



A Stage 3 smoking prevention resource

Smoke screen: A smoking prevention resource for Stage 3

Stage 3

Smoke screen: a smoking prevention resource

Curriculum support material for Stage 3
Personal Development, Health and Physical
Education

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Desktop publisher

Anna Webster, Oracle Desktop Designs.

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Acknowledgements

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Liz Millen	The Cancer Council New South Wales
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Contributions

The New South Wales Department of Education and Training acknowledges the contributions from the following:

ASH Australia	New South Wales Quit Campaign
National Tobacco Strategy	Quit Victoria
The Cancer Council New South Wales	Western Australian Health Department
New South Wales Environment Protection Authority	University of Sydney — Department of Public Health and Community Medicine
New South Wales Health	

ISBN 07313 70805

SCIS 104 2583

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Foreword

The New South Wales Department of Education and Training seeks to provide quality education for all students, taking account of their age, background, ability and interests.

Government schools promote the health of students within the context of the Student Welfare Policy and the Personal Development, Health and Physical Education (PDHPE) curriculum. Together they provide a framework for preventive and support programs that aim to meet the social, physical and emotional health needs of students.

Rationale

Tobacco smoking is the single largest preventable cause of premature death and disease in Australia. Tobacco smoking accounts for 82% of drug-related deaths and is estimated to have caused over 19,000 deaths in Australia in 1998.

Experimental tobacco smoking usually occurs during childhood and adolescence. Eight out of ten new smokers are children or adolescents with most starting during their early secondary school years.

Early uptake of smoking and nicotine addiction influences the likelihood of adolescent smokers regularly using tobacco when they are adults. Research on smoking and health indicates that the probability of becoming addicted to nicotine after any exposure is higher than for other addictive substances and that the younger a person is when they start to smoke the less likely it is that they will ever cease.

As smoking is generally adopted during the early to mid-teens, the late primary and early secondary school years are a crucial time for education about issues and intervention.

School-based prevention programs

Research into preventing tobacco use among young people recommends school-based prevention programs that identify social influences to smoke and teach skills to resist those influences. Effects have been found to be stronger when: booster sessions are added, class activities are complemented by a parenting component and the messages are reinforced at a community level (Midford, R. et al, 2001).

In the past the emphasis has been on prevention and delay of uptake, mostly through school-based programs. This approach has achieved some success in reducing youth smoking. Programs designed to develop skills to resist social pressures have had the most success. School-based smoking prevention programs, based on a model of identifying social influences on smoking and providing skills to resist those influences, have demonstrated consistent and significant reductions in adolescent smoking prevalence; these program effects have lasted one to three years. The effectiveness of these programs appears to be enhanced and sustained by comprehensive school health education and community-wide programs that involve an adolescent's social environment (Glynn, T.J., 1989).

Risk factors for initiating tobacco use

The onset of smoking among young people is rarely a single, distinct event with a clear cause or a single explanation. Risk factors for initiating smoking include the following.

- Environmental factors:
 - the accessibility and availability of tobacco products
 - the perception by adolescents that tobacco use is normative
 - peers' and siblings' use and approval of tobacco use
 - a lack of parental support and involvement.
- Behavioural factors:
 - low levels of academic achievement and school involvement
 - lack of skills required to resist influences to use tobacco
 - experimentation with any tobacco product.
- Personal factors:
 - the belief that tobacco use is functional
 - lack of self-efficacy skills in the ability to refuse offers to use tobacco.
- Sociodemographic factors:
 - being an adolescent from a family of low socio-economic status.

Tobacco promotion

Australia is internationally renowned for its efforts to control the promotion of tobacco products. Tobacco promotion encompasses a broad range of activities such as advertising, including point-of-sale and product placement in films and on television, sponsorship of events, marketing through product packaging and the distribution of non tobacco-related products associated with the sale of tobacco products.

Research indicates that young people are more sensitive to tobacco advertising and promotion than are adults and this suggests that children's exposure and receptivity to tobacco advertising and promotion is an important factor in determining future smoking behaviour.

Section 1: Background information

Why develop a smoking prevention resource?

The New South Wales Department of Education and Training has developed this resource in response to concerns about youth smoking. The aim of the resource is to provide young people with knowledge relating to the effects of smoking and the skills to advocate against smoking.

The resource has been developed to support the implementation of drug education within Personal Development, Health and Physical Education (PDHPE) and suggests activities to assist students to work towards achieving the outcomes of the *PDHPE K-6 Syllabus*.

The activities in Stage 3 *Smoke screen: a smoking prevention resource* support the Stage 3 lessons in the *K-6 Drug Education Resource*, 2nd edition.

About the resource

The resource includes three themes:

- physical consequences of smoking
- attitudes to smoking
- advocating against smoking.

Within each theme there are a number of activities. The activities are designed so that they can be taught either as stand alone activities or sequentially. It is recommended that activities be chosen from each of the three themes. Some activities may be appropriate to link with other Key Learning Areas, e.g. Creative Arts, English and Mathematics. Teachers should read all activities prior to commencement as some preparation may be required.

This resource contains:

- activities — details of the teaching and learning strategies
- teachers' notes — provides additional background information relating to the activity
- activity sheets — assists the teacher in the presentation of the activity
- worksheets — activities to be completed by the students
- background information on tobacco — includes facts on tobacco or information relating to major decisions and legal aspects of smoking
- useful websites — contains smoking-related website addresses for teachers and students
- contact agencies — provides the addresses and phone numbers of agencies for further information
- glossary — provides definitions of smoking-related words used in the resource.

Involving parents in smoking prevention education

This resource includes *Family activity sheets* that provide parents/caregivers with an opportunity to discuss smoking-related issues with their child. The *Family activity sheets* may be distributed prior to or at the conclusion of the related lesson. In delivering quality education to students it is important to recognise the significant role of the parent/caregiver. Schools are encouraged to involve parents and the whole school community in smoking prevention education.

The *Family activity sheets* are designed to be enjoyable and informative. All of the activities and information are based on the outcomes of the *PDHPE K-6 Syllabus*. Some parents/caregivers may find the activity sheets confronting. The reaction of students in regard to their parent's smoking should be considered. It is important for the teacher to be sensitive to the feelings of the parent/caregiver and student.

Some families may have attitudes towards smoking that are not consistent with those in this resource. Tensions and conflict between students and other family members may arise and this could be counter-productive. Sensitive discussion with students is required regarding the purpose of the activities and how they might approach other family members. In relation to issues concerning language backgrounds other than English and Aboriginal and Torres Strait Islander communities teachers may seek assistance from community liaison officers (NESB) or Aboriginal community liaison officers (ACLOs) when implementing this program in the school. The *Family activity sheets* have been translated into twenty languages that are available on the Department's Intranet for schools to access.

There is at least one *Family activity sheet* for each theme.

- Physical consequences of smoking
Activity 1: Smoking — a quick quiz
- Attitudes to smoking
Activity 6: Government health warnings and smoking
- Advocating against smoking
Activity 8: Passive smoking and the family

Evaluation

Each activity identifies its purpose using the statement *Students will be able to*. This indicates the focus of the lesson and can be used as an evaluation tool in assessing achievement of the PDHPE syllabus outcomes.

Stage 4 — Smoke screen: a smoking prevention resource

A Stage 4 resource has been developed and builds on the themes addressed in Stage 3. It contains:

- activities based on the three themes:
 - physical consequences of smoking
 - attitudes to smoking
 - advocating against smoking
- family activity sheets
- a compilation video of anti-smoking advertisements released in Australia, 1968–2000.

A copy of *Stage 4 — Smoke screen: a smoking prevention resource* has been forwarded to all New South Wales government schools.

Issues for language groups from backgrounds other than English

Attitudes towards tobacco use

People in the school community may have a range of attitudes and practices related to smoking. Attitudes towards smoking vary between and within diverse groups.

Gender, age and custom may influence whether a person chooses to smoke or not and the level of use. For example, in some cultures women generally smoke less than women in the broader community while in the same cultures the men may smoke more than men in the broader community. Offering cigarettes to a guest, particularly a male guest, is considered hospitable behaviour for some people from language backgrounds other than English. However, whatever tobacco use is acceptable, it is almost always seen as an adult activity and smoking by children is rarely accepted or sanctioned.

Some people newly arrived in Australia may come from countries where smoking is an accepted part of life. Public education campaigns in these countries may not have targeted tobacco use because there are other priorities. These may include recovery from war, the spread of disease or general primary education needs. As a result, awareness about the health risks of smoking may be low among some newly arrived people, particularly if they are living in circumstances where they are isolated from the general community.

Changing patterns of tobacco use in Australia

People inevitably change after migration to Australia. The longer a person lives in Australia, the more similar their lifestyle, behavioural risk factors and corresponding health status is to that of Australian-born people. However, this is a slow process and there are significant barriers to language background other than English communities accessing information and health care in relation to tobacco use.

Barriers to accessing information include:

- limited understanding of English
- a tradition of families providing health care rather than governments
- limited knowledge about the consequences of smoking
- differences between the cultural attitudes, values and norms of the health care providers and their clients from various backgrounds.

Reinforcing drug education messages

Some parents from some language backgrounds other than English have indicated that communicating with their children about drugs is difficult. Their reasons include:

- lack of a common language which is sufficiently developed to discuss complex and sensitive issues (the child may not speak the parent's first language fluently enough and the parent is not able to use English at the level required)
- they believe that their children know more about the area than they do themselves
- drugs are generally not discussed in their community.

Research has consistently shown that the provision of accurate, unbiased information is an essential first step in drug use prevention. The information in the *Family activity sheets* of *Smoke screen* is provided to enable students' parents, caregivers and families to have access to the same information as their children.

The *Family activity sheets* have been translated into the following twenty community languages which are available on the Department's Intranet for schools to access.

Arabic	Bosnian	Chinese	Croatian
Japanese	Khmer	Korean	Indonesian
Persian	Lao	Russian	Serbian
Samoan	Somali	Spanish	Tagalog
Thai	Tongan	Turkish	Vietnamese

The homework activities give parents structured opportunities to communicate with their children and support their learning. Research has shown that positive family communication can buffer negative life events that may contribute to problematic drug use. It is important that the activities allow discussion between students and family members to occur in a way that is respectful of traditional family values and adult child relationships.

Some families may have attitudes towards smoking that are not consistent with those in this resource. Tensions and conflict between students and other family members may arise and this could be counter-productive. Sensitive discussion with students is required regarding the purpose of the activities and how they might approach other family members. In relation to issues concerning language backgrounds other than English and Aboriginal and Torres Strait Islander communities teachers may seek assistance from community liaison officers (NESB) or Aboriginal community liaison officers (ACLOs) when implementing this program in the school.

Teachers need to be aware that smoking can be a coping mechanism for students (and their parents) who have experienced war, torture and trauma, refugee camps and detention centres. Schools implementing smoking prevention programs need to be sensitive to ways of supporting such students.

Prior knowledge and language

The content of the *PDHPE K-6 Syllabus* is sequential and the activities in this resource build upon prior knowledge, attitudes and skills. Teachers need to ensure that all students, including those who are newly arrived, understand what is meant by a drug and can identify products that contain drugs. Students should be able to:

- explain the need for good health practices
- discuss why people use drugs for medical and non-medical reasons
- identify major steps involved in making decisions in regard to drug use (see *K-6 Drug Education Resource*, 2nd edition — Stage 2).

Teachers also need to be aware of the need to introduce new and technical vocabulary and ensure that key words are understood by all students, including those for whom English is a second language.

Aboriginal and Torres Strait Islander tobacco issues

Tobacco issues in Aboriginal and Torres Strait Islander communities are complex and closely related to issues of dispossession and colonisation. In pre-contact Indigenous communities, the supply and use of drugs such as Pituri (native tobacco) was strictly controlled by the Elders. Dispossession destroyed traditional social constraints leaving them poorly equipped to cope with the range and scope of drugs used in male dominated colonial societies.

The proportion of Indigenous people who smoke is about twice that of the national average. Aboriginal and Torres Strait Islander peoples tend to take up smoking at earlier ages than other Australians.

Tobacco smoking is a major risk factor for a number of serious conditions such as heart disease, lung disease and various cancers. Aboriginal and Torres Strait Islander peoples are at greater risk than other Australians of hospitalisation and/or death from these conditions. Smoking is also a risk factor for low birth weight, which is about twice as common among babies born to Aboriginal and Torres Strait Islander mothers as it is among other babies.

Tobacco issues in Aboriginal and Torres Strait Islander societies have been compounded by the communal nature of those societies. Many Aboriginal smokers have never bought a packet of cigarettes, relying on others for their cigarettes.

A 1995 survey of Aboriginal people reported that only 3% of the Aboriginal people surveyed believed that tobacco was the major cause of Aboriginal drug related deaths. The results of this survey show that the focus on the problems caused by alcohol in Aboriginal communities are a rational response to the immediacy of the impact of alcohol on Aboriginal communities. The results also raise questions about the impact on Aboriginal people of public health campaigns warning of the dangers of tobacco.

Some families may have attitudes towards smoking that are not consistent with those in this resource. Tensions and conflict between students and other family members may arise and this could be counter-productive. Sensitive discussion with students is required regarding the purpose of the activities and how they might approach other family members. In relation to issues concerning language backgrounds other than English and Aboriginal and Torres Strait Islander communities teachers may seek assistance from community liaison officers (NESB) or Aboriginal community liaison officers (ACLOs) when implementing this program in the school.

