



# A Stage 4 smoking prevention resource

# Smoke screen: A smoking prevention resource for Stage 4



# Stage 4

## Smoke screen: a smoking prevention resource

---

Curriculum support material for Stage 4  
Personal Development, Health and Physical  
Education

---

© 2001 New South Wales Department of Education and Training, Student Services and Equity Programs.  
© 2001 illustrated by Gus Gordon.

Desktop publisher                      Anna Webster, Oracle Desktop Designs.

## Restricted waiver of copyright

The material printed in this publication is subject to a restricted waiver of copyright to allow the purchaser to make photocopies of the material contained in the publication for use within the school, subject to the conditions below.

1. All copies of the printed material shall be made without alteration or abridgement and must retain acknowledgement of the copyright.
2. The school or college shall not sell, hire or otherwise derive revenue from the copies of the material, nor distribute copies of the material for any other purpose.
3. The restricted waiver of copyright is not transferable and may be withdrawn in the case of breach of any of these conditions.

## Project co-ordinator:

Donna Wright

## Writers:

Donna Wright                      Valerie Hanson  
Patti Foss                              Don Mulheron

## Acknowledgements

The following people assisted in the development of *Stage 4 Smoke screen: a smoking prevention resource*:

Alison Alliston	Chatham High School
Fiona Bird	Cromer High School
Di Blaney	Moorefield Girls High School
Neville Danawe	Campbelltown Performing Arts High School
Marilyn Hadfield	NSW Department of Education and Training, Drug Education Unit
Karen Kenny	Canley Vale High School
Robyn Leggatt	Wallsend High School
Keith Peasley	Orange High School
Stacey Quince	Ingleburn High School
Dianne Williamson	Lismore High School
Eric Wiseman	Kingsgrove North High School
Murray Wykes	NSW Department of Education and Training, Drug Education Unit

## Reference group

Elizabeth Callister	NSW Department of Education and Training, Manager, Drug Education Unit
Valerie Hanson	NSW Department of Education and Training, Drug Education Unit
Donna Wright	NSW Department of Education and Training, Drug Education Unit
Katrina Middlebrook	NSW Department of Education and Training, PDHPE
Ingrid Peschar	Central Sydney Area Health Service
Liz Millen	The Cancer Council New South Wales
Kate Lovelace	The Cancer Council New South Wales

## 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

# Contents

## Foreword

Rationale	7
School-based prevention programs	7
Risk factors for initiating tobacco use	8
Tobacco promotion	8

## Section 1: Background information

Why develop a smoking prevention resource?	9
About the resource	9
Involving parents in smoking prevention education	10
Evaluation	10
Stage 3 – <i>Smoke screen: a smoking prevention resource</i>	10
Issues for language groups from backgrounds other than English	11
Aboriginal and Torres Strait Islander tobacco issues	13
Information about smoking	14
Why do young people take up smoking?	18

## Section 2: Suggested teaching and learning activities

<b>Syllabus links</b>	19
-----------------------	----

<b>An overview of activities</b>	21
----------------------------------	----

<b>An overview of the video</b>	22
---------------------------------	----

### Physical consequences of smoking

Activity 1: Knowing the facts about smoking	25
Activity 2: What is dependence?	29
Activity 3: 20 things smoking does to the body	36
Family activity sheet — Effects of smoking on the body	

### Attitudes to smoking

Activity 4: Why smoke?	43
Family activity sheet — Why do young people take up smoking?	
Activity 5: Passive smoking	48
Activity 6: Tobacco — ‘tricks of the trade’	51
Activity 7: What sex is a cigarette?	55

### Advocating against smoking

Activity 8: Excuses, excuses!	60
Activity 9: Advocacy in action	63
Family activity sheet — History, habits and health	
Activity 10: Designing your own anti-smoking campaign	69

<b>Section 3: The school context</b>	
Issues relating to smoking in a school setting	72
NSW Department of Education and Training policy	76
Legal aspects	77
<b>Section 4: Resources and support</b>	
Agency and resource contact details	78
Useful websites	79
<b>Appendix</b>	
Self reported tobacco use among NSW secondary school students, 1999	80
1998 National Drug Strategy Household Survey State and Territory results	82
Major decisions on smoking and tobacco	83
References	85
<b>Glossary</b>	86

# 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 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 the Personal Choice, Personal Awareness and Promoting Health content strands within the *Personal Development, Health and Physical Education (PDHPE) Years 7-10 Syllabus* and provides activities to assist students to work towards achieving the related outcomes.

## 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. Visual 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
- a video — shows twenty-five anti-smoking advertisements produced in Australia, 1968-2000.

## 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 Years 7-10 Syllabus*. Some parents/caregivers may find the activity sheets confronting. The reaction of students in regard to their parents' 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 one *Family activity sheet* for each theme.

- Physical consequences of smoking  
Activity 3: Effects of smoking on the body
- Attitudes to smoking  
Activity 4: Why do young people take up smoking
- Advocating against smoking  
Activity 9: History, health and habits

## 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 3 — *Smoke screen: a smoking prevention resource*

A Stage 3 resource has been developed and builds on the themes addressed in the *K-6 Drug Education Resource*, 2nd edition. It contains:

- activities based on the three themes:
  - physical consequences of smoking
  - attitudes to smoking
  - advocating against smoking
- family activity sheets.

A copy of *Stage 3 — 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 Years 7-10 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:

- identify the positive and negative effects of various substances on the body, e.g. tobacco
- make judgements on the reliability of information from different sources
- identify how and why males and females are targeted in a range of advertisements
- describe the factors that influence personal health (see *K-6 Drug Education Resource*, 2nd edition—Stage 3).

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).

## Why do young people take up smoking?

Research has shown that the following factors may influence young people to take up smoking. These are not the only factors but they are among the most important.

### Family who smoke

Research indicates that if one or both parents smoke then children are more likely to smoke. The same is true if other members of the family, such as a brother or sister, smoke.

### Parental approval or disapproval

Parents' attitudes to smoking are important. If parents disapprove of smoking, their children are less likely to take up smoking.

### Friends and peer groups

Teenagers are generally keen to 'fit in' with their peers and not to feel excluded or out of place. This desire to belong to a group is called peer association. Research suggests it is particularly important to girls. If a best friend or the group that a teenager wants to 'hang out' with smokes, the likelihood of becoming a smoker is high. Why does the best friend or members of the group smoke in the first place? Some reasons given are:

- smoking is something adults do, so smoking makes you look mature
- smoking is perceived as 'cool', for example images of pop stars and movie stars smoking
- smoking by young people is disapproved of by adult 'authority' figures like parents and teachers, so... let's do it! Smoking is a way of expressing defiance and independence.

### Relief from negative feelings

A belief that smoking calms your nerves and is a way of dealing with stress.

### Having an intention to smoke

Students who indicate they intend to take up smoking, or are uncertain, are more likely to start smoking than those who say they do not intend to smoke.

### Tobacco promotion

While advertising has largely been banned in Australia, tobacco companies have found other ways to promote their product, e.g. product placement in movies and fashion parades.

### Being able to obtain cigarettes

Having access to cigarettes may encourage young people to take up smoking. Under Section 59 of the Public Health Act, 1991 it is illegal to sell to people under the age of 18 years. The maximum penalty for an individual selling tobacco to a person under 18 years is \$5,500. Yet more than 336,000 Australian secondary school students smoked in 1998/99. Research indicates that:

- the more money young people have to spend, the more likely it is that they will take up smoking
- the easier it is to obtain cigarettes, the more likely it is that young people will take up smoking.

Conversely, the more costly cigarettes are and the harder they are to obtain, the less likely it is that young people will take up smoking. In fact, making it harder to get cigarettes can decrease the rate of youth smoking.

(Source: M. Winstanley, et al, 1995.)

## 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 Years 7-10 Syllabus*. The objectives and outcomes of the syllabus that link to Stage 4 — *Smoke screen: a smoking prevention resource* are outlined below.

Objectives	Outcomes (Stage 4)
Students will develop knowledge and understanding about: <ul style="list-style-type: none"> <li>• personal choices and practices in relation to life issues</li> <li>• the role of individuals and communities in promoting health.</li> </ul>	Students will be able to: <ul style="list-style-type: none"> <li>• identify the positive and negative consequences of drug use</li> <li>• identify the risk factors associated with common lifestyle diseases</li> <li>• outline community health services and their function.</li> </ul>
Students will develop skills in: <ul style="list-style-type: none"> <li>• communicating effectively with others</li> <li>• decision-making in the context of maintaining healthy lifestyles.</li> </ul>	Students will be able to: <ul style="list-style-type: none"> <li>• share ideas, feelings and information with others</li> <li>• select appropriate ways to express feelings, values and beliefs in different contexts</li> <li>• demonstrate the skills associated with assertiveness</li> <li>• select appropriate human and material resources to assist them in making decisions</li> <li>• identify lifestyle decisions important to them.</li> </ul>
Students will develop: <ul style="list-style-type: none"> <li>• a sense of responsibility for personal and community health.</li> </ul>	Students will be able to: <ul style="list-style-type: none"> <li>• value their health and that of others</li> <li>• defend the need for making decisions that enhance health</li> <li>• appraise the values and attitudes of society in relation to lifestyle and health.</li> </ul>

## Related content strands and key ideas

The activities in this resource can support learning in the following content strands and key ideas.

Theme	Overview
<b>Personal awareness</b>	<ul style="list-style-type: none"><li>• Effective communication skills are essential for expressing personal needs, ideas and feelings.</li></ul>
<b>Personal choice</b>	<ul style="list-style-type: none"><li>• Individuals have a responsibility to themselves and others for making informed decisions.</li><li>• The decisions people make about drug use are individual and result in different outcomes.</li></ul>
<b>Promoting health</b>	<ul style="list-style-type: none"><li>• Lifestyle diseases have well-recognised risk factors, many of which can be reduced.</li><li>• An understanding of influences on behavioural change is essential in the promotion of personal and community health.</li><li>• The effectiveness of health promotion relies on the interaction between strategies and targets.</li><li>• Government and non-government agencies provide services designed to promote and protect the well-being of community members.</li></ul>

## An overview of activities

This section provides teachers with examples of teaching and learning activities that can be incorporated into Stage 4 PDHPE programs and support learning about smoking prevention.

Each theme is made up of a number of teaching and learning activities that teachers can use in their classroom. The activities vary in length and time depending on how much depth they wish to explore the needs, interests and experiences of their students.

