



Your Path to Smokeless Tobacco Freedom




**MAYO CLINIC
NICOTINE DEPENDENCE CENTER**

Along the way...

Cut out the cards below, complete the reverse side, and carry them with you to help you along your path to a tobacco-free future.

To remove this page, fold and tear along the dotted line.



ALLOW time to be good to yourself.

Do things you enjoy. Do something that will make you feel great.



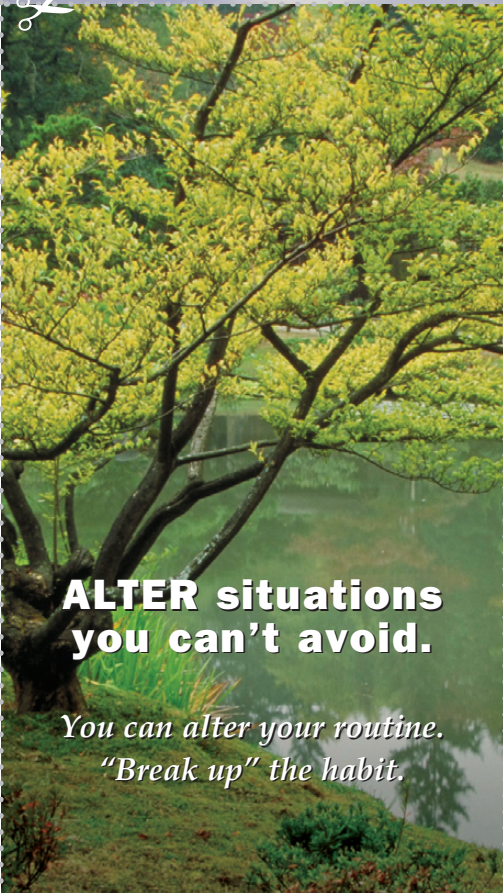
Get ACTIVE.

Do some activity long enough to let the urge to chew pass.



AVOID high-risk situations.

Try to avoid places that you associate with chewing.



ALTER situations you can't avoid.

You can alter your routine. "Break up" the habit.



Use ALTERNATIVES.

When you stop chewing, you may need to do something with your mouth.



ASK for support.

It's very important to get support when you stop chewing. You don't have to do this alone.

On my path...

*I will avoid these
high-risk situations:*

On my path...

*When I experience an urge to chew,
I will:*

On my path...

I will be good to myself by:

On my path...

*I will tell these people that
I'm stopping chewing:*

On my path...

I will use this instead:

On my path...

I will alter my routine by:

*I will ask these people
for support:*

I will keep my mouth busy by:

***Congratulations** on taking this step to quit chewing tobacco!*

The information in this guide is designed to help you through the process of quitting. You'll also find tips on how to maintain a tobacco-free lifestyle.

Designing a personal plan can help you through the ups and downs of quitting. Start by telling yourself you can do this. You really can! If you've struggled in the past, have confidence in quitting now. Typically, people try many times before they become tobacco-free. Be good to yourself, learn along the way and keep trying.

Stopping tobacco isn't easy. Our treatment program is here to help you through this process.

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You're thinking about quitting

Quitting is hard

When you started using smokeless tobacco, you probably didn't intend to continue forever. You may have started using smokeless tobacco thinking it would enhance your athletic performance or to fit in with friends. Like others, you thought you could quit whenever you wanted to. But you have found that quitting chew is harder than you thought it would be.

There are many reasons why people use smokeless tobacco. Smokeless tobacco makes people feel satisfied and calm. Using chew may also make them feel more focused and alert. For some people, the more tobacco they use, the more they need to use to feel good. Soon, many users don't feel quite right without using chew. This is the addiction cycle of tobacco.

There are many reasons why people want to quit using tobacco. They may be concerned about their health. They may want to save money, have more energy or be a positive role model. Their family and friends may be expressing concerns.

Remember that it takes time, patience and practice to quit chew. It may take more than one try to quit for good. Don't give up. You can learn to feel good again without depending on tobacco.



Why quit?

It's common to think "I want to stop chewing" and "I don't want to stop chewing." Don't let your mixed feelings prevent you from trying to stop. Although there will be difficult moments, you *can* overcome them.

Sorting out why you want to stop is a helpful start. Some people give reasons such as:

- ❖ I'll feel better about myself when I'm not using chew.
- ❖ I'll feel healthier.
- ❖ I'll feel more in control of my life.
- ❖ I'll have better uses for my money.
- ❖ I don't want my children to think it's OK to chew or use tobacco in any way.

Below, write your reasons to be tobacco-free. Make a copy and post it where you'll see it often.

My reasons to be tobacco-free



Benefits of being tobacco-free

Think of the additional benefits that you'll gain when you stop using chew.

- ❖ You won't always have to think about whether you have enough chew if you leave the house or go on trips.
- ❖ You'll have more time to focus on the things you really enjoy.
- ❖ You'll be a better role model for your children and grandchildren.
- ❖ You'll save money.
- ❖ You won't have to hide your chewing from your family anymore.

Other ways you'll benefit from being tobacco-free

Calculate the cost of using smokeless tobacco

How much money do you spend on chew? It may be more than you realize. Use the worksheet below to calculate your cost.

\$_____ cost per can or pouch

x _____ number used per week

= \$_____ per week

x 52 weeks

= \$_____ per year

x _____ years using chew

= \$_____ total spent on smokeless tobacco



What makes smokeless tobacco so harmful?

Nicotine is the addictive chemical in tobacco — it's what makes you keep using. Although nicotine can increase your heart rate and blood pressure, *nicotine itself doesn't cause cancer*. One way to think of this is to consider that cancer and diseases of the teeth and gums are the major side effects of the substance (chewing tobacco) that you use to get nicotine.

Chewing tobacco contains thousands of different chemicals, including:

Sweeteners. Chewing tobacco contains high amounts of sugar. When mixed with the bacteria in your mouth, sugar creates plaque on your teeth. The plaque forms acids that eat away at the tooth's enamel and can lead to cavities.

