RESIST

Research Education Solutions In
Spit Tobacco

Dental Interventionist Training Guide

FOREWORD

Project **RESIST** is dedicated to the prevention of oral cancer and other negative health effects associated with smokeless (spit) tobacco (ST) use among high school baseball athletes. This project came about because of concerns voiced by high school baseball coaches and athletic directors regarding the increase in ST use among their athletes. One of the steps in planning this project was to ask them and their athletes to identify strategies to help address this problem. This project is designed specifically to prevent the initiation of ST use among high school baseball athletes who live in rural areas and to help those who use ST to quit their ST use and remain tobacco free.

ACKNOWLEDGEMENTS

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Welcome to Project RESIST!

Dental health care professionals are the heart of this program because you are the ones who will work closely with athletes to help them quit their smokeless (spit) tobacco (ST) use and remain tobacco free.

Because dentists and dental hygienists regularly examine oral tissues, you are appropriate health professionals to deliver ST cessation interventions, especially since the gingival recession and most oral mucosal lesions associated with ST use are located near the site where users hold the tobacco. Adolescents perceive you as credible health experts and thus may attend more to what you say than to what parents and other adults say.

We look forward to working with you in what we hope will be one of the most worthwhile experiences of your career.

As a tobacco prevention/cessation interventionist your goals will be:

- ***To motivate high school baseball athletes to quit their tobacco use,***

- ***To assist individual high school baseball athletes in finding the best strategy to quit ST use, and***

- ***To encourage the non-ST users to remain tobacco free.***

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I. INTRODUCTION

A. TRAINING OBJECTIVES

Upon completion of this training session you will be able to do the following:

1. explain the types of ST products available, their chemical composition, and bioavailability of nicotine

2. explain the current prevalence, patterns and correlates of ST use in the general population and among baseball athletes

3. describe recent marketing trends of the tobacco industry in the United States

4. explain the negative health effects associated with smokeless tobacco use and point out oral manifestations of ST use in the oral cavity or in photographs

5. identify components of the addiction process

6. define the terms dependence, tolerance, and habituation as they relate to nicotine addiction

7. explain the relationship of the graduation process to the addictive effects of ST

8. explain the progressive stages of readiness to quit tobacco and their relationship to counseling strategies

9. apply positive, non-threatening techniques in counseling users of smokeless tobacco

10. tailor tobacco cessation counseling to individuals who have varying degrees of interest in quitting tobacco use

11. instruct individuals on the use of appropriate behavioral self-help strategies to help them get ready to quit and cope with cravings and triggers for tobacco use

12. apply techniques for eliciting discussion of successful and unsuccessful quit attempts to identify triggers for use and to generate possible solutions to prevent relapse

13. organize records of study subjects for monitoring tobacco use status

14. lead educational sessions on the negative health effects of smokeless tobacco use targeting high school educators, parents, coaches, and baseball athletes

B. ORIGIN AND PURPOSE OF THE STUDY

Project RESIST was established in May 1995 with funding from the National Cancer Institute. This study was designed to conduct research on smokeless tobacco (ST) use prevention and cessation among high school baseball athletes living in rural areas of California. Our specific aims are:

1. To assess the prevalence, patterns and correlates of ST use among rural high school baseball athletes in California.

2. To determine the efficacy of an athletic team-based, dentist/dental hygienist-directed, peer-assisted ST intervention with relapse prevention in a sample of rural high school baseball athletes.

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C. OVERVIEW OF THE STUDY

The proposed study is a randomized controlled trial to determine the efficacy of a team-based, dentist/dental hygienist-directed, peer-assisted ST intervention for rural high school baseball athletes. This is a 40-month study consisting of a 1-year planning and training, 1 year of intervention, and 2 years of follow-up and data analysis. Thirty-six rural high schools in California will serve as study sites; 18 will be randomly assigned to participate in the intervention and the remaining 18 schools will serve as the control sites.

The intervention applies a public health perspective by approaching ST users and "at risk" nonusers in their own environment and attempting to change social norms to support nonuse of tobacco.

The primary components of the intervention are:

(1) an oral examination and advice to quit from a dentist (DDS) or dental hygienist (DH);
(2) individualized counseling from a DH on how to quit;
(3) a series of group booster sessions;
(4) a copy of a self-help guide to quitting ST use;
(5) a peer support program;
(6) a videotape and an interactive group session for the entire team co-facilitated by a DH and peers; and
(7) an informational session for parents and coaches.

D. TIMELINE

The entire study is being carried out over a 4-year period that began in May 1995 and will continue to May 1999. Your intervention work will take place during January to June 1996. Throughout that time you will do the following at your assigned high schools in your community:

1) Meet at the school facility periodically with an advisory board comprised of parents, teachers, baseball coaches, and athletes to explain the program and to gain their feedback about how to tailor it to best help athletes at their school quit using ST and to prevent non-tobacco using athletes from initiating its use.

2) Conduct an oral examination of each high school baseball athlete, advise ST users to quit using, distribute a self-help guide, and offer help that day to users who wish to try to quit their tobacco habit.

3) Conduct behavioral counseling sessions to help athletes get ready to quit ST use, cope with cravings and triggers for ST use, and prevent relapse.

II. SMOKELESS TOBACCO PRODUCTS

A. TYPES

Smokeless (spit) tobacco (ST) includes two main types: chewing tobacco and oral snuff. Snuff "dippers" place a small amount or a "pinch" of shredded or finely ground tobacco, either loose or packaged in a tea bag like pouch, between their cheek and gum. Tobacco "chewers" place a wad or "chaw" of loose leaf tobacco or a "plug" of compressed tobacco in their cheek. Both chewers and dippers suck on the tobacco and spit out the tobacco juices and saliva generated. ST users achieve the tobacco effect through rapid absorption of nicotine through the oral mucosa.

B. CHEMICAL COMPOSITION

1. CANCER CAUSING CHEMICALS

ST products are high in cancer causing agents called nitrosamines. Nitrosamines have been shown to cause cancer in 30 species of animals including "man". Table 1 shows that ST products contain amounts of nitrosamines far in excess of those legally allowed by the FDA in other consumable products.

Table 1.

Permissible Limits for N-Nitrosamines in Consumer Products		
Bacon (meat)	5 ppb	USDA, 1978
Beer	5 ppb	FDA, 1980
Range Of N-Nitrosamines in Snuff Tobaccos		
5 U.S. Brands 1984/85	3,300 - 215,000 ppb	

2. NICOTINE

Nicotine is a highly addicting substance and is a constituent of ST. ST manufacturers intentionally control the nicotine levels delivered in their products by controlling the amount of total nicotine in their brands and the level of free nicotine that is available for uptake into the body.

Free nicotine refers to un-ionized nicotine that passes rapidly through the oral mucosa into the blood-stream and into the brain. Free nicotine is formed as the pH of the tobacco increases. At a neutral pH of 6.0, no nicotine is un-ionized. However at a pH of 8.0, about 70% of the nicotine in un-ionized. Thus, the bioavailability of nicotine is controlled by ST manufacturers through the addition of alkaline buffering agents such as sodium carbonate and ammonium carbonate to their ST products.

Brands with high bioavailable nicotine are highly addictive, making it very difficult for individuals to quit even if they are suffering from health problems. Also, the higher nicotine brands have much higher levels of cancer causing nitrosamines. Table 3 shows the free nicotine and pH available in oral snuff

brands. The starter brand Skoal Bandits has a low dose of nicotine and low pH. For other brands, the percent of nicotine does not vary, but the pH does, rising from 7.2 in Skoal Long Cut, to 7.5 in Skoal Fine Cut, to 8.0 for Copenhagen.

Table 3. Free Nicotine and pH in Oral Snuff Brands

	Samples	pH	% Nicotine	% Unprotonated Nicotine
Copenhagen	6	8.0±	2.91±0.18	57.4±17.5
Skoal Fine Cut	6	7.46±0.16	2.81±.034	29.1±7.5
Skoal Long Cut (varying brands)	6	7.2	3.03	22.9
Skoal Bandits	6	5.37±0.13	2.29±0.46	.3±0.2

Source: American Health Foundation 1984

III. PREVALENCE OF ST USE

A. ST USE RATE AMONG GENERAL POPULATION

From 1970 to 1990 snuff use among 18- to 24- year olds rose nationally from .7% to 6.2%. The 1990 national school-based Youth Risk Behavior Survey reported that 19% of male students and 1.4% of female students in grades 9-12 used ST at least monthly.

B. ST USE RATE AMONG BASEBALL ATHLETES

Athletes, particularly baseball players, are known to be heavy users of ST. Studies have found use rates of 34% and 39% among professional baseball players and 57% among National Collegiate Athletic Association baseball players. We found a similar use rate (52%) among varsity baseball athletes in California, much higher than the national prevalence rate of 22% reported for college males in general.

We conducted a prevalence survey among high school baseball athletes in 30 schools in California (15 urban, 15 rural) in 1995. Below are the findings:

% WHO HAVE TRIED ST		
urban	38%	
rural	56%	
CURRENT ST USE		
urban	13%	
rural	24%	
CURRENT CIGARETTE SMOKING		
urban	4%	
rural	3%	
REASONS FOR USING ST		
	Relatives	Friends
urban	6%	87%
rural	21%	71%

C. FACTORS ASSOCIATED WITH ST USE

Social and rural influences are important factors associated with adolescent ST use. Many studies have documented that peer use of ST is associated with ST use among adolescents, and that young males generally use ST in a social context. Use of ST among adolescents also has been related to family influence.

National studies report that regular ST use is more traditional in rural areas and small communities. For example, in the 1985 National Household Survey on Drug Abuse of residents of 12 years of age and older, the rate of current daily use among all males in the nonmetropolitan areas was over four times that reported for males in the large metropolitan areas (9% vs 2%).

Given the importance of peer, family, and rural influences on the use of ST among adolescents, our proposed intervention will identify peer opinion leaders to endorse behavioral change, and will include educational components for teammate nonusers, coaches and parents specifically to foster a social environment supportive of the quitting process and non-use of ST, In this way we will attempt to influence

social norms, a powerful force in shaping behavior among many adolescents, especially those living in rural areas.

IV. ADVERTISING AND PROMOTION

A. TOBACCO COMPANIES TARGET YOUTH

The tobacco industry successfully uses innovative advertising campaigns to market its products to the young via print media, outdoor billboards and promotional activities. Misleading images in tobacco advertising associate tobacco use with healthfulness, independence, physical attractiveness, and being "cool" suggesting that more people use tobacco than actually do.

U.S. Tobacco Co. (UST), which commands nearly 90% of the domestic moist snuff market, focuses their advertisements on young males, using masculine role models engaging in outdoor activities and sports.

