

# Teens and Tobacco

*A Community Handbook for developing a  
youth diversion/tobacco awareness program*



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Minnesota Department of Health  
Division of Family Health  
ASSIST Project



American Cancer Society -  
Minnesota Division  
ASSIST Project



AND HOW LONG DO YOU EXPECT TO LIVE?

FOREVER.

**SACK**  
STAR TRIBUNE

By Steve Sack  
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*A Community Handbook for developing a youth diversion/tobacco awareness program.*

## *Preface*

*In 1997, Minnesota passed a law meant to reduce teens' access to tobacco. One provision of the law is "...the licensing authority, along with other interested parties, shall develop alternative consequences for youth who purchase, possess and consume tobacco."*

*This task has turned into quite a tangle for communities. What, exactly, are "alternative consequences?" Who are the "interested parties?" The goal of this manual is to help you answer these and other questions. It offers tobacco diversion as one alternative consequence for youth tobacco violators. However, it is up to each community to decide what works best for them. As no two communities are exactly alike, neither can this manual alone provide the perfect solution. It is our hope that you use this manual as a starting point.*

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# Teens and Tobacco

## A Community Handbook for developing a youth diversion/tobacco awareness program.

### *Purpose of Diversion Program*

The purpose of a diversion program is to move an offender from an over-crowded court system into a program designed to modify the behaviors that brought him or her into the legal system. Diversion programs most commonly are for first time offenders who have committed misdemeanor or petty misdemeanor offenses. The hope is to get to the root of the problem while it is still small. Avoiding a court record can be a powerful motivator. It can motivate a violator to participate in a program they might otherwise studiously avoid.

A Youth Tobacco Diversion program has multiple goals:

- Impose consequences for illegal behaviors;
- Increase awareness of the consequences of tobacco use;
- Increase understanding of tobacco industry tactics;
- Discourage tobacco use by teens while sending a consistent community-wide message that tobacco use is harmful and illegal;
- Provide an alternative to juvenile court attractive to youth (vs. community service or a mandatory cessation class.)
- Motivate participants to adopt healthier lifestyles;
- Inspire teens to be effective role models for peers and younger teens even if they do not quit smoking/chewing tobacco.
- Move teens into one of the early stages of quitting;
- Provide opportunities for positive teen/adult experiences which foster open and healthy relationships;

### *Goals*

*“...the licensing authority...shall develop alternative consequences for youth who purchase, possess and consume tobacco.”*

#### *NOTE:*

*The diversion program offered here is not a tobacco **cessation** program. However, some teens may be interested in referral to cessation programs.*

*Teens may start smoking for a variety of reasons ... the reason they continue to smoke into their twenties, thirties and forties is simple: addiction.*

*Smokers are not a cross section of the teen population.*

## *Why choose diversion?*

To understand the effectiveness of a diversion program as an alternative consequence, it helps to take an honest look at youth smoking. Teens face many troubling issues as they grow up and begin to take on adult responsibilities. Though their bodies often appear mature, their lack of experience often leads to poor choices. Tobacco use is just one of the many issues they face. Although to some it may seem a small problem, tobacco contains a deadly and addictive drug, nicotine. Beginning to smoke as a teen often means a life time of ill health. While they may start smoking for a variety of reasons important to and understandable only to the teens themselves, the reason they continue to smoke into their twenties, thirties and forties is simple: addiction. Diversion programs provide a non-judgemental intervention that will meet less teen resistance than a mandatory cessation class or school suspension. Diversion honors the integrity of kids at risk, perhaps the best strategy to reduce teen smoking.

## *Which teens smoke?*

Although it is not legal to smoke until age eighteen, tobacco use begins early. The average age of starting to smoke is about thirteen. About 3% of sixth graders use cigarettes weekly. By age eighteen about 25% of all teens smoke. But smokers are not a cross section of the teen population. Generally, those who smoke share one or more of the following characteristics: lower levels of school achievement; fewer skills to resist pressure to use tobacco; friends and family who use tobacco; lower self-images; are less likely to have plans for continuing their education; are more likely to use other drugs including alcohol; and are more likely to have other encounters with law enforcement. Like most teens, they share a feeling of immortality and the belief that they can change tomorrow and tomorrow is soon enough. Like their nonsmoking peers they consistently fail to associate immediate behavior with long-term effects.

## *Why teens smoke*

Youth have needs, wants and desires that feel all-consuming at times. Teens believe that tobacco use helps them meet some of their needs. They believe smoking meets their needs because of the messages they get from advertising, from peer pressure and from their own experience.

**Advertising's message:** Teens are exposed to tobacco use constantly through the media. In movies, tobacco use, though not the norm among most adults, is normalized, reaffirming the notion that if "they do it, it must be o.k. for me." The image of the tobacco user in tobacco ads on billboards and in magazines is that of a rebel, a vibrant shiny-toothed happy person, a glamorous model, or a sophisticated bon vivant. A teen will never admit the powerful effects these images have on them. They will instead insist that they made the choice to start using themselves.

**Peer pressure:** Teens who begin to smoke seldom do it alone. At least initially, smoking is a group activity. A single cigarette is shared in a way adults under most circumstances would simply never consider. Teens practice with each other to learn to do it just right. There is even a teen smokers web page which tells teens all about the joys of smoking. Teens who smoke often actively recruit other teens to smoke with them.

**A group to belong to:** Once a teen begins to smoke, they often have a secure place in the social structure. There is now a group to identify with. It may be the group that hangs out across the street from the school, but it is a group where they feel accepted and safe. And they have found a way to demonstrate their independence from the rules. When adults snarl at them for smoking, for some teens it is proof of a small victory over the oppressor. While teens struggle with the problems of growing up they find having adult problems is like a badge of courage. Addiction is not a sign of weakness nor a tragedy, it is being grown up. Many teens are not yet fully nicotine addicted yet brag that they

*Teens believe that tobacco use helps them meet some of their needs.*

*Once a teen begins to smoke, they often have a secure place in the social structure.*

*Tobacco diversion programs aim to encourage teens to draw their own conclusions about the harms of tobacco use.*

cannot stop smoking because they *are* addicted. While they may already be organizing their day around opportunities to have a smoke, faced with a choice between buying a pack of cigarettes or gas to cruise around, they can still choose the gas.

Teens use tobacco because it helps them meet some needs. The negatives of addiction and the effects of tobacco use on their health are still only abstract concepts they are years away from discovering. No adult and certainly no diversion project is likely to hurry the learning process along significantly.

Given all of the above, tobacco diversion programs should aim not so much to change behavior outright, but to encourage teens to draw their own conclusions about the harms of tobacco use. And it aims at harm reduction; the idea that, though they continue to smoke they can lessen the bad consequences to themselves and others. This approach affords the teens respect and integrity, which may come as a surprise to them. As a diversion program requires active participation, teens quickly learn that the program is not another health class lecture. In fact, the program should avoid the pitfalls of a lecture at all costs. A respectful, compassionate adult who encourages teens to see the social, legal and health consequences of tobacco use could have a far more powerful impact than community service picking up trash in the park, or a stiff monetary fine.

## *Plan your diversion program*

### *Identify the “interested parties.”*

These include, but are not limited to:

- Local public health
- Nonprofit health and youth groups like 4H, American Lung Association, American Cancer Society, local medical association, Children’s Defense Fund chapter
- Law enforcement
- Schools/liaison officers
- City/county attorney’s office
- County commissioners and other interested elected officials
- Juvenile court
- Parent groups
- Service clubs like Rotary and Jaycee’s
- Church youth leaders
- YOUTH!

### *Determine how youth tobacco violators are presently handled.*

Send a list of questions to each of the people on the planning committee so the first meeting can be used to bring everyone up to speed on where you are now before you face the task of where you want to go.

*Send a list of questions to the committee before the first meeting*

### **Questions for Schools**

- What are the schools currently doing for youth tobacco violators?
- Approximately how many tobacco violators do they encounter each month?
- Is there a district wide program or is it handled school by school?
- Do elementary schools handle smoking differently than secondary schools?
- Are there written policies and guidelines?
- Whose responsibility is it to enforce them?

- How are smoking violations handled with the High School League?
- Are the schools satisfied with their current program?
- What changes would they like to see?

#### **Law enforcement/court questions**

- What is the current protocol for minors caught in violation of tobacco laws?
- Approximately how many tobacco violators do they handle each month? Would this number change significantly if there was a non court alternative?
- What is the current fine schedule for youth-related offenses?
- Are there currently diversion programs for other violations (alcohol, shoplifting)? What do these programs look like and how do they work? How are repeat offenders handled? What is viewed as a success?

