



Smokeless Tobacco and How to Quit

There are a lot of terms to describe smokeless tobacco products, for instance, oral, chewing, snuff, spit, and spitless tobacco.

All forms of oral tobacco have chemicals known to cause cancer (carcinogens). These products can cause cancer of the mouth, pancreas, and esophagus (the tube that carries food from the mouth to the stomach). Oral and smokeless tobacco also cause many other health problems, such as gum disease, destruction of the bone sockets around the teeth, and tooth loss. They cause bad breath and stained teeth, too.

Smokeless tobacco is less lethal than cigarettes, but using any form of tobacco puts you at serious health risks. Smokeless tobacco is not a safe alternative to smoking. The bottom line: All forms of tobacco can be deadly.

What is smokeless tobacco?

There are 2 basic forms of smokeless tobacco: snuff and chewing tobacco. But other forms of smokeless tobacco are also sold.

Snuff is finely ground tobacco packaged in cans or pouches. It is sold as dry or moist.

Moist snuff is used by placing a *pinch*, *dip*, *lipper*, or *quid*, between the lower lip or cheek and gum. The nicotine in the snuff is absorbed through the tissues of the mouth. Moist snuff is also available in small, teabag-like pouches or sachets that can be placed between the cheek and gum. These are designed to be both “smoke-free” and “spit-free” and are marketed as a discreet way to use tobacco.

Dry snuff is sold in a powdered form and is used by sniffing or inhaling the powder up the nose.

Chewing tobacco comes as long strands of loose leaves, plugs, or twists of tobacco. Pieces, commonly called *plugs*, *wads*, or *chew*, are chewed or placed between the cheek and gum or teeth. The nicotine in the piece of chewing tobacco is absorbed through the mouth tissues. The user spits out the brown juice – saliva that soaked through the tobacco.

Smokeless tobacco products also come in other forms. Snus (sounds like *snoose*) is a finely ground form of moist snuff made of air-cured tobacco, water, salt, and flavorings that first came from Sweden and Norway. Snus is most commonly packaged in small pouches, but can also be used like loose moist snuff.

Other smokeless products can be bought in the United States. Some that are available or are being tested include lozenges, tabs, tablets, strips, and sticks.

Marketing of smokeless tobacco products

Tobacco companies have responded to the popular laws that ban smoking in public places by selling smokeless products that can be used in no-smoking settings. They use ad slogans such as “Anytime. Anywhere” and “No Smoking, No Problem” to target smokers who crave nicotine while they are in smoke-free places. Free samples and coupons are also offered to encourage people to try these new products. But without smokeless products, these smokers might be motivated to quit smoking completely.

The tobacco industry is also promoting the idea that switching to smokeless products is a good way to quit smoking. These claims are implied rather than stated outright, to avoid having these products regulated as drugs.

There is no proof that smokeless tobacco products can actually help smokers quit. But there are proven treatments for tobacco addiction, such as nicotine replacement products, antidepressants, nicotine receptor blockers, and behavioral therapies. These standard treatments have been carefully tested and have been proven to help people quit smoking.

Laws that affect tobacco marketing

The Family Smoking Prevention and Tobacco Control Act went into effect in October 2009. This law gives the Food and Drug Administration (FDA) power to regulate tobacco products in the US. One of the goals of the law is to restrict the marketing and advertising of tobacco products – including smokeless tobacco products. Colorful ads and store displays are no longer permitted. Only black and white text ads are allowed. And as of 2010, all outdoor tobacco ads within 1,000 feet of schools and playgrounds are illegal.

Under the law, new smokeless tobacco and other products claiming to have lower health risks have to be approved by the FDA. Such claims are only allowed if makers can show that the product would not encourage many non-smokers or would-be quitters to try them, rather than not using tobacco at all.

What are the risks of using smokeless tobacco?

Smokeless tobacco products are not a safe substitute for tobacco smoking. Harmful health effects include:

- Mouth, tongue, and throat cancer
- Cancer in the esophagus (the swallowing tube that goes from your mouth to your stomach)
- Stomach cancer
- Pancreatic cancer
- Increased risk of heart disease, heart attacks, and stroke
- Addiction to nicotine
- Leukoplakia (white sores in the mouth that can become cancer)
- Receding gums (gums slowly shrink from around the teeth)
- Bone loss around the roots of the teeth
- Abrasion (scratching and wearing down) of teeth
- Tooth loss
- Stained teeth
- Bad breath

Leukoplakia is a white sore or patch in the mouth that can become cancer. Many studies have shown high rates of leukoplakia at the place in the mouth where users place their chew. One study found that nearly 3 of 4 of daily users of moist snuff and chewing tobacco had non-cancerous or pre-cancerous lesions (sores) in the mouth. The longer you use oral tobacco, the more likely you are to have leukoplakia.

Tobacco can irritate or destroy gum tissue. Many regular smokeless tobacco users have receding gums, gum disease, tooth decay, and bone loss around the teeth. The surface of the tooth root may be exposed where gums have shrunken. All this can cause teeth to loosen and fall out.

Smokeless tobacco may also play a role in heart disease and high blood pressure. Results from a large American Cancer Society study showed that men who switched from cigarettes to snuff or chewing tobacco had higher death rates from heart disease, stroke, cancer of the mouth and lung, and all causes of death combined than former smokers who stopped using *all* tobacco products. It is unclear whether the heart disease was caused by the smokeless tobacco products in this study, because there have been few large, long-term studies to identify all of the health problems caused by these products.

The snuff and chewing tobacco products most widely used in the United States have very high levels of cancer-causing agents (carcinogens) called *tobacco-specific nitrosamines*. These carcinogens cause lung cancer in animals, even when injected into their blood.

How do the risks of using smokeless tobacco compare with cigarette smoking?

Smokeless tobacco products are less lethal than cigarettes. Even though they are marketed as a less harmful alternative to smoking, these products can be deadly. And they have not been proven to help smokers quit.

