Smokeless Tobacco

A Veteran's Guide for Quitting

A Resource for Veterans

U.S. Department of Veterans Affairs

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Smokeless Tobacco: A Veteran's Guide for Quitting was developed as a tobacco cessation resource for Veterans who use smokeless tobacco. Its primary purpose is to promote tobacco use treatment, based on published principles of evidence- and consensus-based clinical practice, for use by U.S. Department of Veterans Affairs (VA) health care providers treating Veterans who use smokeless tobacco.

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Smokeless Tobacco:
A Veteran's Guide for Quitting
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CHAPTER 1: Introduction

SO YOU USE CHEW OR DIP, AND YOU'D LIKE TO QUIT.

Congratulations! You're taking the first step to quitting tobacco. Perhaps you've learned about the health risks of smokeless tobacco, or your doctor or dentist suggested it would be good for you to quit. Maybe this is your first time trying to quit dip or chew, or maybe you've tried before and found that quitting is not easy. Quitting tobacco, any kind of tobacco, is a challenge. You can do it, and the U.S. Department of Veterans Affairs (VA) is here to help! This guide can help you make your own quit plan so you can quit for good.

This guide includes recent research on the most effective ways to quit smokeless tobacco. Like most people who dip or chew, you may already know there are many reasons to quit. Whether it is to improve your health, save money, or another reason, it is important to find your personal reasons for quitting, and use those reasons to motivate you.

CHAPTER 2: Smokeless Tobacco and Addiction

Smokeless tobacco contains 4,000 chemical compounds, including 30 cancer-causing chemicals such as:

- arsenic
- cadmium
- formaldehyde
- nickel uranium
- lead
- tobacco-specific nitrosamines

Tobacco-specific nitrosamines (TSNA) are by far the most harmful. TSNA levels in smokeless tobacco can be as much as 100X higher than other tobacco products.

Smokeless tobacco includes dip, chew, moist snuff, and snus. All tobacco products, including smokeless tobacco, contain nicotine. Nicotine is the addictive part of tobacco and causes the pleasurable feelings some people get, but nicotine is not by itself harmful to your body. Dip and chewing tobacco actually contain more nicotine than cigarettes, which may cause an even stronger addiction. Smokeless tobacco users experience nicotine addiction differently from people who smoke cigarettes. With cigarettes, nicotine is delivered into the blood very quickly; but the nicotine level rapidly declines, causing withdrawal for the smoker and the urge to smoke another cigarette. Dipping or chewing tobacco results in a slower and steadier rise in the blood nicotine level, which remains higher for a longer period of time than when smoking cigarettes.

Keep in mind:

- Holding an average-size dip in your mouth for 30 minutes gives you as much nicotine as chain-smoking three cigarettes. A 2-can-a-week dipper gets as much nicotine as a 1- to 1 ½-pack-a-day smoker.

  Here is a list comparing the nicotine levels of some selected smokeless tobacco brands:

Nicotine levels of selected brands, from highest to lowest

1. Grizzly Fine Cut Regular
2. Skoal Long Cut Regular
3. Copenhagen Long Cut
4. Kodiak Wintergreen
5. Skoal Bandits Mint
6. Hawken Wintergreen

* This list is provided for information only. VA does not endorse the use of any tobacco product.

- The level of nicotine you get from dipping or chewing depends on the specific product you use, as well as the amount you use, how long you use it, and how often you dip or chew.

HOW ADDICTED ARE YOU?

Think about your smokeless tobacco use. Answer the questions below, and add up your total score. This will give you an idea of how physically addicted you are to the nicotine in smokeless tobacco.

1. How soon after you wake up do you place your first dip?

Within 5 minutes: _____ 3 points

6–30 minutes: _____ 2 points

31–60 minutes: _____ 1 point

After 60 minutes: _____ 0 points

2. How often do you intentionally swallow tobacco juice?

Always: _____ 2 points

Sometimes: _____ 1 point

Never: _____ 0 points

3. Which chew would you hate to give up most?

The first one in the morning: _____ 1 point

Any other: _____ 0 points

4. How many cans/pouches per week do you use?

More than 3: _____ 2 points

2–3: _____ 1 point

1: _____ 0 points

5. Do you chew more frequently during the first hours after awakening than during the rest of the day?

Yes: _____ 1 point

No: _____ 0 points

6. Do you chew if you are so ill that you are in bed most of the day?

Yes: _____ 1 point

No: _____ 0 points

TOTAL: _____ points

Scoring:

High dependence (8+ points)

Moderate dependence (5–7 points)

Low-to-moderate dependence (3–4 points)

Low dependence (1–2 points)

CHAPTER 3: Your Reasons for Quitting

There are multiple myths about smokeless tobacco, and sometimes these myths make users feel more comfortable about their tobacco use.

