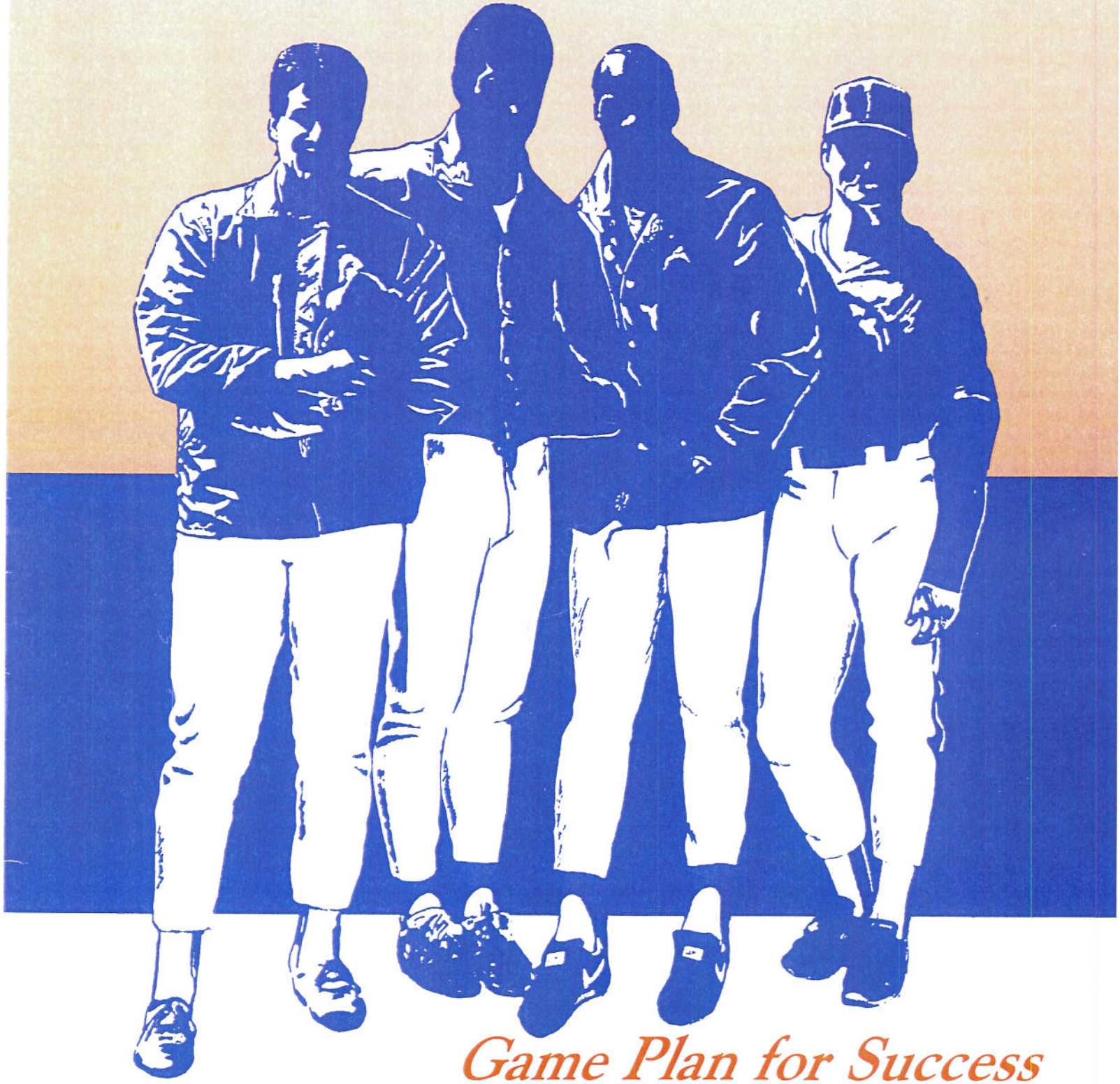
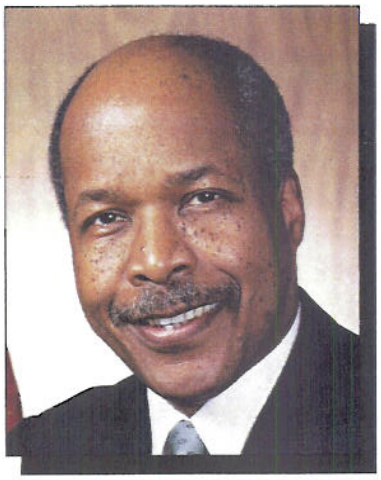
Beat the Smokeless Habit



Game Plan for Success

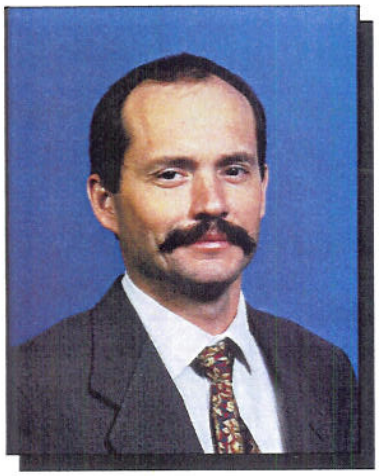
National Institutes of Health • National Cancer Institute



"Smokeless tobacco use represents a significant risk to your health. It is not a safe substitute for cigarettes. Use of smokeless tobacco, especially snuff, greatly increases your chances of developing oral cancer and other serious oral conditions.

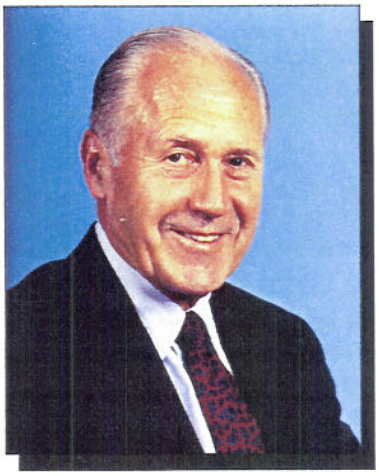
So, if you use snuff or chewing tobacco, I urge you to follow the game plan for quitting in **Beat the Smokeless Habit** and ask you to discourage others from starting—particularly youngsters who look up to you as a role model."