Smokers who delay quitting by using smokeless products between cigarettes greatly increase their risk of lung cancer. They also set themselves up for new health problems caused by smokeless tobacco.

Who uses smokeless tobacco?

The 2010 data from the Substance Abuse and Mental Health Administration (SAMHSA) showed that more than 3.5% of people aged 12 and older were current users of smokeless tobacco – that’s about 8.9 million people. Use of smokeless tobacco was higher in younger age groups, with over 6% of people aged 18 to 25 saying that they were current users.

About 1.4 million people age 12 and older started using smokeless tobacco in the year before the survey. Nearly half of the new users were under age 18 when they first used it.

That is supported by the CDC’s 2009 Youth Risk Behavior Survey. They found that use of smokeless tobacco among high school kids is even higher than for young adults. The CDC found that more than 15% of male high school students and more than 2% of female high school students had used smokeless tobacco in the month before the survey.

The CDC Youth Tobacco Survey looked at even younger children. In their 2009 survey, nearly 3% of middle school students reported using smokeless tobacco at least once in the 30 days before the survey.

The tobacco industry offers sweetened and flavored smokeless tobacco. It can taste more like candy with flavors such as vanilla, mint, and fruits, which makes it more appealing to young people.

Certain factors seem to be linked to whether or not young people will use tobacco. They include:

- Peer pressure
- Local lifestyles and fashions
- General attitudes toward authority
- Economic conditions
- Examples set by teachers and school staff
- Presence of gangs

- Use of illegal drugs and alcohol

In 2003, more than 1 in 3 major league baseball players used smokeless tobacco, mainly moist snuff, and many still do today. Athletes are a large marketing source for smokeless tobacco, and are often seen on TV using it during a game. As role models, they can influence youth to be more open to and accepting of smokeless tobacco.

State-enforced smoking bans are a more recent influence on the use of smokeless tobacco. In response to these bans, tobacco companies have been marketing smokeless tobacco products more heavily. They are advertising smokeless tobacco products as alternatives to cigarettes in places where smoking is not allowed. When smokers use these products as substitutes instead of trying to quit tobacco, it continues to support the tobacco industry.

Smokers who put off quitting by using smokeless tobacco for a nicotine fix while in smoke-free settings do not decrease their lung cancer risk. Lung cancer risk is affected most by how long a person smokes. And these people are still using tobacco and still smoking cigarettes. Research has shown that people who use smokeless tobacco and also smoke often find it harder to quit tobacco.

Quitting smokeless tobacco

Quitting smokeless tobacco is not easy, but you can do it. To have the best chance of quitting and staying quit, you need to know what you're up against, what your options are, and where to go for help.

In many ways, quitting smokeless tobacco is a lot like quitting smoking. Both involve tobacco products that contain nicotine, and both involve the physical, mental, and emotional parts of addiction. Many of the ways to handle the mental hurdles of quitting are the same. But there are 2 parts of quitting that are unique for oral tobacco users:

- There is often a stronger need for oral substitutes (having something in the mouth) to take the place of the chew, snuff, or pouch.
- Mouth sores often slowly go away and gum problems caused by the smokeless tobacco often stop getting worse. This is a benefit of quitting that everyone can see.

Why quit?

There are many reasons to stick it out through withdrawal and quit using smokeless tobacco for good. Health reasons are the obvious ones. But consider the following as well.

Social acceptance

Chewing and dipping carry a heavy social price, especially when dating. Bad breath, gum disease, and stained teeth are very unappealing. The spitting you have to do with most smokeless tobacco is not pretty, either.

Cost

A tobacco habit can cost a lot of money. It isn't hard to figure out how much you spend on tobacco: multiply how much money you spend on tobacco every day by 365 (days a year). The amount may surprise you. Now multiply that by the number of years you have been using tobacco and that amount will probably shock you.

Multiply the cost per year by 10 (for the next 10 years) and ask yourself what you would rather do with that much money. And this doesn't include other possible costs, such as health care costs due to tobacco-related problems.

Setting an example

If you have children in your life, you probably want to set a good example for them. When asked, nearly all smokeless tobacco users say they don't want their children to chew or dip. You can become a better role model for them if you quit now.

Why is it so hard to quit?

Nicotine

Nicotine is a drug found naturally in tobacco. It is as addictive as heroin or cocaine. Over time, a person becomes physically dependent on and emotionally addicted to nicotine. The physical dependence causes unpleasant withdrawal symptoms when you try to quit. The emotional and mental dependence (addiction) make it hard to stay away from nicotine after you quit. Studies have shown that tobacco users must deal with both the physical and mental dependence to quit and stay quit.

Where nicotine goes and how long it stays: Nicotine enters the bloodstream from the mouth and is carried throughout the body. It affects many parts of the body, including your heart and blood vessels, your hormones, the way your body uses food (your metabolism), and your brain. During pregnancy, nicotine freely crosses the placenta and has been found in amniotic fluid and the umbilical cord blood of newborn infants.

Different factors affect how quickly the body gets rid of nicotine and its by-products. Regular oral tobacco users will still have nicotine or its by-products, such as cotinine, in their bodies for about 3 or 4 days after stopping.

How nicotine hooks smokers: Nicotine causes pleasant feelings and distracts the smoker from unpleasant feelings. This makes the tobacco user want to use more. Nicotine also acts as a kind of depressant by interfering with the flow of information between nerve cells.

As the nervous system adapts to nicotine, tobacco users tend to increase the amount of tobacco they use. This raises the amount of nicotine in their blood, as more tobacco must be used to get the same effect. This is called *tolerance*. Over time, the tobacco user

reaches a certain nicotine level and then keeps up the usage to keep the level of nicotine within a comfortable range.