#### **Questions for all others**

- What problems do you see with the current policies?
- What needs do you feel are not being addressed by current policies?
- What is your agency's interest in the tobacco issue and what is your organization able to contribute to the planning and program process? (example: meeting space, trained leaders, etc.)
- Who else should be involved in setting up the program?

## *Make Program Decisions*

With all of the key players at the table the first item on the agenda is bringing everyone up to speed on the activities already going on in the community. Next the group must begin to make program decisions and assign responsibilities.

Provide all participants with the section to this manual marked Introduction and Why Teens Smoke. Give participants time to read the materials before the decision making begins. Then it is time to think about goals for your program.

**What is the goal of the program?** The goal of this manual may or may not be the mission of your planning group. The group must decide what they wish to accomplish and what they consider to be a successful outcome.

***Do you wish participants to:***

- Increase their knowledge of the social and health affects of tobacco use?
- Develop a better understanding of the influence and messages conveyed by tobacco advertising?
- Become aware of being a role model?
- Adopt a harm reduction approach to smoking?
- Become more open to the attitudes and opinions of adults?
- Become active participants in future diversion programs?
- Move into thinking about quitting? (Precontemplation. See Appendix E)
- Stop smoking in public places?
- Become nonsmokers by the end of the class?
- Know who to turn to if they decide they would like to try quitting?

*The group must decide what they wish to accomplish and what they consider to be a successful outcome.*

*Your planning group should answer all of the questions below even if the answer is, “We aren’t going to do that.”*

## *Final Steps in Planning*

The goal of the program has been agreed upon. The planning group knows what the schools, police and court system are currently doing with teens caught smoking. And there is a general consensus of what the community needs are. The planning committee must now develop their own program. Your planning group should answer all of the questions below even if the answer is, “we aren’t going to do that.”

### **Who will be responsible for the diversion program?**

There are numerous interested parties. State law says the responsibility lies with the licensing authority. In most Minnesota communities that is the city. Nonetheless, in most cases it probably makes most sense for the county to take the lead. Counties do have some licensing authority. Counties are also more overarching than schools, churches, or cities. More importantly, counties have responsibility for other juvenile offenses. Though representatives of several groups are necessary, we recommend countywide program administration. Since absolute numbers are likely to be fairly low, by having the program countywide, it should be possible to run the programs on a regular schedule.

### *Program logistics:*

#### **Referral process**

- Who can refer teens to the program? Schools, court, parents, churches, community recreation?
- What information will be communicated from the program back to the referring agency?
- How will teens be handled who are referred but who do not attend?
- Will there be an opportunity for teens who complete the program to team teach or help with future programs?

### ***Responsibility for court, fines and class fees***

- Will the court system establish a fine matrix which encourages teens to attend the diversion program rather than pay the fine?
- What will the cost of the program be? Who will collect the fees?
- How will teens who can not afford the program be handled?

### ***Class logistics and facilitator***

- Who will staff the program? Is the best source of facilitators the school, police department, voluntary agency or county health department? How will that person be selected and what qualifications do you want? How much will they be paid? Is it a part of their regular duties or is it extra?
- Logistics: location, frequency, day and time of the class (Saturday classes are often a good choice.), class length (more than an hour and a half is probably trouble), number of session?
- What kind of parent involvement do you want to provide?
- How will attendance without adequate participation be handled?
- What ages will be included in the same program? Sixth graders are unlikely to feel safe enough to participate if other attendees are tenth or eleventh graders.

### ***Communication with communities***

- Will there be active communication with the High School League? Who and how will this be handled?
- Who will handle media relations? What kind of media coverage do you want for the program and what messages to you want to communicate? Who will your spokespeople be?

***Repeat Offenders: special problems, special needs.***

- How will repeat offenders be handled? Attending the class a second time within a year will likely be more disruptive than helpful. A repeat violators program might be handled by a different agency than the agency which handles the first time violators. Is there an advantage to that approach in your community? Will a community service component be included for repeat violators? If so, how will it be monitored and what will the consequences be for failure to complete the service in a timely fashion, and what type of service would be considered acceptable?

## ***Finally, what is success?***

When the participants leave the youth violator class, what will you consider a success? A good group of students who respected one another and the facilitator? Lively, productive discussion? Good feedback from the participants as they leave? More knowledge of tobacco? Movement down the quit continuum?

Chances are high that a participant will walk out of the diversion class and light up a cigarette. Is that a failure? If your goal is to move teens along in the stages of quit, not to get them to quit, this would not be seen as a failure. You will not be there to see these teens try to cut down, stop smoking in front of their siblings, or even attempt to educate their peers about cigarette advertising. Measuring success in a program is difficult. At best, a successful program provides teens a place to vent, to challenge, to learn, to speak, and to be treated with respect.

Many of these teens will have much more going on in their lives than tobacco use. An hour and a half class will probably not dramatically change their lives. However, the diversion program might get some internal ball rolling. Seize the opportunity as facilitator to provide an alternative role model for them. You just might be the coolest nonsmoker they know.

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# Instructor's Manual

## The Facilitator

Critical to the success of a youth diversion/tobacco awareness program is choosing and training facilitators. The ideal facilitator has experience working with youth and enjoys being around them. He or she should have interest in teaching the class for the sake of the participants themselves, as well as recognize that tobacco is a very important piece but not the only piece of the problem. The facilitator must be able to hear disturbing information without arguing or losing composure.

A good facilitator will surprise a group of teens by treating them with respect. Since the teens see attendance as punishment, they expect to be bored and criticized. They are probably steeled against anyone attempting to change their mind or their behavior.

## The Approach

The facilitator will have more success if the effort is to help open teens' minds to new information rather than to convince them of anything. Teen violators are not a cross section of teen smokers. They are more likely to be alienated, rebellious and struggling in school and socially. If a teen leaves the class feeling like there is at least one adult who listened instead of preached and who actually cared about what happens to him, it is a positive outcome.

## The Class

All of the teens in the diversion project have been through numerous health classes. Although the majority of teens are persuaded by these messages, this can not be said of the teens in a diversion program. Regardless of the health messages they have heard, these kids smoke. Since the health class messages have not worked, the diversion messages must be more than the same thing said in a new place.

## The Facilitator

*A good facilitator will treat a group of teens with respect.*

*Health class messages have not worked for these kids. Diversion messages must be more than the same thing said in a new place.*

## In the classroom

*Teens can't imagine ever being old and they don't believe they will continue to smoke until they get sick anyway.*

### What works

- Teen involvement
- Well prepared materials and alternatives if one activity doesn't work
- Relaxed atmosphere with respect all around
- Facilitator who listens
- Short video with follow-up discussion
- Clear structure and plan but flexibility to seize the moment
- Interactive activities
- Opportunity to discover
- Enthusiasm/energy
- Small group activities
- Team teach; even better if the team includes a previous class participant. Beware of a well meaning teen who is just too good for the smoking teens to believe or identify with.
- Visuals: The tobacco industry provides us with colorful illustrations. Their words and pictures can make your point.
- Surprises
- Multi-media presentation
- Humor
- Awards

### What doesn't work

- Lectures
- Dogmatic or authoritative atmosphere
- Lack of structure where teens are allowed to disrespect the facilitator or each other
- Passivity
- Long video, no discussion
- Total focus on long term consequences
- Dull, slow, repetitive, boring, same old/same old.
- Scare tactics, such as pictures of black lungs or sick adults as guest exhibits. Adults with their voice boxes removed, cancer ravaged bodies, or emphysema sufferers toting an oxygen tank are impressive to other adults. But they are usually unbelievable to teens. They can't imagine ever being that old and they don't believe that they will continue to smoke until they get

sick anyway. Adults suffering from years of tobacco use desperately want to give teens the message not to smoke. Sadly, teens are no more interested in that message now than they were “way back when”. Fear is at best a short term motivator and quitting smoking takes long term effort.

*Fear is, at best, a short term motivator. Quitting smoking takes long term effort.*

Some teens may not be familiar with the group process that adults have come to accept as the norm. Take a few minutes to explain ground rules for things like brain storming, the importance of giving everyone a chance to talk and all opinions get a respectful hearing. Allowing disrespectful language, be it racial or vulgar, does not communicate that you are a cool adult; it only communicates that disrespect is allowed. To keep the rules from appearing personal, you might wish to post them on the bulletin board before the class begins. Ground rules can be phrased as positives or negatives. Positives work best. For example, “Don’t interrupt someone else when they are talking.” vs “Make sure the other person has made their point before you talk.”