Salts. Large amounts of flavoring salts are used in chewing tobacco. These can contribute to increased risk of high blood pressure in some people.

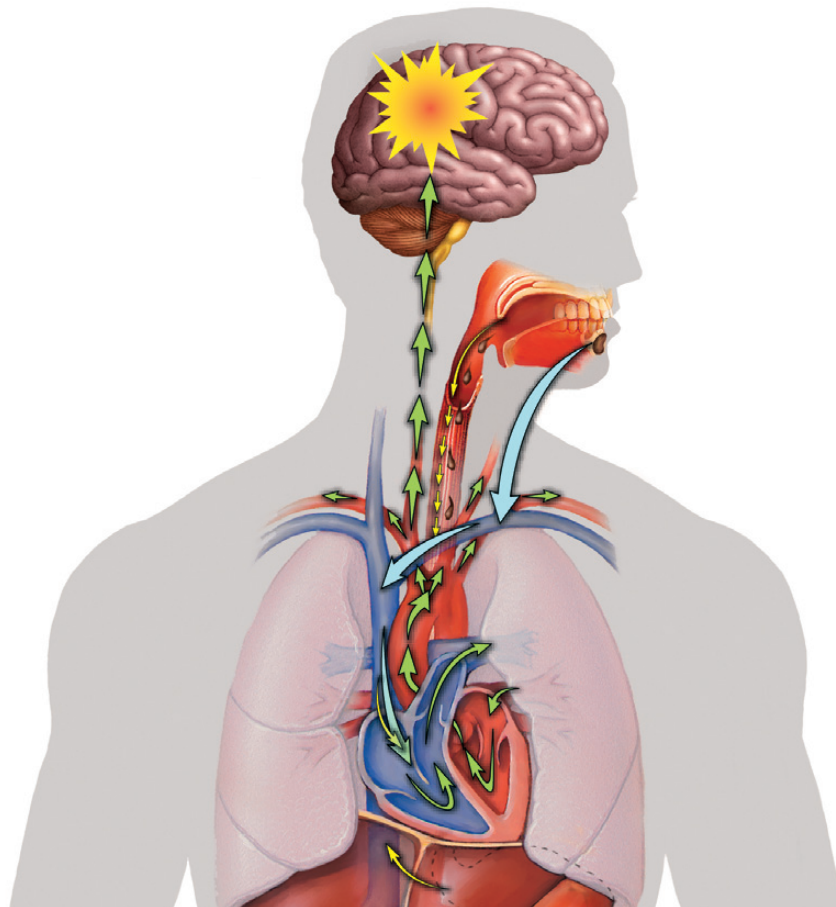
Abrasives. Many sandpaper-like materials that wear down the surfaces of your teeth and the lining in your mouth are found in chewing tobacco. Teeth can't stand up to the damage that these ingredients cause.

Carcinogens. Chewing tobacco contains many cancer-causing substances. The National Toxicology Program of the U.S. Department of Health and Human Services has declared that *smokeless tobacco is "known to be a human carcinogen" (causes cancer)*.



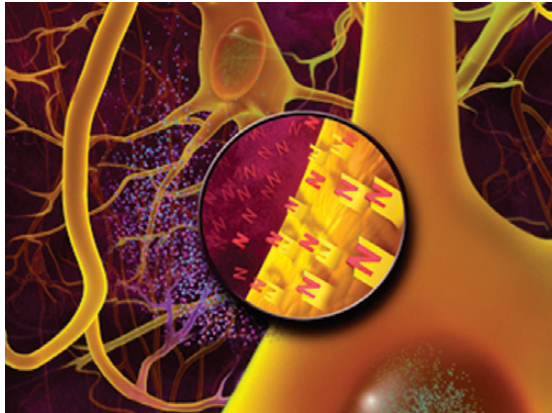
Your brain and nicotine: The physical challenge of quitting

You use chew for many reasons. One main reason is because smokeless tobacco contains an addicting drug called nicotine. This is the substance that makes it so difficult to stop, even though you want to.



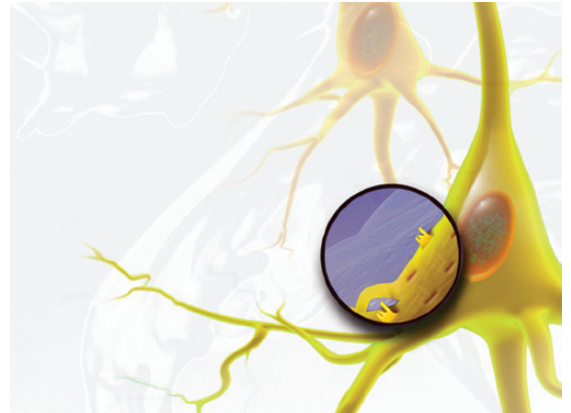
Nicotine from chewing tobacco is absorbed into your bloodstream through the lining of your mouth (blue arrows). Smaller amounts of nicotine from swallowed tobacco juice is also absorbed through your small intestine and then passes through your liver before entering your bloodstream (yellow arrows). Your heart pumps nicotine to your brain and the rest of your body (green arrows).

Shown below: Nicotinic receptors on brain cells in tobacco users (left) and former tobacco users or those who never used tobacco (right).



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Tobacco users have many more nicotinic receptors than nonusers do. When filled with nicotine, these receptors will “fire,” causing the feelings you have when you chew.



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When you stop using tobacco, many nicotinic receptors will disappear, but those that remain have “memory” and can be triggered by cues.

Now you have a better understanding of what makes tobacco so addictive and harmful. You have many options to help you stop using chew — now it’s up to you.

NRT: Safe and effective

It may be easier to quit chew when you use medications such as nicotine replacement therapy (NRT) — the patch, gum or lozenge. Nicotine levels delivered through NRT tend to be much lower than from chew.

The nicotine from nicotine replacement medications partially fills the nicotinic receptors. But instead of making you feel the way you did when chewing, these lower levels of nicotine help stabilize the brain, so you’ll feel more comfortable and in control when you’re trying to stop using chew. Additionally, NRT doesn’t contain the other harmful chemicals found in smokeless tobacco, so it’s much safer to use than any tobacco product. See “How medications can help” on page 13.