Soon after a person finishes their dip or chew, the nicotine level in the body starts to drop, going lower and lower. The pleasant feelings wear off, and soon the user starts wanting more tobacco. If it is postponed, the person may start to feel irritated and edgy. Usually it doesn't reach the point of real withdrawal symptoms, but the tobacco user gets more uncomfortable over time. At some point, the person takes in more tobacco, the unpleasant feelings go away, and the cycle continues.

Smokeless tobacco delivers a high dose of nicotine. An average dose from snuff is 3.6 milligrams (mg) and from chewing tobacco is 4.5 mg – compared with 1 to 2 mg from one cigarette. Despite this difference, blood levels of nicotine throughout the day are much the same among smokers and those who use smokeless tobacco.

Nicotine withdrawal can lead quitters back to tobacco: Stopping or cutting back on smokeless tobacco use causes symptoms of nicotine withdrawal that are much like those smokers get when they quit. Studies have shown that oral snuff users have as much trouble giving up tobacco as cigarette smokers who to quit smoking. Studies also suggest that when regular oral tobacco users can't use the form they prefer, they will smoke cigarettes or use another form of tobacco to satisfy their need for nicotine.

Withdrawal from nicotine is both physical and mental. Physically, the body reacts to the absence of nicotine. Mentally and emotionally, the user is faced with giving up a habit, which calls for a major change in behavior. Both the physical and mental factors must be dealt with to quit and stay quit.

Those who have used tobacco regularly for a few weeks or longer will have withdrawal symptoms if they suddenly stop or greatly reduce the amount they use. Symptoms usually start within a few hours of the last dip or chew and peak about 2 to 3 days later when most of the nicotine and its by-products are out of the body. Withdrawal symptoms can last for a few days to up to several weeks. They will get better every day that you stay tobacco-free.

Withdrawal symptoms can include any of the following:

- Dizziness (which may last only 1 or 2 days after quitting)
- Depression
- Feelings of frustration, impatience, and anger
- Anxiety
- Irritability
- Trouble sleeping (including trouble falling asleep and staying asleep, and having bad dreams or even nightmares)
- Trouble concentrating

- Restlessness or boredom
- Headaches
- Tiredness
- Increased appetite
- Slower heart rate

These uncomfortable feelings can lead you to start using tobacco again to boost blood levels of nicotine and stop symptoms. For information on coping with withdrawal, please see the section called “How to quit.”

Help with the mental part of addiction

Some people are able to quit on their own, without the help of others or the use of medicines. But for many tobacco users, it can be hard to break the social and emotional ties to chewing or dipping while getting over nicotine withdrawal symptoms at the same time. The good thing is, there are many sources of support out there.

Telephone-based help programs

As of 2009, all 50 states and the District of Columbia offer some type of free telephone-based program that links callers with trained counselors. These specialists help plan a quit method that fits each person’s own pattern of tobacco use. Help from a counselor can keep quitters from making many common mistakes that may make it harder to quit.

Many people find that telephone counseling is easier to use than some other support programs. You don’t have to leave home or get child care, and you can do it on nights and weekends.

Counselors often suggest a combination of methods including local classes, self-help brochures, medicines, and/or a network of family and friends. One review of studies about smokeless tobacco use found that telephone counseling helped people who were trying to quit.

Quit-tobacco programs and support groups

Members of support groups and classes for quitters can help, too

Some workplaces, hospitals, and wellness centers have programs, groups, or classes to help people quit tobacco. They may be led by professionals and focus on information and education, or they may be run by volunteers. Some programs may be set up like classes, while others focus on sharing by members of the group.

For people who cannot go to classes or support group meetings, there are online support systems as well as phone-based support (discussed above).

Check with your employer, health insurance company, or local hospital to find support groups that fit your needs. Or call us at 1-800-227-2345.

What to look for in a tobacco cessation program

Tobacco cessation or quit programs are set up to help users recognize and cope with problems that come up during quitting. This helps the ex-tobacco user to avoid common pitfalls of quitting. The programs should also provide support and encouragement in staying quit. Many programs focus mainly on smokers, but most are open to smokeless tobacco users, too.

Studies have shown that the best programs will include either one-on-one or group counseling. There is a strong link between how often and how long counseling lasts (its intensity) and the success rate. Overall, the more intense the program the greater the chance of success.

Intensity may be increased by having more or longer sessions or by increasing the number of weeks over which the sessions are given. So when looking for a program, try to find one that has the following:

- Each session lasts at least 15 to 30 minutes
- There are at least 4 sessions
- The program lasts at least 2 weeks – longer is usually better

Make sure the leader of the group has training in tobacco cessation.

Some communities have a Nicotine Anonymous (NicA) group that holds regular meetings. This group applies the 12-step program of Alcoholics Anonymous (AA) to tobacco addiction. This includes attending meetings and following the program. People new to NicA select a sponsor to help them through the steps and help when they are tempted to use tobacco. These meetings are free, though donations are collected to cover expenses. NicA also offers online support, Web and phone meetings.

Often your local American Cancer Society or local health department will sponsor quitting classes, too. Call us for more information.

Not all programs are honest in what they advertise. There are also some programs to watch out for. Think twice about any that:

- Promise instant, easy success with no effort on your part
- Use shots (injections) or pills, especially with “secret” ingredients
- Advertise 100% success rate with no ill effects
- Charge a very high fee – check with the Better Business Bureau if you have doubts
- Will not give you references and phone numbers of people who have used the program

A word about quitting success rates

Before you sign up for a tobacco cessation class or program, you may wonder about its success rate. Success rates are hard to figure out for many reasons. First, not all programs define success in the same way. Does success mean that a person is not using tobacco at the end of the program? After 3 months? 5 months? 1 year? If a program you're considering claims a certain success rate, ask for more details on how success is defined and what kind of follow-up is done to confirm the rate.

The truth is that a good program to help you quit tobacco may give you more of an edge up than trying to quit on your own. But like other programs that treat addictions, they often have fairly low success rates. This does not mean they are not worthwhile, or that you should be discouraged. Your own success in quitting and staying quit is what really counts, and you have some control over that. Even if you don't succeed the first few times, keep trying. You can learn from your mistakes so that you will be ready for those pitfalls the next time.