Louis W. Sullivan, M.D.
Former Secretary of Health and Human Services



"This guide was designed originally for Major League Baseball. But the demand for it outside of professional baseball has been so great that it is now distributed to college athletes nationwide. As you'll see, the facts and strategies in *Beat the Smokeless Habit* apply to athletes in *any* sport—and to nonathletes, too."

Jeff Cooper, M.S., A.T.C.
President, Professional Baseball Athletic Trainers Society
Head Athletic Trainer, Philadelphia Phillies



"Major League Baseball is pleased to play a role in distributing this guide. It is a valuable tool for anyone who wants the facts about smokeless tobacco and how to quit."

Robert W. Brown, M.D.
President, American League

Table of Contents

THE FACTS ABOUT SMOKELESS TOBACCO

____ Most Smokeless Users Want to Quit **2**

____ Quitters Win **2**

____ Does Smokeless Improve Your Game? **3**

____ Smokeless Tobacco and Baseball: A Short History **4**

____ Know the Dangers **6**

____ Are You Hooked on Nicotine? **7**

____ Making the Decision **8**

9-INNING GAME PLAN

____ First Inning: Decide to Quit **9**

____ Second Inning: Pick a Quit Date **10**

____ Third Inning: Cut Back Before You Quit **10**

____ Fourth Inning: Right Before Your Quit Day **11**

____ Fifth Inning: Quit Day **13**

____ Sixth Inning: Your First Week Off Smokeless **13**

____ Seventh Inning: Your Second Week Off and Dealing With Triggers **15**

____ Eighth Inning: Going the Distance **16**

____ Ninth Inning: Celebrate Your Success **16**

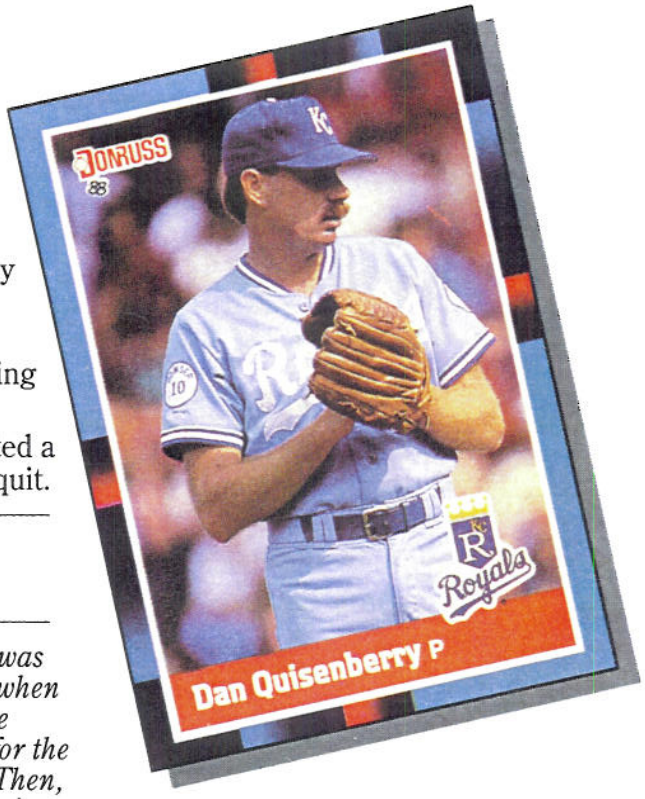
The first part of this guide is for everyone—whether or not you use smokeless tobacco or want to quit.

If you use smokeless tobacco, the second part gives you a 9-inning plan for kicking the habit and staying off. You can use this page as a checklist to keep track of your progress.

Most Smokeless Users Want To Quit

Recent surveys of major and minor league players show that 30-45% of players dip or chew. Most of them want to kick the habit.

- Nine in ten said they thought snuff and chewing tobacco were harmful.
- Over half had white patches or gum problems where they held the tobacco in their mouths.
- Two-thirds were trying to quit or cut down.
- Most said they wanted a guide to help them quit.



Quitters Win

Many players who used to chew or dip have quit already.

For most, health concerns were the main reason:

"My doctor told me it was worse than smoking. And when he did a scan of my stomach for an injury, he told me I had some bleeding. The juice from the Skoal kept my stomach constantly irritated." **(Danny Darwin, Red Sox)**

"The dip was eating through my gums. It just burned. It got so bad I had a doctor look at it. He said to me, 'What you have is the first stage of cancer.' I told myself, 'That's it, man.' I'd been thinking about quitting and that made my decision a whole lot easier." **(Kelly Gruber, Blue Jays, Toronto Globe Mail, May 9, 1987)**

Many quit for family and loved ones:

"It was after the Series and my dentist and my wife were after me to stop. I guess it was my wife who really made the difference." **(Dan Quisenberry, former Royals reliever, "Good Morning America," March 8, 1988)**

"Ned Bergert, Angels' trainer, started using smokeless tobacco in the minor leagues. He was still chewing and dipping when he became a trainer for the Angels: 'Heck, it was free for the taking in the clubhouse.' Then, one afternoon, he was mowing his lawn and his 3-year-old son was following behind him, pushing a toy mower. And spitting. 'I turned around and saw him spitting like I was. That started the wheels turning. I quit a few days later.'" **("Baseball wiser about the use of smokeless tobacco," Los Angeles Times, J. Weyler, April 9, 1988)**

And some made quitting a personal challenge:

"Once I realized that it wasn't gonna be that easy for me to quit, because it's an addiction, then I set my mind to it. **(Mike Fitzgerald, 1992 Expos)**

"It's a great feeling to be able to overcome the habit because there is no reason that anything should control you. And this stuff does control you." **(Tony Welborn, former minor league pitcher)**

"I didn't want to lose the ability to do what I want with my life." **(Terry Mulholland, Phillies)**

Many players had to try a few times before they made it. Like quitting smoking, quitting smokeless often takes more than one try. Each time, however, your chances of success go up.

Does Smokeless Improve Your Game?

No. There is no evidence that players who use smokeless tobacco have an edge on those who do not.

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 that may reduce your overall stamina.

Studies have found that smokeless tobacco does not improve athletes' reaction time, movement time, or total response time.