U.S. Tobacco Co. often sponsors events in rural areas that have difficulty obtaining alternative sources of funding. Such sponsorship allows it and other tobacco companies to advertise in local newspapers; to set up booths from which to hand out free ST samples and other paraphernalia such as baseball caps, T-shirts and frisbees with ST logos; to determine messages children see at events that involve the whole family; and to determine prizes for competition (e.g. spittoons at Mule Days sponsored by a ST company in a rural California community). Such marketing has been very profitable for U.S. Tobacco Co. It became a Fortune 500 company in 1985, ranking 44th in growth rate in earning per share over the previous ten years.

B. STARTER BRANDS AND THE GRADUATION STRATEGY

UST and other manufacturers of ST advertise and promote the use of low nicotine oral snuff starter products as part of a graduation strategy that encourages young nonusers to experiment with low-nicotine starter brands and then graduate to higher-nicotine brands as their addiction progresses.

If a new user starts with the standard high nicotine brands such as Skoal Fine Cut or Copenhagen, a toxic response such as dizziness or nausea may occur

and the new user is more likely to quit before tolerance to the toxic effects of nicotine develops. To respond to this problem and expand its user base ST manufacturers developed low nicotine starter brands: first Happy Days, in the late 1960's and then Skoal Bandits in 1983 and Skoal Long Cut in 1984. These brands were much more heavily advertised than Skoal Fine Cut or Copenhagen and the only ones free sampled.

Currently, the only products free sampled by UST are the low nicotine brands Skoal Bandits, and Mint and Cherry Skoal Long Cut. Cherry is a flavor which is particularly appealing to young people because of the sweet taste. Oral snuff manufacturers promote and advertise starter brands through free sampling which is done through the mail, at sponsored events and in UST's College Marketing Program.(5) During the last six months of 1984 over 400,000 samples were mailed in response to magazine ads.(6) According to the Federal Trade Commission,(7) 13% of all advertisers and promotional expenditures went for free sampling in 1991 and 20% for public entertainment which included sponsored rodeos, auto racing, music concerts and other events where free sampling is routinely done.

According to National Leading Advertisers (NLA), advertising expenditures for the low nicotine brands far outweigh those for the higher nicotine brands. In 1983, total US Tobacco advertising dollars for Skoal Bandits was 47% while the brand made up only 2% of market share by weight. Copenhagen, the highest nicotine brand, had only 1% of advertising expenditures but 50% of market share. UST spent $5.8 million in 1990-91 for print advertising for Skoal or Skoal Bandits. No advertising was reported for Copenhagen.(8)

V. NEGATIVE HEALTH EFFECTS

Diseases Associated with ST Use and Nicotine

- oral cancer
- esophageal cancer
- pharyngeal cancer
- oral leukoplakia
- cardiovascular disease
- hypercholesterolemia
- periodontal disease
- hypertension
- peptic ulcers
- reproductive disorders

VI. ADDICTION

A. DEFINED

In order to help ST users quit ST use, dental professionals need to understand the addictive process. Chemical (drug) addiction is described as a chronic, progressive, and potentially fatal biologic and psychological disease, characterized by tolerance and physical dependence, and manifested by loss of control, as well as diverse personality changes and social consequences.

Tolerance is the need to take in increasingly larger doses of a drug in order to obtain a given physiologic effect. *Dependence* occurs when the body becomes accustomed to the presence of the given substance and is altered in such a way that it needs that substance in order to function normally. *Withdrawal* refers to the body's experience of physical discomfort and traumatic readjustment when intake of the substance is discontinued.

Additionally, addiction is defined as a compulsive substance intake, where loss of control is experienced in terms of usage, frequency, duration, dosage, and resulting behaviors, and where usage continues even when its adverse consequences are known. It includes not only the desire to experience the drug's effects, but also the ritual, atmosphere, and mind-set accompanying the drug's usage.

An addiction exists whenever the discontinuance of a mood-altering substance or behavior results in distress sufficient enough to interfere with the routines of normal daily living (e.g., eating, sleeping, communicating, working, and maintaining close relationships).

Addictions are often categorized as being either ingestive or process in nature. In *ingestive addictions,* mood-altering substances (specific foods, drugs, gases, alcohol, or tobacco) are repeatedly taken into the body in an excessive and compulsive manner.

In *process addictions,* a person becomes hooked on a set of actions. Neutral behaviors become so overused that they lose their original value, meaning, and purpose. The cyclical process takes on a life of its own and the behavior becomes the high (e.g. gambling, working, exercising, etc.).

B. NICOTINE ADDICTION

Tobacco use is both an ingestive and a process addiction. Nicotine tolerance occurs when progressively greater numbers of tobacco exposures are required in order to produce a given physiologic effect or subjective sensation. Because the body becomes accustomed to the presence of nicotine, it needs it to function normally. When nicotine is discontinued, the following discomfort is experienced:

Nicotine Withdrawal Symptoms

- craving for ST
- irritability
- anxiety or nervousness
- difficulty concentrating
- restlessness
- headache
- drowsiness
- hunger
- depression
- sleep disturbance

Tobacco addiction as a process includes the repetitive actions that accompany the ingestion of the drug nicotine. These rituals become highly stylized and perfected over time and, eventually, take on separate satisfactions and payoffs that are apart from physiological gratification and are unique to each tobacco user.

Both conscious and unconscious cues may trigger the physiological drive to use tobacco and the psychological need to perform tobacco use-related behaviors. Common components of both addiction types include compulsion, loss of control, and continuation of the harmful chemical ingestion and/or behaviors despite adverse consequences.

VII. THE STAGES OF QUITTING

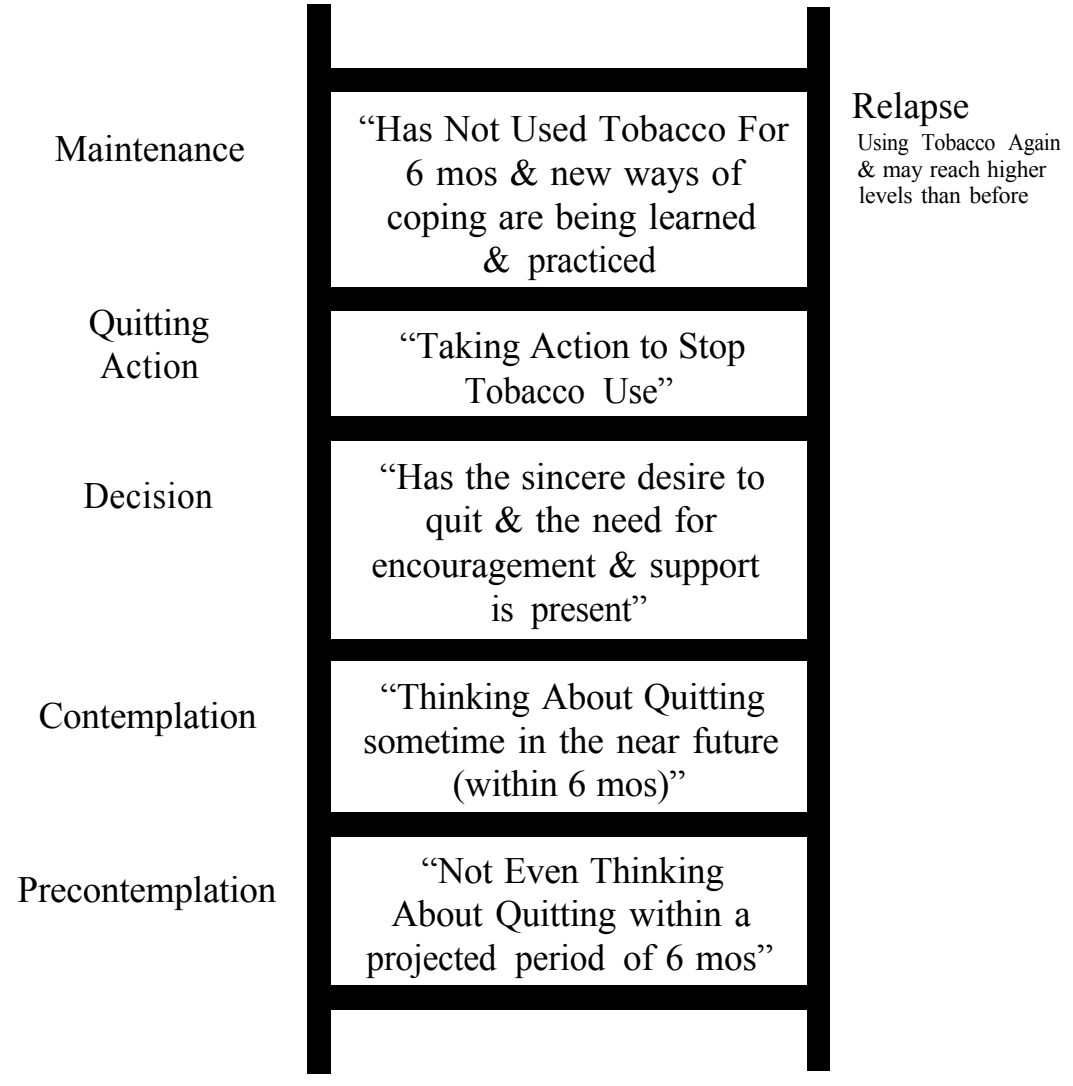
Often, tobacco-cessation facilitators assume that all tobacco users who enter treatment have reached equal states of quitting readiness. This is NOT the case. A shift from long-practiced tobacco use behaviors to nontobacco use alternatives has many stages, and each stage may take some analysis to identify. Cessation actually occurs along a continuum of change. Because the tobacco use is not only chemically addictive but also behaviorally and psychologically compelling, it is very complex. Tobacco-cessation facilitators need to understand the stress that recovering persons experience as they give up these tobacco-induced highs.

Facilitators must attempt to understand these specific stages and the corresponding positive/negative emotions that may accompany them. Armed with these insights, they will be far more able to meet the immediate needs of each client. Many tobacco users try 3 to 8 times before they are ultimately successful in quitting.

By conceptualizing quitting readiness as a series of progressive stages, Prochaska and DiClemente have provided valuable insights into the cessation process.

These six stages of change are as follows:

STAGES OF CHANGE



VIII. METHODS TO QUIT

There are two general approaches to quitting:

- **COLD TURKEY (all at once)**
- **GRADUALLY CUT DOWN USE**

A. COLD TURKEY

When one quits cold turkey, *on the appointed day there is no more tobacco* use. If the first day ends in failure, the next day can be a fresh attempt at quitting all over again.

