A summary of the Cochrane review:

Interventions for smokeless tobacco use cessation

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Ways to help people stop using smokeless tobacco (including chewing tobacco, snuff and snus)

Background

Smokeless tobacco is any product in which tobacco is held in the mouth so that nicotine is absorbed through the lining of the mouth. Smokeless tobacco is less dangerous than cigarettes and other products where tobacco is burnt and nicotine absorbed through the lungs. However, smokeless tobacco still leads to nicotine addiction and can be harmful, especially to the mouth. Many types of smokeless tobacco are used around the world, including chewing tobacco, snuff and snus. The risks to health vary with the type of product.

Study characteristics

We reviewed the evidence from randomized trials about interventions to help people stop using smokeless tobacco, including nicotine replacement therapy, other pharmacotherapies and behavioural support. This evidence is current to June 2015. Trials had to report the number of participants who had stopped using smokeless tobacco or other products after six months.

Key results

We found 34 relevant trials covering over 16,000 participants. All except one were conducted in the USA. Some studies in dental health clinics provided advice about oral health problems to smokeless tobacco users whether or not they were interested in stopping. Some studies recruited users who wanted to stop.

Sixteen trials with 3,722 participants tested pharmacotherapies. 12 studies tested different types of nicotine replacement therapy (5 gum, 2 patch, 5 lozenge). The evidence suggests that the nicotine lozenge might help people quit, but the quality of evidence was low and more research is needed. There was not enough evidence to be sure whether nicotine gum or patches could help. Two trials of varenicline (a medication that helps smokers to quit) suggested it can also help people quit using smokeless tobacco. Two small trials of bupropion (an antidepressant that helps smokers to quit) did not find that bupropion helped people quit using smokeless tobacco.

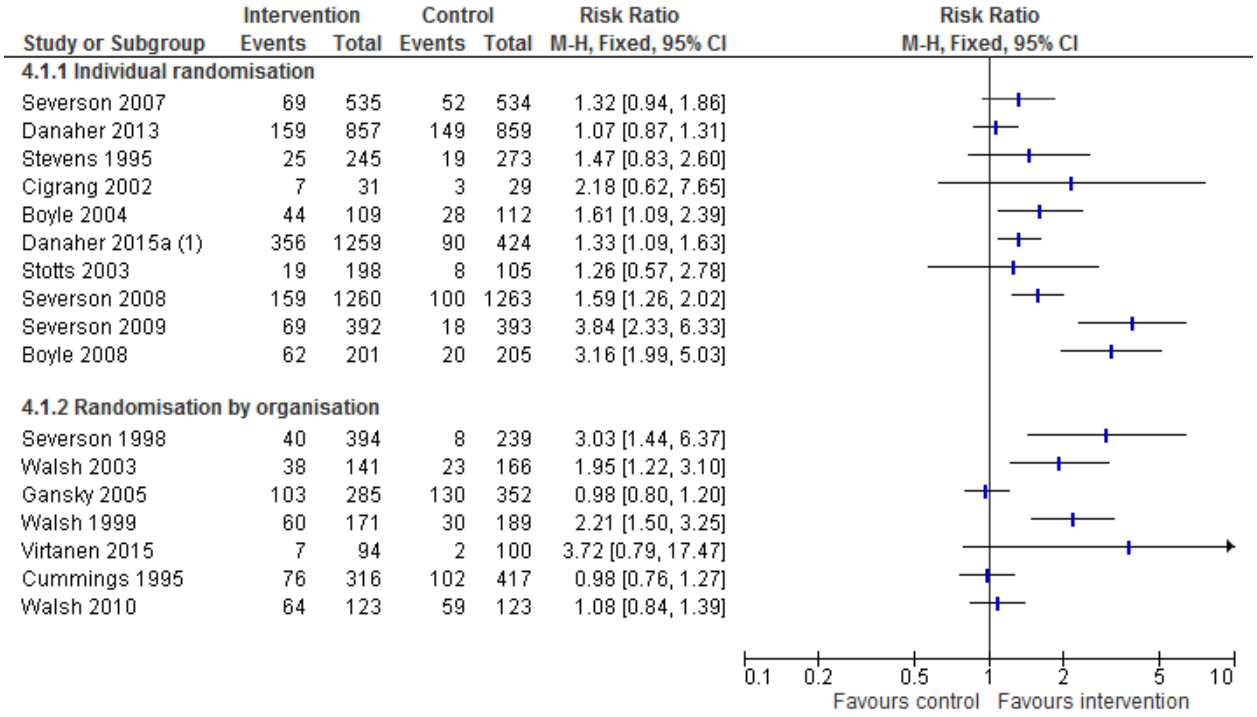
Seventeen trials with 12,394 participants tested behavioural support. The behavioural support could include brief advice, self-help materials, telephone support, access to a website, and combinations of elements. There was a lot of variation in results with some trials showing clear evidence of benefit and some not showing any effect. We

could not be certain what the important elements of effective support were, but providing access to telephone support generally seemed to be helpful.

Quality of the evidence

Confidence in the results for nicotine lozenges is low as the result is sensitive to the exclusion of three trials which did not use a placebo control. Also, the inference of the effect size of behavioural interventions for increasing smokeless tobacco abstinence rates is weakened by the limited methodological quality of some of the trials, including loss to follow-up and potential baseline differences between the groups. We cannot exclude the possibility that publication bias is also impacting on our results.

A forest plot illustrating the effect of behavioural interventions versus control on quitting tobacco use at longest follow-up (≥ 6 months).



N.B. Results were not pooled due to considerable heterogeneity

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