Nicotine Replacement Therapy (NRT) for young people 12–17 years of age

Summary

All nicotine replacement therapy (NRT) products are licensed for use by adults (18 years of age and over) and **all bar one of these products** (the **Nicotinell Rapid Relief mouth spray**) are licensed for use by young people aged 12 to 17 years.

Behavioural support and combination NRT (nicotine patch plus a faster-acting nicotine product) is the recommended treatment for young people who wish to stop smoking. Available evidence suggests that whilst NRT is safe, it is not as effective for young people than it is for adults. There is evidence that NRT is more effective in young people with greater nicotine addiction.

Summaries of Product Characteristics (SPCs) for NRT products generally recommend a treatment duration of 10–12 weeks, extended only in consultation with a physician. All other instructions remain the same as for adults, with a few minor exceptions which are detailed below.

Note: the terms 'young people' and 'adolescent' in this document both refer to those aged 12–17 years.

NRT for stopping vaping

Some NRT products include an indication for 'nicotine addiction' and some specifically mention 'electronic cigarettes', meaning that they are licensed for vaping cessation. The quick reference guide at the end of this document notes which NRT products are licensed for this use.

Background

Smoking is a chronic relapsing condition that often starts in childhood and cuts life short. Experimentation is part and parcel of adolescence and, thankfully, most young people do not progress to regular smoking or vaping.

But when young people do start to smoke regularly, dependence can quickly develop and for some this means that they will find it difficult to quit. Support and stop smoking aids will help.

Similarly, some young people who use nicotine vapes will develop dependence and will need support to stop, including with the use of stop smoking aids.

There is good reason to believe that many of the behaviour change techniques that form the basis of NCSCT guidance on supporting adults to stop smoking would be effective for young people, but their effectiveness has not been directly assessed with young people who smoke.

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The latest National Institute for Health and Care Excellence (NICE) guidelines recommend consideration of NRT for young people aged 12 years and over who are smoking and dependent on tobacco. If NRT is prescribed, the guideline recommends offering it with behavioural support (NICE 2021; Recommendation 1.12.3).

Evidence of effectiveness

Research into the effectiveness of NRT as a stop smoking aid for young people is limited to eight trials (Selph 2023; Lachance 2020; Hartmann-Boyce 2018; Fanshawe 2017; King 2016). Studies have been relatively small and underpowered (i.e. did not have enough subjects to statistically generate reliable conclusions) and have primarily evaluated use of the nicotine patch on its own (Selph 2023; LaChance 2020; Hartmann- Boyce 2018; Fanshawe 2017; King 2016).

Overall, studies report mixed results regarding the efficacy of NRT in young people. Available data indicates NRT is less effective as an aid to stopping smoking among young people when compared to adults (Selph 2023; Hartmann-Boyce 2018; Fanshawe 2017; King 2016).

Poor compliance with NRT treatment has been reported among young people and may explain, in part, the mixed results (Fanshawe 2017; Haysom 2017; Scherphof 2014; Scherphof 2014). One trial has shown NRT to be effective only among young people who comply with the full course of treatment (Scherphof 2014). Regular follow-up and support with appropriate use of NRT for the full course of treatment is therefore recommended when working with young people.

Research has found the effectiveness of the nicotine patch in addressing withdrawal symptoms in young people to be mixed, with two studies showing a reduction in urges to smoke and two showing no effect (Fanshawe 2017). Young people smoke fewer cigarettes on average per day compared to adults who smoke. Given NRT works specifically to reduce withdrawal symptoms and urges to smoke, NRT may not be as effective in those young people for whom these are not significant factors in their continued smoking.

Appropriate assessment of tobacco dependence among young people can assist with determining the importance of combination NRT as part of the treatment plan. It is expected that the use of combination NRT will be more valuable for those with an established dependence than for those who have yet to establish regular smoking patterns or smoke fewer cigarettes per day. Less dependent young people may benefit from a faster-acting product alone as a substitute for smoking; however, more research is required to guide practice.

Behavioural support has been shown to be particularly effective with adolescent tobacco users and as such should always be provided alongside NRT (Fanshawe 2017; Shirazi 2024).