Myth: Smokeless tobacco is a harmless alternative to smoking.

Truth: Smokeless tobacco is still tobacco. Smokeless tobacco often contains cancer-causing chemicals called nitrosamines. Smokeless tobacco users have significantly higher risk of developing oral, esophageal, and pancreatic cancers. Note the health warning on smokeless tobacco cans.

Myth: Good tooth and gum care can offset the harmful effects of using dip or chew.

Truth: There is no evidence that brushing and flossing will undo the harm that dip and chew are doing to your teeth and gums. Using dip or chew can cause localized gum recession, increase your risk for gum infection, and cause white lesions in your mouth. Dip or chew also causes bad breath and stained teeth and leads to tooth decay and tooth loss.

Myth: It's easy to quit using dip or chew when you want to.

Truth: Unfortunately, nicotine addiction makes quitting difficult. But those who have successfully quit are very glad they did.

Myth: Dip (or chew) improves athletic performance.

Truth: A study of professional baseball players found no connection between smokeless tobacco use and player performance. Using smokeless tobacco increases your heart rate and blood pressure within minutes. This can cause a buzz or rush, but the rise in pulse and blood pressure places extra stress on your heart. Several Major League Baseball players are strong supporters of quitting chew or snuff. In fact, many sports facilities have also banned smokeless tobacco use.

DITCHING DIP OR CHEW CAN BE TOUGH; BUT IT CAN BE DONE, AND YOU CAN DO IT.

The best approach to quitting tobacco is to understand your reasons for wanting to quit, pick a quit date, and come up with a quit plan. Your VA health care provider can help you develop a quit plan that may include medications, counseling, groups, or phone contacts. It’s up to you how you quit, and VA offers you a choice of many different kinds of support.

Know your reasons for quitting, and don't let outside influences like peer pressure get in your way. Remember to focus on everything you don't like about dipping and chewing.

HEALTH EFFECTS OF DIPPING AND CHEWING

For many people, their main reason for quitting is to prevent the negative health problems that smokeless tobacco can cause.

- Smokeless tobacco causes cancer of the mouth, esophagus, and pancreas.
- Smokeless tobacco may increase your risk of death from heart disease and stroke.
- Dippers/chewers have more dental problems than nonusers. Sugar in smokeless tobacco can cause cavities, chronic painful sores, and decay in exposed tooth roots.
- Dip and chew can cause your gums to pull away (recede) from the teeth in the area where the tobacco is held, causing your teeth to become loose. Unfortunately, your gums will not grow back to where they were before, which can cause tooth loss.
- Your teeth slowly wear down over time naturally due to things like teeth grinding and from contact with food and toothbrushes. If you use chew or dip, you will experience more rapid wearing down of your teeth, which could lead to major dental problems.
- Using dip or chew causes bad breath and stained teeth.
- Using dip or chew affects your sense of taste and can make it harder for you to tell when foods are salty, sweet, bitter, or sour.
- Dippers and chewers commonly get leathery white patches and red sores in their mouths that can turn into cancer.
- See your doctor right away for any early signs of oral cancer such as:
    - a sore in your mouth that bleeds easily and does not heal
    - a lump in your mouth or neck
    - soreness or swelling that does not go away
    - a white patch that does not go away
    - trouble chewing, swallowing, or moving your tongue or jaw

NEED MORE REASONS TO QUIT?

- It's expensive!

  With each can of dip costing an average of $4, using 2 cans each week costs $416 a year while 1 can each day costs $1,460 a year! Likewise, chewing tobacco costs about $3 a pouch, so 1 pouch each day costs more than $1,000 a year. The cost adds up. Think about all the things you could do with that money instead!

