The University of Miami School of Medicine
Smoking Prevention Program

SESSION 1 - (60 – 90 minutes) Health and Addictive Aspects of Smoking
Conducted by Medical Students

AIMS

1. To show you what we see in our hospitals as a result of smoking, explain how smoking causes it and explain the risk of it happening to you if you choose to smoke.

2. To show how smoking harms you **RIGHT NOW** while you’re still a teenager.

3. To show how breathing other people’s smoke also harms you.

4. To show how tobacco companies peddle their lethal product through advertising, peer pressure and nicotine addiction.

5. To answer your questions.

IMPLEMENTATION

1. Video – (35 minutes)
   a. Testimony of teenage smokers
   b. Medically illustrated patient histories
   c. How tobacco companies sell their cigarettes
   d. Consequences of second hand smoke

2. Live demonstrations of a tobacco tar stained handkerchief and review of an audience handout which summarizes the take home message. (see pg 5A)

3. Answering class questions.

4. Live patient testimony (for 90 minute sessions only if a patient is available).

Note to Medical Student Presenters:

After introducing yourself and stating the above Aims to the class, say “**let’s see how smoking affects you right now as a teenager**”. Then show the video which has been fast forwarded 6-7 minutes to the section on Testimony of Teenage Smokers. The section starts with the audio graphic, “Ninety percent of long term smokers start before the age of twenty. Fifty percent will die an ugly and early death directly because of it”. After showing this section (~ 5 minutes), stop the video and state: “**These teenagers already had serious problems from their smoking**”. They were all severely addicted to nicotine and wanted to stop smoking but couldn’t. They also had problems with dating, physical fitness, athletic ability and their health and all are heading directly toward one or more of the diseases which you’re about to see in our patients.
Then, if available, introduce the patient (90 minute sessions only). Then show the rest of the Video (30 minutes) through Consequences of Second hand Smoke.

Then, demonstrate the tar stained handkerchief, review the Handout with the class (take home message item A) and answer class questions.

Before leaving, ask the class to think about items D 1-4 in their Handout (“How To Improve Tobacco Resistance Skills”) and to read the section on “Critical Thinking and Good Decision Making” in preparation for Session 2. Also, provide the TRUST Counselor or Teacher in charge with a copy of the interactive CD-ROM for Session 2 (see below).

SESSION 2 - (60 – 90 minutes) Social Aspects of Smoking
(An interactive follow up session conducted by Classroom Teachers).

AIMS

1. To review the principles of critical thinking and good decision making and then apply them to the use of tobacco.

2. To critically analyze specific tobacco ads (manipulative lies) and present youth generated counter ads (truths)

3. To enhance tobacco refusal skills by practicing how to say “NO” when offered a tobacco product.

IMPLEMENTATION

1. Interactive class review of the homework assigned in Session 1 (see Handout, pg. 5 D).

2. The class interaction is enhanced by the use of an interactive CD ROM which is provided to the school TRUST Counselor at Session 1.

   The CD ROM addresses each of the aims listed for Session 2. It is audiovisual, conducted entirely by youths, entirely interactive and presented to audiences via a PC computer with an LCD projector and speakers.
PREPARATION

A. Check out the Teaching Packet from the Family Medicine Student Clerkship Office. The Packet contains: (1) an Orientation Guide, (2) a Videocassette (gold cover), (3) a tobacco tar-stained handkerchief, (4) transparencies of a tobacco and marijuana tar-stained handkerchief, (5) an Information Summary Handout Sheet (pgs 5-7) and (6) a Medical Student Evaluation Form (pg 8).

B. Preview the Video (and rewind so it’s ready for use).

C. Review the Information Summary Handout Sheet (which includes speaker’s notes for the tar-stained handkerchief) (pg 5A).

