreaming<sup>2</sup>

Coughing before and after stopping smoking is common, but this usually decreases over one to two months after quitting.<sup>9,10</sup> Mouth ulcers and bowel symptoms appear to affect small numbers of people only.<sup>6,7</sup>

It's common for people to have at least a few withdrawal symptoms when they quit.<sup>11</sup> Many people only have mild symptoms, but some have more severe symptoms.<sup>11</sup> Some people also report positive effects from stopping smoking, such as feeling more satisfied, and an improved sense of smell and taste.<sup>8,12</sup>

## How long do withdrawal symptoms last?

Withdrawal symptoms usually appear within the first one to two days and are strongest in the first week. For many people, most symptoms fade and are gone after about two to four weeks.<sup>2</sup> 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".<sup>13</sup>

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.<sup>2,13</sup> If this happens to you, advice and support is available from the Quitline (13 7848) or your doctor.

Six months after quitting, people tend to feel less stressed than when they were smoking.<sup>14</sup>

An increase in appetite may last for six months or more.<sup>1,4</sup> Most people do gain some weight when they stop smoking, which mostly occurs in the first one or two years after they quit.<sup>15,16</sup> In the long term, the average weight of ex-smokers is similar to or not much more than people who have never smoked.<sup>15,17</sup>

## Cravings

Most people have strong and frequent cravings (the urge or desire to smoke) in the first days after they stop smoking.<sup>18</sup> After about a month, strong cravings tend to happen less often, and not every day.<sup>19</sup>

Cravings can be due to nicotine withdrawal.<sup>4</sup> 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.<sup>18,20,21</sup>

Triggers can be quite varied.<sup>20,21</sup> 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.<sup>20</sup>

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 withdrawal symptoms seem worse.<sup>22</sup> Planning what to do in these situations instead of smoking, plus using quit smoking medications to reduce withdrawal symptoms, can help you stay quit.<sup>23, 24</sup> As you become used to doing other things, these urges to smoke tend not to happen as often and be less strong.<sup>3, 21</sup>

Some people have occasional urges to smoke long after other withdrawal symptoms have gone.<sup>3</sup> If this happens to you, try not to be disheartened. Even though you've decided that you want to be a non-smoker, 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 withdrawal symptoms

- Nicotine replacement products - the patch, lozenges, mouth spray, gum and inhalator - help reduce nicotine withdrawal symptoms and increase your chances of quitting successfully.<sup>25</sup> They are sold at pharmacies and some supermarkets. Nicotine patches are much cheaper if you get a prescription for them from your doctor.
- There are two prescription medicines, varenicline (brand name Champix) and bupropion (brand name Zyban), that also reduce nicotine withdrawal symptoms and increase your chances of quitting successfully.<sup>26-28</sup> These medicines must be prescribed by a doctor, as they are not suitable for all people.
- If you are concerned about weight gain, talk to a doctor or dietician, and make a sensible eating plan. Plan healthy meals and snacks ahead of time. Be realistic - allow yourself some treats occasionally. Weight gain may be delayed while using a nicotine replacement product, varenicline or bupropion.<sup>24, 29</sup>
- Doing exercise you enjoy can help reduce cravings and withdrawal symptoms and may help keep your weight down.<sup>29-31</sup>
- Try doing activities which give you pleasure and a sense of well-being, such as reading, getting involved in new or favourite hobbies, or spending more time with friends and family. Perhaps relax by having a massage or spa, doing deep breathing exercises, listening to music, or taking yoga classes.
- Try to resist smoking "just one" cigarette. People who smoke occasionally after quitting report having worse withdrawal symptoms.<sup>13</sup> 'Slip-ups' commonly lead to going back to regular smoking.<sup>32</sup>