There is no expectation that all of the activities in each theme will be taught. Teachers can select activities that best suit the needs and interests of the students and the school community.

Theme	Activities	Overview
<b>Physical consequences of smoking</b>	Activity 1: Knowing the facts about smoking  Activity 2: What is dependence?  Activity 3: 20 things smoking does to the body	<ul style="list-style-type: none"> <li>• Examining the misconception about smoking</li> <li>• Understanding the types of dependence</li> <li>• Identifying support networks</li> <li>• Identifying the immediate and short-term effects of smoking</li> </ul>
<b>Attitudes to smoking</b>	Activity 4: Why smoke?  Activity 5: Passive smoking  Activity 6: Tobacco — ‘tricks of the trade’  Activity 7: What sex is a cigarette?	<ul style="list-style-type: none"> <li>• Exploring reasons to smoke and not smoke</li> <li>• Reducing the risks of passive smoking</li> <li>• Understanding the practice of product placement</li> <li>• Identifying marketing strategies used by tobacco companies</li> </ul>
<b>Advocating against smoking</b>	Activity 8: Excuses, excuses!  Activity 9: Advocacy in action  Activity 10: Designing your own anti-smoking campaign	<ul style="list-style-type: none"> <li>• Developing strategies for refusing a cigarette</li> <li>• Understanding advocacy and how it works in Australia</li> <li>• Developing anti-smoking messages for young people</li> </ul>

## An overview of the video

### How to use the video and activities

The resource *Smoke screen: a smoking prevention resource* is accompanied by a video containing twenty-five anti-smoking advertisements produced by agencies throughout Australia from 1968-2000. The advertisements support the activities and the three themes. Each advertisement is preceded by information detailing the year of production, the title and the name of the agency that released the advertisement.

It is recommended that the advertisements on the video are used as a stimulus to support the teaching and learning activities in this resource. The table below outlines which video advertisements are best suited to the activities within the resource. It provides a brief overview of the concepts addressed within each advertisement. The advertisements from the video could be used to stimulate further discussion. It is important that teachers view the video before including it in the school smoking prevention program.

Links to	Production	Overview
<b>Activity 1: Knowing the facts about smoking</b>		<b>This advertisement:</b>
Black box	1968 Quit Victoria	– looks at a possible long-term effect of smoking using black humour
Poisons	1985 New South Wales Health	– explains some of the poisonous contents of a cigarette
Poisons	1990 Health Department of Western Australia	– explains some of the poisonous contents of a cigarette
<b>Activity 2: What is a dependence?</b>		
Mrs Holden	1984 New South Wales Health	– looks at a grandmother who has had a tracheotomy as a result of smoking and how this impacts on her life
Hooked	1985 New South Wales Health	– shows how quickly dependence develops
Dave	1994 Quit Victoria	– follows the first 48 hours of Dave trying to quit smoking using a three part advertisement.

*continued...*

Links to	Production	Overview
<b>Activity 3: 20 things smoking does to the body</b>		<b>This advertisement:</b>
Pretty Face	1984 Health Department of Western Australia	– depicts how smoking affects the skin and premature aging
Sponge	1985 New South Wales Health	– illustrates the amount of tar that accumulates in a smoker’s lungs in one year
Lung	1997 National Tobacco Campaign	– relates to the “Every Cigarette Is Doing You Damage” campaign
Artery	1997 National Tobacco Campaign	
Tumour	1997 National Tobacco Campaign	
Brain	1998 National Tobacco Campaign	
Eye	1999 National Tobacco Campaign	
Tar — lung	2000 National Tobacco Campaign	
<b>Activity 4: Why smoke?</b>		
Jetset couple laughing	1968 Quit Victoria	– depicts short-term effect of smoking and a humorous take on how it may affect romance
Life in the Big Smoke Surfing	1985 Health Department of Western Australia	– illustrates the effects of smoking and examples of refusal skills using a cartoon
Stressing Out	1996 Smarter Than Smoking — WA	– shows the short-term social and physical effects of smoking for young people
<b>Activity 5: Passive smoking</b>		
Cathy	1985 Health Department of Western Australia	– looks at how parents’ smoking impacts on their children
Cats in the cradle	1989 Health Department of Western Australia	– looks at how parents’ smoking impacts on their children.

Links to	Production	Overview
<b>Activity 6: Tobacco – ‘tricks of the trade’</b>		<b>This advertisement:</b>
Winston man	1994 Health Department of Western Australia	– uses former tobacco models who speak about their experiences with tobacco companies, their expectations, and illnesses they now have
Janet Sackman Lucky Strike	1994 Health Department of Western Australia	
Hannibal	1997 Smarter Than Smoking — WA	– involves a cigarette taking on a persona and mocking the ways that young people are lured to smoking
<b>Activity 7: What sex is a cigarette?</b>		
Fashion	1998 Smarter Than Smoking — WA	– looks at a young model at a ‘fashion shoot’ who is asked to smoke. She is unable to focus on her poses, as she is coughing and annoyed by the cigarette smoke
Soap Opera	1997 Smarter Than Smoking — WA	– shows two young actors filming a love scene. The boy refuses to continue as he can’t stand the smell of cigarettes on the female actor
<b>Activity 8: Excuses, excuses!</b>		
Only women bleed	1994 Health Department of Western Australia	– provides a quick glance at how smoking can affect females.
<b>Activity 9: Advocacy in action</b>		
All advertisements	1968–2000 In sequence by year of production	



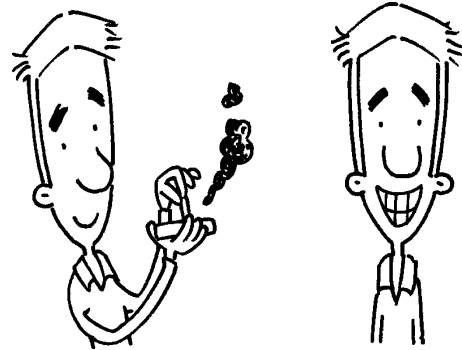
## Activity 1: Knowing the facts about smoking

### Students will be able to:

- ◆ gauge their current knowledge of smoking issues
- ◆ examine misconceptions about smoking.

### Preparation

- ◆ Worksheet 1.1: *Quiz: What do you know about smoking?*
- ◆ Activity sheet 1.1: *Answers to Quiz.*



### Procedure

1. Students complete Worksheet 1.1: *Quiz: What do you know about smoking?*
2. In small groups, compare the answers.
3. Discuss the answers and issues raised in the quiz.
  - Were there any answers that surprised you? Explain.
  - How might myths about tobacco develop? For example, advertisements, product placement, tobacco sponsored research, peers or family values and beliefs.
  - Why do you think most Australians choose not to smoke?

### Video links:

The following advertisements from the video could be used to stimulate discussion:

*Black box, Poisons WA, Poisons NSW.*

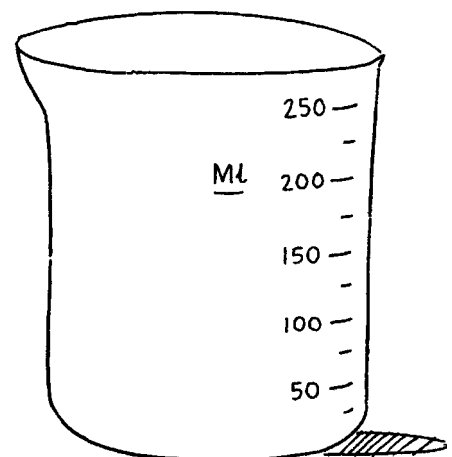
### Teachers' notes:

This activity is designed to establish students' knowledge and understanding about smoking.

- An issue to be highlighted is that smoking may damage a person's health.
- Discussion of the answers provides an opportunity to discover students' attitudes and beliefs about smoking.
- In 2000, 78% of Australians did not smoke.

## Quiz: What do you know about smoking?

1. If a person gives up smoking, they will gain a lot of weight. True / False
2. Most people do not smoke cigarettes. True / False
3. More Australians die in one year from smoking-related illnesses than die as a result of road accidents. True / False
4. If you started smoking when you were young, the damage is already done. There is not much point in giving it up. True / False
5. Smoking low-tar cigarettes is as unhealthy as smoking high-tar cigarettes. True / False
6. Passive smoking (breathing in someone else's smoke) can be as unhealthy as smoking cigarettes yourself. True / False
7. If someone smokes in the fresh air you cannot tell they have been smoking. True / False
8. More than 9 billion cigarette butts are discarded in NSW each year. True / False
9. Lung cancer is mainly caused by air pollution and petrol fumes. True / False
10. Passive smoking has no effect on asthmatics. True / False
11. Scientists have been able to estimate how much tar a smoker breathes into his or her body by smoking a packet of cigarettes a day for a year. They have poured the liquid tar into a container, with surprising results! How much tar do you think they poured into the container?



## Answers to Quiz

1. *If a person gives up smoking, they will gain a lot of weight.* **False**

This is a reason often given for not giving up smoking. Nicotine affects the interaction between food intake and a person's metabolism. Nicotine is a stimulant that suppresses appetite. When people give up smoking their metabolism often takes a while to adjust, and they can put on weight. Most smokers gain an average of 2kg following cessation. However, smokers are often below the weight of an equivalent non-smoker. As with other habits/dependencies, successfully giving up may mean having to change other lifestyle habits — diet and exercise.

2. *Most people do not smoke cigarettes.* **True**

In the Year 2000 approximately 22% of Australian adults smoked.

3. *More Australians die in one year from smoking-related illnesses than die as a result of road accidents.* **True**

Approximately 18,000 Australians die each year from smoking-related illnesses. In 1999, there were 1,759 road fatalities in Australia. Smoking-related incidents caused more deaths than the combined toll of falls, AIDS, cancer, meningitis, tuberculosis, influenza, homicide, suicide, liver disease, motor vehicle accidents and drownings.

4. *If you started smoking when you were young, the damage is already done. There is not much point in giving it up.* **False**

This is another common reason given by smokers for not giving up. Smoking-related disease and physical damage from smoking are progressive. Every cigarette does a person's body harm, but the sooner a smoker quits, the better he or she will be. Nicotine and carbon monoxide leave the body in the first few hours after stopping smoking. Within a month of quitting, blood pressure returns to normal and lung function has improved. After three months, the lungs may have regained the capacity to clean themselves properly and the blood flow to the limbs will have improved. After about fifteen years of abstinence the risk of coronary heart disease is similar to that of people who have never smoked.