And, in an anonymous poll of major and minor league players who were using smokeless tobacco or who had quit, not a single player said he thought dipping or chewing sharpened his reflexes or improved his game.

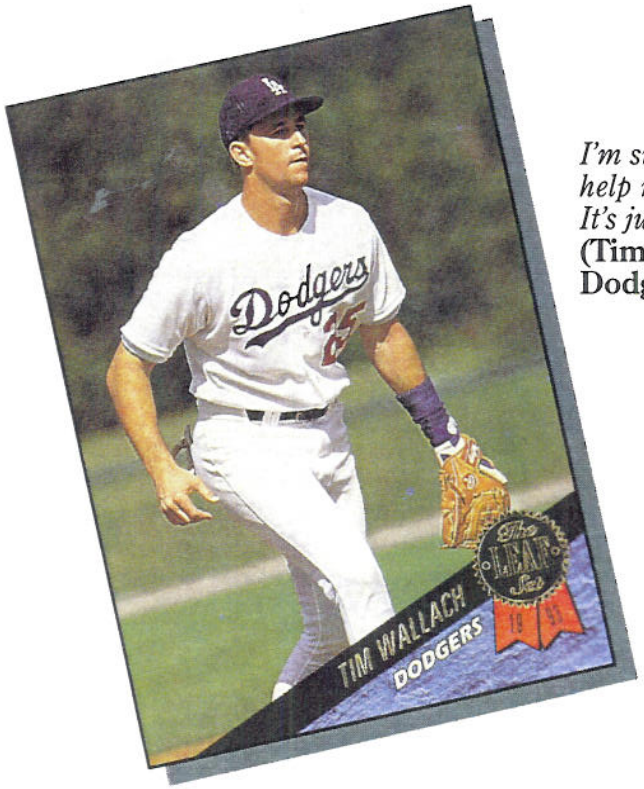
Most said they dipped or chewed for "something to do," out of habit, because they were "hooked," as a ritual, as a way to relax, or because it was "part of the game."

Once you're "hooked" on chewing tobacco or snuff, you may notice withdrawal reactions (see page 13) when you go too long without a dip or a chew. But if you quit, these reactions will last just a week or two. In the long run, you're going to feel better and stronger—free of the need for tobacco.

"Quitting didn't hurt my performance in any way. I feel better. More in control. All around better. My lungs, my wind, my appetite are better. And now I can taste my food."
(Danny Darwin, Red Sox)

Texas Ranger Nolan Ryan and Astro Mike Scott, former dippers, agree. They report that quitting did not hurt their on-field performance. **("A Warning to Chew On," M. Madden, Boston Globe, March 14, 1987)**

"I know it doesn't enhance my performance."
(Andy Van Slyke, Pirates)



I'm sure it doesn't help me on the field. It's just a bad habit."
(Tim Wallach, Dodgers)

Smokeless Tobacco and Baseball:

A Short History

When the rules of baseball were first laid down in 1847, chewing tobacco was the most popular form of tobacco used. But when it was found that spitting spread TB, the leading cause of death at the time, tobacco chewing dropped. Many chewers switched to machine-rolled cigarettes, thinking they were "safer." But smokeless tobacco stayed on in the ballpark. The players chewed tobacco to keep their mouths from getting dry in the dusty parks. Peer pressure played an important role, too. Here's how former Dodger pitcher Rex Barney remembers it:

"When I first broke into the Dodgers' system, I was just a kid, 18 years old. And we had a coach, an old guy named Barney De Forge, or something like that.... I was sitting in the bullpen one night, and DeForge said to me: 'Kid, you want to get into the Major Leagues?'

"I said, 'Sure, that's what it's all about.'

"He says, 'You don't chew tobacco, do you?'

"I said, 'No.'

"He said, 'Well, you'll never get there unless you chew tobacco.'

"In those days, if you had 25 players, 24 chewed tobacco. Very naive, I said 'OK.' I tried it. The only thing I remember is chomping down a couple of times and getting deathly ill. I was supposed to start the next night, and I was still so sick I couldn't even leave the hotel. I said to myself, 'If that's what it takes to make the Major Leagues, I'll never make it.' "

Babe Ruth, one of baseball's greatest heroes, chewed tobacco and smoked cigars throughout his career—long before the dangers of tobacco were known. He died a tragic death, at only 53, from a throat cancer commonly caused by tobacco.

Photo courtesy of the National Baseball Library, Cooperstown, New York.

(From "Chaws," R. Blount, Jr., Sports Illustrated, July 4, 1977)

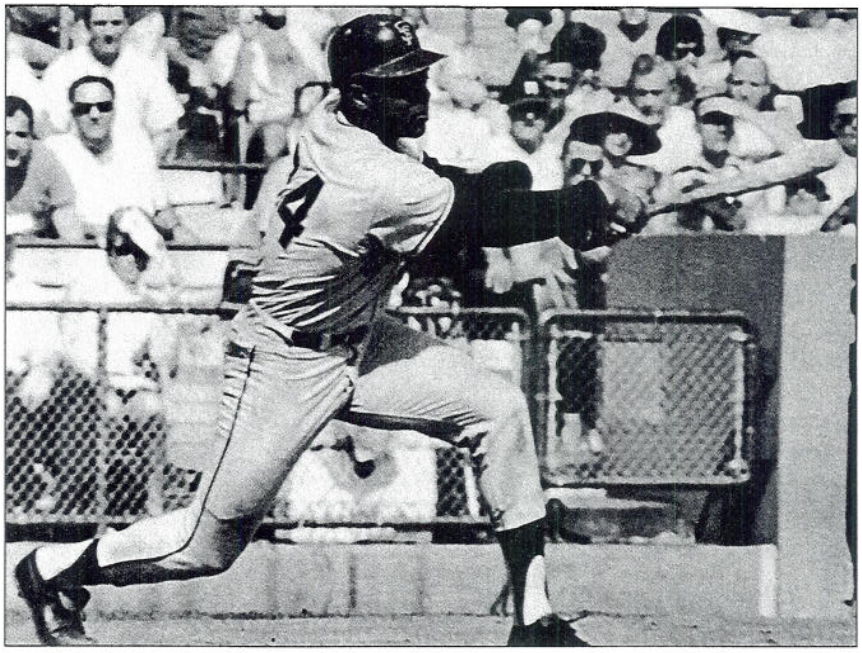
Smoking caught up with the game starting in the 1950s. When baseball games first went on TV, cigarette ads became prime features. In New York, team loyalties could be told by the brand of cigarette a fan smoked. **Willie Mays** recalled that when he started with the Giants, chewing had pretty much died out, and most players smoked the "team brand," Chesterfields[R].

