

Community Tobacco Educator Training Guide
Developed by Tobacco Education and Prevention Technical Support Center
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Community Tobacco Educators Training: Learning Module

Smokeless Tobacco (Adult & Youth)



Target Audiences: Community members, health representatives, American Indian youth, and staff of American Indian health and education programs.

Goals: Participants will receive information about smokeless tobacco in the general population as well as in American Indian communities.

Objectives: Upon completion of CTE: Smokeless Tobacco Learning Module, participants will be able to demonstrate the following:

1. Section 1: List two types of smokeless tobacco
2. Section 1: Discuss three risks of smokeless tobacco use
3. Section 2: List American Indian smokeless tobacco use rate
4. Section 3: Discuss two ways that the tobacco industry markets smokeless tobacco to American Indians

Measures of Objective Accomplishment:

To gauge participants' knowledge of the trainings a pre/ post-test survey will be used at the beginning and end of each learning module. Post-test results will demonstrate a marked improvement over pre-test results providing a demonstrated percentage increase as the outcome measure.

Length:

- Introduction of session/module overview (:05)
- Pre-test (:05)
- Presentation of module (:20)
- Talking Circle (:20)

- Post-test (:05)
- Closing (:03)

Contents of Learning Module:

1. Instructor's Guide with Pre/Post Test
2. Power Point presentation
3. Notes pages for participants
4. References
5. Resources

Instructions for the Instructor:

1. Introduce topic and Pre/Post Test.
2. Administer Pre-Test prior to Power Point presentation.
3. Follow Power Point presentation-all main points are in boldface type and in the heading of each slide.
4. Administer Post-Test immediately following presentation.
5. Facilitate Talking Circle on presentation and answer participant questions.

Section I: Risks of Smokeless Tobacco Use

Types of Smokeless (Chew & Spit) Tobacco:

The two types of smokeless tobacco (ST) are chewing tobacco and snuff. Chewing tobacco is sold in loose leaf, twist, and plug forms. Snuff comes in moist, dry, and sachet forms. The most popular form of ST today is moist snuff. **Chewing tobacco** is a mix of tobacco and molasses. Tobacco is chewed by sucking on a golf-ball size wad between the cheek and teeth. **Snuff** is powdered or crushed tobacco. It is "dipped" by placing a pinch between the lower lip and gum where it is absorbed through the gum.

Dippers or chewers have more saliva than normal. They must swallow the tobacco juice or spit often. Snuff and chewing tobacco are just as dangerous as the tobacco used in cigarettes, cigars and pipes.

Modern chewing tobacco is produced in three forms: twist, plug, and scrap.

Twist is the oldest form. One to three high-quality leaves are braided and twisted into a rope while green, and then are cured in the same manner as other tobacco. Until recently this was done by farmers for their personal consumption in addition to other tobacco intended for sale. Modern twist is occasionally lightly sweetened. It is still sold commercially, but rarely seen outside of Appalachia. Popular brands are Mammoth Cave, Moore's Red Leaf, and Cumberland Gap. Users cut a piece off the twist and chew it.

Plug chewing tobacco is made by pressing together cured tobacco leaves in a sweet (often molasses-based) syrup. Originally this was done by hand, but since the second half of the 19th

century leaves were pressed between large tin sheets. The resulting sheet of tobacco is cut into plugs. Like twist, consumers cut a piece off of the plug to chew. Major brands are Day's Work and Cannonball.

Scrap, or loose leaf chewing tobacco, was originally the excess of plug manufacturing. It is sweetened like plug tobacco, but sold loose in bags rather than a plug. Loose leaf is by far the most popular form of chewing tobacco. Popular brands are Red Man, Beechnut, and Mail Pouch. Loose leaf chewing tobacco can also be dipped.

Snuff is a generic term for fine-ground smokeless tobacco products. Originally the term referred only to dry snuff, a fine tan dust popular mainly in the eighteenth century. European snuff is intended to be snorted up the nose, and is often scented or mentholated. American snuff is much stronger, and is intended to be dipped. It comes in two varieties -- "sweet" and "salty." Popular brands are Tube Rose, Levi Garrett, and Red Man. A popular variety of snuff is moist snuff. This is occasionally referred to as "snose" derived from the Scandinavian word for snuff, "snus". Like the word, the origins of moist snuff are Scandinavian, and the oldest American brands indicate that by their names. American Moist snuff is made from dark fire-cured tobacco that is ground, sweetened, and aged. Prominent North American brands are Copenhagen, Skoal, and Kodiak.

