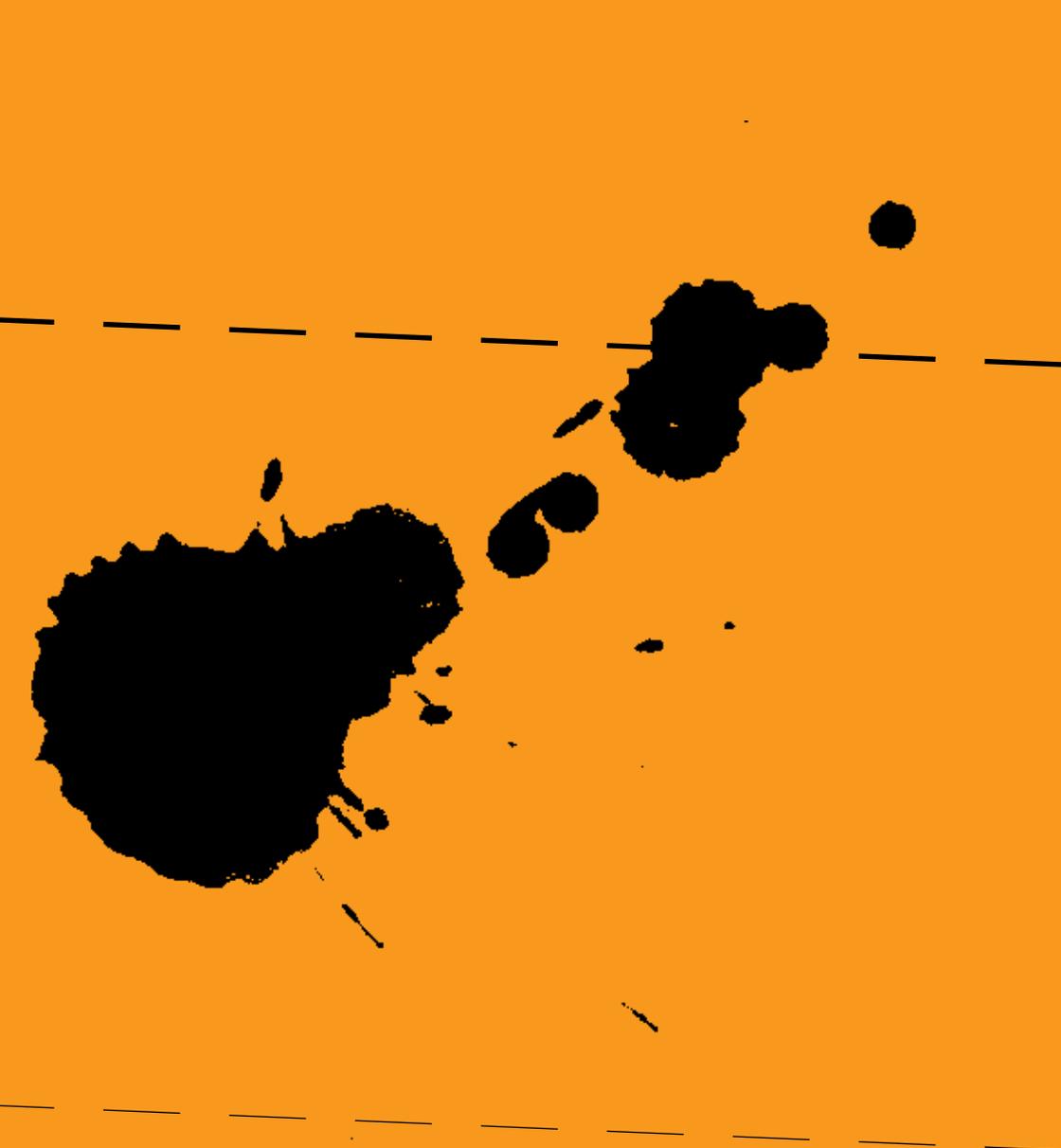


smokeless tobacco  
a guide for quitting

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**National Institutes of Health**



Let's go!

# Introduction

So you're a dipper  
and you'd like to quit.

Maybe you've already found that quitting dip or chew is not easy. But you can do it! This guide is intended to help you make your own plan for quitting.

Many former dippers have shared advice on quitting that can help you. Among them are many Major League Baseball players who quit successfully. This guide is the result of advice from chewers and dippers who have canned the habit.

Like most dippers, you probably know that the health-related reasons to quit are awesome. But you must find your own personal reasons for quitting. They can motivate you more than the fear of health consequences. It's important to develop your own recipe for willpower.

Ready to start?

Let's go!