But, in the 1970s, when the dangers of smoking became clear, many players went back to chewing—thinking it was safer than cigarettes. Snuff dipping entered the scene for the first time. **Nolan Ryan** described the change this way:

"When I first broke into the big leagues, 30-40% of the Mets smoked, and only three of the remaining players on the 25-man roster chewed. No one dipped. Chewing peaked in the 1970s, and dipping took over. The switch began with free samples of dip coming into the clubhouse."

Supplying free samples to major league, minor league, and college teams and recruiting players to appear in ads for dip were part of the tobacco companies' all-out ad campaign. During this time, the use of moist snuff increased fifteenfold among boys ages 17–19.

Now the word is out—smokeless tobacco is NOT a safe alternative to cigarettes. It can cause addiction, serious mouth problems, and mouth cancer. In 1987, warning labels went on the cans and pouches. In 1988, many clubs banned free samples from the clubhouse. In 1990, Major League Baseball issued a report on the hazards of smokeless tobacco and announced new efforts to help today's players beat the habit and to help prevent the next generation from getting hooked.



© Copyright San Francisco Giants.

Copyright King Features Syndicate.
Reprinted with special permission. All rights reserved.

Know the Dangers

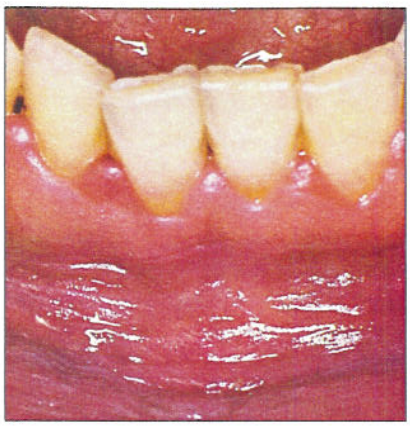
Mouth Problems

Some problems caused by smokeless tobacco may seem minor, like tooth stains, bad breath, and losing your taste for food.

But chewing tobacco and snuff can cause serious damage to your teeth and gums. The sugar in smokeless tobacco can cause severe tooth decay. The grit in chew and dip can wear down the enamel surfaces of the teeth. And the strong chemicals in chewing tobacco and snuff can cause the gums to pull away from the teeth in the place where the tobacco is held. Gum damage is very hard to repair, and it can lead to tooth loss.

The most serious problems are white patches and sores inside the mouth. Leathery white patches develop where the tobacco comes in contact with the gum and cheek. These patches, called leukoplakia (loo-ko-play-kia), are caused by the cancer-causing chemicals in the tobacco. They can turn into mouth cancer over time. Red sores also may be cancer warning signs. These problems are not rare. In a recent study, white patches were found in almost half (46%) of over 400 major and minor league players who used dip or chew. They were most common in snuff dippers—white patches were found in 69% of the players who used 2-3 cans of dip per week.

Gum damage in a 24-year-old who dipped a can a day for four years



White patch (leukoplakia) in a 28-year-old who dipped snuff for 12 years

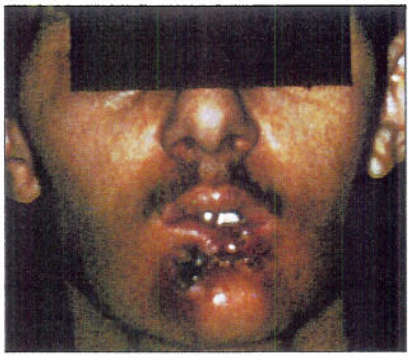
Warning Signals: Check your teeth and gums for damage and pull your lips back and look closely at where you hold the tobacco. If you see a white patch, a red sore that doesn't heal, or a lump on your cheek, tongue, or gums, see your doctor or dentist right away. A special test (biopsy) may be needed to see if it is precancerous. If a cancer does develop, it must be treated right away. Even if you don't see a problem now, have your mouth checked by a doctor or dentist every 3 months.

Mouth Cancer

The toxic chemicals in chewing tobacco and snuff can cause mouth, head, and neck cancer over time. Long-term snuff dippers are 50 times more likely to get mouth cancer. But long-term users are not the only ones at risk. Sean Marsee, an Oklahoma track star, started using snuff at age 12. He died of mouth cancer at the age of 19. Mouth cancer is very hard to cure. Some forms spread rapidly to other parts of the body. This is why you should quit now, while you're ahead of the game.

"I dipped Skoal for only 6 years. And right behind where I put it, I had a growth that the surgeon thought was benign. It turned out to be cancer. I'm lucky they got it in time." **(Jack Davis, former minor league pitcher)**

Former Cubs first-baseman **Steve Fox** also used chewing tobacco for 6 years. He developed white patches in his mouth and a sore on his tongue that didn't heal. The doctors told him he had mouth cancer. Half of his tongue was removed, and he had to learn to talk all over again: *"Now, when I see a younger player with the can in his back pocket, I want to go up and grab him and say, 'Why are you doing this?' I want to tell him that he can live without it, that there's no way it's worth the price he might have to pay, that no one should ever have to go through what I went through."*



A fatal mouth cancer in a 28-year-old who dipped a can a day for 10 years

Are You Hooked on Nicotine?

You become addicted over time. Slowly, you move to hard-core use. Many college, minor-league, and major-league players told us what this process was like for them. To find out how addicted you are, check the statements that apply to you.

Early Signs of Addiction

❑ **You no longer get sick or dizzy like you did when you first used dip or chew. This is one of the first signs of addiction.**

"My first dip was Copenhagen. It was a hot September afternoon and I was shagging fly balls in center field. My buddy told me to try and I did. I'll never forget how sick I felt." **(Andy Van Slyke, Pirates)**

"I started out dipping in 1974. I was sitting in the bullpen and a guy said, 'Hey, try this' and gave me some Skoal. I put it on my lip and walked maybe 100 feet and I started getting dizzy. It made me almost sick, so I spit it out. After 15 minutes, I was all right. So I went back down to the bullpen and did it again. That's how I got started." **(Dave Tomlin, pitching coach, Expos)**

❑ **You find yourself dipping or chewing more often, and in more different settings. You've switched to stronger products (with more nicotine).**

"I first started dipping in the park and soon I was dipping all the time."