5. *Smoking low-tar cigarettes is as unhealthy as smoking high-tar cigarette.* **True**

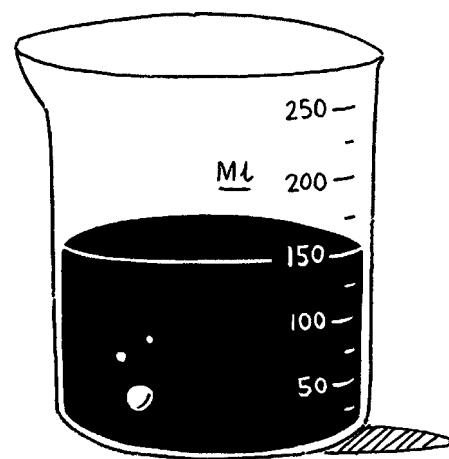
Faith in the benefits of low-tar cigarettes is one of the most commonly held beliefs among people smoking, but it is incorrect. Research shows that smoking low-tar cigarettes is no healthier than smoking high-tar cigarettes. Studies indicate that people smoking low-tar cigarettes may smoke more, cover the filter holes with their fingers or inhale more deeply to get the same 'hit' as from a high-tar cigarette. Smokers using low milligram cigarettes are more likely to smoke more cigarettes.

6. *Passive smoking can be as unhealthy as smoking cigarettes yourself.* **True**

The more exposed a passive smoker is to someone else's smoke, the greater the health risk. If a non-smoker lives in a household with people who smoke, they are more likely to inhale secondary smoke.

7. *If someone smokes in the fresh air you cannot tell they have been smoking.* **False**  
The smoke permeates a person's clothes, hair and breath leaving a smoke odour.
8. *More than 9 billion cigarette butts are discarded in NSW each year.* **True**  
If placed end to end they would span a distance of 180,000 kilometres and circle the planet four and a half times. Cigarette butts make up half of litter items in NSW.
9. *Lung cancer is mainly caused by air pollution and petrol fumes.* **False**  
From the 1950s onwards, research has shown a strong link between smoking and lung cancer. If pollution and petrol fumes were the cause of lung cancer, then more non-smokers would develop lung cancer. For every 12 people who die from lung cancer, 11 are smokers. People who smoke are ten times more likely to die from lung cancer than people who do not smoke.
10. *Passive smoking has no effect on asthmatics.* **False**  
Passive smoking increases the severity of symptoms of asthma in children. Passive smoking is also a risk factor for new cases of asthma in children who have not previously displayed symptoms.
11. *Scientists have been able to estimate how much tar a smoker breathes into his or her body by smoking a packet of cigarettes a day for a year. They have poured the liquid tar into a container, with surprising results! How much tar do you think they poured into the container?* **150mLs**

On average, a smoker would inhale more than half a cup of tar (150mLs) in a year by consuming a packet of cigarettes a day for a year. Tar is inhaled 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 also may cause bronchitis or inflammation of the air tubes to the lungs. Tar is the main cause of lung and throat cancer.





## Activity 2: What is dependence?

### Students will be able to:

- ◆ define addiction/dependence
- ◆ identify symptoms associated with withdrawal from cigarettes
- ◆ investigate agencies that assist people wanting to stop smoking
- ◆ investigate support networks within the school to assist students to quit smoking
- ◆ suggest strategies for quitting or reducing levels of smoking.



### Preparation

- ◆ Worksheet 2.1: *Dependence*
- ◆ Teacher information sheet 2.1: *Dependence*
- ◆ Activity sheet 2.1: *Mickey Rake talks to John Coffinlots*

### Procedure

1. Discuss
    - What is addiction/dependence?
    - What do we mean when we talk about 'becoming addicted to something'?Possible answers might be:
    - being stuck on something
    - not able to give something up
    - a habit.  - What things do you think that people can become dependent on, e.g. caffeine, chocolate, some soft drinks, drugs?
2. Students use a dictionary, thesaurus or the Tools option on a computer to find the definition of the words addiction and dependence. Compare definitions and create a class definition.
  3. Lead a discussion about what it actually means to be addicted. Usually what people mean is that they have developed a dependence.

4. Complete the cloze passage exercise on Worksheet 2.1: *Dependence*.
5. In pairs read: *Mickey Rake talks to John Coffinlots*.
  - Underline the comments in the reading activity that indicate the various types of dependence. (Refer to Worksheet 2.1.)
  - Suggest strategies to help Mr Coffinlots stop smoking or reduce his level of smoking, e.g. drink water, do something else, delay.
  - Identify barriers to quitting and ways of overcoming these barriers, e.g. meet friends in smoke-free venues.
6. Suggest organisations or people that can assist Mr Coffinlots. Identify the way in which they may assist.

e.g.

– Quit line	– Local doctor
– Supportive friends and family	– NSW Health Department
– The Cancer Council New South Wales	– Local area health service
– PDHPE teacher	– School counsellor

**Homework:**

1. Research the phone numbers or website addresses of two agencies that assist people to quit smoking.
  - What service does the agency provide?
  - How is it possible to determine the quality of the service?

**Video links:**

The following advertisements from the video could be used to stimulate discussion:  
*Hooked, Mrs Holden, Dave.*

**Teachers' notes:**

The concept of dependence can be difficult to understand. It is important for students to appreciate that dependence may take different forms: physical, habitual or emotional. Dependence on a substance such as tobacco may be a combination of these forms. Once 'hooked', it is difficult to break the addiction because there may be withdrawal symptoms with all three forms of dependence.

All quit programs that work, acknowledge the importance of being 'psychologically ready'. Otherwise all strategies may be useless and simply reinforce failure.

While John's smoking problem is physical and habitual, it seems that the latter is his principal difficulty. John needs to want to change the pattern of his behaviour to avoid the associations or 'triggers' that prompt him to smoke. Some suggestions for doing this could be:

- change the situation
- change the timing
- change the pattern
- change the means, for example, by throwing out the ashtrays.

There may be other ways, such as displaying 'no smoking' signs at work as a reminder and enlisting the support of colleagues, family and friends. Perhaps a combination of all these strategies is best.

Nicotine patches can be obtained from general practitioners and pharmacies. A prescription is not required so there is no age limit for purchasing. Nicotine patches are reasonably expensive, making them less accessible and appealing to young people. However, Consumer Medicine Information recommends patches and gum for use only in smokers over 18 years of age.

**Answers to Worksheet 2.1: Dependence**

Emotional dependence — anxiety, sense, confusion, nerves

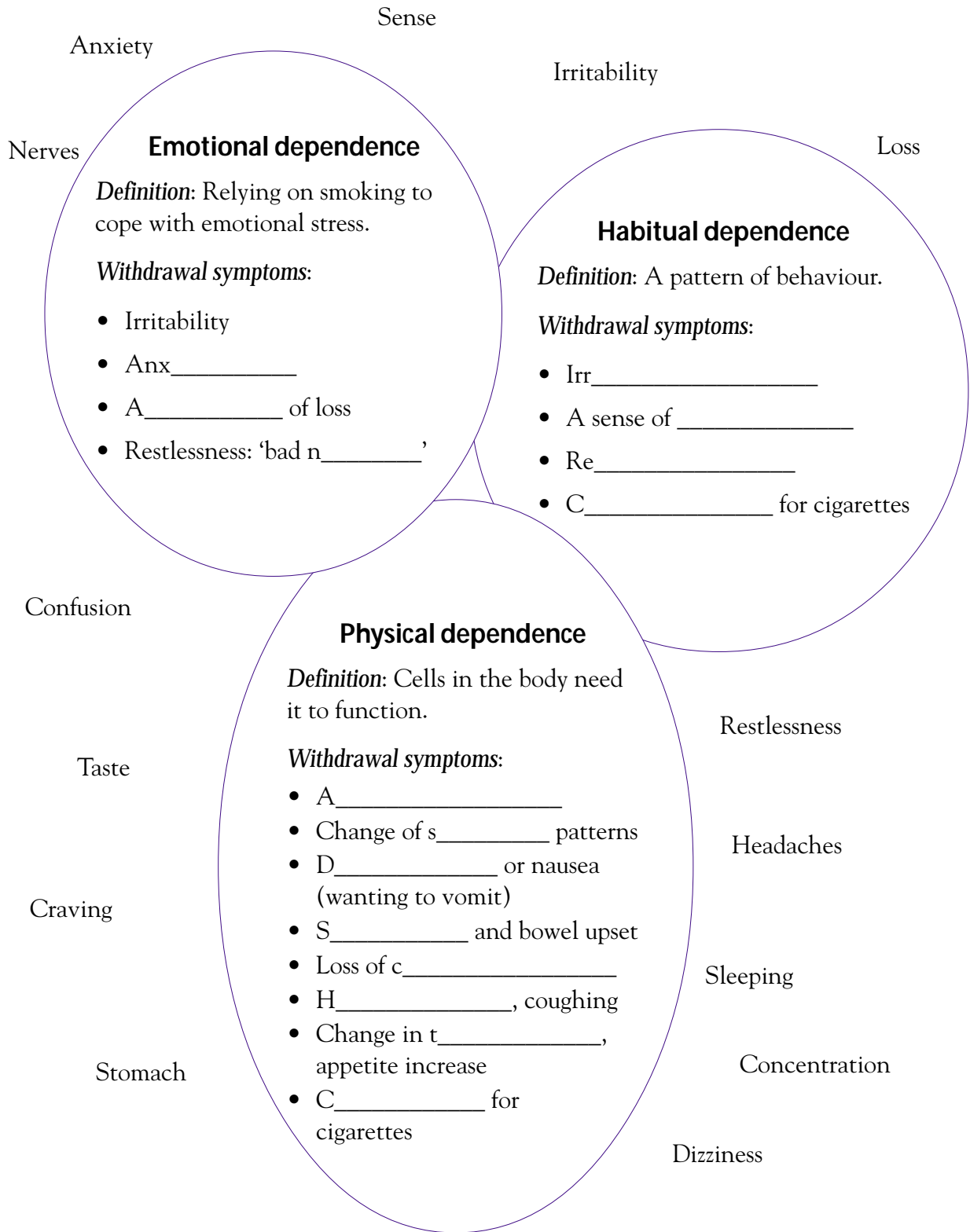
Habitual dependence — irritability, loss, restlessness, craving

Physical dependence — anxiety, sleeping, dizziness, stomach, concentration, headaches, taste, craving.