Many young people report – and to a greater extent than adults – that they smoke as a coping behaviour because of social pressure, in order to socialise or for enjoyment (King 2018). Higher rates of smoking are reported among young people with mental illness and

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co-addictions. Behavioural support should focus on tailoring support to the needs of adolescent clients (Shirazi 2024).

Evidence on safety

There is no evidence of serious harm from the use of NRT among young people. NRT has a low potential for misuse due to the relatively slow delivery of nicotine, and its use is far safer than continued smoking.

Adverse health effects from the use of the nicotine patch are minor and include local skin reactions, headache, nausea/vomiting, tiredness, sleep disturbances, joint/muscle ache and light headedness/dizziness (Fanshawe 2017).

Summary of Product Characteristics instructions

The SPCs for NRT provide specific instructions for young people aged 12–17 years.

The use of one product – the Nicotinell Rapid Relief mouth spray – is contraindicated in people under the age of 18. This is not to do with the safety profile, simply that the product hasn't been tested in young people.

For the most part, the other SPCs specify that the length of use is 10–12 weeks and that physician guidance should be sought if the product is to be used for longer.

The exception to this are the Nicotinell Lozenge products, which should not be used by young people aged 12–17 years without a prescription. This is again not to do with the safety profile, simply that the product hasn't been tested in young people.

The SPC for Nicotinell Gum states that it should not be used as part of combination therapy (i.e. alongside a nicotine patch) by young people.

Below we provide the SPC instructions for young people aged 12–17 years for each NRT product.

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Product-specific instructions

The Nicotine Replacement Therapy section of the NCSCT website includes links to the SPC for each NRT product: https://www.ncsct.co.uk/publications/category/nrt.

Here we list products that give specific mention of 12–17-year-olds in their SPCs.

Nicorette Invisi Patch (all strengths)

As data are limited in this age group the recommended treatment duration is 12 weeks. If longer treatment is required advice from a healthcare professional should be sought.

Nicorette nasal spray

As data are limited in this age group, the recommended treatment duration is 12 weeks.

Nicorette and Boots NicAssist microtab

As data are limited in this age group, the recommended duration of treatment is 12 weeks.

Boots NicAssist nasal spray

Children and adolescents of 12 to 17 years should not use for longer than 12 weeks without asking for help and advice from a pharmacist, nurse or doctor.

Boots NicAssist lozenge (all strengths)

Should not be used by people under 18 years of age without recommendation from a physician. There is no experience in treating adolescents under the age of 18 with Boots NicAssist lozenge.

Nicotinell patch (all strengths)

Adolescents (12-17 years) should seek medical advice before using the product. As data are limited in this age group, medical advice should be obtained should it be found necessary to use the patch beyond 10 weeks.

Nicotinell gum (all strengths)

Medical advice should be obtained should it be found necessary to use the gum beyond 12 weeks.

Additional information

The Nicotinell Gum SPC, but not any other of their product SPCs, states that: “Adolescents should not quit with a combination NRT Regimen”

Nicotinell lozenges (all strengths)

Nicotinell Lozenge products state that they “should not be used by adolescents 12–17 years of age without prescription from a healthcare professional. There is no experience in treating adolescents under the age of 18 with Nicotinell Lozenge.”

Nicotinell mouth spray

Do not administer this medicinal product to persons under 18 years of age. There is no experience of treating adolescents under the age of 18 with this medicinal product.

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NiQuitin Mint Lozenge (all strengths)

Should only be used in adolescents (12–17 years) with the advice of a healthcare professional.

Additional information

There is no mention of this, or similar statements, in the NiQuitin non-mint flavour lozenge SPCs

NiQuitin Minis Mint Lozenge (all strengths)

As data are limited, duration of use of NRT in this age group is restricted to 12 weeks. Where adolescents are not ready or able to stop smoking abruptly, advice from a healthcare professional should be sought.

NiQuitin Minis Lozenge (all strengths)

As data are limited, duration of use of NRT in this age group is restricted to 12 weeks. Where adolescents are not ready or able to stop smoking abruptly, advice from a healthcare professional should be sought.