When addressing drug education for Aboriginal students teachers should be guided by the *Aboriginal Education Policy*, NSW Department of School Education, 1996.

Information about smoking

What is tobacco?

Tobacco is a plant that can grow in a wide variety of climates. The dried, cured leaves from the plant are used for smoking or chewing. Tobacco is a mixture of almost 4,000 substances, including tar, nicotine, acetone, ammonia and hydrogen cyanide.

Nicotine is a poison. Swallowing a small amount of pure nicotine can kill an adult. It is a stimulant that restricts the flow of blood and causes blood pressure to rise.

Tar is released when a cigarette burns. This is the main cause of lung and throat cancer in people who smoke and also aggravates bronchial and respiratory disease. A person who smokes one packet of cigarettes a day inhales more than half a cup of tar each year.

Tobacco smoke is inhaled through smoking cigarettes and pipes. It can be sniffed as snuff or chewed. It can also be taken in through passive smoking.

Other names for cigarettes

Cigarettes are also known as smokes, gaspers, darts, sticks, coffin nails, ciggies and durries.

What are the short-term effects of tobacco?

Short-term physical effects include:

- increased pulse rate
- temporary rise in blood pressure
- acid in the stomach
- brain and central nervous system activity stimulated then reduced
- decreased blood flow to body extremities
- dizziness, nausea and watery eyes.

What are the long-term effects of tobacco?

Long-term physical effects include:

- diminished or extinguished sense of smell and taste
- increased risk of colds and chronic bronchitis
- increased risk of emphysema
- increased risk of heart disease
- premature and more abundant face wrinkles
- lower birth weight of babies
- increased risk of cancer of the mouth, larynx, pharynx, oesophagus, lungs, pancreas, cervix, uterus and bladder.

Passive smoking

There are three types of smoke produced from cigarettes and cigars.

Mainstream smoke: this is the smoke breathed in by the person who smokes.

Exhaled mainstream smoke: mainstream smoke that is exhaled by the person who smokes.

Sidestream smoke: this is the smoke that burns from the end of the cigarette. Because it burns at a lower temperature, it has more chemicals than mainstream smoke.

When other people breathe in exhaled mainstream smoke and sidestream smoke, it is called passive smoking. Passive smoking contains many chemicals that are toxic and may cause cancer.

Effects of passive smoking may include:

- an increased risk of lung cancer and heart disease
- respiratory problems such as pneumonia and bronchitis
- slower lung growth and decreased lung function in children
- sore and/or watery eyes
- sneezing or coughing
- asthma attacks
- an increased risk of Sudden Infant Death
- an increased risk of respiratory illnesses in children
- ear infections in children.

Facts on passive smoking

- Non-smokers who work with smokers over a long period of time were found to have lung damage similar to that of smokers.
- Babies born to mothers who smoke are, on average, lighter than babies born to non-smokers.
- Sidestream smoke causes most of the problems associated with passive smoking.
- Sidestream smoke contains two and a half times as much nicotine as mainstream smoke.
- Particles in sidestream smoke are smaller than those in mainstream smoke and they reach deeper into the lungs.
- There is increasing evidence that passive smoking may increase the risk of a non-smoker developing lung cancer.
- The health of unborn babies can be affected if the mother is a smoker.
- Passive smoking contributes to the risk of Sudden Infant Death.
- Children whose parents smoke are twice as likely to develop chest illnesses and infections such as bronchitis and pneumonia.

What's in a cigarette?

The substances described below are all found in cigarettes.

Nicotine

Nicotine is the addictive agent in tobacco. When inhaled it reaches the brain within seven seconds. Nicotine is a very deadly poison. Swallowing just two or three drops of pure nicotine can kill an adult. The amount of nicotine in cigarettes made in Australia is limited to 1.4 mg. Nicotine:

- increases blood pressure and heart rate
- decreases circulation in body extremities such as the toes and fingers
- increases the possibility of a heart attack in people with heart problems
- may contribute to atherosclerosis (thickening of the arteries)
- may promote thrombosis or clotting of the blood
- aids concentration
- suppresses appetite.

Tar

Tar is inhaled (breathed in) by a smoker in the form of small particles in the smoke. These particles and other irritants can cause the smoker to cough. Besides staining the teeth and fingers yellow, tar coats the lungs and reduces the flexibility of the tiny air sacs in the lungs. This causes coughing, shortness of breath and wheezing. It may also cause bronchitis or inflammation of the air tubes to the lungs. Tar is the main cause of lung and throat cancer in smokers.

Metals

Arsenic is a metal that is used as an ant poison. Nickel is used to coat other metals to give them a shiny surface. Coins used to be coated with nickel, hence the American slang for a five cent piece. Cadmium is used in car batteries and nuclear reactors.

Carbon monoxide

Carbon monoxide (CO) is a very poisonous gas and is found in car exhaust fumes. Smoking concentrates much more carbon monoxide in the lungs than polluted air. It takes the place of oxygen in the blood. Blood takes up carbon monoxide more readily than oxygen and it is the high levels of CO that increases the risk of blood circulation problems, hardening of the arteries and coronary heart disease.

Pesticides

There are many chemicals in cigarettes such as DDT, endrin, and endosulphan that are used as pesticides. A pesticide is a poison that kills pests.

Ammonia

Ammonia is a poisonous gas. When dissolved in water it makes a good cleaner and is a common household floor and tile cleaner. Breathing in the fumes can be dangerous. Some manufacturers deliberately add ammonia to cigarettes because they have found that ammonia helps the uptake or absorption of nicotine. In other words, ammonia is added to cigarettes to make them more addictive.

Radioactive compounds

Cigarettes have small quantities of radioactive compounds such as Polonium 210 and Potassium 40.

Other chemicals

Other chemicals found in cigarettes are hydrogen cyanide (a poisonous gas), phenol (poisonous chemical used as a disinfectant and an antiseptic, also used in paints, varnishes, adhesives and plastics), naphthalene (used in mothballs), acetone (used as a paint stripper and nail polish remover), butane (used as a lighter fluid) and many other substances, over forty of which have been identified to be carcinogenic (cancer causing).

Section 2: Suggested teaching and learning activities

Syllabus links

The activities in this resource link to the Board of Studies *Personal Development, Health and Physical Education K-6 Syllabus*. The objectives of this syllabus are outlined below.

Objectives

Values and attitudes

To develop students’:

- appreciation of and a commitment to healthy and socially just ways of living.

Skills

To develop students’ skills in:

- making, communicating and acting upon health decisions
- forming and maintaining positive relationships.

Knowledge

To develop students’ knowledge and understanding about:

- ways to enhance personal and community health and well being.

The following table identifies content from the *Personal Development, Health and Physical Education K-6 Syllabus* and how it links to the related themes of *Smoke screen: a smoking prevention resource*.

Content strand	Topic	Related themes
Personal Health Choices	Drug use definition, legal and illegal <ul style="list-style-type: none"> • effects of drugs <ul style="list-style-type: none"> — tobacco 	Physical consequences of smoking Substances found in cigarettes Tobacco as an addictive substance Health consequences
	Drug use <ul style="list-style-type: none"> • effects of drugs <ul style="list-style-type: none"> — tobacco • media and drugs • labelling of drugs 	Attitudes to smoking Persuasive factors The marketing of tobacco
	Drug use <ul style="list-style-type: none"> • effects of drugs <ul style="list-style-type: none"> — tobacco • effects of drug use for the community 	Advocating against smoking Personal costs Social costs Influencing others not to smoke

The following table identifies the outcomes from the *Personal Development, Health and Physical Education K-6 Syllabus* that link to *Smoke screen: a smoking prevention resource*.

Outcomes	Indicators
<p>Knowledge and Understanding <i>Personal Health Choices (PHS3.12)</i> Explains the consequences of personal lifestyle choices.</p>	<p>Sample indicators could include:</p> <ul style="list-style-type: none"> • identifies the positive and negative effects if various substances on the body, e.g. tobacco • identifies the effects of their decisions on themselves, others and the environment, e.g. smoking • identifies how and why females and males are identified in a range of advertisements, e.g. advertising for tobacco products.
<p>Skills <i>Decision Making Skills (DMS 3.2)</i> Makes informed choices and accepts responsibility for consequences.</p> <p><i>Communicating Skills (COS3.1)</i> Communicates confidently in a variety of situations.</p> <p><i>Problem Solving Skills (PSS3.5)</i> Suggests, considers and selects appropriate alternatives when resolving problems.</p>	<p>Sample indicators could include:</p> <ul style="list-style-type: none"> • predicts the consequences of their choices, e.g. use of tobacco • discerns the reliability of what is presented in the media, e.g. drug use • chooses an appropriate way to respond to peer influence, e.g. refusal skills in relation to drug use • presents an opinion with confidence, e.g. the case for smoke-free zones • justifies why they refuse offers of cigarettes from friends and other peers • selects the most appropriate solution to a given problem • enlists support of local community bodies • devises strategies to reduce the negative impact of tobacco on society.
<p>Values and attitudes Increasingly accepts responsibility for personal and community health. (V4)</p>	<p>Sample indicators could include:</p> <ul style="list-style-type: none"> • defends the need for making decisions that enhance health • appreciates the need for safe practices in a range of situations and environments • values the need to pursue healthy lifestyles.



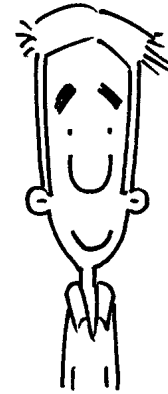
Activity 1: What do you know about smoking?

Students will be able to:

- ◆ explore current knowledge and attitudes about smoking.

Preparation

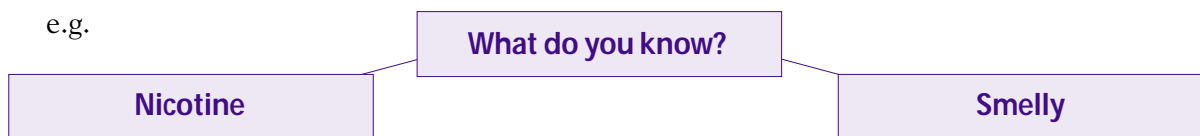
- ◆ Family activity sheet: *Smoking — a quick quiz*
- ◆ Large piece of butchers paper
- ◆ A5 coloured sheets of paper or self-adhesive paper
- ◆ Sticky tape/blue tack
- ◆ Activity sheet 1.1: *Myths and facts about smoking*
- ◆ Teacher information sheet 1.1: *Myths and facts about smoking*
- ◆ Worksheet 1.1: *Opinion meter*



Procedure

1. Write the question *What do you know or have been told about smoking?* in the middle of a piece of butchers paper.
2. Ask students to consider the question *What do you know or have been told about smoking?*
3. On coloured or self-adhesive paper students write down a word or sentence in response to the question.
4. Students attach their coloured or self-adhesive paper around the outside of the question.

e.g.



5. The teacher may group the students' responses into themes and explain that the class will be investigating these in more detail in following lessons. Themes might include:
 - physical consequences
 - social consequences
 - legal issues
 - promotion issues.

6. Cut up and display the statements on Activity sheet 1.1: *Myths and facts about smoking* around the classroom.
7. Write three headings, *True False* and *Unsure*, onto separate pieces of butchers paper and place them on a wall. Discuss each statement from Activity sheet 1.1 and decide if each statement is *True*, *False* or *Unsure*. Ask students to place the statements under headings *True*, *False* or *Unsure*.
8. Using Activity sheet 1.1, students select what they think are the five facts that could cause the most harm to people's health. In small groups choose one of the five facts identified and complete Worksheet 1.1: *Opinion meter*. Ask groups to share ideas with the class.

Teachers' notes:

Teachers should be aware of information relating to the purpose and implementation of *Family activity sheets*. Refer to *Involving parents in smoking prevention education*, page 10.

Family activity sheet

Dear _____

(Parent / caregiver)

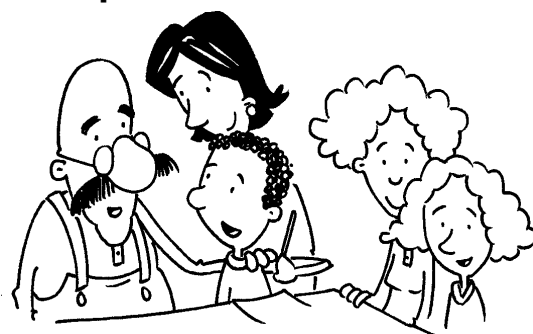
The activity below can be used to discuss smoking-related issues with your child. This will also enable you to support your child's learning.

Please take a few minutes to discuss the following activity with your child. The school values your support and involvement in smoking prevention education. This sheet is for you to use at home and does not have to be returned to the school.

Smoking — a quick quiz

Complete the quiz :

- on your own
- with others in your home
- or play your own home quiz show.