## **Group process**

Room layout can sometimes make or break a class. For small group discussion it helps to be able to pull chairs into corners so noise from one group doesn’t disturb another group. Arrive at the room early enough to set up chairs so participants have to cluster together near the front of the room. Too many chairs is an open invitation to spreading out, hiding out, and being uninvolved. Teens are always interested in food and beverages. Consider including refreshments as part of the cost of the program.

## **Room Layout**

## Activities

Activities can be the key to a successful project. Many of these activities are used by the Dakota County tobacco diversion project which is outlined in Appendix H.

**Introductions:** If you know a good ice-breaker, here's the time to employ it. As kids often work hard to be jaded and unimpressed, you may need a good opener. One that is almost surefire is asking who they are and how they ended up in the class, e.g. how, where, and by whom did you get caught smoking? Most kids will be more than happy to share this kind of information. It may come across to you a bit like old war stories but it does warm things up. Don't be surprised if a few teens use this as an opportunity to test the waters and find out what the facilitator is willing to listen to.

**Current Events:** At the time of this writing, tobacco is on the front page of Twin Cities' daily papers almost every day. With national tobacco legislation proposed and two class-action lawsuits here in Minnesota, tobacco has been a hot topic. It's interesting to see how much the class participants know about current events, what their thoughts are about health reports and changing laws, and why they are there in the first place. Be up on issues yourself in order to answer any questions.

**Agree/Disagree:** (See Appendix I) As a strategy to minimize public health warnings about the harms of tobacco use, the tobacco industry adopted a three-prong response. The strategy hinged upon casting doubt about tobacco risks in the minds of Americans without refuting health claims outright. This has led to a maze of confusing and contradictory statements and beliefs about tobacco. This exercise uses both commonly held beliefs and health facts to demonstrate the extent to which the tobacco industry has obscured the truth. Throw out several statements regarding tobacco. They can be accurate or false, or an opinion about a fact. This will generate discussion. Asking what they think avoids a preachy diatribe. Toss out the fact/falsehood/opinion and let

*The tobacco industry adopted a strategy of casting doubt about tobacco risks.*

them explain how they see it. Use the discussion to let them know the reality. Use gimmicks and have some fun.

**Advertising:** Youth, indeed most people, doubt the effects of advertising. Instead of a lecture as to why advertising works, let them see it with a critical eye, instead of the subconscious glance that advertisements usually get. Bring a variety of magazines that appeal to young adults. Remember to bring some for the boys, too. In small groups, have them find several tobacco ads and answer several questions about each ad: what product is being advertised? What audience does the ad target? What is the message? What advertising techniques are used? Are there any hidden messages? Are there any promises implied? Have the small groups report back to the large group.

Twin Cities Channel 9 did an excellent piece on the tobacco ads that were on television in the 50's and 60's. Cigarettes were once pushed on television by the likes of Lucille Ball and Desi Arnaz, Humphrey Bogart, and even Fred and Wilma Flintstone. The short segment that aired on February 25, 1998, showcases these and other old commercials. It will surprise people and provide lots of grist for discussion. You can get copies of the segment by calling Channel 9 at (612) 946-5767, and asking about the tobacco ad story by Lilian McDonald that aired on February 25. The cost is about \$25. We have included a copy of the order form for this video in Appendix M. Please note you must send a blank video cassette.

**True cost of tobacco:** Tobacco may seem inexpensive to young people, but in one year a pack-a-day smoker spends over \$700 for cigarettes. After finding what people spend on cigarettes, try initiating a conversation about their annual earnings. A student working ten hours a week for minimum wage will spend roughly one third of their annual income on cigarettes. Many tobacco brands, particularly those marketed to youth, offer incentive items in exchange for proofs of purchase codes, e.g., Camel

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*The portable CD player which retails for \$65 will cost almost \$1000 in cigarettes.*

*“Natural” does not equal “safe.”*

*Smokeless tobacco has its own culture and image, often quite different from cigarettes.*

Cash or Marlboro Miles. The products especially appeal to kids and always cost ridiculously more than they do in stores. Still, kids believe they are getting a real deal. Using the worksheet in Appendix O, as well as different merchandise catalogues (available at most convenience stores), have participants calculate how much they spend on cigarettes, and how much they actually spend for the promotional products obtainable with Camel Cash and Marlboro Miles. Some teens will be surprised to learn that the portable CD player which retails for \$65 will cost them almost \$1000 in cigarettes. Have several calculators handy. Math phobia is not an exclusively adult phenomena.

**Chemicals in tobacco:** Many people maintain that tobacco is a “natural” substance, and therefore a natural thing to smoke or chew. They might be surprised to learn that tobacco manufacturers add some 599 ingredients to tobacco to make it flavorful, desirable, and most importantly, to manipulate nicotine levels. Talk about cancer-causing chemicals in tobacco, using real-life examples to illustrate your point. You might also want to discuss naturally occurring substances that are harmful, e.g., mushrooms, lead, and mercury, to illustrate that “natural” does not equal “safe.” This activity is good for students to see, but might not fire up the audience like advertising.

One brand of cigarettes, Winston, is now promoting itself as additive-free. Some people think that means it is safer. Tobacco, even without the processing additives, contains vast numbers of compounds which are natural and deadly. The appendix contains a list of compounds found in burned or unburned tobacco.

**Smokeless tobacco:** Smokeless tobacco use is also on the rise, and many teens view it as a “safe” alternative to smoking. Because more teens smoke than chew and because chewing is easier to hide than smoking, smokeless tobacco use often is overlooked. Smokeless tobacco

has its own culture and image, often quite different from cigarettes. Discuss some of the facts and myths about chew and snuff, as well as what influences teens to start.

**Identifying user types:** This exercise is often used in cessation classes, but it does get teens thinking about what triggers them to smoke. If the goal of a diversion class is consciousness raising in general, this exercise will enlighten them about the nature of their tobacco use. Have them do the self-test (Appendix L) and then talk about their findings.

**Quit tips:** After all is said and done, you might have some participants who would like help with quitting. Offer them resources and discuss the stages of quitting. See if any have tried to quit and congratulate them for trying. Find out why they restarted. Encourage them to try, try again. Don't push it! With this crowd, push is more likely to get you shove than compliance.

**Smoking-related deaths:** Most people grossly overestimate the number of deaths per year attributed to alcohol, other drugs, or AIDS and underestimate tobacco deaths. The fact is, tobacco kills more Americans each year than alcohol, cocaine, crack heroin, car accidents, homicide, suicide, fires, and AIDS *combined*, a reality that usually stuns people. Some will argue that since tobacco deaths occur long after starting to smoke and usually in middle age, they are not shocking and dramatic like auto-accidents or violent deaths. Using the pie chart in Appendix N, ask participants to label each wedge from the list of causes of death. This would work well as a small group or whole class activity. You might try making a game out of it, to see who can come closest to the correct chart. Finally, display the original chart and talk about places where most students guessed correctly and others where they over- or under-estimated.

**Role Models:** Though they may not admit it, older teens, adults, as well as "super stars" profoundly affect a youth's

*Older teens, adults and “super stars” profoundly affect a teen’s attitude toward tobacco.*

*Teens are role models. They may be surprised at who is looking up to them*

*Lauren Bacall and Humphrey Bogart affected attitudes about tobacco in the “olden days”. Today Arnold, Julia Roberts and Brad Pitt smoke up the screen.*

attitude toward tobacco. Teens will say in the same breath that they never would have started smoking if their older siblings/parents didn’t smoke, but that no one but themselves influenced them to start.

Many of the participants have probably never considered themselves to be role models. In an attempt to discourage youth from recruiting other young smokers, and to enhance their own self-worth, initiate a discussion about influences. Ask about who, if anyone, has influenced them to smoke. Ask if they would want younger siblings or other relatives to start smoking in an effort to be more like the older kids. See if they can come up with ways to discourage younger teens from smoking. Use this discussion as a way to boost morale and self-esteem. Emphasize the difference they could make by smoking “responsibly”, if they continue to smoke. Ask who they are a role model to. These teens may be surprised to see who is really looking up to them.

### **Smoking in movies**

A recent study out of UC-San Fransisco indicates that smoking in movies has increased at a rate unrepresentative of smoking in real life. Of course no one goes to the movies for a dose of reality, they go to escape. Teens are especially susceptible to the fantasy world of film. They cannot help but subconsciously take notes that their favorite screen hero smokes through-out the film. An essay appearing in a national magazine points out that nearly every character, whether good or bad, smokes in the smash hit “Titanic.” Teens, girls in particular, have seen this movie many times. Just as smoking by Lauren Bacall and Humphrey Bogart affected attitudes about tobacco in the “olden days”, there is little doubt box office stars of today also shape attitudes. Use current movies as a springboard for discussion.