Flavorings and additives are used to make smokeless tobacco taste better and appeal to youth. Flavors like licorice, mint, wintergreen, raspberry, and bubblegum are used. It also contains high amounts of sugar, which increase cavities in teeth and salt, which in high amounts will increase blood pressure.

Risks of Smokeless Tobacco Use:

Spit tobacco is not a safe substitute for smoking. It can cause oral cancers and lead to addiction. Smokeless tobacco or chew is harmful to a person's health. It causes leukoplakia (white patch), a precancerous tissue change in the gum, cheek, or tongue. Forty (40%) to sixty (60%) percent of ST users exhibit leukoplakia in the area where the ST is held. This usually forms within a few months of beginning regular use. One in twenty (1 in 20) cases of leukoplakia becomes cancerous. Smokeless tobacco users run 50 times the risk of developing certain forms of cancer of the mouth, voice box and throat than non-users. Almost 10,000 Americans will needlessly die from oral cancer this year. Smokeless tobacco also contributes to a condition called "black hairy tongue." The tongue is not really covered in black hair, but it is a socially repulsive condition.

Smokeless tobacco users drastically increase their risks of oral cancers of the lip, tongue, cheeks, gums, floor and roof of the mouth, throat, larynx and esophagus. It can also cause cancers of the stomach, pancreas and prostate.¹ Oral cancers are often spread to the lymph nodes in the neck which circulates to all parts of the body via the blood stream. This makes them fatal. Most oral cancers begin when cancer causing chemicals damage the cells in soft mouth tissue. Nicotine plays a part in the process of developing cancer. It causes microscopic changes in the surface layer of the tissue that allows the cancer-causing chemicals to penetrate more deeply.

Chew contains hundreds of poisons and many are cancer-causing chemicals or carcinogens. The major carcinogens in ST are nitrosamines, polynuclear aromatic hydrocarbons, and radioactive and metallic compounds. The nitrosamine content of ST exceeds beyond 1000 times the

nitrosamine content allowed by the Food and Drug Administration in products like beer and bacon. Furthermore, ST is associated with stomach ulcers, cancers of the esophagus, larynx, bladder, and stomach, elevated blood pressure, diabetes, strokes, arteriosclerosis (the abnormal thickening of the artery walls), and an increased risk of heart attacks and other cardiovascular diseases.

Other oral side effects of ST include gingival recession, staining of teeth, loss of taste, and bad breath. Chewing tobacco users also have an increase in dental cavities due to the higher sugar content in this ST product.

Section II: Addiction & Prevalence

Smokeless tobacco contains nicotine which is an extremely addictive poison. Nicotine causes the blood vessels to constrict, making the heart pump harder to circulate the blood and raising blood pressure. When a chewer places the tobacco in the mouth next to his or her mucous membrane, 90% of the nicotine is absorbed directly into the blood stream within 15 seconds. ST also contains more nicotine than cigarettes. That's what makes smokeless tobacco even more addicting than smoking cigarettes. Spit tobacco users have similar, or even higher, levels of nicotine than smokers who use a pack or more a day. Smokeless tobacco users who use dip or chew 8-10 times a day might be exposed to the same amount of nicotine as people who smoke 30-40 cigarettes a day.

Average nicotine doses: Chewing tobacco 4.6 mg, Snuff 3.6 mg, Cigarettes 1.8 mg. After becoming addicted to nicotine, users may prefer chew but some will also smoke. Withdrawal from regular ST use results in the same withdrawal symptoms and discomfort seen in heavy smokers attempting to quit. Manufacturers of ST products have altered the nicotine content and pH, added flavors, and packaged moist snuff in sachets as starter products. These products gradually move novice users on to higher levels of nicotine addiction as their tolerance increases.