- Tea, coffee, chocolate and some soft drinks contain caffeine. When you stop smoking, your body retains much more of this stimulant, which can make you feel restless, irritable, anxious and sleepless.<sup>33</sup> Do not drink more cups of coffee or other drinks containing caffeine to distract yourself from cravings for cigarettes.
- 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 cigarettes.<sup>10, 34</sup>
- It's important to keep encouraging yourself to stick to your decision to quit. 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 occasionally with the money you have saved.
- Doing something about managing other sources of stress in your life may help you cope better with withdrawal. Other things which make you tense or frustrated can make your withdrawal symptoms seem worse than they actually are.<sup>35</sup> Try the exercise "Doing something about stress" in the booklet "Quit because you can" available by calling Quit on 13 7848.
- You need to understand why you smoke in order to plan how to cope without cigarettes when you quit. You may need to change your behaviour or avoid situations that trigger urges to smoke for a little while. Those who are most successful at resisting the urge to smoke use a range of coping strategies to help them.<sup>20</sup> For more information, advice and support, call the Quitline 13 7848.

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.

## Before stopping smoking

### Medicines

Chemicals in cigarettes change the way some medications work.<sup>1, 36</sup> In some cases, the dose of your medication may have to be changed by your doctor. See your doctor before quitting if you are taking any medication.

### Mental illness

Stopping smoking can affect some medications prescribed for mental illnesses.<sup>1, 24, 37</sup> See your doctor for advice before quitting. With the right support, many people with mental illness have quit, and they generally feel a lot better, not just physically, but also emotionally.

## Who can I talk to for more information?

- Your **doctor** is an important source of information, particularly if you have an illness, or you are taking any other medicines.
- Your **pharmacist** can give you advice about stopping smoking.
- **Quitline 13 7848**: The Quitline is a friendly, confidential telephone service. Your Quitline counsellor is trained to listen carefully and provide practical advice just for you. You can call the Quitline for the usual cost of a local call from your phone or ask us to call you at no cost (Quitline callback). Talking with a Quitline counsellor can increase your chance of stopping smoking successfully.<sup>38, 39</sup>

## Online resources

**Quit website** [www.quit.org.au](http://www.quit.org.au). Build your personal quit plan with easy-to-find information suited to you. You'll find tips, distractions, a cost calculator and stories from ex-smokers.

**QuitCoach** [www.quitcoach.org.au](http://www.quitcoach.org.au). QuitCoach is a free web-based computer program that asks you questions and helps you quit by giving free personal advice tailored to your needs.

**QuitTxt** provides regular SMS messages including tips and encouragement to help you keep on track throughout your quit attempt. To begin, all you need to do is register and complete a brief questionnaire at [www.quit.org.au/quittxt](http://www.quit.org.au/quittxt).

**Better Health Channel** has useful tips in *Smoking – weight gain and quitting* at <http://www.betterhealth.vic.gov.au>

## References

1. Practice guideline for the treatment of patients with nicotine dependence. American Psychiatric Association. *American Journal of Psychiatry* 1996;153(10 Suppl):1-31.
2. Hughes JR. Effects of abstinence from tobacco: valid symptoms and time course. *Nicotine & Tobacco Research* 2007;9(3):315-27.
3. 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.
4. 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.
5. Etter JF. A self-administered questionnaire to measure cigarette withdrawal symptoms: the Cigarette Withdrawal Scale. *Nicotine & Tobacco Research* 2005;7(1):47-57.
6. 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.
7. Hajek P, Gillison F, McRobbie H. Stopping smoking can cause constipation. *Addiction* 2003;98(11):1563-7.
8. Etter JF, Ussher M, Hughes JR. A test of proposed new tobacco withdrawal symptoms. *Addiction* 2013;108(1):50-9.
9. Warner DO, Colligan RC, Hurt RD, Croghan IT, Schroeder DR. Cough following initiation of smoking abstinence. *Nicotine & Tobacco Research* 2007;9(11):1207-12.
10. 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.
11. Hughes JR. Effects of abstinence from tobacco: etiology, animal models, epidemiology, and significance: a subjective review. *Nicotine & Tobacco Research* 2007;9(3):329-339.
12. 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.
13. 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.
14. Parrott AC, Murphy RS. Explaining the stress-inducing effects of nicotine to cigarette smokers. *Human psychopharmacology* 2012;27(2):150-5.
15. United States. Department of Health and Human Services. Women and smoking: a report of the Surgeon General. Rockville, MD; Washington, D.C.: U.S. Dept. of Health and Human Services Public Health Service Office of the Surgeon General Public Health Service. Office of the Surgeon General; 2001.
16. Aubin HJ, Farley A, Lycett D, Lahmek P, Aveyard P. Weight gain in smokers after quitting cigarettes: meta-analysis. *BMJ* 2012;345:e4439.
17. Ellerman A, Ford C, Stillman S. Chapter 7. Smoking cessation. In: Scollo MM, Winstanley MH. Tobacco in Australia: Facts and Issues. 4th ed. Melbourne: The Cancer Council Victoria; 2012. Available from: <http://www.tobaccoinaustralia.org.au/chapter-7-cessation>.
18. 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.
19. 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.
20. 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.
21. 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.
22. 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.
23. 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.

