

Department of the Army  
Pamphlet 600-63-7

The Army Health Promotion Program

# **“Fit To Win” Antitobacco Use**

Headquarters  
Department of the Army  
Washington, DC  
1 September 1987

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

DA PAM 600-63-7

"Fit To Win" Antitobacco Use

Not applicable.

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## The Army Health Promotion Program

### “Fit To Win” Antitobacco Use

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**By Order of the Secretary of the Army:**

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**Summary.** Not applicable.

**Applicability.** This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field

Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

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# Part One

## Tobacco Prevention and Cessation Program

### Section 1

#### Introduction

#### I. Purpose

A coordinated and comprehensive tobacco prevention and cessation program is needed at every installation. This model is intended to provide general guidance regarding implementation, administration and evaluation of the tobacco cessation program at the installation/community level. The model may be modified to meet local needs.

#### II. Applicability

This guidance applies to installation commanders and members of installation/community health promotion councils. This includes but is not limited to: Director of Personnel and Community Activities (DPCA); Director of Logistics (DOL); Public Affairs Officer (PAO); Chief, Family Support Division (FSD); Chief, Community Operations Division (COD); Commander, Medical Treatment Facility (MTF); Director, Plans, Training, and Mobilization (DPTM); Civilian Personnel Officer (CPO); Chief, Community Mental Health Service (CMHS); Chief, Community Relations Division (CRD); Alcohol and Drug Abuse Prevention Control Program (ADAPCP) Officer; Field Director, American Red Cross (ARC); Dietitian; Community Health Nurse (CHN)/Nurse Practitioner.

#### III. Background

The use of tobacco products, particularly smoking, has been proven to adversely impact on the health and readiness of the Army. Data indicate that over 50% of soldiers smoke cigarettes and that as many as 75% of the junior enlisted personnel started smoking after entry on active duty. Smoking is the #1 preventable cause of death. Caring leadership dictates that we demonstrate a sincere, unambiguous concern for the health and safety of the Total Army Family.

#### IV. Goals

- A Total Army fully aware of the detrimental consequences of tobacco use and the benefits of not using tobacco products.
- Develop, implement and review programs and policies to combat/eliminate tobacco use with initial focus on cigarette smoking cessation.
- Significantly reduce the use of all tobacco products and to meet the National goal to reduce smoking to 25% by the year 1990.

#### V. Responsibility

- Commanders at all levels are responsible for the "Antitobacco Use Program" implementation and the accomplishment of objectives including evaluation of the program and its impact within their organization.
- Office of the Deputy Chief of Staff, Personnel (ODCSPER) is the Executive Staff agency with responsibility for plans, policy, programs, budget formation and research pertaining to tobacco use in the Army.
- Office of the Surgeon General (OTSG) has Army staff responsibility for medical aspects of tobacco use. TSG will provide professional services and technical assistance required to support the Antitobacco Use Program.
- Chief of Public Affairs has staff responsibility for publicizing the Antitobacco Use Program to internal and external audiences, particularly during the annual Great American Smokeout.
- G1 or Director of Personnel and Community Activities (DPCA) *may* serve as chairman of a Tobacco Cessation Steering Committee, coordinate the efforts of the members, and act as the central focal point for program information and advice to the Commander.
- G3 or Director of Plans and Training (DPT) *may* serve as member of the Steering Committee and integrate tobacco education in the training schedule.
- Director of Health Services *may* monitor the health and aggregate lifestyle health risks in the command, provide technical consultation regarding education, information and intervention programs, and operate select smoking cessation programs requiring medical supervision.
- Tobacco Cessation Coordinator will identify issues that impact on the overall program, act as liaison with civilian resources, assure that the program is integrated in the overall health promotion program, and coordinate assessment and evaluation efforts.
- Staff Judge Advocate will provide advice and assistance regarding the legal ramifications of the tobacco prevention and cessation program policy and procedures.
- Civilian Personnel Officer will provide representation on the Steering Committee and assure that the local programs take into consideration the needs of the civilian work force.

**Section 2**  
**Program Elements**

- The program is comprised of six areas: Needs Assessment (Annex A); Information (Annex B); Education (Annex C); Cessation Intervention (Annex D, E, F); Evaluation (Annex G); Policy (Annex H).
- The illustration below depicts the program. The program elements are ongoing simultaneously, and modified as appropriate based on periodic needs assessment and program evaluation.

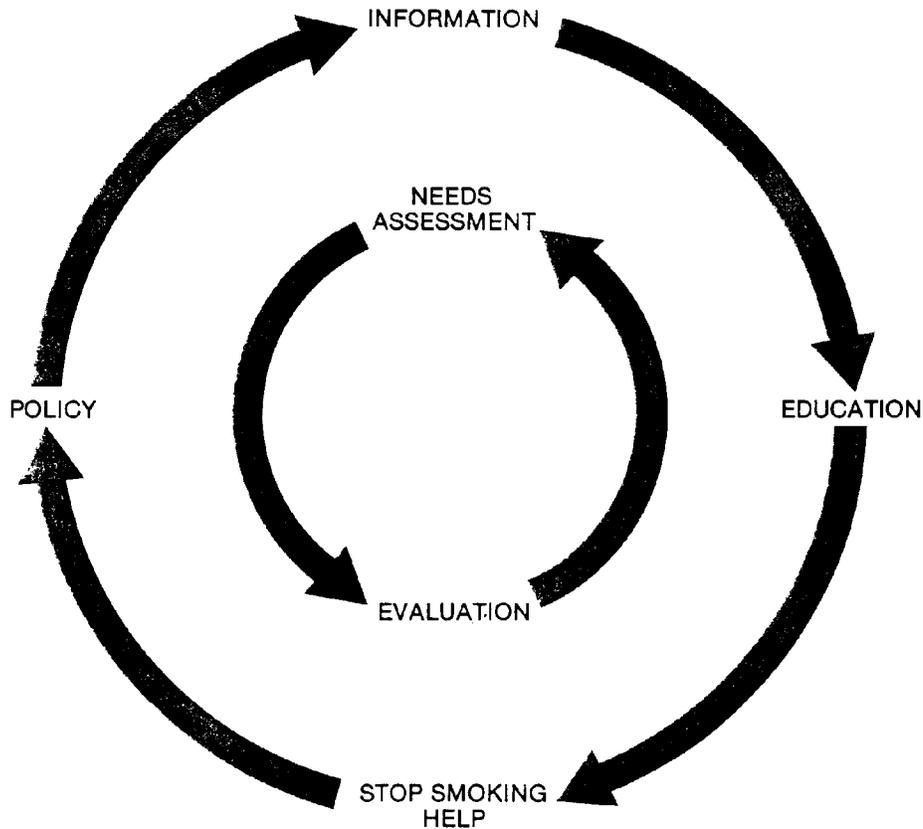


Figure A. Tobacco Prevention and Cessation Program

**A. Assessment Objective**

- To determine the scope of the problem including actual tobacco usage and factors that sustain that behavior.
- Annex A includes guidelines for a community needs assessment. A sample survey of soldier opinions about tobacco use is enclosed. This survey is suitable for determining usage and beliefs of smaller target groups. These data may be useful as the program develops and is refined for a specific group's needs. Figure 1 depicts an overview of the Fit To Win program. Program Elements occur based on the commander's resources and community needs.

Modules	Level 1 Program	Level 2 Program	Level 3 Program
<b>Commander's Guide</b>	Introductory chapter Strategies for program management and resources	Same as Level 1	Same as Level 1
<b>Marketing</b>	Unit briefings Post media Community needs assessment Posters, slides, videotapes Incentives: — Personal recognition certificates — Awards Evaluation Strategies	Level 1 plus: Guest speakers Promotional items	Level 2 plus: Public relations campaigns Support groups Intramural competitions
<b>Individual Assessment</b>	Automated Health Risk Appraisal Health Risk Review Session	Same as Level 1	Same as Level 1
<b>Physical Conditioning*</b>	Community/unit based programs to include aerobic and strength development classes AR 350-15 Guidance National Fitness Month	Level 1 plus: Individualized prescription based on fitness evaluation	Same as Level 2
<b>Procedures Guide</b>	Pamphlets/ Brochures/Posters Command Briefings (at least monthly) Incentive/Sustainment Program	Unit Training Schedules which reflect health promotion education classes in all areas needed	Unit Days for: Health Risk Assessment Family Health Promotion Activities

Figure 1. Suggested Elements for Level 1–2–3 Fit To Win Programs

Modules	Level 1 Program	Level 2 Program	Level 3 Program
<b>Nutrition and Weight Control</b>	Pamphlets/posters brochures Media blitz for dining hall; menus National Nutrition Month AR 600-9 Guidance	Level 1 plus: Group classes Videotapes Slides/Cassette tapes	Level 2 plus: Nutritional Assessment Individualized diet plans Computerized nutritional analysis Cooking classes
<b>Antitobacco</b>	Pamphlets/brochures Media blitz advice for smokers and non-smokers National Smokeout AR 1-8 Guidance	Level 1 plus: Group cessation programs Videotapes Radio/TV spots	Level 2 plus: Computerized cessation program Support group
<b>Stress Management</b>	Pamphlets/brochures Posters Welcome Packets with resources within the community Sponsorship Program associated with PCSs	Level 1 plus: Group classes Videotapes Radio/TV spots Commanders session's Unit training Community Skill/Activity Classes	Level 2 plus: Individual treatment programs conducted at Medical Treatment Facility
<b>Hypertension Management</b>	Pamphlets/brochures Unit level Monitoring National High Blood Pressure Month (May) Periodic B.P. checks/follow-ups	Level 1 plus: Group classes Videotapes TV, radio spots	Level 2 plus: Individual counseling
<b>Substance Abuse Prevention</b>	Pamphlets/brochures Posters Group meetings and classes AR 600-85 Guidance	Level 1 plus: Videotapes	Level 2 plus: Individual counseling Support groups
<b>Spiritual Fitness</b>	Pamphlets/brochures Posters Opportunities to meditate, pray, or worship AR 165-20	Level 1 plus: Group meetings classes Developmental activities	Level 2 plus: Individual counseling Referral agencies Values building resources Support groups
<b>Dental Health</b>	Pamphlets/brochures National Children's Dental Health Month Periodic Dental Examinations Unit Level Dental Fitness Classification Monitoring	Classes Videotapes Radio/TV spots Skills Classes	Individual Oral Hygiene Counseling Definitive Dental Treatment Long Term Follow-Up

\*The exercise elements are the most likely to result in untoward events; therefore, cardiovascular screening must be required for all individuals 40 years of age and older and for anyone with a history of cardiovascular disease. A disclaimer is required.