D. Review the Orientation Guide, particularly Chapter 2 (Video Study Plan) that contains answers to commonly asked questions about tobacco use. (Our website www.mededu.miami.edu/Tobacco also contains the Video Study Plan; see Main Menu.) Be prepared to answer the most common questions posed by adolescents after they see our Video which are:

- What can I do about family members who smoke? (pg. 19)
- What can I do if I and/or my family members try to quit and can’t? (pg 19)
- What are the short and long-term health risks if you smoke? (pg. 56)
- What are the short and long-term benefits if you quit? (pgs.32, 68)
- Compared to cigarettes, what is the relative safety or lack of it regarding cigars, pipes, chewing (smokeless) tobacco and marijuana? (Questions on marijuana are very frequent.) (pgs. 29, 30)
- What about Black and Mild cigarillos with the “cancer stick” removed?
- Do low-tar, additive-free or filter-tip cigarettes reduce health risk? (pg. 30)
- What are the hazards of breathing second-hand smoke? (pgs.28, 69)
- If tobacco is so bad why is it legal? (pgs. 9, 34)
- Crossing a street is also a risk. You can be hit by a car! (pg. 34)
- My parents smoke! My teacher smokes! Why shouldn’t I? (pg. 35)
- How long does it take to become addicted to tobacco? (pg. 19)
- How was the tar-stained handkerchief made?
- Do you smoke? Did you ever smoke?

Explode the following myths:

- I can quit anytime I want. (pgs.66, 67)
- It takes a long time to get addicted. (pgs. 66, 67)
- Tobacco is not a drug and is less addicting than heroin or cocaine. (Explain the steps of becoming hooked on tobacco; increasing tolerance to nicotine requiring more and more for the same effect and withdrawal symptoms when you try to quit.) (pgs. 66,67)
- It only harms older people (pgs.56, 67, 68).
- Marijuana is safer. (pg.29)
- Low-tar, additive-free and filter-tip cigarettes are safer. (pg. 30)
- Most kids and adults smoke. (pg. 69)
- Males are at greater health risk from tobacco use than females. (pg. 32)
- Smoking makes me look cool! (Explain that smoking is now much less accepted by teens and most prefer to date non-smokers.) (pgs. 69, 70)
• People who won’t stop smoking are bad. (Explain that they are addicted and need help, not judgment. Most people who smoke regularly want to stop but can’t.) (pgs.32, 68)

E. Presentation Suggestions

1. Arrive at the school at least 15 minutes early to test the equipment (i.e., overhead transparency projector, VCR player and a microphone if the session is in an auditorium). Also insure that the school has made copies of the Information Summary Handout Sheet (pgs 5-8) for each student and teacher. If not, they can usually do so quickly in time for your Session.

2. Arrive in your white medical jacket (optional).

3. Talk to students as adults, just present facts, avoid medical jargon and don’t preach. Tell the class up front who you are, why you’re there and what you’ll be doing during the allotted time. A very brief personal anecdote (if you have one) is usually well received at the start of your presentation.

4. Keep well within the timeframe for your scheduled session and leave plenty of time for questions and class interaction. Be flexible. Have fun. Public Health statistics show that for every two kids that you prevent from becoming a long-term smoker, you prevent one from losing, on average, 15 years of life. According to the American Thoracic Society, for every one kid that you prevent from becoming a long-term heavy smoker, you prevent that kid from losing, on average, 25% of his/her life.

RETURN THE TEACHING MATERIALS PACKET with your completed Evaluation Form (pg 9) to the Family Medicine Clerkship Office. (Highland Professional Bldg., 1801 N.W. 9th Avenue, Room 470.) Please return your packet on the day following your Session so that it can be made available and ready for the next student.

For scheduling questions, contact the secretary at the Family Medicine Clerkship Office (305) 243-2953.
For question about medical content, contact Arthur Pitchenik, M.D., at (305) 575-3170 (Office) or (305) 346-2877 (Pager).
“THEY’RE RICH, YOU’RE DEAD” Information Summary Handout Sheet

A. The Take-Home Message:
This is the tar that came from blowing the smoke of only 2 cigarettes through a clean handkerchief. 

http://www.mededu.miami.edu/Tobacco/TablesAndImages

This is the same tar containing over 400 poisons, that in older smokers causes mouth, throat and lung cancers; chronic bronchitis; emphysema; “black lung”; and heart attacks, all of which you’ve seen in our Video “They’re Rich, You’re Dead.”