24. 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>.
25. Stead LF, Perera R, Bullen C, Mant D, Hartmann-Boyce J, Cahill K, et al. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2012, Issue 11. Art. No.:CD000146. DOI: 10.1002/14651858.CD000146.pub4. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000146.pub4/abstract>.
26. Hughes, Jr., Stead L, Lancaster T. Antidepressants for smoking cessation. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.:CD000031. DOI: 10.1002/14651858.CD000031.pub3. Available from: [http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000031/pdf\\_fs.html](http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD000031/pdf_fs.html).
27. Cahill K, Stead LF, Lancaster T. Nicotine receptor partial agonists for smoking cessation. *Cochrane Database of Systematic Reviews* 2012, Issue 4. Art. No.:CD006103. DOI: 10.1002/14651858.CD006103.pub6. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006103.pub6/abstract>.
28. Shiffman S, Johnston JA, Khayrallah M, Elash CA, Gwaltney CJ, Paty JA, et al. The effect of bupropion on nicotine craving and withdrawal. *Psychopharmacology (Berl)* 2000;148(1):33-40.
29. Farley AC, Hajek P, Lycett D, Aveyard P. Interventions for preventing weight gain after smoking cessation. *Cochrane Database of Systematic Reviews* 2012, Issue 1. Art. No.:CD006219. DOI: 10.1002/14651858.CD006219.pub3. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006219.pub3/abstract>.
30. Ussher MH, Taylor A, Faulkner G. Exercise interventions for smoking cessation. *Cochrane Database of Systematic Reviews* 2012, Issue 1. Art. No.:CD002295. DOI: 10.1002/14651858.CD002295.pub4. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD002295.pub4/abstract>.
31. Roberts V, Maddison R, Simpson C, Bullen C, Prapavessis H. The acute effects of exercise on cigarette cravings, withdrawal symptoms, affect, and smoking behaviour: systematic review update and meta-analysis. *Psychopharmacology (Berl)* 2012.
32. Piasecki TM. Relapse to smoking. *Clinical Psychology Review* 2006;26(2):196-215.
33. United States. Department of Health and Human Services. The health benefits of smoking cessation: a report of the Surgeon General. Rockville. Maryland: United States, Public Health Service, Office on Smoking and Health; 1990.
34. 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.
35. 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.
36. Zevin S, Benowitz NL. Drug interactions with tobacco smoking. An update. *Clinical Pharmacokinetics* 1999;36(6):425-438.
37. Zwar N, Richmond R, Borland R, Stillman S, Cunningham M, Litt J. Smoking cessation guidelines for Australian General Practice. Canberra: Commonwealth Department of Health and Ageing; 2004.
38. Matkin W, Ordonez-Mena JM, Hartmann-Boyce J. Telephone counselling for smoking cessation. *Cochrane Database of Systematic Reviews* 2019, Issue 5. Art. No.:CD002850. DOI: 10.1002/14651858.CD002850.pub4. Available from: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002850.pub4/full>.
39. Hayes L, Baker J, Durkin S. 2010-11 Evaluation of the Victorian Quitline. Melbourne, VIC: Centre for Behavioural Research in Cancer. Cancer Council Victoria; May 2012. Available from: [http://www.cancervic.org.au/research/behavioural/research-papers/2010-11\\_evaluation\\_vic\\_quitline.html](http://www.cancervic.org.au/research/behavioural/research-papers/2010-11_evaluation_vic_quitline.html).