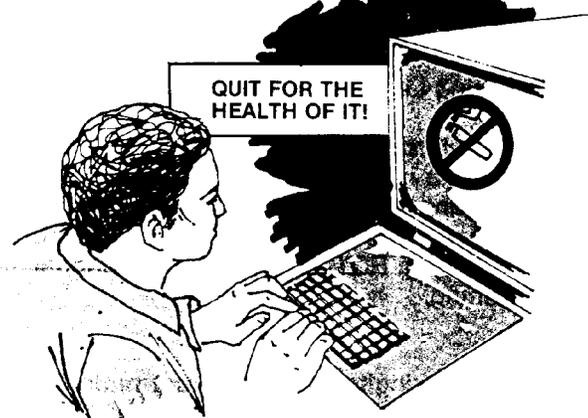
**Figure 1. Suggested Elements for Level 1–2–3 Fit To Win Programs—Continued**

## B. Information Objective

- To heighten awareness, impress a new image of “tobacco free” as desirable and provide basic information to hasten the “teachable moment” critical to behavior change.
- Disseminate information regarding the nature of health risks from tobacco usage and the immediate benefits of stopping.
- Promote distribution of information personally relevant to high risk smokers: pregnant women, those with multiple lifestyle health risks, parents of small children, those with job-related exposures worsened by smoking, and those who have quit before and restarted.
- Provide periodic giveaway “attention getters” during community activities (e.g. volksmarches, runs, sporting events, etc.): buttons, refrigerator magnets, bumper stickers, desk signs, T-shirts, cups, stickers, etc.
- Disseminate program posters, flyers, news briefs, service announcements at least quarterly.
- Support the annual “Great American Smokeout” campaign in cooperation with the American Cancer Society each November.
- Utilize public service announcements on closed circuit TV and radio.

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*Strategy. Annex B, Information Program*  
(Principles of Developing Community  
Awareness — Media Blitz)



### INFORMATION STRATEGY

HANDOUTS  
MASS MEDIA  
PUBLICITY  
ATTENTION GETTERS  
NATIONAL SMOKEOUT

Figure B. Information Strategy

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### **EDUCATION OBJECTIVE**

PRESENT NEW IMAGE  
DEGLAMORIZE TOBACCO  
GIVE PRACTICAL TIPS  
SUPPORT "QUIT JUST FOR THE HEALTH  
OF IT"

**Figure C. Education Objective**

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### **C. Education**

*a. Objective:* To deglamorize tobacco usage, create a positive image of stopping tobacco use, provide practical information for nonsmokers and smokers, and disseminate information on the negative effects of tobacco use.

*b. Target groups:*

- All active duty personnel particularly soldiers within 1 year of entry on active duty.
- Soldiers in leadership positions (NCOs and Officers).
- Health care personnel.
- Personnel served by the health care facility, particularly women of childbearing age and/or who are pregnant; soldiers during the periodic medical examination, and periodic dental examination; parents of infants and small children; and patients with symptoms or diagnosis associated with or worsened by smoking.
- Youth in DODSS schools and those participating in installation Youth Activities.
- DA civilian employees.



## EDUCATION STRATEGY

TRAINING

CLASSES

COMMAND BRIEFS

SELF STUDY

Figure D. Education Strategy

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*c. Strategy:*

(1) **Training.** Provide general information classes regarding tobacco use during basic and advanced training, enlisted personnel education/training courses, all long term training programs, the military academy, and in the unit annual training schedule.

(2) **Information.** Provide mass dissemination of information regarding the health and social impact of tobacco usage and publish smoking cessation self help techniques to provide guidance for smokers and nonsmokers. (Annex 13, Principles of Facilitating Learning/Behavior Change).

(3) **Command Information Briefs.** Disseminate information briefs suitable for use by personnel in leadership positions including personnel engaged in recruiting, and while conducting ROTC, Reserve and National Guard training.

(4) **Classes.** Provide smoking/tobacco use information classes for the community at large. Closed circuit TV (where available) instruction on tobacco and smoking for units, worksites and family housing areas may be a means of providing this information. (Annex C, Sample Lesson Plan).

(5) **Printed Material.** Provide ready access to printed information suitable for the target groups. Wide dissemination is recommended.

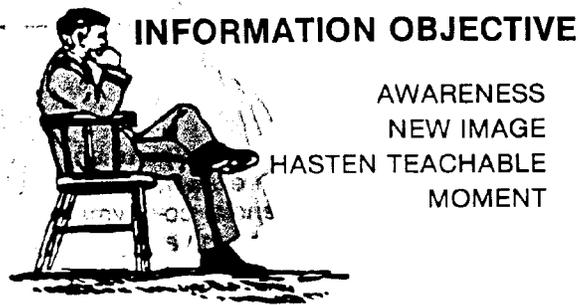


Figure E. Information Objective

**D. Cessation Intervention**

The highest priority of a cessation program should be to promote independent choices. Over 90% of people who stop smoking, stop on their own. Fewer smokers who decided to quit have attended formal programs. If a person is ready for change, but help is not immediately forthcoming – the probability of a successful intervention is reduced.

*a. General Description*

- Self-help approaches, group interventions and one-to-one counseling make up a comprehensive program when combined with an aggressive education and mass media information campaign.
- Reasonable access to smoking cessation programs should be available and participation encouraged. Programs may be located on the installation or within the civilian community.
- Annex D contains a General Counseling Protocol; Annex E, Resources for Self Help and Other Materials; and Annex F, Tips for Selecting Group Programs and the Code of Practice.

**FACTORS INFLUENCING BEHAVIOR**

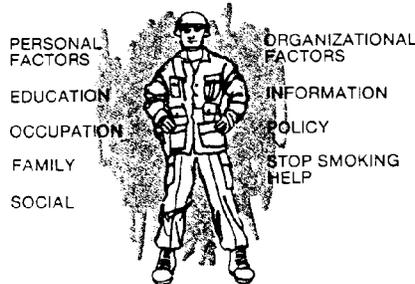


Figure F. Factor Influencing Behavior

*b. Self-Help Programs*

- Accessibility to organized self-help programs is important. If feasible, programs need to be offered at various locations and at different times. An interest survey containing a list of possible program meeting times can provide valuable insight. Self-help “kits” are relatively inexpensive but effective and should be provided to interested smokers. Use of these materials has been shown to double the odds that a motivated smoker will stop.



**STOP  
SMOKING  
HELP**

SELF HELP  
COUNSELING

SUPPORT GROUP

Figure G. Suggested Elements for Level 1-2-3 Fit To Win Programs

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## Part Two Annexes

### I. Annex A: Needs Assessment

This annex provides general information that may be useful in conducting a needs assessment. Questionnaire tools are enclosed to facilitate the assessment of the prevalence of tobacco use and the influences that support its use. (Included as an enclosure with this module)

*a. Step 1.* Develop a demographic profile of the community within the installation's geographic area of responsibility.

*b. Step 2.*

(1) Identify tobacco usage patterns and subgroups with common patterns. The attached measures can be used as a survey tool for this purpose and are also useful for program evaluation.

(2) Determine factors that support the use of tobacco. The attached questions and "A Self Test For Smokers-Test 1-3" may be useful tools.

(3) Determine factors that support not using tobacco. Identify subgroups where appropriate and the media suitable to reach the group.

*c. Step 3.* Develop a profile of existing resources including military and civilian agencies.

*d. Step 4.* Identify media resources and the target audience reached. Include audiovisual, print, gimmickry, etc.

*e. Step 5.* Rank order the factors supporting and not supporting tobacco use and establish priorities and sequence plan to address high priority area and subgroups.

*f. Step 6.* Have community residents complete an interest survey including an evaluation of potential participation, financial co-payment commitments, program locations and convenient times.

*g. Do You Want To Change Your Smoking Habits? (Test 1)*

(1) **Type of Measure:** Affective

(2) **Outcome Assessed:** Perceived Consequences of Smoking

(3) **Target Population:** Adults or Adolescents (current smokers)

(4) **General Description:** This questionnaire assesses whether or not individuals perceive the consequences of smoking as important enough to alter smoking habits. Respondents are asked to circle the number from 1 (completely disagree) to 4 (completely agree) that most accurately indicates how they feel about each statement related to: concern over effects of smoking on health; desire to set an example for others; recognition of the unpleasant aesthetic effects of smoking; and desire to exercise self-control. A total for each category is obtained by adding the scores. The totals are then used to indicate the important reasons to abstain from smoking or to stop smoking.

(5) **Authors:**

Daniel Horn and staff

National Clearinghouse for Smoking and Health

Public Health Service, U.S. Department of Health, Education and Welfare.

