



Quitting
Smokeless Tobacco



Benefits of quitting

- Cut related health risks
- Stop damaging teeth and gums
- Save money (not spending on tobacco)
- Breath will smell better



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Here's what you'll learn inside:

- Why smokeless tobacco is bad for your health
- How to plan and carry out a quit strategy
- Medicines that may help you go tobacco-free
- How support can help and where to get it

Welcome to the program

Getting on board

Congratulations. You've taken the first step toward quitting smokeless tobacco and becoming healthier!

Quitting tips

This guide provides tools to help you quit for *good*. The information included is based on scientific evidence gleaned from over three decades of helping people stop chewing—and *remain* tobacco-free.

Steps to stopping

There are five key steps to kicking the habit:

- Make a plan.
- Set a quit date.
- Ask for support.
- Manage urges to use.
- Curb nicotine withdrawal symptoms.

Create a plan

Follow the steps in this guide to create your own plan to *quit*. You may have discovered other strategies that helped you quit—if only briefly—in the past. Use those and these tips to make this attempt your *last one*!



1

What is smokeless tobacco?

Smokeless tobacco is tobacco that is not burned. You don't smoke it. Instead, you typically chew it and spit out the brown juices (created by the tobacco-saliva mix) every few seconds.

So it must be a safe alternative to *smoking* tobacco. Right? *Wrong!*

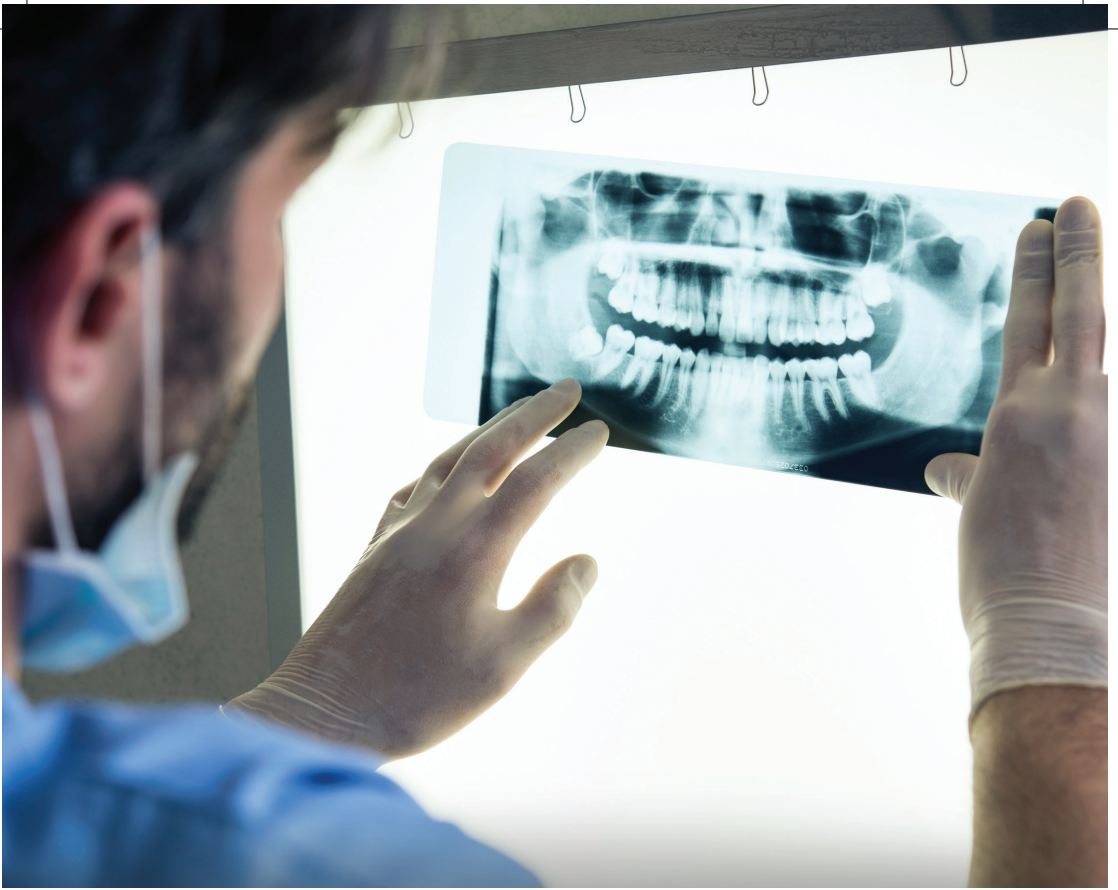
Hazardous to your health? All forms of tobacco—whether chewed or smoked—contain harmful ingredients that can cause cancer and other serious health problems, the Centers for Disease Control and Prevention (CDC) warns.

