

HOW TO USE THE KIT

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Spit Tobacco — Not Harmless

- Tobacco is the number one cause of death in the United States. More people in the U.S. die from tobacco-related illnesses than from AIDS, car accidents, illegal drugs, murders, and suicides combined. (National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention)
- Spit tobacco users absorb two to three times the amount of addictive nicotine as those who smoke cigarettes. (National Cancer Institute Fact Sheet – *Smokeless Tobacco and Cancer: Questions and Answers*. Retrieved February, 2006 from: <http://www.cancer.gov/cancertopics/factsheet/Tobacco/smokeless>)
- Spit tobacco is a known carcinogen (U.S. Dept. of Health & Human Services, Report on Carcinogens, December 2002)
- Using spit tobacco and other smokeless tobacco products can cause serious health problems, from gum irritation to oral cancer. (*Chewing Tobacco: Not a Risk Free Alternative to Cigarettes*, Mayo Clinic. Retrieved February, 2006 from: <http://www.mayoclinic.com/health/chewing-tobacco/CA00019>)
- Leukoplakia (white patches and oral lesions on the cheeks, gums or tongue) is commonly found in spit tobacco users. Leukoplakia can be an early indicator of oral cancer. About 75% of daily users of spit tobacco will get leukoplakia. (American Cancer Society. Retrieved February, 2006 from: <http://www.oda.org/upload/smokeless%20tobacco%20stats%202005.pdf>)
- Leukoplakia can develop within just one week of starting spit tobacco use. (Mayo Clinic. Retrieved February, 2006 from: http://www.oralcancerfoundation.org/tobacco/types_of_tobacco.htm)
- An estimated 30,990 new cases of oral cancer are expected to be diagnosed in the United States in 2006 and approximately 7,430 people will die of the disease. (National Cancer Institute, U.S. National Institutes of Health. Retrieved February, 2006 from: <http://www.cancer.gov/cancertopics/pdq/screening/oral/healthprofessional/allpages>)
- “I cannot conclude that the use of any tobacco product is a safer alternative to smoking. This message is especially important to communicate to young people, who may perceive spit tobacco as a safe form of tobacco use.” (U.S. Surgeon General Richard H. Carmona, MD, June 2003 testimony)
- There has been an alarming increase in the use of spit tobacco among children and young adults. An estimated 10–16 million Americans use spit tobacco products each year. (Colorado Dental Association, June 2006)

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- Nearly 50% of Colorado middle school youth who have tried spit tobacco did so before the age of 11, whereas only 20% of the state's high school youth tried spit tobacco before age 11. This trend indicates that youth are experimenting with spit tobacco at increasingly younger ages in Colorado. (Colorado State Department of Public Health and Environment)
- Many kids and teens think spit tobacco is safer than smoking. 77% knew that smoking was harmful, but only 40% said spit tobacco was dangerous. (*The Surgeon General's Report to Kids about Smoking, Is Smokeless Tobacco Safe?* 2005. (http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1994/index.htm))
- Implementing effective school-based programs, along with community and media-based activities, can prevent or postpone use of tobacco in 20% to 40% percent of U.S. adolescents. (U.S. Surgeon General, 2002. Retrieved February, 2006 from: <http://www.hhs.gov/news/press/2000pres/20000809.html>)
- To be effective in preventing youth tobacco use, we need to look beyond classroom instruction and toward developing a more comprehensive approach. Outlined are five essential components for effective school tobacco

use prevention, along with indicators for each component. The element of staff development is woven throughout the components. (Colorado State Department of Public Health and Environment (http://www.steppcolorado.com/data/files/K12_Essential_Components_Tobacco_Prevention_Schools.pdf))

Rationale for School-based Prevention

As a teacher, counselor, school administrator or health professional, you know the importance of providing students with accurate and timely information so they will make informed health decisions and ultimately maintain a positive health status that allows them to be healthy, contributing members of our society. The data support the importance of including spit tobacco as a topic area in a comprehensive tobacco curriculum.

This toolkit contains teacher resources and activity-based prevention / intervention lesson plans. The intent is to provide spit tobacco educational resources and student activities that can be integrated into a tobacco prevention curriculum.

How to Use the Toolkit

Language/Terms

The language or term(s) used to reference spit tobacco vary by region or locale. For consistency purposes, the term used in this kit is spit tobacco. Teachers may wish to substitute the local language, as

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appropriate, for the term spit tobacco. We recommend refraining from using the term “smokeless tobacco” because this is the media and industry term used to make spit tobacco appear to be a harmless alternative to cigarettes.

Lessons

This toolkit contains a series of standards-based lessons/activities designed for 30-50 minute class periods. The lessons/activities are considered independent of one another and can be used in any order or combination allowing the classroom teacher to select lessons/activities that support or add to an existing curriculum. For schools using a cross-curricular approach, the lessons/activities can be integrated into multiple subject areas. Suggested connections include:

- **Home Room/Advising** – Select concepts, background information lessons/activities.
- **Health** – Select lesson /activities that focus on peer influences and refusal skills.
- **Science** – Select lessons/activities that focus on the effect of spit tobacco on the human body.
- **Language Arts/Writing/Technology** – Select lessons/activities that focus on research, accessing information and writing.

