



COLORADO

**Department of Public
Health & Environment**

Treating Smokeless Tobacco Dependence: FAQs

Q: Are the best practices for smokeless tobacco (SLT) use and dependence treatment different than those for smoking cessation?

A: Tobacco dependence treatments are effective across a broad range of populations regardless of tobacco type and use patterns. Standardized screening, strong and tailored clinician advice to quit, and counseling, especially when delivered by dental health providers, are effective SLT treatment interventions¹. Quitlines have been shown to aid SLT cessation² and are an effective treatment resource that can stand alone or supplement other tobacco treatment. Web-based interventions are also a promising practice for both youth and adults seeking support for dependence on SLT products³.

Q: Is nicotine replacement therapy (NRT) effective for smokeless users?

A: While further research is needed to strengthen pharmacologic treatment recommendations for SLT dependence, Chantix and NRT lozenges are both promising pharmacotherapies for SLT users⁴ that are accessible through the Colorado Quitline, Health First Colorado Medicaid, and other health plans. Evidence suggests that other nicotine replacement therapies, including patches and gum, can help reduce withdrawal symptoms and cravings in SLT users, but to date, they have been found to be ineffective for increasing long-term SLT abstinence rates. Treating withdrawal is important because SLT users experience a constellation of withdrawal symptoms upon cessation including craving, irritability, frustration, anger, difficulty concentrating, restlessness, impatience, increased appetite, and depressed mood⁵.

Q: Can we provide cessation aids in quit kits?

A: Grantees should not include FDA or non-FDA approved cessation aids as promotional items in quit kits. If unsure about reimbursement of other quit kit items, contact your POC for prior approval.

¹Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz N, Curry SJ, et al. Treating tobacco use and dependence: 2008 update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; April 2009.

²Mushtaq N, Boeckman LM, Beebe LA. Predictors of smokeless tobacco cessation among telephone quitline participants. *Am J Prev Med.* 2015;48(1 Suppl 1):S54-S60. doi:10.1016/j.amepre.2014.09.028.

³National Cancer Institute and Centers for Disease Control and Prevention. Smokeless Tobacco and Public Health: A Global Perspective. Bethesda, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, National Cancer Institute. NIH Publication No. 14-7983; 2014.

⁴Ebbert JO, Elrashidi MY, Stead LF. Interventions for smokeless tobacco use cessation. *Cochrane Database of Systematic Reviews* 2015, Issue 10. Art. No.: CD004306. doi: 10.1002/14651858.CD004306.pub5.

⁵Ebbert JO, Fagerström K. Pharmacological interventions for the treatment of smokeless tobacco use. *CNS Drugs.* 2012;26(1);1-10.



COLORADO

Department of Public
Health & Environment

Treating Smokeless Tobacco Dependence: FAQs

Q: What is mint snuff? Is it effective for smokeless users?

A: Mint snuff or herbal chew is a nicotine-free, non-tobacco product available in U.S. convenience stores or on the Internet. This product typically contains chopped mint or other plant-based ingredients, which are placed in the mouth and intended to replace the oral sensation of SLT. A wide range of other non-nicotine containing oral substitutes, including chewing gum, nuts, sunflower seeds, beef jerky, and cinnamon sticks have also been noted in smokeless cessation guides. While none of these products are FDA-approved cessation medications, several studies have suggested that non-nicotine oral substitutes can help reduce withdrawal and support SLT users in their quit attempts⁶.

Q: Can I use STEPP funding to purchase tobacco-free mint snuff as an alternative product in order to encourage smokeless users to quit?

A: STEPP funding cannot be used for the purchase of tobacco-free mint snuff products or for the purchase of other FDA or non-FDA approved cessation aids. Other oral substitutes, such as chewing gum or mints, may be considered for inclusion in quit kits and as an appropriate use of STEPP funding with approval from your POC.

Q: What media is available for smokeless cessation and prevention campaigns?

A: Grantees can readily access:

- 1) [a set of consumer-facing print and digital materials](#) featuring messages tailored for smokeless tobacco users. This collection features creative borrowed from a campaign in Montana with the tagline “Be careful what you pass down.”*
- 2) smokeless tobacco executions of Day I Quit, Tobacco Robs You and Kiss of Death cessation and prevention campaigns, which are all available to order at cohealthresources.org.*

Q: What resources are available for health care providers treating patients who use SLT?

A: Health care providers, particularly oral health care providers:

- 1) Can assist clients with quitting smokeless tobacco by asking about all forms of tobacco use at each visit, providing tailored advice and offering treatment options, including connection to the Quitline.*

⁶ Severson HH, Gordon JS. Enough snuff: a guide for quitting smokeless tobacco. 8th ed. Scotts Valley, CA: ETR Associates; 2010.



COLORADO

Department of Public
Health & Environment

Treating Smokeless Tobacco Dependence: FAQs

To support provider education on SLT treatment available through the Quitline, STEPP has developed an updated Quitline Provider Guide, customized for addressing smokeless tobacco use with patients.

- 2) *DipfreeTXT is a free text messaging-based quit program offered through smokefree.gov for young adults who are ready to quit SLT. Patients can text SPIT to 333888 to get started.*
- 3) *Providers can find additional resources for treating tobacco dependence at tobaccofreeco.org/health-providers.*

Q: What resources are available for Veterans and service members seeking support for smokeless dependence?

A: Evidence-based, tailored resources are available for active duty military and Veterans:

- 1) *The Department of Defense (DoD) tobacco education campaign YouCanQuit2, located at www.ycq2.org, provides a wide range of tools to help service members become tobacco-free.*
- 2) *[TRICARE covers](#) tobacco cessation counseling and FDA-approved cessation medications at no cost to members.*
- 3) *[Smokeless Tobacco: A Veterans' Guide for Quitting](#) is a self-guided workbook offering practical tips for preparing for and following through on a quit plan*
- 4) *[Smokefree Vet](#) provides 24/7 text messaging in English and Spanish and other digital resource support to help Veterans quit chew and other tobacco products.*
- 5) *[The Colorado Quitline](#) proudly offers free phone and web-based coaching and NRT to Veterans and service members.*

Q: I have heard many personal stories from community members who have had success quitting tobacco with creative approaches, what is STEPP's stance?

A: For all tobacco users, including smokeless users, our charge in public health is to promote evidence-based cessation intervention as first-line treatment. Standardized screening, strong and tailored clinician advice to quit, especially when delivered by oral health care providers, and behavioral counseling, including Quitline, are effective interventions within smokeless populations.



COLORADO

**Department of Public
Health & Environment**

Treating Smokeless Tobacco Dependence: FAQs

STEPP is dedicated to the promotion of person-centered care that is respectful of, and responsive to, individual preferences, needs, and values. It is critical that we use this lens to guide our recommendations to health systems and other partners. We must prepare care teams operating in the health neighborhood to effectively navigate conversations with patients attempting alternative approaches to addressing their nicotine dependence that they may ask about and opt to use. Alternative approaches patients may express interest in include tobacco-free herbal snuff, e-cigarettes, auriculotherapy, hypnotherapy, and harm reduction techniques. If a patient is unwilling or unable to use evidence-based SLT treatment methods and instead chooses to use an alternative approach, CDPHE recommends affirming the person's quit attempt and offering follow-up.

We commend you for ensuring that local approaches are sensitive and responsive to the unique needs of your communities, and we strive with you to create equal opportunities for every Coloradan to achieve their full health potential.