"It got to the point where I needed a dip all the time. For every at bat I'd put in a new one."

"I started with Skoal and moved up to Copenhagen. Before I knew it, I was doing half a can a day."

Know the Score on Nicotine Addiction

Smokeless tobacco is just as addicting as cigarettes. This is because they both contain nicotine, a highly addictive drug. There is nicotine in all tobacco products, but smokeless tobacco contains more nicotine than cigarettes do.

- Holding an average-size dip or chew in your mouth for 30 minutes gives you as much nicotine as smoking 4 cigarettes!
- A 2-can-a-week snuff dipper gets as much nicotine as a 1-1/2-pack-a-day smoker.
- Each tin of snuff contains a *lethal* dose of nicotine.
- All brands of snuff are harmful and addictive. But some brands deliver more harmful chemicals and more nicotine than others do:

LOWEST ——>	MEDIUM ——>	HIGHEST
Hawken[R]		Copenhagen[R]
Kodiak[R]	Skoal[R]	Red Man[R] Snuff (not chew)
Skoal Bandits[R]		

This list is provided for information only. The National Cancer Institute does not endorse the use of any tobacco product.

"Recognizing that I was addicted is what led me to quit. Being addicted to something, being controlled by something, goes against what I believe in." **(Greg McMichael, Atlanta Braves).**

Signs of Hard-core Use and Addiction

❑ **You fire in your first dip or chew early in the day.**

"If you can dip before breakfast, that's when you know you're hard-core."

"I don't enjoy the first one of the day. But I have to have it."

❑ **You find it hard to go more than a few hours without it. You start to feel like you need it.**

"When I go too long without a dip, I can't stop thinking about it."

"If I were sick to my stomach all day long, if I had the flu and was bedridden, I'd still want to have it."

❑ **You have strong cravings when you try to quit.**

"I get real nervous and gripey and tense without it. My lip hurts if I don't have it. I get shaky."

"Right after I quit, I was a nervous wreck. Nicotine, I needed that nicotine. The minute you walked by me and I looked at your pocket and saw you had a lid in it, I'd ask you for some, even if I didn't know you."

❑ **How do you score?**

Give yourself one point for every item you checked.

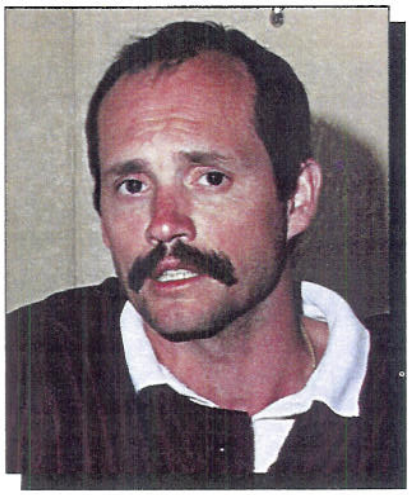
Add an extra point if you smoke cigarettes on a daily or weekly basis.

If you scored 4 points or more, you are probably *highly* addicted to nicotine.

To break this addiction, all you need is a week or two off tobacco, even if you're a hard-core user. Cutting back can make it easier (see page 10). So can nicotine gum or skin patches (see page 12).

Making the Decision

"I look at it the same way I look at injuries. I think about taking care of things for the future—for those years down the road. Do it now, quit for the future." **(Former dipper Jeff Cooper, trainer, Phillies)**



Where Are You in Your Plans to Quit?

❑ **I'm not ready to quit yet.**
If you're really not ready to quit, save the next section of this guide for when you're closer to taking action. For now, look it over for ideas you can use when you *are* ready. See your doctor and your dentist for check-ups and ask about your risks. And talk to guys who *have* quit.

❑ **I'm ready to quit in the next few weeks or months.**
You're ready for the next section! The 9-inning game plan breaks quitting down into steps you can manage.

"You can't just say, 'I'm gonna quit.' You've gotta really say, 'hey, I'm gonna do it' and mean it, and do something about it." **(Tony Welborn, former minor league pitcher)**

"When you decide to quit, you don't do it for the fans, your family, or your friends. You do it for yourself only. It takes a lot of willpower to quit. But it can be done." **(Mickey Cobb, former trainer, Royals)**

9-Inning Game Plan

The best way to quit smokeless is to have a *quit date* and a *quitting plan*. Quitting on the spur of the moment without a plan is harder. Quitting "cold turkey" is easier when you're prepared.

These next 8 pages give you tips from players who have quit or tried to quit. Kicking the smokeless habit can be tough, but it *can* be done, and *you can do it*. These methods make it easier. Try the ones you think will work best for you.

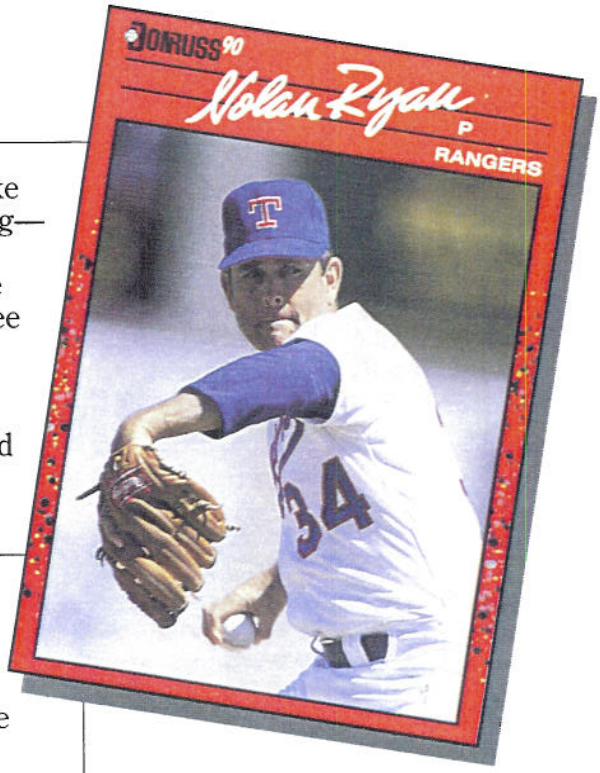
For extra help to set up a quit plan, you can call the National Cancer Institute's toll-free cancer prevention hotline at 1-800-4-CANCER (M-F, 9 a.m.-5 p.m.) and talk with an experienced counselor.