This is the same tar containing over 400 poisons, that in teenage and pre-teenage smokers causes decreased growth and development of the lungs, “black lungs,” asthma, bronchitis, cough and phlegm production, respiratory infections, increased carbon monoxide in blood, decreased physical fitness, abnormalities in blood fat and early hardening of the coronary arteries (which lead to later heart attacks) and pre-cancerous lung mutations (which lead to later lung cancer). (Reference: US Public Health Service, Tobacco Use Among Young People, Surgeon General’s Report, 1994.)

What you don’t see is the nicotine in tobacco that is so addicting there is a huge risk that if you start to smoke, you won’t be able to stop even though you want to! For teens who continue to smoke, the risk of suffering and dying on average 15 years early from one or more of the diseases shown in the Video and listed above is 50% (one of two)! The risk is even greater for heavy smokers!

B. How to Obtain FREE Information and FREE Personal Help to Quit Smoking:
1. The State Quit Line: 1-800-QUIT NOW (provides free personalized telephone counseling, self-help booklets and referral to local stop smoking programs)

C. How to View & Obtain Copies of “They’re Rich, You’re Dead” Video and Interactive CD ROM
1. Purchase them with a credit card at copying cost by calling (305) 856-1245.
2. View them on University of Miami Website: www.mededu.miami.edu/tobacco
3. The Video is also on the Dade County Public School TV Network –WLRN “Teacher’s Choice,” #931, 932.

D. How to Improve Your Tobacco Resistance Skills (i.e., not starting)
1. Provide examples of how to say “NO” if someone offers you a cigarette.
2. Fact: The great majority of teenagers don’t smoke and prefer to date non-smokers. Why do you think this is true? (List health, social, cosmetic and/or financial reasons.)
3. Provide an example of how big tobacco companies try to manipulate you into buying their poisonous product through the name of their brand, their ads, their promotions and/or a smoking scene in a movie which may be paid for.
4. List three things that you like about yourself.

E. How to Evaluate Our Program: www.mededu.miami.edu/Tobacco/StudentEval
HOW TO EVALUATE INFORMATION (CRITICAL THINKING) AND MAKE GOOD DECISIONS

Critical thinking means knowing how to evaluate whether information is likely to be true or false. Why is this important? Acting on true information leads to success. Acting on false information can be deadly.

Consider the case of Ted Bundy. He was a handsome, friendly, very bright law student who was exceptionally charming with women. He also seduced and killed forty girls in cold blood before being caught and sentenced to death in Florida’s electric chair. Because of his attractive image, people overlooked increasing evidence that he was a killer and as a result, many young girls were murdered before he was caught. This was a failure of critical thinking that lead to poor decision-making, which was deadly.

In the same way, tobacco advertisements present very attractive images that seduce you to buy the product and to overlook hard evidence that tobacco is a killer. Again, a failure of critical thinking that leads to poor decision-making, which is deadly.

How do you evaluate information critically, to determine if the information is likely to be true or false? You have to answer three questions, (1) **Who is the source of the information?** (2) **Is there reliable evidence for the information?** and 3) **Does the information make sense?**

**Who is the source of the information?** Do they have something to gain? Are they an authority on the subject? If you’re evaluating information on whether or not tobacco use causes addiction and disease, tobacco companies are not a reliable source of the information because they have something to gain, your money. A friend who is asking you to smoke may not be a reliable source of information because he has something to gain, your company, and may also have little personal experience with the consequences of smoking. A tobacco addict who tells you he can’t quit smoking even though he’s tried many times, a patient with a smoking-related disease who shows you and tells you about his illness, a physician who cares for hundreds of such patients and health agencies who conduct surveys on thousands of such patients are much more likely to be reliable sources of this information because they have nothing to gain except to protect your health and because they are authorities with extensive experience on the subject.

