UNDERSTANDING YOUR DIAGNOSIS

Nicotine Addiction

Also called Tobacco Use Disorder

Nicotine has a powerful hold, and that is not about willpower. Quitting is hard, and it works much better with help.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 9 US adults	In the teen years	Yes - help triples success	About 28 million US adults

What this is

- Tobacco use disorder means nicotine has become hard to stop, even when you truly want to and have tried before.
- Nicotine is one of the fastest-acting addictive drugs. Reaching your brain in seconds is what makes it stick.
- Most people need several tries before a quit sticks. Every earlier attempt taught you something you can use now.
- Vaping counts too. A single pod or disposable can carry as much nicotine as a whole pack of cigarettes.

What it can look and feel like

- You smoke or vape within **30 minutes** of waking up, which is the clearest sign of a strong hold.
- You have quit before and started again, sometimes over something small and stressful that came up.
- Going a few hours without leaves you irritable, restless, foggy, hungry, and unable to settle down.
- Certain moments seem to demand it: coffee, the car, a phone call, a drink, or a break outside.
- You keep using even though your cough, your breathing, or a doctor's warning is telling you to stop.
- You have cut back on things you enjoy, or spent money you needed, in order to keep up with it.
- You feel demoralized about quitting, as if you are the one exception who simply cannot manage it.

What is happening in your brain and body

- Nicotine reaches your brain in about **10 seconds** and releases dopamine, a reward chemical, almost instantly.
- That speed pairs it with everyday moments thousands of times a year, which is why the cues are so strong.
- Your brain grows extra nicotine sensors, so between cigarettes you feel edgy until you have the next one.
- What feels like stress relief is mostly relief of withdrawal. Real calm comes back once you are through it.
- Most of the damage comes from the smoke, not the nicotine: your heart, lungs, and blood vessels take the hit.

What can make it more likely

- Genes affect how fast you break nicotine down, which changes how hard quitting feels and which medicine helps.
- Almost everyone who smokes started as a teenager, when the brain forms habits quickly and holds onto them.
- Depression, anxiety, schizophrenia, and other substance use all raise smoking rates two to four times over.
- Stress, other smokers around you, and drinking alcohol are the three strongest pulls back to smoking.

What to expect

- Withdrawal starts within hours, peaks over the first **3 days**, and eases a lot across 2 to 4 weeks.
- Most slips happen in the first week, so line up your strongest support for those first seven days.
- Medicine plus counseling can roughly triple your odds compared with relying on willpower alone.
- Your body starts repairing fast. Heart rate and carbon monoxide drop within a day of your last cigarette.

What helps

Treatment works. Most people get better.

Talking therapies

- Counseling plus medicine works far better than either one alone, so it is fair to ask for both together.
- **Cognitive behavioral therapy**, four or more sessions, helps rebuild the routines that nicotine is glued to.
- **Motivational interviewing** helps even if you are unsure about quitting, and it makes the next try likelier.
- Free quitlines at 1-800-QUIT-NOW and text programs such as SmokefreeTXT give real coaching at no cost.
- Bring the people around you in. Smoke-free homes and cars protect your quit and everyone else's lungs.

Medicines

- **Varenicline** is usually the most effective single option. You start it about a week before your quit day.
- **Nicotine replacement** works best in combination: a patch for steady levels plus gum or lozenge for surges.
- **Bupropion** roughly doubles quit rates and softens the weight gain that many people worry about.
- These are safe for people who also have mental health conditions. A large clinical trial confirmed that.
- Longer courses, **12 to 24 weeks**, prevent late slips. Your prescriber sets the plan and the dose with you.

Everyday things that help

- Pick a quit day, tell people about it, and clear out lighters, ashtrays, and hidden packs beforehand.
- Change the moment, not just the habit: a new coffee spot, a new break routine, something for your hands.
- Alcohol is the most common trigger for a first slip. Plan for that before your first night out.
- Expect some extra hunger. Keep snacks and water handy, and add walks rather than delaying your quit.
- If you also drink or use other substances, SAMHSA's free helpline, **1-800-662-4357**, can help you.

Get help right away if

- Chest pain, sudden shortness of breath, or coughing up blood needs emergency care right now.
- If you quit and then feel deeply low or hopeless, tell your prescriber this week, not next month.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Which quit medicine fits me best, and can I combine two of them?*
- *Will quitting change the levels of the other medicines I take?*
- *How long should I stay on the medicine to protect this quit?*
- *What should I do if I slip and smoke one cigarette?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.