Personal Paper

Living! A 5000 watt dose of preventive medicine

JULES OLDER

15 November 1983
Dunedin, New Zealand

The office phone rings. It's Helen Dunn of the Cancer Society.

"Hi Jules. The city council has just given the society some space for a display in the new civic mall. I'd like to do an antismoking theme. Would you like to help?"

"You mean a poster display?"

"Yes, something like that."

"I don't have much faith in that sort of thing, Helen—but if we've got some time I might be able to think of something else."

"We can try for late March if you like."

"That sounds fine. I'll get back to you."

Early January 1984
Wanaka, New Zealand

On holiday in this beautiful lakeside town I find myself thinking about that call two months ago. What can we do that will make some impact on smokers or potential smokers? And whom should we aim to influence? I decide to focus on those New Zealanders who are taking up smoking at the greatest rate. That means high school and intermediate school kids,¹ girls more than boys,² Maoris more than white folks,³ and low academic achievers.⁴ No, posters aren't going to do much for this group.⁵ One clear morning as I'm running along a country road with my wife and daughters the idea comes. It's pure Mickey Rooney.

"Hey! Let's put on a show!"

"What?"

"The Cancer Society thing—instead of posters we'll have a show! And instead of antismoking we'll make it pro whatever the opposite of smoking is. We'll make it pro . . . pro . . . living! We'll call it *Living!*"

"I don't get it."

"Everybody tells kids how bad smoking is for them. They all know that. And they still smoke. We should put on a show about all the fun they can have if they don't smoke."

"How are you going to do that?"

The answer evolves over the next several days. It goes like this. Start with what appeals to kids, not what sensible adults think *should* appeal to kids. That means avoid anything that smacks of health, disease, longevity and sermons⁶ and concentrate on sex, aggression, flashy clothes, and loud music. Add male and female masters of ceremonies who keep pointing out that you can't be so sexy and powerful, and rich enough to afford all this fancy gear if

you smoke. Then to underline the message throw in a buffoon, a smoker who can't keep up with the action, who can't dance, can't score, and who isn't fit enough to hack the pace.

Friday 24 February

When you're hot, you're hot. As June Mills (Helen Dunn's colleague and a media expert) and I check out the space in the civic mall (which is much too small for the dancing, modelling, karate chopping extravaganza we have in mind) we run into the make up lady from television.

She tells us that they've just been filming some kids who are break dancers. Break dancers! Break dancing is the hottest item among Maori kids since reggae. I take her elbow and turn her around: "Introduce me."

June and I meet a group of 11 to 16 year olds, all of whom are smoking. "Kids," I say, "We're gonna' put on a show. We want you to be in it. You'll probably be famous because it's going to be on television all over the country. But I'll lay it on the line—to be in it you've got to give up smoking." They're all for the idea until I get to that last part. Then their enthusiasm dies except for the 11 year old, who thinks that he might like to break the habit. If he can. We exchange phone numbers, and I say I'll see them again. Little do I know.

Monday 5 March

One of the first people I call is Dave Norris, entrepreneurial owner of the Fitness Centre. Not only will he deliver his aerobic dance team, but he'll help us organise as well. We three meet that afternoon and divide the work among us—Dave organising sound, music, fashion, and the country's best known swimmer; June taking care of the newspapers, a young cricket star, and the city council (whom she has to convince that instead of the mall's small interior space, we need the large outdoor area in front of the library); me dealing with radio, television, a tennis champion, and the A team—that's "A" for "aggression." My job is to enlist the kung fu, karate, and judo clubs. I'm also to arrange the smoking buffoon, and I know just the guy for the job.

The guy is Stu Thomson, a young doctor, musician, and non-smoker who's without a doubt the best pratfall artist in town. He's been the comic star of many medical student productions. When I tell him what we want he agrees right away, as long as it doesn't interfere with his wedding—just two weeks later.

Tuesday 6 March

I'm going to be *Living!*'s man master of ceremonies, and it's my task to find a woman cohost. Susan Malthus, a young actress and student, graciously accepts, bringing great happiness to the hearts of the organisers. Things are going well, and we now have a definite date. *L(iving!)* Day will be 30 March.

Wednesday 7 March 4 pm
The first hitch

For this event to have an effect beyond the city limits of Dunedin, it must get publicity, preferably television publicity. That's why I'm spending the afternoon with the staff of *Viewfinder*, a weekly television show for teenagers. But it quickly develops that our show date is not good for them; they're not even sure there will be a camera crew available. I suggest that I call *Eyewitness*, the Auckland based nightly news programme. Maybe they can bring a crew down. *Viewfinder*'s producer instantly replies, "If *Eyewitness* is involved we are no longer interested."