1st Inning: 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 resentment over outside pressures or bans get in your way.

Focus on all *you* don't like about chewing or dipping—the mess, the inconvenience, feeling that you're hooked, the dangers. See your dentist or doctor. Have your mouth checked. Ask why smokeless tobacco is bad for you. Find out how quitting can help.



Here are some reasons given by other players. Are any of them important to you? Write in your own reasons too.

- ❑ To avoid health problems
- ❑ To prove I can do it
- ❑ To please a loved one
- ❑ To set a good example for my kids
- ❑ To set a good example for young fans
- ❑ Because it's banned on the field
- ❑ My girlfriend hates it/ My wife hates it
- ❑ My doctor or dentist told me to quit
- ❑ To keep a competitive edge
- ❑ I have sores or white patches in my mouth
- ❑ I don't like the taste
- ❑ I have gum or tooth problems
- ❑ It's disgusting
- ❑ I don't want it to control me
- ❑ Other reasons

_____

_____

"I started thinking about the negative aspects of it [smokeless tobacco] and the positive aspects. I couldn't come up with any positive aspects. And I just didn't see where I was benefitting from it."
(Nolan Ryan, Rangers, NBC "Today Show," July 31, 1990)

2nd Inning:
Pick a Quit Date

The first step is to pick your quit date. Even if you think you're ready to quit now, we suggest that you take at least a week to get ready. This gives you time to:

- get psyched up for quitting
- cut back before you quit by tapering down, cutting out dipping or chewing in a few of your favorite situations, or switching to a lower nicotine snuff
- check with your doctor or dentist about nicotine gum or skin patches

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 you're under the least pressure. Everyone has their own quit time—pick yours.

"I quit on my son's first birthday." **(Glenn Hoffman, former Angel)**

"I quit in the off-season because during the season, it was tough. You see everybody doing it and you think 'I want one.'" **(Tony Welborn, former minor league pitcher)**

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 month, so you don't put it off too long. Pick a date that looks good for you and write it in below.

My quit date will be:_____

3rd Inning:
Cut Back Before You Quit

Cutting back can make quitting easier. It can help even if you plan to quit "cold turkey" on your quit day. There are many ways to cut back. Three are described here. You can try any or all of them.

(1) 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—gum, hard candies, sunflower seeds.

"I tapered down and left the dip in my garage. That way I had to walk a way to get it."

"I'm trying to quit. Instead of having two dips in the morning, I'll have one. I never use it anymore during a game or practice."

(2) Cut back on when and where you dip and chew. This will weaken your habit. First, notice the times and places when your habit is strongest. What events trigger dipping or chewing for you? Do you always reach for a dip after meals? when you work out? during batting practice? when you're on the field? on the bench or in the bullpen? relaxing with friends?

"Whether it's taking ground balls or fly balls, if there's a point in the game or during the workout where it's not competitive, where you can just practice and relax, that's when I'll want to chew."

*"I **have** to have one after a meal."*

Now, pick *three of your strongest triggers* and stop dipping or chewing at those times. This will be hard at first, but it makes a big difference later. By the time you quit, you'll be used to going without tobacco at the times you want it most.

1) _____

2) _____

3) _____

For instance, if batting practice is one of your strongest triggers, plan to stop chewing or dipping completely during batting practice. Don't carry your pouch or tin. Use a substitute instead. If you can't stop all at once, go as long as you can (at least 10 minutes). Try to increase this time as you approach your quit day.

Notice what friends and teammates who don't dip or chew are doing at these times. This will give you ideas for smokeless substitutes.

(3) Switch to lower nicotine snuff if you're using a medium- or high-nicotine snuff product like Skoal[R] or Copenhagen[R]. 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. Page 7 tells you how several brands stack up.

"The advice I would give is that if you started low, like Hawken[R] and moved up the ladder to Skoal[R] and then to Copenhagen[R], you should try to come back down the ladder the same way." **(Dave Tomlin, pitching coach, Expos)**

No matter how you cut down, remember:

There is no safe way to use tobacco. The goal of cutting down or switching is to QUIT! The only health benefits come from quitting completely.

And *don't switch to cigarettes!* If you smoke, don't substitute cigarettes for dip or chew. In fact, this is a good time to quit smoking. That way you can get over all your nicotine addiction at once.

4th Inning: Right Before Your Quit Day

Build a Support Team

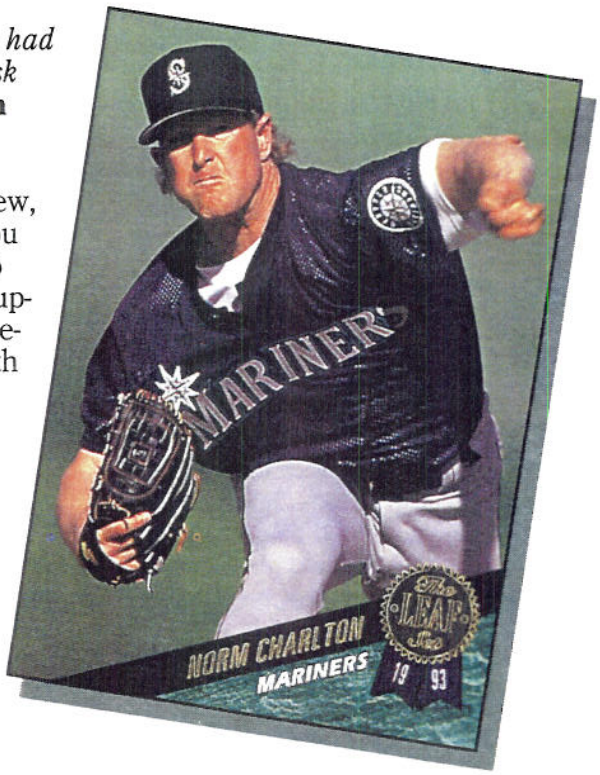
Let friends, family, teammates, and your athletic trainer know you're quitting.