Even if the source of the information seems to be a recognized authority on the subject who has nothing to gain, you shouldn’t automatically take their word for it. You still must determine: **Is there reliable evidence for the information?** For example, if you’re evaluating information on what percentage of kid’s smoke, does the information come only from someone’s impression with no evidence for it or does the information come from a survey that presents evidence? If the information comes from a survey, is the evidence in the survey reliable? For example how many kids were in the survey? A survey of 1,000 kids is more reliable than a survey of 10 kids. What type of kids were in the survey? A survey of all types of kids is more reliable than a survey limited to only high school dropouts or boy scouts. How was the survey information obtained? If you ask leading questions, like “You don’t really smoke do you?” the answers are not likely to be reliable. If the questions were put fairly, like “Do you smoke?” and the answers verified with chemical saliva tests for tobacco products, the information is much more likely to be accurate. Were there other surveys that reached the same conclusion, or were there other surveys that reached an opposite conclusion that you’re not told about?

Finally, based on your reasoning: **Does the information make sense?**
When the original questions are subjected to critical thinking like we’ve just been through there’s overwhelming evidence that **tobacco use causes severe addiction, serious disease and millions of premature deaths**. There is also overwhelming evidence that the **great majority of teenagers do not smoke**.

**In summary**, we evaluate information critically, by asking three questions: **(1) Who is the source of the information?** **(2) Is there reliable evidence for the information?** and **3) Does the information make sense?** These questions are useful for evaluating any type of information, not just information on tobacco. When we follow these three steps, we’re much more likely to make decisions based on true information rather than false information and this leads to better decisions and greater chances for success.

**A METHOD FOR MAKING BETTER DECISIONS**

Before deciding on something that’s really important, list the choices that you have. Then, in separate columns, list the reasons for each choice. To select good reasons for each choice, use critical thinking. The column with the greatest number of good reasons, is the best choice.

**For example, should I or should I not use tobacco with my friends?**

**REASONS YES**
1. I’ll fit in better with my group of friends who smoke or chew tobacco and create a favorable image. (This may or may not be true, depending whether or not you have reliable evidence from a reliable source and it makes sense).

**REASONS NO**
1. Surveys show that most kids don’t use tobacco, think it creates an unfavorable image and prefer to date non-smokers.
2. Second-hand smoke is hazardous and offends many people.
3. My clothes, hair and breath will stink.
4. Addiction to nicotine is very common. If I start using tobacco, there’s a very strong chance that I won’t be able to quit even though I want to.
5. It’s expensive.
6. It causes more respiratory infections.
7. It causes coughing and increased mucous production.
8. It causes slowed lung development, shortness of breath and decreased athletic ability
9. Yellow teeth and
10. Wrinkles at a younger age.
11. It causes mouth, throat and lung cancer.
12. Chronic bronchitis and emphysema.
13. Heart attack
14. Stroke and
15. Early death.

So there’s only one possible reason to use tobacco with my friends which may or may not even be true and there are at least fifteen strong reasons why I should not use tobacco with my friends. **Using this method of decision making, the choice whether or not to use tobacco is a no brainer.**
MEDICAL STUDENT PRESENTER’S EVALUATION FORM
“THEY’RE RICH, YOU’RE DEAD” TOBACCO AWARENESS PROGRAM

Return to:
Secretary / Coordinator
Family Practice Clerkship Office
Highland Professional Building
1802 N.W. 9th Avenue, Room 470
Miami, FL
(305) 243-2953

School Presented at ________________________ Date Presentation _____________

Presenter’s Name ____________________________________________________________

Presenter’s Affiliation _______________________________________________________

Check the box that best describes how you feel

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<th>not sure</th>
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1. I felt well prepared for my presentation

2. The audience was excited about my
   Presentation

3. My presentation was informative and fun

4. The orientation session and handouts

5. Would you be willing to present another
   Program

Please describe your overall experience, what worked and what can be improved. Were there any questions you couldn’t answer? What were they?

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