B. CUTTING DOWN GRADUALLY

The gradual method of quitting tobacco use involves physical and mental preparation that weakens the habit and makes the ST user conscious of what he is doing. It involves the following:

1. GETTING READY TO QUIT

- **PICK A QUIT DATE**

There is no "ideal" time to quit, but some times are better than others. Low-stress times are best--like the off-season or spring training, when players are under the least pressure. Deciding on a quit date gives him time to get psyched up for quitting. We suggest that one take at least a week to get ready.

- **TELL FAMILY AND FRIENDS** so they can be supportive

- **TAPER DOWN ST USE.** Tapering down ST use before one quits can be done in several ways:

(1) Cut back to half of his usual amount before he quits. If he usually carries his tin or pouch with him, suggest that he try leaving it behind and carry substitutes instead, e.g. gum, sunflower seeds. Using non-tobacco substitutes can help him taper down his ST use.

(2) Cut out or postpone using ST at a few of his favorite times. This will weaken his habit. First, he should notice the times and places when his habit is strongest. What events trigger dipping or chewing for him? Does he always reach for a dip after meals? when he works out, or relaxing with friends?

Have him identify three of his favorits times to use and stop dipping or chewing at those times. Although this will be hard at first, by the time he quits he'll be used to going without tobacco at the times he wants it most.

(3) Switch to lower nicotine snuff if he's using a medium- or high-nicotine snuff product like Skoal or Copenhagen. This way, he cuts down his nicotine dose while he's getting ready to quit. This can help to prevent strong withdrawal when he quits. Below shows the nicotine content level of popular brands.

LOWEST----->	MEDIUM----->	HIGHEST----->
Hawken		Copenhagen
Kodiak	Skoal	Red Man Snuff
Skoal Bandits		(not chew)

THERE IS NO SAFE WAY TO USE TOBACCO. The goal of cutting down or switching brands is to QUIT! *Don't switch to cigarettes!*

- **CHANGE HABITS**

  Changing the way you use ST begins to break the habit. For example:

  -- Practice leaving home without ST:
  -Short trips at first and longer ones later if necessary.

  -- Do something else

- Stretching exercises
- Take a walk everyday
- Drink more fluids
- Get more rest
- Get active and jog, swim, or work out with weights
- Join an aerobics class
- Play basketball, baseball, or other sports
- Start a new hobby

Physical activity and conditioning is one of the best ways to break an addiction because it makes one start to feel physically better and develop a greater sense of control over one's life.

Exercise gives one something to do, a way to work out frustrations, and it is a great treatment for depression and anxiety.

- **MENTALLY PREPARE**

People often think they must endure all their difficulties alone. But such isolation can make endurance impossible. Encourage activities that will permit talking through the trials of quitting tobacco use like:

- Join a Support group.
- Make some bets with family and friends about how long it will take to feel completely tobacco free.

2. The night **before** one quits throw out all tobacco and stock up on substitutes e.g. popcorn, fruit, vegetables, sugarless gum

3. **On quit date make plans to keep** being busy e.g. spend time with non ST users. Aerobic exercise will help him to relax and boosts energy and stamina.
   - change daily routine to break away from tobacco triggers, e.g. get right up from the table after meals, or use time normally spent on the bench to take a few laps around the field
   - make an appointment to get his teeth cleaned. He'll enjoy the fresh, clean feeling.

4. BE PREPARED FOR TEMPTATION

Urges to use ST will be strongest in the places where one dipped or chewed the most. The more time one spends in these places without dipping or chewing, the weaker the urges will become.

Encourage the athlete to know what events and places will be triggers for him and to plan ahead for them. Have the athlete write some of his triggers, and write what he'll do instead of dip or chew (e.g. reaching for gum or seeds, walking away, or thinking about how far he's come).

IX. RATIONALIZATIONS

Quitting tobacco use is very difficult. Providing athletes with the best information will help them take this step. The following are "rationalizations" that you may hear and a response that you can use.

RATIONALIZATION	**RESPONSE**
I'm under a lot of stress and using dip or chew relaxes me.	Your body is used to nicotine, so you naturally feel more relaxed when you give your body a substance it has come to depend on. Nicotine is a stimulant! It raises your heart rate, blood pressure, and adrenaline level. Most tobacco users feel much less nervous just a few weeks after quitting.
Chewing makes me play baseball better.	Trouble concentrating can be a short-term symptom of quitting, but using tobacco actually deprives your brain of oxygen.
I've already cut down to a safe level.	Cutting down is a good first step, but there's a big difference in the benefits to you between using tobacco a little and not using it at all. After you've cut back for awhile, it's time to set a quit date.
It's too hard to quit. I don't have the willpower.	Quitting and staying away from tobacco is hard but not impossible. It's important for you to remember that many people have had to try more than once, and try more than one method before they have quit using tobacco, but they have done it, and so can you.

Sometimes I have an irresistible urge for a dip.	This is a common feeling, especially within the first 1 to 3 weeks. The longer you're off tobacco, the more your urges probably will come at times when you used before, such as when you're hanging out with your friends or after a meal. These are high-risk situations, and you can help yourself by avoiding them whenever possible. If you can't avoid them, you can try to visualize in advance how you'll handle the desire for a dip if it comes up.
I blew it. I had a chew.	One chew or even a few doesn't mean you've "blown it." It does mean that you have to strengthen your determination to quit, and try again harder. Don't forget that you got through several days, perhaps even weeks or months, without a chew. This shows that you don't need tobacco and that you can be a successful quitter.
"I'm really addicted..."	"The first step is to admit that ... then the next step is for me to help you with the nicotine addiction while you learn to become tobacco free."
"I've tried those patches...the just don't have the same effect as smoking."	Confronting the addiction: "That's because you have a biochemical addiction, and nothing can really feel the same. Often people addicted to other drugs like cocaine or alcohol feel the same way."
"It's my right to chew if I want to ..."	Empathy/Exploration: "Of course, it's your right. A lot of people feel that way. Tell me more about what makes you feel that way so strongly."

"I've tried, but I can't do it. I just don't have any willpower."	Reassurance/encouragement/skills building: "Many people who feel that way are successful in the long run. Have you ever changed any other type of behavior? How did you manage the last time you quit? I wonder if you learned something from that time. How do you think you could cope with that this time?
"My grandfather chewed, and he lived to age 90."	Education: "I know you'd like to be able to keep on using ST without it affecting your health. Perhaps your grandfather didn't have the other genetic risk factors for heart disease/lung disease, etc. Unfortunately, we know that you already do, and for anyone who already had heart/lung disease, we know that smoking will make it much worse."

VIII. STUDY PROTOCOL

A. ROLE OF TEAM MEMBERS

Each field team for the ST intervention for high school baseball athletes will consist of one research assistant, two examiners, and two DH counselors.

The Research Assistant will administer a brief questionnaire and review it individually with players; collect saliva samples; identify players who are new to the study and provide them with the appropriate questionnaire; identify users by coding their charts with a green dot to indicate their user status, and route all players to the Examiner.

The Examiners will actually conduct the oral examinations. The examiner will route users who wish help to quit to the DH counselors.

The DH's will conduct the initial counseling session on the day of the exam as well as the 3 Follow-up Booster Sessions.

The concept of a team effort is very important. Each person will be expected to represent the study in a professional manner and should be able to answer questions and discuss the study with subjects. For this reason, each team member must understand how the team works as a whole, in addition to what his/her specific duties are. Each member of the team should have a basic overall understanding of the study.

The following sections will describe in more detail the role of each team member with regard to the actual intervention. However, we expect that if one team member requires assistance, the others will always be available to help when s/he is finished with his/her tasks. The team will jointly be responsible for keeping to the prearranged schedule of oral examinations and counseling.

1. RESEARCH ASSISTANT

The following tasks are the primary responsibility of the Research Assistant:

- Confirming that each player's packet of forms has preassigned code numbers on each form;
- Checking for informed consent;

- Screening players to determine who have been previously examined in our study and who are new to our study. This will be done by looking up the player's name and birthdate on a roster of previous study subjects (See subject screening guidelines at the end of this section);

- Collecting the saliva samples and disposing of associated waste (funnel, wax, plastic bag).

- Administering the ST Questionnaire - Subjects will be comfortably seated and the Research Assistant will give the instructions detailed below.

- Placing each returned "user" questionnaire in a folder, with a green dot and "nonuser" questionnaire in a folder with no dot and Routing all players to examiners;

- Ensuring that units are set up with new instruments and barrions prior to seating the subject in the dental chair;

- Monitoring the supply of oral screening forms;

- Assisting the examiner and dental hygienists with setting up and taking down the dental supplies and equipment - The Research Assistant will be responsible for helping the Examiner set up the dental supplies and the equipment before exams begin at each facility. He or she will also assist the Examiner in putting away or packing supplies when exams are completed at a facility or at the end of the day.

- Monitoring the quality of the intervention delivered by the DDS and the DH.

RESEARCH ASSISTANT INSTRUCTION PROTOCOL

Offer questionnaires in Spanish. Explain what "dip" and "chew" is.

1. Thank you for being here. We represent a group of researchers from UCSF who are studying the use of smokeless tobacco among baseball athletes. We have conducted a questionnaire study of professional baseball athletes nationally and college baseball athletes in California. Now we have been funded to conduct a study among high school baseball athletes in California, and your school is 1 of 30 randomly selected from around the state.

2. All answers are confidential. No one other than the researchers doing this study will see any of the final questionnaires. Your parents, teachers and coaches WILL NOT have access to any of this information. That is the reason your coach is not here with us right now.

3. We don't care if you use smokeless tobacco or not, but we do care that you tell us the truth, as this is a scientific study. Because this is so important, we will also be collecting a sample of your spit (we'll demonstrate how to do this in a minute), which will be analyzed in a lab for cotinine which is a marker of tobacco use. This assay will tell us whether or not you told us the truth about your tobacco use.

4. Also, there are two questions on this questionnaire that are a bit silly, but if you answer them appropriately we will know that you read the questionnaire carefully. At the end of the study, the identification numbers of all athletes who filled out the questionnaire appropriately will be put in a lottery and the one winner will receive four tickets to a major league baseball game of his choice during the 1996 season.

5. The questionnaire looks really long, but it goes fast. If you have any questions while filling it out, just raise your hand and we will come over to help you.

6. When you finish, stay in your seat and raise your hand. We will pick up the questionnaire and your spit sample, and then you can leave.

7. Now we will demonstrate how to collect your spit. When the test tube is half full, put the top back on the test tube very tightly, and put the funnel and other garbage back in the plastic bag. Lay all this on your desk and we will collect everything.

8. Now, print your name on the first page, tear this page off and pass it to the end. We will collect it. Begin the questionnaire.