Resources

A quick reference guide can be found at the end of this document on **page 7**.

The *Stop smoking aids* section of the NCSCT website includes resources and information for all NRT products, nicotine vapes, cytisinicline, varenicline and bupropion:
https://www.ncsct.co.uk/publications/topCategory/stop-smoking-aids.

We also have a *Stop smoking aids* online training module that provides the information needed to be able to give clients accurate, evidence-based advice on stop smoking aids:
https://elearning.ncsct.co.uk/stop_smoking_medications-launch.

The *Stop smoking aids quick reference sheet* has been written by experts in the field to support stop smoking practitioners with the task of helping clients to choose the best stop smoking aid for them:
https://www.ncsct.co.uk/publications/stop-smoking-medications-quick-reference.

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Conclusion

There is limited evidence on the effectiveness of NRT use among young people, and available evidence is mixed in terms of its value as a stop smoking aid in this group. Overall, research indicates that NRT is less effective as a stop smoking aid in young people when compared to adults and may primarily benefit young people who have greater tobacco dependence. Further research is needed to guide practice.

There is no evidence that NRT use in young people is unsafe and any adverse reactions are generally mild.

Based on available evidence, the use of combination NRT (nicotine patch plus a faster-acting product) is recommended in young people who have moderate to high tobacco dependence.

As is the case with adults, it is important to ensure young people are treated with sufficient nicotine from NRT products to prevent withdrawal symptoms and urges to smoke. Given that NRT delivers significantly less nicotine to users than smoking cigarettes, there is no need for practitioners to be overly concerned about the risk of overdose in young people who smoke 10 or more cigarettes per day. Even if young people do get more nicotine from NRT than from when they were smoking, they will just feel nauseous and can pause their NRT use for a few hours, then restart at a lower dose.

NRT, combined with behavioural support, is currently the best available intervention for stopping smoking in adolescents and can offer young people a way out of smoking with huge individual health benefits. Behavioural support may play a more important role with young people than adults when quitting and this should be emphasised as part of treatment.

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Quick reference guide

Whilst we are committed to updating this resource annually, you can ensure that you have the most up-to-date information by accessing the links to each product's SPC on our website: https://www.ncsct.co.uk/publications/category/nrt.

Medication name	Age and recommendations for licensed use
Varenicline	18 and over
Cytisinicline	18 and over
Bupropion	18 and over

NRT for stopping vaping

✓ = licensed for vaping cessation

✗ = not licensed for vaping cessation

Nicotine MOUTH SPRAY		Vaping cessation?
Nicorette products		
QuickMist Mouth Spray 1mg	12 and over	✓
QuickMist Cool Berry Mouth Spray 1mg	12 and over	✓
Nicotinell products		
Nicotinell Rapid Relief 1mg mouth spray	**18 and over**	✓
Boots products		
NicAssist Mouth Spray 1mg	12 and over (help and advice needed from nurse, pharmacist or doctor for use beyond 12 weeks)	✗

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Nicotine NASAL SPRAY		Vaping cessation?
Nicorette products		
Nicorette Nasal Spray	12 and over (advice needed for use beyond 12 weeks)	✓
Boots products		
Boots NicAssist Nasal Spray	12 and over (advice needed for use beyond 12 weeks)	✓

Nicotine INHALATOR		Vaping cessation?
Nicorette products		
Nicorette Inhalator 15mg	12 and over	✓
Boots products		
Boots NicAssist Inhalator 15mg	12 and over	✗

Nicotine MICROTAB		Vaping cessation?
Nicorette products		
Nicorette 2mg Microtab	12 and over (advice needed for use beyond 12 weeks)	✓
Boots products		
Boots NicAssist 2mg Microtab	12 and over (advice needed for use beyond 12 weeks)	✓