1. Nicotine is an addictive substance. True / False
2. Most Australians smoke. True / False
3. Heroin causes the most drug-related deaths in Australia. True / False
4. In NSW smoking in restaurants is not permitted. True / False
5. Tobacco companies are allowed to sponsor Australian sporting events. True / False
6. Tobacco contains over 4,000 substances. True / False
7. Passive smoking triggers asthma attacks in children. True / False
8. The main contents of a cigarette are tar, nicotine and carbon monoxide. True / False
9. Smoking may cause premature ageing and wrinkling of the skin. True / False
10. It is illegal for children to be sold cigarettes. True / False

Answers

1. ***Nicotine is an addictive substance.***
True — Nicotine is extremely addictive and toxic. Withdrawal from nicotine may include aggression, irritability and loss of concentration.
2. ***Most Australians smoke.***
False — In the year 2000 approximately 78% of Australians did not smoke.
3. ***Heroin causes the most drug-related deaths in Australia.***
False — Tobacco-related illnesses cause more than 18,000 deaths each year.
4. ***In NSW smoking in restaurants is not permitted.***
True — Since the introduction of the *Smoke-free Environment Act 2000*, smoking has been banned in most enclosed public places, e.g. shopping centres, schools, theatres, public transport, hospitals, restaurants, cafés, cafeterias, dining areas and other eating places. 'Al fresco' eating areas, cafés or street tables are not affected by the Act.
5. ***Tobacco companies are allowed to sponsor Australian sporting events.***
False — Tobacco sponsorship of Australian sporting events has been banned since 1995. The only current exception being the motor racing Grand Prix held in Melbourne each year. All international sponsorship is to be phased out by 2006.
6. ***Tobacco contains over 4,000 substances.***
True — These include ammonia, DDT, naphthalene, arsenic and lead.
7. ***Passive smoking triggers asthma attacks in children.***
True — Passive smoking can trigger asthma attacks in children who are asthmatics and even those who have not experienced an attack before.
8. ***The main contents of a cigarette are tar, nicotine and carbon monoxide.***
True — Other uses for these substances include:
 - tar — road sealant
 - nicotine — poison used in pesticides
 - carbon monoxide — found in car exhaust fumes.
9. ***Smoking causes premature ageing and wrinkling of the skin.***
True — Chemicals in the smoke dehydrate, age and decrease the elasticity of the skin.
10. ***It is illegal for children to be sold cigarettes.***
True — The NSW Public Health Act 1991 makes it illegal to sell tobacco to a person under the age of 18 years.

For further information or assistance you may choose to contact:

NSW Health — NSW Quit Campaign

NSW Health runs mass media education campaigns and promotions. It also provides information and resources for the general community.

Telephone: (02) 9391 9000 for general inquiries

Toll Free: 1800 639 398 for general inquiries

Quitline

Available for advice about quitting.

Telephone: 131 848

Myths and facts about smoking

1. Nicotine is addictive.
2. Non-smokers are usually fitter than smokers.
3. Smokers have more coughs and colds than non-smokers.
4. It is illegal to advertise cigarettes on TV.
5. Children are less likely to smoke if their parents do not smoke.
6. Cigarette smoke is harmful only to smokers.
7. Most Australians smoke.
8. Smoking increases blood pressure.
9. Passive smoking can trigger asthma attacks.

10. Smoking does not affect fitness.

11. Cigarette smoking is easy to give up because it is not addictive.

12. Pregnant women who smoke give birth to babies just as healthy as women who do not smoke.

13. Cancer and heart disease only affect older people who smoke, not young people.

14. As long as the person smoking doesn't breathe in deeply, they will not be harmed or affected.

15. Cigarette butts make up half of the litter in New South Wales.

Myths and facts about smoking

1. *Nicotine is addictive.*

Fact — Nicotine is a highly addictive drug. Smokers who quit may have great difficulty with withdrawal symptoms. Nicotine withdrawal usually involves intense cravings and psychological symptoms such as mood swings and lack of concentration. (*Drugs: Just The Facts*, NSW Department of Education and Training, Second Edition, 1999.)

2. *Non-smokers are usually fitter than smokers.*

Fact — Smoking decreases fitness. The heart has to work harder to distribute enough oxygen around the body and the lung capacity is reduced.

3. *Smokers have more coughs and colds than non-smokers.*

Fact — The lungs are unable to be cleaned effectively as the cilia, in the respiratory system, are paralysed. Therefore, the body is susceptible to germs and infections.

4. *It is illegal to advertise cigarettes on TV.*

Fact — This has been law in Australia since 1976.

5. *Children are less likely to smoke if their parents do not smoke.*

Fact — Research indicates that children are less likely to smoke if their parents do not smoke. This may relate to a number of factors, for example, role modelling by parents.

6. *Cigarette smoke is harmful only to smokers.*

Myth — Passive smokers can suffer the same effects of smoking as people who smoke.

7. *Most Australians smoke.*

Myth — In the year 2000 approximately 22% of the Australian population smoked.

8. *Smoking increases blood pressure.*

Fact — Nicotine increases the heart rate, thus the pressure on arterial walls.

9. *Passive smoking can trigger asthma attacks.*

Fact — Passive smoking may trigger an attack for non-smoking asthmatics and even for people who have not previously suffered asthma attacks.

10. *Smoking does not affect fitness.*

Myth — Smoking reduces a person's lung capacity, therefore the body works at a less than optimal level to transport the same amount of oxygen around the body.

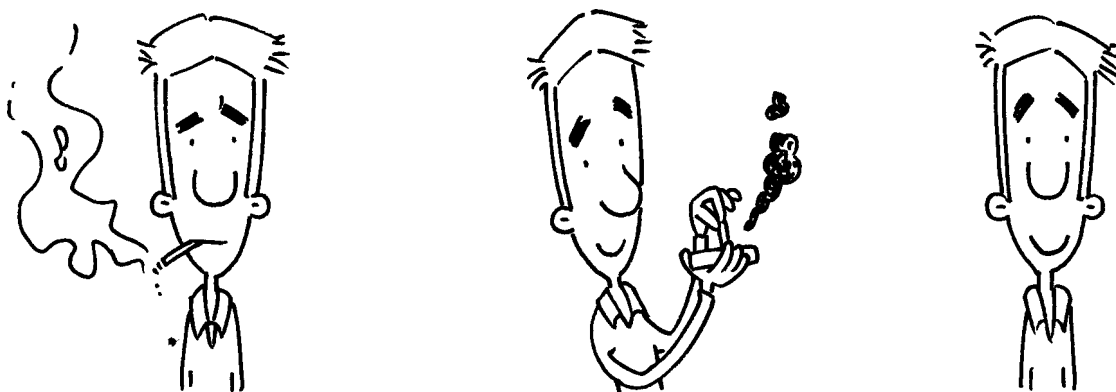
11. *Cigarette smoking is easy to give up because it is not addictive.*

Myth — Research indicates that smokers find it difficult to stop smoking. Nicotine is very addictive.

12. *Pregnant women who smoke give birth to babies just as healthy as women who do not smoke.*

Myth — Women who smoke are more likely to have premature, smaller and underweight babies.

13. *Cancer and heart disease only affect older people who smoke, not young people.*
Myth — Cancers have been detected in people who smoke from the teenage years right through to older aged people.
14. *As long as the person smoking doesn't breathe in deeply, there are no harmful effects from cigarettes.*
Myth — Other effects of smoking include stained teeth and fingers, oral cancers and premature ageing. The effects of second hand smoke on other people are also very dangerous.
15. *Cigarettes make up 50% of litter items in New South Wales each year.*
Fact — Over 9 million cigarette butts are thrown away in NSW each year — if laid end to end they would span a distance of 180,000 kilometres. That's four and a half times around the planet. Cigarette butts take up to 15 years to break down.



Opinion meter

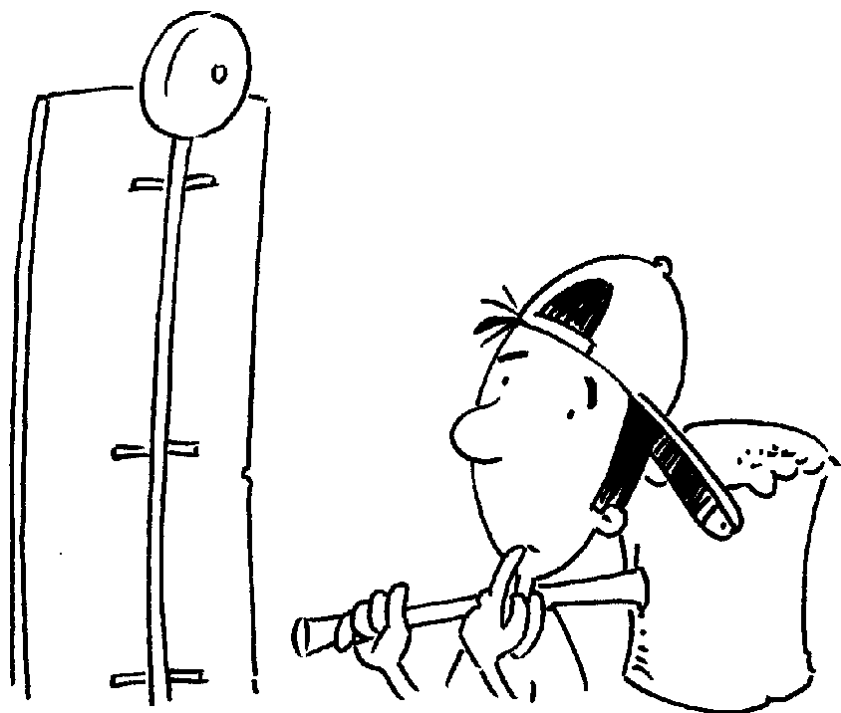
Statement: _____

List some harms related to the statement.

- ◆
- ◆
- ◆

Suggest how a person might reduce the level of harm associated with the statement.

- ◆
- ◆
- ◆





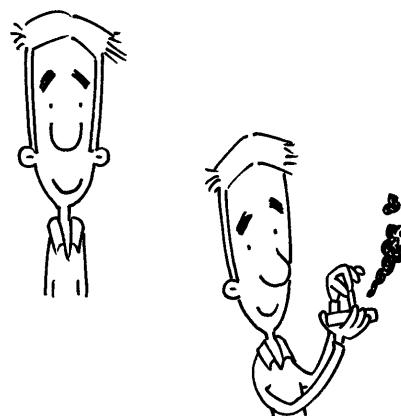
Activity 2: Contents of a cigarette

Students will be able to:

- ◆ investigate the contents of a cigarette
- ◆ identify what the substances found in cigarettes may be commonly used for.

Preparation

- ◆ Activity sheet 2.1: *Contents of a cigarette*
- ◆ Worksheet 2.1: *Mix and match*
- ◆ Activity sheet 2.2: *Answers: Mix and match*



Procedure

1. Discuss Activity sheet 2.1: *Contents of a cigarette*.

Teacher might ask:

- which of these chemicals have you seen at home?
 - what do people usually use these chemicals for?
 - how can these chemicals effect the body? (Refer to *Background information: What's in a cigarette?*, page 16.)
 - why do you think tobacco companies allow these chemicals in cigarettes? (Note: many of the chemicals in a cigarette promote the uptake and addictiveness of cigarettes. Other reasons might include that they assist with the burning temperature, rate of burning and taste of cigarettes.)
2. Using Activity sheet 2.1: *Contents of a cigarette* students complete Worksheet 2.1: *Mix and match* in pairs or small groups.
 3. Check and discuss students' responses.
 - Do any of these chemicals have poisonous health warnings or labels, e.g. a poison symbol?
 - Why are there poisonous labels on them?
 - Are there warnings about poisons on cigarette packets?
 - How do the warnings on poisonous containers and cigarette packets differ?
 4. Develop an exposition on why it is important that people know what is in cigarettes.

Homework:

1. Find household products that contain the substances described on Worksheet 2.1: *Mix and match*.
2. Note down:
 - a) the health warnings on the products
 - b) whether the substance is poisonous or not.

Teachers' notes:


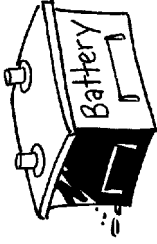
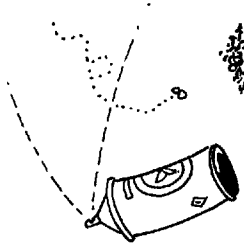
Activity sheet 2.1: *Contents of a cigarette* shows the name of the chemicals, in bold, and examples of common use are listed below each one.

For health warnings on cigarette packets teachers should refer to Activity 6, page 48.

Parts of this lesson may be incorporated into English lessons.

Contents of a cigarette

There are over 4,000 chemicals, including

Acetone Nail polish remover / Paint stripper	DDT / Dieldron Insecticides	Napthalene Mothballs	
Acetic acid Vinegar	Ethanol Alcohol	Nicotine Poison / Addictive	
Ammonia Floor / Toilet cleaner	Formalin Preserver — human tissue and fabrics	Nitrobenzene Petrol additive	
Arsenic Poison	Hexamine BBQ lighting pack	Nitrous oxide Anaesthetic / Laughing gas	
Butane Cigarette lighter fluid	Hydrogen cyanide Poison (paralyses cilia)	Phenols Disinfectant	
Cadmium Car battery fluid	Methane Petroleum gas	Stearic acid Candle wax	
Carbon monoxide Car exhaust fumes	Methanol Rocket fuel	Toluene Industrial solvent	
Tar Bitumen roads	Methyl chloride Liquid nitrogen	Vinyl chloride Makes PVC — a plastic	

Mix and match

Match the common uses with the contents of a cigarette listed in the box below.