Example	My Experience
If you use 2 cans per week	I use _____ cans or pouches per week
1 can costs $4	1 can or pouch costs $_____
2 cans/week x $4 each = $8 per week	_____ cans or pouches/week x $_____ each = $_____ per week
$8/week x 52 weeks a year = $416 spent each year	$_____ per week x 52 weeks a year = $_____ spent each year

- It's not attractive

  Chewing tobacco will stain your teeth and give you bad breath. While you may become used to the odor, the smell of smokeless tobacco is not pleasant to others around you. Look at your teeth. Are they stained from tobacco juice? Brushing your teeth won't make this go away.

- Tobacco juice

  Finding a place to spit tobacco juice isn't always easy. Even when you have a cup, other people may not like seeing it, and it can spill. You can also accidentally get juice on your clothes, furniture, and car upholstery, which can cause stains.

MY REASONS FOR QUITTING

Here are some reasons people give for wanting to quit. Mark the reasons that are important to you:

- ☐ I want to avoid health problems like cancer, heart disease, dental problems, and addiction.
- ☐ I want to prove I can do it—I'll feel better about myself.
- ☐ I have sores or white patches in my mouth.
- ☐ Someone I care about doesn't like it.
- ☐ It's important to me to set a good example for my kids or grandkids.
- ☐ I want to save money!
- ☐ I don't like the taste.
- ☐ I have gum or tooth problems.
- ☐ It's disgusting, and finding a place to spit is a hassle.
- ☐ It's banned at my work or school.
- ☐ I don't want it to control me—I want to be free of this addiction.
- ☐ My doctor or dentist told me quitting would improve my chance of living a long, healthy life.
- ☐ My doctor or dentist told me to quit because tobacco is causing

- ☐ Other reasons:

CHAPTER 4: Preparing to Quit

PICK A QUIT DATE

There is no “ideal” time to quit, but low-stress times are best. Even if you think you're ready to quit today, take some time to get ready. It’s best to pick a date in the next two weeks. Research shows that setting a specific date will help you be successful.

THIS IS MY QUIT DATE

MONTH: _____ DATE: _____ YEAR: _____

FILL IT IN!

IDENTIFY YOUR TRIGGERS

You may use dip or chew in response to certain situations, or have particular places, people, or emotions that trigger a desire to use tobacco. Figuring out what makes you want to chew or dip and how you’ll handle those things is a key part of preparing to quit. Take a look at the common triggers listed below, and identify which ones you experience. Write in any of your triggers that are not listed.

- ☐ Waking up in the morning
- ☐ Waking up during the night or having nightmares
- ☐ Finishing meals
- ☐ Stress
- ☐ Taking breaks
- ☐ Pain
- ☐ Driving
- ☐ Feeling anxious, angry, or impatient
- ☐ Talking on the phone
- ☐ Seeing someone else dip or smoke
- ☐ Working on the computer
- ☐ Feeling bored
- ☐ Drinking coffee
- ☐ Watching TV
- ☐ Drinking alcohol
- ☐ Completing a task
- ☐ Having sex
- ☐ Playing a sport or watching a live game or race
- ☐ Going to bed
- ☐ Going to a party
- ☐ _____
- ☐ _____

Think about your biggest triggers and how you will avoid dipping or chewing when one happens. Write down your strategy for handling your top three triggers below so you can look back at them for support.

MY THREE STRONGEST TRIGGERS ARE:

Trigger #1: _____

I will handle this trigger by: _____

Trigger #2: _____

I will handle this trigger by: _____

Trigger #3: _____

I will handle this trigger by: _____

ADDITIONAL STRATEGIES TO HELP YOU PREPARE TO QUIT

- Talk with your VA health care provider or dentist about medicine to help you quit tobacco (see pages 13-19 for detailed information on these medications).
- Practice your strategies for coping without tobacco:
  - Learn to put off a chew or dip. To do this, first figure out when your cravings are strongest (see the list above for your personal triggers). When these triggers occur, try to go at least 10 minutes before you use tobacco. As you approach your quit day, try going a longer amount of time with each craving.
  - Pick three of your strongest triggers, and stop dipping or chewing at those times. It may be hard, but the time will come when you can go without tobacco at the times when you most want it.
- If you find it difficult to go for stretches of time without dipping or chewing, you may want to try the following strategy for gradually cutting down the amount of tobacco you use each day:
  - Find one or two activities that you can participate in without using tobacco. Slowly add more situations or activities that you can do without tobacco. Keep trying to go for longer periods of time before you dip or chew. This strategy will help to build your confidence and skills as you stop using tobacco.