Of the estimated 10 million users of ST, 3 million are under the age of 21. Almost 25% of young users start by the 6th grade, and almost 75% start by the 9th grade. In 1970, young males ages 17-19 used ST the least of any age group. Today, usage by males of these ages is the highest of any age group. More than 5% of adult American males, and 1% of females, use ST. It is illegal for minors to purchase smokeless tobacco as well as cigarettes however, among US youth in grades 9-12, 10-20% use ST at least once a month and 2-3% use daily. In terms of race/ethnicity, American Indian men have the highest prevalence rates.²

According to the Centers for Disease Control and Prevention:

- ◆ Among men and women combined, the use of chewing tobacco or snuff was 9.3% among American Indians and Alaska Natives, compared with 4.4% for whites, 1.8% for African Americans, 0.9% for Pacific Islanders, 0.6% for Hispanics, and 0.2% for Asian Americans.^{2,4}
- ◆ The use of smokeless tobacco among American Indian and Alaska Native men varies by state and region. The prevalence among men is highest in the Northern Plains (24.6%) and lowest in the Pacific Northwest (1.8%).³

Section III: Tobacco Industry Advertising and Promotion

American Indians are targeted heavily by the chew tobacco industry. The industry sponsors American Indian events such as Pow-wows and rodeos. Redman chewing tobacco uses the name and image of an American Indian warrior to promote their product as tough and aggressive. The term Redman is offensive to many Native peoples.

The tobacco industry also targets male adolescents with its aggressive advertising. Ads associate ST with rodeos, rock stars, and sports heroes. ST companies sponsor rock concerts, rodeos, auto racing and tractor pulls. Adolescents who use smokeless tobacco are more likely than those who don't to smoke cigarettes, drink alcohol, and use marijuana.

In 2001, the five largest tobacco manufacturers spent \$236.7 million on advertising and promotion.⁵ In addition, found in an RJ Reynolds Planning Memorandum (1973) "If our Company is to survive and prosper...we must get our share of the youth market."

Professional Rodeo Cowboys Association (PRCA) and Professional Bull Riders, Inc. (PBR) sponsored rodeos receive tobacco company funding support. In 1999, Montana State University was dropped by the National Inter-collegiate Rodeo Association as the site of College National Finals Rodeo because school officials refused to allow samples of Skoal and Copenhagen to be given out.

The top five selling brands of snuff are: Copenhagen, Skoal fine cut, Kodiak, Hawken, Skoal bandits. The top three sellers, Copenhagen, Skoal fine cut and Kodiak, contain significantly higher levels of nicotine than the other brands of snuff. Copenhagen and Skoal are owned by the same company, US Smokeless Tobacco Company.

For youth specific education on smokeless tobacco counter-marketing at rodeos, the curriculum Cowboy Ted's Kids Club was created. Cowboy Ted is a radio and print journalist for professional rodeo. There is no cost for membership and youngsters are asked to sign an agreement in order to be a Junior Cowboy or Cowgirl in the Cowboy Ted's Kids Club. Members pledge to live by the following 8 Rules in reference to the 8-seconds required for a qualified ride in rodeo:

- 1 Respect Parents
- 2 Lead Healthy Lifestyle
- 3 Work Hard in School
- 4 Be Nice to Others
- 5 Be Kind to Animals
- 6 Set Goals for Yourself
- 7 No Drugs, Tobacco/Alcohol
- 8 Do Something Nice for Another Person Everyday

Another useful rodeo specific curriculum is Buck Tobacco Sponsorship. This curriculum provides information on steps for combating tobacco sponsorship in rodeo. Areas covered are: policies, articles & other press releases, local projects, ads & advocacy, resources, Rodeo 101 and general rodeo info. For more information contact www.bucktobacco.org.

References:

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2. Substance Abuse and Mental Health Services Administration. *Results from the 2002 National Survey on Drug Use and Health. Detailed Tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies; 2003. Available at <http://www.oas.samhsa.gov/nhsda/2k2nsduh/Sect2peTabs35to39.pdf>
3. U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups —African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.
4. CDC. Youth Risk Behavior Surveillance - United States, 2003. *CDC Surveillance Summaries 2004*;53(SS-2):1-96.
5. Federal Trade Commission. *Smokeless Tobacco Report for the Years 2000 and 2001*. Washington, DC: Federal Trade Commission; 2003.

Internet Resources References:

<http://www1.umn.edu/period/tobacco/smokeless.html>

<http://www.nstep.org/whatis/whatis.htm>

<http://www.nstep.org/spittob/spittob.htm>

<http://www.cdc.gov/tobacco/spit.htm>

<http://www.cancer.org>

<http://www.cowboyted.com>

<http://www.bucktobacco.org>