# Dependence

Place the 'floating' words in the correct circle. Words may be used more than once.

Physical consequences



Using this information, describe what dependence means to you: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Dependence

The class definition of dependence could be:

The state of being devoted to a practice, habit or substance.

Types of dependence	Withdrawal symptoms A person may experience some of these symptoms after stopping nicotine in-take.
<p><b>1. Emotional dependence</b></p> <p>Lighting and smoking a cigarette can be associated in a person's mind with certain feelings. A smoker might think that they look mature and sophisticated or 'cool' as they smoke. Likewise, when a person is worried or bored or depressed, they may 'automatically' reach for a cigarette. It is often used as an excuse to take 'time out' from a disagreeable task or situation.</p>	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• Anxiety</li> <li>• A sense of loss</li> <li>• Confusion — <i>What do I do now?</i></li> <li>• Restlessness; "bad nerves"</li> </ul>
<p><b>2. Habitual dependence</b></p> <p>Smoking is often an unconscious habit. Some smokers will often light a cigarette without remembering having done so. They will leave a cigarette burning in an ashtray. Certain times of the day in certain places, prompt or 'trigger' the habit of lighting a cigarette and smoking.</p>	<ul style="list-style-type: none"> <li>• Irritability</li> <li>• A sense of loss</li> <li>• Restlessness</li> <li>• Craving for cigarettes</li> </ul>
<p><b>3. Physical dependence</b></p> <p>Nicotine is an addictive drug. Smokers absorb small amounts of this drug with each puff. It takes about seven seconds for nicotine to act on the brain after inhaling cigarette smoke. Smokers smoke to keep the nicotine at a certain level in their blood. When they do not 'top up' with more nicotine (have another cigarette), withdrawal symptoms are experienced.</p>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Change of sleeping patterns</li> <li>• Dizziness or nausea (wanting to vomit)</li> <li>• Stomach and bowel upset</li> <li>• Loss of concentration</li> <li>• Headaches, coughing</li> <li>• Change in taste, appetite increase</li> <li>• Craving for cigarettes</li> </ul>

Dependence can be a gradual process. A person may have a cigarette because they think it improves their self-image, but the habit can quickly become a physical and emotional need. This can make it very hard to stop smoking. Once 'hooked', it is difficult to break the addiction because there may be 'withdrawal symptoms' with all three forms of dependence. These symptoms are a sign that the body is repairing itself from harms caused by smoking.

Underline the different types of dependence in the text below.

## Mickey Rake talks to John Coffinlots

*Mickey Rake:* Hi everybody. Today our topic is 'Why people puff their life away'. 22% of Australians smoke and the NSW government has a long-term goal of reducing this to 15% by 2004. Even though we know the consequences of smoking, some people still find it very hard to quit. Today we are going to meet a young man who wants to stop smoking, and needs our help. John Coffinlots is 18 and in his first year at university. Please make him welcome!

*Mickey Rake:* John, when did you start smoking?

*John Coffinlots:* I started when I was 11 years old. At first I thought this was just a social thing that I did with my friends on weekends. I'd only have a few a week but by the time I was in Year 8 I was hooked.

*MR:* What exactly do you mean by hooked?

*JC:* You know, addicted, just hanging out for my next smoke. Lying to my parents about where I was going and what I did with my pocket money. Smoking made life tough, especially when notes came home from school about me smoking.

*MR:* Have you ever thought of quitting altogether.

*JC:* Sure, I've tried a few times but I just can't kick the habit. I hate all the headaches, cravings and moodiness that happened last time. I was so on edge - you know, really hard to get on with.

*MR:* Can you describe a typical day for us?

*JC:* It goes like this! I get up each morning to go to work or uni and go to the bathroom to shave. I always have a cup of coffee, light up a cigarette and put it in the ashtray. It's like a ritual: a couple of sips of coffee, a drag on the smoke and a bit of a shave.

**MR:** So you've had one cigarette, can't you stop for the rest of the day?

**JC:** Once I've had one I just keep smoking. It's a habit. There are certain times and places where I just have to have a smoke.

**MR:** Do you want to stop smoking John?

**JC:** Definitely! Most of my friends don't smoke. With all the new laws most places are smoke-free, including restaurants. The other night my girlfriend told me she hates the way I always stink of smoke and says my whole house smells like that. I'm worried that she might dump me.

**MR:** Well John, we would like to help you stop smoking. After this break we'll be back to ask the audience for their suggestions on how John might do this.





**Video links:**

The following advertisements from the video could be used to stimulate discussion:  
*National Tobacco Campaign, Pretty Face, Sponge.*

**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 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.

### Effects of smoking on the body

The effect of smoking described below is either:

- immediate (during or immediately after smoking)
- short-term (within a short time, days or weeks, of smoking regularly)
- long-term (can be months, years or decades but long-term will vary considerably for each individual).

Indicate in the left column whether the effect is an immediate, short-term or long-term effect of smoking.

	<b>Smoking ...</b>
	Makes the eyes water and the hair smell.
	Raises blood pressure and increases the pulse rate.
	Decreases the temperature in the fingers and toes.
	Increases the risk of gangrene due to poor circulation.
	Dulls the taste and sense of smell.
	Stains teeth and fingers.
	Can cause premature ageing, dry skin and wrinkling of the skin.
	Increases the risk of heart attack and stroke.
	Can bring on asthma attacks and makes asthma worse in asthmatics.
	Leads to shortness of breath, coughing, colds, pneumonia, chronic bronchitis.
	Can cause cancer of the lungs, throat, larynx and windpipe.

## Answers

	Smoking ...
I	Makes the eyes water and the hair smell.
I	Raises blood pressure and increases the pulse rate.
I	Decreases the temperature in the fingers and toes.
ST / LT	Increases the risk of gangrene due to poor circulation.
I / ST	Dulls the taste and sense of smell.
ST / LT	Stains teeth and fingers.
LT	Can cause premature ageing, dry skin and wrinkling of the skin.
LT	Increases the risk of heart attack and stroke.
I / ST / LT	Can bring on asthma attacks and makes asthma worse in asthmatics.
ST / LT	Leads to shortness of breath, coughing, colds, pneumonia, chronic bronchitis.
ST / LT	Can cause cancer of the lungs, throat, larynx and windpipe.

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

Toll Free: 1800 639 398

Quitline

Available for advice about quitting.

Telephone: 131 848



## 20 things smoking does to the body

Causes narrowing of blood vessels and hardening of the arteries (arteriosclerosis).	Can trigger asthma attacks.
Increases the risk of heart attack by six times compared to non-smokers.	Causes cancer of the lungs and increases risk of oral cancer (i.e. cancer of the lips and inside of the mouth) as well as cancer of the throat, larynx and windpipe.
Leads to shortness of breath, coughing and respiratory infections such as colds and pneumonia.	Speeds up (stimulates) then slows down (depresses) the brain and nervous system.
Makes the eyes water.	Makes the hair smell.
Increases the risk of heart attack by six times compared to non-smokers.	Causes premature ageing, dry skin and wrinkling of the skin.
Creates a dependence on nicotine.	Increases hand tremors.
Stains teeth and fingers.	Increases the risk of a stroke.

Can cause chronic bronchitis.	Can cause emphysema.
Increases the risk of gangrene due to poor circulation.	Decreases the temperature in fingers and toes.
May lead to blindness.	Dulls taste and sense of smell.

## Effects of smoking on the body

The effect of smoking described below is either:

- **immediate (I)**: during or immediately after smoking
- **short-term (ST)**: within a short time, say days or weeks, of smoking regularly. Addiction to nicotine can be surprisingly quick. For many people within a few regular smoking sessions
- **long-term (LT)**: can be months, years or decades but ‘long-term’ will vary for each individual.

	Smoking ...
I	Makes the hair smell.
I	Makes the eyes water.
I	Increases hand tremors.
ST	Creates an addiction to nicotine.
I	Decreases the temperature in the fingers and toes.
ST / LT	Increases the risk of gangrene due to poor circulation.
I / ST	Dulls the taste and sense of smell.
I	Speeds up (stimulates) then slows down (depresses) the brain and nervous system.
ST / LT	Stains teeth and fingers.
LT	Can cause premature ageing, dry skin and wrinkling of the skin.
LT	Increases the risk of heart attack.
LT	Increases the risk of stroke.
LT	Can cause emphysema.
LT	Increases risk of cancer of the bladder, pancreas and kidneys.
LT	Can cause chronic bronchitis.
I / ST / LT	Can bring on asthma attacks and makes asthma worse in asthmatics.
ST / LT	Can cause narrowing of blood vessels and hardening of the arteries (arteriosclerosis).
LT	May lead to blindness.
ST / LT	Leads to shortness of breath, coughing and respiratory infections such as colds and pneumonia.
LT	Can cause cancer of the lungs and increases risk of oral cancer (i.e. cancer of the lips and inside of the mouth) as well as cancer of the throat, larynx and windpipe.



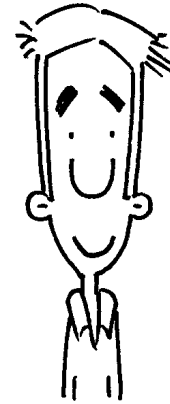
## Activity 4: Why smoke?

### Students will be able to:

- ◆ explore reasons why people choose to smoke
- ◆ identify reasons why most people choose not to smoke
- ◆ consider how support networks assist people to quit or choose to be smoke-free.

### Preparation

- ◆ Family activity sheet: *Why do young people take up smoking?*
- ◆ 4 large graffiti sheets (butchers paper)



### Procedure

1. In pairs, discuss the following questions and come to a consensus on what are the correct answers.

Question 1: Surveys indicate that the percentage of secondary school students who smoke regularly is:

19%                      39%                      69%

Question 2: The percentage of adults who smoke, according to surveys is:

10%                      22%                      50%

2. Provide the correct answer (19% for 14–19 year olds, 22% for adults) and ask the following questions.
  - Why might students your age think more people smoke than actually do? (See Teachers' notes.)
  - How might this perception influence the behaviour and attitude of young people in relation to smoking?
3. Divide the class into four groups. Distribute a graffiti sheet to each group. Ask each group to write the appropriate headings. Record ideas.

### Groups 1 and 2

*Why do some young people choose to smoke?* (Write on **left** side of the sheet.)