The above activities are to inform teens about tobacco, not to scare them. The focus on advertising and cost is to

help them look honestly at the role tobacco plays in their lives, to start an ongoing critical look at their own behavior. If activities help teens see themselves as important role models, their influence can be powerful.

### ***Discussing consequences:***

A good way to raise consciousness about tobacco use is to talk about consequences above and beyond health dangers. This is both informative and honest, as in, “ok, you’re going to smoke, here’s what you should know.” Teens should know explicit legal consequences for using tobacco. Also, try initiating a conversation about social consequences that they already experience, e.g., adults that give them a hard time. Following are some examples of social, legal, and health consequences of tobacco use.

### ***Social Consequences***

Since most teens do not smoke (83%), if a teen does smoke it sends a powerful message to adults and other teens. What that message is has changed over time. Today it often means that the teen is hanging around a tough crowd that may be using other drugs, is not doing very well in school and is probably not planning to go to college. If this is not the message a teen intends to send, they may well be shocked and angered that others “judge” them and are prejudiced against them.

- *Smoking stinks.* Cigarette smoke causes a person’s breath, hair, clothes, stored food, other belongings, even pets to smell stale.
- *Smoking causes wrinkles and premature aging, particularly in women.* Deep wrinkles around the mouth are dead giveaways. The combination of smoking and sunning is particularly hard on the skin. The aging process is not reversible by quitting smoking.
- *Masculinizing of the voice in women.* When a gravelly voiced woman answers the phone, it leaves no doubt, it’s “smoker’s voice”. This trait does not go away if a person quits smoking.

## **Consequences of Smoking**

- *Teens who smoke are more likely to be hassled by authority figures* (teachers, parents, cops). While casual looks of disapproval from passing adults might be desirable, grounding, lectures and rousting by police usually are not.

### **Health consequences**

Cigarette smoking during childhood and adolescence causes serious health problems including cough and phlegm production, an increased number and severity of respiratory illness, decreased physical fitness, higher cholesterol, and potential retardation in lung growth and in the level of maximum lung function.

- People who smoke at an early age are more likely to develop severe levels of nicotine addiction than those who start at a later age.
- Tobacco use is associated with alcohol and illicit drug use and is generally the first drug used by young people who enter a sequence of drug use that can include tobacco, alcohol, marijuana, and harder drugs.
- Smokeless tobacco use by adolescents is associated with early indicators of periodontal degeneration and with lesions of the cheeks and gums. Adolescent smokeless tobacco users are more likely than nonusers to become cigarette smokers.
- Smoking and other tobacco use causes or contributes to a variety of cancers, including those of the voice box, mouth, esophagus, bladder, kidney, pancreas, and cervix.
- Smoking also increases the risk of death from a host of non-cancerous diseases like pneumonia, influenza, heart disease, and stroke.
- Smoking affects fertility in males and females. Smoking causes lower levels of the hormone necessary for female ovulation and increases the chance of abnormalities in the male's sperm.

### ***Legal Consequences***

Most teens don't read the laws, so we need to inform them. They should know that it will only get harder and harder for them to smoke in public. This would also be a good place to talk about smoking "responsibly" with respect to younger teens, particularly siblings. Talk about buying cigarettes for people, smoking in front of young children, and what's going to happen if they get another citation.

- Minnesota Statutes 1996, section 260.015

Whoever uses, purchases, or attempts to purchase tobacco or tobacco related devices and is under the age of 18 years of age is guilty of a petty misdemeanor, the maximum fine is \$200.00. (See appendix for copy of statute)

- Minnesota Statutes 1996, section 171.171

A 90-day driver's license suspension is the mandated penalty for a minor who purchases or is caught using tobacco or an adult who lends their identification to a minor to purchase tobacco. On the second offense, the licensing authority, along with other interested parties, shall develop alternative consequences for youth who purchase, possess or consume tobacco.

- Minnesota Statutes 1996, section 461.12

Many teens hold jobs as clerks at grocery, convenience stores etc. where tobacco is sold. A civil penalty of \$50 will be imposed upon a clerk who illegally sells tobacco products to minors. This is in addition to the \$3000 criminal penalty and up to a year in jail clerks are already subject to for selling tobacco to a minor.

- Minnesota State High School League Tobacco Policy: "Use of" tobacco, not possession of tobacco is a violation of policy. Please see appendix for a copy of bylaw 206.00 regarding student eligibility.

# Appendices



# Example of Juvenile Violation Notice

Albert Lea Police Department

## JUVENILE VIOLATION NOTICE

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Parents \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Violation \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Officer \_\_\_\_\_ Badge No. \_\_\_\_\_

### VIOLATION

Driving Violation (Specify)	Use of Tobacco
Curfew Ordinance	Bicycle Violation (Specify)
Creating Disturbance (Specify)	Pedestrian Violation (Specify)
Trespassing	Discharging BB Gun
Use of Fireworks	Other:

REMARKS:

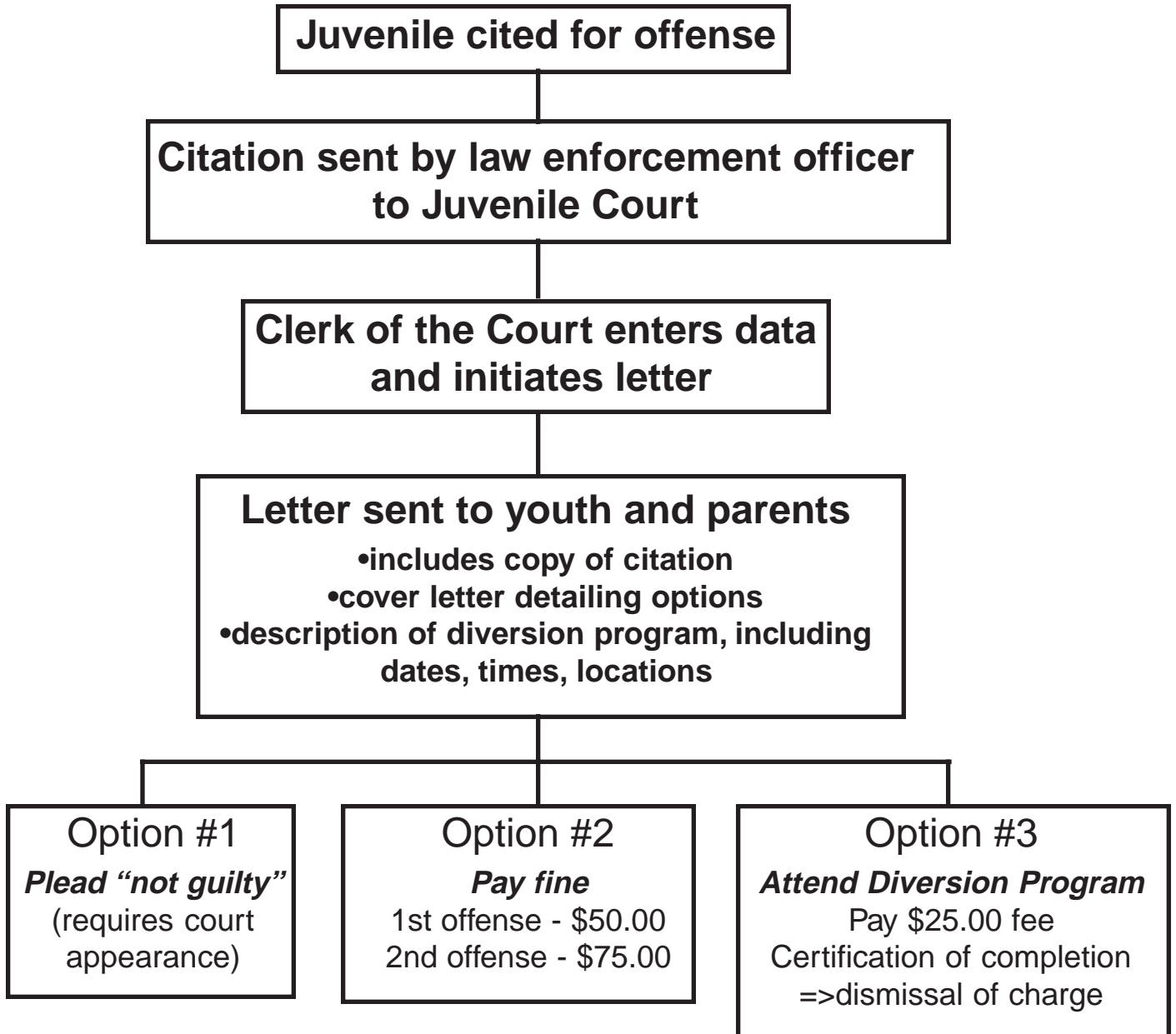
This notice was given to your child on the above date. Its purpose is to inform you of your child's behavior. This notice will be reviewed by the Juvenile Division of the Police Department and may result in further action on their part, if so you will be notified by mail.