# The Dangers of dip and chew

Here's a brief summary of the harm dipping does in the mouth:

- ▶ Smokeless tobacco use may cause cancer of the mouth.
- ▶ Sugar in smokeless tobacco may cause decay in exposed tooth roots.
- ▶ Dip and chew can cause your gums to pull away from the teeth in the place where the tobacco is held. The gums do not grow back.
- ▶ Leathery white patches and red sores are common in dippers and chewers and can turn into cancer.

Can smokeless tobacco use cause problems in other parts of the body?

Recent research shows that smokeless tobacco use might also cause problems beyond the mouth. Some studies have shown that using smokeless tobacco may cause pancreatic cancer. And scientists are also looking at the possibility that its use might play a role in the development of cardiovascular disease—heart disease and stroke.



Need more reasons to quit?

It's expensive!

A can of dip costs an average of nearly \$3. A two-can-a-week habit costs about \$300 per year. A can-a-day habit costs nearly \$1,100 per year. Likewise, chewing tobacco costs about \$2. A pouch-a-day habit costs over \$700 a year. Think of all the things you could do with that money instead of dipping or chewing. It adds up.

It's disgusting!

If the health effects don't worry you, think of how other people see your addiction.

The smell of smokeless tobacco in your mouth is not pleasant. While you may have become used to the odor and don't mind it, others around you notice.

Check out your clothes. Do you have tobacco juice stains on your clothes, your furniture, or on your car's upholstery?

Look at your teeth. Are they stained from tobacco juice? Brushing your teeth won't make this go away.

# Understanding your Addiction

NICOTINE LEVELS OF SELECTED BRANDS

HIGHEST TO  
LOWEST

- ▶ Kodiak Wintergreen
- ▶ Skoal Longcut  
Straight
- ▶ Copenhagen Snuff
- ▶ Copenhagen Long  
Cut
- ▶ Skoal Bandits Mint
- ▶ Hawken  
Wintergreen

Hard to believe you're  
a nicotine addict?

Believe it.

Nicotine, found in all tobacco products, is a highly addictive drug which acts in the brain and throughout the body.

Dip and chew contain more nicotine than cigarettes.

### Some facts:

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

To the left is a chart comparing the nicotine levels of some selected snuff brands.

Think about your own habit. Check how many of the following apply to you. The more items you check, the more likely that you are addicted.

This list is provided for information only. NIDCR and NCI do not endorse the use of any tobacco product.

# How addicted are you?

- ▶ I no longer get sick or dizzy when I dip or chew, like I did when I first started.
- ▶ I dip more often and in different settings.
- ▶ I've switched to stronger products, with more nicotine.
- ▶ I swallow juice from my tobacco on a regular basis.
- ▶ I sometimes sleep with dip or chew in my mouth.
- ▶ I take my first dip or chew first thing in the morning.
- ▶ I find it hard to go more than a few hours without dip or chew.
- ▶ I have strong cravings when I go without dip or chew.

# Myths & Truths

There are several myths  
about smokeless tobacco.

Sometimes these myths make  
users feel more comfortable  
in their habits. Here are  
some myths and the truths  
that relate to them.



**Myth:** Smokeless tobacco is a harmless alternative to smoking.

**TRUTH:** Smokeless tobacco is still tobacco. In tobacco are nitrosamines, cancer-causing chemicals from the curing process. Note the warnings on the cans.

**Myth:** Dip (or chew) improves my athletic performance.

**TRUTH:** A study of professional baseball players found no connection between smokeless tobacco use and player performance. Using smokeless tobacco increases your heart rate and blood pressure within a few minutes. This can cause a buzz or rush, but the rise in pulse and blood pressure places an extra stress on your heart.

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

**TRUTH:** There is no evidence that brushing and flossing will undo the harm that dip and chew are doing to your teeth and gums.

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

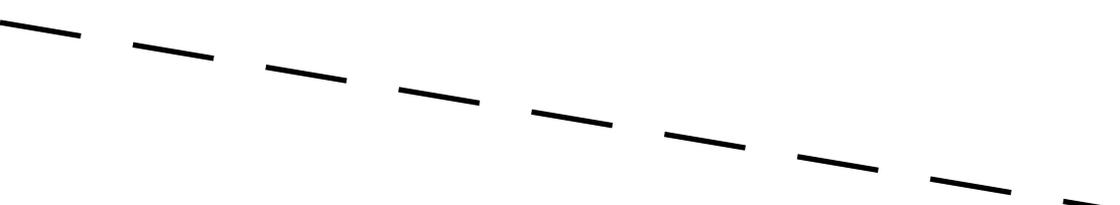
**TRUTH:** Unfortunately, nicotine addiction makes quitting difficult. But those who have quit successfully are very glad they did.



# Quitting plan

Kicking the dip or chew habit can be tough, but it can be done, and you can do it. The best way to quit smokeless tobacco is to have a quit date and a quitting plan.

These methods make it easier. Try what you think will work best for you.