DON'Ts:

- Don't carry your tin or pouch with you. Leave it behind. Instead, carry substitutes like sugar-free chewing gum, sugar-free candies, and sunflower seeds, placing them in the same pocket where you usually carry your dip.
- Don't switch to other tobacco products like cigarettes, e-cigarettes, or cigars. In fact, if you already smoke, this is a good time to quit smoking as well. That way you can get over your nicotine addiction all at once.
- Don't start using products advertised as tobacco alternatives, such as herbal chews. Because these products are unregulated, you can't be sure what ingredients are in them. Also, there is no evidence that these products can help you quit.
- Don't hang out with your dipping and chewing friends for a bit while you are trying to quit. That will help you avoid the urge to reach for a can or chew.

GET HELP FROM VA

VA has excellent programs that can help you quit, and some don't require you to go anywhere for an appointment. VA's tobacco quitline, **1-855-QUIT-VET (1-855-784-8838)**, has trained staff that can provide counseling, help you develop a quit plan, and continue to support you throughout your quit effort. This counseling is available in English and Spanish, Monday-Friday, 9AM-9PM EST.

You can also sign up for VA's text messaging program. You will receive text messages of support, advice, and encouragement when you are quitting tobacco. You can sign up for the program by **texting the word VET to 47848** from your mobile phone or by visiting *smokefree.gov/VET*. You can text the keywords URGE, STRESS, and DIPPED anytime to get an immediate tip for coping with an urge to use, stress, or a slip.

Talk to your VA health care provider about quitting. Your provider can tell you about local resources for quitting and prescribe medications to help you quit.

BUILD A SUPPORT TEAM—ENLIST THE PEOPLE YOU SEE EVERY DAY

Let friends, family members, and co-workers know you're quitting. Warn them that you may not be your usual self for a week or two after you quit. Ask them to be patient. Ask them to stand by to listen and encourage you when the going gets rough. If possible, give them specific suggestions on what they can do to help you so they'll know. Suggestions can include joining you for a run or a walk, helping you find ways to keep busy, and telling you they're willing to offer support when needed. If they've quit tobacco, ask them for tips. If they use dip or chew, ask them not to offer

you any. They don't have to quit tobacco themselves to be supportive, but maybe someone will want to quit with you.

You can also find support online. Follow the *SmokefreeVET Facebook* page to connect with a supportive community of Veterans who are also quitting tobacco.

PLANNING FOR YOUR QUIT DAY

Make your quit day special right from the beginning. For example, plan to stay busy with friends or family doing something you enjoy. Remember: You're doing yourself a huge favor.

- Change daily routines to break away from tobacco triggers. When you eat breakfast, don't sit in the usual place at the kitchen table. Get right up from the table after meals.
- Make an appointment to get your teeth cleaned. You'll enjoy the fresh, clean feeling and a whiter smile.
- Keep busy and active. Start the day with a walk, run, swim, or workout. Aerobic exercise will help you relax. Plus, it boosts energy and stamina, improves your all-around fitness, and curbs your appetite.
- Try substitutes like sugar-free hard candies or gum, cinnamon sticks, mints, beef jerky, or sunflower seeds. Carry them with you, and use them whenever you have the urge to dip or chew.
- Spend some time playing with your dog. Play fetch or go for a walk.

CHAPTER 5: Using Tobacco Cessation Medications

There are many types of medications used to help people quit tobacco. Some of these medications provide nicotine to help you slowly reduce the nicotine level in your body when you quit. These medications, called nicotine replacement therapy (NRT), will reduce your cravings for nicotine and help withdrawal symptoms. There are also two medications, bupropion (Zyban®, Wellbutrin®) and varenicline (CHANTIX®), that do not contain nicotine but can help reduce your nicotine cravings. Each of these medications can be used for 2 to 6 months, and NRT and bupropion may be used longer if needed. The medications listed below are available through VA by prescription.