(6) **Additional Information:** This measure is Test 1 in a series of 4 tests published as the Smoker's Self-Testing Kit. The booklet is available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Requests should include stock number 017-001-00180-5. A sample Self-Testing Kit is enclosed in this module under separate cover.

## II. Annex B: Information Program

This Annex provides general guidance and suggestions for use of electronic and print media in support of the Tobacco Cessation Program, particularly the information component of the program.

*a. Media Notes.* Mild fear arousal, in informational print media, has little effect on smokers but is noticed by those concerned about their health. The emotional fear approach which is lighthearted, entertaining and with suggested advice for action in electronic media seems to have a powerful impact on smokers. An “image” based approach in electronic and print media has a strong impact on younger groups and women. The most effective print advertisements related cosmetic (e.g. wrinkles) and social (e.g. bad breath) implications. Unemotional appeals attract indifferent subjects and are best suited for affective change. While smoking, a subject will likely resist attitude change, but once smoking has stopped, the subject is more readily induced to adopt a new attitude.

### *b. Media Campaign—Principles of Developing Community Awareness.*

(1) It is easier to bring the program to the target population than to bring the target population to the program. Selecting target sites to “get the word” out and even provide service may be facilitated by focusing on age groups. For example:

(a) New Parents/Infants: well child clinics, child development services, pediatric clinics.

(b) Parents and young children: child development services, preschool, PX toy department, installation youth activity, pediatric clinic, civic and church groups, summer camps and bible schools.

(c) Adolescents: fast food restaurants, installation youth activity, civic and church groups, school, video game facilities.

(d) Young Adult: Post Exchange and Commissary, moral support recreational and sport activity, health care facility, church civic and social groups (including wives clubs, etc.), Club System workplace.

(e) Middle to Older Adult: health care facility, pharmacists, post exchange and commissary, bank, credit union, civic and social groups, recreational activities, church activity, workplace, union.

(2) To develop program interest, program coordinators need to know their target population and create personal relevancy for each potential participant. For example, to promise a longer life generally does not interest a young adult. In contrast, projecting or communicating that being a non-smoker “is in” may have a more successful impact.

(3) Mass internal media encompasses the continuum of interpersonal involvement, i.e., general public flyers and brochures to personal advice of doctors and clergy.

(4) Existing networks and media channels generally can be relied on to get the word out without creating a new one.

(5) Publicity *Target areas:* (general public):

- Service agencies frequented by the target groups: For example, inprocessing stations; Army Community Service Agency (ACS); recreation centers; education centers; unit Learning Centers; commissary; PX; other moral support activities; Family Life Center; child development centers; health care facilities and division medical services; officer/ NCO/junior enlisted spouses clubs; brigade and battalion spouse groups; retiree associations, etc.
- Installation distribution system, including the daily bulletin; newspaper and/or newsletters, leave earnings statements; command information channels such as Officer/NCO call, company formation; closed circuit TV, Armed Forces Radio and Television Systems (AFRTS) outlets.

### **III. Annex C: Education Program**

This Annex provides general guidance regarding the education effort in behalf of the Antitobacco Use Program and includes "Education Program Tips", "Principles of Facilitated Behavior Change" and a general Lesson Plan.

*a.* An individual's behavior is influenced by knowledge, skill values and personal beliefs. Values and beliefs regarding smoking and tobacco use have a powerful influence on personal practice. Personal values and beliefs are shaped by the personal, social, and environmental norms and accepted practices. It is crucial to identify these beliefs if an effective information/education program is to be successful. For example, many soldiers may believe tobacco is essential during field operations to reduce hunger and heighten alertness. These beliefs cannot be ignored.

*b.* Policies restricting tobacco use and the wide use of mass media are the most effective behavior change catalysts. Policies and mass media also serve to reinforce the total program. In fact, mass media can be considered an essential primary intervention element.

*c.* The wants, needs, goals and priorities of people differ with age, sex, state of health, job, etc. Integrating consideration of these differences in developing a program strategy maximizes success. Over three-fourths of the Army is under the age of 35 years. This group generally has short term objectives, is engaged in development of family life and is establishing a career field. Quality of life for this group has different component priorities than an older target group.

#### ***d.* Principles of Facilitated Individual Behavior Change/Learning.**

(1) Learning is an experience which occurs inside the learner and is activated by the learner. It is facilitated in an atmosphere that promotes personal involvement, decision making, and accountability.

(2) Learning is a consequence of experience. It is facilitated in an atmosphere that recognizes the value of mistakes as a natural part of the growth process.

(3) Learning is the discovery of the personal meaning and relevance of ideas. It is facilitated in an atmosphere which emphasizes the uniquely personal aspects of learning and which encourages positive self image.

(4) Learning is an evolutionary process. It is facilitated in an atmosphere that recognizes a hierarchy of personal and group needs.

(5) The richest resource for learning is the learner. It is facilitated in an atmosphere that encourages personal trust in self, as well as external sources. Emphasis on self-evaluation and self-direction are learning catalysts.

(6) The process of learning and behavior change is emotional as well as intellectual, and is highly unique and individual. It is facilitated in an atmosphere that recognizes that problem solving and learning requires personal feelings, attitudes, ideas and concerns.

## Lesson Plan

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### Title: Hazards of Tobacco Use

#### A. Education Objectives

1. *Task:*

Introduce the individual to the major risk factors related to the harmful effects of tobacco use and how smoking adversely affects quality of life.

Individuals who are smokers will be taught some techniques to help them stop smoking. Non-smokers will learn why it's a good idea not to begin using tobacco.

2. *Conditions:*

Given instruction in a classroom environment the individual will be able to explain:

- The health-related long-term effects of smoking
- The positive physical benefits of stopping smoking
- The methods of stopping smoking
- How to assist his/her friend, family, co-worker to stop smoking

#### B. Administrative Instructions

1. Time/Date of Training: 1 hour
2. Training location: TBA
3. Personnel to be trained: Department of the Army personnel and other beneficiaries
4. Instructor(s): (1 principle instructor)
5. Training Aids and Equipment:
  - Overhead projector, screen, vugraphs, TV, VCR and chalkboards
  - Vugraphs: See Appendix A
  - Handouts: NA
6. References:
  - Student. None.
  - Instructor. Curriculum Guide DOD Health Promotion Directive 1010.10

Figure H-1. Lesson Plan

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Elapsed Time	Lesson Plan	Training Aids
00	<p><b>A. Objective</b>            At the end of this instruction, you will be able to have a working knowledge and insight as to the factors related to stopping tobacco use and discuss the effects and means to stop tobacco use. Why is the Army teaching you about tobacco use?</p> <ol style="list-style-type: none"> <li><i>Nicotine</i> is a physically and psychologically <i>addictive drug</i>. Therefore, any kind of tobacco use may be addictive. There is <i>no safe</i> level of tobacco use.</li> <li>The U.S. Surgeon General States, "<i>Cigarette smoking is the chief, single avoidable cause of death in our society and the most important public health issue of our time.</i>"</li> <li>TOBACCO USE AFFECTS EVERYONE. We all have family, friends, and co-workers who use tobacco. Also, as non-smokers, if we live or work in a smoke-filled environment, we are at higher risk for cancer, cardiovascular and chronic obstructive lung diseases.</li> </ol>	<p>VU 1 ON             VU 1 OFF            VU 2 ON                     VU 2 OFF</p>
05	<p><b>B. Body</b>            Any kind of tobacco can be a hard habit to break. You experience a craving for nicotine in cigarettes or smokeless tobacco. The force of habit is strong. Using tobacco may seem an indispensable part of your daily life.</p> <ol style="list-style-type: none"> <li><i>Smoking is a learned behavior</i>. First let's recognize that you "learned" to smoke or use smokeless tobacco products. Smoking is <i>not</i> a natural act.</li> <li>People begin using tobacco for a variety of reasons, e.g., to be sociable. The tobacco advertisers would have you believe that smoking symbolizes maturity, sophistication and an adult image that young adults strive toward. At first, smoking helps to cover up our youthful insecurities and make us seem like part of the crowd. But the longer we smoke, the more we tend to use cigarettes to deal with problems and negative feelings like loneliness, boredom, anger, anxiety, etc. Often smokers use cigarettes as a "crutch" when things go wrong and to reduce tension.</li> <li><i>Smoking is a triggered behavior</i>. These cues or triggers can be any number of situations or events, e.g., watching TV, after a meal, and to release tension.</li> </ol>	<p>VU 3 ON</p>

Figure H-2. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids
0005	<p>4. <i>Smoking is an automatic behavior.</i> Smoking becomes generalized to nearly all areas of one's life. Smoking can become almost like an involuntary reflex. Often people will light one cigarette to find a previously lit cigarette in the ashtray. However, you can stop if you are willing to put forth the effort. Millions of people have done it. In fact, one out of three smokers who attempt to stop smoking, succeeds. Stopping is worth the effort. Think of the effects of smoking and what it's done for you, for example:</p> <ul style="list-style-type: none"> <li>• Harms your health and shortens life</li> <li>• Costs you money</li> <li>• Is unattractive and unpleasant</li> <li>• Harms others</li> </ul> <p>Take a look at the warning label on a pack of cigarettes: (Warning labels are also on smokeless tobacco).</p> <ol style="list-style-type: none"> <li>1. "Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous To Your Health." (INSTRUCTOR NOTE: Take out a pack of cigarettes and read the label.)</li> <li>2. Surgeon General's Warning: "Smoking causes lung cancer, heart disease, emphysema and may complicate pregnancy".</li> <li>3. Surgeon General's Warning: "Smoking by pregnant women may result in fetal injury, premature birth and lowered birth weight."</li> <li>4. Surgeon General's Warning: "Cigarette smoke contains carbon monoxide."</li> <li>5. Surgeon General's Warning: "Quitting smoking can greatly reduce serious risks to your health."</li> </ol>	<p>VU 3 OFF VU 4 ON</p> <p>VU 4 OFF</p>
0010	<p>Smoking affects your health in many ways. As soon as you light up, changes occur in your body such as:</p> <ul style="list-style-type: none"> <li>• Your heart rate increases</li> <li>• Your sense of taste and smell are dulled</li> <li>• Blood vessels constrict</li> <li>• Your ability to transport oxygen decreases</li> <li>• Your risk of cardiovascular disease, heart attack and cancer increases</li> </ul>	<p>VU 5 ON</p> <p>VU 5 OFF</p>