Smokeless tobacco is also called *spit tobacco*, *chewing tobacco*, *chew*, *chaw*, *dip*, and *plug*. There are two types: *snuff* and *chewing tobacco*.

- Snuff is a fine-grain tobacco. Users “pinch” or “dip” it between their lower lip and gum.
- Chewing tobacco comes in shredded, twisted or “bricked” tobacco leaves. Users put it between their cheek and gums.

Users typically let the tobacco sit in their mouth and spit often to get rid of the saliva that builds up. This allows the nicotine and other ingredients in it to be absorbed into the bloodstream through tissues in the mouth.





Health risks

Chewing tobacco can cause painful mouth sores and bad breath, and stain your teeth a yellowish-brown color. It may also cause:

- Cracking and bleeding lips and gums
- Gum disease and tooth loss
- Increased heart rate and blood pressure

Cancer Smokeless tobacco also increases the risk of mouth (or *oral*) cancer, according to the CDC. This can occur in the lips, tongue, roof and floor of the mouth, the cheeks and gums. Some of its cancer-causing agents can also get into the lining of the stomach, esophagus and bladder, the CDC cautions.

2

What's in smokeless tobacco?

Smokeless tobacco contains many dangerous chemicals, including more than 30 known *carcinogens* or cancer-causing agents, according to the Food and Drug Administration (FDA). It also contains flavorings and sugar that heighten the risk of gum disease and tooth decay and loss, the FDA says.

Nicotine

All types of smokeless, like other tobacco, also contain nicotine. Nicotine is highly addictive and makes it hard to quit. Some types of smokeless tobacco are treated with chemicals that make nicotine even more addictive.

This is called “free nicotine.” The faster nicotine travels from the tissues in your mouth to your brain, the more addictive and harder it is to quit.

Large doses of nicotine increase blood pressure and heart rate, risk factors for heart attack, stroke and other cardiovascular disease, according to the CDC.



3

Create a plan to quit

List your reasons for quitting

Perhaps you're motivated by the health risks. Or by the money you'd save by stopping. Or the disgust non-chewers display when they see you chew and spit, smell your foul breath or see your tobacco-stained teeth. Maybe it's *all of the above*.

Check the reasons below behind your decision to quit:

- ☐ I want to improve my health and prevent mouth and other cancers, heart disease and high blood pressure linked to chewing.
- ☐ I want to save money. (*Imagine what you could do with the savings!*)
- ☐ I want to prevent related bad breath, gum disease and tooth loss/decay.
- ☐ I want to be a better role model for my kids.
- ☐ I want avoid the disgust of (and rejection by) others.
- ☐ I want to feel better about myself.
- ☐ I want to be free of nicotine addiction.
- ☐ Other reasons: _____

Core values

You may have started chewing at a young age without regard for potential consequences. Over time, you may have learned or changed your views on what’s *really* important or a *core value* for you. Core values include things like family, faith, good health, and financial security. Use the chart below to identify your *current* core values—and if smokeless tobacco fits in with them. *(There is an example in first row for how this works.)*

Core value: What matters to me	Why this matters to me	How using smokeless tobacco gets in the way of what matters to me
Example: Family	I like spending time with my kids and want to be a good parent.	My kids say I have real bad breath and they don't want to be close to me and do things together.

Set a quit date

A *quit date* is the day you plan to stop using smokeless tobacco. This date is your choice. But studies show that setting a quit date within two weeks of deciding to stop boosts your chances of success. Circle the date you select on a calendar. Put reminders of your quit date in places where you'll see them every day. This will help you stay on track. Tell friends, family and co-workers about your plans. Ask for their support.



4

Manage urges

It's common to *want* to chew after quitting

Among the reasons:

- Nicotine in tobacco is *highly addictive*.
(See *Medicines to help you quit* on page **15** for tips on ways to curb nicotine withdrawal symptoms.)
- You may be used to chewing during certain activities and times of day.
- Being around other smokers or chewers may tempt you.