Common uses	Contents of cigarette
Paint stripper	
Floor cleaner	
Poison	
Lighter fuel	
Used in car batteries	
A poisonous gas found in car exhausts	
Road sealant	
A disinfectant, antiseptic and used in paints, varnishes, adhesives and plastic	
Petroleum gas	
Moth balls	
Candle wax	
Pesticide (used in the eradication of pests including rats, flies, etc)	
Industrial solvent (a solvent dissolves something, e.g. water is a solvent of sugar)	
BBQ lighting pack	

Contents:

Cadmium, Acetone, Butane, Tar, Phenols, Methane, Stearic acid, Arsenic, Nicotine, Toluene, Carbon monoxide, Hexamine, Ammonia, Naphthalene



Answers: Mix and match

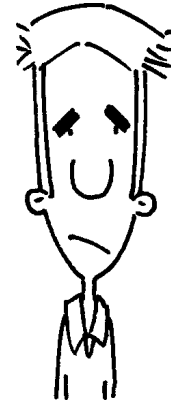
Common uses	Contents of cigarette
Paint stripper	Acetone
Floor cleaner	Ammonia
Poison	Arsenic
Lighter fuel	Butane
Used in car batteries	Cadmium
A poisonous gas found in car exhausts	Carbon monoxide
Road sealant	Tar
A disinfectant, antiseptic and used in paints, varnishes, adhesives and plastic	Phenols
Petroleum gas	Methane
Moth balls	Napthalene
Candle wax	Stearic acid
Pesticide (used in the eradication of pests including rats, flies, etc)	Nicotine
Industrial solvent (a solvent dissolves something, e.g. water is a solvent of sugar)	Toluene
BBQ lighting pack	Hexamine



Activity 3: Taylor's story

Students will be able to:

- ◆ give reasons why people choose not to smoke
- ◆ give reasons why people smoke
- ◆ identify strategies to reduce or quit smoking
- ◆ identify short-term consequences of smoking.



Preparation

- ◆ Worksheet 3.1: *Taylor's story*

Procedure

1. Teacher asks students to use mathematics, fractions, to answer the following questions “*If approximately two out of ten Australians smoke, what percentage of Australians are:*

a) *smokers*

b) *non-smokers?*”

(Answer: Approximately 20% are smokers and 80% are non-smokers.)

2. Class discussion: Why do we sometimes think that more Australians smoke than actually do?

Some answers might include:

- smoking in the movies/TV
- careful product placement
- advertising in international magazines
- incorrect perceptions by peers
- family or friends smoke.

3. Discuss reasons why most Australians choose not to smoke? Some reasons may include:

- too expensive
- causes smelly hair, breath and clothes
- most people don't do it and consider it anti-social
- decreases fitness
- worried about possible long-term effects.

4. Distribute Worksheet 3.1: *Taylor's story*. Read it to the class or complete as a shared reading activity.
5. Complete and discuss the worksheet in pairs.
6. Whole class discussion of responses. Emphasise that no one ever intends to become dependent on cigarettes but addiction can happen more quickly than anyone ever imagines. (See Teachers' notes below.)
7. Other than dependence, what are some short-term or immediate effects of smoking?
Physical — smelly hair, red watery eyes, bad breath, decreased fitness, bad skin, increased risk of breathing problems - asthma, increased heart rate.
Social — may have to sit outside at a party or café while friends are inside having fun, less money to do other activities or buy clothes, CDs, etc. Most places that young people like to hang out are smoke-free, e.g. cinemas, bowling alleys, cafés.
8. Discuss reasons why some people continue to smoke when they know it is damaging their health. Reasons may include:
 - physically and emotionally dependent
 - friends and family smoke
 - stressed
 - do not want to give up.
9. Class composes a letter to Taylor suggesting how and why he/she might cut down or quit smoking.

Extension activity:

1. Explore the consequences of each situation.
 - a) Taylor gets caught smoking in the toilets.
 - b) Taylor and her/his friends go to a party and people are moving away because they are smoking.
 - c) Taylor gives up smoking.



Teachers' notes

There is a tendency among young people to overestimate the prevalence of smoking in the community. Smoking is not a social norm in Australia.

In New South Wales, recent surveys (1997/98) show that approximately 30% of girls and 27% of boys, aged 16 years currently smoke.

This compares to about 22% of the Australian adult population who smoke.

80% of smokers have expressed a desire or intention to give up smoking.

Sources:

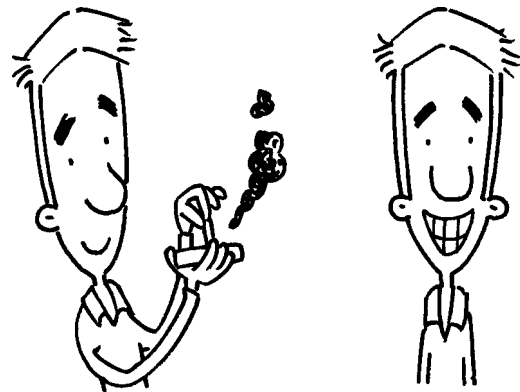
- *The \$21m question: help prevent NSW children smoking*, published by the Heart Foundation, ASH and The Cancer Council New South Wales (1998).
- *1998 National Drug Strategy Household Survey, First Results* (1999). Australian Institute of Health and Welfare of Canberra, p12.

Teachers need to be aware of latest prevalence statistics. Refer to page 71 for *1996 NSW primary school survey statistics*.

Most adult smokers started smoking as teenagers. Some of the reasons that they started smoking were because they:

- believed they would not get hooked on cigarettes
- greatly under-estimated the short length of time it took to become addicted (for some individuals it was only three smoking sessions)
- greatly overestimated their ability to give up cigarettes any time they wanted
- did not fully understand the addictive nature of cigarettes, e.g. physical, emotional, habitual.

Because of the addictive nature of nicotine quitting smoking can be very difficult. Only about 7% of all smokers who make an attempt to quit will be abstinent one year later. For further information on quitting telephone the NSW Quitline on 131 848.



Taylor's story

"When I was 12 I started smoking with some friends after school. My friend's mother was a smoker and we used to pinch cigarettes from her. That's how I got started. Now I just hang out for a cigarette. I used to think that it was cool and really grown up to smoke but now I find it hard to stop. I smoke between ten and twelve cigarettes a day. I've tried quitting a couple of times but I always go back to smoking. I hang out for a cigarette even when I'm in class. My friends and I wait for the bell so we can get out and smoke. It costs heaps too, as much as \$20 a week. The worst part is hiding in a smelly toilet puffing away on a cigarette. Not exactly cool. Also ... especially when you go out, most people don't smoke and just about everywhere is 'no smoking' which means you've got to go outside to smoke while everyone else is inside having fun."

Taylor
(14 years)

Discuss:

1. Taylor does not say why he/she started smoking. What might be some reasons for Taylor starting to smoke? Are there any other reasons why people may choose to smoke?
2. What might be some consequences if Taylor was caught smoking at:
 - a) school
 - b) home
 - c) a shopping centre?
3. List five (5) positive reasons for Taylor to reduce or quit smoking.
4. Discuss with a friend how Taylor might quit smoking or reduce her/his level of smoking. Write three suggestions.





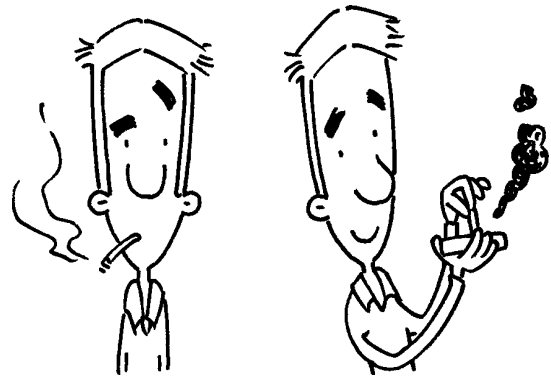
Activity 4: Smoking — not a sporting chance

Students will be able to:

- ◆ understand how smoking affects a person's level of fitness
- ◆ describe how smoking may affect a person's ability to participate in an activity to the best of his/her ability.

Preparation

- ◆ Butchers paper
- ◆ Textas
- ◆ Drinking straws



Procedure

1. Give each student a straw. Explain that they will complete a three minute vigorous activity and that they will be breathing through the straw. (This represents how a smoker may feel when doing physical activity.)
2. Perform a vigorous three minute activity, e.g. running on the spot, skipping, step-ups.
3. In pairs describe how they felt while exercising and breathing through the straw. Compare this to how students usually feel while exercising.
4. Imagine you have left school and become a famous sports star respected by children. You are against people smoking. You have been asked back to your primary school to speak to the students explaining why you choose not to smoke. As an elite sports person list the reasons you would give and write a brief speech. Consider not only health effects but also sponsor contracts, positive role modelling and promotion of the sport.

Alternative activity:

1. Create an anti-smoking poem with a fitness or sporting theme.

e.g. There once was a man named Bill Gruff
A great sportsman who would run out of puff
He would cough and he'd wheeze
His team mates weren't pleased
This smoking is terrible stuff.

Teachers' notes:

Breathing through a straw represents the constriction of airways, decreased lung capacity and shortness of breath a regular smoker may experience.

During exercise people who smoke:

- are more easily exhausted
- suffer shortness of breath
- have reduced endurance
- are slower to react
- have poorer visual judgement.

Health benefits of quitting smoking include:

- within one or two days carbon monoxide and nicotine will be cleared from the body
- after three months the lungs are able to clean themselves and blood flow improves.

NOTE: Teachers should be mindful of safety issues when considering which vigorous activity is appropriate for the class. It may not be appropriate to use ball games. During this activity teachers should carefully monitor children who suffer from asthma.

This activity could be integrated into a physical activity lesson.



Activity 5: Ways of saying No!

Students will be able to:

- ◆ practise refusal skills.

Preparation

- ◆ OHT 5.1: *Situations*



Procedure

1. As a whole class read OHT 5.1: *Situations*.
2. Discuss each situation, e.g. what would concern you about saying No! in these situations? Friends rejecting you?
3. Students suggest how they could say No! to each of the situations. For example:
 - no thanks, I don't want to smoke
 - me? No I'd be terrified my parents would find out
 - I can't. I have to help my brother this afternoon
 - you're kidding aren't you? No way!
 - I'm going to a movie. Do you want to come?
 - my mother/father has a bloodhound nose and would catch me
 - I'm an asthmatic
 - I want to spend my money on clothes and CDs.
4. Role rehearsal.
 - Ask a pair of students to assist the teacher demonstrate to the class how they might respond to Situation 1. The teacher should demonstrate how to give realistic and appropriate feedback, e.g. Did you feel natural saying that? You looked like you meant it because you were standing naturally. Emphasise that feedback should be positive.
 - In pairs practise some of the responses that the group suggested to Situations 1-4. One partner rehearses each response, the other checks that:
 - a) the message is clear
 - b) body language is confident
 - c) the message and its content is realistic.Partners should change roles so both are given the opportunity of role rehearsal.

5. Students write a response to the following statement stems.

- The response I would use is _____ because _____
- The response that is the most powerful is _____
because _____ (e.g. tone of voice, personality,
situation, factual information).

6. In small groups share the responses to the statement stems.

Teachers' notes:

Students should not be permitted to use props, such as pens and pencils, for a cigarette.

Teachers should be aware of the possibility that assertive responses may vary according to what is culturally appropriate to different groups. Refer to *Issues for language groups from backgrounds other than English* and *Aboriginal and Torres Strait Islander tobacco issues*, pages 11-13.

Feedback is most useful if it is specific and tells students exactly what they have done well.

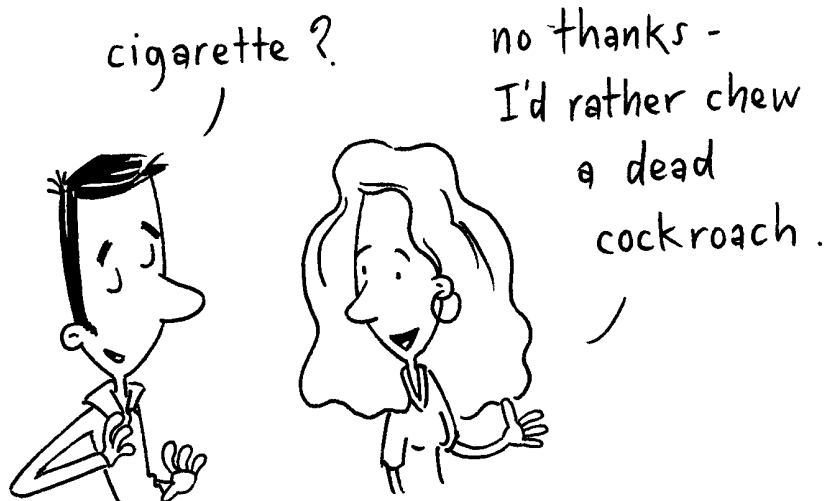
This activity could be incorporated into an English (drama) activity.



Situations

1. Friends tell you that they have been smoking. They ask you to join them.
2. At a family party an older cousin asks you to come out to the backyard to have a cigarette.
3. Your best friend suggests you both try a cigarette that dropped out of her father's pocket.
4. A close friend offers to buy cigarettes for you.

Imaginative refusals



- List ways to refuse in this situation.
- What response do you think you would use? Why?
- Which response would be the most powerful response for refusing a cigarette?
- What would make that response the most powerful?



Activity 6: Health warnings on cigarette packets

Students will be able to:

- ◆ identify where smoking health warnings are located
- ◆ recognise and examine warnings on cigarette packets
- ◆ create alternative smoking health warnings.