C. INFECTION CONTROL GUIDELINES

These guidelines outline the infection control standards that will be implemented when screening the high school baseball athletes.

1. Barrier Techniques

1. Gloves: Gloves should be worn at all times when direct contact with the patient's mouth, and saliva is anticipated or when handling contaminated instruments. Examiners should change gloves after each patient. Setting up the mobile dental chair, instruments, and supplies obtaining materials, writing in dental records should be done before or after wearing gloves.

2. Gowns: Clean clinic attire (dental operating smocks, jackets, gowns, or scrub suits) should be worn during patient procedures.

3. Eyewear: Glasses or protective eyewear should be worn at all times during oral examinations.

4. Masks: Surgical type masks, covering nose and mouth, should be worn whenever dental oral examinations with baseball players are being conducted.

2. Infection Control Procedures

Specifically, infection control procedures will be performed in the following manner upon completion of the oral examination:

1. All mouth mirrors that come in contact with the oral cavity should be discarded in a contaminated waste bag or given to the player to take home for self-examination. Dental unit light handles should be wrapped with aluminum foil that should be changed after each patient. With ungloved, clean hands, place clean paper cover on "bracket table" area, wrap the pen light handle with tin foil and place disposable mouth mirror and a pen light on a clean "bracket table area".

2. Seat player and give him a hand mirror to hold.

3. Put on clean examining gloves and mask.

4. When pointing out problems associated with ST use in the player's mouth, have the player look in the hand mirror he is holding.

5. Upon the completion of the oral exam the examiner will then remove one contaminated glove and place the glove in the contaminated waste bag. With the ungloved hand, grasp the unfoiled side of the pen light. Remove the contaminated foil on the handle with the gloved hand. Once the foil is removed from the pen light, place the foil into the contaminated waste bag.

6. The examiner will then remove his/her other contaminated glove, discard the glove into the contaminated trash bag, record any findings on exam form, and set up for the next player to be screened.

7. If during the exam, the examiner wishes to record a finding in the player's record, the examiner should remove his examining glove and place them in the disposal bag or put on an overglove over his/her examination glove before picking up a pen to record oral lesions. (The over glove should be removed prior to contact with the oral cavity or contaminated instruments.) The examiner will place the contaminated mouth mirror, headrest cover and overglove in the contaminated waste bag.

D. ORAL MUCOSAL EXAMINATION

1. DESCRIPTION OF CRITERIA

Mucosal lesions will be graded on the following 4 point scale.

Degree 1: A superficial lesion with a color similar to the surrounding mucosa with slight wrinkling, and no obvious thickening of the surface.

Degree 2: A superficial white/normal mucosa or lesion with wrinkling and no obvious thickening.

Degree 3: A white or white with normal color lesion with wrinkling and moderate thickening and wrinkling of the surface.

Degree 4: An extensive red or white lesion with no normal color and marked thickening and wrinkling of the surface: extensive area involved.

In addition, the clinical appearance of the lesion will be categorized according to surface characteristics, and color, as described by Greer and Poulson (1985):

Surface characteristics:
1) granular
2) wrinkled
3) moderated thickening
4) marked thickening

Color:
1) white
2) red and white
3) normal

The anatomic location and approximate size of lesions will be recorded on the oral exam form by the Examiner.

THE EXAMINATION PROCEDURE

Supplies Needed for Oral Examinations

a. patient napkin (headrest cover)
b. aluminum foil
c. disposable mirror
d. pen light
e. examining gloves
f. mask
g. eyewear glasses
h. overgloves
i. 2 x 2 gauze

1. Lips and surrounding skin: Before opening the mouth examine the lips and surrounding skin; make note of any abnormalities.

2. Buccal mucosa: Open the mouth, retract the cheek with the forefinger and inspect the buccal mucosa from the maxillary vestibule to the mandibular vestibule; note any abnormalities.

3. The cheek: Palpate the cheek between the thumb and forefinger.

4. Labial mucosa: Extend the upper and lower mucosa for careful examination of the maxillary and mandibular buccal and labial reflex. It is essential to examine these reflex areas very carefully since they are potential chewing tobacco "quid" sites.

5. Hard and soft palate area: tongue and sublingual area: Move the patient to an upright position. (The upright position is very important to ensure an adequate examination of the tongue and soft palate.) Use direct or indirect vision to inspect the tongue and the mucosa of the hard and soft palate with your fingers. Depress the dorsum of the tongue with your mirror and directly inspect the mucosa of the hard and soft palate, uvula, tonsillar pillars, mandibular retromolar pad,

and posterior pharyngeal wall. Ask the subject to stick his tongue out. Extend it fully by grasping the tip with a dry 2x2 gauze square. Inspect the dorsal surface. Extend the tongue toward each corner of the mouth and inspect the right and left lateral borders and lingual tonsils. You may need your mirror to view the most posterior areas. Inspect the lateral borders carefully. Inspect the tongue all the way from the lateral border to the floor of the mouth. Use your mirror to retract the tongue if necessary. Palpate the tongue between your thumb and forefinger.

If an oral mucosal lesion is detected:

1. Draw the location of the lesion on the data form.

2. Circle the color (white, red, or red and white) on the data form.

3. Circle the contour (raised, flat or cratered) and the texture (smooth, granular or corrugated) on the data form.

4. Categorize the lesion in the following manner:

   - If there is no color change and only a texture change, circle “degree 1” on the data form;

   - If there is a slight color change, but no thickening, circle “degree 2” on the data form;

   - If there is some color change with obvious thickening, circle “degree 3” on the data form;

   - If there is no normal color in the lesion accompanied with heavy thickening, circle “degree 4” on the data form.

5. Circle a clinical diagnosis in the corresponding space on the data form.

6. Inform the subject verbally that there is a lesion that requires further evaluation. Schedule follow-up appointment. Answer any questions the subject may have.

7. Provide the athlete with a written form informing him about the presence of a lesion and the necessity for further follow-up.

E. EXAMINERS PROTOCOL FOR ST USERS AND CHECK LIST

The following includes a protocol for examiners to follow in counseling players who use smokeless tobacco. All examiners should be familiar with this protocol although it is not necessary that it be memorized. A checklist is provided at the end of this section listing key points that should be made to the players. Examiners will use these checklists as a guide when counseling players. Research assistants will monitor whether or not key points in the counseling message are made by the examiner to insure quality control.

The primary role of the Examiner is to perform the oral exam; record oral mucosal lesions and recession; motivate the ST users to seek counseling on that day; and motivate nonusers to stay tobacco free.

A. MOTIVATE NONUSERS TO STAY TOBACCO FREE AND TO SUPPORT USERS IN THEIR QUITTING

For nonusers, the Examiner will say upon completion of the oral exam: I am glad to hear you do not use ST. I hope you will remain tobacco free always. Some of your teammates will be trying to quit and it will be very difficult for some of them. I hope you will help them out by being supportive and encouraging to them.

B. MOTIVATE USERS TO SEEK COUNSELING

1. For users, the examiner must create a link between the observed or potential problem and ST.

a) If the player has an oral mucosal lesion or recession, the examiner will say:

This tissue change or loss of gum tissue around your tooth is unusual. Any ideas about what's contributing to this condition?

The examiner should dispel myths and correct misconceptions. For example, if the player says I eat hot chilies, the examiner might respond: "You may eat chilies, but this is a condition we see associated with people who chew or dip." Refer for follow-up and possible biopsy. Give copy of oral mucosal exam form to player to take with him for follow-up examination.

b) If player does <u>not</u> have an oral mucosal lesion or recession, the examiner will say:

Fortunately there is no evidence of serious or permanent damage in your mouth yet. If you stop now you can avoid further problems.

2. **Advise to quit:** The examiner says: "As a dental health professional, I highly recommend that you stop using all tobacco products now." If a lesion is present, the examiner should add: "Your use of smokeless tobacco is probably related to this precancerous lesion here in your mouth."

Have you ever tried to quit? Was it difficult?

a) For those who say they tried to quit and it was difficult, the examiner will say: that's the nature of an addiction. Nicotine is very addicting. When the body is denied a substance it's dependent on like nicotine it begins to crave it so much that you can't focus on anything else until you get it. As a result you can't concentrate and you may be in a bad mood until you get it. Heavy users tell us that a dip keeps them alert, calms them down, and puts them in a better mood. But the fact is that the only reason why it has that affect on them is that they're dependent on it and in order to feel normal they need the substance. The longer you use, the greater chance you have of increasing your addiction so it's best to try to quit now even though it may be difficult.

b) For those who say they have never tried to quit or they have quit many times and it has not been difficult say: the longer you use the greater chance you have of becoming addicted--so it's best to quit now because if you wait until you really are dependent on ST it becomes very difficult to quit.

3. **ADVISE:** "As a DDS/DH I strongly advise you to quit. If we can give you some help today are you willing to give it a try?

4. **ASSIST:**

a) If the player says no, the Examiner will say: I want to give you a guide for when you are ready to quit some day. It was developed by major league baseball because many of their players were hooked on ST and were having trouble kicking the habit. For now, look it over for ideas you can use when you <u>are</u> ready. See your Dr. or DDS for checkups and ask about your risks and talk to guys who have quit. I'd like to have the DH here call you in a couple of days to see if you have changed your mind, and if you do we'd like to help you quit. It's not an easy process.

b) If the player says yes, the Examiner will say: Good. The DH here will give you a ST quit kit, some hints to help you quit and a guide that breaks quitting down into steps you can manage. Let me introduce you to her.

Check List

EXAMINER

☐ **oral exam**

<u>If user lesions present</u>

☐ **points out problems in mouth - asks player "What do you think is causing them?" - and relates problems of ST use**

☐ **refers for follow-up for re-exam and possible biopsy**

<u>If no lesions present</u>

☐ **Says "Fortunately there is no evidence of serious damage yet in your mouth from ST use."**

☐ **Advise to quit: "As a dental health professional, I highly recommend that you stop using all tobacco products now"**

☐ **Offer intervention**

___ Accept? ___ yes ___ no

☐ **Refer to DH for counseling**

☐ **Congratulate all non-users and ask them to lend support to those trying to quit**

F. DH PROTOCOL FOR COUNSELING

1. HELP SET A QUIT DATE WITHIN THE NEXT 2 WEEKS

Encourage the high school athlete to figure out what quit date would be best for him in the next two weeks (show him a calendar). This advance planning allows him to get himself ready mentally to quit.

Make a note of the date he chooses to quit on the counseling form and call him on that day to give him more encouragement. Recommend that he do the suggestions in Section VIII B.1. of this manual.

2. THE FIRST WEEK

The first week off ST is the hardest because withdrawal is strongest. After 2 weeks, however, the worst is over and after a month ST quitters feel better than when they used ST.