- **Social Studies** – Select lessons that relate to tobacco industry manipulation and persuasion.

A basic/introductory lesson/activity is included for middle and high school levels. This lesson/activity can help the teacher to quickly assess the accuracy of what students know about spit tobacco and correct false beliefs.

Similarly, a summary lesson/activity (if using multiple class periods) will help the teacher assess what the students have learned.

Several lessons use PowerPoint slides to reinforce content; these slides have been included on the CD-ROM located at the back of the binder. PowerPoint files can be opened, and slides printed on transparency film if preferred.

Tobacco Prevention Messages

Coordination of tobacco education and prevention activities between the school and community-based tobacco prevention initiatives provides a consistent community-wide message related to tobacco use. Consistent messages about the health consequences of tobacco use will strengthen non-use norms among children and adolescents.

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“A Pinch of Truth” has been organized to provide flexibility in presenting lessons. The following tables provide suggested guidelines for which lessons to teach depending on the number of class periods available within the comprehensive tobacco education curriculum.

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Middle School Lessons by Class Periods Available

TITLE OF LESSON	1	2	3	4	5	6	7	8	9	10
Pick your Poison	X									
Peer Pressure: What Will You Do?	X	X								
What Are My Options?	X	X	X							
I’m Warning You: Yeah, Right!	X	X	X	X						
Your Body & Spit Tobacco	X	X	X	X	X					
Face Reality With Your Peers	X	X	X	X	X	X				
Money and Tobacco	X	X	X	X	X	X	X			
Good Egg, Bad Egg	X	X	X	X	X	X	X	X		
Which One Kills More Americans Each Year?	X	X	X	X	X	X	X	X	X	
Lives In Jeopardy	X	X	X	X	X	X	X	X	X	X

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High School Lessons by Class Periods Available

TITLE OF LESSON	1	2	3	4	5	6	7	8
Spit Tobacco: Myths & Facts	X							
Big Tobacco: Can You Believe Them?	X	X						
Helping a Friend Quit Spit Tobacco	X	X	X					
I'm Warning You: Yeah, Right!	X	X	X	X				
Good Egg, Bad Egg	X	X	X	X	X			
Tobacco as Insecticide	X	X	X	X	X	X		
Spit Tobacco Research Paper	X	X	X	X	X	X	X	
Lives In Jeopardy	X	X	X	X	X	X	X	X

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Characteristics of Successful Curricula and Programs*

Instructional methods that have been shown to be effective in reducing student experimentation with alcohol, tobacco and other drugs (ATOD) include:

- **Normative Activities.** Students tend to overestimate the proportion of their peers who use ATOD. Effective teaching strategies respond to the perception that “everybody is doing it.” Providing accurate facts and information can be a helpful reality check for students.
- **Social Skills.** Students tend to copy the communication patterns of peers. Effective teaching strategies provide opportunities for students to practice decision making, communication and assertiveness skills. Role play with scripted scenarios is one of the methods that can be used with students to reinforce positive health enhancing social skills.
- **Social Influences.** Students tend to be influenced by media and advertising. Effective teaching strategies provide opportunities for students to critically analyze media messages. Teaching refusal skills helps students examine and offset the influence of media and advertising.
- **Perceived Harm.** Students tend to underestimate perceived harm. Effective teaching strategies provide accurate facts and instruction based on current research that helps students examine risks (short and long-term) associated with ATOD.
- **Protective Factors.** Effective teaching strategies provide reinforcement of positive health behaviors supporting and encouraging the development of resistance to ATOD.

Approaches shown to have minimal effect on student experimentation with tobacco and other drugs or in changing existing patterns of use include:

- Scare tactics
- Providing only information on drugs and their effects
- Self-esteem building
- Values clarification
- Large assemblies
- Didactic presentation of material

National Health Education Standards

http://www.aahperd.org/aahe/pdf_files/standards.pdf

* Bosworth, K. (1997). *Drug Abuse Prevention: School-based Strategies That Work*. ERIC Digest. Gottfredson, D.C. & Wilson, D.B. (March, 2003). *Characteristics of Effective School-Based Substance Abuse Prevention*. *Prevention Science*. (4) 1, 27-38.

Addiction

A craving for a chemical substance.

Big Tobacco or Tobacco Industry

Term often used to refer to the network of tobacco manufacturers, distributors, marketers and sometimes even retailers.

Cancer

An abnormal growth of cells which tend to grow in an uncontrolled way and, in some cases, to metastasize (spread).

Carcinogens

Cancer causing agents

Carcinogenic

Cancer causing or poisonous.

Cavities

Tooth decay.

Cessation

Quitting smoking, quitting spit tobacco use or other tobacco use.