You're ready to get started

Making the decision

Only you can decide when to stop using smokeless tobacco. Many factors influence the decision to quit. On the three scales below, circle the number that best represents how you feel.

This is how important it is to me to quit chew.



This is how confident I am in my ability to quit chew.



This is how ready I am to quit chew.



The pros and cons of quitting

Looking at the pros and cons of quitting can help sort out your feelings.

Write down your thoughts in each of the four categories below.

**Good things
about using chew**

**Not so good things
about using chew**

**Not so good things
about quitting chew**

**Good things
about quitting chew**

Adapted from Rollnick et al., *Health Behavior Change: A Guide for Practitioners*, 1999

After looking at the “good things” and “not so good things,” where does this leave you now?

Your body's response to no more nicotine

Almost everyone experiences some symptoms of withdrawal when they stop using chew. For most chewers, withdrawal symptoms can last for several weeks, becoming less intense and less frequent over time.

How you feel when you try not to use chew

Place a check mark next to what you experience when you don't chew:

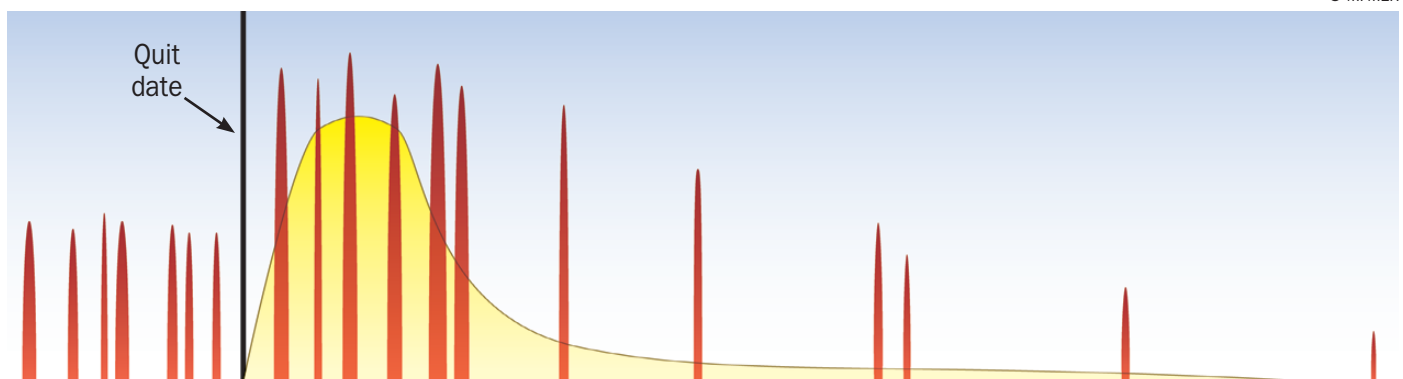
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Frustration | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Craving | <input type="checkbox"/> Hunger | <input type="checkbox"/> Shakiness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Impatience | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Desire to use | <input type="checkbox"/> Increased eating | |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Irritability | |

These are signs of withdrawal — your body's response to not having nicotine. If you anticipate these symptoms in advance, you're more likely to understand what's happening and know how to respond. Medications reduce these symptoms and can make it easier to quit chew.

Withdrawal symptoms are different from urges to use tobacco. See "Feelings, urges and memories" on page 16 for more information.

Timeline of withdrawal symptoms and urges

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Withdrawal symptoms (yellow) peak in their intensity within the first few days of stopping chew. After a few days, they become milder and then resolve. Urges, also called cravings (red lines), occur even when using chew. They can be frequent (indicated by lines close together) and intense (taller lines) soon after stopping — but typically they're brief, lasting one to two minutes. As time goes on, urges occur less often, are less intense and don't last as long. However, you can still experience urges even months after you've stopped chew.

How medications can help

As mentioned before, nicotine medications — the patch, gum and lozenge — are called nicotine replacement therapy (NRT) because they take the place of nicotine from tobacco. NRT helps reduce withdrawal symptoms and lessen your urge to use chew. (See “NRT: Safe and effective” on page 9.) Bupropion, varenicline, nortriptyline and other non-nicotine medications also may help you stop using chew.

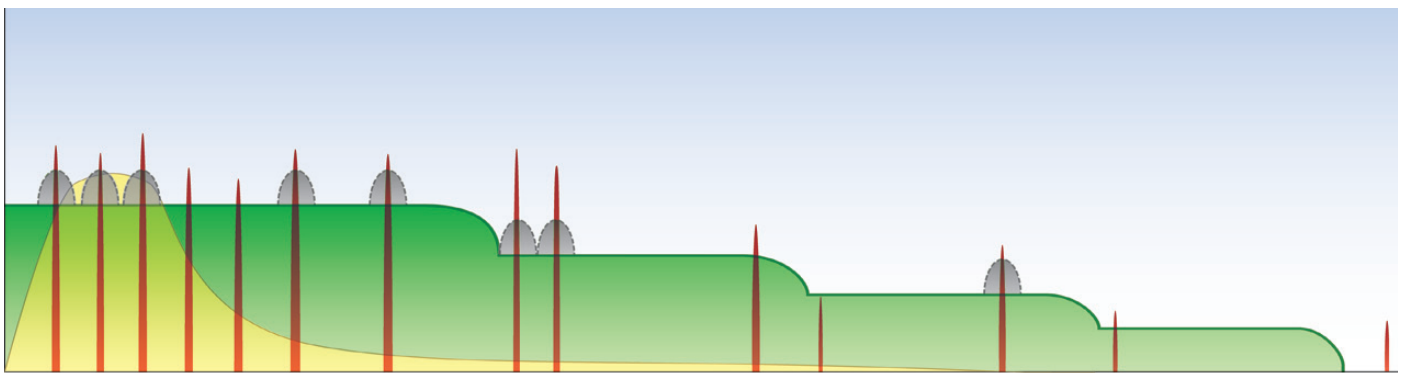
Medications alone can’t do all the work. Most people should use at least one of these medications when they try to stop chewing. Talk to your health care provider about which medications might be best for you.