He sounds angry. So am I. "I want you involved to get this message across to New Zealand teenagers. I want *Eyewitness* involved to get other health workers doing similar things around the country. I can't see any clash of interests here at all."

The issue is dropped without reaching a firm conclusion.

4 30 pm
The second hitch

I go looking for the teenage break dancers and find them at their favourite street hangout. They're smoking. They aren't at all sure that they want to quit smoking. I put it to them this way: "Are you telling me that you're going to give up fame, television, and a chance to be part of a great show for a few lousy cigarettes?"

"Yep. That's probably right. But meet us here at noon tomorrow with our manager."

"Your manager?"

"Yeah, we'll be here at noon."

"Now are you guys sure you're going to be here at noon, you and your manager?"

"Right on."

"Okay then, noon, here. Don't make me wait, okay?"

"We said we'll be here."

Thursday 8 March, noon

They aren't here. I eat lunch on the movie theatre steps. There are no break dancers and no manager.

5 pm

I'm back in front of the movie. One of the break dance kids saunters by, and I berate him for not showing up at noon. "I guess you guys don't want to be in the show."

"No, no! We spent all last night practising our routines."

These kids are going to drive me crazy. I'd love to meet another break dancer.

Friday 9 March

I meet another break dancer. She's a Samoan physiotherapy student from Auckland who doesn't smoke and is fully aware of Polynesian health problems caused by smoking. I think my break dance problems are solved. I'm wrong: her brother thinks that break dancing is unSamoan and vetoes her performance. Later through the front page of the day's paper I meet three high school girls who do a break dance routine. The problem is they all smoke and are not keen to give up.

Tuesday 20 March

What we are trying to do here is steal a leaf, so to speak, from the cigarette companies. They link smoking with sex, youth, athletic prowess, and being a real man or woman. We're trying to create the same associations with not smoking. The only difference

is that they have untold millions to spend, sophisticated agencies to do their bidding, and years of practice. We have \$750, Dave, June, and me—and ten days.

Thursday 22 March

Today someone asks me if *Living!* stands much chance of getting people to give up cigarettes. I reply, "It would be nice if people stopped smoking after watching the show, but it's really designed for people who haven't yet made the decision to start smoking. That's why we're going after high school and even intermediate school kids. The show is intended to be an inoculation against smoking."

He answers, "Then you may be aiming at too old an age group."

Monday 26 March

Our third and final organising meeting. Nearly everyone is present, and for the first time it feels like we might just have a show. The karate club wants softball bats to smash with their bare hands, the tae kwon do club wants roofing tiles to smash with their bare feet, and we finally found some non-smoking models and a sportswear shop to supply the gear for them.

What we haven't found is a break dancer. The street kids remain as elusive as ever, and the three girl team has decided that they'd rather smoke. Should we bring them in anyway, and pretend that we're all non-smokers in the cast? Temptation rises, but only briefly. If we say this is a show of non-smokers, it's going to be a show of non-smokers.

To remind the participants why we are all doing this, I start each of our meetings with a quotation from scripture. Today's reading is from the *British Medical Journal*, a study which established that the breathing of young smokers is measurably affected in less than two years.⁷ Last week's reading was from *Playboy*, quoting another medical article which showed that smoking can lead to impotence.⁸ That needs to be part of the show.

Wednesday 28 March

A raggedy rehearsal, with Dave Norris and I urging the performers, "Smile!" "Bigger movements!" "Speak up!"

Afterwards, Susan and I write script until midnight.

Thursday 29 March

When I'm not organising circuses, I am gainfully employed teaching medical students behavioural science. I've been describing *Living!* to this year's class as an example of preventive medicine. Yet when I ask for volunteer helpers only one student out of 150 comes forward. Interestingly, he is one of the few Maoris in the class. Last night he approached the university Maori club to see how many of its members wanted to take part in the show. They all did. Then he asked how many of them smoked—65% did. Had I been plagued with doubts about the wisdom of this venture, statistics like these would have laid them to rest.

Friday 30 March
L-Day

If the weather's good *Living!* will be an outdoor show. That's what we want. If it's raining a hall has been rented. The day breaks right on the cusp, with dark clouds lying lazily over Dunedin's hills. Should we take a chance, or push everything indoors? After urgent consultation with the meteorological service we decide to go for an outside job.

At 3 30 I make my way towards the Octagon. Will the crowd be there?

At 3 35 in addition to the usual shoppers and office workers the Octagon contains one very busy sound man, four people setting up barricades, and one massive flatbed truck, 40 feet long. Above them all, the sun breaks through the clouds.

By 4 o'clock the Octagon has filled with some 800 intermediate school kids, and when five minutes later the music starts to pour out of our 5000 watt amplifiers, every office window surrounding the Octagon fills with curious adults.