- Warn them that you may not be your usual, wonderful self for a week or two after you quit. Ask them to be patient.
- Ask them if they'll be on hand 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, telling you they know you can do it.
- If *they've* quit, ask them for tips.

"I'd call up guys who had quit on the phone and ask them for advice." **(Norm Charlton, Mariners)**

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.

"Two years ago, a friend and I quit together, so we helped each other. We both went cold turkey and kept on each other." **(Brad Robinson, former minor league player)**



Getting Ready for Quit Day

The night before your quit date, get rid of all your tobacco. Be sure to check your locker, your car, your equipment bag—any place you might have stashed a tin or pouch.

Stock up on substitutes. Try gum, hard candies, cloves, cinnamon sticks, or toothpicks. A lot of guys like sunflower seeds, made famous by Reggie Jackson. Look for seeds without salt.

Keep tobacco substitutes in the same places you used to stash your dip or chew.

*What About Nicotine Patches or Gum?

If you were bothered by strong cravings or withdrawal when you tried to quit in the past, nicotine skin patches or gum may help. They can reduce cravings, tension, anger, and trouble concentrating.

Nicotine patches and gum work by giving you a low dose of nicotine (without any of the cancer-causing chemicals in tobacco). This way, you can gradually wean yourself off the *nicotine* while you focus on beating the smokeless *habit*.

You must have a prescription from your doctor or dentist to use nicotine patches or gum. Ask your doctor which is best for you—the patch or the gum. **To avoid harmful levels of nicotine, you must stop using all tobacco before you start using nicotine gum or skin patches.**

About Nicotine Patches

Patches are worn on the upper body and arms. You use a new patch every day. The materials that come with your prescription will give you directions.

There are four different patch products—Habitrol™, Nicoderm®, Nicotrol™ and Prostep™). They are similar, except in how many hours of the day they are to be worn (16 or 24 hours) and for how many weeks they are to be used. Most are to be used for up to 3 months.

Most products use a step-down approach. Over time, the nicotine dose is reduced by using smaller sized patches. For instance, the dose might be 21 mg (for 4-8 weeks), 14 mg (for 2 weeks), and then 7 mg (for 2 weeks). Ask your doctor or dentist how long you should use the patch and when or whether you should switch to a lower dose.

The most common patch side effect is skin irritation. To help prevent rash or swelling, be sure to move the patch to a new spot every day. If you have a hard time falling to sleep at night, or if you are bothered by bad dreams, ask your doctor about taking the patch off before bedtime.

"Quitting was a lot easier with the patch. I just didn't get those strong cravings." **(Rod Carew, Hitting Instructor, California Angels)**

About Nicotine Gum

Nicotine gum (Nicorette®) comes in 4 mg and 2 mg strengths. Starting on your quit day, use one piece of gum every 1-2 hours. Add more pieces when you feel tense or on-edge. Do not use more than 30 pieces of the 2 mg gum, or 20 pieces of the 4 mg gum, a day.

For the gum to work, you must use it properly. Do not chew it like regular gum. Instead, chew each piece SLOWLY until you feel a tingle in your mouth. Then stop chewing and hold it between your cheek and gum until the taste or tingle is gone. Then chew it again. Throw each piece away after 20-30 minutes.

Chewing the gum too fast or too long can cause hiccups, nausea, gas, or a burning sensation in the mouth or throat. If this happens, take the gum out, wait 15 minutes, then chew a new piece, slowly.

Carry the gum with you all the time. But don't let it be your only tobacco substitute. Start to cut back after 3-4 weeks. Work toward stopping the gum in 3-6 months. If you start with the stronger gum, you can switch to a lower dose before you stop the gum.

5th Inning:

Quit Day!

Make your quit date special right from the beginning. You're doing something great for yourself.

Change daily routines to break away from tobacco triggers. 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.

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 longer run or workout. Aerobic exercise will help you relax—running, jogging, walking, cycling, swimming. Plus, it boosts energy, stamina, and all-around fitness and curbs your appetite.

Stick with low-calorie snacks if you're concerned about your weight. Try popcorn (without butter), sugar-free gums and mints, fresh fruits, and sliced vegetables.

Read 6th- and 7th-inning tips for the next 2 weeks.

6th Inning:

Your First Week Off Smokeless and Coping With Withdrawal: The First Week Is the Hardest

Withdrawal symptoms don't last long. Withdrawal is strongest the first week after you quit. The worst part is over after 2 weeks. After a month, you'll feel better than when you chewed or dipped. So be patient with yourself.

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 D's (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. Nicotine gum or patches help, too.
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[R] or fruit juices. Reach for low-calorie sweet snacks (like apples, sugar-free gums, and candies).

The 3 D's:
For Getting Through Tough Times

Deep breathing: *Take four slow, deep breaths in through your nose and out through your mouth. Great for high-pressure situations.*

❖❖❖

Doing something else: *Reach for gum, seeds, or nontobacco mint or herbal smokeless substitutes; take a quick walk; leave the scene of the urge.*

❖❖❖

Drinking water: *Up to 8 glasses a day. Ice chips are good, too.*

Some Players Look Back on Their First Two Weeks Off Dip and Chew

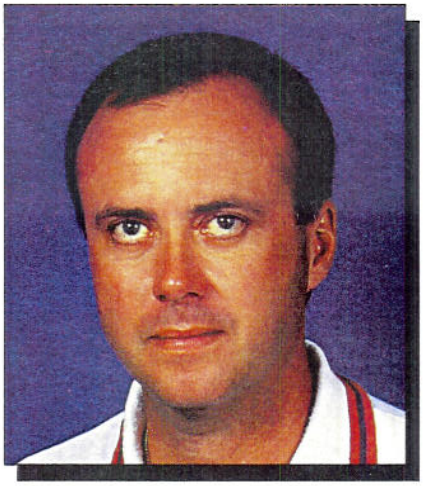
"When I first quit, it wasn't bad. I was ready for the shakes and cravings. I chewed a lot of gum when I first stopped. Now I only chew gum when I'm on the mound." **(Danny Darwin, Red Sox)**