- e.g.
- smoking makes them look mature
  - smoking is a way of being a rebel — of showing that they are independent and even tough
  - smoking calms their nerves
  - started smoking from curiosity and now cannot give up
  - parents/siblings smoke.

Why do most young people choose not to smoke? (Write on **right** side of the sheet.)

- e.g. – causes smelly breath, hair and clothes – they know the long-term effects  
 – most people don't smoke – think smoking is anti-social  
 – decreases fitness – it is expensive.

**Group 3 and 4**

Why do some adults choose to smoke? (Write on **left** side of the sheet.)

- e.g. – addicted  
 – stressed  
 – parents smoked  
 – began when young  
 – friends smoke  
 – believe it will maintain low body weight.



Why do most adults choose not to smoke? (Write on **right** side of the sheet.)

- e.g. – know the health consequence  
 – concerned about effect on children  
 – too expensive  
 – inconvenient as most places are smoke-free.

4. Display graffiti sheets on the wall. Discuss:
  - what are the differences and similarities between young people and adults? Emphasise that some factors are more important for particular individuals
  - are there different reasons for males and females smoking? Ask for examples
  - how can young people overcome these influences?
5. In small groups, discuss how you and your friends can support peers who want to remain smoke-free or are attempting to quit?
  - What support strategies can you offer to parents or peers who want to quit smoking?
  - How can you support friends who want to avoid starting to smoke?
7. In pairs identify two or three reasons for smoking and develop a help card for your friends who want to stop smoking. The help cards could be computer generated using the drawing or paint software option on the computer.

**Homework:**

1. Investigate the current price of a packet of cigarettes. (Ask for help from parent/caregiver.)
2. Calculate the cost of a smoking habit. For example, a smoker 'burns up' a pack a day:  
 $\$ \underline{\hspace{2cm}}$  (price per packet) x 365 days per year =  $\underline{\hspace{2cm}}$  per year.  
 What could you buy or use that money for that would not harm your health.
3. What other costs are associated with the actual habit of smoking cigarettes, for example, lighters, matches, ashtrays, burnt clothing and furniture, ceilings and walls discoloured, deodorisers, medical costs, days off school or work?

**Video links:**

The following advertisements from the video could be used to stimulate discussion: *Jet set couple coughing*, *Life in the Big Smoke* — *Surfing*, *Stressing Out*.

**Teachers' notes:**

Research indicates that there is a tendency to overestimate the use of tobacco by young people. It is important for students to understand that most young people do not use tobacco. For further statistical information refer to the *Appendix*, page 80. Studies show that most adults would like to quit smoking. In fact eight out of ten smokers would like to quit.

Some of the reasons given for young people smoking are:

- smoking is something adults do, so smoking makes you look mature
- smoking is perceived as 'cool', e.g. images of pop stars and movie stars smoking
- smoking by young people is disapproved of by adult 'authority' figures like parents and teachers, so ...let's do it! Smoking is a way of expressing defiance and independence.

Research indicates that:

- the more money young people have to spend, the more likely it is that they will take up smoking
- the easier it is to obtain cigarettes, the more likely it is that young people will take up smoking.

For further information on why young people take up smoking refer to *Background information*, page 18.

Homework can be calculated at [www.OxyGen.org.au](http://www.OxyGen.org.au) in the Tar Wars section.

Refer to the *Appendix*, page 81 for further information on where young people access cigarettes.

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. The *Family activity sheet: Why do young people take up smoking?* could be done as a follow-up to this class activity as students will have had the chance to know and understand these issues, leading to more informed family discussion.

## 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.

### Why do young people take up smoking?

The information on the back of this sheet summarises research about reasons why young people take up smoking.

Interview your child using the following questions and then swap roles and have them interview you.

- What do you think is the most common reason for teenagers starting smoking? Why?
- Why do they think the majority of teenagers do not smoke?
- What things can society do to help young people to be smoke-free?
- What can adults do to help keep young people smoke-free?
- What can young people do to keep themselves smoke-free?



Post interview questions.

- What did you agree on?
- Were there any differences?
- How can you support your child and his/her friends to be 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

Toll Free: 1800 639 398

Quitline

Available for advice about quitting.

Telephone: 131 848

# Why do young people take up smoking?

Research has shown that the following factors may influence young people to take up smoking. These are not the only factors but they are among the most important.

## Family who smokes

Smoking by one or both parents. The same is true if other members of the family, such as a brother or sister, smoke.

## Parental approval or disapproval

Parents' attitudes to smoking are important. If parents disapprove of smoking, their children are less likely to take up smoking.

## Friends and peer groups

Teenagers are generally keen to 'fit in' with their peers and not to feel excluded or out of place. This desire to belong to a group is called peer association. Research suggests it is particularly important to girls. If a best friend or the group that a teenager wants to 'hang out' with smokes, the likelihood of becoming a smoker is high.

Why does the best friend or members of the group smoke in the first place? Some reasons given are:

- smoking is something adults do, so smoking makes you look mature
- smoking is perceived as 'cool', for example images of pop stars and movie stars smoking
- smoking by young people is disapproved of by adult 'authority' figures like parents and teachers, so... let's do it! Smoking is a way of expressing defiance and independence.

## Relief from negative feelings

A belief that smoking calms your nerves and is a way of dealing with stress.

## Having an intention to smoke

Students who indicate they intend to take up smoking, or are uncertain, are more likely to start smoking than those who say they do not intend to smoke.

## Tobacco promotion

While advertising has largely been banned in Australia, tobacco companies have found other ways to promote their product, e.g. product placement in movies and fashion parades.

## Being able to get cigarettes

Having access to cigarettes may encourage young people to take up smoking. Under Section 59 of the Public Health Act, 1991 it is illegal to sell to people under the age of 18 years. The maximum penalty for an individual selling tobacco to a person under 18 years is \$5,500. Yet more than 336,000 Australian secondary school students smoked in 1998/99. Research indicates that:

- the more money young people have to spend, the more likely it is that they will take up smoking
- the easier it is to obtain cigarettes, the more likely it is that young people will take up smoking.

Conversely, the more costly cigarettes are and the harder they are to obtain, the less likely it is that young people will take up smoking. In fact, making it harder to get cigarettes can decrease the rate of youth smoking.

(Source: M. Winstanley et al, 1995.)



## Activity 5: Passive smoking

### Students will be able to:

- ◆ define the term 'passive smoking'
- ◆ identify passive smoking risk situations
- ◆ identify the potential impact of passive smoking on the individual
- ◆ explore protective/preventative measures.

### Preparation

- ◆ OHT 5.1: *Passive smoking*

### Procedure

1. Whole class: Closed eye visualisation.

Ask students to imagine themselves in a place where people are smoking. Suggestions might include: at a party or barbecue, at a sports club, in a car, visiting friends or relations.

2. In pairs, discuss their experience using the following questions.

- Where were they?
- What did they see, smell, feel from being in this place?
- Share responses and create a master list using the same headings.

3. State that these experiences are part of passive smoking.

Ask: *what are some things you have heard about passive smoking?*

4. Display and read OHT 5.1: *Passive smoking*.

5. In pairs, describe a situation in which a person is exposed to passive smoking. Discuss the factors that might influence the degree of harm associated with passive smoking.

During this activity the teacher should reinforce the following:

- a) there are numerous potential passive smoking situations

- b) the harms associated with passive smoking will depend on:
- how long the non-smoker spends in a smoke-filled space
  - ventilation
  - the size of the area
  - how many cigarettes are being smoked
- c) the illnesses or diseases to which passive smoking may contribute.
6. Consider different situations where you might be exposed to passive smoking. Choose two of the situations and develop responses that feel comfortable for you to use. With a partner rehearse these responses. Emphasise the need to be assertive, rather than to antagonise.

**Video links:**

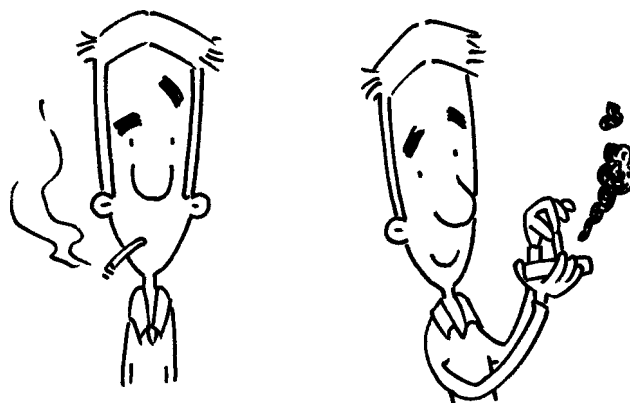
The following advertisement from the video could be used to stimulate discussion:  
*Cathy, Cats in the cradle.*

**Teachers' notes:**

Passive smoking may contribute to:

- sore and watery eyes
- sneezing and coughing
- respiratory problems such as pneumonia, bronchitis and other chest illnesses
- slower lung growth and decreased lung function in children
- increased risk of lung cancer and heart disease
- asthmatics experience wheezing and chest infections, and it may trigger an attack
- ear infections in children.

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



## 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:

This is 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 substances and may cause cancer.



## Activity 6: Tobacco – ‘tricks of the trade’

### Students will be able to:

- ◆ explore how and why smoking is promoted
- ◆ identify ‘product placement’ strategies employed by tobacco companies.

### Preparation

- ◆ Prior to the lesson students could be asked to keep a diary of their TV viewing. They should note: the time and name of the show, if anyone in the show smokes, the name of any characters who smoke, what the characters were doing while smoking, e.g. coughing, having a cup of coffee.
- ◆ OHT 6.1: *They think they’ve got your measure — wise up!*

### Procedure

1. Discuss: What is product placement? (Refer to *Glossary*, page 86.)
2. Explain that, with the exception of a few international sporting events hosted in Australia, direct tobacco advertising is banned, e.g. in magazines, cinemas, TV, radio, billboards and at sporting events. However, tobacco companies are now using methods such as ‘product placement’ to market cigarettes.
3. Students suggest examples of how tobacco companies are still able to promote their products in Australia. Examples might include:
  - fashion parades
  - international magazines
  - movies and television
  - internet sites.
4. Display the OHT 6.1: *They think they’ve got your measure — wise up!*
5. In small groups students discuss:
  - what are the attitudes and beliefs about young people as consumers that are implied by these quotes?
  - how does this make you, as a young person, feel?