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Nicotine PATCH		Vaping cessation?
Nicorette products		
Nicorette Invisi 10mg Patch	12 and over (advice needed for use beyond 12 weeks)	✓
Nicorette Invisi 15mg Patch	12 and over (advice needed for use beyond 12 weeks)	✓
Nicorette Invisi 25mg Patch	12 and over (advice needed for use beyond 12 weeks)	✓
Boots products		
Boots NicAssist Translucent 10mg Patch	12 and over	✓
Boots NicAssist Translucent 15mg Patch	12 and over	✓
Boots NicAssist Translucent 25mg Patch	12 and over	✓
Nicotinell products		
Nicotinell TTS 10 (7mg)	12 and over (with advice, with additional advice beyond 10 weeks)	✗
Nicotinell TTS 20 (14mg)	12 and over (with advice, with additional advice beyond 10 weeks)	✗
Nicotinell TTS 30 (21mg)	12 and over (with advice, with additional advice beyond 10 weeks)	✗
NiQuitin products		
NiQuitin Clear 7mg Transdermal Patch	12 and over	✓
NiQuitin Clear 14mg Transdermal Patch	12 and over	✓
NiQuitin Clear 21mg and Pre-Quit 21mg Transdermal Patches	12 and over	✓
NiQuitin 7mg Transdermal Patch	12 and over	✓
NiQuitin 14mg Transdermal Patch	12 and over	✓
NiQuitin 21mg Transdermal Patch	12 and over	✓

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Nicotine GUM		Vaping cessation?
Nicorette products		
Nicorette 2mg gum	12 and over	✓
Nicorette 4mg gum	12 and over	✓
Nicorette Fruit Fusion 2mg Gum	12 and over	✓
Nicorette Fruit Fusion 4mg Gum	12 and over	✓
Nicorette Freshmint 2mg Gum	12 and over	✓
Nicorette Freshmint 4mg Gum	12 and over	✓
Nicorette Icy White 2mg Gum	12 and over	✓
Nicorette Icy White 4mg Gum	12 and over	✓
Boots products		
Boots NicAssist Minty Fresh 2mg Gum	12 and over	✓
Boots NicAssist Minty Fresh 4mg Gum	12 and over	✓
Boots NicAssist Ice Mint 2mg Gum	12 and over	✓
Boots NicAssist Ice Mint 4mg Gum	12 and over	✓
Boots NicAssist Fruit Fresh 2mg Gum	12 and over	✓
Boots NicAssist Fruit Fresh 4mg Gum	12 and over	✓
NiQuitin products		
NiQuitin Extra Fresh Mint 2mg Medicated Chewing Gum	12 and over	✗
NiQuitin Extra Fresh Mint 4mg Medicated Chewing Gum	12 and over	✗
NiQuitin Fresh Mint 4mg Medicated Chewing Gums	12 and over	✗

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Nicotine GUM		Vaping cessation?
Nicotinell products		
Nicotinell Mint 2mg Medicated Gum	12 and over (up to 12 weeks and not in combination with patch)	✗
Nicotinell Mint 4mg Medicated Gum	12 and over (up to 12 weeks and not in combination with patch)	✗
Nicotinell Fruit 2mg Medicated Gum	12 and over (up to 12 weeks and not in combination with patch)	✗
Nicotinell Fruit 4mg Medicated Gum	12 and over (up to 12 weeks and not in combination with patch)	✗

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Nicotine LOZENGE		Vaping cessation?
Nicorette products		
Nicorette Cools 2mg Lozenge	12 and over	✓
Nicorette Cools 4mg Lozenge	12 and over	✓
Nicorette Fruit 2mg Lozenge	12 and over	✓
Boots products		
Boots NicAssist 1 mg compressed lozenge	12 and over (with advice)	✗
Boots NicAssist 2 mg compressed lozenge	12 and over (with advice)	✗
Nicotinell products		
Nicotinell Mint 1mg Lozenge	12 and over (prescription only)	✗
Nicotinell Mint 2mg Lozenge	12 and over (prescription only)	✗
NiQuitin products		
NiQuitin 2mg Lozenges	12 and over	✗
NiQuitin 4mg Lozenges	12 and over	✗
NiQuitin Mint 2mg Lozenges	12 and over (with advice)	✗
NiQuitin Mint 4mg Lozenges	12 and over (with advice)	✗
NiQuitin Minis 2mg Lozenges	12 and over (advice beyond 12 weeks)	✗
NiQuitin Minis 4mg Lozenges	12 and over (advice beyond 12 weeks)	✗
NiQuitin Minis Mint/Citrus 2mg Lozenges	12 and over (advice beyond 12 weeks)	✓
NiQuitin Minis Mint/Citrus 4mg Lozenges	12 and over (advice beyond 12 weeks)	✓