Some of the symptoms of withdrawal from nicotine and suggestions for coping with it are below.

For these reactions	Try
Urges to dip, cravings -- especially in the places you used to dip the most	Waiting it out (each urge lasts only 3-5 minutes, whether or not you dip or chew). Deep breathing and exercise help you feel better right away. Try the 3 Ds (see the next page).
Feeling irritable, tense, on edge, restless, impatient	Walking away from the situation. Deep breathing and exercise to blow off steam. Ask others to be patient.
Trouble concentrating, feeling "spacey"	Going easy on yourself. You'll think and feel better soon.
Constipation/irregularity	Adding fiber to your diet (whole grain breads and cereals, fresh fruits and vegetables).
Hunger, a craving for sweets	Drinking Gatorade® or fruit juices. Reach for low-calorie sweet snacks (like apples, sugar-free gums, and candies).

3. SLIPS

If an athlete slips, encourage him to:

- Get right back on base.
- *A slip does not mean "failure."*
- Figure out why he slipped and how to avoid it next time.
- Get rid of any leftover tobacco.
- Pick up right where he left off before he slipped.

If an athlete is dipping or chewing on a regular basis, he should make a new quitting plan. Quitting takes practice. Most don't quit for good on the first try. Figure out what would have helped. Try a new approach next time.

DH COUNSELING SCRIPT

The following are sample counseling scripts for dental hygienists to use in counseling players. All counselors should be familiar with these scripts although it is not necessary that they be memorized. Checklists are provided at the end of this section listing key points that should be made in counseling sessions. Counselors will walk players through the self-help quit guide when counseling players. Players will be given a copy of the guide and the checklist used for his particular counseling session.

Dental Hygiene Counseling Script for Users Who Want to Quit

INTRO

My name is Leslie and I am a Dental Hygienist. I think it's great/wonderful that you have decided to quit using ST. You are doing something really positive for yourself. I am curious, Joe, what made you decide to quit; why have you decided to quit using ST? [Give players a chance to respond]

Those are good reasons. It will be important to keep them in mind as you go through the quitting process, because kicking the ST habit can be tough. But, it can be done! We are here to provide you with some skills and to lend support. But ultimately, of course, it's up to you. You have to really want to quit to make it through the first few weeks off tobacco.

ADDICTION

You know, ST has nicotine just like cigarettes and cigars. Nicotine is a naturally occurring substance in tobacco and tobacco products. Based on what you have told us, I would say:

You use quite a bit of dip/chew. Do you think that you are or might be addicted to ST?

You are a moderate user but just the fact that you use means you are on the road to being addicted.

Did you know that a person who uses 2 cans of snuff a week gets as much nicotine as someone who smoke 1-1/2 packs of cigarettes a day. Did you also know that holding and average size dip or chew in your mouth for 30 minutes gives you as much nicotine as smoking 4 cigarettes. I am not trying to scare you but it is a fact that ST has nicotine and leads to addiction.

HAVE A PLAN

Because ST is an addictive substance, you are going to need a lot

of help to quit. In our work with professional baseball players and based on the research findings of others, it has been found that the best way to quit ST, such that your chance of succeeding is greatest, is to have a quit date and quitting plan. Quitting on the spur of the moment without a plan is harder. Stopping cold turkey can be made easier if you are prepared. This is the idea behind this booklet that I am going to give you and that I really encourage you to read. It was developed at the request of professional BB player s because they felt they really needed help quitting [show back cover of booklet]. It can apply to any athlete, though, it's not just for baseball players. [Briefly leaf through the guide.] The first part of the guide deals with the history of ST use in baseball and ....

SET QUIT DATE

The first steps towards quitting is to pick your quit date. Even if you think you are ready to quit right now, we suggest that you take at least a week to get ready. This will give you more time to get psyched up and to cut back before you quit. What do you think would be a good day for you (to quit)? [Get calendar]

BEFORE QUIT DATE

During this time before your quit date, there are several things to do that can really help you:

ONE

(A) Cut back before you stop altogether. This will help you weaken your habit. There are several ways to cut back, but I'll just mention a few. You can try any or all of them. One strategy is to cut back to half of your usual amount before you quit by leaving your tin or pouch behind. Carry substitutes instead--like gum, seeds, mint chew, etc.

(B) Another possibility is to cut back on when and where you dip or chew. Figure out the times or places when your habit is the strongest, when the urge is greatest, like after a meal, between classes, at practice--and stop dipping or chewing at one or more of these times. Use substitutes instead. This will be hard at first but will make a big difference later. By the time you quit, you'll be more used to going without ST at the times you want it the most.

(C) A third way is to switch to a lower nicotine brand [flip booklet to page 7 for scale]. If you are using a medium to high nicotine

level brand like Skoal or Copenhagen. This way, you cut down your nicotine dose while you are getting ready to quit. Which of these or combinations of these strategies do you think might work for you? But be careful not to increase the amount you use. Some players find themselves using double the amount of a brand with lower nicotine--just to set the same amount of nicotine they did with the brand that had higher nicotine content.

TWO

Also, before your quit date, it's a good idea to build a support team. Are you willing to tell people that you have decided to quit? Let your friends, family, teammates, girlfriend, coach, trainer, to name a few, know that you are quitting. Warn them that you might be a little irritable for awhile. Ask them to be patient and to be on hand to listen to and encourage you when the going gets tough. Suggest ways that they can help like joining you for taking a walk, helping you keep busy. If they've quit, ask for tips. If they use, ask them not to offer you any ST on your quit date.

THREE

The night before your quit date, get rid of all your tobacco. Stock up on substitutes like the type here in this Quit Kit. (We have some samples in this kit that we'll give you to try.) Keep tobacco substitutes in the same places you used to stash your dip or chew.

ON QUIT DATE

On your quit date, change your routine to break way from rituals associated with ST. Try changing the order in which you shower, dress and eat breakfast. Get right up from the table after meals. Use time on the bench to take a few laps around the field. Keep busy and active. Aerobic exercise like running, cycling or swimming will help you relax and boost your energy and stamina. Stick with low calorie snacks if you're concerned about your weight, for example popcorn, sugar-free gum, fresh fruit and vegetables.

AFTER QUIT DATE

Your first week off ST will be the hardest. You might experience nervousness, irritability, nausea or insomnia. You might be spacey and find it hard to concentrate. These feelings are normal because they are signs of the body's withdrawal from nicotine. They should last no more than 2 weeks, if that, but they will be the strongest during the first week. The thing to remember is that they will pass eventually. Some ways to cope are to wait out the urges which last

only 3-5 minutes. Walk away from the situation, try the 3 Ds. Think positive, counter thoughts (e.g. ST doesn't relieve my stress, it causes me stress; or, who's in control, me or the dip?).

The worst part is over after 2 weeks. By a month you'll feel better than when you chewed or dipped. So be patient with yourself.

For getting through tough times we recommend the 3 Ds. The first is Deep Breathing. Take 4 slow deep breaths in through your nose and out through your mouth. This technique is great for high pressure situations. The second is Doing Something Else. Reach for gum, seeds, non-tobacco mint substitute, Teak a quick walk, leave the scene of the urge. The third D is Drink Water--up to 8 glasses a day. Ice chips are good too.

IT WILL HELP TO

Know what events or places trigger your urge and plan ahead for them. The more time you spend in these places without dipping or chewing the weaker the urges will become. Once you quit try not to slip, not even once.

IF YOU SLIP

But if you do slip, get right back on base. Don't let feelings of guilt lead you back to chewing or dipping. A slip does not mean failure Figure out why you slipped and how to avoid it next time.

SOMEONE TO CONTACT

ST Helpline. Feel free to call us anytime day or night at 1-800-252-4088. You can leave a message there and we will return you call.

CLOSING/ SCHEDULE CALLS

Now before you go I need to set up a date and time that we can meet next week as a group for about 30-45 minutes to talk about how your doing with quitting and to help you solve related problems. I will need to get your phone number so I can call you to remind you of this meeting, or to call you if I have to change the date or time. So please write on this sheet your name and your phone numbers of the places where we can call you and the times that it will be most convenient to reach you. When we did our pilot study one of the things we had a problem with was trying to reach players by phone so I want you to tell me times that are good for

you and we'll accommodate to your schedule. Even if you don't succeed with quitting this time, we want to know that too, and we want you to attend our follow-up meetings. So, [When they write down the numbers ask what is this place, your home, your girlfriends, etc. Tell them that if someone else answers the telephone and asks why we are calling we will say we are calling about a baseball study] Okay, any questions? Thanks and good luck.

Your Quit Plan

Name _____ Date _____

☐ Congratulations

☐ What made you decide?

_____

_____ (keep in mind because difficult to quit)

☐ What are your concerns about quitting?

☐ We provide skills and support but up to you. Quitting is hard. Tried to quit before? Great! How was it for you--quitting is a process

☐ Guide developed by major league baseball suggests ways to cope with withdrawal and setting a quit date.

☐ Best way to quit is to have a plan and set a quit date.

☐ Ways to get ready to quit

___ Cut Back

Brand switching

Cut out or postpone a few favorite times

Taper with substitutes

What might work for you?

___ Build a Support Team (girlfriend, teammates--if you're feeling irritable they'll he more understanding, ask them to help & not to offer ST) Are you willing to tell people?

☐ After doing this for 2-3 weeks you'll he ready to quit altogether

☐ 1st step -- I quit date _____

☐ The night before you quit (stock up on substitutes -- get rid of stash)

☐ Coping with withdrawing

Wait it out--urge will go away in 3-5 min. Do something else, walk away from the scene of the urge, go work out, run.

Drink water; deep breathing

Non-tobacco substitutes (kit)

Think positive (who's going to win, I can beat this)

☐ Call the Smokeless Tobacco Helpline, Monday-Friday, 9AM-5PM 1-800-252-4088

☐ Call on quit date, meet as a group 1 & 2 wks after and 4 wks after

Best Phone #'s: _____

_____

_____

☐ Schedule meeting

	Date	Time
1.	_____	_____
2.	_____	_____
3.	_____	_____

☐ Keep guide on hand

PROTOCOL FOR BOOSTER SESSIONS

SESSION ONE: DISCUSS MOTIVATION TO QUIT AND COPING SKILLS

I. Athlete motivation to quit

1. Ask subjects why they wanted to quit and reinforce them for their participation in the program. Review confidentiality procedures and encourage subjects to be honest so that we can do our best to help them quit.

2. Discuss previous attempts to quit and emphasize learning from past quitting attempts.

3. Discuss current ST use situations and identify situations in which it would be most difficult for them to resist taking a dip or chew.

4. Ask athletes to rate their motivation to quit and their confidence that they will not be using ST a year from that date on a 10 point scale.