The good news is that there are many ways to manage urges. It may take a few days, weeks or even months. But you *will* overcome them—and adjust to being *tobacco-free*.

Take your mind off the urge to chew

Some ways to avoid or resist temptation:

- **Workout or take a walk.** *Get your doctor's OK for any new fitness plan.*
- **Change your daily routine,** especially during times you typically chewed.
- **Avoid being around smokers and chewers.**
Tell your smoking/smokeless tobacco friends why you're avoiding them.
- **Other ideas:** _____

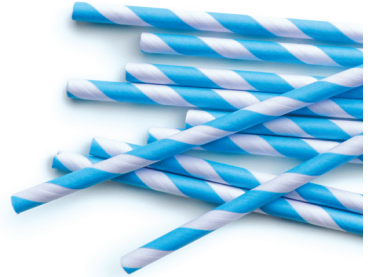




Choose healthier substitutes

You may miss having something in your mouth after you quit. Use non-tobacco products as a substitute. Some suggestions:

- **Put sugar-free hard candy** or a piece of gum in the corner of your mouth where you held tobacco. Some people find sunflower seeds (in moderation) are a good substitute.
- **Use *non-tobacco* herbal replacement chew.** You can buy this online and in many convenience stores. There's no conclusive scientific evidence this helps. But many of our quitters say it helped them. *Confirm the herbal substitute you use does not contain tobacco.* (Check the *American Cancer Society Guide to Quitting Smokeless Tobacco.*)
- **Chew on a toothpick or short straw.**
- **Other ideas:** _____



Squash risky thoughts

After quitting, you may have thoughts that make it hard to remain tobacco-free. This “stinking thinking” is common and can lead to backsliding. Here are some examples of ways to turn negative into positive or helpful thoughts.

Negative thought	Positive thought
<i>"Man, I really want to chew tobacco right now. I deserve it!"</i>	<i>"Yes, I do want a chew. But it will not help me feel better or quit. I know the urge will pass if I do something to take my mind off of it. Plus, I promised myself I would quit."</i>
<i>"I can't imagine never having a dip again. So I'll have just one now."</i>	<i>"I don't have to quit forever. I just have to stop for today—and I can do that! I should ask my support team for help."</i>

Other ideas for turning negative into positive thinking:

Practice relaxation and coping techniques

Quitting tobacco can be stressful. Relaxation exercises like the following may help ease anxiety.

Deep breathing:

- Go to a place where you can sit and relax.
- Turn off all electronic devices (your computer, mobile phone, TV).
- Take a deep breath through your nose and expand your stomach.
- Hold your breath for five seconds.
- Gently release breath through your mouth. Wait for five seconds.
- Say the word "relax" out loud. Repeat this for five minutes.



Progressive muscle relaxation*:

- Sit in a comfortable place free of distractions. (You may prefer to lie on the floor.) Take off shoes.
- Breathe normally. Note how your body feels from head to toe.
- Tightly curl your toes as if trying to squeeze a small ball between your toes and the bottom of your feet.
- Hold curl for 10 seconds. Release and spread toes.
- Repeat this exercise with your calves, thighs, hands, arms, upper back and face.
- Breathe deeply for a few moments. Notice how all body parts now feel.

**Don't attempt while driving, watching children, operating heavy equipment or doing other things that require your full attention.*

Tobacco-proof your space

Get rid of all tobacco products/reminders. It's key to scrap *all* tobacco products (and reminders) when you decide to quit. Keeping them can make it tougher to quit and *stay* tobacco-free. The night before you quit, run water over any tobacco you have left—and throw it away.

Avoid smokers and other chewers

Ask friends not to chew or smoke around you. It can be harder to quit if you're around other chewers/smokers, especially in the first few days or weeks after quitting. Can't completely avoid them?

Just say "no". Or think about other responses if offered chew. Keep substitutes (candies, mints, sunflower seeds) on hand to pop in your mouth instead of tobacco.



Ask for support

Tell family, friends and co-workers you're planning to quit. This makes quitting easier

and increases your chances of success. As you prepare to quit, consider who you can (or want to) lean on most. It could be someone you see every day or reach out to in crises.

A good place to start is with someone who has already quit tobacco and knows what it's like. Not sure? Pick someone you trust to be there for you.