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Sources

Fanshawe TR, Halliwell W, Lindson N, Aveyard P, Livingstone-Banks J, Hartmann-Boyce J. Tobacco cessation interventions for young people. Cochrane Database of Systematic Reviews 2017, Issue 11. Art. No.: CD003289. DOI: 10.1002/14651858.CD003289.pub6.

Hartmann-Boyce J, Chepkin SC, Ye W, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub5.

Haysom L, Lawrence D, Mellish D, Burns P, Khale P, Arulampalam A, Stapylton C. Use of nicotine replacement therapy in young people entering custody in New South Wales, Australia. J Paediatr Child Health. 2017 Jul;53(7):675-679. doi: 10.1111/jpc.13526.

King JL, Pomeranz JL, Merten JW. A systematic review and meta-evaluation of adolescent smoking cessation interventions that utilized nicotine replacement therapy. Addict Behav. 2016 Jan;52:39-45. doi: 10.1016/j.addbeh.2015.08.007.

King JL, Merten JW, Wong TJ, Pomeranz JL. Applying a Social-Ecological Framework to Factors Related to Nicotine Replacement Therapy for Adolescent Smoking Cessation. Am J Health Promot. 2018 Jun;32(5):1291-1303. doi: 10.1177/0890117117718422.

Lachance C, Frey N. Non-Pharmacological and Pharmacological Interventions for Smoking Cessation Programs in Youth: A Review of Clinical Effectiveness and Guidelines [Internet]. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; 2020 Feb 24. PMID: 33048482.

NICE. Nice Guideline 209: Tobacco: preventing uptake, promoting quitting and treating dependence (NG:209). National Institute for Health and Care Excellence; 2021 (Updated 2023). https://www.nice.org.uk/guidance/ng209/resources/tobacco-preventing-uptake-promoting- quitting-and-treating-dependence-pdf-66143723132869

Scherphof CS, van den Eijnden RJ, Engels RC, Vollebergh WA. Long-term efficacy of nicotine replacement therapy for smoking cessation in adolescents: a randomized controlled trial. Drug Alcohol Depend. 2014 Jul 1;140:217-20. doi: 10.1016/j.drugalcdep.2014.04.007.

Scherphof CS, van den Eijnden RJ, Engels RC, Vollebergh WA. Short-term efficacy of nicotine replacement therapy for smoking cessation in adolescents: a randomized controlled trial. J Subst Abuse Treat. 2014 Feb;46(2):120-7. doi: 10.1016/j.jsat.2013.08.008.

Scherphof CS, van den Eijnden RJ, Lugtig P, Engels RC, Vollebergh WA. Adolescents' use of nicotine replacement therapy for smoking cessation: predictors of compliance trajectories. Psychopharmacology (Berl). 2014 Apr;231(8):1743-52. doi: 10.1007/s00213-014-3511-8.

Selph S, Patnode C, Bailey SR, Pappas M, Stoner R, Chou R. Primary Care-Relevant Interventions for Tobacco and Nicotine Use Prevention and Cessation in Children and Adolescents: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. JAMA. 2020 Apr 28;323(16):1599-1608. doi: 10.1001/jama.2020.3332. PMID: 32343335.

Shirazi A, Radgoudarzi N, Brody AL. Adolescent Tobacco/Nicotine Use and the Potential Role of Contingency Management-based Interventions. J Addict Med. 2024 Mar-Apr 01;18(2):97-102. doi: 10.1097/ADM.0000000000001249. Epub 2024 Jan 10. PMID: 38197859; PMCID: PMC10939979.

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