Although the individual acts are great, the show itself is somewhat ragged—particularly my part. I'm afraid to let go of my clipboard for fear that I'll forget all my lines, and I forget a few of them even with it. Susan Malthus pulls me through several hairy moments.

But the kids seem to love the show, and every act is met with cheers and applause. It lasts exactly one hour, during which we get two complaints from a city hall bureaucrat that we are somehow violating our agreement. The shock of the new.

We invited intermediate school kids to the early performance and high schoolers to the late one. The idea was to keep the older ones, many of whom are already nicotine addicts, from modelling smoking behaviour for their younger brothers and sisters—at least during our show. The plan works, and the later performance draws an older audience sprinkled with university students and adults.

By 7 pm a crowd of more than 1000 has gathered in front of our stage. At 7 05 the lights go on, the music starts, and Susan and I, each decked out in striped blazers and boaters, strut from opposite ends of our flatbed truck and announce:

"Welcome to *Living!*"

"A show about life . . ."

"And loving every minute of it!"

Then it's into the aerobic dancers, the karate, the gorgeous models, the high kicking tae kwan do, the stationary bicycle racers, more dancers, three famous athletes hitting tennis balls into the crowd, the Samoan slap dancers, and then the big finale. Oh, did I forget to mention break dancers? Yes, they too. We finally found some 12 year old whizzes who didn't smoke, and they all but stole the show. The rough edges of the 4 o'clock performance are smoothed out by now, and even I am able to take Susan's order to "Start having fun!"

After both performances the audience leaves encased in "Kiss a non smoker" stickers which physiotherapy students have been distributing. They also take with them repeated impressions of Stu: rude, ungainly, unpopular, unfit—and always with a fag drooping from his lip. In contrast, they carry images of an hour long parade of lively, beautiful, successful, sexy non-smokers. These are the alternatives *Living!* has presented them; the choice is now in their hands.

POSTSCRIPTS

(1) The whole show cost \$483 from start to finish, and that includes \$50 for photographs, \$48 for tennis balls, and \$3 for Stu's cigarettes. The rest of the tab was picked up by such diverse interests as the New Zealand Apple and Pear Board, Radio Otago, and Stewart's Transport Company.

(2) This paper is designed to record both the event and more importantly to guide and encourage others towards creating their own health promotions. Here then are three pieces of advice for potential producers:

(a) *Divide responsibilities.* Dave, June, and I worked equally, constantly, and without getting in each other's hair.

(b) *Communicate like crazy with your colleagues.* At every meeting we made available the latest press clippings, an up to date phone list, and anything else that would help keep the partnership alive.

(c) *Cut loose the uncommitted.* Don't waste your precious time and even more precious energy with the half committed or half witted. Wherever you find yourself, there are enough effective people around you to do whatever needs doing.

A Sample of *Living!*

This bit of patter begins as the Vanity Walk Modelling School finishes its routine.

Susan Jules, I'm in pain. My wardrobe is drooling. How can they afford all that stuff? They must have to save an awful lot of money.

Jules They save about a thousand dollars a year.

Susan How?

Jules Simply by not smoking.

Susan A thousand dollars a year by not smoking?

Jules Just add it up. Two packets a day times 365 days is more than a thousand dollars. And if you look at those women, you'll see that you don't have to smoke to stay thin.

Susan And smoking would have to be bad for their skin. And hair. And can you imagine a model with nicotine stains? One thousand dollars. Wow, that could buy a lot of gear. Or stereo. Or records. Or a little car.

Jules Well I wouldn't stand there while you're dreaming about it.

Susan Why not?

Jules 'Cause you might get killed in the rush. Ladies and gentlemen, we proudly present Chan's Martial Arts demonstration of Tae Kwan Do!

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How hazardous are the side effects from using parenteral steroids for hay fever once or twice during a season?

Perhaps the first question should be whether depot steroids are effective in hay fever. Our own trial showed that methylprednisolone (Depomedrone) was as effective as a course of desensitising injections and is therefore potentially useful for summer pollen symptoms.¹ Adrenal suppression is almost inevitable after depot steroid injections and may last up to a month after one injection or up to three months after two injections.² For this reason patients *must* carry a steroid card. Depot steroids should be given only if all available treatment with local sodium cromoglycate and steroid preparations coupled with antihistamines are ineffective. In this case, especially if at exam time, steroids are an option. I prefer to use oral steroids because the dose may then be adjusted and stopped if necessary. Once injected, depot steroids cannot be removed. If there is a worry of adrenal suppression after a course of oral steroids one or two injections of corticotrophin may be given, and this should restore function if it is found to be abnormal.³—J BROSTOFF, reader in clinical immunology, honorary consultant physician, London.

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