Preparation

- ◆ Family activity sheet: *Government health warnings and smoking*
- ◆ Worksheet 6.1: *Cigarette packet proforma*
- ◆ OHT 6.1: *Samples of warnings on cigarette packets*

Prior to the class activity students take home the *Family activity sheet: Government health warnings and smoking* and complete the survey with their family.

Procedure

1. Collate a class census of survey responses from the *Family activity sheets*. Students use the information to graph results on their worksheet, giving a visual demonstration of where most people have seen tobacco product health warnings.
2. Discussion: Cigarette packets (refer to OHT 6.1: *Samples of warnings on cigarette packets*).
 - Where have health warnings been seen the most? Why is this the case?
 - Which warning did most people remember? Why?
 - Which warnings were remembered the least? Why?
 - What are some other ways of displaying health warnings, e.g. pictures of black lungs on the packets of cigarettes?
3. Devise a smoking health warning for a cigarette packet using Worksheet 6.1: *Cigarette packet proforma*.

Alternative activity:

1. Scan Worksheet 6.1: *Cigarette packet proforma* on to a computer. Students create three dimensional messages and anti-smoking slogans for the cigarette packet.

Teachers' notes:

Teachers should be aware of information relating to the purpose and implementation of *Family activity sheets*. Refer to *Involving parents in smoking prevention education*, page 10.

When graphing results students should be encouraged to use a variety of styles, e.g. pie, bar, line graph.

For students who have not seen cigarette packets the teacher may display OHT 6.1: *Samples of warnings on cigarette packets*.

There are many other types of tobacco products such as pouch tobacco, pipes, snuff, cigars and herbal cigarettes. Illegal loose tobacco (excise has not been paid) is often known as chop chop.

In 2000 the Canadian government agreed to trial colour photos and images of the effects of smoking on cigarette packets. The Australian government is also considering this strategy.

This activity could be integrated into Mathematics.

Family activity sheet

Dear _____

(Parent / caregiver)

The activity below can be used to discuss smoking-related issues with your child. This will also enable you to support your child's learning.

Please take a few minutes to discuss the following activity with your child. The school values your support and involvement in smoking prevention education.

Government health warnings and smoking

Please complete the following survey with your family. Do not include names on this sheet as your child will be graphing and discussing this information in class.

This is a short survey to find out where you have seen tobacco health warnings and what you know about tobacco product health warnings.

1. Tick where you have seen health warnings about tobacco products.

Cigarette packets

Supermarket

Sporting events

TV or movies

Internet

Newspaper / magazine

Shops where cigarettes are sold

Other _____

2. Name some other tobacco products apart from cigarettes.

3. What government health warnings are on cigarette packets?

For further information or assistance you may choose to contact:

NSW Health — NSW Quit Campaign

NSW Health runs mass media education campaigns and promotions. It also provides information and resources for the general community.

Telephone: (02) 9391 9000 for general inquiries

Toll Free: 1800 639 398 for general inquiries

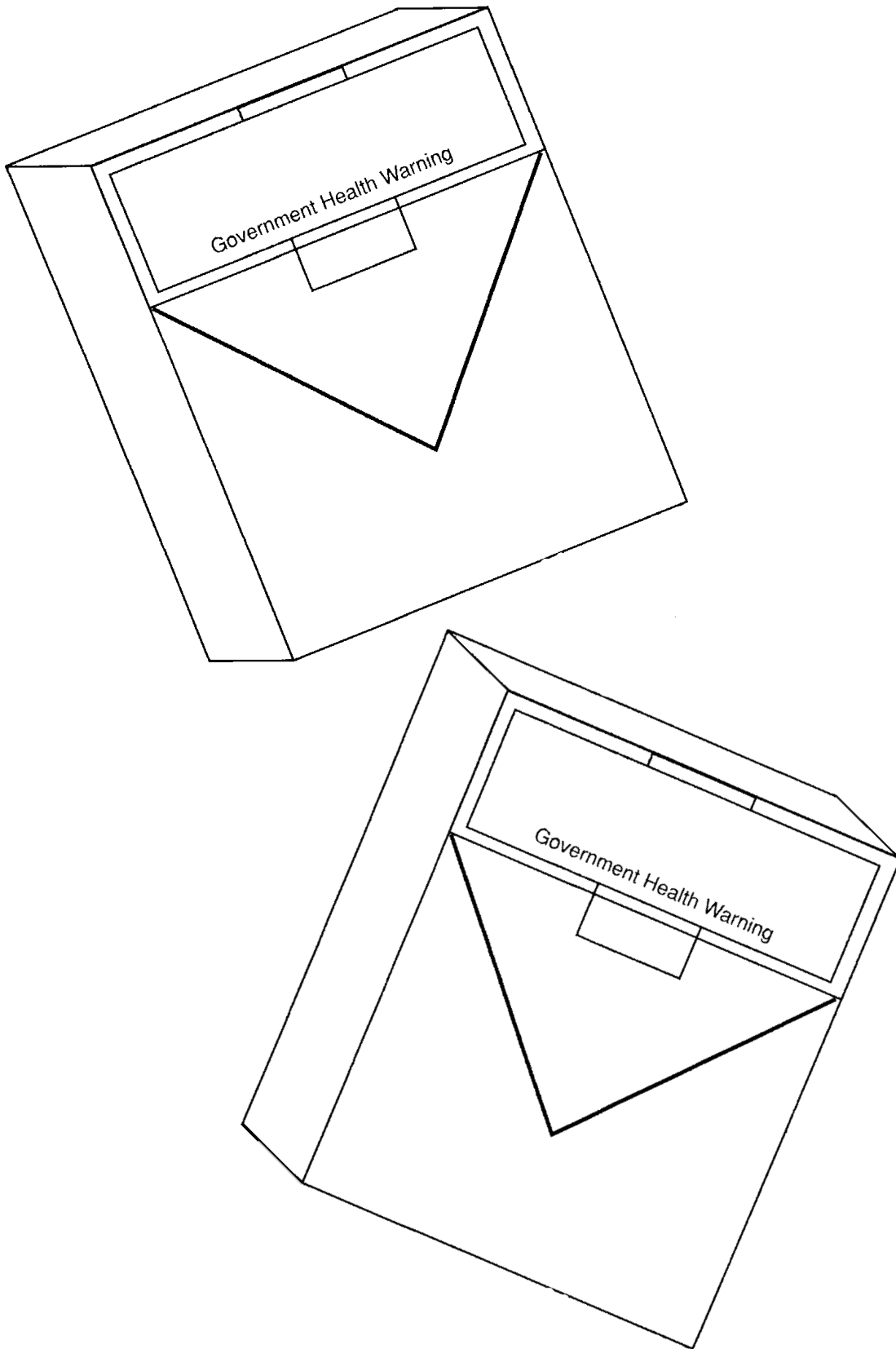
Quitline

Available for advice about quitting.

Telephone: 131 848

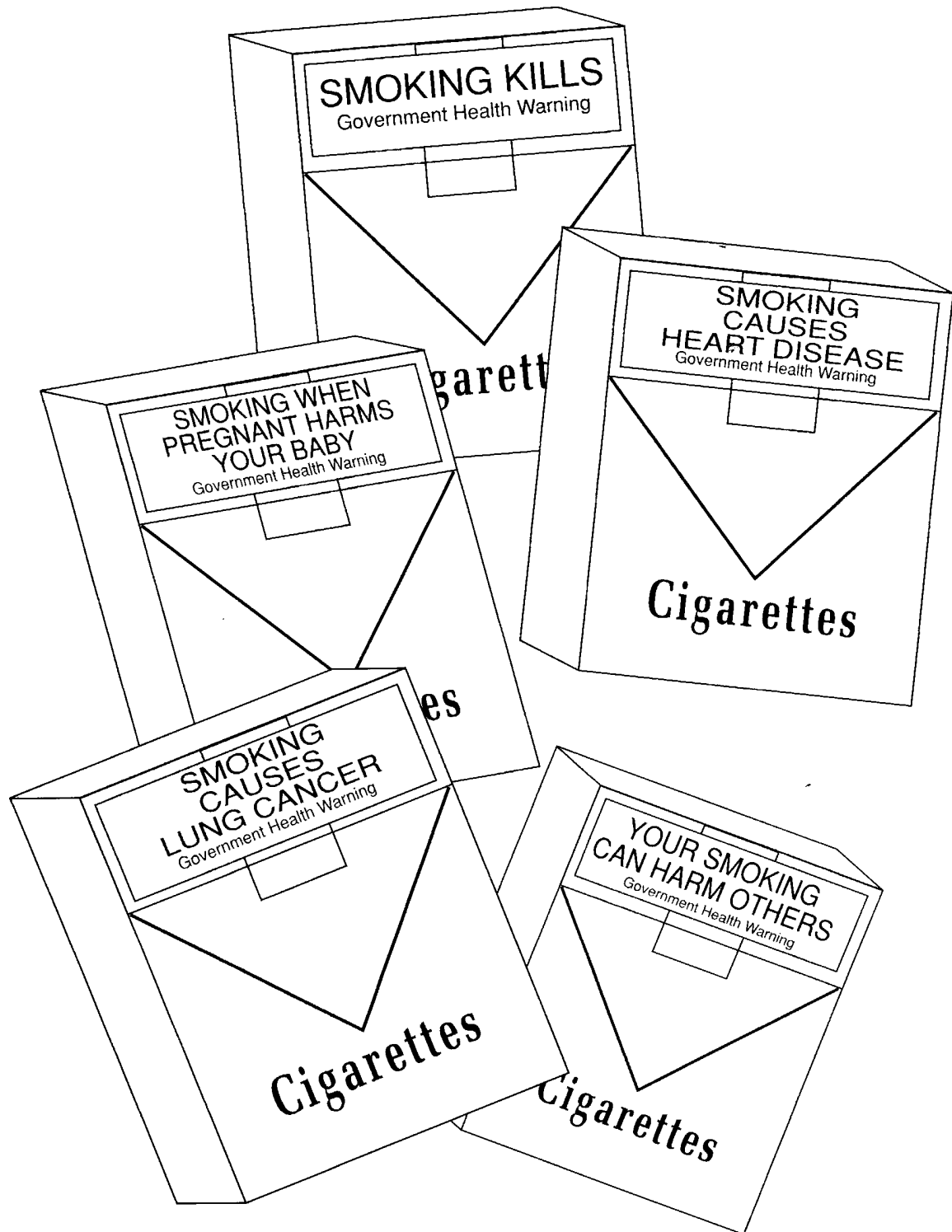


Cigarette packet proforma



Samples of warnings on cigarette packets

Attitudes to smoking





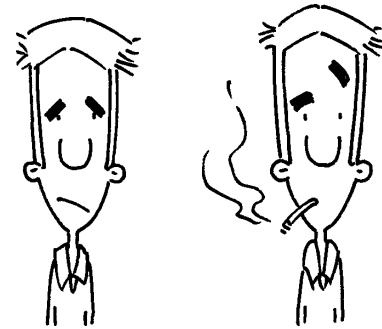
Activity 7: Tobacco on the 'screen'

Students will be able to:

- ◆ define product placement
- ◆ understand the practice of product placement
- ◆ recognise that placement of tobacco products occurs in the media.

Preparation

- ◆ OHT 7.1: *Movies and smoking*
- ◆ OHT 7.2: *Tobacco companies and cigarette promotion*



Procedure

1. Whole class or groups.
 - Name a TV show or movie where you have seen a main character smoking. Display OHT 7.1: *Movies and smoking* if students are unable to make suggestions.
 - What else was the character doing while smoking, e.g. talking on the telephone, driving, walking in a street, in a bar?
 - Would the character be like this in real life, e.g. hero, glamorous, sensationalised, etc?
 - What type of image is the character portraying, e.g. rough, rugged tough, sexy, glamorous, stressed, totally in control, adventurous?
 - Who may this type of image appeal to?
 - What was not shown about the effects of smoking? (Note: very few movies or television programs that include smoking show any negative effects of smoking. That is having characters coughing, friends complaining about the smell, smoke, smelly breath/clothes/hair.)
 - Do you think that the actor smokes in real life? Why/why not?
2. Discuss the term 'product placement'. (See Teachers' notes for the definition.)
3. Read the OHT 7.2: *Tobacco companies and cigarette promotion*.
4. Discuss why the tobacco industry uses the strategy of product placement, e.g. capacity to access large audiences, shown in many countries which have different laws and cultures, increases the impact by having smoking associated with movie and pop stars.
5. Why do you think it is important to know about product placement? Responses might include people could be more critical.

Teachers' notes:

Product placement occurs when a product or brand gains exposure, for example in a film, a photograph, or even in an advertisement for something else. While brand exposure obviously provides a distinct benefit to a particular company, it is not essential. The simple activity of smoking can also be enhanced by its association with a broad variety of desirable personalities or characteristics.

More information on smoking in the movies can be found at www.smokefreemovies.ucsf.edu/problem/index.html

A copy of the 1983 agreement signed by Sylvester Stallone can be found at www.library.ucsf.edu/tobacco/docs/html/2406.03/2406.03.1/html

In the film *Superman*, Superman uses his x-ray vision to check Lois Lane's lungs for lung cancer.

During the 1990's, nine out of ten Hollywood films dramatised the use of tobacco. Twenty eight percent of films — including one in five children's movies — showed cigarette brand logos. Research indicates that non-smoking teens whose favourite stars frequently smoke on screen are sixteen times more likely to smoke in the future.