Figure H-3. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids		
	<p>Tobacco use causes serious disease which may result in disability or death. Smokers have up to 10 times more risk of developing these diseases than non-smokers. The more you smoke, the greater the risk. Let's take a look at some long-term effects:</p> <p><b>Long-Term Effects</b></p> <table border="0"> <tr> <td data-bbox="358 359 769 506"> <p><b>Respiratory Disease</b>  Chronic Bronchitis  Emphysema  Lung Infections  Chronic Obstructive Lung Disease</p> </td> <td data-bbox="824 359 1057 531"> <p><b>Cancers</b>  Lung  Larynx  Mouth, Throat,  Esophagus, Kidney,  Pancreas, Bladder</p> </td> </tr> </table>	<p><b>Respiratory Disease</b>  Chronic Bronchitis  Emphysema  Lung Infections  Chronic Obstructive Lung Disease</p>	<p><b>Cancers</b>  Lung  Larynx  Mouth, Throat,  Esophagus, Kidney,  Pancreas, Bladder</p>	VU 6 ON
<p><b>Respiratory Disease</b>  Chronic Bronchitis  Emphysema  Lung Infections  Chronic Obstructive Lung Disease</p>	<p><b>Cancers</b>  Lung  Larynx  Mouth, Throat,  Esophagus, Kidney,  Pancreas, Bladder</p>			
	<p><b>Heart Disease</b></p> <p>When you stop smoking, you will feel better both physically and psychologically because:</p> <ul style="list-style-type: none"> <li>• You'll breathe easier</li> <li>• Your sense of taste and smell will improve</li> <li>• You will have more energy</li> <li>• You'll save money</li> <li>• Your lungs will work better</li> <li>• Your heart won't have to work as hard</li> <li>• You will have more confidence</li> <li>• Others won't be disturbed</li> <li>• Risks go down immediately and continue to go down over time.</li> </ul>	VU 7 ON		
0020	<p>There are many ways to stop. Each smoker must find the best way to break his or her personal habit. One way is to obtain outside help. You have a wide choice of methods and sources. For example:</p> <p><b>Get Outside Help</b>  Group Programs  Commercial Plans  Behavior Modification  Counseling  Medical Treatment</p> <p><b>Sources of Help</b>  Cancer Society  Heart Association  Lung Association  Commercial Organizations  7th Day Adventist Program  Physicians, Nurses, Health Educators  Industrial Organizations  Psychologists</p> <p>(INSTRUCTOR NOTE: Go down the slide and discuss the programs and sources of health.)</p>	VU 8 ON		
		VU 8 OFF		

Figure H-4. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids
	<p>Another way to stop is to do it yourself. When you decide to stop on your own, you can either cut down gradually, or you can stop "cold turkey". Whichever method you choose, be prepared with a positive attitude and confidence in your abilities to become a non-smoker and improve your health. Changing your thinking is crucial to successfully stop smoking. Shifting your ideas and self-image from thinking of yourself as "I am a smoker who is abstaining" to "I am a non-smoker" is what successful reformed non-smokers have done. (INSTRUCTORS NOTE: Review and discuss each item on vugraph).</p>	VU 9 ON
	<p>Tell yourself that you have the strength to overcome the smoking habit. "<i>You should make a list of reasons for stopping.</i>" Place your list in a conspicuous place and frequently read it. When you decide to stop and go cold turkey here is:</p> <p><b>How To Start Cold Turkey</b></p> <ul style="list-style-type: none"> <li>• Stop with someone</li> <li>• Set a target date</li> <li>• Empty your ashtrays</li> <li>• Throw out your cigarettes, matches, ashtrays</li> <li>• Reinforce your decision (visit dentist, exercise, refer to list, estimate money saved)</li> </ul> <p>(INSTRUCTOR NOTES: Discuss each item and other techniques you may know.)</p>	VU 9 OFF VU 10 ON
	<p>When you decide to stop and if you decide to cut down gradually, you'll learn to control your smoking so you can eventually stop. Here are some tips on how you can begin to quit and succeed:</p> <p><b>How To Start Gradual Reduction</b></p> <ul style="list-style-type: none"> <li>• Refer to your list of reasons to stop often</li> <li>• Switch brands to a brand with lower tar and nicotine</li> <li>• Smoke only half</li> <li>• Maintain a smoking record</li> <li>• Purchase cigarettes by the pack</li> <li>• Wrap your smoking record around the cigarette pack</li> <li>• Store your cigarette butts in a plastic container and keep it visible.</li> </ul> <p><b>How To Succeed</b></p> <ul style="list-style-type: none"> <li>• Set a daily quota</li> <li>• Increase your exercise</li> <li>• Postpone each cigarette</li> <li>• Seek personal support</li> <li>• Smoke only in uncomfortable places</li> <li>• Change your habits</li> </ul> <p>(INSTRUCTOR NOTE: Discuss how to start and succeed to eventually stop smoking.)</p>	VU 10 OFF VU 11 ON
		VU 11 OFF

Figure H-5. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids
	<p>How to maintain your “stopping” power and stay away from cigarettes after you have stopped. Let’s look at some ways you can maintain your “stopping” power:</p> <ul style="list-style-type: none"> <li>• Make a list of items to buy from the money you would have spent on tobacco</li> <li>• Avoid reminders of smoking and smokeless tobacco</li> <li>• Do things that occupy your hands</li> <li>• Be proud of yourself</li> <li>• Spend time where smoking is prohibited</li> <li>• Adopt healthful habits</li> <li>• Increase your physical activity</li> <li>• “Take Ten” deep easy breaths — RELAX</li> <li>• Be with friends who are non-smokers</li> <li>• Do things differently, don’t rely on old ways to solve problems</li> <li>• Volunteer to help others stop smoking</li> </ul> <p>(INSTRUCTOR NOTES: Talk the individual through the 12 points on the slide. Explain to him/her that this may be an excellent time to stop smoking.)</p> <p><b>What Non-Smokers Can Do</b></p> <ol style="list-style-type: none"> <li>1. Support of family and friends is the second most important factor in stopping smoking. The most important factor is the smokers own motivation to stop.</li> <li>2. Realize that tobacco users are <i>addicted</i>. Stopping smoking is <i>not</i> a matter of will power.</li> <li>3. Public Health Service — Cigarette smoking is the most widespread example of drug dependence in the U.S.</li> <li>4. Nicotine affects the chemistry of the brain and nervous system, produces dependence, robbing the user of the freedom of choice. When your friends stop smoking they may experience some physical and mental distress, e.g., irritability. There is a strong tendency among former users to relapse, months, even years, after stopping.</li> <li>5. Your smoker will need your <i>support and patience</i>. While your friend, family or co-worker is recovering from nicotine addiction, remember <i>not</i> to be critical, nagging won’t help, and neither will calling attention to mistakes.</li> <li>6. Stopping smoking is a long term process. Some smokers try several times before they finally succeed. If they fail, they should not think of themselves, nor should others see them as weak-willed or failures, but rather they should try to stop again and be given caring support and patience by non-smokers.</li> </ol>	<p>VU 12 ON</p> <p>VU 12 OFF</p> <p>VU 13 ON</p> <p>VU 13 OFF</p>

Figure H-6. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids
	Let's talk about some of those what if questions I know you all are thinking about:	VU 14 ON
	1. What do I do if I have a sudden urge to smoke?	VU 14 OFF
	a. <i>Urge Surfing</i> Any urge is a response that will increase in intensity, peak and then subside — as long as you do not give in. The urge or craving is similar to an ocean wave: it starts small, builds to a crest and then breaks or subsides in intensity. URGE SURFING is a useful way for you to imagine that any urge is like a wave and that you are learning to be a surfer — to “ride” the wave with balance instead of being “wiped out” by its force.	VU 15 ON VU 15 OFF
	b. <i>Samurai</i> Samurai is another use image, where you can visualize the urge as an “enemy” or threat to your life, which smoking clearly is. A soon as you are aware of the urge, dispose of it immediately with an active response (e.g., beheaded with the sword of awareness). Some urges are easy to detect, others are subtle and may take on various disguises. You might want to visualize cutting a notch in your belt for each time you successfully let go of an urge.	VU 16 ON VU 16 OFF
	c. <i>Change Your Activity</i>	
	d. <i>Use a Substitute</i>	
	e. <i>Talk to Someone</i> Remember, even one cigarette may get you hooked again.	
	2. Will I have withdrawal symptoms?	VU 17 ON
	• Some people crave cigarettes and get jittery or irritated when they cease smoking. It is only temporary. One should think of withdrawal symptoms as recovery symptoms. The first 2-4 weeks represent the acute withdrawal phase.	
	3. Will I gain weight?	
	• Many people who quit smoking gain weight. The average weight gain is 8-10 pounds and is usually lost during the first year. Assistance with weight control can be obtained from a dietitian.	
	4. What if I backslide?	
	• If you do smoke or use other tobacco products, after you've stopped for a while, don't allow yourself to become discouraged, or pick up the habit again. One backslide does not mean tomorrow is not a new day.	VU 17 OFF