Support of family and friends

Many former tobacco users say a support network of family and friends was very important during their quit attempt. Other people who may offer support and encouragement are co-workers, your family doctor, or dentist.

Don't neglect this vital part of quitting. Surround yourself with other people who don't use tobacco, and tell them about your plans to quit. Warn them that you might not be your usual self for a few days, and ask them to listen and encourage you when you need it. Talk with them about what you need – for instance, patience as you go through cravings, taking your late-night or early-morning phone calls, and plans for doing things where it's harder to use tobacco. Suggest ways they can help, like going for a walk with you, helping you stay busy, and reminding you that you can do this. If they've quit, ask them how they did it and get some tips. Find out what you can count on each friend or family member to do.

If you have close friends who still use tobacco, ask them not to offer any to you. You're not asking them to quit themselves, but you may not want to spend a lot of time with those who still use tobacco for the first few weeks after you quit. You may find it hard to be with them without being tempted. But if your plan happens to inspire someone to quit with you, you can help and support each other.

What about medicines to help you quit?

Tobacco addiction is mental and physical. Physical dependence can cause you to have withdrawal symptoms if you try to quit, and this can lead back to using tobacco. For most people, the best way to quit will be some combination of medicine, a method to change personal habits, and emotional support.

Studies have shown that behavioral support, counseling, and feedback about mouth changes can increase the chance of quitting. There are medicines you can try, though study results at this time do not strongly show that they help. More research is needed.

Nicotine replacement therapy

Nicotine replacement is a way to get nicotine without the other harmful chemicals in tobacco. For cigarette smokers, nicotine replacement therapy (NRT) has been proven to help reduce withdrawal symptoms. Together with counseling or other support, it can increase the number of smokers who quit.

Fewer studies have been done on how much NRT helps smokeless tobacco users quit. Since both smokers and smokeless users are addicted to nicotine, some smokeless tobacco users think it makes sense to try it.

The Food and Drug Administration (FDA) has approved these NRT products as effective aids for helping people to quit smoking:

- Nicotine gum
- Nicotine patch
- Nicotine lozenges
- Nicotine inhaler
- Nicotine nasal spray

(For more detailed information on these products, see our document called *Guide to Quitting Smoking*.)

None of these products has been FDA approved specifically to help people quit smokeless tobacco. This is because it has not been proven how well they work to help quit smokeless tobacco. The results of some small studies have been mixed, and larger studies are needed. Still, NRT may be useful in helping you quit, or at least in helping reduce your cravings.

Nicotine gum, patches, and lozenges can be bought over the counter (without a prescription). Nicotine nasal spray and nasal inhalers are available only with a doctor's prescription.

For smokeless tobacco users, certain types of NRT may help more than others. If you look at the way the tobacco is used, nicotine gum and lozenges are most like using smokeless tobacco. They also let you control your dose to help keep nicotine cravings at bay.

The nicotine inhaler may not be as useful for smokeless tobacco users, as it is designed to look and feel like a cigarette filter tip. The nicotine patch gives a steady dose of nicotine, but may not help with strong cravings. Still, the patch may be more useful for people who prefer once-a-day convenience. A 2007 study compared higher-dose nicotine patches

with the usual NRT doses in heavy users of smokeless tobacco. The researchers found that higher doses were more helpful in reducing withdrawal symptoms.

No matter which type of NRT you choose, make sure to follow the package instructions and don't use any tobacco, including smokeless tobacco, when using nicotine replacement.

NRT products are supposed to roughly match the amount of nicotine you get from NRT to the amount you typically took in through tobacco. It can be more of a challenge to get the dose right for smokeless tobacco users, since NRT products are labeled for smokers.

In general, a person who uses more than 3 cans of snuff or 3 pouches of tobacco a week is thought of as a heavy user, and would typically use the higher doses of NRT (for heavy smokers). Those who use 2 to 3 cans or pouches per week would usually try the moderate doses, and those who use less than 2 would start with the smallest doses of NRT. If you have decided to try NRT, discuss your dose with your doctor before you quit tobacco.

To avoid withdrawal symptoms, you want to aim for a nicotine dose fairly close to what you got from snuff or tobacco use. You don't want to get much more than that, because high doses of nicotine can cause harm. (See "Can you get too much nicotine from NRT?" below.)

Getting the most from nicotine replacement

Nicotine replacement therapy (NRT) only deals with the physical part of withdrawal. It is not meant to be the only thing you use to help you quit. NRT works best when it is used with other quitting aids such as group sessions or counseling. NRT reduces withdrawal symptoms so you can focus on coping with the mental and emotional aspects of quitting.

If you choose to use it, NRT works best if it is started at the same time you try to quit. Often tobacco users first try to quit on their own, and then decide to try NRT. But by then, withdrawal symptoms have already started, and NRT may not help as much.

You should not use NRT if you plan to continue to use any tobacco product. You can get too much nicotine this way.

Tobacco users who are pregnant or have heart disease should talk to a doctor before using over-the-counter NRT. You may need a different type of help with quitting, and your doctor may need to see you more often if you use NRT.

Can you get too much nicotine from NRT?

It is important to follow the package directions when using nicotine replacement therapy (NRT). Nicotine overdose is rare, but it's possible. A bit too much can cause some of the milder symptoms listed below. An overdose can cause death. Because of their small size, overdose is more of a problem with children and pets.

Nicotine absorbs through the skin, so you must store and dispose of your NRT safely. Keep new NRT and any used or empty bottles, cartridges, patches, etc., safely away from

children and pets. Also, don't use a heat source (like a heating pad or heat lamp) on the skin under your nicotine patch – the extra blood supply could cause more nicotine to absorb.