Many people find that using a combination of these medications is the best approach, compared with using just a single medication. It’s important to use enough medication to control your withdrawal symptoms and to use it long enough to firmly establish you being tobacco-free.

There is no single way that works for everyone. Your individualized plan is just a starting point — you and your health care provider can modify it as you move along.

Medications’ effects on withdrawal symptoms and urges

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Adequate doses of medications can reduce the intensity and frequency of withdrawal symptoms (pale yellow) and urges (red lines). Long-acting medications (green) — the nicotine patch, bupropion and others provide sustained relief. Short-acting nicotine replacement products (gray) — gum and lozenge — help with the stronger urges or symptoms that aren’t controlled by the long-acting medications.

Medication options

Your treatment specialist or other health care provider can help complete this page and discuss recommendations with you.

Before using any of these medications, review appropriate use and possible side effects with your health care provider. Ask how and when to use them. If you experience side effects from your medications, check promptly with your health care provider for advice.



Nicotine patch

Available doses:

7 mg*
14 mg
21 mg

Comments:

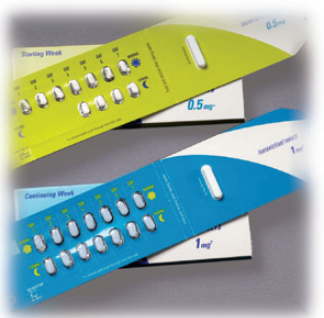


Bupropion (Zyban®, Wellbutrin®)

Available dose:

150 mg

Comments:



Varenicline (Chantix™)

Available doses:

0.5 mg
1 mg

Comments:

*mg = milligrams



Nicotine gum

Available doses:

2 mg

4 mg

Comments:



Nicotine lozenge - Mini lozenge

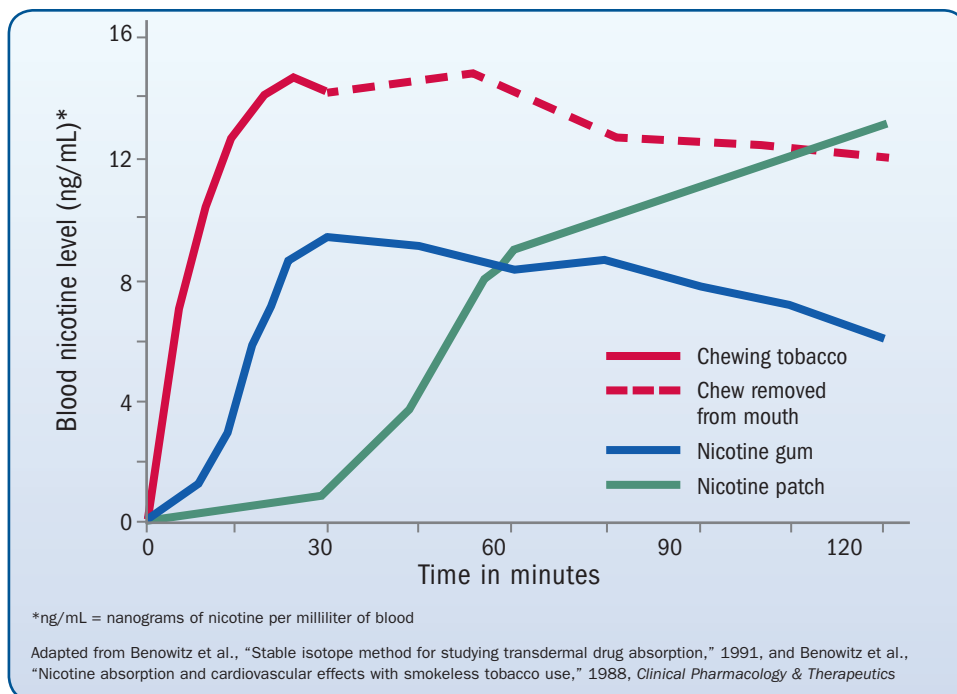
Available doses:

2 mg

4 mg

Comments:

Blood nicotine levels of chewing tobacco vs. nicotine gum and patch



Nicotine in chewing tobacco is absorbed very rapidly and peaks within 30 minutes after chew is placed in the mouth. Even after the chew is removed, nicotine continues to be absorbed through the lining of your mouth. In comparison, the nicotine absorbed through the skin (from a patch) or lining of the mouth (from gum) is absorbed much more slowly and usually results in lower blood levels than obtained with chewing tobacco.

Feelings, urges and memories

Feelings of nicotine withdrawal

On page 12 you identified symptoms that you may feel when you try to stop using chew. These feelings are your body's response to no longer having nicotine. This is the physical part of nicotine withdrawal. Withdrawal symptoms can be very strong. The good news is that medications can help reduce these symptoms, and these feelings typically go away in just a few weeks.

Urges and desires to chew

Long-established relationships between chewing and specific activities or emotions can cause urges and desires to chew. Common triggers for urges to chew include the following. Place a check mark next to your triggers:

- | | | |
|---|--|--|
| <input type="checkbox"/> Seeing chew | <input type="checkbox"/> Celebrating | <input type="checkbox"/> Starting your day |
| <input type="checkbox"/> Going to the gas station | <input type="checkbox"/> Watching a sporting event | <input type="checkbox"/> Having a fight with family |
| <input type="checkbox"/> Driving a car | <input type="checkbox"/> Hunting or fishing | <input type="checkbox"/> Feeling angry, sad or nervous |
| <input type="checkbox"/> After eating | <input type="checkbox"/> Working | <input type="checkbox"/> Feeling stressed or worried |
| <input type="checkbox"/> Drinking alcohol or being in a bar | <input type="checkbox"/> Finishing a job | <input type="checkbox"/> Feeling bored or alone |

Add other triggers you've had that aren't listed above:

Memories of using chew

Even *years* after your last chew, something such as hunting, fishing or socializing with old friends may trigger memories of chewing. If you've had this type of experience, what was the trigger?