II. The acquisition of coping skills

1. Introduce coping skills for ST cessation (see Section VIII B of this manual).

2. Have athletes select the skills they think would work best for them and explain specifically how they would use such strategies to cope with high-risk situations without using ST. Stress that if one of the coping strategies does not work, another probably will.

3. Provide subjects with the ST Help Line phone number and instruct them to call if they need help to problem solve any difficult situations.

SESSION TWO: DISCUSS THEIR PROGRESS IN QUITTING: THEIR SUCCESSES AND DIFFICULTIES

1. Ask each participant to discuss any situations in which they slipped back into using ST. Ask them to describe the stress situation and to suggest a strategy that would enable them to handle that situation without using ST. ENCOURAGE GROUP PROBLEM-SOLVING.

2. Emphasize that one slip does not represent the end of their quitting attempt.

3. Have athletes identify any particularly difficult situations they anticipate during the coming weeks and have the group problem-solve these situations.

SESSION THREE

1. Discuss progress in quitting

2. Have the athletes identify individual slips and have the group generate coping strategies.

3. Ask athletes who successfully quit to share the strategies that had worked for them.

4. Discuss options for those who have cut down but have not quit. These include continuing their efforts to quit completely (the preferred option) or to maintain their current low level of using. Encourage these subjects to work on quitting completely because of the danger of occasional ST use gradually increasing into regular use of ST.

5. Have all subjects rehearse the coping strategies that would help them think on their feet and make it through difficult situations. Have other participants comment on each coping strategy rehearsal.

For athletes who quit ST, let them know that you and the study staff realize that they have made the biggest step in their lives towards a healthier body. Congratulate them on their effort! Discuss strategies used to cope with temptation and cravings to use.

Find out if the athletes have any questions.

Let them know that the hardest part is over. Emphasize that if they have made it this far, they can certainly make it through the next six months. Remind them that if they need help or reinforcement, we are available.

For the athletes who have started ST since the last booster:

- Let them know that people do not always stop on their first attempt!
- Identify why they slipped and brainstorm with the group what they could do to avoid slipping in the future
- Encourage them to get back on track

In your discussions with athletes, you will be asked many questions. If you are not completely certain of the correct response, do the following:

FIRST, tell the subject that you do not know the answer, but you will be happy to find out and get back to him.

SECOND, call the Project RESIST central office to find out the answer: 1-800-252-4088.

FINALLY, call the athlete back with the answer.

Additional Suggestions for Booster Session Discussion Questions

PORTRAIT OF DIPPER/CHEWER TYPE

1. STIMULATION

Do dips/chew give you an increased sense of energy?
Do you begin the day with a dip/chew?
Do you need that "little something" to keep you from slowing down during the day?
Do you feel good when you dip/chew and bad when you don't?

TO STOP: Find another source of stimulation, a safe substitute such as a brisk walk, modest exercise, gum, a new hobby.

2. HANDLING

Do you enjoy manipulating a dip/chew with your hands?
Do you make a production of dipping?

TO STOP: Pick something equally satisfying to manipulate other than a dip/chew. Play with a pen or pencil. Try doodling. Finger a coin, piece of jewelry, plastic straw, silly putty. Be creative. Try magic tricks with coins.

3. RELAXATION - REWARD

Do you enhance pleasurable feeling by having a dip/chew'?
Do you enjoy a dip/chew after dinner?
Do you dip/chew as a reward?

TO STOP: An honest consideration of the harmful effect of your habit may be enough to help quit. Try a substitute such as going to a movie, drinking water, physical activity, gardening, bowling. Think of yourself as a non-tobacco user.

4. STRESS REDUCER

Do you take a dip or chew when you are tense or angry?
Do you use your dip/chew as a crutch?
Do you automatically take a dip or chew when handling personal problems?
Do you feel tobacco helps you deal with problems effectively?

TO STOP: Be wary of stressful situations in your future and manage your life to remove pressure. Find new ways to reduce tension or to let off emotional energies. Review section on assertiveness and stress in the Freshstart participant guide, plan ahead.

5. CRAVING

Do you look forward to your next dip/chew before the one you have is put out?
Are you constantly aware of when you are not dipping/chewing?
Is the time between each dip/chew a period of building up pressure until you can have the next?

TO STOP: Quitting is difficult. Practice techniques learned in clinic.

6. HABIT

Do you sometimes take a dip or chew without realizing it or even wanting it?
Do you dip/chew automatically, getting no satisfaction out of it?
Is the satisfaction gone from dipping/chewing?

TO STOP: Success is based on the awareness that you are using tobacco. Strategically locate your dip/chew or wrap them up in paper to alert yourself that you are starting to use one. Then ask yourself, “Do I really want this dip/chew?”

FOLLOW-UP FORM

ID No. _____ Date _____

DH Name _____

___ Exam form completed; copy given to SS

___ Written notification of lesion found & the need for follow up evaluation given to SS

___ Confirm quit date (_____)
quit date

___ Counseling form completed

___ Substitutes given

___ 1st booster completed _____
date completed

___ 2nd booster completed _____
date completed

___ 3rd booster completed _____
date

___ Reminded subject of 1 mo, 1 yr, & 2 yr visit to complete the project. Will have subject fill out short survey form at those times and provide a sample of his saliva.

___ Reminded subject that YOU or the RESIST Hotline is available for backup or reinforcement while in the process of quitting.

APPENDIX A

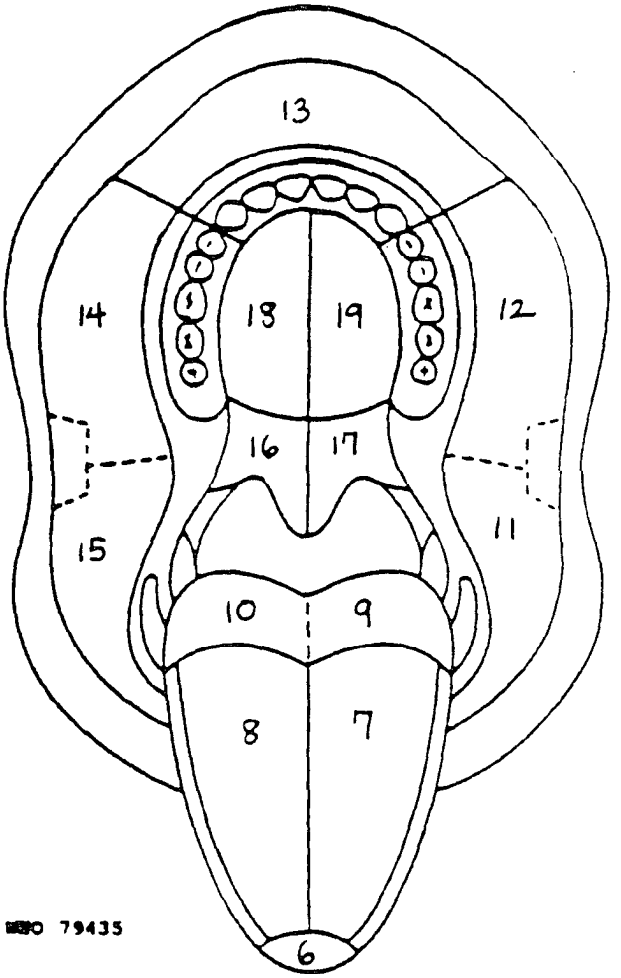
Examiner: _____

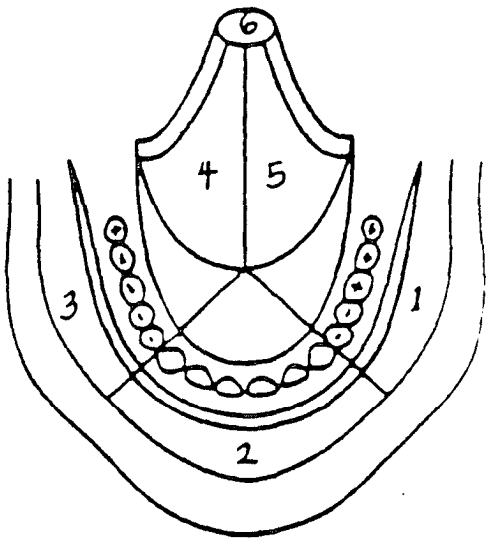
Recorder: _____

ID# __ __ __ __ __ __ 1-6

Date: __ __|__ __|__ __ 7-12

INITIAL ORAL MUCOSAL EXAMINATION





Oral Mucosal Lesion: __ 13
1) no 2) yes

Clinical Diagnosis:
(Check all that apply)

1) Leukoplakia __ 14

2) Erythroplakia __ 15

3) Hyperkeratosis (retromolar trigone/interdental line/cheek biting) __ 16

4) Other white changes __ 17

5) Other; specify _____ __ 18
Comment: _____

If #1 above (clinical diagnosis) is checked:
Lesion number __ 19
of total # leukoplakia/ erythroplakia lesions __ 20

Location by tooth #(s) when applicable __ __-__ __ 21-24
(Draw lesion on form)

Lesion size __ __x__ __ 25-28

Color: __ 29
1) normal
2) normal and white
3) white
4) normal and red
5) red
6) white and red

Surface characteristics: __ 30
1) granular
2) wrinkled
3) moderate thickening
4) marked thickening

Degree (1-4): __ 31

Examiner __ __ 32-33

Recorder __ __ 34-35

Recession: __ __ __ __ __ 38-41
1) no 2) yes
(tooth #(s) _____)

FOLLOW-UP FORM

ID No. _____ Date _____

DH Name _____

___ Exam form completed; copy given to SS

___ Written notification of lesion found & the need for follow up evaluation given to SS

___ Confirm quit date (_____)
quit date

___ Counseling form completed

___ Substitutes given

___ 1st booster completed _____
date completed

___ 2nd booster completed _____
date completed

___ 3rd booster completed _____
date

___ Reminded subject of 1 mo, 1 yr, & 2 yr visit to complete the project. Will have subject fill out short survey form at those times and provide a sample of his saliva.

___ Reminded subject that YOU or the RESIST Hotline is available for backup or reinforcement while in the process of quitting.

USER

Your Quit Plan

Name _____ Date _____

☐ Congratulations

☐ What made you decide?

_____

_____ (keep in mind because difficult to quit)

☐ What are your concerns about quitting?

☐ We provide skills and support but up to you. Quitting is hard. Tried to quit before? Great! How was it for you--quitting is a process

☐ Guide developed by major league baseball suggests ways to cope with withdrawal and setting a quit date.

☐ Best way to quit is to have a plan and set a quit date.