It would be rare for an adult trying to quit tobacco to get a serious overdose using NRT. But with liquid forms that can absorb quickly through the skin, even that could happen. All forms of NRT can cause harm if too much is taken in.

Here are some symptoms of too much nicotine:

- Headache
- Nausea and vomiting
- Belly pain
- Diarrhea
- Fast or irregular heartbeat
- Cold sweat
- Pale skin and mouth
- Weakness
- Tremor (shaking)
- Confusion
- Disturbed vision and hearing
- Seizures
- Breathing stops

Call Poison Control and get emergency help if you suspect an overdose. If you are taking NRT as directed and are still having mild symptoms such as headache, vomiting, diarrhea, or sweating, lower your dose and talk to your doctor.

Prescription medicines

Bupropion: Bupropion (Zyban[®] or Wellbutrin[®]) is a prescription anti-depressant in an extended-release form that reduces symptoms of nicotine withdrawal. It does not contain nicotine. This drug acts on chemicals in the brain that are related to nicotine craving.

Bupropion is FDA approved as an aid in quitting smoking, but it is not clear if it is useful for smokeless tobacco users. A 2007 study found that it helped reduce cravings and weight gain in people who were trying to quit smokeless tobacco. But in that clinical trial, the group taking bupropion had about the same success rate as the group taking placebo (sugar pills). For the most part, studies have not found that bupropion helps people stop using smokeless tobacco.

Bupropion works best in smokers if it is started 1 or 2 weeks before the quit date. The usual dosage is one or two 150 mg tablets per day. Talk to a doctor to find out if this might be an option for you.

Bupropion can be used alone or with NRT. You should not take it if you have ever had seizures, serious head injury, bipolar (manic-depressive) illness, anorexia or bulimia (eating disorders), or problems with heavy alcohol use.

Varenicline: Varenicline (Chantix™) is a prescription medicine taken as a pill twice a day. It works by interfering with nicotine receptors in the brain. It lessens the physical pleasure of taking in nicotine and helps lessen the symptoms of nicotine withdrawal. Like bupropion, it must be started at least a week before quitting.

A small study of people who were not trying to quit smokeless tobacco found that a few quit or cut down their tobacco intake while taking varenicline. Larger studies in people who actually want to quit smokeless tobacco would help find out how useful varenicline might be.

Non-drug products and methods people may use to quit

Other tobacco-related and nicotine-containing products have appeared in the past few years. Because they are not marketed to treat nicotine addiction, the FDA doesn't consider them drugs and doesn't regulate them. Some may be helpful, but none of these products have been proven to work to help people quit using tobacco.

Non-tobacco snuff products

These are sold in grocery and convenience stores, online, or by mail order. They are packaged like moist snuff in a tin and come in different flavors. They are made from plants or herbs such as tea, clover, mint leaves, kudzu, or alfalfa. Some have added flavors and moisteners like glycerin. At least one contains an herb called guarana, which has quite a bit of caffeine in it.

Non-tobacco snuffs can be used alone or mixed with regular snuff as a person is trying to cut down on tobacco. They are generally considered safe as long as you are not allergic to anything in them, but they have not been reviewed by the FDA. One study that used mint snuff as a substitute found that it helped reduce cravings in smokeless tobacco users who were trying to quit. But those who used the mint snuff were no more likely to quit tobacco than those who didn't. If you choose to try a non-tobacco snuff, check the ingredient list to see what you are getting.

Nicotine lollipops and lip balms

In the past, some pharmacies made a product called a nicotine lollipop. These lollipops often contained a product called nicotine salicylate, which is not approved by the FDA for pharmacy use. The FDA has warned pharmacies to stop selling nicotine lollipops and lip balm, calling the products "illegal." The FDA also said "the candy-like products present a risk of accidental use by children."

Other smoking cessation products like these that do not use nicotine salicylate may be legal if they are prescribed by a doctor. But they still pose a risk for children and pets if they are not well-labeled, stored safely, and disposed of where children and pets cannot get them.

Nicotine water and nicotine wafers

These products have been sold as ways to get nicotine in places where smoking is not allowed. They are not marketed as aids to quitting smoking, but questions about their safety and legality have been raised. Some of these formulas can be quite dangerous if accidentally taken by children or pets, so they must be stored carefully.

Tobacco lozenges and pouches

Lozenges that contain tobacco (like Ariva[®] and Stonewall[®]) and small pouches of tobacco (like Revel[®] and Exalt[®]) are now being marketed as other ways for smokers to get nicotine in places where smoking is not allowed. They are not sold as ways to quit tobacco. The FDA has also ruled that these are types of smokeless tobacco, not aids to quit smoking or wean off tobacco. There is no reason to think these products would have fewer health risks than more common forms of smokeless tobacco.

Snus

Swedish snus has been used by many smokers in Scandinavia to quit smoking cigarettes. At this time, this use of snus has not been tested in controlled clinical trials. Snus contains tobacco and is no safer than more common forms of smokeless tobacco. There are also health risks linked to snus that are not linked to non-tobacco quit methods that must be considered.

Other quitting aids that do not contain tobacco or nicotine

Other tools may also help some people, but there is no strong proof that they can improve their chances of quitting.

Hypnosis

Hypnosis methods vary a great deal, which makes hypnosis hard to study as a way to quit tobacco. For the most part, reviews that looked at controlled studies of hypnosis to help people quit smoking have not supported it as a quitting method that works. As a way to quit using smokeless tobacco, hypnosis has been studied even less. Still, it might be useful for some people. If you would like to try it, ask your doctor to recommend a good hypnotherapist.

Acupuncture

This method has been used for quitting tobacco, but there is little evidence to show that it works. It involves putting small needles into the skin, usually around the ears. (For more information on acupuncture, see our document, *Acupuncture*.) For a list of local doctors who do acupuncture, contact the American Academy of Medical Acupuncture online at www.medicalacupuncture.org, or call 323-937-5514.

