

LESSON PURPOSE PLAN

TOBACCO CESSATION GUIDED DISCUSSION

VALUES-BASED LEADERSHIP

6/18/2015

1. **TOPIC OVERVIEW**

INSTRUCTOR NOTE

Tobacco use is the single largest cause of preventable premature mortality among adults in the United States. Smoking related health care and productivity loss cost the Department of Defense (DoD) nearly a billion dollars each year. Cigarette smoking may cause heart disease, several kinds of cancer (e.g. lung, larynx, esophagus, pharynx, mouth and bladder) and chronic lung disease. Tobacco use in any form is addictive; and no forms of tobacco, including smokeless tobacco, are safe alternatives to cigarettes. The use of smokeless tobacco may cause a number of serious oral health conditions and problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Tobacco use is associated with higher absenteeism, diminished motor and perceptual skills, and poor endurance. The smoking of tobacco adversely affects low-light and night vision, respiratory capacity, wound-healing rates, and the risk of cold-related injuries, such as frostbite. Because the health of tobacco users is adversely affected and the health of all personnel must be protected by providing a safe, healthy, and non-polluted workplace, the Marine Corps' vision is to be tobacco free.

Use this time to present the topic of the guided discussion to your group. Cover why this topic is important to the Marine Corps, as a whole, and vital to the individual Marine. You may use the above paragraph to help introduce the topic, or develop a completely unique introduction. Aspects of your attention-gainer should focus on your discussion topic.

Ensure you have followed the Instructor Preparation Guide (IPG), familiarized yourself with the subject, and reviewed the references.

From Marine Corps Order 1700.29, *Semper Fit Fitness and Health Promotion Policy*:

Tobacco: An agricultural product processed from the fresh leaves of plants in the genus *Nicotiana*. Commercially available in dried, cured, and natural forms, it is often smoked in the form of a cigar or cigarette, or in a stem pipe, water pipe, or hookah. Tobacco can also be chewed, "dipped" (placed between the cheek and gum), or sniffed into the nose as finely powdered snuff.

Tobacco Cessation: The effort to stop using tobacco products successfully.

Tobacco Use Prevention: The effort to prevent tobacco use through the reduction or abatement of risk factors and the strengthening of protective or resiliency factors.

2. METHOD

INSTRUCTOR NOTE

Inform your class that the instructional method you will be using for today's lesson is a guided discussion and that this method has been selected to actively involve students in the learning process.

The guided discussion can be effective at altering awareness and behaviors of participants. The goal of the guided discussion method is to drive group participation through leadership and encouragement. To learn more about guided discussions refer to Marine Corps Reference Publication (MCRP) 6-11B W/CH 1 - *Marine Corps Values: A User's Guide for Discussion Leaders*.

It is up to you, as the discussion leader, to use your best judgment and adapt this period of instruction to make it most suitable to your unit and the experience level of the participants. Be prepared for controversy, and form a plan to deal with conflicting viewpoints in order to keep the discussion progressing.

The guided discussion should last approximately 25 to 35 minutes. Spend a few minutes on the introduction; and, the majority of your time on the discussion questions within the body. Do not go too far over your time, as you may start to lose the attention of the participants. Too much information can start to overwhelm what is intended to be a simple and focused session. Remember to allow a few minutes for reflection and the summary of your lesson.

Determine what aspect of the topic you want to concentrate your discussion towards. Design learning outcomes, or "takeaways," which participants should grasp at the end of this discussion that best exemplify your intended focus. You can create your own learning outcomes OR use one, or more, of the examples listed below.

Example learning outcomes are:

- (a) Explain the Navy and Marine Corps Tobacco Policy.
- (b) Understand how to apply the Marine Corps leadership traits to tobacco use and cessation decisions.
- (c) Be able to use the Marine Corps leadership principles when mentoring Marines on tobacco cessation.
- (d) Understand how tobacco use can impact a military career.
- (e) Identify health hazards associated with tobacco use.
- (f) Identify where Marines and Sailors can find information about and help with tobacco cessation.

3. INTRODUCTION

INSTRUCTOR NOTE

Use this time to introduce yourself to the group if necessary, and to ensure the group is familiar with each other. This is also the time to introduce any ground rules, which will establish what behaviors are expected during the guided discussion. Some example ground rules are:

everyone participates fully; permit participants to express themselves without becoming recipients of personal attacks from anyone regarding their views; keep language clean, as not to offend others; make head-calls, as needed, without disrupting the rest of the participants; etc.

4. **BODY**

INSTRUCTOR NOTE

Start the discussion by giving your participants the learning outcome you developed for the guided discussion.

a. **Gain Attention**

INSTRUCTOR NOTE

A few attention-gaining stories are provided, but you are encouraged to personalize the attention-gainer to fit your personality, audience, and your desired learning outcome. You may use one of the provided stories, or conduct research in order to find others more applicable to your learning outcome.

