

Treating patients with smokeless tobacco (chew, snus, snuff) addiction

Who uses smokeless tobacco in Colorado?

In Colorado, 7% of adult men reported using smokeless tobacco in 2016. This percentage is relatively unchanged since 2008, and is slightly higher than the national average of 6.7%. In 2015, 4.9% of high school students also reported using smokeless tobacco. Use of smokeless tobacco products is predominantly seen in male Coloradans, and is higher among those residing in rural communities. Many of these communities experience a disparately high burden of smokeless tobacco use, with some counties reporting rates greater than three times the state average.

Why is smokeless tobacco addiction a problem?

No form of smokeless tobacco is a safe alternative to smoking. Like cigarette smoking, the use of smokeless tobacco produces addiction to nicotine and can have serious health consequences. Use of these products is linked to cancers of the mouth, esophagus and pancreas, and can also increase the risk for death from heart disease and stroke. In addition, use of smokeless tobacco may lead to gum disease, tooth decay and tooth loss.

What can providers do to help patients quit chewing?

Every patient seen in a clinical setting should be screened at every visit for all forms of cigarette and non-cigarette tobacco use, including smokeless tobacco use. All identified smokeless tobacco users should be strongly urged to quit and offered the same counseling interventions recommended for cigarette smokers. Brief advice given by an oral health provider can be particularly effective in motivating smokeless tobacco users to quit.

While further research is needed to strengthen medication recommendations for patients quitting smokeless tobacco, [Chantix and nicotine replacement therapy lozenges are both promising treatment practices](#). The Colorado QuitLine offers free counseling and medication to all Coloradans trying to quit any tobacco product. The QuitLine currently offers Chantix to adult Colorado residents enrolled in the telephone coaching program with a valid provider prescription. QuitLine counseling includes tailored quit plans and support for chewers at every stage, from beginning to cut back to maintaining their tobacco free lifestyle.

A brief tobacco intervention (ASK, ADVISE , REFER) by a healthcare provider significantly increases the likelihood that a patient will try to quit chewing. Active referrals from providers (using fax, web or e-referral) are more effective than asking a patient to call. Use the refer-to-quit program steps on the back of this sheet.



1.800.QUIT.NOW
www.coquitline.org

Patients who use tobacco are more likely to quit long term when using the free Colorado QuitLine service, compared to quitting on their own.

HOW TO REFER PATIENTS TO THE QUITLINE

ASK every patient at each encounter about tobacco use and document status.

ADVISE every tobacco user to quit with a clear, strong, non-judgmental, personalized health message about the benefits of quitting.

REFER patients who are ready to quit tobacco within the next 30 days to the Colorado QuitLine. Active referrals from providers (using fax, web or e-referral) are more effective than asking a patient to call.

REFER-TO-QUIT PROGRAM

- Step 1 Patient agrees to referral and provides verbal consent.
- Step 2 Provider completes form indicating approval* for nicotine replacement therapy for smokers who are pregnant or have uncontrolled high blood pressure or heart disease.
- Step 3 Provider completes referral form using either QuitLine Fax Referral Form, Provider Web Referral portal, or e-referral through electronic health record (EHR). Copies of the form are available at www.CoHealthResources.org.
- Step 4 Provider sends the completed referral to National Jewish Health either via fax (1- 800-261-6259) or electronically.
- Step 5 QuitLine staff member calls the smoker to enroll them in the program and schedule personalized coaching sessions.
- Step 6 QuitLine sends information about the smoker's enrollment status and program progress to the health care provider.

*Provider consent is not required for Nicotine Replacement Therapy obtained through the QuitLine, except in cases outlined above. In these cases, provider consent may be given by any clinician with prescriptive authority in Colorado.