Between 1992-1996 more than 50% of successful movies showed smoking. Within these movies:

- 80% of male characters smoked
- 30% of female leading characters smoked.

These percentages are significantly higher than the general population who smokes.

This activity could be integrated into an English (Media Studies) activity.

OHT 7.1: It should be noted that just because movies include scenes in which the characters smoke it does not mean that producers/actors of the film received money. The movies listed may be used to stimulate discussion for this activity, Procedure 1.

Movies and smoking

Smoking can be seen in the following movies.

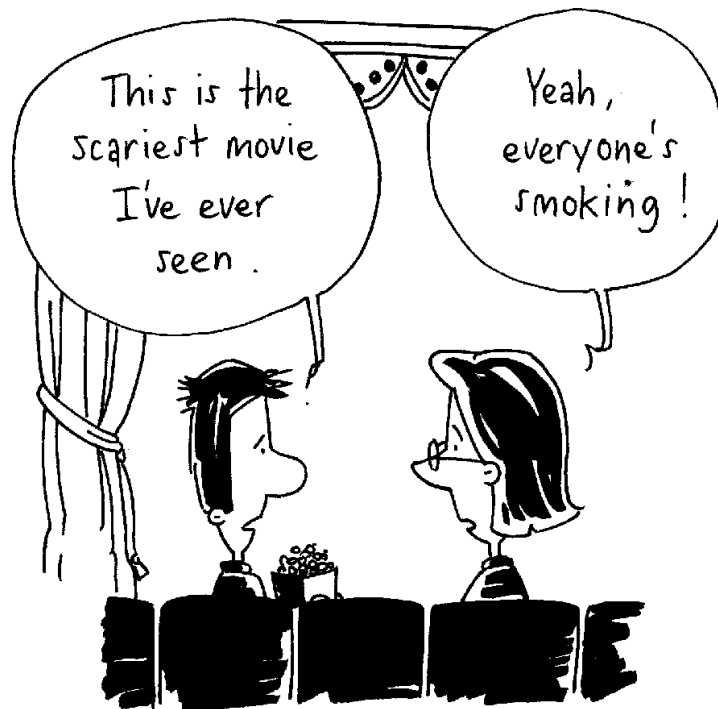
Beverly Hills Cop	Risky Business	Rambo
Crocodile Dundee	Honey I Shrunk the Kids	Michael
Desperately Seeking Susan	Children of a Lesser God	Godfather III
Never Say Never Again	Crimes of the Heart	Wog Boy
Licence to Kill	Heavenly Kid	When a Man Loves a Woman
Splash	Legal Eagles	Harry and Son
Miracle Mile	Killing Ground	Supergirl
Superman II	Rocky IV	White Knight
Reality Bites	Two of a Kind	Jerry Maguire
Titanic	Baby	Escape from LA
Sergeant Bilko	Romeo and Juliet	28 Days
Die Hard	Grease	Men in Black
Looking for Alibrandi	Erin Brockovich	The Muppet Movie
Who Framed Roger Rabbit?	Lethal Weapon II	Thelma and Louise
The Dish	City of Angels	Portrait of a Lady

Tobacco companies and cigarette promotion

Tobacco companies have used movies to promote their product. For example:

- Philip Morris paid \$US42,500 to have Lois Lane smoke Marlboro cigarettes in *Superman II*
- in 1983 Sylvester Stallone contracted with a major tobacco company to use tobacco products in five feature films for \$US500,000
- Philip Morris paid \$US350,000 to have cigarettes featured in the James Bond movie, *Licence to Kill*.

A feature of tobacco promotion is the placement in movies that have particular appeal to young audiences.



[Adapted from: *Tobacco in Australia: facts and issues* 1995. M. Winstanley, S. Woodward, N. Walker. 2nd edition, Victorian Smoking and Health program, Australia (Quit Victoria), 1995. p. 284f.]



Activity 8: Passive smoking

Students will be able to:

- ◆ define the term 'passive smoking'
- ◆ distinguish between mainstream and sidestream smoking
- ◆ identify smoke-free areas within the local community
- ◆ identify strategies to support smoke-free dining.

Preparation

- ◆ Family activity sheet: *Passive smoking and the family*
- ◆ Worksheet 8.1: *Passive smoking*

Procedure

1. Ask students to imagine a room filled with people. There are people smoking. Lead the class into a discussion about passive smoking using the following questions as a guide.
 - What would the air in the room be like?
 - How might it affect your eyes, breathing, clothes and hair?
 - What do we call the smoke breathed in by a person who smokes?
 - What do we call the smoke breathed in by a person who does not smoke?
2. Complete Worksheet 8.1: *Passive smoking*.
3. Whole class discussion.
 - Why have some areas in the community been declared smoke-free?
 - Where are people allowed to smoke?
 - What are the rights of a person who smokes?
 - Where can't people smoke?
 - What are the rights of a person who does not smoke?
 - What laws do we have to protect the rights of non-smokers?
 - What other areas do you think should be smoke-free? Why?



Extension activities:

Scenarios

1. A local restaurant does not always abide by the laws concerning smoke-free dining. In pairs list ideas you can use to encourage the restaurant to comply with the *Smoke-free Environment Act 2000*, e.g. encourage parents and friends not to go to the restaurant, write a letter of concern to the restaurant, local public health unit, member of parliament or local council.
2. You have become annoyed that outside dining areas, often with the best seats and views, are taken by people smoking. Design your own smoke-free area cards that can be used by other students or community members when visiting these restaurants. There should be one card that praises restaurants for allocating smoke-free outdoor areas and another that encourages them to do so. (Hint: try using the paint software or drawing option on a computer.)

Teachers' notes:

Teachers should be aware of information relating to the purpose and implementation of *Family activity sheets*. Refer to *Involving parents in smoking prevention education*, page 10.

Answers to Worksheet 8.1: Passive smoking

Mainstream:	smoker, lungs, throat
Exhaled mainstream:	blows, air
Sidestream:	draw, end
Passive:	sidestream, cancer, toxic

Effects of passive smoking on children may include:

- sore, watery eyes
- sneezing and coughing
- asthma
- tightening of the chest
- wheezing in asthmatics
- slower lung growth and decreased lung function in children
- respiratory infections such as pneumonia and bronchitis
- ear infections in children.



Prolonged exposure to passive smoking may cause tobacco-related cancers.

The *Smoke-free Environment Act 2000* introduced an immediate ban on smoking in most enclosed public places, e.g. restaurants, cafés, bowling alleys, hairdressers, community halls and shopping centres. Smoking is permitted at outdoor tables operated by restaurateurs and café owners. In September 2001 the ban will extend to dining areas in pubs and clubs.

For further information on passive smoking refer to *Background information*, page 15.

Family activity sheet

Dear _____
(Parent / caregiver)

The activity below can be used in your family to help you to discuss smoking-related issues with your child. This will also enable you to support your child's learning.

Please take a few minutes to discuss the following activity with your child. The school values your support and involvement in smoking prevention education. This sheet is for you to use at home and does not have to be returned to the school.

Passive smoking and the family

Passive smoking is when a person breathes in another person's tobacco smoke. This may cause health problems for children and adults who are near people smoking.

What would you do?

Uncle Barry, a smoker, is coming for Sunday lunch and is staying for the day. He is not able to walk very well due to illness. You know that passive smoking can harm the health of others.

- What plans can you make to reduce the effects of passive smoking for your family during this visit?



Facts about passive smoking

Did you know that passive smoking may contribute to:

- an increased risk of lung cancer and heart disease
- respiratory problems such as pneumonia and bronchitis
- slower lung growth and decreased lung function in children
- sore and/or watery eyes
- sneezing or coughing
- asthma attacks
- ear infections in children?

Did you also know that

The National Health and Medical Research Council advises that passive smoking:

- is associated with an increased risk of Sudden Infant Death
- contributes to the symptoms of asthma in 46,500 Australian children each year
- increases the chance that a child will develop respiratory illnesses such as croup, bronchitis and pneumonia during the first 18 months of life by 60%
- increases the risk of glue ear in children.

Ways to reduce passive smoking include:

- not smoking in the car
- selecting a smoking area for those who do smoke, e.g. the balcony, verandah or lawn
- choosing smoke-free areas at sporting events. If someone needs to smoke they can go to the designated smoking areas during a break
- informing visitors about your chosen smoking areas
- not smoking near children
- making the house smoke-free.

For further information or assistance you may choose to contact:

NSW Health — NSW Quit Campaign

NSW Health runs mass media education campaigns and promotions. It also provides information and resources for the general community.

Telephone: (02) 9391 9000 for general inquiries

Toll Free: 1800 639 398 for general inquiries

Quitline

Available for advice about quitting.

Telephone: 131 848

Passive smoking

Read the following and fill in the missing words. Match the pictures to the correct definition.



Mainstream smoking

This is the smoke sucked in by the _____ . It goes into the _____ via the mouth and _____ .
(throat, smoker, lungs)

Exhaled mainstream smoke

When the smoker _____ the smoke out of the lungs it hangs around in the _____ . (air, blows)

Sidestream smoke

This is the smoke the smoker does not _____ in. It is the smoke that drifts from the _____ of a burning cigarette.
(end, draw)



Passive smoking

Passive smoking is made up from exhaled mainstream smoke and _____ smoke. Passive smoking contains a large number of _____ causing agents and other _____ substances.

(cancer, toxic, sidestream)



Activity 9: Creating an anti-smoking comic

Students will be able to:

- ◆ influence others to make positive lifestyle choices.

Preparation

- ◆ Worksheet 9.1: *Anti-smoking comic*
- ◆ Glue, scissors, textas, coloured pencils



Procedure

1. Individually or in pairs, use Worksheet 9.1: *Anti-smoking comic* to create a comic with an anti-smoking focus. Students need to cut and paste the cards into a sequenced storyboard, add words to the captions and a title.

Note: There is no determined sequence for the comic. Students arrange each card to suit their story.

2. Explain that the purpose of the comic is to advocate against smoking.
3. Display students' comic strips or create a Comic Strip Big Book that can be shared with other classes.

Alternative activity

Students could choose to devise their own anti-smoking message through a variety of mediums that may include creating:

- a video advertisement
- badges, bookmarks, posters and stickers
- board games
- a jingle, poem or short story
- an interview
- signs or murals.

The finished products could be displayed around the school and local community.

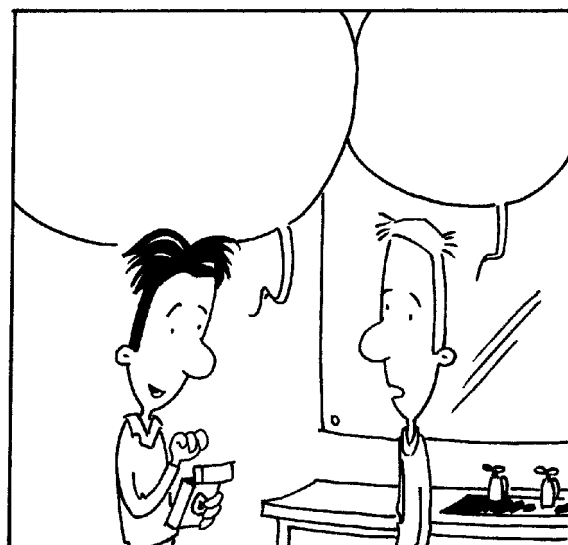
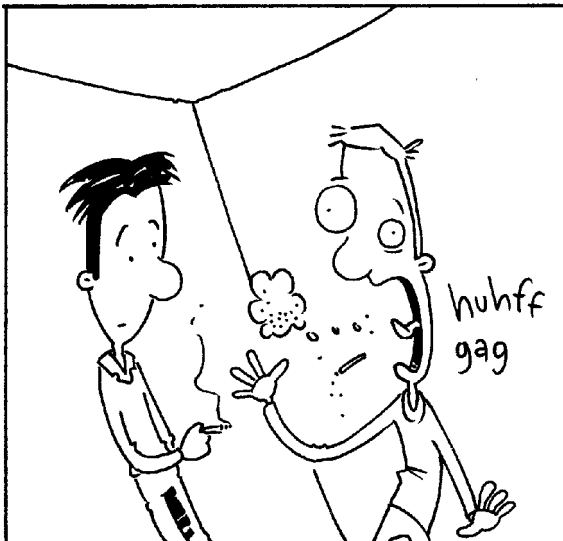
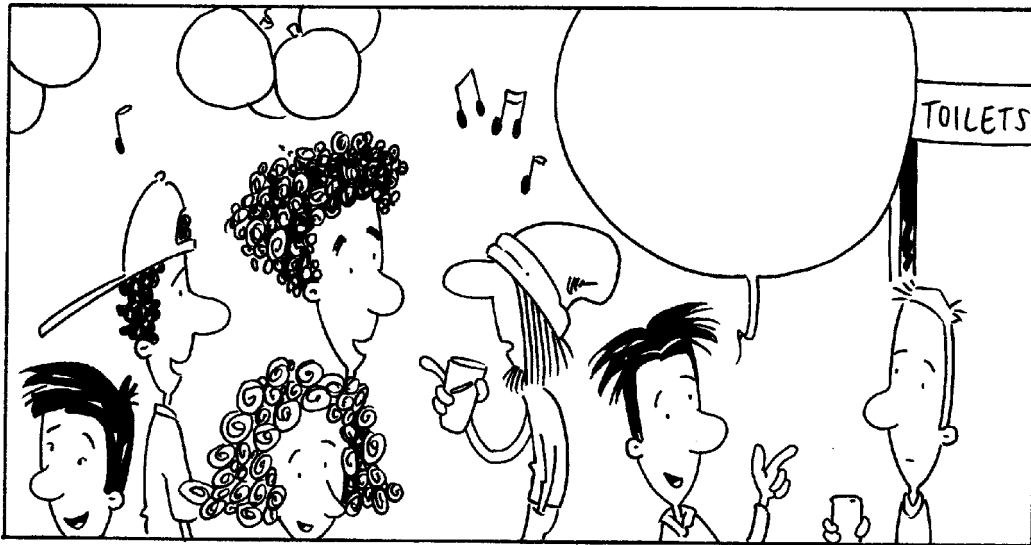
Teachers' notes:

This activity is designed to encourage students' creativity skills to advocate against smoking.