Figure H-7. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids
	<p>When people violate a self-imposed abstinence rule, e.g., beginning smoking after having stopped, they report feelings of guilt/self-blame and reactions of emotional conflict and agitation. How the individual copes with this reaction is of crucial importance.</p> <ol style="list-style-type: none"> <li>1. If a person feels that the lapse has “blown it” and made it “impossible” to regain abstinence (non-violated), one way of reducing anxiety and conflict is to see oneself as “relapsed” (or addicted, a victim of a disease beyond personal control) and allow one’s behavior to go “out of control”.</li> <li>2. <i>A lapse is simply a mistake or error that may occur when one is learning how to change a habit.</i> The learning process involves opportunities for constructive learning, rather than indication of total failure and irreversible relapse. <i>A lapse can be turned into a prolapse instead of a relapse.</i></li> </ol>	<p>VU 18 ON</p> <p>VU 18 OFF</p>

Figure H-8. Lesson Plan—Continued

Elapsed Time	Lesson Plan	Training Aids
<b>Coping Skills in Case of a Lapse</b>		
	<ol style="list-style-type: none"> <li>1. <i>Stop, Look and Listen.</i> When a lapse occurs, check out what is happening. A lapse is a warning signal that you may be in a high risk situation.</li> <li>2. <i>Keep Calm.</i> Your first reaction may be one of feeling guilty and blaming yourself for “slipping”. Realize that this is a normal reaction, that is essentially harmless unless you give in to it and give up control. Allow yourself to experience the feelings that arise, and pass away like an ocean wave that builds in strength, peaks at a crest and then ebbs away. See the slip as a mistake, an opportunity for learning, not a sign of failure. (<i>Urge Surf</i>)</li> <li>3. <i>Renew Your Commitment.</i> Think about your reasons for stopping in the first place. Think of the long range benefits. Remember you are improving your health and life. One slip <i>does not</i> cancel out all the progress you’ve made. Be positive, renew your commitment. Your actions are under your control.</li> <li>4. <i>Review the Situation Leading Up to the Lapse.</i> Ask yourself: <ul style="list-style-type: none"> <li>• What events led up to the slip?</li> <li>• Were there any early warning signals that preceded the lapse?</li> <li>• What was the nature of the high risk situation that triggered the slip?</li> <li>• What was the setting, time of day, presence or absence of others, your mood, activities, etc.?</li> </ul> <p style="margin-left: 40px;">Its always easier to stop now, just after a slip, than to give in and delay your goals of caring for yourself and improving your health.</p> </li> <li>5. <i>Make an Immediate Plan for Recovery.</i> <p style="margin-left: 40px;">First — Get rid of all items associated with tobacco use, matches, cigarettes, smokeless tobacco, etc.</p> <p style="margin-left: 40px;">Second — Avoid high-risk situations, take a walk, use relaxation, exercise, etc.</p> </li> <li>6. <i>Ask for Help</i> from your friends. <p style="margin-left: 40px;">In summary, <i>know the facts</i> — tobacco use harms your health and shortens your life; <i>choose</i> your way to stop, pick the method you think will work, then use it: <i>stick with it</i>, you will live longer and happier without cigarettes.</p> </li> </ol>	<p>VU 19 OFF</p> <p>VU 20 ON</p> <p>VU 20 OFF</p>
0040	Summarize and conduct a question and answer session.	

Figure H-9. Lesson Plan—Continued

c. **Appendix A: Vugraphs**  
(Please refer to the Appendix section at the end of the document.)

#### **IV. Annex D: Personal Guidance Protocol**

This annex presents a general 5 step approach to providing guidance to individuals regarding tobacco use.

##### **General Counseling Protocol For Smoking Cessation**

###### **a. Step 1: Ask About Smoking Behavior**

- Does the person smoke?
- How much is smoked per day?
- Is there interest in stopping?
- If no interest in stopping, is there interest in cutting down the number of cigarettes smoked?
- If there is interest in cutting down or stopping, proceed with the session.

###### **b. Step 2: Provide Congratulatory Reinforcement**

- Compliment the decision to gain control over this habit.
- Assure that stopping can be done even if it was tried unsuccessfully before.
- Remind that past failures aid success this time.
- Remind that stopping has health benefits (reduces the chance of disease especially lung cancer, emphysema, bronchial disease, etc.)
- Provide self help material or register for formal group depending on the desires of the person.

###### **c. Step 3: Establish A Stop Smoking Date**

- Advise that between 3 days to 2 weeks is best target date.
- Record the agreed upon date in the self help material or on the formal group registration form.

###### **d. Step 4: Provide Guidance Regarding Quitting Preparations**

- Smoker should identify the major reasons for smoking and reasons to stop. Reasons to stop will vary and may include social, cosmetic, health, and role model gains.
- Discuss times, places and activities that seem to trigger the desire/need to smoke.
- Provide written guidance regarding alternatives that may help cope with these “triggers.”
- Discuss positive self evaluation to build on the belief that a positive self-image builds success.

###### **e. Step 5: Discuss Follow-Up Procedures**

- Explain specific program follow-up and support for example, weekly review of self help log; using a support buddy or group, telephone follow-up, etc.

## V. Annex E: Resources

This annex provides information regarding some self-help materials and local resources for printed and audiovisual support, and group cessation programs.

**Table 1**  
**Resources For Self-Help Materials\***

Title	Source
<b>Clearing The Air</b> #NIH 78-1647	Office of Cancer Communications National Cancer Institute 9000 Rockville Pke Bethesda, MD 20014 (301)496-5583
<b>Calling It Quits</b> #NIH 80-1824	Office of Smoking and Health 5700 Fishers Lane Rockville, MD 20857 (301)443-1690
<b>How To Stop Smoking</b> #51-013A	Local chapter of American Heart Association
<b>A Self Test For Smokers</b> #DHEW (DCD) 75-8716	Office of Smoking and Health (as above)
<b>How To Quit Cigarettes</b> #2604	Local chapter of the American Cancer Society
<b>Quitter's Guide — 7 Day Plan To Help You Stop Smoking</b> #2021	Local chapter of the American Cancer Society
<b>Freedom From Smoking In 28 Days (Set)</b> #0034, 0026	Local chapter of American Lung Association
<b>Kit For Pregnant Women</b> #0408C	Local chapter of American Lung Association

Notes:

\* OCONUS will have publications available through the AG Publication Center

## VI. Annex F: Cessation Intervention

This annex contains tips for selecting group smoking cessation programs and a code of practice on which to base quality assessment of programs that might be considered for implementation at an installation.

a. The Code of Practice is subscribed to by the American Lung Association, American Cancer Society, American Heart Association, American Health Foundation, Five-Day Plan to Stop Smoking, and SmokeEnders.

b. **Tips For Selecting Group Smoking Cessation Programs.** The following questions may help isolate the commercial programs that really deliver what they promise and that have the potential to work for a particular community or target group.

- How long has the organization been in existence?
- How long has this smoking cessation program been offered?
- How many people have gone through the program?
- Is a list of clients available?
- What is the success rate and how is it measured?
- What percent of those starting the program complete it?
- Of those who complete the program, what percent stopped smoking?
- What percent of those who completed the program were still not smoking in 12 months?
- How was the 12 month quit rate gathered? (e.g., mail telephone, etc.)
- What are the qualifications of the instructors?
- How many sessions are required and how long are they?
- What kind of space equipment and time are required for the program?
- Is follow-up or maintenance support provided?
- Has the program undergone peer review?
- What is the fee schedule?
- Are promotional materials a part of the program package?

c. **Code of Practice for Group Smoking Cessation Programs.**

### Preamble

The national organizations listed below have developed and subscribe to the following Code of Practice for group programs of smoking cessation. They, thereby, have agreed that all such programs conducted under their agencies will comply with this code of self-regulation. The Code of Practice is intended to provide assurance and protection to individuals seeking assistance in smoking cessation. It is not intended either to endorse or to interfere with the methodology or content of any program or eliminate its unique features. The Code will be reviewed annually by the subscribing organizations.

#### I. **Criteria of Success**

Complete cessation, and continued abstinence from smoking for one year, should be the primary criteria of success. A uniform approach to the determination of rates of success is set forth in *Standards for the Evaluation of Group Smoking Cessation Program*.

#### II. **Disclosure**

Program participants should be given an accurate description of the services rendered including a general explanation of the treatment approach, time and costs involved and qualifications of leaders or facilitators. Introductory sessions or some other method of informing participants of the major facts about the program, including any possible physiological risks involved, should be provided. Participants with relevant medical problems should be referred to their family physicians.

#### III. **Continuity/Availability**

Maintenance programs or other services should be available to participants (or past participants who require continued help).

Each program should have some provision for furnishing information, counseling or referral to the participants who do not respond to its approach.

#### IV. **Training of Leaders**

Only adequately trained and experienced individuals should be allowed to lead groups.

A written protocol for training and written criteria for evaluation of leaders should be on file in each organization.

#### V. **Program Uniformity**

Programs identified with a particular organization should be similar, unless otherwise noted.

Each organization should plan for quality control and standardization of its approved program models.

**VI. Record Keeping**

Adequate records of all participants should be maintained in accordance with the standards set forth in *Standards for the Evaluation of Group Smoking Cessation Programs*.

**VII. Advertising, Promotion and Public Relations**

No quantitative claims of success should be made in advertising.

No guarantees of success should be made.

Statistics cited to the press should be referred to peer-reviewed evaluation conducted in accordance with Standards for the Evaluation of Group Smoking Cessation Programs and must include results both at the end of treatment and after one year.