Laser therapy

This technique, also called cold laser therapy, is related to acupuncture. Despite claims of success by some cold laser therapy providers, there is no scientific evidence that shows this helps people stop using tobacco. (See our document called *Cold Laser Therapy* for more information.)

Tobacco deterrents

These include over-the-counter products that change the taste of tobacco, “quitting diets” that are supposed to curb nicotine cravings, and combinations of vitamins. There is little scientific evidence to support claims that any of these methods work.

Herbs and supplements

Because they are sold as dietary supplements (not drugs), these products don’t need FDA approval. This means that the manufacturers don’t have to prove they work, or even that they’re safe. Be sure to look closely at the label of any product that claims it can help you quit tobacco. Dietary supplements and homeopathic remedies have no proven track record of helping people quit tobacco (see our document, *Homeopathy*).

How to quit

Tobacco users often say, “Don’t tell me why to quit, tell me how.” There is no one right way to quit, but there are some things that can help in quitting for good. The 4 key factors are:

- Making the decision to quit
- Picking a Quit Day and making a quit plan
- Dealing with withdrawal
- Staying quit (maintenance)

Deciding to quit

Only you can make the decision to quit using tobacco. Others may want you to quit, but the real commitment must come from you.

Think about why you want to quit.

- Are you worried that you could get a tobacco-related disease?
- Do you really believe that the benefits of quitting outweigh the benefits of continuing to use tobacco?
- Do you know someone who has had health problems because of tobacco use?
- Are you ready to make a serious try at quitting?

List your reasons for quitting

Tobacco users have many reasons for wanting to quit. But what motivates you to quit may not be the same as what motivates others. Think about making a list of the reasons you want to quit – one you can review later if you're feeling tempted. The list might include some or all of the following, but be sure to add your own reasons:

- I want to be healthier.
- I already have problems with my gums/teeth, and I don't want them to get worse.
- I don't want to spend my money on this.
- I can't chew/dip at work/school.
- I want to be able to go to a movie/mall/ballgame without worrying about it.
- I want to prove I can do it.
- I don't want it to control me.
- The people I care about don't like it, and want me to quit.
- I want to set a good example for the kids.

If you are thinking about quitting, setting a date and deciding on a plan will move you to the next step.

Setting a quit date and making a plan

Once you've decided to quit, you're ready to pick a quit date. This is a very important step. Pick a day in the next month as your Quit Day. Picking a date too far away gives you time to rationalize and change your mind. But you want to give yourself enough time to prepare and come up with a plan. You might choose a date that has a special meaning, like a birthday or anniversary, or the date of the American Cancer Society Great American Smokeout (the third Thursday in November each year). Or you may want to just pick a random date. Circle the date on your calendar. Make a strong, personal commitment to quit on that day.

If you are thinking of using a prescription drug, plan to talk with your doctor about getting it in time for your Quit Day. If you plan to use bupropion (Zyban) or varenicline (Chantix), you must start taking the drug a full week before your Quit Day. If you are using one of these medicines, add a note on your calendar to remind you to start taking the drug.

There is no one right way to quit. Some tobacco users prefer to quit cold turkey. They use tobacco until their Quit Day and then stop completely, all at once. Others may cut down on tobacco for a week or 2 before their Quit Day. There is more than one way to do this.

Cutting down on how much you use

One way to do this is to cut down on the number of times or the amount you dip or chew each day. By doing this, you slowly reduce the amount of nicotine in your body. Try cutting back to half of your usual amount before you quit. If you usually carry your tin or pouch with you, try leaving it behind. Carry something else to put in your mouth instead.

Cutting back on when and where you use

You can also try cutting back on when and where you dip or chew. This gives you a chance to notice when your cravings are the worst. It helps you decide on a game plan if you know what triggers your cravings. Again, once you've decided not to use tobacco at a certain place, leave your pouch or tin at home when you go there. Try your substitutes instead. (See the section called "Some steps to help you prepare for your Quit Day.")

Putting off using tobacco when you have a craving

Go as long as you can without giving into a craving. Start by trying for at least 10 minutes, then longer and longer as you near your Quit Day. Pick your 3 worst triggers and stop dipping or chewing at those times. This will be hard at first, but practice will make it easier.

Quitting tobacco is a lot like losing weight. It takes a strong commitment over a long time. Users may wish there were a magic bullet – a pill or method that would make quitting painless and easy. But there is nothing like that. Nicotine substitutes can help reduce withdrawal symptoms, but they work best when used as part of a quitting plan that addresses the physical, mental, and emotional parts of quitting.

Some steps to help you prepare for your Quit Day

- Pick the date and mark it on your calendar.
- Tell friends, family, and co-workers about your Quit Day, and let them know how they can help.
- Get rid of all the tobacco in your home, car, and place of work the night before your Quit Day.

- Stock up on other things to put in your mouth – sunflower seeds, sugarless gum, carrot sticks, beef jerky, cinnamon sticks, and/or sugarless hard candy.
- Decide on a plan. Will you use nicotine replacement therapy or other medicines? Will you go to a class or program? If so, sign up now. Find out where and when they meet, so that you are ready.
- Consider seeing your doctor or dentist. Have them check your mouth, and discuss your plan for quitting with them.
- Set up a support system. This could be a group program, Nicotine Anonymous, or friends or family members who have quit and are willing to help you.
- Ask family and friends who use tobacco not to use it around you or leave it out where you can see it.
- Make a list of your “triggers” – situations, places, or feelings that make you more likely to chew or dip. Being aware of these can help you avoid them or at least be ready for them.
- Think back to your past attempts to quit. Try to figure out what worked and what did not work for you.

Quitting and staying quit is a matter of planning and commitment, not luck. Decide now on your own plan. Some options include joining a tobacco cessation class, calling a cessation support line, going to support meetings, using nicotine replacement, online support, and using self-help materials such as books and pamphlets. For the best chance of success, your plan should include 2 or more of these options.