How to ask for support

It may be hard for you to ask for help. You may feel awkward or like you should be able to do this on your own. One way to approach someone is to say something like: “I plan to quit chewing on this date. Would be OK if I turn to you for support if things get hard for me?”

Tell your support person (or team) how they can help. You may want them to check in daily to see how you’re doing. Or you may just want your support person/team to be there on an ‘as needed’ basis. It’s up to you. So let your support person/team know in advance how you want them to help you. You can also call your program quit coach *anytime!*



5

Medicine to help you quit

When you stop using smokeless tobacco, your body will likely crave the nicotine in it. This is called *nicotine withdrawal*. Symptoms may include headache, trouble concentrating and/or feeling anxious and grumpy. It's perfectly normal to feel this way. But it's important not to act on these feelings or take them out on others. Try relaxation exercises to control these feelings. Some medicines may also help curb nicotine withdrawal.



Nicotine replacement therapy

NRT helps cut withdrawal symptoms by replacing nicotine without tobacco's other harmful chemicals. The Food and Drug Administration approved its use to help people stop smoking. But studies show it also helps reduce withdrawal symptoms among those trying to quit chewing.

There are five types of NRT. Each delivers what is considered to be safe levels of nicotine—and is typically used for eight to 12 weeks (to replace nicotine in tobacco). Ask your doctor if NRT can help you—and, if so, which type is best for you. *Use only as directed.*

Nicotine patch. This is a patch that sticks to your skin. You apply a patch once a day after waking. It slowly releases nicotine into your body. Patches come in different strengths. They're easy to use. You can buy them over-the-counter (without a prescription) at most pharmacies.



Nicotine gum. This comes in two strengths: 2 milligrams (mg) and 4 mg. It's typically used throughout the day. Nicotine gum is not chewed like regular gum. You put a piece in your mouth and chew it several times. You then move it to a corner of your mouth and leave it there for several minutes. You chew it a few more times—and park it in a corner again. The nicotine in it is released and absorbed by the tissue in your mouth. You throw out the gum after using for 20 to 30 minutes. *Available without a prescription.*

Nicotine lozenge. This also comes in two nicotine doses (2 mg and 4 mg). But you don't chew it. You put it in your mouth and move it around. Nicotine is released and absorbed by the tissues in your mouth. *Available without a prescription.*

Nicotine nasal spray. This is a medicine prescribed by your doctor. It's faster acting than the above therapies and is used throughout the day. It's also pricier than the patch, gum and lozenge.

Nicotine inhaler. This must also be prescribed by your doctor. You puff on it. It delivers small amounts of nicotine with each puff. You should not inhale the nicotine from this device. It can irritate your throat and lungs. The nicotine in this is absorbed by the tissues in the mouth. Your doctor will tell you how often to use it. It costs more than the patch, gum or lozenge.

Combinations of NRT. You can use the nicotine patch with other quit medicines to provide extra relief. The patch provides a steady dose of nicotine. Other types of NRT can be used regularly (throughout the day) or 'as needed' to help combat strong urges to use tobacco.

Two other Rx's used to combat tobacco urges are *varenicline* (Chantix®) and *bupropion SR* (Zyban®). They do not contain nicotine.

Your doctor or pharmacist can tell you more about all of these medicines. Give your doctor a list of all the medicines you take, including prescription and over-the-counter meds, vitamins and supplements. Learn the potential side effects of all medicines.

Check to see if your health benefits cover any/all of these therapies.

The right way to use quit meds

Some people say quit meds did not help them. In many cases, this is because they failed to use them the right way. Always follow directions *exactly*. Have questions? Ask your pharmacist or doctor. Other tips:



- Use every day or as recommended by your doctor.
- Nicotine gum, lozenge, inhaler, and nasal spray are most effective when used *every one to two hours daily* during the first four weeks of use.
- Use the gum as directed. Remember: This is *not* chewed like regular gum. *If you chew it like chewing gum it will not work well and may give you an upset stomach.*
- Use the patch every day. Rotate it to a different site each day to avoid itchy or sore skin.
- Varenicline and bupropion SR should typically be taken starting a week or two *before* you quit. It's key to follow instructions from your doctor or pharmacist.

(See pages 15 to 16 for more info on NRT.)

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Other ways to quit

Switch to lower-nicotine chew

Some types of smokeless tobacco contain more nicotine than others. If you're using a fine-cut type of tobacco, you may try switching to a long-cut variety a few weeks before quitting. Doing this may make it easier to quit because your body will get accustomed to less nicotine.