(1) Amanda's Story

Corporal Amanda Dunn started smoking in fifth grade, and by age 13, she smoked every day. Over time, smoking crept into every corner of her life. She was so addicted that she ducked outside to smoke throughout the day, even during Wisconsin's bitter cold winters.

She managed to not smoke during bootcamp, but started again at her MOS school. At her first duty station she met the man she decided to marry at a smoke pit outside her work building. She felt her life was going well, and even started online college courses. Newly engaged, and still smoking a pack a day, Amanda learned she was pregnant. She tried to quit, but juggling work and classes was stressful and she thought cigarettes helped deal with stress. Unfortunately, she learned later that smoking only made things worse.

As a result of smoking during pregnancy, her baby was born two months early and had to spend weeks in a hospital incubator. "I knew that smoking was bad... but I did not think I would have a premature baby," said Amanda. "I could not hold my daughter much in those first weeks. It is time I will never get back. Smoking took that from me forever. My baby may have life-long medical problems because I did not stop smoking."

(2) How Does Smoking Less Compare to Quitting Completely?

"Even light smokers or social smokers can have serious health problems from smoking.

- Smoking just five cigarettes a day doubles your risk of dying from heart disease.
- Just cutting back on cigarettes may not protect you from an early death. Heavy smokers who reduce their cigarette use by half still have a very high risk for early death. And on average, smokers die 10 years earlier than nonsmokers.

In contrast, completely quitting smoking improves your health. The health differences are dramatic for heart disease and illnesses that can cause an early death.

- When you quit smoking completely, you begin to reduce your heart disease risk right away. Your risk is cut in half one year after quitting and continues to drop over time.
- People who quit smoking completely live longer than those who keep smoking. The earlier you quit, the lower your risk for early death. Even quitting at age 50 cuts your risk in half for early death from a smoking-related disease.

Today in the United States, there are more former smokers than current smokers. It often takes several tries to quit smoking. Using proven quitting methods, such as medications and counseling can double your chances for success."

Excerpt from:

Centers for Disease Control and Prevention. "Tips from Former Smokers." *CDC 24/7*, 30 Mar. 2015.

[<http://www.cdc.gov/tobacco/campaign/tips/diseases/dual-tobacco-use.html>]

(3) Brandon's Story

Thirty-three-year-old former Sergeant (Sgt) Brandon Lloyd started smoking in his mid-teens, and at the age of 22 he was diagnosed at the base medical clinic with Buerger's disease. Buerger's disease is a disorder linked to tobacco use that causes blood vessels in the hands and feet to become blocked and can result in infection or gangrene. Although there is no cure for this terrible disease, quitting tobacco use can stop the symptoms.

"I was young. I did not believe it. I was going to prove the doctors wrong," says Brandon. "Ultimately, it took nine years and the amputation of both my legs and several fingertips for me to quit smoking." Sgt Lloyd was medically discharged from the Marine Corps due to the amputations.

Smoke-free for two years now, Brandon has not had any more amputations, but he still must manage the consequences of being a

double amputee. "If I have to go to the bathroom in the night, I either have to put my legs on or crawl," he says. "I can only spend a limited amount of time on my prosthetic legs or I run the risk of getting sores—then I have to use a wheelchair."

Brandon is also keenly aware of the consequences his loved ones suffered. "My cigarette smoking affected so many people," he says. "My parents, my wife, my daughter, and now my infant son. I can sit on the floor with him now while he is a baby, but when he gets older, I will not be able to go out and run and play football with him. Smoking is never just about you."

(4) E-Cigarettes: What's the Harm in Vapor?

"Until recently, the vapor that puffs from e-cigarettes in place of tobacco smoke has drawn little attention. In fact, many fans of e-cigs say that, because they create a mist produced by propylene glycol or vegetable glycerin rather than smoke, they should not be covered by no-smoking rules in public places.

But now doctors have raised concerns about e-cigarette vapor separate from those about nicotine. A 42-year-old woman who had used e-cigarettes for seven months experienced shortness of breath, cough, and fever over the same period. The diagnosis was lipoid pneumonia—a chronic inflammation caused by fatty substances (lipids) in the lungs—due to e-cigarette use. The specific cause was repeated exposure to glycerin-based oils found in e-cigarette nicotine vapor. The patient's symptoms improved after she stopped using e-cigarettes.

A recent study also found that using an e-cigarette for five minutes began to restrict lung function. It was not clear which e-cigarette ingredient or combination of substances caused these reactions. However, other studies have shown that propylene glycol, the source of the e-cigarettes' visible vapor, can bring on respiratory irritation and increase the chance of developing asthma.

These new findings are quite limited, but they are reminders that the e-cigarette story is still unfolding with many questions yet to be answered. One such question in addition to the effects of e-cigarettes on users is whether secondhand vapors may place other people at risk."