Track when and why you use chew

There are many reasons why you use chew. You can learn where, when and why you use chew by using the “chew check” cards at the back of this booklet. For the next few days, keep track of each time you chew.

Remove a card and keep one with each tin or pouch. Every time you use chew, write down the time, how much you feel you need that chew (strong, moderate, light need), your mood, and what you were doing at the time (activity).

After you have a better understanding of when you chew, you can plan ways to cope by using the tips in the next section on how to deal with urges.

DATE:						
No.	Time of day	New dip/ chew	Add more chew	Need S = strong M = moderate L = light	Mood One word, such as angry sad, happy, depressed, stressed, content	Activity What you were doing at the time
1	7 p.m.	X		M	Bored	Driving
2						
3						
4						
5						
6						
7						
8						
9						
10						

Adapted from the American Lung Association, 1993



How to deal with urges to chew

You have three main ways to deal with urges.

- 1. Think ahead.** Identify high-risk situations so that you can be prepared for the urges to chew in these instances. Some common high-risk situations include:
 - ❖ When others around you are using chew
 - ❖ Stress and negative mood
 - ❖ Positive mood and celebrations
 - ❖ Alcohol use
- 2. Prepare for the urge.** How will you actually handle the situation?
- 3. Cope with the urge.** Coping skills are things you do or tell yourself in order to get your mind off chew.

Behavioral coping skills are actions that you can take when you have an urge to chew, such as:

- ❖ Leave the situation.
- ❖ Call or talk to a friend.
- ❖ Go for a walk or exercise.
- ❖ Take deep breaths.
- ❖ Drink a lot of water.
- ❖ Chew on something, such as gum or vegetables.
- ❖ Use nicotine gum or lozenge.
- ❖ Brush your teeth.
- ❖ Use an herbal chew substitute.



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Below, list *behavioral coping skills* that helped you with previous quit attempts or that you think will help you this time.

Actions that you can take when you have an urge to chew:

Mental coping skills are things you can THINK about when you have an urge to chew. For example:

- ❖ Tell yourself “Using chew isn’t an option.”
- ❖ Remind yourself of the reasons you wanted to quit.
- ❖ Think of how long you’ve been tobacco-free.
- ❖ Think of how you got through this situation in the past.

Below, list mental coping skills that helped with previous quit attempts or that you’ll try this time.

Thoughts that you can use when you have an urge to chew:

Let others help you...

Having support while quitting chew can be very helpful. You may want to call a friend or family member or attend a support group.

Important people and contact numbers:

Herbal chew substitutes

Herbal chew substitutes (Golden Eagle, Oregon Mint, Smokey Mountain and others) are plant-based products that can satisfy the urge to chew but contain no tobacco or nicotine. For some people, these substitutes help replace the need for something in their mouths, reducing their urges.

You're prepared! It's your quit day!

I

It's the start of your tobacco-free life

My Quit Date is:

In preparation for today, I will:

- ☐ Make an appointment to see my doctor for advice and medication prescriptions
- ☐ Buy the medications recommended for me
- ☐ Make an appointment to see my dentist to check my mouth and clean my teeth
- ☐ Plan activities or projects
- ☐ Make plans with my support people
- ☐ On my quit day dispose of all tobacco (check my gym bag, glove compartment and other storage areas)
- ☐ Other:

You may find it helpful to keep busy after quitting. Place a check mark next to the activities that you might do:

- ☐ Exercise by walking 30 minutes per day
- ☐ Go to the gym for a workout
- ☐ Visit a friend who doesn't use tobacco
- ☐ Go to a movie
- ☐ Other:

List ways that you'll reward yourself for not using chew:



You're staying quit for good

Stay positive

Quitting tobacco is a process. Give yourself credit for what you've accomplished so far and focus on sticking with it.

Keep your guard up

As mentioned before, certain places, people or events can trigger a strong urge to chew. *Use the skills you've learned to get through your urges without using chew.*

To help prevent a slip:

- ❖ Allow time to be good to yourself.
- ❖ Exercise.
- ❖ Avoid high-risk situations.
- ❖ Alter situations you can't avoid.
- ❖ Use herbal substitutes.
- ❖ Ask for help.

Remember, none of us is perfect, and at times we make mistakes. If you do slip, follow these steps:

- ❖ STOP using tobacco immediately.
- ❖ THINK about what happened that led up to the slip.
- ❖ RECOGNIZE the problem.
- ❖ DECIDE how you'll handle the problem next time.
- ❖ DON'T feel guilty.

Warning! Smoking is not an alternative!

It's easy to convince yourself that cigarettes or cigars are different from chewing tobacco — that it's OK if you smoke once in a while. The fact is that exposure to nicotine from any form of tobacco puts you at risk of slipping back to chew or turning to smoking.

You haven't failed until you stop trying.

Tips on getting support

When receiving help from your support person, avoid “magical thinking.” In other words, when you quit chewing tobacco, don’t expect your support person to understand what’s going on with you emotionally or assume the person can respond at any time with whatever support you need. Tell your support person what you want.

Discuss these key issues with your support person:

- ❖ Describe tobacco dependence as the serious medical problem it is.
- ❖ Explain that quitting chew is a process.
- ❖ Discuss the changes in mood (irritability, frustration) that you’ll temporarily experience after quitting chew.
- ❖ Explain what a slip is and clarify that this can be a part of the quitting process.
- ❖ Explain that even if you go back to using chew, you haven’t failed and you’ll have a higher chance of success the next time you quit.

Clearly describe the type of support you need, such as:

- ❖ Being understanding when you’re irritable
- ❖ Temporarily taking over some work or household tasks
- ❖ Helping you develop some coping strategies for high-risk situations
- ❖ Responding to your requests to talk or take a walk and not be offended if you say you need some quiet time.

Share the “support cards” at the front of this booklet. Keep the lines of communication open. The support that you need will vary, depending on what frustrations or struggles you’re facing. Remember, your support person can only help you if you communicate what you need.