6. Facilitate a group/class discussion using the following questions.
- From the television shows that you would normally watch list the characters that smoke.
  - What target audience may be influenced by this type of character? For example, young people, males/females, certain interest groups such as surfers, car enthusiasts etc.
  - What, if any, negative effects of smoking were demonstrated? Why do you think this is so? (Hint: usually there are none shown)
  - What messages does this give to people, especially young people, about smoking?
  - How might this influence people viewing these programs?
  - If the character did not smoke would it make a difference to the plot? If so, how?
  - How do you feel about television and movie stars being paid to smoke?
7. What can young people do to take a stand against the tobacco industry targeting young people? For example, write letters to the local MP, advocate against cigarette vending machines, advocate for tighter point of sale control or larger fines for those selling to minors, write to a TV/movie star who smokes, lobby for the price of cigarettes to be increased.

#### Video links:

The following advertisements from the video could be used to stimulate discussion: *Winston man*, *Lucky Strike*, *Hannibal*.

#### Teachers' notes:

Product placement occurs when a product or brand gains exposure, for example in a film or a photograph, or in an advertisement for something else. While brand exposure 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.

#### Consider the following:

The tobacco industry has paid large amounts of money for the placement of its products in movies. Such payments include:

- \$350,000 to have Lark cigarettes appear in the James Bond movie *Licence to Kill*
- \$42,000 to have Lois Lane smoke Marlboro cigarettes in *Superman 2*. Also in this movie, a super battle takes place amongst Marlboro billboards and trucks
- \$30,000 to place Eve cigarettes in *Supergirl*
- Over \$5,000 to have the brand name Lucky Strike appear in *Beverly Hills Cop*.

[www.OxyGen.org.au](http://www.OxyGen.org.au) Tar Wars section has links to movie companies. Students can write to a movie company via e-mail.

More information on smoking in the movies can be found at [www.smokefreemovies.ucsf.edu/problem/index.html](http://www.smokefreemovies.ucsf.edu/problem/index.html)

continued...

## Teachers' notes continued...

### Smoking can be seen in the following movies

Beverly Hills Cop	Risky Business	Rambo
Crocodile Dundee	Honey I Shrunk the Kids	Rhinestone Cowboy
Desperately Seeking Susan	Children of a Lesser God	Godfather III
Heavenly Kid Again	Crimes of the Heart	Never Say Never
Licence to Kill	Legal Eagles	Harry and Son
Who Framed Roger Rabbit?	When a Man Loves a Woman	Splash
Supergirl	White Knights	Independence Day
Superman II	Rocky IV	Reality Bites
Two of a Kind	Lethal Weapon II	Titanic
Jerry Maguire	Escape from LA	Jaws II
Robocop	Romeo and Juliet	Men in Black
Die Hard	Grease	The Muppet Movie
Erin Brockovich	Happy Gilmore	28 Days
My Best Friend's Wedding	Hurricane	Sergeant Bilko
How to make an American Quilt	Tumbleweed	Miracle Mile
Broken Arrow	Casino	Looking for Alibrandi
Portrait of a Lady	Practical Magic	The Talented Mr Ripley
I Know What You Did Last Summer	The Phantom	Forces of Nature
ED TV	Holy Smoke	Muriel's Wedding
Austin Powers: The Spy Who Shagged Me	Sliding Doors	Double Jeopardy

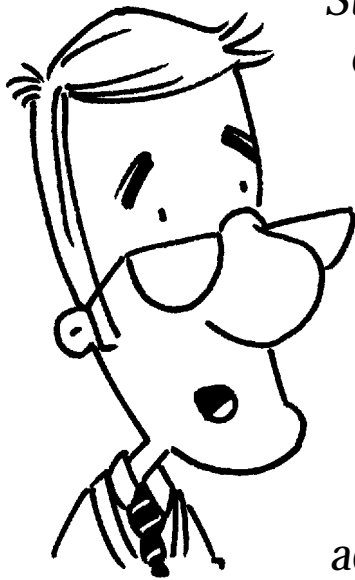
It should be noted that just because movies include scenes in which characters smoke it does not mean that producers/actors of the film received money. The movies listed on this page may be used to stimulate discussion for this activity, Procedure 6.

## They think they've got your measure – wise up!

Do tobacco executives smoke? According to a USA media expert these executives stated to others (privately),

*“We’re not that stupid....this (smoking) is for the young, the poor, and the stupid.”<sup>1</sup>*

A cigarette company executive, from Philip Morris, has said,



*“Students are tremendously loyal. If you catch them, they’ll stick to you like glue.”<sup>2</sup>*

A draft report to the Board of Directors of Philip Morris states,

*“...a cigarette means I am no longer my mother’s child. I’m tough, I’m an adventurer, I’m not square ....”<sup>3</sup>*

1. American Cancer Society: An Interview with Tony Schartz. Countering Tobacco Ads, World Smoking and Health 1991, Vol 16, No 3:4.
2. Hilts, P.J. (1996) Smokescreen — The Truth Behind the Tobacco Industry Cover-Up, Addison Wesley, p66, 76-77.
3. Philip Morris Vice President for Research and Development, Why One Smokes, First Draft, 1969, Autumn {Minn. Trial Exhibit 3681}



## Activity 7: What sex is a cigarette?

### Students will be able to:

- ◆ discuss the marketing techniques that use images of sexual identity and gender stereotyping.

### Preparation

- ◆ Worksheet 7.1: *What sex is a cigarette?*
- ◆ Teacher information sheet 7.1: *What sex is a cigarette?*
- ◆ Worksheet 7.2: *Cool Dude the Smoker* and *Glamour Gal the Smoker*



### Procedure

1. In small groups complete Worksheet 7.1: *What sex is a cigarette?*
2. Suggest strategies that tobacco companies employ that specifically encourage young males and females to take up smoking, e.g. size of packet, colour of packet, type of movie/TV star used to promote the product, cartoons. Ask each group to report back to the class.
3. In pairs or individually complete Worksheet 7.2: *Cool Dude the Smoker* and *Glamour Gal the Smoker*.

The type of open letter written by the students should be left to their own choosing but issues of smoking should be included within the letter. The letters should be shared with the whole class at the end of the lesson. Letters need not be funny, although humour well done is always pleasing to audiences.

### Alternative activity

1. Rather than write a letter to 'Cool Dude' and 'Glamour Girl' students provide suggestions of how the following images can be obtained without smoking.
  - If you want to look mature and grown-up then you can.....
  - To be tough, cool and in control you can .....
  - To be slim with lovely skin you can .....
  - To be sporty and athletic you can .....
  - To be independent you can .....

**Video links:**

The following advertisements from the video could be used to stimulate discussion:  
*Fashion, Soap Opera.*

**Teachers' notes:**

Tobacco companies have consciously targeted smokers on the basis of their sexual identity or gender self-image. Tobacco companies have been marketing exactly the same product to young men and young women by emphasising that a cigarette is somehow 'sexually' different. The promotion of 'masculinity' and 'femininity' via cigarettes needs to be addressed as the years of puberty are also the main years of tobacco up-take.

Examples can be found at the Tobacco Control Supersite Gallery at [www.health.usyd.edu.au/tobacco](http://www.health.usyd.edu.au/tobacco)

## What sex is a cigarette?

Did you know that cigarettes are gender specific? You didn't? According to tobacco companies there are 'male' and 'female' cigarettes. By smoking a particular brand you can change yourself into a rugged cowboy riding the open range or a glamorous, liberated woman. Do you believe this? What are the characteristics of 'male' and 'female' cigarettes?

The 'male' cigarette	The 'female' cigarette
Packet design:	Packet design:
Size of cigarette:	Size of cigarette:
Size of packet:	Size of packet:
Content:	Content:
Filters:	Filters:
Brand name:	Brand name:

Consider these questions:

1. Why do you think 'female' cigarettes often have slimmer packs and slimmer cigarettes?
2. Why do you think 'female' cigarettes often have gold or silver colours and names like 'Vogue' and 'St. Moritz' (an expensive ski resort in Europe)?
3. Why do you think 'male' packets have 'bold' colours and simple designs?

## What sex is a cigarette?

The 'male' cigarette	The 'female' cigarette
<b>Packet design:</b> Bright and basic colours, e.g. red and white.	<b>Packet design:</b> Rich looking colours and design featuring gold, silver etc. or soft, pastel colours.
<b>Size of cigarette:</b> The cigarette is the traditional size.	<b>Size of cigarette:</b> The 'female' cigarette is 'slim', thinner and sometimes longer than the traditional size.
<b>Size of packet:</b> Usually of a size to fit into the hand or a shirt pocket.	<b>Size of packet:</b> Thinner in width than traditional sized packs.
<b>Content:</b> The usual quantity of tar and nicotine with ammonia added to make them more addictive.	<b>Content:</b> The usual nicotine and ammonia but lower tar and often flavour additives such as menthol.
<b>Filters:</b> Traditionally the filter wrap is printed to look like cork.	<b>Filters:</b> White or gold, often described in cigarette promotion as being 'gold tipped'.
<b>Brand name:</b> Usually nondescript, for example, the brand might be simply named after an American town.	<b>Brand name:</b> Often associated with fashion, five star holiday resorts, and may contain the word 'slim'.

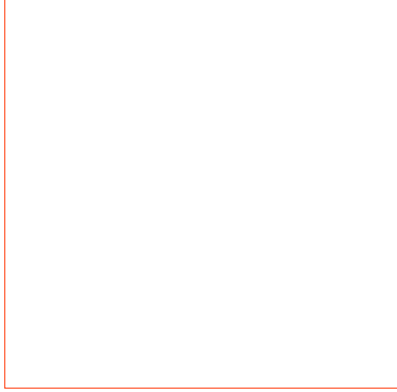
### Possible answers:

- Why do you think 'female' cigarettes often have slimmer packs and slimmer cigarettes?  
Examples: cigarettes are extensions of long, fine fingers, image of thin, beautiful and glamorous women.
- Why do you think 'female' cigarettes often have gold or silver colours and names like 'Vogue' and 'St. Moritz' (an expensive ski resort in Europe)?  
Examples: glamour, sophistication, luxury, rich, decadent.
- Why do you think 'male' packets have 'bold' colours and simple designs?  
Examples: no frills man, rugged, masculine.

## COOL DUDE THE SMOKER

How would you rate 'Cool Dude the Smoker'? Advertising companies want you to believe that smoking does these things for you if you smoke...

- makes you mature and adult
- makes you tough, cool and in control
- makes you a rebel: no one can boss you around
- makes you sporty and athletic.