☐ Ways to get ready to quit

___ Cut Back
Brand switching
Cut out or postpone a few favorite times
Taper with substitutes
What might work for you?

___ Build a Support Team
(girlfriend, teammates--if you're feeling irritable they'll he more understanding, ask them to help & not to offer ST) Are you willing to tell people?

☐ After doing this for 2-3 weeks you'll be ready to quit altogether

☐ 1st step -- a quit date _____

☐ The night before you quit (stock up on substitutes -- get rid of stash)

☐ Coping with withdrawing

Wait it out--urge will go away in 3-5 min. Do something else, walk away from the scene of the urge, go work out, run.

Drink water; deep breathing

Non-tobacco substitutes (kit)

Think positive (who's going to win, I can beat this)

☐ Call the Smokeless Tobacco Helpline, Monday-Friday, 9AM-5PM 1-800-252-4088

☐ Call on quit date, meet as a group 1 & 2 wks after and 4 wks after

Best Phone #'s: _____
_____
_____

☐ Schedule meeting

	Date	Time
1.	_____	_____
2.	_____	_____
3.	_____	_____

☐ Keep guide on hand

It has been noted that you have an oral lesion that needs to be re-examined within the next 2 weeks by your dentist. We also are providing you with a referral for this purpose.

Oral Medicine
University of California at San Francisco
Room 646, Clinics Building
San Francisco, CA
(415) 476-2045
Dr. Deborah Greenspan Marjorie Standow (secretary)

APPENDIX B

NINE STEPS TO HELP YOU DEAL WITH STRESS

Cocked. burnt. whipped. beat—we all know what it feels like to get emotionally mangled by day-to-day struggles. Bosses yell at us, spouses yell at us—it feels like an endless circle where getting ahead at the office can leave us with so little energy for home that home turns into a battleground that leaves us with no energy for work.

But is stress really a Catch-22? And is mere survival all you can ask of a hassle-filled world?

No. Stress is not only something you can beat, it is also a force you can turn to your advantage.

The following doctor-tested tips show you how to combat stress—and win.

■ **WORK ON YOUR ATTITUDE.** "I think the single most important point you can make about stress is that in most cases it's not what's out there that's the problem. It's how you react to it." says Dr. Paul Rosch, president of the American Institute of Stress in Yonkers, N.Y.

How you react is determined by how you perceive a particular stress.

"Watch people on a roller-coaster ride." Rosch says. Some sit in the back, eyes shut, jaws clenched. They can't wait for the ordeal in the torture chamber to end and to get back on solid ground.

"Up front are the wide-eyed thrill-seekers who relish every Steep plunge and can't wait to get on the very next ride. And in between are those who are seemingly quite nonchalant or even bored.

"They're all have exactly the same expenence—the roller-coaster ride—but they're reacting to it very differently: bad stress, good stress and no stress."

Dr. Emmett Miller of Menlo Park, a nationally known expert on stress, draws on Chinese wisdom to make this point:

"The Chinese word for crisis is 'weiji'—two characters that separately mean danger and opportunity. Every problem we encounter in life can be viewed that way—as a chance to show that we can handle it."

The message from both men: Changing the way you think—viewing a difficult assignment at work as a chance to improve your skills, for example—can change a life of stress and discomfort to a life of challenge and excitement.

■ **THINK ABOUT SOMETHING ELSE.** "Anything that will help you shift your perspective instantly is useful when you're under the gun." Miller says. "You want to distract yourself—to break whatever chain of thought is producing the stress."

■ **TAKE A MENTAL VACATION.** "Taking a minivacation in your mind is a very good way to relieve or manage stress," says Ronald Nathan, co-author of "The Doctors' Guide to Instant Stress Relief" (Putnam's Sons. 1987).

"Visualize yourself lying in warm sand on a beach in the Bahamas, a cool wind blowing in off the ocean, the surf rolling in quietly in the background. It's amazing what this can do to relax you."

■ **COUNT TO TEN.** Simply refusing to respond to stress immediately can help defuse it Nathan says. And making a habit of pausing and relaxing—just for a few seconds—before responding to the routine interruptions of your day can make a clear difference in the sense of stress you experience.

■ **TAKE SEVERAL DEEP BREATHS.** "The basic idea is: Act calm, be calm." says Bradley W. Frederick, director of the International Sports Medicine Institute in West Los Angeles.

Breathe abdominally, feeling the stomach expand as you inhale, collapse as you exhale.

■ **STRETCH.** "Essentially everything we feel has a physical manifestation." Frederick says. "... stretching the muscles at least reduces the sensation of stress—the muscles relax. we feel less tense."

■ **PRESS ON YOUR TEM-**PLES. Massaging nerves in your temples. Miller says. relaxes muscles, chiefly in your neck.

■ **TAKE A HOT SOAK.** When we're tense and anxious, blood flow to our extremities is reduced. Hot water restores circulation, convincing the body it's OK to relax.

■ **LISTEN TO A RELATION TAPE.** "Good relaxation tapes are very valuable." Nathan says. "They facilitate your relaxation response. And they're inexpensive."

Excerpted from "The Doctors Book of Home Remedies" by Rodale Press.

As adapted by the American Indian Cancer Control Program, Berkeley, CA.

Nicotine Transdermal Patch Dosing Schedules

Patch Name	HABITROL	NICODERM	NICOTROL	PROSTEP
Manufacturer	Lohman (Germany)	Alza (USA)	Cygnus (USA)	Eian (Ireland)
Distributor	Ciba-Geigy (Basel)	Marion Merrell Dow	Kabi	American Cyanamid
Distributor (USA)	Ciba-Geigy	Marion Merrell Dow	Parke-Davis	Lederie
Nicotine gel	In a cotton matrix	Over a control membrane	Between layers	Under a cover
Nicotine in new patch	53 mg	114 mg	25 mg	30 mg
Nicotine in used patch	32 mg	83 mg	10 mg	8 mg
Mean daily plasma nicotine*	13 ng/ml	17 ng/ml	9 ng/ml	10 ng/ml
Initial starting dose				
Healthy patients	21 mg/day	21 mg/day	15 mg/day	22 mg/day
Other patients	14 mg/day**	14 mg/day***		11 mg/day
Duration of treatment	4-8 wks	6 wks	4-12 wks	4-8 wks
First weaning dose	14 mg/day	14 mg/day	10 mg/day	11 mg/day
Duration of treatment	2-4 wks	2 wks	2-4 wks	2-4 wks
Second weaning dose	7 mg/day	7 mg/day	5 mg/day	none
Duration of treatment	2-4 wks	2 wks	2-4 wks	none
Recommended schedule	6+2+2 = 10 wks	6+2+2 = 10 wks	8-16 wks	4+4 wks

* blood plasma concentration from the initial patch.
** small patients (< 100 lbs) or light smokers (<10 cigarettes/day).
*** if patient has cardiovascular disease, <100 lbs, <1/2 pack of cigarettes/day.

Prescription

Starting dose	21 mg/day	21 mg/day	15 mg/day	22 mg/day
Rx	Habitrol 21 mg/day	Nicoderm 21 mg/day	Nicotrol 15 mg/day	Prostep 22 mg/day
Dispense	1 box of 30 (or 2 box of 14)	1 box of 14 (or 2 box of 14)	1 box of 14 (or 1,2,3,4 box of 7)	1 box of 7
Directions for use	Apply one patch daily on awakening	Apply one patch daily on awakening (remove at bedtime)	Apply one patch daily on awakening	Apply one patch daily on awakening
Step-down dose	14 mg/day 2-4 wks	14 mg/day 2-4 wks	10 mg/day 2-4 wks	11 mg/day 2-4 wks
	7 mg/day 24 wks	7 mg/day 2-4 wks	8 mg/day 2-4 wks	-

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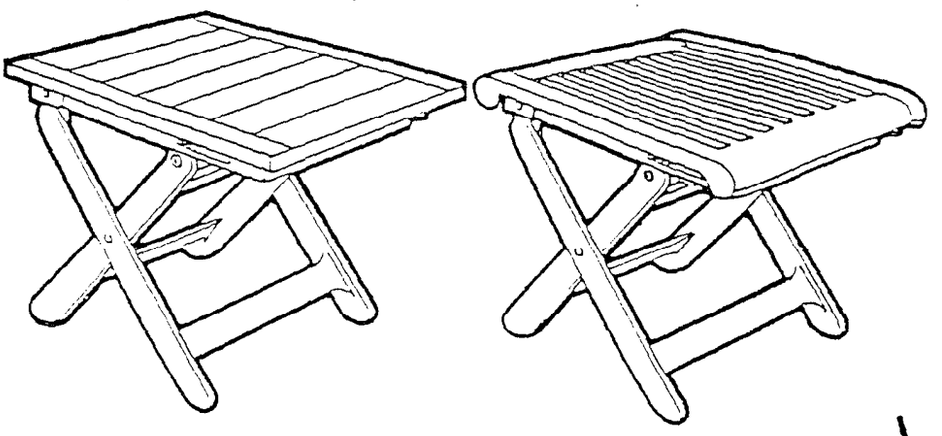