If you choose this option, it's important *not* to use it as an excuse to take more or *bigger* dips or chews. *Reminder: Less nicotine does not make smokeless tobacco safer. It just means it contains less nicotine per dip.*

Reduce chews

Cutting the number of dips or chews you take is another way to prepare to quit. Keep track of the chews you take each day, and start skipping a few. This will add up as you get closer to your quit date. If you use this method, it's important not to take *bigger* dips or chews. That will defeat your purpose.

Two-week taper method

This helps reduce nicotine intake *before* you quit. To taper more, take an extra week or two longer.

Step 1: Track how many dips or chews you take each day for a few days. Record the time of day, what you're doing/feeling, and who you're with when you imbibe.

Step 2: Cut your dips by one or two a day. For example, if you normally use 15 dips a day, cut out one of them. By the end of two weeks, you'll ideally be down zero.

Step 3: Start using your coping skills and quit meds (if you opt to use one) on your quit date (unless instructed to begin earlier). Call your quit coach as needed. Lean on family/friends for support.

Use herbal substitutes

Herbal “spit tobacco” tastes like but doesn’t contain tobacco. You can buy it online or in most convenience stores. (Some brand names: Mint Chew, Golden Eagle® Herbal Chew and Smoky Mountain® Herbal Chew.) *Confirm any herbal substitutes you get do not contain tobacco.*



How to cut back with herbal substitutes:

Week 1: Record number of tins/pouches of smokeless tobacco you use in one week on calendar on next page.

Week 2: Empty the weekly amount of tobacco you typically use on a plate. Remove one-quarter of the tobacco. Mix herbal substitute into remainder. *Refrigerate the mix in a sealed container to keep it fresh.* **Note: It’s key to mix tobacco and herbal substitutes together very well.**

FYI: “Long-cut” tobacco mixes better with long-cut herbal substitutes; fine-cut tobacco with fine-cut substitutes.

Week 3: Repeat what you did during week 2 only this time take away half of the tobacco and replace with an herbal substitute. *Refrigerate in a sealed container. Take out a fresh supply daily.*

Week 4: This is the week you take the plunge—and *quit!*

Four week 'cut-back' with herbal substitutes calendar							
Wk #1 Wk #2 Wk #3 Wk #4	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Abrupt method (Cold Turkey)

Some people prefer to quit abruptly. If you take this approach, you may have more nicotine cravings in the first few days or weeks after quitting.

Types of smokeless tobacco	
Moist Snuff	The most popular form of spit tobacco. This fine-cut snuff typically delivers <i>more</i> nicotine than long-cut tobacco. Some brands of moist snuff have more nicotine than others.
Snus	This is inserted under the upper lip. There’s no spitting because there are no salivary glands in the upper mouth (and, so, no saliva buildup). Most American snus contains more cancer-causing agents (than imported snus).
Chewing tobacco	Spit tobacco that often has added sweeteners and is flavored with licorice. Users usually put large wads in their mouth. They chew it. Tuck it in a corner of their mouth. Then spit out the tobacco-saliva juice.

Types of smokeless tobacco *(continued)*

Dissolvable tobacco	Comes in pellets, twisted sticks (the size of tooth-picks), thin tongue strips, and other dissolvable products. Made from finely milled tobacco. Comes in flavors like wintergreen. Slowly dissolves in five to 20 minutes. No spitting required.
Blocks, plugs and braids/twists	All but twist varieties are typically mixed with molasses or other sweeteners and tightly pressed together into square blocks or plugs. Users break or bite off a chunk, chew it and spit out tobacco juices
Iq'mik	A mix of tobacco leaves and ash (from a birch tree fungus) most commonly used by Alaskan Natives. Can be purchased at stores in rural Alaska. The ash/leaf combination makes the nicotine easier to absorb when in the mouth. May be pre-chewed into individual "doses" and saved in a tin for later use.
Gutkha, khaini and pan masala	Originated in Africa, India and Asia and available in the U.S. Contains either cut, shredded or powdered tobacco. May be mixed with slaked-lime, ash or other flavorings to boost the nicotine and improve the taste. Often marketed as "natural" or "traditional," but carries the same health risks as other tobacco.
Dry Snuff	Dry powdered form of tobacco. Users place a small amount between their thumb and forefinger and hold it under their nose. They inhale it. It causes some to sneeze. Users may also put a pinch their mouth between their lip and gum. Less popular today.