If you should have any questions relating to this matter please contact the Juvenile Division of the Albert Lea Police Department.

Law Enforcement Center, Albert Lea, MN (507) 377-5215.

# Hennepin County Tobacco Violations Diversion Program

draft 2/13/98



**3rd violation: must appear in court - judge may order diversion program in addition to \$75.00 fine**

# ANTI-TOBACCO RESOURCES

American Cancer Society Librarian  
3316 16 West 66th Street  
Minneapolis, MN 55435  
(612)925-2772 or (800)582-5152

Free literature, posters, videos about tobacco prevention, education and cessation. Specific brochure, "Talking with your kids about tobacco".

American Lung Association  
Statewide Office  
490 Concordia Avenue  
St. Paul, MN 55103  
(612)227-8014 or (800)642-LUNG

Low cost literature on tobacco prevention and cessation. Teen advocacy program and teen cessation.

American Heart Association  
4701 West 77th Street  
Minneapolis, MN 55435  
(612)897-8347

Educational materials, posters, brochures, etc. available on request.

Association for Nonsmokers -  
Minnesota (ANSR)  
2395 University Avenue West, #310  
St. Paul, MN 551114  
(612)646-3005 or  
toll-free (888)802-1507

Resource for technical assistance.

Minnesota Smoke-Free 2000 Coalition  
1619 Dayton Avenue Suite 204B  
St. Paul, MN 55104  
(612)641-1223

Youth specific materials for use with schools.

Minnesota Department of Health  
PO Box 9441  
717 Delaware Street SE  
Minneapolis, MN 55440  
(612)623-5385 (612)623-5274

Free copies of brochures and posters. Audiovisuals lent free of charge to any organization in Minnesota. Film library  
Written materials

Minneapolis Heart Institute  
920 East 28th Street, Suite 100  
Minneapolis, MN 55407  
(612)863-3979

Producers of "Smoking Cessation Resource Education Services Department Directory". Statewide guide.

State of Health Products  
300 1st Avenue North  
Minneapolis, MN 55401  
(612)339-9411

Anti-tobacco products can be ordered through State of Health. T-shirts, posters, key chains, mouse pads etc.

CDC  
Division of Adolescent and School Health  
ATTN: Resource Room  
4770 Buford Highway  
Mailstop K-32  
Atlanta, GA 30341-3724  
(770) 488-3082

The Center of Disease Control and Prevention has issued a guide for schools to prevent tobacco use. Call or write for: *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*. It can also be found on CDC's web site: <http://www.cdc.gov/nccdphp/dash>

Minnesota Prevention  
Resource Center (MPRC)  
2829 Verndale Avenue  
Anoka, MN 55303  
(612)427-5310 or (800)247-1303

Statewide clearinghouse for alcohol, tobacco, and other drug abuse information. Provides written materials, speakers and videos.

# Other Youth Tobacco Violator Programs

- **Viking Council Juvenile Diversion Program**

A positive alternative to formal court processing for motivated first-time offenders. Six month program. Not tobacco-specific. Call (612)545-4550 for more information.

- **Change Direction**

A statewide drug awareness education program for first-time offenders, youth and adult, who violate alcohol, tobacco, or other drug possession/consumption laws. Focus is on understanding risks of use and the wherewithal to reduce or eliminate use. For more information, call (612)427-5310.

- **Youth Tobacco Awareness Clinic,  
Ely and Eveleth, MN**

A clinic of six on-hour modules intended to provide education and life direction for under-age tobacco users. Modules are offered on a rotating basis with each module existing as an independent unit, allowing individual to enter the rotation at any point. Call (218)726-4721 for more information.

- **Blaine High School Early Intervention**

Designed to help young people become aware of their reasons for tobacco use and to help motivate them to change. For more information, call (612)422-4656.

- **Teen Tobacco Intervention Program (TTIP),  
Fargo/Moorhead**

Developed for youth, TTIP is an interactive educational awareness program addressing not only the economic and health affects of tobacco use, but the influences of access, advertising and promotion, and peer/parental tobacco use. TTIP consists of two one and one half hour sessions. Call (701)237-5100 for more details.

- **Anoka County Tobacco Diversion**

Class is designed to educate and hold youth accountable for their actions, especially pertaining to the law. Call the Anoka County Attorney's Office, Juvenile Division, at (612)323-5586.

- **White Bear Lake Youth Violators Project**

This one-time, three-hour course, is offered by the White Bear Lake Police Department as an alternative to court. Not limited to tobacco violators. For more information call (612)429-8544.

- **Youth Diversion, New Brighton and Surrounding Areas**

Referrals are made by the police department. Course offered as an alternative to court. Call Youth and Family Services at (612)486-3808, ext.231, for more information.

# TEEN TOBACCO USE AND CESSATION

Teens have powerful reasons to smoke. To persuade them to consider quitting or not starting at all, the reasons must be even more powerful. While research on exactly what factors lead young people to smoke is murky, they appear to be a blend of peer pressure, advertising and parental/sibling smoking, said Richard Pollay, a tobacco advertising expert at the University of British Columbia.

Teens don't see the long-term consequences of tobacco use. They may alternate between an assumption of invincibility - "nothing will ever happen to me." and a sense of fatalism, "I will die anyway so this doesn't matter," or "I have no future anyway." The idea of developing a youth diversion program is not to force kids into quitting, but to use the opportunity to raise participants' understanding of the consequences of tobacco use as well as the tobacco industry's role in marketing to and manipulating youth. The ultimate goal is to move kids through the stages of quitting, but that goal will probably not be fully achieved in a single program, regardless of its sophistication.

Researchers have identified stages of change in quitting addiction. The majority of teen smokers will fall into phase one and two. The six stages are as follows:

- **Precontemplation:** The person has not yet identified tobacco use as a problem.
- **Contemplation:** The notion that one day they may quit, but they are not ready yet.
- **Desire and Commitment:** The person has decided to change or quit.
- **Action:** The person takes specific steps to quit (sets quit date, enrolls in a cessation class).
- **Maintenance:** This step includes ongoing efforts to continue non-use of tobacco products.
- **Relapse:** It is common for people to give up on their effort to quit. It is still possible to renew one's commitment to change and to get back on track.

John Pierce, of University of California San Diego's Tobacco Research Center, defines addicted smokers as those that have smoked at least 100 cigarettes, and says that the vast majority will need 16 to 20 years to quit.

# CESSATION PROGRAMS

***Quitting smoking can be very difficult. It is most effective to have voluntary participation in cessation programs.*** To get the best results and have a positive experience for all persons involved, teens should not be forced or required to attend a tobacco cessation course. Since most teens are in the precontemplative or contemplative stages of quit there may very well be low numbers of teens interested in cessation. It can be a challenge to find enough teens interested in cessation to actually run a class.

*Following are resources for tobacco cessation ranging from teen specific content to computer software that could be used with one youth at a time.*

## **Smoking Cessation Resource Directory** - Programs listed by county.

Minneapolis Heart Institute Foundation  
920 East 28th Street, Suite 100  
Minneapolis, MN 55407  
(612)863-3979

## **Tobacco-Free Teens**

Joy Carmona  
American Lung Association of Minnesota  
490 Concordia Avenue  
St. Paul, MN 55103  
1-800-642-LUNG (within MN) or (612)227-8014

The American Lung Association of Minnesota offers this voluntary tobacco cessation program for teens. "Tobacco-Free Teens" is designed to assist young people in grades 9 through 12 to quit tobacco use before it becomes a long-term addiction.

## **NO SMOKE Software by Autonomy Publishing**

[www.autonomy.com/nosmoke.htm](http://www.autonomy.com/nosmoke.htm)  
Elliot Essman  
Autonomy Publishing Corp.  
PO Box 901  
Larchmont, NY 10538  
1-800-474-7416

The NO SMOKE software program for Windows (\$19.95 + S&H) can help youth quit smoking. NO SMOKE is also used in schools to educate children about the dangers of cigarettes and tobacco. The program contains technique and analysis sections that cover every aspect of quitting. Also included is a video games section, for both adults and young people.

# WEB SITES

## **American Cancer Society, MN Division**

<http://www.mn.cancer.org>

A statewide website delivering educational information on cancer, including prevention, detection and patient services.

## **Children and Tobacco website of the US Food and Drug Administration**

<http://www.fda.gov/opacom/campaigns/tobacco.html>

Information about the new FDA tobacco regulations, the devastating health effects of tobacco on our nation's children, and what retailers and consumers can do to help reduce tobacco use by young people.