## Decide to quit

Quitting smokeless tobacco is not something you do on a whim. You have to want to quit to make it through those first few weeks off tobacco. Know your reasons for stopping. Don't let outside influence—like peer pressure—get in your way. Focus on all you don't like about dipping or chewing.

## Reasons to quit

Here are some reasons given by others. Are any of them important to you?

- ▶ To avoid health problems
- ▶ To prove I can do it
- ▶ I have sores or white patches in my mouth
- ▶ To please someone I care about
- ▶ To set a good example for my kids or other kids
- ▶ To save money
- ▶ I don't like the taste
- ▶ I have gum or tooth problems
- ▶ It's disgusting
- ▶ Because it's banned at work or school
- ▶ I don't want it to control me
- ▶ My girlfriend (or a girl I'd like to date) hates it
- ▶ My wife hates it
- ▶ My physician or dentist told me to quit

## Write in your own reasons

- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_
- ▶ \_\_\_\_\_



## Pick a quit date

Pick your quit date. Even if you think you're ready to quit now, take at least a week to get ready. But don't put off setting the date. This will give you time to:

## Get psyched up for quitting

Cut back before you quit by tapering down.

Have your physician or dentist check your mouth. Ask whether you need nicotine replacement therapy (gum, nicotine patches, etc.). See page 13.

There is no "ideal" time to quit, but low-stress times are best. Having a quit date in mind is important, no matter how far off it is. But it's best to pick a date in the next two weeks, so you don't put it off too long.

Pick a date that looks good for you and write it in below.

This is My FILL IT IN!

Quit Date

MONTH	DAY	YEAR



## Cut back before you quit

Some people are able to quit smokeless tobacco “cold turkey.” Others find that cutting back makes quitting easier. There are many ways to cut back.

**Taper down.** Cut back to half of your usual amount before you quit. If you usually carry your tin or pouch with you, try leaving it behind. Carry substitutes instead—sugar-free chewing gum or hard candies, and sunflower seeds. During this period, you might also try a mint-leaf snuff.

**Cut back on when and where you dip or chew.** First, notice when your cravings are strongest. What events trigger dipping or chewing for you? Do you always reach for a dip after meals? When you work out? In your car or truck? On your job? Don't carry your pouch or tin. Use a substitute instead. Go as long as you possibly can without giving into a craving—at least 10 minutes. Try to go longer and longer as you approach your quit day. Now, pick three of your strongest triggers and stop dipping or chewing at those times. This will be hard at first. The day will come when you are used to going without tobacco at the times you want it most.

Notice what friends and co-workers who don't dip or chew are doing at these times. This will give you ideas for dip or chew substitutes. It's a good idea to avoid your dipping and chewing pals while you're trying to quit. That will help you avoid the urge to reach for a can or chew.



Switch to a lower nicotine tobacco product if you're using a medium- or high-nicotine snuff product. This way, you cut down your nicotine dose while you're getting ready to quit. This can help to prevent strong withdrawal when you quit.

Don't switch to other tobacco products like cigarettes or cigars! In fact, if you already smoke, this is a good time to quit smoking. That way you can get over all your nicotine addiction at once.

Write down your triggers. Stop dipping at these times.

## Right before your quit day

### Build a support team

Let friends, family, and coworkers know you're quitting. Warn them that you may not be your usual self for a week or two after you quit. Ask them to be patient. Ask them to stand by to listen and encourage you when the going gets rough.

Suggest ways they can help, like joining you for a run or a walk, helping you find ways to keep busy, and telling you they know you can do it. If they've quit, ask them for tips. If they use dip or chew, ask them not to offer you any. They don't have to quit themselves to be supportive, but maybe someone will want to quit with you.



## Quit day!

Make your quit day special right from the beginning. You're doing yourself a huge favor.

Change daily routines to break away from tobacco triggers. When you eat breakfast, don't sit in the usual place at the kitchen table. Get right up from the table after meals. Make an appointment to get your teeth cleaned. You'll enjoy the fresh, clean feeling and a whiter smile.

Keep busy and active. Start the day with a walk, run, swim, or workout. Aerobic exercise will help you relax. Plus, it boosts energy, stamina, and all-around fitness and curbs your appetite.

Chew substitutes. Try sugar-free hard candies or gum, cinnamon sticks, mints, beef jerky, or sunflower seeds. Carry them with you and use them whenever you have the urge to dip or chew.

### What about medications?

Nicotine replacement therapy and non-nicotine replacement therapy (bupropion) are approved by the U.S. Food and Drug Administration (FDA) for smoking cessation. However, these products have not been approved for smokeless tobacco cessation. Further research is needed to determine their effectiveness for helping smokeless tobacco users quit.