S

Stress and tobacco use

What causes stress?

Major life events and daily hassles can cause stress.

Major life events

Death of a family member
Fired from a job
Divorce
Serious illness
Child leaves home
Birth of a child
Marriage
Retirement
Major money problems

Daily hassles

Car trouble
Rude people
Fights with partner
Traffic jams
Bad weather
Home repairs
Work
Loud children
Bills

My daily hassles:

In the long run, the daily hassles account for more stress than the major life events do. Better ways to cope with stress and negative moods include:

- ❖ Deal directly with the problem.
- ❖ Do other stress-relieving activities.
- ❖ Talk to someone to help solve the problem.
- ❖ Accept temporary stress. It will go away.

Stress reducers

- ❖ Eat a healthy diet.
- ❖ Prioritize, plan and pace yourself.
- ❖ Spend time with positive people.
- ❖ Get enough sleep.
- ❖ Exercise.

My stress reducers:

Stressed? Catch your breath

Deep breathing is a very effective way of coping with a stressful situation. You can breathe deeply while sitting, standing or lying down — even while working, sitting around or waiting for someone.

Practice deep breathing whenever and wherever you're bothered by stress. Follow these steps:

1. With your mouth closed and your shoulders relaxed, breathe in slowly and deeply (through your nose if possible) as you count to six. Allow your abdomen to expand as you breathe in.
2. Exhale slowly through your mouth as you count to six. Imagine the tension flowing out of your body.
3. Repeat this inhale-exhale cycle at least three times.

Listening to a relaxation video or CD might help you learn to calm down during stressful situations.

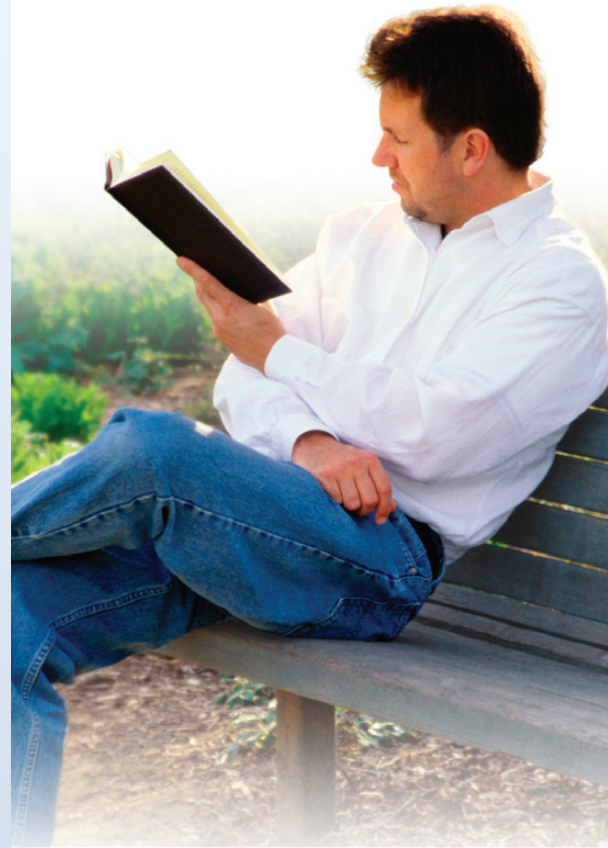
Knowing how to relax is a skill. As with any skill that you're learning, your ability to relax will improve with practice. Try to do deep breathing several times every day, even when you're not feeling stressed.

Overview of stress management

<http://www.mayoclinic.com/health/stress-management/MY00435>

Relaxation video

<http://www.mayoclinic.com/health/medication/MM00623>



Develop new interests

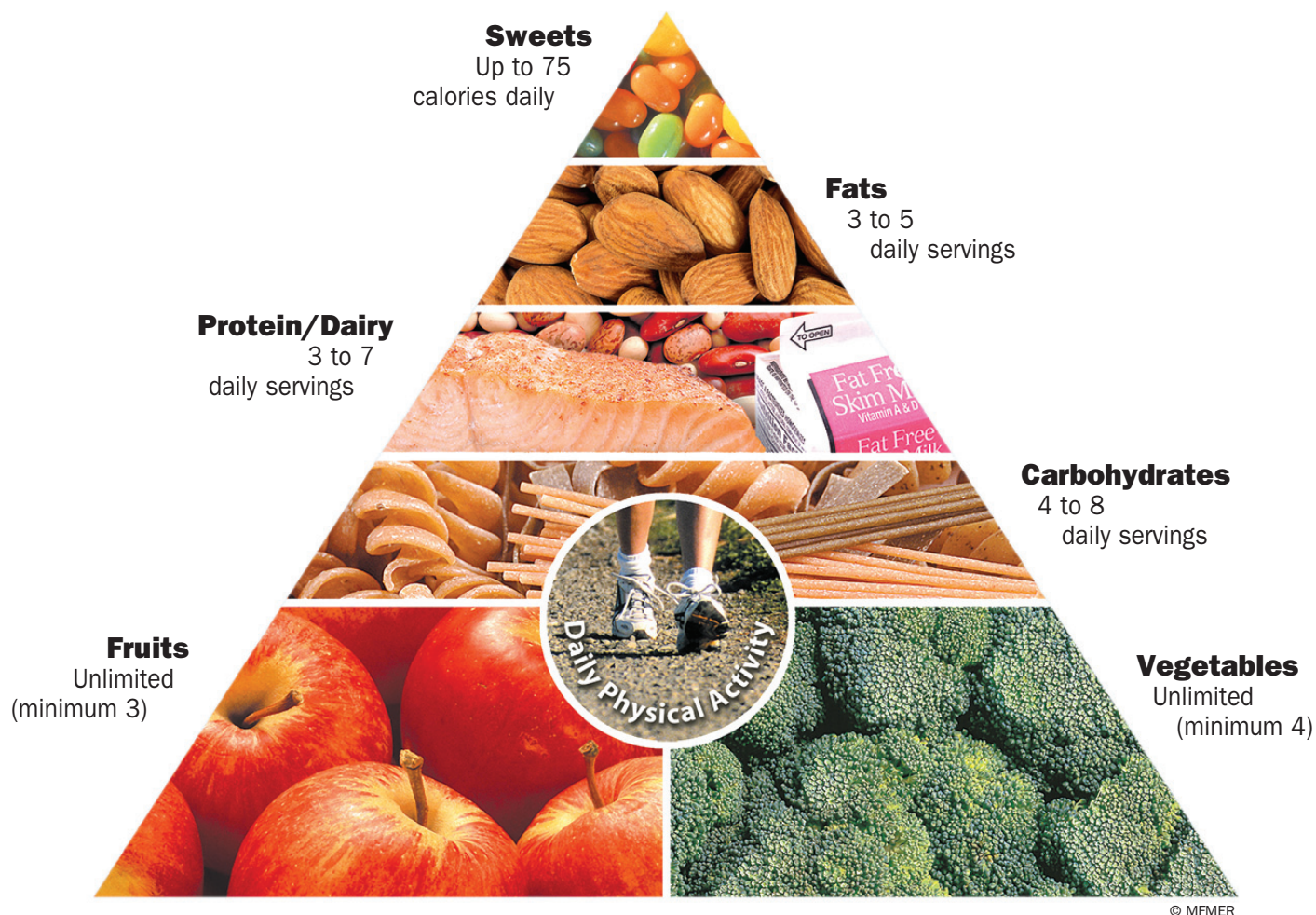
Find new things to do. These may include hobbies or activities that you gave up because you were using chew. Starting today, begin some new activities:

- ❖ Woodworking, painting or drawing
- ❖ Keeping a journal or doing crossword puzzles
- ❖ A physical activity, such as walking, swimming, biking or basketball

Add your ideas:

A healthier you

Stopping tobacco use is one major step toward a healthier life. You'll also feel better if you learn to make healthy-eating choices and increase your physical activity — these steps can support your efforts to remain tobacco-free.



Mayo Clinic Healthy Weight Pyramid

The Mayo Clinic Healthy Weight Pyramid is a tool to help you lose weight or maintain your weight. It focuses on nutritious, lower calorie foods with low energy density — they have fewer calories but are bulky, so they help fill you up. These foods include fruits, vegetables, legumes (beans, lentils, peas), poultry, fish and whole grains.

Fruits and vegetables, allowed in unlimited amounts, form the foundation of the pyramid. Candy and other processed sweets are acceptable, but in moderation — up to 75 calories daily. The number of daily servings that you choose from the ranges listed above will depend on your daily calorie goals.

Increase your physical activity

It's important to increase your physical activity. Choose something that you can do regularly. An activity such as walking can:

- ❖ Cut down on your urges to use chew
- ❖ Decrease your appetite
- ❖ Be a healthy way to deal with stress, tension and boredom
- ❖ Help you manage your weight

What types of activities do you like, and how can you incorporate them into your day?

THE ACTIVITY PYRAMID

IF YOU'RE INACTIVE

(Rarely active)

Increase daily activities at the base of the pyramid.

- ◆ Walk whenever you can.
- ◆ Make leisure time as active as possible.

IF YOU'RE SPORADIC

(Active some of the time, but not regularly)

Become more consistent with activities in the middle of the pyramid.

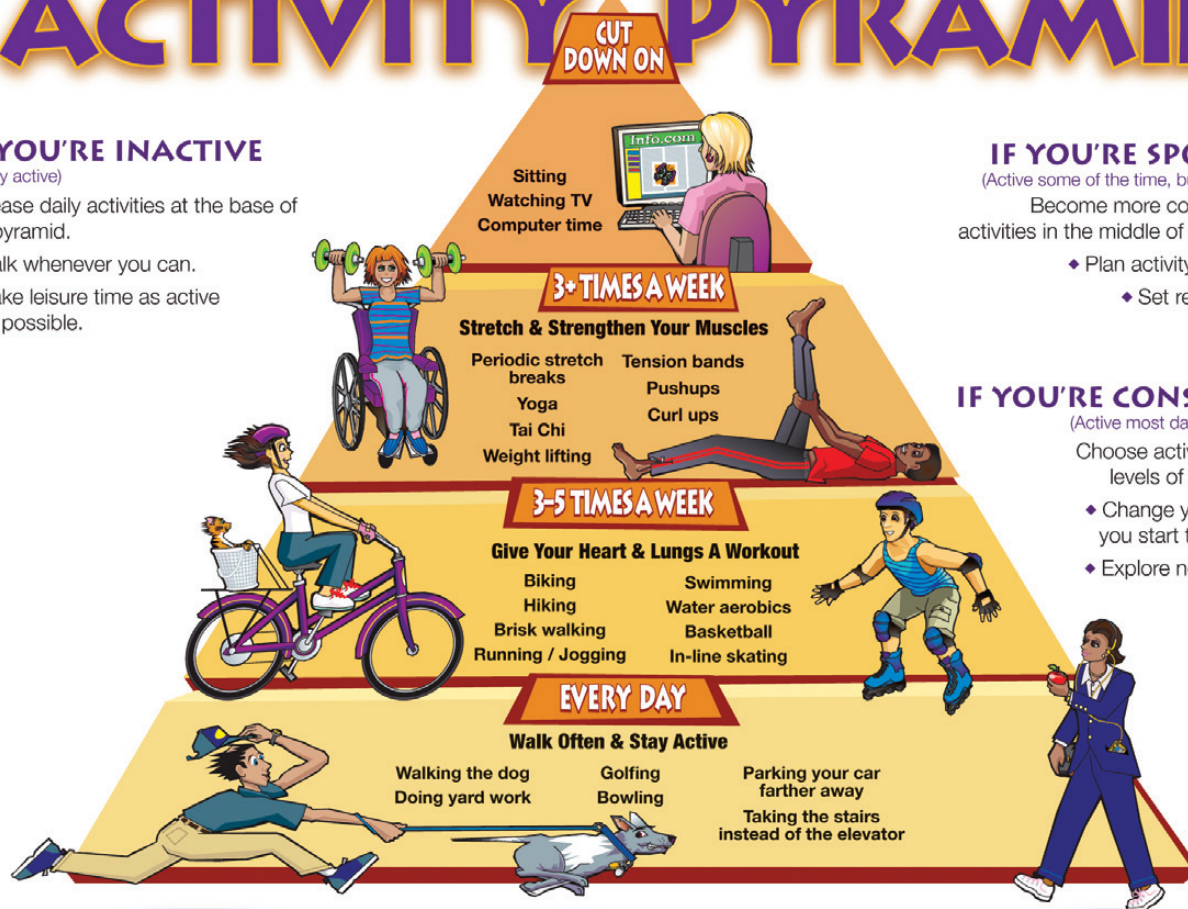
- ◆ Plan activity in your day.
- ◆ Set realistic goals.