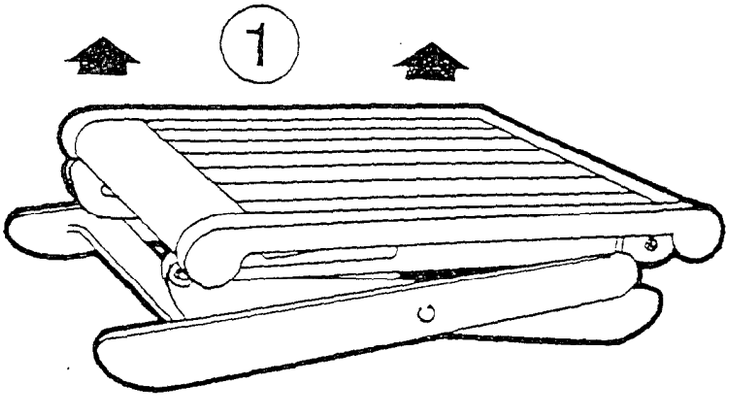
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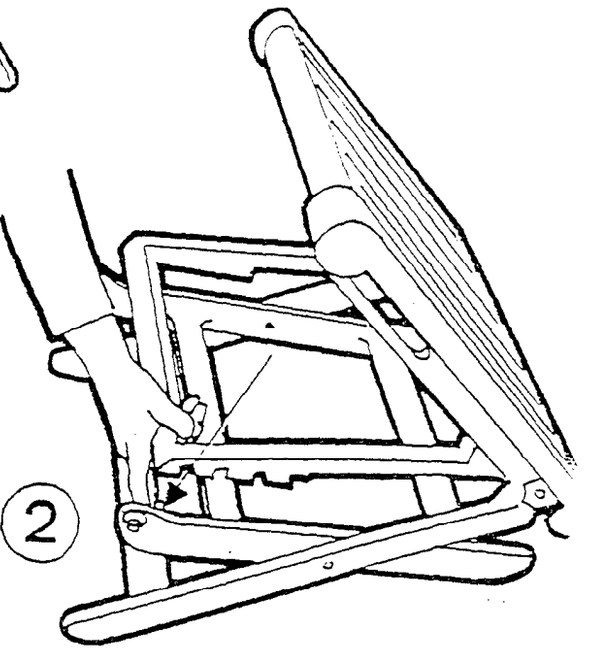
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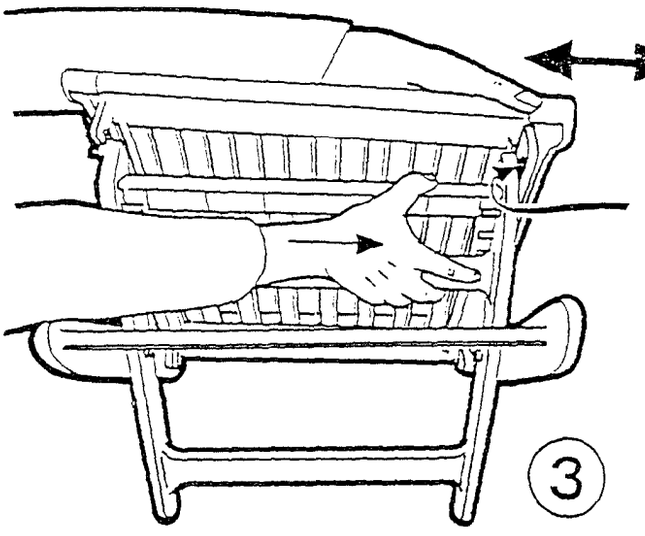
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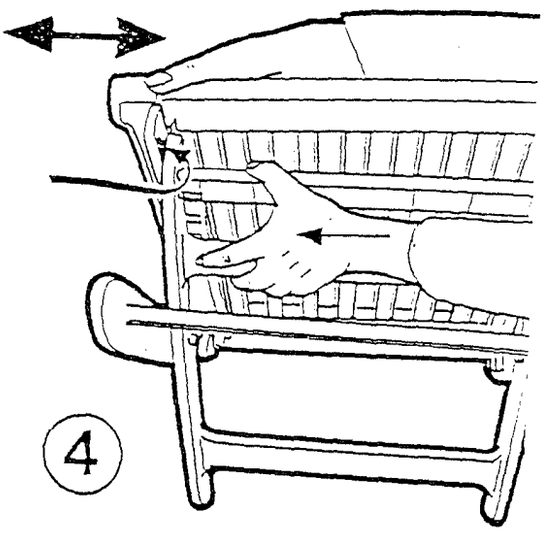
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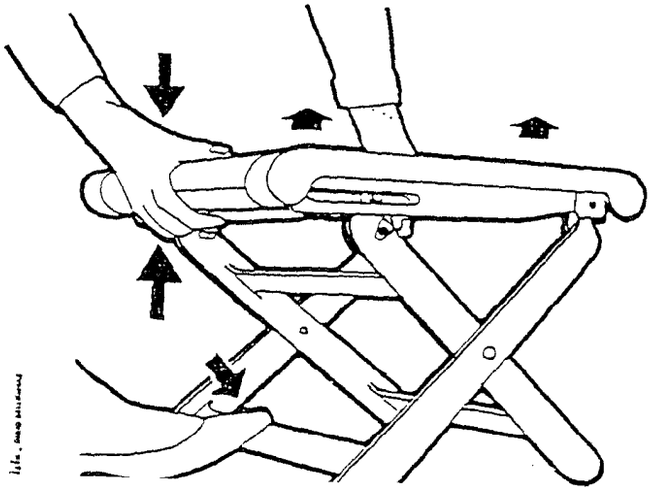

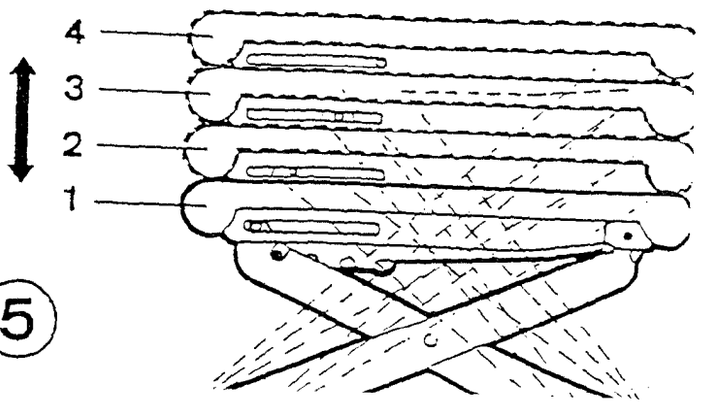
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APPENDIX C

AMERICAN CANCER SOCIETY CALIFORNIA UNITS

If you need assistance, information about cancer or wish to serve as a volunteer by contributing your time and energy to the cancer control effort, please contact one of California's 42 American Cancer society county units.

Alamda . . . . . **(415) 832-7012**
3100 Summit St., 5-B, Oakland, CA 94609

Central Los Angeles . . . . . **(233) 386-6102**
3255 Wilshire Blvd. Suite 701, Los Angeles, CA 90010

Contra Costa . . . . . **(415) 934-7640**
1250 Springbrook Rd., Walnut Creek, CA 94596

Desert Palms . . . . . **(619) 568-2691**
42-460 Bob Hope Drive, Rancho Mirage, CA 92270-4470

Fresno . . . . . **(209) 225-9202**
2940 North Fresno Street, Fresno, CA 93703

Humboldt-Del Narte . . . . . **(707) 442-1436**
2942 "F" Street,. Eureka, CA 95501

Imperial . . . . . **(619) 352-6656**
122 South 7th Street, El Centro, CA 92243

Inland Empire . . . . . **(714) 683-6415**
2060 Chicago Ave., Suite A-17, Riverside, CA 92507

Kern . . . . . **(805) 327-2424**
1523 California Avenue, Bakersfield, CA 93304

Kings . . . . . **(209) 584-6691**
219 W. Lacay Blvd., Nanford, CA 93230

Long Beach-Harbor-Southeast . . . . . **(213) 437-0791**
936 Pine Avenue, Long Beach, CA 90801

Los Angeles Coastal Cities . . . . . **(213) 670-2650**
5761 Buckingham Parkway, Culver City, CA 90230-4534

Madera. . . . . . **(209) 673-9425**
321 W. Yosemne Ave., Suite 101, Madera, CA 93637-4516

Manin . . . . . **(415) 454-8464**
25 Bellam Blvd., San Rafael, CA 94901

Mendocino-Lake . . . . . **(707) 462-7642**
1379 S. Dora Street, Ukiah, CA 95482

Marced-Marlposa . . . . . **(209) 722-3341**
301 West 18th St., Ste. 101, P.O. Box 801, Merced, CA 95340

Monterey-San Benito . . . . . **(408) 422-2992**
344 Salinas Street, Suite 108, Salinas, CA 93901

Mountain Valley . . . . . **(916) 342-4567**
173 E. Fourth Ave., Chico, CA 95926

Napa . . . . . **(707) 255-5911**
1732 Jefferson St., #1, Napa, CA 94559

North State: Shasta-Sisklyou-Trinity . **(916) 222-1058**
3290 Bechalli Lane, Redding, CA 96002

Orange . . . . . **(714) 751-0441**
3631 So. Harbor Blvd. #200, Santa Ana, CA 92704

Sacramento-Amador . . . . . **(916) 446-7933**
350 Alhamora Blvd., Sacramento, CA 95816

San Diego . . . . . **(619) 299-4200**
2251 San Diego Avenue, B-150, San Diego, CA 92110

San Fernando Valley . . . . . **(818) 989-5555**
14602 Victory Blvd., Van Nuys, CA 91411

San Francisco . . . . . **(415) 394-7100**
235 Montgomery St. #320, San Francisco, CA 94104

San Gabriel-Pomona Valleys . . . . . **(818) 795-7774**
50 North Hill Ave., Suite 200, Pasadena. CA 91106

San Joaquin-Calaveras . . . . . **(209) 941-2676**
207 East Alpine Ave., Stockton, CA 95204

San Luis Obispo . . . . . **(805) 543-1481**
1124-B Nipomo St., San Luis Obispo, CA 93401

San Mateo . . . . . **(415) 578-9902**
1720 So. Amphlett Blvd., #120, San Mateo, CA 94402

Santa Barbara. . . . . . **(805) 863-1576**
1432 Chapaia Street, Santa Barbara, CA 983101

Santa Clara . . . . . **(408) 287-5973**
535 Race St., Suite 200, San Josa, CA 95126

Santa Cruz . . . . . **(408) 423-4231**
209 Walnut Ave., Santa Cruz, CA 95060

Sierra High Desert . . . . . **(805) 945-7585**
1043 West Avenue M, Suite 8, Palmdale, CA 93551

Solano . . . . . **(707) 642-4417**
1726 Sonoma Blvd., Vallejo, CA 94590

Sonoma . . . . . **(707) 545-6720**
2930 McBride Lane, Santa Rosa, CA 95403

Stanislaus-Tuolumne . . . . . **(209) 524-7241**
707 14th Street, Modesto, CA 95354

Tahoe Basin . . . . . **(916) 582-1802**

Tri-County: Eldorado, Nevada, Placer. . . **(916) 783-4181**
415 Oak Street, Roseville, CA 95678

Tulare . . . . . **(209) 734-1391**
208 W. Main Street, Suite 5, Visalia, CA 93291

Ventura . . . . . **(805) 983-4864**
1363 Del Norte Rd., Camanllo, CA 93010

Yolo . . . . . **(916) 662-3464**
313 Fourth St., #4, Woodland, CA 95695

Yuba-Sutter-Colusa . . . . . **(916) 742-2896**
621 "B" Street, Suite B, Marysville, CA 95901

As adapted by the American Indian Cancer Control Program, Berkeley, CA

Resources For Northern California

	American Cancer Society for pamphlets, posters, buttons and individual cessation classes.
	American Lung Association for pamphlets, referral to clinics and individual help to quit smoking.
	American Heart Association for written materials and individual classes to stop smoking.
1-800-4-Cancer	Cancer Information Service (National Cancer Institute) for written materials and individual counseling, 24 hour telephone helpline.
1-800-4-Indians	American Indian Service Referral Network for American Indians, A referral directory for Americans Indians in California for appropriate services agencies.

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