## **Minnesota Prevention Resource Center (MPRC)**

<http://www.miph.org.mprc>

A statewide clearinghouse of alcohol, tobacco, and other drug prevention information.

## **The Tobacco Information and Prevention Sourcepage of the Center for Disease Control**

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

The CDC's starting point for accessing a wide variety of information and resources on tobacco-related issues.

## **Tobacco BBS**

<http://www.tobacco.org>

Daily compilation of tobacco-related news stories (print & television) from around the world.

## **The Youth Page of US Department of Health and Human Services**

<http://www.youth.os.dhhs.gov>

A website developed by the US Department of Health and Human services to provide the latest information about America's adolescents.

## **The Association for Nonsmokers-Minnesota (ANSR)**

<http://www.ansrmn.org>

# Dakota County Tobacco Diversion Program

## Curriculum Outline Description

<i>Topic</i>	<i>Focus</i>	<i>Activity</i>	<i>Time</i>
<b>Introduction</b>	Purpose of Diversion Program	Paper Clips, etc.	10 Minutes
<b>Current Events</b>	What's New, What's Hot with Tobacco?	Discuss current tobacco issues.	10 Minutes
<b>Agree/Disagree</b>	Discussion of tobacco facts & myths	Participants will agree or disagree to statements about tobacco use.	10 Minutes
<b>Small Group</b>			
Advertising techniques	How tobacco advertisers manipulate youth	Participants will look through magazines & analyze tobacco ads.	40 Minutes
Cost of tobacco	Cost of smoking, chewing & buying incentive items	Participants will calculate their cost of using tobacco.	10 Minutes
Chemicals in tobacco	Cancer-causing chemicals found in tobacco	Show & tell format using chemicals found in tobacco	10 Minutes
Legal Consequences	Inform participants of the legal consequences of tobacco use	Lecture/discussion	10 Minutes
<b>Break</b>	Resource table		10 Minutes
<b>Large Groups:</b>			
Myths of smokeless tobacco	Facts/myths of smokeless tobacco	Discussion	10 Minutes
What kind of tobacco user are you?	Identify user types	Self-test with discussion	10 Minutes
Quit Tips/Health Benefits	How to quit Resources to quit Benefits of quitting	Discussion Health Benefits	15 Minutes
<b>Evaluation</b>			5 Minutes

# AGREE OR DISAGREE AND WHY?

1. Smoking should be banned in all restaurants.
2. I can quit smoking at any time.
3. Fewer people smoke in movies than in real life.
4. Secondary smoke is a serious health risk to non-smokers.
5. Smoking during pregnancy is a form of child abuse.
6. Half of adult smokers started smoking before age 18.
7. Eliminating designated smoking areas violates smokers personal freedoms.
8. Joe Camel has the same level of recognition as Mickey Mouse.
9. Nicotine is as addictive than heroin or cocaine.
10. Most people smoke.
11. It is easy for kids to buy cigarettes.
12. Smoking cigarettes often leads to experimentation with other drugs.
13. Cigars do not cause cancer.
14. Philip Morris paid to have Marlboro's in the movie "Superman II."
15. Many women would rather die from smoking-related causes than gain weight.

## Facts to support selected statements.

- 3.False** A study done by Dr. Stan Glantz of the University of California at Stanford found that among top-grossing movies from 1990-1996, 57% of the leading characters smoked, compared to 14% of similar people in the general population.
- 4.True** Second-hand smoke is a "human lung carcinogen, responsible for approximately 3,000 lung cancer deaths annually in the U.S. nonsmokers...[Second-hand smoke is also] a risk factor for new cases of asthma in children who have not previously displayed symptoms...200,000 to 1,000,000 asthmatic children have their condition

worsened by exposure to secondary smoke.” From “Respiratory Health Effects of Passive Smoking: Lung Cancer and other disorders,” a report by the United States Environmental Protection Agency, December, 1992.

- 6.**True** 71 percent of adults who smoke everyday started smoking by age 18. U.S. Department of Health and Human Services, “Preventing Tobacco Use Among Young People: A Report of the Surgeon General.” 1994
- 8.**True** According to a study by Dr. Paul Fisher of the Medical College of Georgia, Joe Camel is now as recognizable to six year-olds as Mickey Mouse.
- 9.**True** In the 1988 Surgeon General’s Report “The Health Consequences of Smoking: Nicotine Addiction,” Dr. Koop found that: cigarettes and other forms of tobacco are addicting; nicotine is the drug in tobacco that causes addiction; the pharmacological behavior processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.
- 10.**False** Less than one fourth of the population-22.9%-smokes according to the Office on Smoking and Health/National Center for Chronic Disease Prevention.
- 11.**True** “Of the nation’s shopkeepers who sell tobacco products, 40% sell to people under age 18, even though all 50 states prohibit tobacco sales to minors.” 1998 Report of The Substance Abuse and Mental Health Administration.
- 12.**True** “Teenage smokers are three times more likely than nonsmokers to use alcohol, 8 times more likely to use marijuana, and 22 times more likely to use cocaine.” A November 1994 report from the Center on Addiction and Substance Abuse at Columbia University.
- 13.**False** Cigar smokers have higher death rates from chronic obstructive pulmonary disease, and are 4 to 10 times more likely to contract laryngeal, oral, and esophageal cancers than nonsmokers. American Lung Association Online, August 1997 Update.
- 14.**True** In a practice now illegal under federal laws, “Philip Morris paid \$42,500 to have Marlboro cigarettes appear in ‘Superman II.’ In that film heroine Lois Lane smokes Marlboro cigarettes and, in the center of the movie, a battle between Superman and his evil compatriots takes place in a forest of Marlboro billboards and trucks. Philip Morris has admitted none of this happened by accident.” From an essay by Carol Bergman, Christian Science Monitor, Friday, July 28, 1989, p.19.
- 15.**True** “‘Unwillingness to tolerate weight gain is so endemic among women that it constitutes a serious obstacle to quitting, staying quit, and even contemplating quitting,’ says Cynthia Pomer, a research scientist who conducted a study last year and directs the [University of Michigan’s] Nicotine Research Laboratory.” “Dying to lose weight,” Harvey, Kay, St. Paul Pioneer Press, June 29, 1997.

# Tobacco Chemicals

There are 4,000 chemicals contained in each cigarette, some naturally occurring, some deadly additives. Many of the same chemicals can be found in spit tobacco as well. Around 40 of the 4,000 chemicals are carcinogenic and cause cancer. Some of the more common chemicals found in tobacco are:

- Arsenic
- Acetone
- Ammonia
- Cadmium
- Carbon Monoxide
- Copper
- Cyanide
- Ethanol
- Formaldehyde
- Hydrocarbons
- Hydro Cyanide
- Lead
- Methanol
- Naphthalene
- Nicotine
- Phosphorus
- Stearic Acids
- Powder used in insecticides and glass
- Colorless liquid, small quantities found in urine
- Used as a cleaner, germicide
- Found in batteries
- Found in car exhaust
- Metal, has poisonous salts
- Chemical weapons
- Used in rubbing alcohol and fuel
- Used to preserve, used in dead bodies
- Found in methane
- Used in gas chambers
- A soft grayish metal with poisonous salts
- Used in rocket fuel
- Used in moth balls
- Highly addictive drug, found in insecticides
- Components found in matches and in fertilizers
- Comes from solid animal fat

# SMOKELESS TOBACCO MYTHS

## **1. Smokeless tobacco is safe, not like smoking cigarettes.**

- Smokeless tobacco causes cancer
- Your chance of getting oral cancer is 50 times greater than a non-user.
- Approximately half of people with oral cancer die within 5 years.

## **2. Smokeless tobacco is not as addicting as cigarettes.**

- Smokeless tobacco users do become addicted to the nicotine in the tobacco.
- Some smokeless users who have kicked cigarettes have said quitting chew can be as tough or tougher.

## **3. Smokeless tobacco improves my physical performance in sports.**

- Athletes who use smokeless tobacco do not function any better than non-users.