On your Quit Day

- Don't use tobacco of any kind. This means none, not even a pinch!
- Keep active – try walking, exercising, or doing other activities or hobbies.
- Keep substitutes handy to put in your mouth.
- Drink lots of water and juices.
- Begin using nicotine replacement if that is your choice.
- Call a quit support line, go to a quit class, or start following your self-help plan.
- Avoid situations where the urge to dip or chew is strong.
- Avoid people who are using tobacco.
- Avoid alcohol. It can weaken your resolve to quit
- Think about how you can change your routine. Sit in a different chair at home, drive a new way to work, or choose foods and drinks that make tobacco taste bad.

Read on to find out more about the kinds of thoughts and temptations that come up when you try to quit, and ideas for ways to deal with or avoid them.

Dealing with withdrawal

Withdrawal from nicotine has 2 parts:

- Physical withdrawal
- Psychological or mental withdrawal

The physical withdrawal symptoms are annoying, but not life threatening. Still, if you're not prepared for them, they can tempt you to go back to tobacco. If you choose to use nicotine replacement, it can help reduce many of these symptoms. Most users find that the bigger challenge is the mental and emotional part of quitting.

If you have been using tobacco for any length of time, it probably has become linked with many of your activities – watching TV; going to sporting events; fishing, camping, or hunting; or driving your car. It will take time to “un-link” tobacco use from these activities. This is one reason why, even if you are using the patch or gum, you may still have strong urges to use tobacco.

Rationalizations are sneaky

One way to deal with these urges or cravings is to recognize *rationalizations* as they come up. A rationalization is a mistaken thought that seems to make sense to you at the time, but is not based on reality. If you choose to believe such a thought, even for a short time, it can serve as a way to justify using tobacco. If you have tried to quit before, you'll probably recognize some of these common rationalizations:

- I'll just use it to get through this rough spot.
- Today is not a good day; I'll quit tomorrow.
- It's my only vice.
- How bad is tobacco, really? Uncle Harry chewed all his life and he lived to be over 90.
- You've got to die of something.
- Life is no fun without chewing (or dipping).

You probably can add more to the list. As you go through the first few days without tobacco, write down any rationalizations as they come up and recognize them for what they are: messages that can trick you into going back to using tobacco. Look out for them, because they always show up when you're trying to quit. After you write down the idea, let it go from your mind. Be ready with a distraction, a plan of action, and other ways to re-direct your thoughts to something else.

Use the ideas below to help keep you stay committed to quitting.

Avoid temptation: Stay away from people and places where you are tempted to use tobacco. Later on you will be able to handle these with more confidence.

Change your habits: Switch to juices or water instead of alcohol or coffee. Take a different route to work. Take a brisk walk instead of a chew. Here are some more ideas:

- **Choose other things for your mouth.** Use oral substitutes like sunflower seeds, beef jerky, sugarless gum or hard candy, or raw vegetables such as carrot sticks. Take a sip or a bite of something that makes tobacco taste bad. You may want to try mint (non-tobacco) snuff or another herbal version if you need help with cravings.
- **Get active.** Exercise or do hobbies that keep you busy and require enough focus to distract you from the urge to use (such as woodworking, puzzles, and gardening).
- **Deep breathing.** If you feel the urge to use tobacco, relax, breathe deeply, and fill your lungs with fresh, clean air. Remind yourself of why you are quitting and the benefits you'll gain.
- **Delay.** If you feel that you are on the verge of giving in, hold off. Tell yourself you must wait at least 10 minutes. Often this simple trick will allow you to move beyond the strong urge to use tobacco.

Reward yourself: What you're doing is not easy and you deserve a reward. Put the money you would have spent on tobacco in a jar every day and then buy yourself a weekly treat. Buy a magazine or some new music, go out to eat, start a new hobby, or join a gym. Or save the money for a major purchase.

You can also reward yourself in ways that don't cost money: visit a park, go to the library, check local news listings for museums, community centers, and colleges that have free classes, exhibits, films, and other things to do.

Enjoy the new you: Make an appointment with your dentist to get your teeth cleaned and whitened. Take your spouse or partner out on a date, even if you've been together for years. If you're not in a relationship, start talking to someone you'd like to know better. You won't have to worry about your tobacco-breath or brown teeth!

Staying quit

Staying quit is the final, longest, and most important stage of the process. You can use the same methods to stay quit as you did to help you through withdrawal. Plan ahead for those times when you may be tempted to use tobacco. Think about other ways to cope with these situations.

More dangerous, perhaps, are the unexpected strong desires to use tobacco that crop up months or even years after you've quit. Rationalizations can show up then, too. To get through these without relapse, try these:

- Review your reasons for quitting – look at your list and think of all the benefits to your health, your finances, and your family.

- Remind yourself that there is no such thing as just one chew or dip.
- Ride out the desire. It will go away, but do not fool yourself into thinking you can have just one dip or chew.
- Avoid alcohol. It lowers your chance of success.
- If you are worried about weight gain, put some energy into planning a healthy diet and finding ways to exercise and stay active.

What if you slip and use tobacco after your Quit Day?

What if you do use tobacco? Here is the difference between a slip and a relapse: a slip is a one-time mistake that is quickly corrected. A relapse is going back to your former habit. You can use the slip as an excuse to go back to using tobacco, or you can look at what went wrong and renew your commitment to staying away from tobacco for good.

Even if you do relapse, try not to get too discouraged. Very few people are able to quit for good on the first try. In fact, it takes most people several tries before they quit for good. What's important is figuring out what helped you in your attempt to quit and what worked against you. You can then use this information to make a stronger attempt at quitting the next time. Learn from your mistakes – don't give up!

Some other concerns

Weight gain

It's well known that smokers often gain weight when they quit, but fewer studies have been done on quitting smokeless tobacco.