IF YOU'RE CONSISTENT

(Active most days of the week)

Choose activities from all levels of the pyramid.

- ◆ Change your routine if you start to get bored.
- ◆ Explore new activities.



The Activity Pyramid © 2003 Park Nicollet Health Innovations, Minneapolis, U.S.A. 1-888-637-2675. Reprinted with permission.

Check your mouth monthly

How to examine your mouth

Quitting now will lower your risk of problems in your mouth. You'll see how quickly your mouth improves after you stop using chew. Even if you're no longer using smokeless tobacco, it's important to regularly examine your mouth for changes that might be early signs of a serious condition.

Examine your mouth monthly — choose a specific date, such as the first or 15th of the month, to help you remember. Then follow this easy guide:

- ❖ Stand in front of a mirror with a good light.
- ❖ Check your face and neck. Are both sides of your face and neck the same shape? Check for any lumps.
- ❖ Check your lips, cheeks and gums. Pull your lower lip down to look for any sores, white or dark red patches or changes in the gums and cheeks. Look especially where you usually place the tobacco. Gently squeeze the lip or cheek between your fingers to check for any bumps or soreness.
- ❖ Check the floor of your mouth and around the inside of your teeth from one side of your jaw to the other. Put the tip of your tongue on the roof of your mouth. Place one finger on the floor of your mouth. Now, press up gently under your chin with a finger from your other hand. Feel for sores, bumps or swelling on the floor of your mouth.
- ❖ Check the roof of your mouth. Tilt your head back and open your mouth wide. Look for color changes or bumps.
- ❖ Stick out your tongue and look at its top. Gently grasp your tongue with a piece of cloth and pull it to each side. Feel both sides of your tongue with your finger. Check for color changes or bumps.

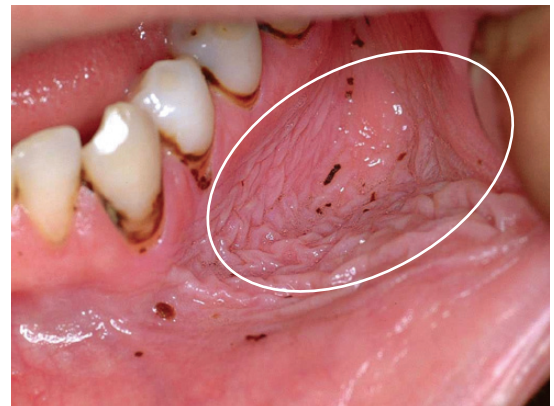
Early warning signs

If you have any of the changes described below, or you see or feel anything that doesn't seem right, see your dentist or doctor right away.

- ❖ A sore that bleeds easily or doesn't heal
- ❖ A lump or thickening that doesn't go away
- ❖ Soreness or swelling that doesn't go away
- ❖ White patches (called leukoplakia) or red patches that don't go away
- ❖ Trouble chewing, swallowing, or moving your tongue or jaw



Normal inside cheek



Snuff dipper pouch (where chew is placed)



Normal gums



Receding gums and leukoplakia (white area)

After you stop using smokeless tobacco, the white patches (which could lead to cancer) and other changes should disappear in two to six weeks. If they don't, see your dentist or doctor for an exam as soon as you can. If you have problems with your teeth or receding gums, see your dentist for an evaluation and discuss your treatment options. Even if you don't find a problem today, plan to see your dentist every six months.

C

Congratulations!

You've taken some important steps toward quitting smokeless tobacco. You've worked hard to reach this point. You probably learned a great deal and have many ideas on how to change your lifestyle. Continue to use the information in this booklet to guide you along your path to a healthier, tobacco-free future.

To be completed with your tobacco treatment specialist

Important points:

Next steps:



Smokeless tobacco and your health

American Cancer Society (ACS)

800-ACS-2345, or 800-227-2345

www.cancer.org

Search for “smokeless”

Centers for Disease Control and Prevention (CDC)

Office on Smoking and Health

800-CDC-INFO, or 800-232-4636

www.cdc.gov/tobacco/spit.htm

Mayo Clinic

Nicotine Dependence Center

800-344-5984

www.mayoclinic.org/stop-smoking

MedlinePlus

www.nlm.nih.gov/medlineplus/smokelesstobacco.html

National Cancer Institute (NCI)

800-4-CANCER, or 800-422-6237

www.cancer.gov

Search for “smokeless”

National Institute of Dental and Craniofacial Research (NIDCR)

National Institutes of Health

301-402-7364

www.nidcr.nih.gov

Search for “spit tobacco”

National Network of Tobacco Cessation Quitlines

1-800-784-8669

www.smokefree.gov

National Spit Tobacco Education Program (NSTEP)

www.nstep.org

CHEW CHECKS: Keep these “chew checks” attached to your tin or pouch with a rubber band. Remove these cards by folding and tearing along the perforated lines. Carry these with you and record each time you take a chew — see page 17 for instructions.

Adapted from the American Lung Association, 1993

DATE:	No.	Time of day	New dip/ chew	Add more chew	Need	Mood	Activity
	1				S = strong M = moderate L = light	One word (angry, sad happy, content)	What you were doing at the time
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