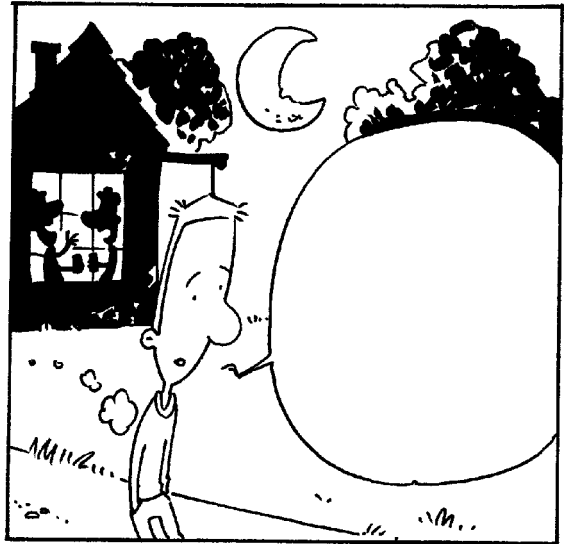
The suggested alternatives allow for a variety of technologies to be explored.

This activity could be integrated into Creative Arts and/or English.

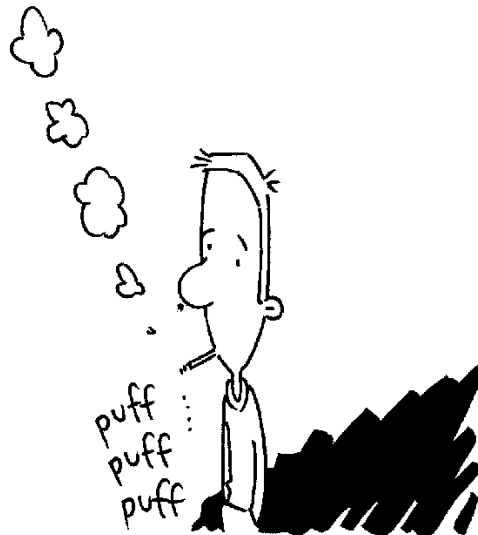
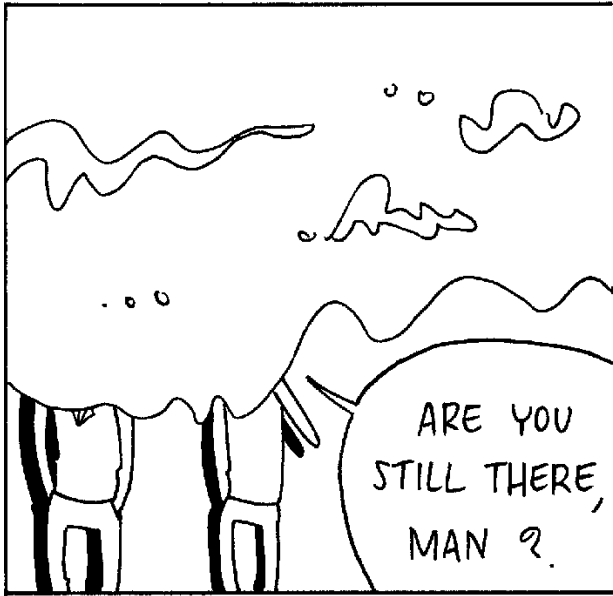
Anti-smoking comic



Advocating
against smoking



Advocating
against smoking



Advocating
against smoking



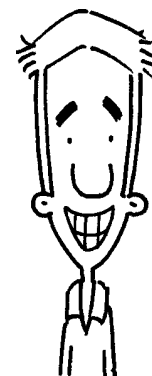
Activity 10: Editorial response

Students will be able to:

- ◆ present an opinion with confidence
- ◆ work co-operatively with others.

Preparation

Nil



Procedure

In pairs students choose to complete **one** of the following activities.

1. Write a letter advocating against smoking or a relevant smoking issue to one of the following:
 - local council
 - editor of the local newspaper
 - tobacco company
 - local member of parliament
 - movie companies that portray young people smoking
 - celebrities, actors or models who smoke.
2. Develop a radio announcement supporting a smoke-free life. Write the advertisement then record it. The announcement should be no more than 25 seconds. Play the announcement to the class, at school assemblies or local sporting days. Ask the local radio station to play the advertisement.
3. You are from the planet Trovias. On a visit to Earth you discover a habit called smoking. You are required to provide a report back to other Trovians, explaining what this is and why people do it. Discuss the effects of this activity known as 'cigarette smoking'.
4. Prepare articles, quizzes and tips for quitting smoking for the school newsletter.

Teachers' notes:

At the Australian website www.OxyGen.org.au Tar Wars section, students can send their e-mails to movie companies that portray young people smoking.

This activity could be incorporated into Creative Arts and/or English.

Section 3: The school context

Issues relating to smoking in a school setting

The following suggestions may assist in providing strategies to address smoking issues that sometimes arise in schools. Schools are encouraged to consider the most appropriate response/s that support the health and wellbeing of students within their care.

Supporting students who smoke

- Refer students to the school counsellor as there may be underlying issues relating to their smoking.
- Provide information about or access to an external agency, such as NSW QUIT, as they may be helpful in providing smoking cessation programs.
- Form a school-based quit group where students are able to support each other.
- Consider an incentives program for students who do not smoke or have quit.
- Encourage parental support and involvement in cessation programs or counselling.
- Utilise the *Students Who Smoke* resource, NSW Department of Education and Training, 1998.

Supporting staff who smoke

- The school executive needs to ensure that the whole school is smoke-free. Refer to *Policy on Non-Smoking in the Workplace Other Than TAFE Institutes* (88/061 [S.034]) for actions and procedures.
- Information on local smoking cessation programs is available from NSW Area Health Service.
- Display 'no smoking' signs at school entry and exit points.

Parents smoking on school premises / at school functions

- Place regular reminders in the school newsletter or on the school website regarding the school policy on smoking. (*Smoking Regulation Act 1997* and the *Smoke-free Environment Act 2000*.)
- Display 'no smoking' signs at school entry and exit points.
- School executive may be on duty or highly visible at times when parents are most likely to be on school premises. It may be necessary for the school executive to speak to parents who smoke on school premises.
- Address smoking issues and policy at parent meetings.

- Use positive messages at the beginning of and during school events such as sporting carnivals, to encourage people not to smoke. For example, thanking parents and others for supporting this smoke-free event.
- Remind parents that smoking on Departmental property at any time is banned under the *Smoke-free Environment Act 2000*.

Mature age students who smoke

Mature age students are required to adhere to the *Smoke-free Environment Act 2000*, as are all staff, students, parents and visitors in the school. School regulations should be made clear to these students on enrolment.

Issues of supply

Where might students be accessing cigarettes?

Examples include: vending machines, parents, friends, siblings, hotels, delicatessens, tobacconists, supermarkets, service stations, etc.

Students may be purchasing or receiving cigarettes in packets or as single sticks.

NSW Public Health Act 1991 states that the sale of tobacco products to people under the age of 18 is prohibited. The maximum penalty for selling tobacco to persons under the age of 18 is \$5,500.

What can the school do?

- Contact a local health service to design and implement a smoke-free campaign that may include local radio or print media.
- Write to local retailers thanking them for supporting the school by not selling cigarettes to minors. Letters may be written by the school executive, parent group or the student body.
- Enlist the support of the public health unit or police, encouraging them to visit local retailers regularly.
- Contact the parents of students involved in supplying cigarettes on school premises.
- Ensure all students are aware of the laws and school policy in regard to this issue.
- Report offences by calling NSW Health on (02) 9391 9000 or the nearest police station.

Strategies to maintain a smoke-free school

- Consistent actions/discipline by staff across the whole school.
- Students should be involved in the development of appropriate sanctions.
- Display QUIT pamphlets in the school for staff, students, parents and visitors, for example, the school foyer.

- Students:
 - discuss health and social consequences of smoking at assemblies
 - use cross curricula strategies
 - display ‘Thank you for not smoking’ signs around the school
 - invite positive role models to speak to students
 - enlist parent and local area health support
 - form a student action group that may implement smoke-free strategies
 - ensure that all students are aware of the student welfare and discipline policies.
- Parents:
 - communicate via the school newsletter or school website
 - display ‘Thank you for not smoking’ signs around the school
 - notify immediately if their child is caught smoking
 - invite guest speakers such as local health services to parent meetings.
- Staff:
 - ensure that all staff are aware of the student welfare policy and the policy concerning smoking
 - offer QUIT information to staff who smoke
 - invite guest speakers such as local health services to staff meetings.
- Community:
 - enlist the support of local retailers, thanking them for not selling cigarettes to minors
 - ask the local public health unit or police to visit retailers, reminding them of the law relating to selling cigarettes to minors
 - telephone the public health unit or police to report an offence.

Sanctions

- The discipline procedures should be consistent with the school’s student welfare policy.
- Sanctions should be clear and consistent.
- Staff, students and parents should be consulted when developing procedures and sanctions for smoking-related incidents.
- Procedures and consequences should be explained regularly to students, for example, at assemblies.
- Parents/caregivers should be made aware of procedures and consequences for smoking via the school newsletter, website and the school’s code of conduct policy.
- Find out what community support is available for staff and students and publicise this information in the school newsletter.
- As tobacco is not an illicit substance schools should not automatically suspend students for its possession or use at school.
- Schools may choose to use the *Students Who Smoke* resource.

Who can help?

Local area health service
Public Health Unit
NSW QUIT Campaign
NSW Health
The Cancer Council New South Wales
Local doctor, nurses
Drug education consultants
School counsellors
Aboriginal Medical Service
Parents
Friends

How can they help?

- By providing information on smoking — health and social effects, legislation and quit strategies.
- By providing information on running your own media or community campaign.
- By assisting with smoking-related information for staff and parent meetings.
- By providing information for units of work for students, e.g. PDHPE.

Policy: The law and departmental policy concerning the use of unsanctioned drugs

Tobacco

Tobacco and the law in NSW

Tobacco products are not prohibited drugs as defined by the *Drug Misuse and Trafficking Act 1985* (NSW). Their possession and use do not constitute an offence. The *NSW Public Health Amendment (Tobacco) Act 1996* states that the sale of tobacco products to people under the age of 18 years is prohibited. A retailer or club that breaches the legislation by selling tobacco to people under the age of 18 years may be prosecuted. For more information contact your Public Health Unit. To report an offence, call NSW Health on (02) 9391 9000 or the nearest police station.

NSW Department of Education and Training policy

Smoking on departmental premises is totally prohibited. Employees and other people who use school premises, including community groups that meet during the evening, are not permitted to smoke on departmental property (*Memorandum 88/061 [S.034], Policy on Non-Smoking in the Workplace, Community Use of School Facilities, Policy Statement and Implementation Procedures*, 1994). Smoking is prohibited in most enclosed public places including school buildings under the *Smoke-free Environment Act 2000*.

The school discipline code must include a statement that smoking is prohibited in schools. The school will also include in its discipline policy a statement that outlines the consequences for any student caught smoking at school. As tobacco is not an illicit substance schools should not automatically suspend students for its possession or use at school. The resource *Students Who Smoke* provides schools with a strategy for dealing with smoking by students in the school.

If a student is caught smoking tobacco that has been mixed with an illicit drug, it must be treated as an illicit drug issue, not a tobacco issue.

Herbal cigarettes

Herbal cigarettes do not contain tobacco or nicotine and are not addictive, therefore do not carry health warnings. Research shows that smoking herbal cigarettes leads to at least a similar degree of exposure to carbon monoxide and tar as smoking tobacco cigarettes. They are not a healthy alternative to tobacco and have been linked to coronary heart disease and cancer of the respiratory tract.

The possession or use of herbal cigarettes is not illegal in NSW. Their accessibility and appeal to young people is of concern. The sale of all herbal cigarettes to minors is prohibited in NSW.

For further information refer to *Guidelines for Managing Drug Related Incidents in Schools*, NSW Department of Education and Training, 2000.

Legal aspects

Legal aspects of purchasing tobacco.

NSW Public Health Act 1991 states that the sale of tobacco products to people under the age of 18 is prohibited.

The Public Health Act provides that in cases where a retailer sells tobacco to someone under 18, it will be a defence to the prosecution if the retailer can show that the person:

- was over 14 years
- had documentary evidence that might reasonably be accepted as applying to the person to whom the tobacco was sold and as proving the person was at least 18 years of age.

The maximum penalty for selling tobacco to persons under 18 is \$5,500.