Researchers in a small 2007 study looked at people who were trying to quit smokeless tobacco. They gave bupropion to one group, and sugar pills (placebo) to the other. Even though there was no significant difference in quit rates between the groups in the study, there was a difference in weight gain among the people who were able to quit. The researchers found that quitters who took the drug gained an average of about 4 pounds, while those in the control (placebo) group gained about 7 pounds. These findings suggest that people who quit smokeless tobacco have some risk of weight gain.

You are more likely to succeed in quitting if you deal with quitting tobacco first, and then later take steps to reduce your weight. While you are quitting, try to focus on ways to help you stay healthy, rather than on your weight. Stressing about your weight may make it harder to quit. Eat plenty of fruits and vegetables and limit the fat. Be sure to drink lots of water, and get enough sleep and regular physical activity.

Try walking

Walking is a great way to be physically active and increase your chances of staying quit. Walking can help you by:

- Reducing stress
- Burning calories and toning muscles
- Giving you something to do instead of thinking about tobacco

You don't need special equipment or clothing for walking, other than a pair of comfortable shoes. And you can do it pretty much anytime. You can use these ideas as starting points and come up with more of your own:

- Walk around a shopping mall
- Get off the bus one stop before you usually do
- Find a buddy to walk with during lunch time at work
- Take the stairs instead of the elevator
- Walk with a friend, family member, or neighbor after dinner
- Push your baby in a stroller
- Walk your dog, or offer to walk someone else's dog

Set a goal of 30 minutes of physical activity 5 or more times a week. But if you don't already exercise regularly, please check with your doctor before starting any exercise program.

Stress management

Tobacco users often mention stress as one of the reasons for going back to using tobacco. Stress is part of life for those who use tobacco and those who don't. The difference is that tobacco users have come to use nicotine to help cope with stress and unpleasant emotions. When quitting, you have to learn new ways to handle stress. This can be tough, especially during the first few days. It's important to let those around you know what you're going through and ask for their understanding. Nicotine replacement can help for a while, but over the long term you will need other methods.

As mentioned before, physical activity is a good stress reducer. It can also help with the short-term sense of depression or loss that some tobacco users have when they quit. There are also stress-management classes and self-help books. Check your community newspaper, library, or bookstore.

Spiritual practices involve being part of something greater than yourself. For some, that includes things like religious practices, prayer, or church work. For others, it may involve meditation, music, being outside in nature, creative work, or volunteering to help others.

Spirituality can give you a sense of purpose and help you remember why you want to stay quit.

The spiritual practices of admitting that you can't control your addiction and believing that a higher power can give you strength have been used with much success to deal with other addictions. These practices, along with the fellowship of others on a similar path, are a key part of 12-step recovery programs. These same principles can be applied to quitting tobacco.

Taking care of yourself

It is important for your health care provider to know of tobacco use now or in the past, so he or she can be sure that you will get the preventive health care you need. It is well known that using tobacco puts you at risk for certain health-related illnesses, so part of your health care should focus on related screening and preventive measures to help you stay as healthy as possible. For example, make sure you regularly check inside your mouth for any changes. Have your doctor or dentist look at your mouth, tongue, or throat if you have any changes or problems. The American Cancer Society recommends that medical check-ups should include looking in the mouth. This way, tobacco users may be able to learn about changes such as leukoplakia (white patches on the mouth tissues) early, and prevent oral cancer or find it at a stage that is easier to treat.

If you think you have any health concerns that may be related to your tobacco use, please see a health care provider as soon as possible. Taking care of yourself and getting treatment for small problems will give you the best chance for successful treatment. The best way, though, to take care of yourself and decrease your risk for life-threatening health problems is to quit using tobacco.

To learn more

It's hard to give up tobacco. But you can quit! Many organizations offer information, counseling, and other services focusing on how to quit and where to go for help. Other good resources to ask for help can include your doctor, dentist, local hospital, or employer. You can call us at 1-800-227-2345 or visit us online at www.cancer.org. There are also other groups listed below that can help you.

More information from your American Cancer Society

We have selected some related information that may also be helpful for you. These materials may be read on our Web site or ordered from our toll-free number.

More on how to quit

Guide to Quitting Smoking (also in Spanish)

Smoking and using tobacco

Child and Teen Tobacco Use (also in Spanish)

Questions About Smoking, Tobacco, and Health (also in Spanish)

Tobacco-Related Cancers Fact Sheet

National organizations and Web sites*

If you want to quit tobacco and need help, contact one of the following organizations. Along with the American Cancer Society, other sources of information and support include:

Centers for Disease Control and Prevention

Office on Smoking and Health

Toll-free number: 1-800-232-4636 (1-800-CDC-INFO)

Web site: www.cdc.gov/tobacco/

Free quit support line: 1-800-784-8669 (1-800-QUIT-NOW)

TTY: 1-800-332-8615

Offers information on tobacco and health as well as help with quitting tobacco

Kill the Can

Web site: www.killthecan.org

Online information and support for those committed to quitting smokeless tobacco

National Cancer Institute

Toll-free number: 1-800-422-6237 (1-800-4-CANCER)

Web site: www.cancer.gov

Toll-free tobacco line: 1-877-448-7848

Tobacco quit line: 1-800-784-8669 (1-800-QUIT-NOW)

Direct tobacco Web site: www.smokefree.gov

Quitting information, cessation guide, and counseling is offered, as well as information on state telephone-based quit programs

Nicotine Anonymous

Toll-free number: 1-877-879-6422 (1-877-TRY-NICA)

Web site: www.nicotine-anonymous.org

For free information on their 12-step program, meeting schedules and locations, printed materials, or information on how to start a group in your area

**Inclusion on this list does not imply endorsement by the American Cancer Society.*

No matter who you are, we can help. Contact us anytime, day or night, for information and support. Call us at **1-800-227-2345** or visit www.cancer.org.

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Last Medical Review: 12/16/2011

Last Revised: 12/16/2011

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