

Smokeless Tobacco Users

Smokeless tobacco (e.g., dip, chew, moist snuff, snus) is an addictive substance that causes health effects, such as oral health problems, heart disease, and cancers of the mouth and throat. Evidence-based tobacco use treatment includes behavioral counseling and pharmacotherapy. The Veterans Health Administration (VHA) quitline, 1-855-QUIT-VET (1-855-784-8838), provides counseling for all tobacco users. Pharmacotherapy options for smokeless tobacco use include nicotine replacement therapy (NRT), bupropion, and varenicline.

A general estimate is that a 2-can-a-week dipper gets as much nicotine as a 1- to 1½-pack-a-day smoker, and many smokeless tobacco users are moderately to highly nicotine dependent. Determining the actual nicotine content in smokeless tobacco can be difficult, given the variability of the different products. Smokeless tobacco products vary widely in nicotine content and pH, which affects the absorption of nicotine in the buccal mucosa area. Smokeless tobacco users can also manipulate the release of nicotine by the amount they use, how long they use it, and how often they dip/chew, potentially leading to a higher dependence level.

Assess nicotine dependence for smokeless tobacco users

<p>1. How soon after you wake up do you place your first dip?</p> <p><input type="checkbox"/> Within 5 minutes: 3 points</p> <p><input type="checkbox"/> 6-30 minutes: 2 points</p> <p><input type="checkbox"/> 31-60 minutes: 1 point</p> <p><input type="checkbox"/> After 60 minutes: 0 points</p>	<p>2. How many cans/pouches per week do you use?</p> <p><input type="checkbox"/> More than 3: 2 points</p> <p><input type="checkbox"/> 2-3: 1 point</p> <p><input type="checkbox"/> 1: 0 points</p>	<p>SCORING</p> <p>TOTAL: _____</p> <p>5 High dependence</p> <p>3-4 Moderate dependence</p> <p>1-2 Low dependence</p>
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Combination NRT (long-acting nicotine patch + short-acting nicotine lozenges or gum)

<p>Recommended starting dose</p> <ul style="list-style-type: none"> For moderate to high nicotine dependence or use of more than 1 can every 3 days: 21 mg patch plus either 2 mg lozenges or 2 mg gum. For low nicotine dependence or use of less than 1 can every 3 days: 14 mg patch plus either 2 mg lozenges or 2 mg gum. If the patient feels that the 21 mg patch is too strong, then adjust down to the 14 mg patch. If the 2 mg lozenges or gum are not working, then consider using the 4 mg lozenges or gum. If the patient has high nicotine dependence, consider starting at the 4 mg dose for the lozenges or gum. 	<p>Start on target quit date</p> <ul style="list-style-type: none"> Use 1 patch every 24 hours to maintain basal nicotine levels. Use 6 to 10 lozenges or pieces of gum per day as needed for breakthrough cravings. Apply a new patch in the morning for use through the entire day. Use 1 lozenge or piece of gum every few hours to help relieve cravings. Certain situations or emotions often associated with dipping or chewing, such as the end of a meal, driving, or feeling stressed, may trigger an urge to use tobacco. Taper use over 2 to 6 months. For a sample tapering schedule, refer to: http://www.publichealth.va.gov/smoking/professionals/treatment/comboNRT-infographic.asp
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Considerations:

- Hypersensitivity: Hives may indicate an allergy to the adhesive on the patch. The patient should stop using the patch if hives occur.*
- Use within 14 days post MI, or in patients with serious or worsening angina (more precaution, assess benefit vs. risk)*

Treatment options:

Bupropion (Zyban®, Wellbutrin®)

Recommended dose

Dose (bupropion SR 150 mg): Take 1 tablet daily for 3 days, then increase to 1 tablet twice daily. Space out the two doses by 8 hours if possible, and avoid taking the second dose too late in the evening to avoid insomnia.

Start 1 to 2 weeks before target quit date

- Duration of treatment is 7 to 12 weeks but can be longer (up to 6 months).
- It is recommended to use bupropion in combination with NRT, preferably a short-acting NRT, which will assist with breakthrough cravings and act as a substitution strategy.

Considerations:

- Bupropion is associated with a dose-dependent risk of seizures; avoid use in patients who have a history of seizures.
- For patients with mild-to-moderate hepatic cirrhosis, a reduced frequency or dose should be considered.
- Bupropion can be safely used in patients with stable mental health conditions and used for depression; however, bupropion can have activating effects. If a patient has mental health concerns, contact the mental health provider before initiating bupropion.

Varenicline (Chantix®) Second-line medication in VA

Recommended dose

- Refer to the Criteria for Use: http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Varenicline_Criteria_For_Use.pdf
- **Dose:** Start with 0.5 mg daily for 3 days, then increase to 0.5 mg twice a day for 4 days, then increase to 1 mg twice daily.

Start 1 to 2 weeks before target quit date

Duration of treatment is usually 12 to 24 weeks; the patient should be tobacco free at the end of 12 weeks.

Considerations:

- Dose adjustment may be needed based on the patient's renal function. If CrCl < 30ml/min, then reduce the dose to 0.5 mg twice daily.
- There are no clinically significant drug interactions.
- Varenicline is safe for patients with stable mental health conditions. In rare instances, serious neuropsychiatric symptoms (including changes in behavior, hostility, agitation, and depressed mood) and suicidal ideation can occur, usually in patients with uncontrolled mental health conditions. If a patient has unstable mental illness and/or suicidal plan, attempt, or intent within the last 12 months, refer to the mental health provider. If the mental health provider deems treatment with varenicline is appropriate for a patient with suicidal intent, plan, or attempt in the prior 12 months, varenicline may be prescribed. For inclusion and exclusion criteria, refer to: http://www.pbm.va.gov/PBM/clinicalguidance/criteriaforuse/Varenicline_Criteria_For_Use.pdf
- Varenicline may lower the seizure threshold, so caution should be taken when using in patients with a history of seizures or high risk for seizures.
- Varenicline may lower alcohol tolerance. Patients with significant alcohol history should be monitored.

References:

1. "Cigars." Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/cigars/
2. Henningfield JE, Fant RV, Radzius A, Frost S. Nicotine concentration, smoke pH and whole tobacco aqueous pH of some cigar brands and types popular in the United States. *Nicotine Tob Res.* 1999;1(2):163-168.
3. Henningfield JE, Radzius A, Cone EJ. Estimation of available nicotine content of six smokeless tobacco products. *Tob Control.* 1995;4:57-61.