1. Nicotine replacement therapy (NRT)
    a. Nicotine patch
    b. Nicotine lozenge (includes nicotine mini-lozenges)
    c. Nicotine gum
    d. Nicotine oral inhaler
    e. Nicotine nasal spray
2. Bupropion (Zyban®, Wellbutrin®)
3. Varenicline (CHANTIX®)

You may be wondering, “What's the best way to quit tobacco?” For people who smoke cigarettes, research has found that using two tobacco cessation medications at once (nicotine patch, gum, lozenge, nasal spray, and oral inhaler) has the highest success rates for quitting. Less is known about what medications work best for smokeless tobacco users, as there has not been as much research. However, we’ve learned by helping patients quit smokeless tobacco that smoking cessation medications approved by the U.S. Food and Drug Administration (FDA) provide smokeless tobacco users with relief from cravings and withdrawal symptoms. As a user of smokeless tobacco, you can use combinations of NRT or a combination of NRT and bupropion as noted below:

- nicotine patch + nicotine lozenge
- nicotine patch + nicotine gum
- nicotine lozenge + bupropion
- nicotine gum + bupropion
- nicotine patch + bupropion

- nicotine patch + nicotine nasal spray
- nicotine patch + nicotine oral inhaler

If combination NRT is not effective or appropriate for you, you may want to talk with your VA health care provider about using varenicline or bupropion. Based on the available research, varenicline appears to be more likely to help people quit using smokeless tobacco than bupropion. Bupropion may be effective but should be used in combination with NRT for better results. Contact your VA health care provider if you are interested in using medications to help you quit tobacco so your provider can determine which medications may be best for you.

NICOTINE REPLACEMENT THERAPY (NRT)

Nicotine patch

How is nicotine delivered into the body?

- It is absorbed through the skin by wearing the patch.

Where do I apply the patch?

- Apply to the skin on the upper arm, upper chest, or upper back; avoid using the same area for a week to minimize possible skin irritation.
- Press the patch down firmly to get it to stick to your skin and rub for 10 to 15 seconds to be sure it stays.
- Do not use lotion on your skin before applying the patch.
- If your skin is oily, first use a cotton ball with rubbing alcohol to clean the area; then apply the patch when the skin is dry.

Can I use tobacco when using the nicotine patch?

- You should try not to use tobacco when wearing the nicotine patch.
- If you do have "slips" and use tobacco, continue wearing the nicotine patch and work on using strategies (see page 23 to learn about the DEADS strategy) to avoid and resist using tobacco. After you remove the patch, there is still nicotine in your body for several hours.
- If you go back to using tobacco regularly, stop using the nicotine patch.

What are the possible side effects of the patch?

- Itching or rash on the area where the patch is placed
    - If this happens, try to put the patch on a different area of skin each day.

- Hives or raised bumps
    - If you get this, it might be that you are allergic to the adhesive portion of the patch.
    - Stop using the patch, and contact your provider.
    - Consider using a different brand of patch if available.
- Difficulty sleeping or vivid dreams because the nicotine is being absorbed when you are sleeping
    - If this happens, try removing the patch before you go to sleep.

Nicotine lozenge

How is nicotine delivered into the body?

- It is absorbed through the lining of the inside of your mouth, similar to the area where chewing tobacco is placed. Let the lozenge melt against your cheek and gums—this is the only way nicotine is absorbed from the lozenge.

How do you use the nicotine lozenge?

- Place a lozenge in your mouth. Then, put it in the inside of your cheek, and leave it there. You can change the place where you put the lozenge to reduce irritation to your mouth.
- Do not chew or bite the lozenge. It must dissolve completely to release the entire dose of nicotine.
- Do not drink or eat for 15 minutes before using the lozenge, while using the lozenge, and for 15 minutes after using the lozenge. Avoid acidic beverages like coffee, juice, soda, and alcohol during these times because they will reduce the absorption of the nicotine from the lozenge.
- If you are using **nicotine lozenges in combination** with nicotine patches or bupropion (Zyban®, Wellbutrin®):
    - Use one lozenge when you have a craving for tobacco or at times when you know you have strong cravings.
    - You may use up to 10 to 12 lozenges per day if needed and then reduce each week as directed by your provider.
    - When you step down to a lower strength patch, you may have additional cravings. At that time, you can always increase lozenge use if needed and then reduce thereafter.

What are possible side effects* of the lozenge?

- Irritation of the mouth
- Hiccups
- Nausea and heartburn if chewed or swallowed

*Side effects are likely due to using the nicotine lozenge incorrectly.

Nicotine gum

How is nicotine delivered into the body?

- It is absorbed through the lining of the inside of your mouth, similar to the area where chewing tobacco is placed. Let the gum sit against your cheek and gums—this is the only way nicotine is absorbed from the gum.