For more info on types of/ nicotine content in smokeless tobacco, check out: <http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482582.htm>

7

Quit-plan worksheet

Set a quit date:

My planned *quit date* is _____

Circle this date on your calendar. Set a date within the next two to three weeks. Post your quit date on your mobile phone as a reminder. You can also put reminders on your fridge and give friends a heads-up on *Facebook* or *Twitter*.

Pick a med to help reduce nicotine cravings (if you opt to use one):

Using a quit medicine can make the process go more smoothly. Plan to use a med? Ask your doctor about over-the-counter and prescription options.

I plan to use _____

_____ as my quit medication.

How I will cope with urges to dip or chew:

☐ **Distractions.** I will do these activities to temper urges to chew:

☐ **Substitutes.** I will keep these substitutes on hand.

☐ **Risky thinking.** Post where you can see this every day (like on your fridge or bathroom mirror).

Negative/risky thoughts: _____

Positive/helpful thoughts: _____

I will create a tobacco-free area by:

- ☐ Tossing all of my tobacco and related products.
- ☐ Avoiding other chewers and smokers.
- ☐ Removing all reminders of smokeless tobacco at home and work.

My support team:

Family _____

Friends _____

8

How to remain tobacco-free

Some people find it easy to quit and stick with the program. Others have more trouble. If you've previously tried but failed, you may know things that tripped you up. Think back to when and where you started using tobacco again—and what you can do differently to prevent backsliding. Talk to your quit coach. He/she will help you stay tobacco-free for good.

It's normal to think "just one dip or chew" would be OK after quitting. Keep reminding yourself *why* you quit. *Commit* to not using tobacco one day at a time. Successes will add up. Soon you'll find you're going days—and then weeks—without even thinking about using tobacco.

The ACE model

The *ACE model* is one tool you can use to stay tobacco-free. The "A" stands for *avoid*, the "C" for *cope*, and "E" for *escape*. The key is to *avoid risky situations*. If you can't, *use your "coping" skills* (including your support system, distractions and substitutes). If your coping skills fail, try to *escape the situation*. Leave wherever you are and try to get your mind off your desire to have a dip or chew. Get busy doing something else. The urge *will* pass.

Other tips to help you stay tobacco-free:

- Do not take a dip, no matter the temptation.
- Avoid other chewers/smokers, especially right after you quit.
- Use your quit medicine every day as directed.
- Change up your routine. Avoid all tobacco triggers.



- Use your support system.
- Regularly reward yourself for ditching tobacco. Replace tobacco with other fun, healthy activities to remind yourself this isn't only about giving something up!
- Avoid or limit alcohol especially during the early stages of quitting.
- Learn to manage stress without tobacco. This will become easier over time.

We're here to help

It's not easy to quit tobacco for good. But we know you can do it. Thousands of smokeless tobacco users have put on the breaks using this program. Need more help? *Call your quit coach any time. We're here to help you!*

Questions?

Remember: As part of this program, you can contact a quit coach if you have questions or concerns. *So call—anytime!*

See resources below for more information.

Resources

American Cancer Society

<http://www.cancer.org>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

National Cancer Institute

<http://cancer.gov>

National Institutes of Health

<http://nidcr.nih.gov>

The Oral Cancer Foundation

<http://oralcancerfoundation.org/tobacco/tobacco-forms-types.php>

References

American Cancer Society: <http://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/smokeless-fact-sheet> and <http://www.cancer.org/cancer/cancercauses/tobaccocancer/smokeless-tobacco>

National Cancer Institute: <http://www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/smokeless-fact-sheet>

Centers for Disease Control and Prevention: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/ and http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/products_marketing/index.htm

Patricia Richter, Knachelle Hodge, Stephen Stanfill, Liquin Ahang, Clifford Watson. Surveillance of moist snuff: total nicotine, moisture, pH, un-ionized nicotine, and tobacco-specific nitrosamines. March 2008

Food and Drug Administration: <http://www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm482582.htm>

National Institutes of Health: <http://nidcr.nih.gov/oralhealth/topics/smokelesstobacco/smokelesstobaccoaguideforquitting.htm#Introduction>

The Quit For Life® Program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life® program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. *In an emergency, call 911 or go to the nearest emergency room.*

Notes

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SLT-0616