Chew

Term used to refer to spit tobacco.

Chewing Tobacco

A form of smokeless tobacco. Tobacco that is chewed, not smoked. Chewing tobacco is usually placed in the mouth in the cheek or alongside the gum, where saliva mixes with the tobacco to release nicotine and other chemicals. Nicotine is absorbed through the mucous membranes of the mouth and delivered to the bloodstream. The chew is eventually spit out by the user.

Dependence

Physical or psychological reliance on drugs.

Dipping

Act of using moist snuff, usually a pinch of this substance is placed between the cheek and gum or the lower lip and gum.

Dry Snuff

Finely ground tobacco leaves in a dry form. This spit tobacco is usually sniffed through the nose.

Enamel

Hard calcified tissue covering dentin of the crown of tooth.

Erosion

Wearing down of tooth structure, caused by chemicals (acids).

Flavor enhancer

Strengthens the taste or odor of a tobacco product.

Gingivitis

Inflammation of the gum tissue. Gum disease.

Gingival recession

Condition in which the gum tissue pulls away from the teeth.

Halitosis

Bad breath.

Heart rate

The number of times your heart beats per minute.

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Herbal or mint snuff

Sold in packages like regular snuff, but are non-tobacco products that may help tobacco users cut down or quit.

Lesion

A wound, infection, tumor or abscess,

Leukoplakia

A white spot or patch on the mucous membranes in the mouth (for instance, inside the cheeks, on the gums or the tongue) that may become cancerous.

Loose leaf

Moist, shredded tobacco leaves sold in a pouch.

Master Settlement Agreement (MSA)

A major agreement between the tobacco companies and the states. Seven tobacco companies agreed to change the way tobacco products are marketed and pay the states an estimated \$206 billion. The tobacco companies also agreed to finance a \$1.5 billion anti-smoking campaign, open previously secret industry documents, and disband industry trade groups which Attorneys General maintain conspired to conceal damaging research from the public.

Moist snuff

Finely ground tobacco leaves in a moist form,

Mucous membrane

The moist layer of tissue lining the mouth,

Nicotine

An addictive drug present in tobacco. Used also as an insecticide.

Nicotine gum

Nicotine gum is an over-the-counter nicotine replacement therapy (NRT) medication. When chewed, the gum releases nicotine into the bloodstream through the lining of the mouth. Nicotine gum is meant to help smokers quit by gradually reducing their nicotine dependency and withdrawal symptoms.

Nicotine patch

The nicotine patch is an over-the-counter nicotine replacement therapy (NRT) medication that releases nicotine into the bloodstream through the skin at a steady rate for up to 24 hours. The nicotine patch is meant to help smokers quit by gradually reducing their nicotine dependency and withdrawal symptoms.

Nicotine Replacement Therapy (NRT)

Nicotine replacement therapy supplies the body with small and controlled doses of nicotine, the addictive drug found in tobacco products. These nicotine doses help smokers quit by alleviating cravings and withdrawal symptoms. NRT medicines are available as both over the counter products (patches and gum), as well as prescription products (nasal sprays and inhalers).

Oral cancer

Cancer within the mouth.

Oral mucosa

The pink-red tissues that line the mouth.

Plug

A form of smokeless tobacco that was sold in bricks before manufactures put spit tobacco in cans or pouches.

Preservative

A substance that protects the tobacco product from deterioration caused by chemical oxidation or micro-organisms.

Smokeless tobacco

Tobacco that is not smoked, but is used in another form such as spit tobacco or snuff.

Snuff

Snuff, also called dip, is a form of smokeless tobacco that is either sniffed through the nose or placed between the cheek and gum, then absorbed into the bloodstream through the mucous membranes in the mouth.

Spit tobacco

Any tobacco product that is not smoked or lighted.

Surgeon General

The chief medical officer of the United States.

Target marketing

Target marketing involves directing an advertising campaign at certain groups or "targets" such as youth, women, or minorities. Such advertising campaigns are designed specifically to appeal to the target group.

Tobacco

A South American herb, formally known as *Nicotiana tabacum*, whose leaves contain 2%-8% nicotine and serve as the source of smoking and smokeless tobacco.

Tobacco-free

Policy initiatives which promote environments where no tobacco is used, including spit tobacco.

Tobacco manufacturers

Tobacco companies; includes Philip Morris, RJ Reynolds, Brown & Williamson, Liggett & Myers, Lorillard and US Tobacco.

Tobacco-related diseases/Tobacco-related deaths

Disease and death caused or made worse by tobacco use.

Tobacco settlement

A tobacco settlement consists of agreements made between tobacco companies and a plaintiff (often a state) in which tobacco companies are made to pay damages and/or reform areas of their companies.

Tolerance

A condition where the body needs progressively higher levels of a drug to get the desired effect.

Tooth abrasion

The scraping and scarring of teeth by a foreign object.

Twist

Dried tobacco leaves that are twisted like ropes.