How do you use nicotine gum?

- Use the "chew and park" method. Place a piece of gum in your mouth and chew it several times until you get a peppery taste or a tingling sensation. Park the gum in the inside of your cheek, and leave it there until you no longer have the peppery taste or the tingling. Repeat the "chew and park" method several times until there is no longer a peppery taste to the gum. Then throw out the gum.
- Avoid chewing nicotine gum like regular chewing gum. Using nicotine gum this way will not allow the nicotine to be absorbed through the lining of your mouth. Also, swallowing the nicotine gum may cause you to feel sick to your stomach and get heartburn. You may also notice that the nicotine craving will not go away, since nicotine is not absorbed through your stomach. Avoid combining regular chewing gum with nicotine gum. This will reduce the absorption of nicotine from the NRT gum.
- Do not drink or eat for 15 minutes before using the gum, while using the gum, and for 15 minutes after using the gum. Avoid acidic beverages like coffee, juice, soda, and alcohol during these times because they will reduce the absorption of nicotine from the gum.
- If you are using **nicotine gum in combination** with nicotine patches or bupropion (Zyban®, Wellbutrin®):
    - Chew one piece of gum when you have a craving for tobacco or at times when you know you have strong cravings.
    - You may use up to 10 to 12 pieces of gum per day if needed and then reduce each week as directed by your provider.
    - When you step down to a lower strength patch, you may have additional cravings. At that time, you can always increase gum use if needed and then reduce thereafter.

What are possible side effects* of the gum?

- Irritation of the mouth
- Hiccups
- Nausea and heartburn if chewed quickly and swallowed

*Side effects are likely due to using the nicotine gum incorrectly.

Bupropion (Zyban®, Wellbutrin®)

How does bupropion work?

Bupropion reduces nicotine cravings by increasing the chemical dopamine in the brain. Bupropion does not contain nicotine so you may experience some nicotine withdrawal symptoms. Bupropion is also an antidepressant, which can be beneficial for some people who use tobacco and have a history of depression.

Who should NOT use bupropion?

- If you have a history of seizures, bupropion can increase your seizure risk.
- If you currently have an eating disorder like anorexia or bulimia, bupropion can increase your seizure risk.
- If you drink more than two servings of alcohol a day (one serving is 12 ounces of beer, 6 ounces of wine, or 1 ounce of hard alcohol), bupropion can increase your seizure risk if you quit alcohol abruptly.

If you are currently taking medication for depression, bipolar disorder, or other mental health disorders, you should discuss with your psychiatrist or doctor if bupropion will work with your current medications.

Can bupropion be used in combination with other medications to help quit tobacco?

Bupropion can be used in combination with the nicotine patch, nicotine gum, and nicotine lozenges.

What are the possible side effects when using bupropion?

- Most common
  - Difficulty sleeping
  - Nervousness
  - Dry mouth

- Less common
    - Rash or swelling (If you get this, you might be allergic to the medication. Contact your doctor if these side effects occur.)

In rare occasions, you may experience mood changes, depression, or suicidal or homicidal thoughts. Contact your doctor if you experience any of these serious side effects.

If you are in crisis, call the Veterans Crisis Line at 988 or at 1-800-273-8255, and press 1 to talk to someone immediately; send a text message to 838255; or chat online at *www.VeteransCrisisLine.net*.

Varenicline (CHANTIX®)

How does varenicline work?

Varenicline blocks the receptor in the brain where nicotine binds so you don't feel its effects when you use tobacco. Varenicline also acts like a weak form of nicotine, which can help reduce nicotine withdrawal symptoms.

Who should NOT take varenicline?

- If you have a history of serious hypersensitivity or skin reactions with varenicline, you should not use it.
- If you have a history of suicidal thoughts or acts in the past 12 months, you should talk with your mental health provider or doctor about whether varenicline is appropriate for you. This is important as there have been rare reports of mood changes, depression, and suicidal ideation or intent among some patients.

Additional issues to consider with varenicline

If you have a history of seizures, have heart problems, or use alcohol, please consult your VA health care provider before starting this medication. The FDA found some cases of seizure in people taking varenicline, with most cases occurring in the first month of therapy. Varenicline also appears to lower some patients' tolerance for alcohol, so you may want to drink less alcohol until you know how you will tolerate alcohol while on this medication.