# Your first week: off smokeless tobacco:

## ABOUT WEIGHT GAIN

Nicotine speeds up metabolism, so quitting smokeless tobacco may result in a slight weight gain. To limit the amount of weight you gain, try the following:

- ▶ Eat well-balanced meals and avoid fatty foods. To satisfy your cravings for sweets, eat small pieces of fruit. Keep low-calorie foods handy for snacks. Try popcorn (without butter), sugar-free gums and mints, fresh fruits, and vegetables.
- ▶ Drink 6 to 8 glasses of water each day.
- ▶ Work about 30 minutes of daily exercise into your routine—try walking or another activity such as running, cycling, or swimming.

Withdrawal symptoms don't last long. Symptoms are strongest the first week after you quit. The worst part is over after 2 weeks.

As time passes, you'll feel better than when you dipped or chewed. So be patient with yourself.

# Coping with withdrawal

## Urges to dip, cravings—especially in the places you used to dip the most

Wait it out. Deep breathing and exercise help you feel better right away.

## Feeling irritable, tense, restless, impatient

Walk away from the situation. Deep breathing and exercise help to blow off steam. Ask others to be patient.

## Constipation/irregularity

Add fiber to your diet (whole grain breads and cereals, fresh fruits and vegetables).

## Hunger and weight gain

Eat regular meals. Feeling hungry is sometimes mistaken for the desire to dip or chew.

## Desire for sweets

Reach for low-calorie sweet snacks (like apples, sugar-free gums and candies).

# Your second week:

## Dealing with triggers

### SIGNS OF PROGRESS

- ▶ Withdrawal symptoms ease up
- ▶ Food tastes better
- ▶ Your confidence starts to return to normal

You've made it through the hardest part - the first week. If you can stay off one week, then you can stay off two. Just use the same willpower and strategies that got you this far.

Cravings may be just as strong this week, but they will come less often and go away sooner.

---

## Be prepared for temptation

Tobacco thoughts and urges probably still bother you. They will be strongest in the places where you dipped or chewed the most.

The more time you spend in these places without dipping or chewing, the weaker the urges will become. Avoid alcoholic beverages. Drinking them could bust your plan to quit.

Know what events and places will be triggers for you and plan ahead for them.

Write down some of your triggers. And write what you'll do instead of dip or chew. It may be as simple as reaching for gum or seeds, walking away, or thinking about how far you've come.

# My Strongest

FILL IT IN!

# Triggers

1	2	3
---	---	---

# Tips for going the distance

---

Congratulations! You've broken free of a tough addiction. If you can stay off 2 weeks, then you know you can beat this addiction. It will get easier.

Keep using whatever worked when you first quit. Don't expect new rituals to take the place of smokeless tobacco right away. It took time to get used to chewing or dipping at first, too.

Keep up your guard. Continue to plan ahead for situations that may tempt you.

---

## What if you should slip?

Try not to slip, not even once. But, if you do slip, get right back on track.

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. Get rid of any leftover tobacco.

Pick up right where you left off before the slip. If slips are frequent, or you are dipping or chewing on a regular basis, make a new quitting plan. Quitting takes practice. The smokeless tobacco habit can be tough to beat. Most users don't quit for good on the first try. Don't give up! Figure out what would have helped. Try a new approach next time. Talk to your physician or dentist for extra help.

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

- ▶ The National Cancer Institute (NCI) Cancer Information Service at  
**1-800-4-CANCER (1-800-422-6237)**
  - ▶ The National Network of Tobacco Cessation Quitlines at  
**1-800-QUIT-NOW (1-800-784-8669)**
  - ▶ The NCI's Smoking Cessation Quitline at  
**1-877-44U-QUIT (1-877-448-7848)**
-

# Celebrate your Success!

## Congratulations!

---

You've done it. You've beaten the smokeless tobacco habit. You're improving your health and your future. Celebrate with the people on your "support team." Offer your support to friends and coworkers who are trying to quit using tobacco. Pledge to yourself never to take another dip or chew.



For additional copies of this booklet contact:

National Institute of Dental and Craniofacial Research  
National Oral Health Information Clearinghouse  
1 NOHIC Way  
Bethesda, Maryland 20892-3500  
1-866-232-4528  
[www.nidcr.nih.gov](http://www.nidcr.nih.gov)

or

National Cancer Institute's  
Cancer Information Service at 1-800-4-CANCER

For more information about quitting tobacco use contact:

NCI's Cancer Information Service at 1-800-4-CANCER (1-800-422-6237)

The National Network of Tobacco Cessation Quitlines at  
1-800-QUIT-NOW (1-800-784-8669) and [www.smokefree.com](http://www.smokefree.com)

The NCI's Smoking Cessation Quitline at 1-877-44U-QUIT (1-877-448-7848)



National Institute of Dental  
and Craniofacial Research



NIH Publication No. 10-3270

Revised August 2010