**IX. Human Dignity**

All programs should respect the human dignity of their participants.

There should be no discrimination in admission to or treatment in programs on the basis of race, religion, color or sex.

All records should be confidential and lists of names should not be sold to outside groups without the approval of the participants.

## VII. Annex G: Standards for Evaluation Group Smoking Cessation Program

This annex contains standards specifically for evaluation of program outcomes of group smoking cessation programs. These standards are followed by the American Cancer Society, American Health Foundation, American Lung Association, and the American Heart Association.

### a. Standards for the Evaluation of Group Smoking Cessation Programs Peer Review Committee on National Smoking Cessation Programs.

#### (1) Introduction:

(a) These are standards specifically for evaluation of program outcomes. They are not intended to serve as a guide to collection of data for other kinds of research or for more sophisticated and discriminated evaluation.

(b) *Guidelines for Research on the Effectiveness of Smoking Cessation Programs*, issued by the National Inter-agency Council on Smoking and Health is recommended for that purpose.

(c) What these standards will provide, it is hoped, is some basis for avoiding confusion about what an organization's claimed rate of success means and how it relates to the rates of other programs.

(d) Therefore, it was agreed by those involved in the preparation of these standards that, even at the possible cost of foregoing opportunities to collect additional data that may someday have great value, simplicity should be strictly maintained.

(e) The organizations listed below have agreed to conduct and report their program evaluation in accordance with these standards.

American Cancer Society  
American Health Foundation  
American Heart Association  
American Lung Association  
Five-Day Plan to Stop Smoking  
SmokEnders

#### (2) Definitions and Measurement of Success

(a) **Definitions.** In order to evaluate group smoking cessation methodology and compare the result of one program with another, the criteria of success, the way program participants are accounted for, the follow-up period and the manner of reporting results must be uniform. The following are standard definitions.

1. Smoker — Anyone who smokes tobacco in any form.
2. Participant — Tobacco smoker who attends at least the first treatment session following orientation.
3. In-Term Quitter — Any participant who has completed the program and stopped smoking by the end of the program.
4. Dropout — Participant who did not complete the program.
5. Attrition Rate — Number of dropouts divided by number of participants.
6. Quitter (long-term) — In-Term Quitter who has not resumed smoking for at least one year after completion of the program.
7. Recidivist — Participant who stopped smoking by the end of the program but resumed smoking during the ensuing 12-month period.

(b) **Measurement of "Success".** The standard definition of success in smoking cessation programs is complete abstinence from smoking tobacco in any form for at least one year after completion of the program. If other aspects of program impact are also reported, such as complete abstinence for less than a year, switching to pipes or cigars, switching from high tar/nicotine, decreasing the number of cigarettes smoked, the criteria used must be clearly stated in the reporting of results and the term "success" should not be employed in connection with them. A clear evaluation statement must contain:

1. The number of participants.
2. The number and/or percentage of participants who stopped smoking at the end of the program.
3. The number and/or percentage of participants completing the program who had not resumed smoking by the end of one year. (Organizations wishing to state the number or percentage of participants entering the program who had quit and not resumed smoking by the end of one year may do so.)

#### (3) Collection of Data.

(a) **Minimum Information Required.** Each case-record should contain identifying information needed for follow-up purposes. It should also state the beginning and ending dates of the program in which the participant was enrolled and records his/her attendance. Finally, it should record smoking status at the program's beginning and end and at the point of one-year follow-up.

1. **Identifying Characteristics.** At a minimum, the individual's name, address and telephone number should be recorded. It is also useful for follow-up purposes to record employment address and telephone number.

2. **Tobacco Use at Baseline and Follow-Up.** Whether the participants smoke tobacco in any form should be recorded at the program's beginning and end and at one-year follow-up. At the latter points whether the participant has smoked during the past year should also be reported.

3. **Attendance.** The date of the first session following orientation and the last sessions of the program and the participant's attendance at each are essential to record.

(b) **Timing and Methods of Data Collection.**

1. **Basic Data.** Identifying information should be collected prior to the first session as a part of the registration procedure so as to ensure the inclusion of all participants. If registration and the first session take place at the same meeting, it is important to allow enough time to collect the data before the session begins.

2. **End of Program Data.** To determine the in-term results of the program, data on the participant's smoking status should be collected at the program's conclusion. If he/she is not smoking at that point, he/she can be considered an In-Term Quitter. All persons who entered the program should be accounted for at the time and classified as in-term quitters, drop-outs, or smokers.

3. **Follow-Up Data** The one-year Follow-Up of In-Term Quitters is by far the most important measuring point and the basis for calculating rates of program success. Follow-up data may be obtained either by mailed questionnaires or by telephone interviews. Telephone interviewers should receive specific training for this function. It is essential to reach as many interim quitters as possible. *Those not reached must be counted as smokers*, as assumption amply warranted by the experience of numerous studies.

(c) **Defining and Accounting for All Participants.**

1. **Defining Participants.** A participant has been defined as a smoker who enters a program and attends at least the first treatment session following orientation. All participants should be accounted for in the evaluation. Individuals who were nonsmokers or ex-smokers at the time of entering the program should be excluded from the analysis, even though they may have registered and attended one or more sessions.

2. **Status of Participants at End of Program.** At or shortly after the program's conclusion, all participants who have completed the program should be asked whether they are still smoking. Those who report that they have stopped may be considered in-term quitters. Those about whom no information can be obtained must be listed with those still smoking in the denominator to calculate the in-term quit rate of the program.

3. **Accounting for Participants at Program Conclusion and One-Year Follow-Up.** All who registered for the program can be divided into categories.

a. Registered for program.

b. Registered, non-smoker or ex-smoker at program start.

c. Registered, but did not attend any sessions.

$$\text{Participant (P)} = a - (b + c)$$

d. Dropped out during program.

e. Still smoking at conclusion of program.

f. Quit smoking by conclusion of program.

$$\text{In-Term Quit Rate} = f \div p$$

$$\text{Attrition Rate} = d \div p$$

g. Completed program, has not smoked during one-year follow-up period.

h. Completed program, returned to smoking (regularly or intermittently) during follow up period.

i. Completed program, refused to respond.

j. Completed program, not located for follow-up.

k. Completed program, died during follow-up period.

$$\text{Long Term Quit Rate} = g \div f - k \quad (f = g + h + i + j)$$

$$\text{Overall Success Rate} = g \div p$$

(d) **Sample Size and Randomization.**

(1) Programs that do not base in-term or long-term quit rates on their total population should collect and report data on no fewer than 500 participants annually.

(2) These should be all individuals entering the program starting at any given point in time and continuing until the total of 500 (or some larger number) has been included.

(e) **Standard Questions.** Programs may wish to collect additional data for various purposes. At a minimum, however, the following questions should be asked:

**At Registration:**

(1) Do you smoke cigarettes?

(2) About how many cigarettes do you smoke per day?

(3) Do you smoke tobacco in any other form?

**At Program Completion:**

(1) Do you currently smoke cigarettes?

(2) Do you smoke tobacco in any other form?

**At One-Year Follow-Up:**

(1) Do you currently smoke cigarettes?

(2) How many cigarettes have you smoked in the last twelve months?

(3) When did you last smoke a cigarette?

(4) Do you now smoke cigars or a pipe?

*Note.* \*Denominator: is all those entering the program.

\*\*Denominator: is all those who completed the program and stopped smoking then.

## VIII. Annex H: Policy on Controlling Smoking

This Annex contains a copy of the policy which establishes guidelines for controlling smoking in DA occupied space and a copy of ARNEWS 081, Subject: Army Offers Answers to Your Smoking Questions.

This policy establishes uniform guidelines for controlling smoking. Local limited supplementation of this policy is permitted, but is not required.

1. *Purpose.* To implement DOD Directive 1010.10.

2. *General.*

(a) Smoking tobacco harms readiness by impairing physical fitness and by increasing illness, absenteeism, premature death, and health care costs. This policy enhances readiness by establishing the standard of a smoke free environment which supports abstinence and discourages the use of tobacco.

(b) Department of Army officials will affirmatively act to implement this policy.

(c) Full cooperation of all commanders, supervisors, soldiers, and civilian employees is expected to ensure that people are protected from the effects of secondhand smoke, and personnel who desire to smoke are not unnecessarily inconvenienced.

3. *Applicability and Scope.*

(a) The provisions of this policy apply to all organizational elements that occupy space in/on conveyances, offices, buildings, or facilities over which Department of Army has custody and control. This includes space assigned to the Army by General Services Administration (GSA).

(b) This policy does not cancel or supersede other instructions which control smoking because of fire, explosive, or other safety considerations.

4. *Policy.* Smoking is prohibited in DA occupied space, except for designated smoking areas that are necessary to avoid undue inconvenience to persons who desire to smoke. Supervisors may designate smoking areas to persons who desire to smoke. Supervisors may designate smoking areas only where they have determined that the secondhand smoke from tobacco products can be sufficiently isolated to protect nonsmokers from its effects. The following specific guidelines apply:

(a) Notices will be displayed at entrances to DA occupied space which state that smoking is not allowed, except in specifically designated areas.

(b) Smoking areas may not be designated within auditoriums, conference rooms, classrooms, restrooms, gymnasiums, fitness centers, and elevators.

(c) Smoking is prohibited in all military vehicles and aircraft.

(d) Nonsmoking areas shall be designated and posted in all eating facilities in DoD occupied buildings. Smoking areas shall be permitted only if adequate space is available for nonsmoking patrons and ventilation is adequate to provide them a healthy environment.

(e) When individual living quarters are not available and two or more individuals are assigned to one room, smoking and nonsmoking preferences shall be considered in the assignment of rooms.