Types of identification that can be relied upon to prove the age of a person include:

- a current driver's licence
- a current rider's licence
- driver's/rider's permit to learn to drive
- a current passport
- a 'proof of age' card issued by the Roads and Traffic Authority or by a corresponding Authority of another State, Territory or the Commonwealth.

A retailer should refuse to make a sale if unsure of any aspect of validity on the identification.

Section 4: Resources and support

Agency and resource contact details

NSW Health — NSW Quit Campaign

NSW Health runs mass media education campaigns and promotions. It also provides information and resources for the general community.

Telephone: (02) 9391 9000 for general inquiries

Toll Free: 1800 639 398 for general inquiries

Quitline

Available for advice on quitting.

Telephone: 131 848

The Cancer Council New South Wales

The Cancer Council is the leading cancer charity in NSW. Its work includes cancer research, prevention and health promotion, and it provides group and family support.

Telephone: (02) 9334 1900

Alcohol and Drug Information Service (ADIS)

A 24 hour, seven days confidential service which includes advice, information and referral to local agencies.

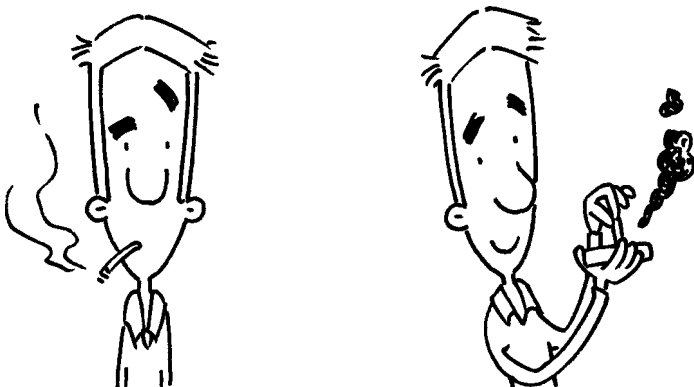
Telephone: (02) 9361 2111

Toll Free: 1800 422 599

Action on Smoking and Health (ASH — Australia)

ASH co-ordinates action for legislative improvements on smoking controls at State and Federal Government levels.

Telephone: (02) 9334 1900



Useful websites

The following suggested websites provide information on smoking and tobacco control useful for students and teachers.

Please note: It is recommended that teachers view all websites prior to student use in order to determine their suitability and currency.

The National Tobacco Campaign

www.quitnow.info.au

Tobacco Control Supersite

www.health.usyd.edu.au/tobacco

Smarter Than Smoking

www.OxyGen.org.au

New South Wales Environment Protection Authority

www.epa.nsw.gov.au

Action on Smoking and Health (ASH)

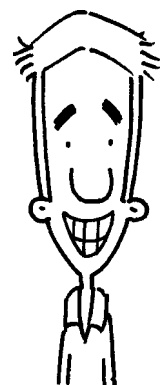
www.ashaust.org.au

Victorian Smoking and Health Program — Quit

www.quit.org.au

The Cancer Council New South Wales

www.cancer council.com.au



Appendix

1996 NSW primary school tobacco survey statistics

Tobacco use in 1996

In Australia, drug use accounted for over 25,000 deaths in 1996. Cigarette smoking is the single most preventable cause of illness and death in NSW and about 27,000 adolescents (aged 12-17) start smoking each year in NSW. Tobacco and alcohol use was attributed to over 150 deaths of persons aged 0-14 years in 1987.

Almost one fifth (19%) of all students reported that they had ever tried smoking. Eight per cent reported smoking at least a few times in the last year, 2.5% smoked monthly and 1.4% smoked weekly. Smoking was higher among boys than girls, in rural compared to urban students, in Government compared to Non-government schools and increased with age and grade. The likelihood of ever having smoked increased with the number of social influences who smoked. Some beliefs about smoking initiation and attitudes to smoking differed by smoking status.

The prevention of smoking is accepted as an important national health objective in Australia. Children who take up smoking at a young age: are more likely to become regular smokers as adults; are more likely to suffer health consequences of smoking and find it harder to quit than those who start smoking later in adolescence.

Number of cigarettes smoked in a week, by gender and school grade

No. of cigarettes smoked/ week	Girls (%) (n=1297)	Boys (%) (n=1368)	Grade 5 (%) (n=1447)	Grade 6 (%) (n=1218)
Don't smoke	94	91	94	91
< 1 per week	5	6	5	6
1-4 per week	0.8	2	1	2
5 + per week	0.4	1	0.3	0.6

Note:

Percentages may not add to one hundred due to rounding

Possible social influences on smoking: smoking among significant others, by student smoking status and gender

Social Influences	Ever Smoked		Never Smoked	
	Girls (%) (n=187)	Boys (%) (n=324)	Girls (%) (n=1111)	Boys (%) (n=1040)
Mother smokes	46	41	24	25
Father smokes	51	47	31	32
Siblings smoke	43	23	10	9
Peers (best friend)	32	31	5	7
None of these people smoke	20	25	54	53

Notes:

a) Defined as ever having smoked a cigarette

b) Defined as never having tried a cigarette

Denominator varies slightly across items

Children's perceived benefits about initiation of smoking, by gender (per cent who answered 'yes')

Why do you think kids your age start smoking cigarettes?	Ever Smoked		Never Smoked	
	Girls (%) (n=187)	Boys (%) (n=324)	Girls (%) (n=1111)	Boys (%) (n=1040)
To be part of a gang	65	54	78	67
Relaxing	26	28	19	22
Peer pressure	66	62	79	69
To look tough	72	65	83	75
Advertisement	34	37	38	36
To look older	65	47	70	52
Stops boredom	32	42	30	34

Notes:

a) Defined as ever having smoked a cigarette

b) Defined as never having tried a cigarette

'No' and 'don't know' categories combined

More than one response allowed per student

Denominator varies slightly across items

Future intention to smoke (%), by smoking status survey year, for girls

Girls								
Numbers	368	96	234	187	919	349	935	1107
	Ever-smokers (%)				Never-smokers (%)			
Future intention to smoke	1986	1989	1993	1996	1986	1989	1993	1996
Intend to smoke	9	6	18	21	2	0.3	2	2
Don't intend to smoke	52	56	47	39	81	86	78	75
Don't know	39	38	35	40	18	14	20	23

Note:

Percentages may not add to one hundred due to rounding

Future intention to smoke (%), by smoking status survey year, for boys

Boys								
Numbers	515	150	352	322	773	353	867	1034
	Ever-smokers (%)				Never-smokers (%)			
Future intention to smoke	1986	1989	1993	1996	1986	1989	1993	1996
Intend to smoke	10	10	19	16	1	2	3	3
Don't intend to smoke	63	58	49	56	81	80	79	75
Don't know	27	32	32	28	18	18	18	22

Note:

Percentages may not add to one hundred due to rounding

Sources of cigarettes, by school grade and gender, for ever smokers

Source of cigarettes	Year Five				Year Six			
	Girls		Boys		Girls		Boys	
	n	%	n	%	n	%	n	%
Buy from shop	10	3	14	4	3	1	16	5
Cigarette machine	6	2	12	3	4	2	17	6
Parents give to me	3	1	8	2	5	2	10	3
Another adult	10	3	15	4	12	5	20	7
Siblings give to me	17	6	21	5	16	6	19	6
Friends give to me	19	6	43	11	35	14	35	12
Take them	15	5	29	7	16	6	27	9

Note:

More than one response allowed per student

Sources of cigarettes, by smoking status and frequency, for ever smokers

Source of cigarettes	Smoking status					
	Ever smoked		Monthly		Weekly or Daily	
	n	%	n	%	n	%
Buy from shop	25	8	12	21	11	32
Cigarette machine	25	8	16	28	14	41
Parents give to me	18	6	8	14	7	21
Another adult	44	14	15	27	14	42
Siblings give to me	63	20	21	37	14	41
Friends give to me	117	37	39	64	25	69
Take them	73	24	28	49	22	63

Note:

More than one response allowed per student

(Taken from Bowman, J. et al, 1996)

Major decisions on smoking and tobacco

Advertising of smoking and tobacco

Date	Decision
1976	Cigarette advertising on television and radio banned.
1988	Amendment to the Broadcasting and Television Act extending the ban on direct cigarette advertisements to include all tobacco products.
1989	Commonwealth Smoking and Tobacco Products Advertisements (Prohibition Act — banning tobacco advertisements in the print media).
1990	Tobacco advertising banned in print media.
1991	NSW Tobacco Advertising Prohibition Act passed.
1995	Commonwealth Tobacco Advertising Prohibition Amendment Act 1995.
1995	Tobacco advertising banned from public places such as billboards and taxis.
1999	Printed point of sale advertisements banned.
1999	Restrictions placed on the display of tobacco products in retail outlets.
1999	Warnings to be displayed at point of sale.

Decisions about smoking and tobacco

Date	Decision
1935	Bans on smoking in cinemas and theatres due to fire safety.
1968	Commonwealth legislation allowing for health warnings on tobacco packs.
1973	Health warning: <i>Warning: smoking is a health hazard</i> appears on all cigarette packets in Australia.
1977	Smoking banned in theatres.
1985-1987	New health warning regulations allowing for four rotating health warnings.
1987	Additional health warnings placed on cigarette packets including: <i>Warning — Smoking is a health hazard</i> <i>Smoking damages your lungs</i> <i>Smoking causes heart disease</i> <i>Smoking causes lung cancer.</i>
1988	Ban on smoking in buses and coaches registered under Commonwealth Interstate Registration Scheme.
1991	New South Wales increases the age of purchase for cigarettes to eighteen years of age.
1992-1995	Commonwealth Government announces ban on tobacco sponsorship and other forms of direct and indirect advertising from 1995.
1996	Retailers required to ask for proof of age when selling tobacco products to young people.

- 1997 New Smoking Regulation Act introduced to control environmental tobacco smoke.
- 1998 Tobacco sponsorship for international sporting events held in Australia to be phased out by 2006.
- 1999 Further restrictions placed on location of vending machines to restrict young people's access.
- 2000 The *Smoke-free Environment Act 2000* introduced an immediate ban on smoking in most enclosed public places in NSW.

Additional examples of health warnings placed on cigarette packets include:
Smoking when pregnant can harm your baby
Smoking kills
Your smoking can harm others
Smoking is addictive.

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Glossary

Addiction: a 'lay' term frequently used by people to describe dependence upon a drug.

Advocacy (health advocacy): actions taken by individuals, groups or governments in support of improved health.

Bronchitis: an inflammation of the bronchial tubes of the lungs.

Cancer: a group of diseases resulting from a malignant growth or tumour, caused by abnormal, uncontrolled cell division.

Carbon monoxide: a gas produced when tobacco burns and when fuels are burned in the engines of motor vehicles. This gas displaces oxygen in the blood and can be fatal in large amounts.

Carcinogen: a cancer causing agent.

Dependence: when a person needs or craves the drug to be physically or mentally comfortable.

Depressants: drugs that slow down the function of the central nervous system. They include alcohol, opiate analgesics (opium, morphine, pethidine, codeine, methadone, heroin), non-opiate analgesics (aspirin, paracetamol), general anaesthetic, barbiturates, cannabis, solvents and inhalants.

Drug: *any substance which, when taken into the body, alters its function physically or psychologically, excluding food, water and oxygen...* World Health Organisation.

Emphysema: a respiratory disease that involves the breakdown of the walls of the alveoli. The diseased lungs are so deprived of oxygen that they have difficulty expanding and contracting.

Environmental Tobacco Smoke (ETS): consists of exhaled mainstream smoke and sidestream smoke. ETS contains a large number of chemical carcinogens and other toxic substances.

Gangrene: the dying of tissue due to the interruption of circulation.

Hallucinogens: drugs that can produce a wide range of vivid sensory distortions and also alter the user's mood and thought. They include LSD, magic mushrooms and cannabis (large doses).

Mainstream smoke: smoke from burning cigarettes, pipes or cigars.

Nicotine: a stimulant found in the leaves of the tobacco plant. Increases the heart rate, breathing rate and stimulates the central nervous system.

Passive smoking: the inhalation of smoke from others' cigarette or tobacco products.

Product placement: occurs when a product or brand gains exposure, for example in a film, a photograph, or even in an advertisement for something else. While brand exposure obviously provides a distinct benefit to a particular company, it is not essential. The simple activity of smoking can also be enhanced by its association with a broad variety of desirable personalities or characteristics.

Sidestream smoke: smoke that burns from the end of a cigarette. Because it burns at a lower temperature, it has more chemicals than mainstream smoke. Sidestream smoke is inhaled by smokers and non-smokers.

Stimulants: drugs that increase the activity in the central nervous system. They include nicotine, cocaine, caffeine and amphetamines.

Tar: a thick, sticky, dark liquid produced from compounds inhaled in cigarette smoke.

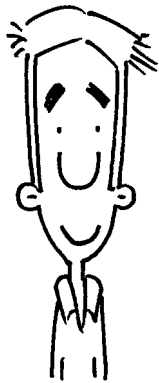
Tobacco: the dried, cured leaves of certain types of tobacco plants, used for smoking, chewing or snuffing.

Tolerance: when a person needs to take a larger dose in order to obtain the same effect.

Withdrawal: occurs when, after a person has become accustomed to functioning normally under the effects of a drug, the taking of the drug stops suddenly.



Bob's story



This is Bob.



Bob smoked. But luckily he found out about the effects of smoking in *Smoke screen*.



So Bob gave up.
Nice move Bob!



Um.. You can go now Bob.