Reference:

"E-Cigarettes: What's the Harm in Vapor?" *UCanQuit2.org*, 30 Mar. 2015. [<http://www.ucanquit2.org/HowToQuit/ResourceLibrary/ElectronicCigarettes/WhatsTheHarminVapor.aspx>]

(5) Andy's Story

Corporal Andy Pham smoked cigarettes, even though his mother was a smoker and died from lung cancer when Andy was 16. "Watching her suffer was awful," he says. "I felt alone and scared." But still, Andy

started smoking soon after joining the Marine Corps. "A lot of the Marines I went to my MOS school with were smoking, and I wanted to fit in," he remembers. He quit smoking when his daughter was born.

As part of his plan to quit, Andy changed his morning ritual. Instead of getting up early to drink coffee and smoke, he spent the time feeding his baby daughter. He reached out to family and friends for support. They sent cards of praise and called and reminded him of all the reasons to never smoke again. He says "My most enduring motivation is my daughter. I did not want my daughter to think, 'Wow, my dad loves cigarette smoking more than he cares about me.'"

(6) Ken's Story

Private (Pvt) Ken McMillan started dipping while at Marine Combat Training to stay awake during late-night guard shifts. At his first duty station, he became more and more reliant on dip just to make it through the night and help ease his daily stress. As weeks went by, he found himself buying more dip than the previous week. He wanted to start saving up to get his own car, but he never seemed to have money to put into savings.

Recently adding to Pvt McMillan's stress is the fact that his squad leader, Corporal (Cpl) Morra, is beginning to ride him about falling back on the last couple unit PT runs. Pvt McMillan told Cpl Morra that he is trying, but that he just does not feel like he has the physical stamina that he had at boot camp. Cpl Morra told him that the unit PT runs are not fast and that he needs to improve his physical fitness or else he will be assigned to the remedial PT program.

b. Potential Discussion Questions

INSTRUCTOR NOTE

The provided questions can be altered, but all questions should be carefully formulated to focus the discussion toward your desired learning outcome. It is the facilitator's responsibility to provoke thought, foster discussion and involvement on the part of the participants, manage the group, and keep discussion flowing. Choose several questions from the following list, which will help accomplish your learning outcome in the specified time.

The discussion format is intended to have the majority of the input come from the participants. Ensure you conduct comprehensive research on this topic using the provided references. Having a comprehensive understanding of the subject material is essential in order to clarify portions of the discussion that may be confusing, and to ensure only accurate information is disseminated during this exchange. This is not intended to be a lecture, so keep your comments direct and focused to keep the group discussion moving.

Do not insert too many of your own convictions, as it may cause the group to skew their input just to mirror your positions, and may not be a true representation of the participants' thoughts. Ensure you have writing material throughout the discussion so you can capture key elements of the discussion, which arise in each segment, in order to create follow-on questions and to summarize each key point.

As the facilitator, you may use a question to initiate a topic for discussion. After the discussion develops, follow-up questions can be used to guide the discussion. Follow-up questions may help a participant to explain something more thoroughly, or enable you to bring the discussion back to a point from which it has strayed.

Questions are so much a part of teaching, they are often taken for granted. Effective use of questions may result in more student learning than through use of any other instructional technique. In general, you should ask open-ended questions, which are thought-provoking and require more mental activity than simply remembering facts. Questions should require students to grasp concepts, explain similarities and differences, and infer cause-and-effect relationships.

Plan at least one lead-off question for each of your desired learning outcomes. While preparing questions, remember the purpose is to stimulate discussion, not merely to get answers. Avoid questions, which require only short categorical answers, such as "yes" or "no." Lead-off questions should usually begin with "how" or "why."

(1) What does the term "tobacco cessation" mean?

(2) Who can tell the group some of the chemicals found in your average cigarette or can of dip? What are some health risks associated with smoking or smokeless tobacco?

(3) How does the use of nicotine affect your body? Do you think people who use tobacco products are addicted to nicotine? Why?

(4) Explain if you believe smokeless tobacco is a safe alternative to smoking or not?

(5) How much do you think an occasional tobacco user spends on cigarettes, dip, or chew? What about a constant tobacco user? What could a person do with that money if not spent on tobacco?

(6) Explain if you believe electronic cigarettes are safer than traditional cigarettes, or if they have the same detrimental overall effects?

(7) How does tobacco use affect your health and overall physical fitness? How can tobacco use affect the health and overall well-being of people around a tobacco user?

(8) Do you know anyone who is in a similar situation to the person in the attention gainer?

(9) What do you think of the story we just heard? If you smoke, are you thinking about quitting after hearing that story?

(10) What can you do to help a Marine who wants to quit using tobacco?

(11) What do you think are some advantages of quitting smoking and smokeless tobacco?

