

SMOKELESS TOBACCO

Treating patients who use smokeless tobacco (chew, snus, snuff)

WHO USES SMOKELESS TOBACCO IN COLORADO?

7% of adult men in Colorado reported using smokeless tobacco in 2018. This percentage is relatively unchanged since 2008 and is higher than the national average of 6.6%. Smokeless tobacco rates are significantly higher in rural parts of Colorado vs. non rural. In fact, some rural counties report rates greater than three times the state average.¹

Among high school males, Colorado is doing significantly better than the national average, but rural smokeless tobacco use among high school males remains high.

In 2018, there was a higher use of chewing tobacco in current smokers than in former or non-smokers. This dual use of tobacco can lead to higher levels of nicotine exposure.

Learn more about the current burden of tobacco use in your community.

Visit our state surveillance data visualization tool. <https://www.colorado.gov/pacific/cdphe/vision-data-tool>

The QuitLine welcomes:

ALL races • religions • genders
countries of origin • abilities
ethnicities • sexual orientations

We stand with you.

WHY IS SMOKELESS TOBACCO USE A PROBLEM?

Smokeless tobacco use can lead to addiction and serious health consequences, including cancers of the mouth, esophagus and pancreas. The use of smokeless products can also increase the risk of death from heart disease and stroke¹ and may lead to gum disease, tooth decay, and tooth loss.

WHAT CAN PROVIDERS DO TO HELP PATIENTS QUIT CHEWING?

Screen every patient at every visit for all forms of tobacco use, including smokeless tobacco. Strongly encourage all people who use smokeless tobacco to quit and offer the same counseling interventions recommended for cigarette smokers. Due to the harmful dental effects of smokeless tobacco, brief advice given by an oral health provider can be particularly effective in motivating people who use smokeless tobacco to quit.

¹ 2018 Behavioral Risk Factor Surveillance System (BRFSS).

Chantix and nicotine replacement therapy lozenges are both promising treatment practices.

The Colorado QuitLine offers free coaching and **nicotine replacement therapy** to all Coloradans who use tobacco, and Chantix is covered by many insurance plans, including Colorado Medicaid. QuitLine coaching includes tailored treatment plans for all people who use smokeless tobacco regardless of their degree of readiness to quit.

Nicotine replacement patches and gum can also help reduce withdrawal symptoms and cravings.

For more resources in treating tobacco dependence visit: tobaccofreeco.org/health-providers/

Brief advice by a health care provider can significantly increase the chances that a patient will quit tobacco.

Referring patients to the QuitLine takes just a few minutes.

ASK every patient at each appointment about tobacco use, including smokeless tobacco and e-cigarettes, and document status.

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

REFER patients to the Colorado QuitLine. **Offer treatment to every person who uses tobacco**, including the option of QuitLine services. Active referrals to the QuitLine from providers (using fax, web or e-referral) are more effective than asking a patient to call.

HOW TO REFER PATIENTS TO THE QUITLINE

STEP 1 The patient provides verbal consent for program participation and to receive text messages.

STEP 2 Care team member or provider initiates referral using either QuitLine Fax Referral form, [Provider Web Referral](#) portal or e-referral through electronic health record (EHR). Copies of the fax form are available at www.coquitline.org.

STEP 3 Provider indicates on the fax or web referral if approving* nicotine replacement therapy (NRT) for patients who are pregnant or breastfeeding, or for those who have previously received medical advice to not use NRT.

STEP 4 Provider sends the completed referral to National Jewish Health either via fax (1-800-261-6259) or by [Provider Web Referral](#) or e-referral.

STEP 5 QuitLine staff member calls the patient to enroll them in the program, and schedule personalized coaching sessions. If the patient consents to text messages (step 1), the patient will receive a text message prior to the QuitLine staff phone call to alert the patient to the call.

STEP 6 QuitLine sends information about the patient's enrollment status and progress to the health care provider to support follow-up with the patient. Patients who enroll themselves do not trigger QuitLine progress notes to the provider.

*Provider consent is not required for Nicotine Replacement Therapy obtained through the QuitLine, except in cases outlined above; pregnant or breastfeeding, or persons who have previously received medical advice to not use NRT. In these cases, provider consent may be given by any clinician with prescriptive authority in Colorado.