## WHAT KIND OF TOBACCO USER ARE YOU?

- |                                                                                                                           |     |    |
|---------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. It is extremely difficult for you to go a half-day without using tobacco?                                              | YES | NO |
| 2. Do you have intense repeated cravings for tobacco?                                                                     | YES | NO |
| 3. Do you feel a need to smoke a certain minimal number of cigarettes each day or have a certain number of dips each day? | YES | NO |
| 4. Do you find yourself smoking or chewing tobacco when you weren't aware of it?                                          | YES | NO |
| 5. Do you always smoke or chew at certain times, like when you are with certain friends, driving, or drinking coffee?     | YES | NO |
| 6. Do you sometimes "forget" to smoke or chew for a whole day?                                                            | YES | NO |
| 7. Do you smoke or chew more after having an argument with someone?                                                       | YES | NO |
| 8. Is smoking or chewing one of the most important pleasures in your life?                                                | YES | NO |
| 9. Does the thought of never using tobacco again make you feel unhappy?                                                   |     |    |

## SCORING THE TEST

**For questions 1,2, and 3, how many "yes" answers did you have?** If you had two "yes" answers out of three, you are probably **addicted** to tobacco. In other words, your body "needs" the nicotine in tobacco.

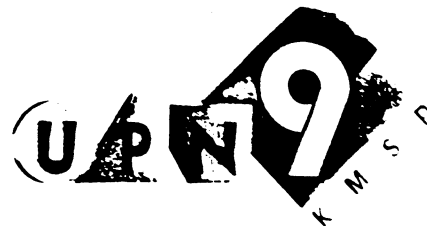
**For questions 4,5, and 6, how many "yes" answers did you have?** If you had two "yes" answers out of those three, you are probably **habituated** to tobacco. That means that using tobacco is a strong habit for you.

**For questions 7, 8, and 9, how many "yes" answers did you have?** If you had two "yes" answers out of those three, you are probably **psychologically dependent** on tobacco. In other words, you have an emotional need to smoke or chew.

...

Don't be surprised if you answered "yes" to most of the questions. You can be addicted, habituated, and psychologically dependent on tobacco! It may help you give it up if you can identify what role tobacco plays in your life.

*Appendix L*



Thank you for watching "Minnesota Nine News". In order to obtain a video clip from our newscast the following information is required. **The cost of this service is \$20.**

KMSPTV Television  
11358 Viking Drive  
Eden Prairie, MN 55344-7258  
612.944.9999

A United  
Television  
Station

Please send your signed agreement below **and mail a blank VHS tape** and a check or money order, payable to KMSPTV. Address to the attention of Jackie Fraser, c/o KMSPTV, 11358 Viking Drive, Eden Prairie, MN 55344.

AGREEMENT

- 1. The broadcast contained on the videotape, and all rights in such material, are the exclusive property of KMSPTV and its owners.
- 2. *You are not seeking the videotape for use in litigation, insurance claims or for promotional purposes.*
- 3. *You will not display, reproduce, alter, rebroadcast or redistribute the videotape or any work based on or derived from the videotape. The videotape will be used for private, internal, non-commercial purposes only.*
- 4. Should the videotape be used on cable access channels or any other public service channel, you agree to give KMSPTV a visual courtesy credit, when appropriate (i.e., chyron, super).

I will comply by the terms and conditions of this agreement:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

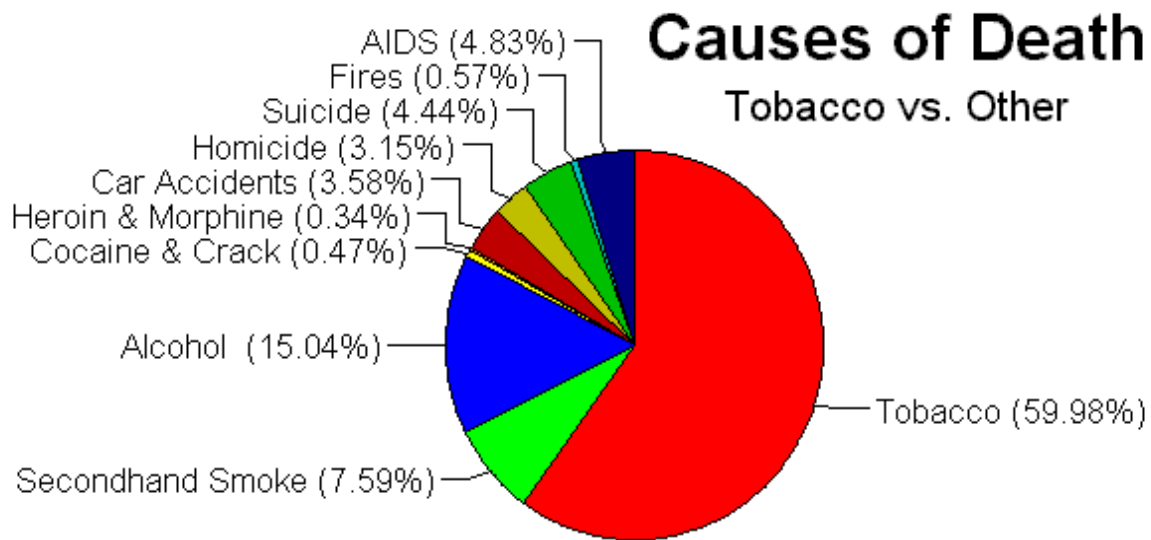
=====  
**Please Note: Raw footage (unedited footage) is not available.**

Date Aired: FEB 25, 1998

News Clip Requested: TOBACCO AD STORY BY LILLIAN MCDONALD

Reason or purpose for this request: FOR USE IN A YOUTH DIVERSION / TOBACCO EDUCATION PROGRAM

# Tobacco kills more Americans each year than alcohol, cocaine, crack, heroin, car accidents, homicide, suicide, fires and AIDS combined



## Annual Number of Deaths:

<b>Tobacco</b>	<b>418,690<sup>1</sup></b>
<b>Secondhand Smoke</b>	<b>53,000<sup>2</sup></b>
<b>Alcohol (incl. drunk driving)</b>	<b>105,000<sup>1</sup></b>
<b>Cocaine &amp; Crack</b>	<b>3,300<sup>3</sup></b>
<b>Heroin &amp; Morphine</b>	<b>2,400<sup>3</sup></b>
<b>Car Accidents</b>	<b>25,000<sup>4</sup></b>
<b>Homicide</b>	<b>22,000<sup>3</sup></b>
<b>Suicide</b>	<b>31,000<sup>3</sup></b>
<b>Fires</b>	<b>4,000<sup>4</sup></b>
<b>AIDS</b>	<b>33,745<sup>1</sup></b>

1. U.S. Centers For Disease Control and Prevention
2. U.S. Environmental Protection Agency, Environmental Tobacco Smoke Compendium
3. National Center for Health Statistics
4. National Safety Council

# MARLBORO MILES/CAMEL CASH

## IS IT WORTH IT?



Tobacco brand catalog: \_\_\_\_\_

Premium item: \_\_\_\_\_

Coupons required: \_\_\_\_\_

(Usually, one coupon is awarded per pack. Some catalogs have different requirements.)

$$( \quad ) \text{ Number of pack/tins} \times ( \quad ) \text{ Cost for each} = ( \quad ) \text{ Total cost of the premium}$$

How many cigarettes do you need to smoke in order to get the premium?

$$( \quad ) \text{ Number of packs} \times 20 = ( \quad ) \text{ Total number of cigs for the premium}$$

Each cigarette costs 7 minutes of life so ...

Multiply  $( \quad ) \text{ Number of cigarettes/dips} \times 7 = ( \quad ) \text{ number of MINUTES of life lost for premium}$

Divide  $\frac{( \quad ) \text{ Number of minutes of life}}{60} = ( \quad ) \text{ number of HOURS of life lost}$

$\frac{( \quad ) \text{ Number of hours of life}}{24} = ( \quad ) \text{ number of DAYS of life lost}$

$\frac{( \quad ) \text{ Number of days of life}}{365} = ( \quad ) \text{ number of YEARS of life lost}$

## How Much It REALLY Costs to Smoke

Packs of cigarettes smoked each day	Cost each DAY	Cost each WEEK	Cost each MONTH (30 days)	Cost each YEAR
	1 pack \$2.00	\$ 14.00	\$ 60.00	\$ 730.00
	1.5 packs \$ 3.00	\$ 21.00	\$ 90.00	\$1,095.00
	2 packs \$4.00	\$ 28.00	\$120.00	\$1,460.00
	2.5 packs \$ 5.00	\$ 35.00	\$150.00	\$1,825.00
	3 packs \$ 6.00	\$ 42.00	\$180.00	\$2,190.00
	3.5 packs \$ 7.00	\$ 49.00	\$ 210.00	\$2,555.00

## The Costs of Chewing Tobacco

Tins/pouches of dip used each day

Cost each DAY	Cost each WEEK	Cost each MONTH (30 days)	Cost each YEAR
1/2 tin/pouch \$1.25	\$8.75	\$37.50	\$456.25
1 tin/pouch \$2.50	\$ 17.50	\$ 75.00	\$ 912.50
1.5 tins/pouches \$ 3.75	\$ 26.25	\$112.5	\$1,368.75
2 tins/pouches \$5.00	\$ 35.00	\$150.00	\$1,825.00
2.5 tins/pouches \$ 6.25	\$ 43.75	\$187.50	\$2,281.25
3 tins/pouches \$ 7.50	\$ 52.25	\$225.00	\$2,737.50
3.5 tins/pouches \$ 8.75	\$ 61.25	\$262.50	\$3,193.75

# Quit Smoking—Buy Stuff

I smoke \_\_\_\_\_ packs per day at \$ \_\_\_\_\_ per pack

If I quit I would save \$ \_\_\_\_\_ week and \$ \_\_\_\_\_ per month x 12 = \$ \_\_\_\_\_ per year saved.