(f) Health care providers shall not smoke in the presence of patients.

(g) Smoking by students is prohibited on the grounds of Department of Defense Dependent Schools (DODDS), Section 6, or other schools over which DA exercises control, except as provided for by the Director, DODDS. Visiting adults, faculty, and staff may smoke out of the presence or view of children in smoking areas designated in accordance with this policy.

(h) Smoking is prohibited in all child development centers and youth activity facilities, except that visiting adults and staff may smoke out of the presence or view of children in smoking areas designated in accordance with this policy.

(i) Smoking is prohibited where it presents a safety hazard, e.g., firing ranges, ammunition storage areas, fuel dumps, motor pools, and equipment maintenance shops.

5. *Enforcement.* Failure to comply with this policy may subject soldiers, DA civilian employees, and contractor personnel to adverse administrative action. Soldiers will normally not be punished under the Uniform Code of Military Justice for use of tobacco unless the offense is clearly promulgated as a punitive restriction in a lawful order or regulation, and involves either a direct threat to safety or security, or evidences a willful disregard for the health or comfort of a nonsmoker. Other violators may be removed from or denied access to DA occupied buildings.

## **Appendix A References**

### **Section I**

#### **Required Publications**

This section contains no entries.

### **Section II**

#### **Related Publications**

This section contains no entries.

### **Section III**

#### **Prescribed Forms**

This section contains no entries.

### **Section IV**

#### **Referenced Forms**

This section contains no entries.

## **Appendix A.1 Vugraphs**

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**Table 2  
Vugraphs:**

VU 1	Training Objectives
VU 2	Teaching About Tobacco Use
VU 3	Smoking And Behavior
VU 4	Smoking Cigarettes
VU 5	Immediate Effects
VU 6	Long-Term Effects
VU 7	When You Stop Smoking
VU 8	Get Outside Help/Sources of Help
VU 9	Your Choice
VU 10	Cold Turkey
VU 11	How To Start/How To Succeed
VU 12	How To Maintain Your "Stopping" Power
VU 13	What Non-Smokers Can Do
VU 14	What If Questions
VU 15	Urge Surf
VU 16	Samurai
VU 17	What If Questions
VU 18	Relapse Prevention (RP) Maintenance
VU 19	Coping Skills In Case Of A Lapse
VU 20	Stopping Smoking: Freedom

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## LESSON OBJECTIVE

1. DISCUSS THE EFFECTS OF SMOKING.
2. DISCUSS THE MEANS TO STOP SMOKING.

Figure I-1. VU 1

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## WHY IS THE ARMY TEACHING YOU ABOUT TOBACCO USE?

1. *NICOTINE IS A PHYSICALLY AND PSYCHOLOGICALLY ADDICTIVE DRUG*
2. *PUBLIC HEALTH SERVICE — CIGARETTE SMOKING IS THE MOST WIDESPREAD EXAMPLE OF DRUG DEPENDENCE IN THE U.S.*
3. *U.S. SURGEON GENERAL: CIGARETTE SMOKING IS THE CHIEF, SINGLE, AVOIDABLE CAUSE OF DEATH IN OUR SOCIETY AND THE MOST IMPORTANT PUBLIC HEALTH ISSUE OF OUR TIME*
4. *PASSIVE/INVOLUNTARY SMOKING IS DANGEROUS TO THE HEALTH OF NON-SMOKERS (U.S. SURGEON GENERAL)*

Figure I-2. VU 2

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## SMOKING AND BEHAVIOR

1. SMOKING IS A *LEARNED* BEHAVIOR
2. SMOKING IS A *TRIGGERED* BEHAVIOR
3. SMOKING IS AN *AUTOMATIC* BEHAVIOR

Figure I-3. VU 3

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## SMOKING CIGARETTES

- HARMS YOUR HEALTH AND SHORTENS YOUR LIFE
- COSTS YOU MONEY
- IS UNATTRACTIVE AND UNPLEASANT
- HARMS OTHERS

Figure I-4. VU 4

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## IMMEDIATE EFFECTS

- YOUR HEART RATE INCREASES
- YOUR SENSE OF TASTE AND SMELL IS DULLED
- BLOOD VESSELS CONSTRICT
- YOUR ABILITY TO TRANSPORT OXYGEN DECREASES
- YOUR RISK OF CARDIOVASCULAR DISEASE, HEART ATTACK AND CANCER INCREASES

Figure I-5. VU 5

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## LONG-TERM EFFECTS

<i>RESPIRATORY DISEASES</i>	<i>CANCERS</i>
CHRONIC BRONCHITIS	LUNG
EMPHYSEMA	LARYNX
LUNG INFECTIONS	MOUTH, THROAT,
CHRONIC OBSTRUCTIVE LUNG DISEASE	ESOPHAGUS, KIDNEY, PANCREAS, BLADDER
<i>HEART DISEASE</i>	

Figure I-6. VU 6

## WHEN YOU STOP SMOKING

- YOU'LL BREATHE EASIER
- YOUR SENSE OF TASTE AND SMELL WILL IMPROVE
- YOU WILL HAVE MORE ENERGY
- YOU'LL SAVE MONEY
- YOUR LUNGS WILL WORK BETTER
- YOUR HEART WON'T HAVE TO WORK AS HARD
- YOU WILL HAVE MORE CONFIDENCE
- OTHERS WON'T BE DISTURBED
- RISKS GO DOWN IMMEDIATELY, AND STEADILY DECREASE IN 10 YEARS TO NON SMOKER'S RISKS

Figure I-7. VU 7

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## GET OUTSIDE HELP

- GROUP PROGRAMS
- COMMERCIAL PLANS
- BEHAVIOR MODIFICATION
- COUNSELING
- MEDICAL TREATMENT

### SOURCES OF HELP

- CANCER SOCIETY
- HEART ASSOCIATION
- LUNG ASSOCIATION
- COMMERCIAL ORGANIZATIONS
- 7th DAY ADVENTIST ORGANIZATION
- PHYSICIANS, NURSES, HEALTH EDUCATORS
- PSYCHOLOGISTS

Figure I-8. VU 8

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**YOUR CHOICE**

	NEGATIVE	POSITIVE
<i>SELF-IMAGE</i>	A SMOKER WHO IS ABSTAINING	A NON-SMOKER. THE "NEW" YOU.
<i>ATTITUDE</i>	DEPRIVING YOURSELF OF YOUR MAIN PLEASURE IN LIFE AND THINKING LIFE IS VERY BLEAK WITHOUT A CIGARETTE.	FINALLY, DITCHING A HAMPERING AND DESTRUCTIVE HABIT. BREAKING FREE OF ADDICTION.
<i>FEELING</i>	SORRY FOR YOURSELF, MISERABLE, EMPTY, LOST, "NOWHERE". NOT A LOT OF CONFIDENCE IN THIS WORKING.	ENTHUSIASTIC ABOUT STOPPING. FEEL IN CONTROL OF THE STOP, CONFIDENT AND COMMITTED. FEEL PROUD. HAVE GOALS.
<i>FOCUS</i>	LOOKING BACK RATHER THAN FORWARD. CONSCIOUS OF EVERY BAD FEELING: INDULGING IN POOR HEALTH HABITS. WISHING FOR THE "OLD" YOU.	FOCUS IS ON THE "NEW" YOU. LOOKING FOR SIGNS OF RECOVERY. NEW INTEREST IN CARING FOR YOURSELF AND IN WORKING WITH YOUR BODY'S RECOVERY.
<i>RESULTS</i>	CONSTANTLY THINKING OF SMOKING. BOTHERED BY OTHER SMOKERS. MANY URGES. . . .SOMETIMES CONTINUOUS.	RARELY THINKING OF SMOKING. NOT INTERESTED IN WHAT SMOKERS ARE DOING. DO NOT RELATE TO THEM. FEW, IF ANY, URGES. QUICK TO SET THINKING STRAIGHT SHOULD NEGATIVE THOUGHTS OCCUR.
<i>COPING DEVICES</i>	ORAL SUBSTITUTES, LEADING TO COMPULSIVE EATING.	MAKING CHANGES IN THE USUAL ROUTINE AND WAY OF DOING THINGS. PLANNING A BUSY AND ACTIVE DAY. TRYING OUT NEW HOBBIES OR ACTIVITIES. USING EXERCISE TO KEEP ANY TENSION AWAY.