Can varenicline be used in combination with other medications to help stop tobacco use?

While varenicline can be used in combination with NRT, it is not commonly used in combination as there is limited research to support this. However, your provider may suggest that varenicline be used in combination with NRT based on your unique cessation needs and tobacco use history.

What are the possible side effects of varenicline?

Most common side effects include:

- Upset stomach, nausea, vomiting—these are mostly avoided by taking the medicine with food and a full glass of water
- Headache
- Difficulty sleeping, dream disturbances

There have been rare reports of increased symptoms of depression, anger, irritability, or suicidal ideation among a small number of patients who use varenicline. As with any medication, if you experience any of these effects, please contact your medical provider immediately.

If you are in crisis, call the Veterans Crisis Line at 988 or at 1-800-273-8255, and press 1 to talk to someone immediately; send a text message to 838255; or chat online at *www.VeteransCrisisLine.net*.

CHAPTER 6: Your First Two Weeks After Quitting: Coping With Withdrawal Symptoms & Triggers

WITHDRAWAL SYMPTOMS DON'T LAST LONG

Remember that while withdrawal symptoms may be strongest the first week after you quit, the worst part is over after two weeks. Withdrawal symptoms experienced by smokeless tobacco users can include:

- Feeling irritable, tense, restless, impatient, and/or depressed
  - Changes in mood after quitting are common. It is not unusual to have these feelings immediately after quitting. Come up with a daily routine to keep busy and to stay connected with other people. When you find yourself becoming irritable or impatient, walk away or escape from the situation. Deep breathing and exercise can help you blow off steam. Ask others to be patient. Spend time with people who make you feel good about yourself and want to see you succeed. Hang out with your pets.
- Constipation/irregularity
  - Add fiber to your diet (e.g., whole-grain breads and cereals, fresh fruits, vegetables), and be sure to drink enough water, which can help detoxify your body of nicotine.
- Hunger
  - Eat regular meals. Feeling hungry is sometimes mistaken for the desire to dip or chew.
- Desire for sweets
  - Reach for low-calorie, sweet snacks like apples, other fruits, and sugar-free gum and candies.
- Difficulty concentrating
  - Plan your work accordingly, and allow yourself extra time to complete tasks.

DEALING WITH STRESS

We all have stress, so remember that there are ways to deal with stress other than using tobacco.

Do what is best for you

- Give yourself extra time to get to work or appointments.
- Make time to do things you want to do.
- Learn to say "no" to things you don't want to do or don't have time to do.
- Eat healthy foods.
- Get enough sleep.
- Reward yourself.

Have fun

- Enjoy your hobbies.
- Go for a walk, swim, or get on your bike.
- Go to a movie.
- Play with your pet.
- Go outside.

Spend time with others

- Visit or call a friend.
- Go out to eat.
- Spend time with family members.
- Cook a special meal for your spouse or friend.
- Go to a fun event.

Keep busy

- Work in your yard.
- Fix or build something.
- Clean your home.

Find time to relax and have quiet time

- Read a book or magazine.
- Listen to or play music.
- Take a bath.
- Practice deep breathing.
- Meditate.
- Daydream.
- Take a yoga class.

About weight gain

Nicotine speeds up metabolism, so quitting smokeless tobacco may result in some weight gain. First, recognize that a small amount of additional weight is far less harmful than using smokeless tobacco. To limit the amount of weight you gain, try the following:

- Eat well-balanced, healthy meals. To satisfy your cravings for sweets, eat small pieces of fruit. Keep low-calorie foods handy for snacks. Try popcorn (without butter), sugar-free gum and mints, fresh fruits, and vegetables.
- Drink 6 to 8 glasses of water each day.
- Try to add 30 minutes of daily moderate exercise into your routine; try walking or another activity such as running, cycling, swimming, or any other physical activity that you enjoy.

You may experience withdrawal symptoms like urges to dip or chew—especially in the places where you used to dip or chew the most. When these happen, wait it out or take other coping actions. Deep breathing and exercise will help you feel better right away. You can also do something to distract yourself such as calling or texting a friend. As time passes, you'll feel better than when you dipped or chewed so be patient with yourself.

A great approach to dealing with urges and cravings is to use the DEADS strategy.