If I smoked one pack a day for one year, I will spend \$730. Here are other ways that I could spend that money:



1 deluxe compact disc player and 30 Cds



2 new wardrobes

1 pair of skis, boots, and poles and 1 season pass to ski

2 mountain bikes

1 video player and 15 tapes



40 rock concert tickets at \$18 per ticket



49 cassette tapes at \$15 per tape

73 pizzas at \$10 per pizza



97 movie tickets at \$7.50 per ticket

1 car phone and 1 year paid phone time



# Advertising Techniques

<b>PERSONAL TESTIMONY:</b>	Celebrities or other well-known people tell why they use a certain product <ul style="list-style-type: none"><li>• Charles Barkley - McDonald's</li><li>• Michael Jordan - Hanes, Gatorade, NIKE</li><li>• "Friends" cast - Diet Coke</li></ul>
<b>MEDICAL/HEALTH CLAIMS</b>	Indicates health benefits of a product or is supported by health claims. <ul style="list-style-type: none"><li>• "3 out of 5 dentists recommend Trident"</li><li>• More doctors recommend...</li></ul>
<b>PRODUCT COMPARISON</b>	Uses words like "safer", "tastes better", "lasts longer" than other similar products. <ul style="list-style-type: none"><li>• Duracel "Outlasts the rest"</li><li>• New and improved</li></ul>
<b>SEX APPEAL</b>	Implies use of product will make one more attractive. <ul style="list-style-type: none"><li>• Mouthwash commercials</li><li>• Toothpaste commercials</li><li>• "Ultra Slim" and "lights"</li></ul>
<b>PLEASURE APPEAL</b>	Implies use of product will result in fun and pleasure. People who use the product start enjoying life immediately. <ul style="list-style-type: none"><li>• Doublemint gum: "Double your pleasure, double your fun"</li></ul>
<b>SCIENTIFIC EVIDENCE</b>	Charts and graphs are used to "prove" the product is superior to others.
<b>SOPHISTICATION APPEAL</b>	Implies user of product is more sophisticated, fashionable or "in."
<b>BANDWAGON APPEAL</b>	Implies EVERYONE is using the product.
<b>REWARD OFFERS</b>	Coupons are available for using the product or are redeemable toward other merchandise.
<b>POSITIVE ASSOCIATION</b>	Tobacco companies sponsor fun events such as tennis tournaments, races, rodeos and baseball games.

# Stages of smoking initiation among children and adolescents

*from the*  
**1993 Surgeon General's Report on Youth Smoking**

## **Preparatory Stage**

- *Adolescent forms attitudes and beliefs about the utility of smoking*
- Psychosocial risk factors include advertising and adult/sibling role models who smoke cigarettes.

## **Trying Stage**

- *Adolescent smokes first few cigarettes*
- Psychosocial risk factors include peer influences to smoke, perception that smoking is normative, and the availability of cigarettes.

## **Experimental Stage**

- *Adolescent smokes repeatedly but irregularly*
- Psychosocial risk factors include social situations and peers that support smoking, low self-efficacy in ability to refuse offers to smoke, and the availability of cigarettes.

## **Regular Use**

- *Adolescent smokes at least weekly across a variety of situations and personal interactions*
- Psychosocial risk factors include peers who smoke, the perception that smoking has personal utility, and few restrictions on smoking in school, home, and community settings.

## **Addiction/Dependent Smoker**

- *Adolescent has developed the physiological need for nicotine.*

# The way it was: a short history of tobacco

**D**uring the sixteenth century, tobacco was considered a useful herb for the treatment of headaches and abscesses. Soon tobacco was primarily used as a recreational drug. In the late 19th century, tobacco use was widespread, but people used only very small amounts, mostly in pipes or a pinch of snuff. Cigarettes were rare and so was lung cancer. In 1884 the invention of the cigarette-manufacturing machine allowed for mass production of cigarettes. During World War II cigarettes were given to enlisted men along with their rations. There was heated debate over whether soldiers should have to pay for their smokes. At the end of World War II smoking was seen as socially acceptable and was perceived to be the norm. Typically smokers in this era were men.

**B**y the late 1940's and early 1950's scientists had strong evidence linking smoking to lung cancer. In 1961 President Kennedy's Surgeon General, Dr. Luther Terry formed an advisory committee to evaluate the concern that tobacco-use caused cancer. The landmark report issued by this committee in 1964 concluded that cigarette smoking is a health hazard and is causally linked to cancer. Public awareness and concern over the health effects of smoking began to have an effect on smokers. Smoking rates took a dive.

**T**he tobacco industry responded to the new scientific evidence with absolute denial then went on the offense with a powerful weapon...advertising. New advertising campaigns linked social acceptance, better self-image, independence, freedom, companionship, athleticism, sexual desirability, beauty and relaxation with cigarette smoking. Advertisements featuring ultra-thin women seductively posing with their cigarettes, graphics of rugged men scaling mountain peaks or fun loving young people frolicking; undercut the message from the medical community.

**W**ith the help of billion dollar advertising budgets tobacco companies managed to plant a seeds of doubt about health affects in consumers minds. Smoking increased again and by 1977, smokers in the United States were consuming an average of 12,854 cigarettes per smoker each year.

**T**he profile of the average smoker had also changed. The tobacco companies exploited the emergence of women's rights movement and linked women's new found independence with smoking. Women used cigarettes for weight management and stress relief as well as a statement of defiance of traditional customs. Smoking more and more became an addiction of young disaffected youth, the poor, those with less education and women. While the ads featured up and comers and the jet set crowd, the reality of who did and didn't smoke was far different. It was not the beautiful and the powerful, but the poor and the powerless.

**P**assive smoking and nonsmokers' rights became an issue in the mid-1970's. Minnesota led the way with passage of the Clean Indoor Air Act which required nonsmoking areas in all public buildings. Clean indoor air legislation, restrictions on smoking in public and changing demographics undercut the social support for smoking. The emergence of smoke-free work places drove many smokers to quit or smoke fewer cigarettes. Cigarette consumption began its first large and continuous decline.

**I**n the mid 1990's, the health, consumer protection and legal community took on the tobacco industry with new tools. In addition to a new generation of class action lawsuits primarily related to secondhand smoke, 40 state Attorneys General filed lawsuits against the tobacco industry on consumer fraud and racketeering charges to recoup state medicaid dollars spent to treat tobacco related illness and punish the industry for fraudulent and deceptive practices.

**T**he industry reacted to this legal bombardment by attempting to strike a "global settlement". The future of Big Tobacco is uncertain. The smallest of the tobacco companies, Liggett & Meyers, has turned state's evidence, admitting for the first time that cigarettes are addictive, the industry targets children and that cigarettes cause cancer, emphysema, and heart disease.

**B**y mid 1997 the industry was being investigated by federal grand juries considering criminal indictments and the first class action suit (Broin v. Philip Morris, et al.) was settled for hundreds of millions of dollars. Recently, in a deposition preparing for the state of Florida's lawsuit Geoffrey Bible, CEO of Phillip Morris, admitted that tobacco use could possibly contribute to cancer and other medical problems, the first time this type of admission had been made publicly.

**W**hile the tide may be turning on the tobacco industry in the United States, cigarette makers are aggressively expanding advertising, promotion and cigarette consumption in Asia, the Third World and Eastern Europe to replace the declining market in America and other Western countries.

**T**hese are exciting times in tobacco control. The role of current events in youth violator programs is important. Discussions about current television news shows and news articles can expose the industry tradition of lies and manipulation, allowing youth to draw their own conclusions. The internet is a good source of current news articles. The Tobacco BBS ([www.tobacco.org](http://www.tobacco.org)) has a VCR alert which notifies users of upcoming tobacco-related programming and summaries of daily news articles. As a facilitator, it is a good idea to stay informed of local and national tobacco news and incorporate this information into the program.