**"I'm tough and cool because I smoke."**

Draw what you think 'Cool Dude' looks like.

**Give 'Cool Dude' a name:** \_\_\_\_\_

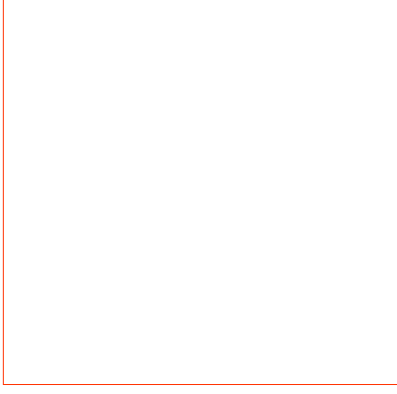
Things you should know about Cool Dude: When Cool Dude is not driving Formula One racing cars or flying jet fighters, he works as a cowboy and rides horses through fresh, mountain streams. He never coughs or spits up phlegm. His teeth are always pearly white and his fingers are never stained with tar.

The advertising companies would have you believe that this is typical of a smoker. **Write a letter to 'Cool Dude' to set him straight on the facts!**

## GLAMOUR GIRL THE SMOKER

How would you rate 'Glamour Gal the Smoker'? Advertising companies want you to believe that smoking does these things for you if you smoke...

- makes you mature and adult
- gives you glamour and style
- makes you slim with lovely skin
- makes you independent and free to do anything a man can do.



**"I'm so slim and sexy because I smoke."**

Draw what you think 'Glamour Gal' looks like.

**Give 'Glamour Gal' a name:** \_\_\_\_\_

Things you should know about Glamour Gal: When Glamour Gal is not riding around in her European sports car, she is flying off to some exclusive holiday resort. She never coughs or spits up phlegm. Her teeth are always pearly white, her hair never smells of smoke and her skin is never wrinkled.

The advertising companies would have you believe that this is typical of a smoker. **Write a letter to 'Glamour Gal' to set her straight on the facts!**



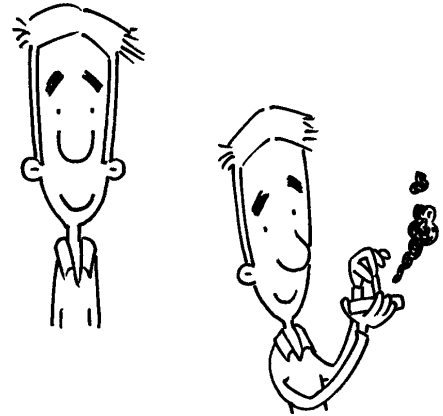
## Activity 8: Excuses, excuses!

### Students will be able to:

- ◆ respond to people's attempt to rationalise the practice of smoking.

### Preparation

- ◆ Activity sheet 8.1: *Think about it*



### Procedure

1. Discuss the problem of refusing offers of cigarettes from friends and acquaintances.

Questions to guide students may include:

- why might it be difficult for some people to refuse the offer to smoke?
- sometimes we try to make excuses for our behaviour, even though deep down we know it's wrong. How might young people use this process in regard to smoking?
- friends may not pressure a person into smoking but they may still end up smoking, even though they don't want to. Why might this occur?

Some examples of 'self-rationalising' are:

- smoking is bad for you only when you are old
- I'm fit and healthy, so I don't have to worry
- addiction happens to others, not to me
- even if I start smoking, I'll be able to give up when I want to
- I'll just smoke when I am with the gang and I'll give up in Year 11
- I don't intend to smoke all my life.

Sometimes people give in and smoke because:

- they want to belong to a certain group and have them as friends
- they don't want to be thought of as different, be labelled or insulted
- smoking appears adventurous.

2. Discuss the statements on Worksheet 8.1: *Think about it* and decide on some group responses.

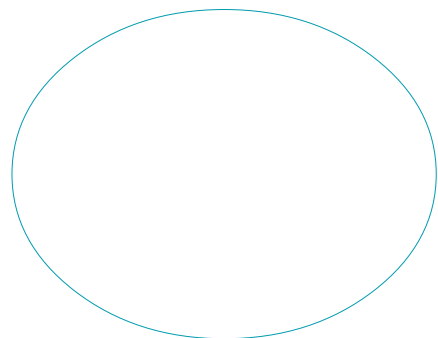
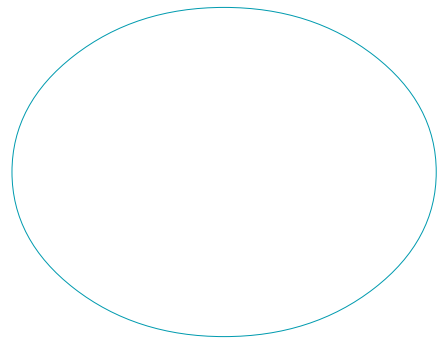
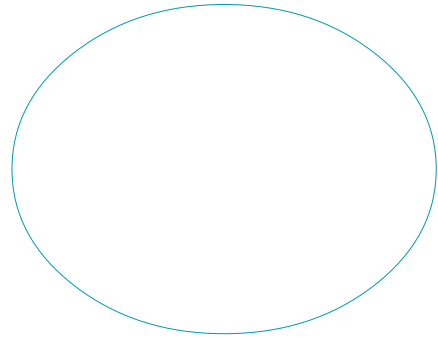
Many new smokers rationalise their decision to smoke and often view it as short-term. Often teenagers see death or chronic illness as a long way off. (The notion of infallibility — it won't happen to me.)

### Video links:

The following advertisements from the video could be used to stimulate discussion: *Only Women Bleed*.

## Think about it

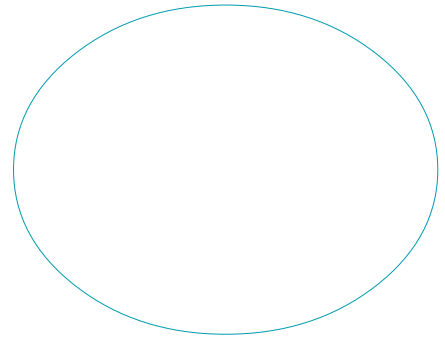
You believe quite strongly that smoking is bad for your health. How would you respond if someone used any of the following statements to justify their choice to smoke.



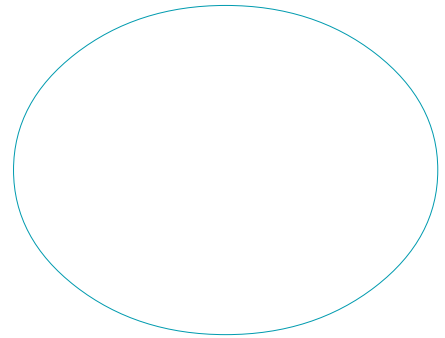
continued...



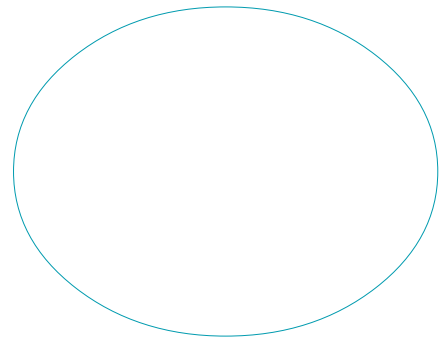
Cigarettes can't be that bad. They are a legal drug.



I don't hear of any young people dying from smoking related cancers. That only happens if you smoke when you are older.



I don't really like smoking that much. I just do it because some of my friends do.





## Activity 9: Advocacy in action

### Students will be able to:

- ◆ review strategies employed to discourage smoking
- ◆ define the term ‘advocacy’.

### Preparation

- ◆ Family activity sheet: *History, habits and health*
- ◆ Teacher information sheet 9.1: *Anti-smoking advertisements 1968–2000*
- ◆ OHT 9.1: *Advocacy in Australia*
- ◆ Video tape: *Anti-smoking advertisements 1968–2000*
- ◆ TV and VCR



### Procedure

1. Brainstorm: Where have you seen anti-smoking campaigns? For example, newspaper advertisements and articles, anti-smoking websites, television, radio — competitions and advertisements, sports sponsorship, local area health service campaigns, songs (e.g. KD Lang — *When smoke gets in your eyes* and Oasis — *Cigarettes and alcohol*).
2. View the video: *Anti-smoking advertisements 1968–2000*.
3. List the similarities and differences in the advertisements used in 1968 and 1990s, e.g. type of message, type of slogan, use of humour or scare tactics, being serious, who is the target audience.
4. In small groups:
  - identify advertisements that target adults and those that target young people
  - discuss whether anti-smoking messages or strategies should be different for adults and young people? Why/why not?
5. Referring to OHT 9.1: *Advocacy in Australia*:
  - define the term ‘advocacy’ (Refer to *Glossary*, page 86.)
6. Individually students develop a written response to the following questions.
  - What can young people do to advocate against smoking
    - at school
    - at home (whilst being respectful of parents)
    - when with friends
    - as a local community member?
  - What strategies do you believe would be the most effective in stopping young people smoking or helping them to quit?
  - What sort of advertisements would be the most effective?

### 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.

## Anti-smoking advertisements 1968–2000

Year and Title	Agency
<b>1968</b> Jetset couple coughing Black box	Quit Victoria Quit Victoria
<b>1984</b> Pretty Face Mrs Holden	Health Department of Western Australia New South Wales Health
<b>1985</b> Sponge Life in the Big Smoke — Surfing Poisons Hooked	New South Wales Health Health Department of Western Australia New South Wales Health New South Wales Health
<b>1987</b> Cathy	Health Department of Western Australia
<b>1989</b> Cats in the cradle	Health Department of Western Australia
<b>1990</b> Poisons	Health Department of Western Australia
<b>1994</b> Winston man Janet Sackman — Lucky Strike Only Women Bleed Dave	Health Department of Western Australia Health Department of Western Australia Health Department of Western Australia Quit Victoria
<b>1996</b> Stressing Out	Smarter Than Smoking — WA
<b>1997</b> Hannibal Lung, Artery, Tumour, Brain, Eye, Tar-Lung compilation	Smarter Than Smoking — WA  1997–2000 National Tobacco Campaign
<b>1998</b> Fashion Soap Opera	Smarter Than Smoking — WA Smarter Than Smoking — WA

## 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.

### History, habits and health

Invite your son/daughter to interview you using the following questions.