"I just quit cold turkey. I'd get cravings after lunch and dinner and would chew lots of bubble gum and sunflower seeds." **(Norm Charlton, Mariners)**

"The first day was the worst. I was counting the hours. In two weeks, I felt fine." **(Steve Davis, former Blue Jay)**

"The first three days, I was crazy. I chewed gum and told myself I just was going to do it. After two weeks, I was out of the woods. I felt much better." **(Ted Landon, former minor league pitcher)**

"For the first two weeks, I was always looking for tobacco. After that, as long as it was out of sight, it was out of mind. I chewed a lot of gum." **(Glenn Hoffman, former Angel)**



"I climbed the walls for 2 weeks and was extremely irritable. The best thing I did to cope with tobacco cravings was to go for a run. Any physical activity helped. Or I'd get up and get some coffee." **(Dick Martin, trainer, Twins)**

7th Inning:

Your Second Week Off and Dealing With Triggers

You've made it through the hardest part—the first week. If you can stay off one week, then you can stay off 2. 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. Other signs of progress (the 7th inning stretch!)

- Withdrawal symptoms ease up;
- Food tastes better; and
- Your confidence on the field starts to return to normal.

"I had high blood pressure last year. When I quit the dip, it returned to normal."
(John Franco, Mets)

"I wake up in the morning more clear-headed now. My blood pressure is down and my aerobic capacity is up."
(Terry Mulholland, Phillies)

We asked a few players to describe their triggers:

"Every once in a while I get the urge when I smell the stuff or see someone doing it. I find myself reaching into my back pocket."

"Spring training: I go without a dip all winter, and once I come into the park I want a dip."

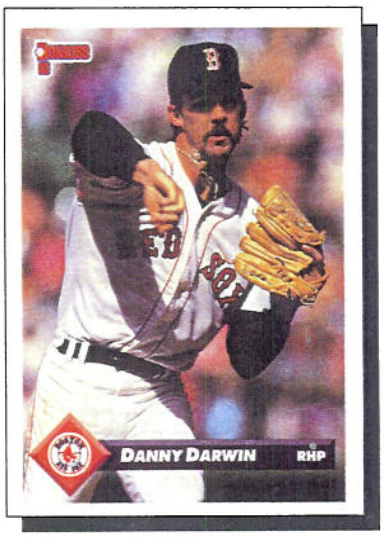
"Boredom, sitting in the dugout, fishing in a pond, hitting a golf ball."

"Right after a meal or while I'm having a drink."

"Putting my cleats on."

Players who quit describe how they coped with triggers:

"Smelling it still triggers urges, and I counter them by thinking how harmful dip can be."
(Dick Martin, trainer, Twins)



"I still get urges from time to time when I see someone dipping. So I get up, walk off, and have a piece of gum or coffee. 'Out of sight, out of mind.'"
(Danny Darwin, Red Sox)

Be Prepared for Temptation

You're probably still bothered by tobacco thoughts and urges. 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.

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.

Triggers	What I'll Do Instead
_____	_____
_____	_____
_____	_____
_____	_____

8th Inning:

Tips for Going the Distance

Congratulations! You've broken free of a tough addiction. *If you can stay off 2 weeks, then you can stay off forever.*

Keep using whatever worked when you first quit. Don't expect new rituals to take the place of smokeless right away. You know, 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 catch you off guard.

What if you should slip?

Try not to slip, not even once. 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.
- 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 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 doctor, athletic trainer, or coach for extra help. Or call 1-800-4-CANCER.

"The biggest reward is knowing that you did it." **(Tony Welborn, former minor league pitcher)**

9th Inning:

Celebrate Your Success!

Congratulations! You've done it. You've beat the smokeless habit. You're improving your health and your career. The rewards that come with quitting will make you a better player. Celebrate with the people on your "support team." Offer *your* support to friends and teammates who are trying to quit.

"Kicking the tobacco habit was a personal victory for me. It gave me a real sense of accomplishment and pride." **(Rod Carew, Hitting Instructor, California Angels)**

Credits

Authors
C. Tracy Orleans, Ph.D.
Gregory N. Connolly, D.M.D., M.P.H.
Stephen Workman, M.P.H.

Contributors
Thomas M. DiLorenzo, Ph.D.
Herbert Severson, Ph.D.

Editorial Advisers
Gayle Boyd, Ph.D.
Virginia Ernster, Dr.P.H.
Thomas Glynn, Ph.D.
Marianne Haenlein, Ph.D.
Sherry Mills, M.D., M.P.H.
Barbara Rimer, Dr.P.H.
John Slade, M.D.

Dedicated to
Joseph W. Cullen, Ph.D.

Special Thanks
To the players, coaches, trainers, and team physicians who shared their experiences with us and gave us suggestions about this guide, especially to Ned Bergert, Mickey Cobb, Jeff Cooper, Ron McClain, and David Watson, M.D., and to the Major League Teams Physicians Association and the Professional Baseball Athletic Trainers Society for their sponsorship.

Other Acknowledgments
Richard Amacher, Athletes Against Tobacco: Pennsylvania Division, Bobby Evans, Linda Fleisher, Richard Hansen, Jack Henningfield, Susan George, Mark Leavitt, William R. Lynn, Joan Magee, Jeffrey McKenna, Brian O'Gara, Jeffrey Orleans, Jesse Orleans, Paul Prox, Luis Salcedo, Nina Schneider, and Janet Telepchak

Additional Photo Credits
California Angels
The National Collegiate Athletic Association
The Professional Baseball Athletic Trainers Society

Special Note
Player affiliations are for the year 1993 unless otherwise noted. Donruss cards courtesy of Leaf, Inc., Bannockburn, IL.

Produced by
The development of this guide was supported through contract # NO1-CN-05275 from the National Cancer Institute (Project Officer, William R. Lynn). For more information about smokeless tobacco, or for additional copies, call NCI's Cancer Information Service at 1-800-4-CANCER.

June 1993 Third Edition (6/93)

This publication was produced in cooperation with

American Academy of Otolaryngology – Head and Neck Surgery
Fox Chase Cancer Center
National Institute of Dental Research

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

National Institutes of Health

NIH Publication No. 94-3270
Revised June 1993