



Varenicline and behavioural interventions may help smokeless tobacco cessation

Clinical question

How effective are behavioural and pharmacological interventions for the treatment of smokeless tobacco cessation?

Bottom line

Based upon a single study to date, varenicline appeared to be effective for increasing tobacco abstinence rates among Swedish snus users and could be offered clinically. Evidence for the effectiveness of bupropion SR and nicotine replacement therapy for the treatment of smokeless tobacco use was inconclusive. Behavioural interventions increased tobacco abstinence rates among smokeless tobacco users, whether or not they were already motivated to stop and seek treatment. Telephone counselling and oral examination and feedback about smokeless tobacco-induced mucosal changes may be useful components of such an intervention.

Caveat

The evidence for the use of pharmacotherapies is insufficient to provide clear guidelines for practice. The inference of the effect size of behavioural interventions for increasing smokeless tobacco abstinence rates was weakened by the limited methodological quality of some of these trials, including loss to follow-up and potential baseline differences between the groups. Moreover, there is the possibility publication bias may also have impacted on the results.

Context

Smokeless tobacco is tobacco that is consumed orally, not burned. A variety of types of smokeless tobacco is consumed throughout the world, and it is an important worldwide public health issue. In the US, the principal types of smokeless tobacco are chewing tobacco (cut tobacco leaves) and snuff (moist ground tobacco). In Sweden, snus (finely ground moist tobacco) is used. In India, smokeless tobacco contains tobacco leaf mixed with other ingredients, such as areca nut and lime.¹ In Sudan, toombak is made from a fermented ground powdered tobacco mixed with sodium bicarbonate.² Use of smokeless tobacco can lead to nicotine addiction, and long-term use can lead to health problems, including periodontal disease, cancer, and cerebrovascular and cardiovascular disease.

Cochrane Systematic Review

Ebbert J et al. Interventions for smokeless tobacco use cessation. *Cochrane Reviews*, 2011, Issue 2. Article No. CD004306. DOI:10.1002/14651858.CD004306.pub4.

This review contains 25 studies involving over 11,000 participants.

Further references

1. Critchley JA, Unal B. *Thorax* 2003;58:435–43.
2. Idris AM et al. *Oral Oncology* 1998;34:558–66

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