

Smokeless Tobacco: Challenges of Working with the Teen Population

Each day in the United States, approximately 3,600 young people between the ages of 12 and 17 years initiate cigarette smoking, and an estimated 1,100 young people become daily cigarette smokers. In 2007, 20% of high schools students reported current cigarette use and 14% reported current cigar use. In addition, 8% of high school students and 18% of white male high school students reported current smokeless tobacco use.

Case Study: Jacob is a 16 year old teenager who is on the baseball team at his local high school. He is particularly proud of earning the position of starting at second base. Jacob is in the clinic for a required physical examination before the official season begins. How would you proceed?

ASK: Congratulations on making the baseball team! I'd like to talk with you about chewing tobacco that a lot guys use on teams.

What should you ask?

Have you personally used chewing tobacco in the last week?

Have your friends used spit or chewing tobacco in the last week?

Does anyone in your family use any form of tobacco?

You should ask all these questions.

Jacob's response: Yeah, we all chew at every single practice. Everybody does that. It's no big deal! My dad smokes cigars. What's wrong with that? But one thing for sure, mom hates it when dad smokes.

ADVISE: As I mentioned earlier, it is common for baseball players to use chewing tobacco.

How should you proceed in giving advice?

There is no safe form of tobacco use.

Smokeless tobacco (spit and chew) is **not** a safe alternative to smoking cigarettes.

Chewing tobacco and snuff contain 28 known carcinogens.

The nicotine in smokeless tobacco is addictive, just as with cigarettes.

A person who chews eight or ten times a day may be exposed to the same amount of nicotine as someone who smokes about two packs a day.

You should provide all this information. In summary, the best advice I can give you for your health is to avoid all forms of tobacco use.

Additional points for counseling:

High amounts of sugar in smokeless tobacco products can lead to tooth decay.

Chewing tobacco can lead to gum disease and tooth loss.

Smokeless tobacco use increases blood pressure and pulse.

Smokeless tobacco use can lead to precancerous mouth lesions.

The use of smokeless tobacco increases the risk of cancer in the following: mouth, throat, lips, tongue, cheek and gums.

ASSESS: Assess willingness to quit.

Have you ever thought about quitting?

Yes – My dentist has been complaining about my terrible yellow teeth. And my girlfriend says my mouth tastes bad when we kiss.

You can ask additional questions, such as:

Would you be willing to talk to these people to get support?

Are there boys on the baseball team that don't chew tobacco who would provide support?

Who else could help you quit - maybe your mom?

No – I like chewing tobacco and I'm not going to quit. Don't even talk to me about it. Those cigars have never hurt my dad.

You can provide an intervention to increase his motivation to quit. Your goal is to help him begin thinking about change; you can help him move from a precontemplation stage to one of contemplation.

ASSIST: Help him to think of ways that he can avoid using chewing tobacco.

What suggestions can you give to Jacob?

- a. Switch to cigarettes as he tries to quit using smokeless tobacco.
- b. Find an oral replacement, such as sunflower seeds or sugarless chewing gum.
- c. Sit in the dugout more often with guys who do not chew.
- d. Make a list of reasons to quit and read it every day.
- e. Drink a beer at night to feel better since he's not chewing tobacco anymore.

You should advise Jacob to avoid using ALL tobacco products as he attempts to quit. In addition, alcohol is a poor substitute for tobacco use. Your goal is to encourage use of positive interventions such as b, c, and d.

What are other counseling tips you can provide Jacob?

Answer:

Refer to QUIT LINE for counseling, 1 800 QUIT NOW.

Provide self-help materials, such as brochures or pamphlets (see resources tab in course).

Develop a quit plan.

Set a quit date.

ARRANGE: How should you follow-up with Jacob?

- a. Tell him to call you after he has quit chewing.
- b. Call Jacob near his quit date.
- c. Encourage cessation even if he continues to chew.
- d. Make a point to see Jacob the next time he is in the clinic for an appointment.
- e. Send an encouraging email or text message.

Avoid the first intervention. Do not wait for Jacob to call you. Appropriate interventions are b, c, d, and e.

In addition, remember to congratulate Jacob on quitting! Monitor his progress and provide positive support.



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Visit www.northwestahec.org to register for the course. Call 336.713.7700 for information.

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