DEADS Strategy	
D — Delay	The most important thing to remember is that an urge will go away whether you dip/chew or not. Waiting out an urge, especially if you begin to do something else, is easier than you may expect. Believe it or not, the urge will fade after about 5–10 minutes, even if you don't dip. It also helps if you have a positive attitude about the urge disappearing. Think "This won't last, the urge will go away," or "I am not going to dip/chew because I don't need to."
E — Escape	Remove yourself from the situation or event that led to the urge. If you're in a room where others are using tobacco and an urge hits, get up and take a short walk. You can walk around the building or outside until you feel ready to re-enter the situation without dipping or chewing.
A — Avoid	Avoid situations where you will be tempted to dip or chew. This will be particularly important in the first days and weeks after you quit. For example, if you regularly go places where there is a lot of dipping/chewing or smoking, it's best to avoid them for a little while to allow you to get used to not using tobacco.
D — Distract	Get busy and get back to what you were doing before the urge hit. There may be other things you enjoy that are incompatible with dipping or chewing. You can try working in the yard, going to the gym, taking a walk or run, reading a book or magazine, calling a friend, working on a crossword puzzle, or any activity that you don't associate with tobacco.
S — Substitute	When you want to dip or chew, substitute something else for it. Try sugar-free candy or sugar-free gum, especially if you are watching your weight or have diabetes. You could also eat a piece of fruit or drink a glass of water. Chew on something like a straw or a toothpick. The trick is to come up with something you like that can be easily substituted for chew or dip.

If you haven't already done so, call **1-855-QUIT-VET (1-855-784-8838)**, VA's tobacco quitline. Quit VET's trained counselors are ready to help you at any stage as you quit. The quitline is available to provide support from 9 a.m. to 9 p.m. Eastern time, Monday to Friday.

CHAPTER 7: Celebrate Your Success and Stay Quit for Good!

CONGRATULATIONS! YOU'VE DONE IT. YOU'VE BEATEN SMOKELESS TOBACCO.

You've broken free of a tough addiction. If you can stay off for two weeks, then you know you can beat this addiction. You are improving your health and your future. Celebrate with the people on your "support team."

It will get easier with time and persistence. Keep using whatever worked when you first quit. Pledge to yourself to never take another dip or chew. Keep up your guard. Continue to plan ahead for situations that may tempt you.

- Tobacco thoughts and urges may still bother you. They can be strongest in the places where you dipped or chewed the most. Rely on distraction by immediately turning your thoughts to something else.
- Avoid alcoholic beverages or at least only drink moderately. Drinking alcohol could ruin your plan to quit.
- Know what events and places will be triggers for you, and plan ahead for them. Avoid them if necessary, or leave them when you feel an urge or craving coming on.

WHAT IF YOU SHOULD SLIP?

Try not to slip, not even once. But if you do, get right back on track. Don't let feelings of guilt caused by slipping lead you back to chewing or dipping. A slip does not mean "failure." Rather, think of it as a reminder that important goals often require hard work. Figure out why you slipped and how to avoid it next time. Get rid of any leftover tobacco.

Pick up right where you left off before the slip. If slips are frequent, or you are dipping or chewing on a regular basis, make a new quit plan. Quitting takes practice. Smokeless tobacco use can be tough to beat. You might not quit for good on the first try. Don't give up! Figure out what would have helped. Try a new approach next time. Talk to your VA health care provider or dentist for more help.

You may also wish to use one of these VA services for additional guidance and support:

- VHA Tobacco & Health
  mentalhealth.va.gov/quit-tobacco
- VA Smokefree.gov Veterans website
  veterans.smokefree.gov
  Go to “Build Your Quit Plan” to create a personalized, printable quit plan.
  Go to "Nicotine Replacement Therapy" to learn more about how NRT can help you quit.
- 1-855-QUIT-VET, VA National Tobacco Quitline
  1-855-784-8838, Monday-Friday, 9AM-9PM EST
  Available in English and Spanish
- SmokefreeVET text message program
  Text VET to 47848 or sign up online at *smokefree.gov/VET*.
- Stay Quit Coach smartphone app
  mobile.va.gov/app/stay-quit-coach
  Download from the App Store or Google Play
- SmokefreeVET Facebook support group
  facebook.com/smokefreevet

When you’re ready, share your support and experiences with friends and co-workers who are trying to quit tobacco. You can be an excellent source of information and inspiration to someone who wants to quit but is not sure how to get started. Be proud of this incredibly healthy change you’ve made in your life!