(12) What are some different approaches someone, who is serious about quitting, may use to quit smoking or dipping?

(13) What are some of the products you have heard of people using to assist them with quitting tobacco use?

(14) Please tell the group what Marine Corps' resources are available to help Marines quit using tobacco. Can anyone in the group share their experience with one of these programs?

(15) How does tobacco cessation relate to the Marine Corps' leadership traits?

5. **REFLECTION**

INSTRUCTOR NOTE

Incorporate reflection questions here, in order to prompt the participants to re-evaluate the issues discussed and topics covered. The more mentally involved each participant is in the active review of the topic, the greater their retention of the subject will be.

Reflection questions should be meaningful in relation to the experiences of the students and should bridge the gap between their discussion involvement and the abstract issues discussed in class. Questions posed during reflection are for personal consideration, as the participants may be uncomfortable openly sharing responses.

Reflection questions can be broken down into the following categories:

1. What? Ask the participants to re-examine in detail the content of the discussion.

2. So, what? What difference did the event make to their perceptions of the issue?

3. Now what? How will the participants think or act in the future as a result of this new perspective?

6. **SUMMARY**

INSTRUCTOR NOTE

Provide overview of main ideas covered. No questions should be asked here. Provide closure that is relevant to MOS, the Marine Corps, or applicable to the participants in some other manner.

INSTRUCTOR REFERENCE MATERIAL

From Marine Corps Order 5300.17, *Marine Corps Substance Abuse Program*:

Drug: Any chemical compound, which may be used on or administered to humans or animals, that modifies their physiological or psychological behavior or function.

From Marine Corps Order 1700.29, *Semper Fit Fitness and Health Promotion Policy*:

Tobacco: An agricultural product processed from the fresh leaves of plants in the genus *Nicotiana*. Commercially available in dried, cured, and natural forms, it is often smoked in the form of a cigar or cigarette, or in a stem pipe, water pipe, or hookah. Tobacco can also be chewed, "dipped" (placed between the cheek and gum), or sniffed into the nose as finely powdered snuff.

Tobacco Cessation: The effort to stop using tobacco products successfully.

Tobacco Use Prevention: The effort to prevent tobacco use through the reduction or abatement of risk factors and the strengthening of protective or resiliency factors.

Guidance:

- Memorandum For Chief Of Naval Operations Commandant Of The Marine Corps: Tobacco Cessation in the Department of the Navy
[<http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/sec-navy-memo-tobacco-cessation.pdf>]
- U.S. Office of Personnel Management - Smoking Cessation
[<http://www.opm.gov/policy-data-oversight/worklife/reference-materials/tobacco-cessation-guidance-on-establishing-programs-designed-to-help-employees-stop-using-tobacco/>]
- US Navy Bureau of Medicine and Surgery (BUMED) Instruction 6100.12A Comprehensive Tobacco Control for Navy Medicine
[<http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/BUMEDINST-6200-12A.pdf>]
- US Navy BUMED Memorandum on Electronic Cigarettes
[<http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/surgeon-general-statement-electronic-nicotine.pdf>]
- Navy Medicine Policy 09-009 Tobacco Use for Navy Medicine Personnel

in Uniform [<http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/navmed-09-009-tobacco-use-for-navy-medicine-personnel-in-uniform.pdf>]

- Secretary of The Navy Instruction 5100.13E: Navy & Marine Corps Tobacco Policy [<http://doni.daps.dla.mil/Directives/05000%20General%20Management%20Security%20and%20Safety%20Services/05-100%20Safety%20and%20Occupational%20Health%20Services/5100.13E.pdf>]
- National Development and Research Institutes, Inc. - DoD Tobacco Policy Database [<http://www.ndri.org/ctrs/ibhr/index.html>]

Suggested Resources:

- Chain of Command
- Marine Corps Community Services, Semper Fit Health Promotion Team
- American Cancer Society [<http://www.cancer.org/index>]
- American Legacy Foundation [<http://www.legacyforhealth.org/?o=4075>]
- American Lung Association [<http://www.lung.org/>]
- Centers For Disease Control and Prevention [<http://www.cdc.gov/tobacco/index.htm>]
- UCanQuit2 [<http://www.ucanquit2.org/>]
- Society for Research on Nicotine and Tobacco [<http://www.srnt.org/>]
- University of Minnesota Division of Periodontology [<http://www1.umn.edu/period/tobacco/didactic.html>]
- Frequently Asked Questions on Electronic Cigarettes [[http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/Frequent Questions about Electronic Cigarettes March 2013.pdf](http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/tobacco-free-living/Frequent%20Questions%20about%20Electronic%20Cigarettes%20March%202013.pdf)]
- World Health Organization's Statement on Electronic Cigarettes [http://www.who.int/tobacco/communications/statements/electronic_cigarettes/en/]