Figure I-9. VU 9

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## COLD TURKEY

- STOP WITH SOMEONE
- SET A TARGET DATE
- EMPTY YOUR ASHTRAYS
- THROW OUT YOUR CIGARETTES, MATCHES, ASHTRAYS
- REINFORCE YOUR DECISION (VISIT DENTIST, EXERCISE, REFER TO LIST, ESTIMATE MONEY SAVED)

Figure I-10. VU 10

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## HOW TO START GRADUAL REDUCTION

- REFER TO YOUR LIST OFTEN
- SWITCH BRANDS
- SMOKE ONLY HALF
- MAINTAIN A SMOKING RECORD
- PURCHASE CIGARETTES BY THE PACK
- WRAP YOUR CIGARETTE PACK WITH YOUR SMOKING RECORD
- STORE YOUR CIGARETTE BUTTS IN A PLASTIC CONTAINER; KEEP IT VISIBLE

### HOW TO SUCCEED

- SET A DAILY QUOTA
- INCREASE YOUR EXERCISE
- POSTPONE EACH CIGARETTE
- SEEK PERSONAL SUPPORT
- SMOKE ONLY IN UNCOMFORTABLE PLACES
- CHANGE YOUR HABITS

Figure I-11. VU 11

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## HOW TO MAINTAIN YOUR "STOPPING" POWER

- MAKE A LIST
- AVOID REMINDERS OF SMOKING AND SMOKELESS TOBACCO
- DO THINGS THAT OCCUPY YOUR HANDS
- BE PROUD OF YOURSELF
- SPEND TIME WHERE SMOKING IS PROHIBITED
- ADOPT HEALTHFUL HABITS
  - EXERCISE
  - INCREASE PHYSICAL ACTIVITY
- "TAKE TEN" DEEP EASY BREATHS — *RELAX*
- ASSOCIATE WITH NON-SMOKING FRIENDS
- CHANGE YOUR HABITS
- HELP OTHERS TO STOP SMOKING

Figure I-12. VU 12

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## WHAT NON-SMOKERS CAN DO

1. REALIZE THAT TOBACCO USERS ARE *ADDICTED*
2. NICOTINE ROBS SMOKERS OF THEIR FREEDOM OF CHOICE
3. YOUR CARING SUPPORT AND PATIENCE WITH FAMILY AND FRIENDS IS CRUCIAL IN HELPING THEM TO STOP SMOKING
  - DON'T BE CRITICAL
  - DON'T NAG
  - DON'T CALL ATTENTION TO MISTAKES
  - *DO GIVE* POSITIVE SUPPORT AND ATTENTION
4. SOME SMOKERS RELAPSE
  - RELAPSE IS NOT FAILURE OR EVIDENCE OF A WEAK WILL
  - LAPSE/RELAPSE IS ANOTHER OPPORTUNITY TO STOP SMOKING

Figure I-13. VU 13

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## WHAT IF QUESTIONS

- WHAT DO I DO IF I HAVE A SUDDEN URGE TO SMOKE?
- WILL I HAVE WITHDRAWAL SYMPTOMS?
- WILL I GAIN WEIGHT?
- WHAT IF I BACKSLIDE?

Figure I-14. VU 14

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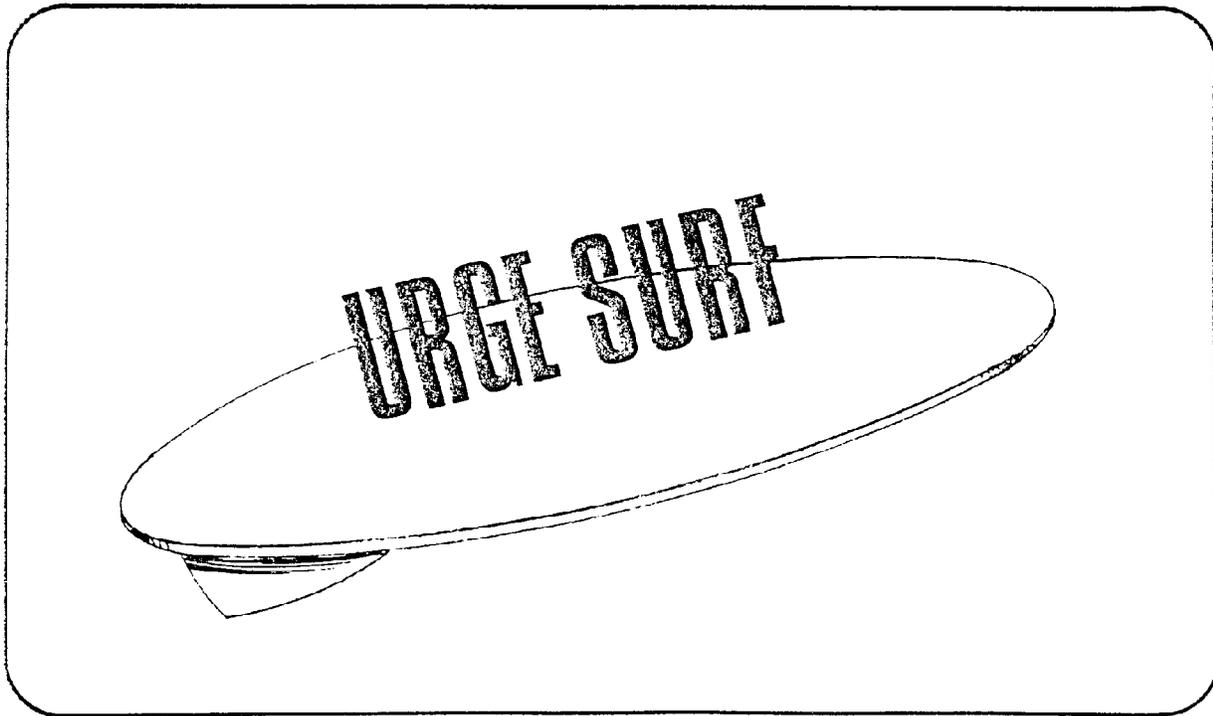


Figure I-15. VU 15

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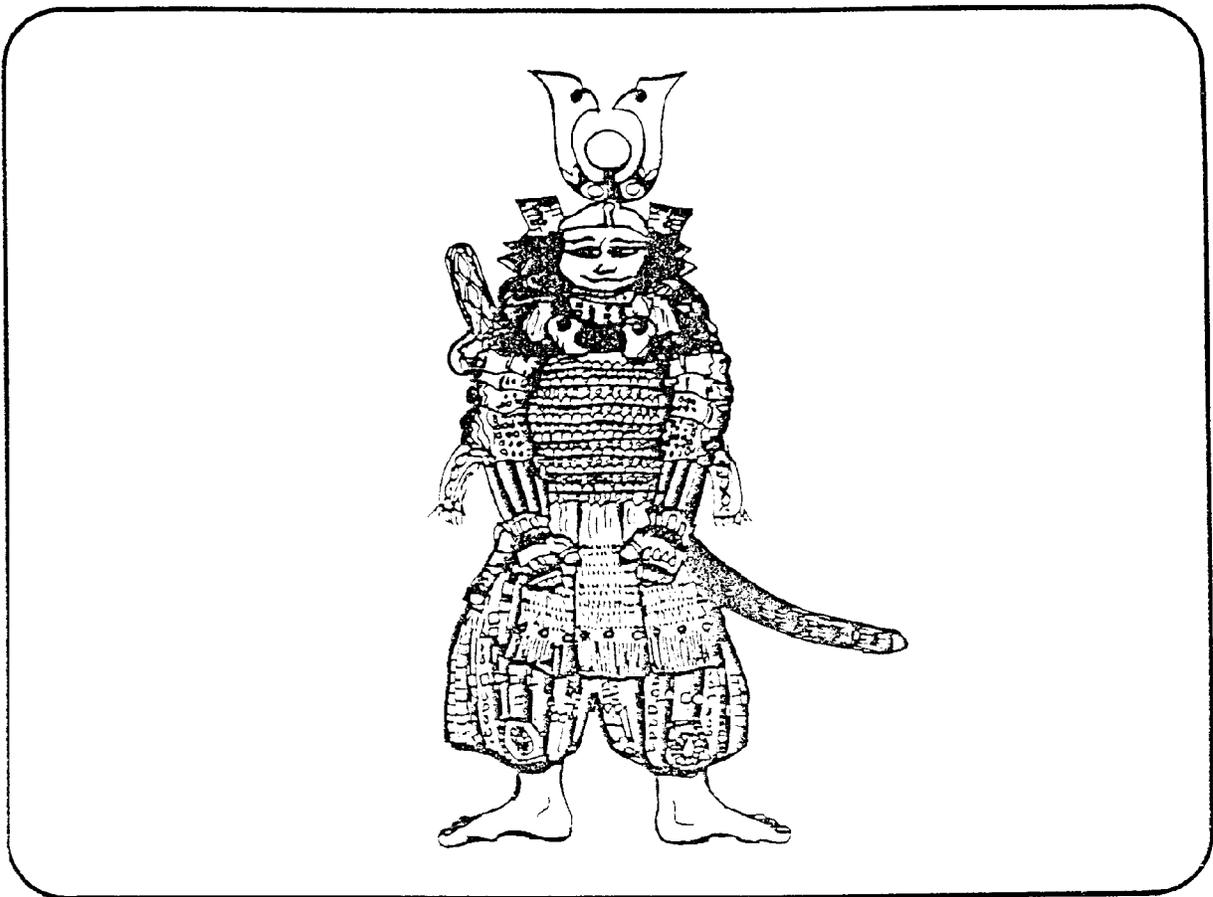


Figure I-16. VU 16

### “WHAT IF QUESTIONS”

- WHAT DO I DO IF I HAVE A SUDDEN URGE TO SMOKE?
- WILL I HAVE WITHDRAWAL SYMPTOMS?
- WILL I GAIN WEIGHT?
- WHAT IF I BACKSLIDE?

Figure I-17. VU 17

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## RELAPSE PREVENTION (RP)/MAINTENANCE

- A LAPSE IS SIMPLY A MISTAKE THAT MAY OCCUR WHEN YOU ARE LEARNING TO CHANGE A HABIT
- A LAPSE CAN BE TURNED INTO A PROLAPSE INSTEAD OF RELAPSE

Figure I-18. VU 18

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## COPING SKILLS IN CASE OF A LAPSE

1. STOP, LOOK AND LISTEN
2. KEEP CALM
3. RENEW YOUR COMMITMENT
4. REVIEW THE SITUATION LEADING UP TO THE LAPSE
5. MAKE AN IMMEDIATE PLAN FOR RECOVERY
6. ASK FOR HELP

Figure I-19. VU 19

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REMEMBER: STOPPING SMOKING IS *NOT*  
GIVING UP SOMETHING, RATHER YOU  
ARE FINALLY *GAINING YOUR FREEDOM,*  
*AND IMPROVING YOUR HEALTH AND LIFE.*

Figure I-20. VU 20

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