#### When you were 12-13 years old...

1. Where did people smoke?
2. Where did you see smoking advertisements?
3. What type of anti-smoking advertising was there?
4. How many of your family and friends were smokers?
5. How did you feel about smoking?
6. What were some reasons family or friends would give for smoking?
7. Have attitudes towards smoking changed? Why / why not?
8. Were people concerned about smoking-related illnesses and passive smoking? If yes, which illnesses? If no, why do you think this was so?

*continued...*

## Family activity sheet continued...

9. Of family and friends who smoked, how many have since quit?
10. Why did they quit smoking?
11. What advice about smoking would you give to a young person who is thinking about taking it up?

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

Toll Free: 1800 639 398

Quitline

Available for advice on quitting.

Telephone: 131 848



# Advocacy in Australia

## Who advocates in Australia and actions they take against smoking?

### Federal government (Commonwealth Departments)

Legislation affecting the nation, e.g. health warnings on cigarette packets and tax excise.

### State government

Legislation affecting relevant state or territory, e.g. *NSW Smoke-free Environment Act, 2000*.

### Local government

Shires, Municipalities, Local Councils, Area Health Service, Public Health Units. Supports Commonwealth and State legislation and initiatives, e.g. ensures that NSW restaurants comply with the *Smoke-free Environment Act, 2000*.

### Government organisations

*Health Department*, e.g. Quit programs, health advertisements, support groups and sponsor smoke-free events.

*Education Department*, e.g. develop new resources, provide training and information for teachers, develop syllabuses.

*Public Health Units*, Community programs and research, e.g. advertising campaigns, support services, health promotion.

continued...

## Who advocates in Australia and actions they take against smoking?

### Community

Local organisations, e.g. Community Drug Action Teams lobby local council to take action at a local level.

### Individual

e.g. don't smoke, encourage others not to smoke, attend smoke-free venues, support/join community groups, voice opinions, write letters, etc.

### Non-government organisations

e.g. The Cancer Council of New South Wales, Heart Foundation. Provide education materials, support groups, advertising campaigns.

### Lobby groups

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

### Unions

Advocate for smoke-free work places.

Note: These groups do not work in isolation. Many choose to work together and others, e.g. Local Government takes direction from the State Government.



## Activity 10: Designing your own anti-smoking campaign

**Students will be able to:**

- ◆ design their own anti-smoking campaign for young people.

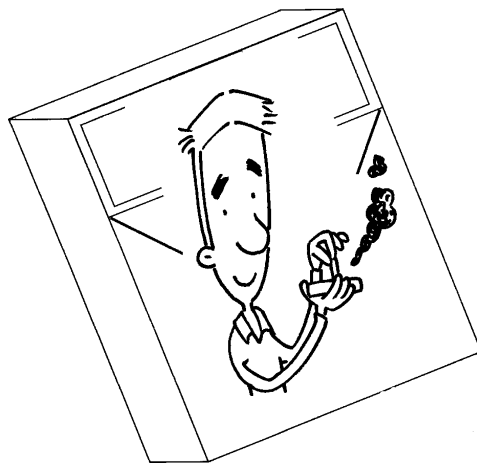
**This activity will run over a number of lessons.**

### Preparation

- ◆ Activity sheet 10.1: *Butt Out Campaign*

### Procedure

1. Explain to the class that they will be:
  - working in small groups to complete this unit of work
  - provided with one or two lessons to work on the project in class and the rest of the work needs to be completed in their own time
  - presenting the finished product to the class.
2. Distribute Activity sheet 10.1: *Butt Out Campaign*.
3. Read through the Activity sheet so that all students understand the project.



**Teachers' notes:**

It is important for students to be reminded of the need to share the workload when working in groups.

Encourage students to be as creative as they can. Share ideas prior to commencing each project so that there are a variety of strategies. It is important to encourage a quality product. This list is not exhaustive. Teachers should negotiate each type of campaign.

- Poem or nursery rhyme — could be a compilation book that includes illustrations.
- Song lyrics — a local school or student band could record the song.
- 3D interactive models — may include electronics, or paper mache models that can be opened and display effects of smoking on body parts.
- Artistic works — sculpting, painting, collage.
- Art/puzzles — students draw pictures/advertisements to warn younger students about the dangers of smoking. Cut up the posters to make jigsaw puzzles.
- School smoke-free/drug free logo — this can be displayed on entrance and exit points around the school, made into a stamp and placed on all reports, birthday cards and school newsletters.
- CD-ROM or info disks — can be interactive or quiz disks that can then be placed in the library.
- Website — if your school already has a website students may include a page on why your school is smoke-free, people who can assist staff and students wanting to quit, consequences of being caught smoking and the benefits of a smoke-free school community.
- Video — encourage this medium for students to develop skills in drama and production, editing and sound.

Puzzles can be made at [www.puzzlemaker.school.discovery.com](http://www.puzzlemaker.school.discovery.com)



## 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 Work Place 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

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.

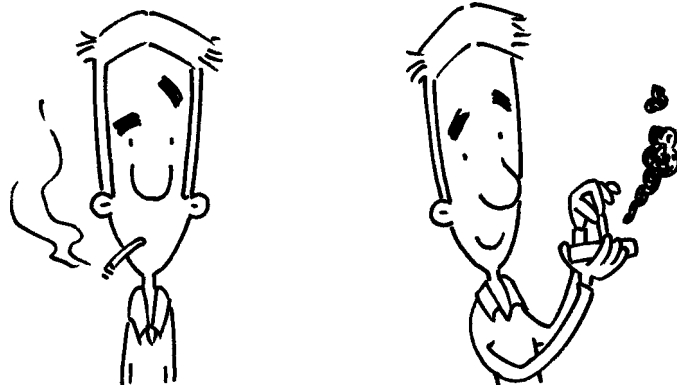
Telephone: (02) 9361 2111

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](http://www.quitnow.info.au)

### Tobacco Control Supersite

[www.health.usyd.edu.au/tobacco](http://www.health.usyd.edu.au/tobacco)

### Smarter Than Smoking

[www.OxyGen.org.au](http://www.OxyGen.org.au)

### New South Wales Environment Protection Authority

[www.epa.nsw.gov.au](http://www.epa.nsw.gov.au)

### Action on Smoking and Health (ASH)

[www.ashaust.org.au](http://www.ashaust.org.au)

### Victorian Smoking and Health Program — Quit

[www.quit.org.au](http://www.quit.org.au)

### The Cancer Council New South Wales

[www.cancerCouncil.com.au](http://www.cancerCouncil.com.au)



# Appendix

## Self reported tobacco use among NSW secondary school students, 1999

Across all age groups 18% of males and 19% of females were recent smokers (ie reported having smoked cigarettes during the previous week).

Across all age groups 51% of males and 52% of females reported ever smoking (ie had experienced at least a few puffs of a cigarette). Overall, more females reported recent smoking than males. At all ages after 13 years, the prevalence of cigarette smoking was higher for females than males.

The greatest increase in new recruits to smoking was before the age of 16 for males and before 15 years for females. The prevalence of recent smokers levelled at 16 years for females (30%) and 16 years for males (29%).

The most likely source of cigarettes for students who bought their own was a tobacconist (15% males, 25% females), petrol station (23% males, 14% females), or take away food shop (14% males, 19% females). The most likely source of cigarettes for students who did not buy their last cigarette was a friend (55% males, 53% females).

In 1999 there was an overall decline in the recent smoking prevalence for males and females. A decline was recorded in the 12-15 age group and was slightly greater for females. However the proportion of recent smokers aged 16-17 years has increased slightly for males and remained stable for females.

### Responses to the question: 'Have you ever smoked even part of a cigarette?' \*

Response		Age						Total
		12	13	14	15	16	17	
No	Males	71	63	47	41	36	26	48
	Females	78	62	50	37	27	25	48
Yes, a few puffs	Males	20	18	22	19	17	21	19
	Females	15	20	19	21	20	22	20
Yes, less than 10 cigarettes	Males	5	7	12	13	12	10	10
	Females	4	8	9	13	12	9	9
Yes, more than 10 but fewer than 100	Males	3	8	12	13	14	18	11
	Females	3	9	15	19	22	21	14
Yes, more than 100	Males	2	4	8	13	20	24	11
	Females	0	2	7	11	19	24	9

\* Percentage of total in each age and sex category

## How hard would it be to give up smoking forever?\*

Response		Age						Total
		12	13	14	15	16	17	
Impossible	Males	6	4	4	2	0	3	3
	Females	5	3	3	2	2	2	3
Very hard	Males	68	57	52	46	50	37	52
	Females	63	61	57	50	55	52	57
Fairly hard	Males	20	31	33	35	29	40	31
	Females	24	30	34	38	35	34	33
Not too hard	Males	4	5	8	13	15	17	10
	Females	7	4	5	9	8	10	7
Easy	Males	2	3	3	4	5	3	4
	Females	0	1	1	0	0	2	1

\* Percentage of total in each age and sex category

## Source of last cigarette smoked (students who did not buy own)\*

Response		Age						Total
		12	13	14	15	16	17	
Parent(s) gave it	Males	8	1	1	5	4	16	4
	Females	0	4	6	8	5	9	6
Brother/sister gave it	Males	0	8	6	13	3	0	7
	Females	8	9	9	7	4	4	7
Took it from home without parent/s permission	Males	4	17	5	4	3	0	6
	Females	8	10	10	7	7	9	8
Friend gave it	Males	66	43	51	47	67	57	55
	Females	62	61	56	49	55	42	53
Someone else bought it	Males	15	28	27	31	16	21	24
	Females	22	11	16	27	26	34	23
Other	Males	0	2	7	0	6	6	3
	Females	0	4	4	2	5	2	3

\* Percentage of total in each age and sex category

# 1998 National Drug Strategy Household Survey State and Territory results

Smoking status: proportion of the population aged 14 to 19 years, 1998.

Tobacco smoking status	NSW
Regular	11.5%
Occasional	10.4%
Ex-smokers	27.6%
Never smoked	50.5%

(a) Regular: smokes daily/most days  
(b) Occasional: smokes less often than daily/most days  
(Adapted from Fitzsimmons, G. et al, 2000)

# 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.*

## References

- Australia. Ministerial Tobacco Advisory Group. National Tobacco Strategy 1999 to 2002-03: Background Paper [Draft, Nov. 1998].
- Bowman, J., Considine, R., D'Este, C., James, E., and Sanson-Fisher, R. (1996) *1996 Survey of Drug Use by NSW Primary School Students*, Centre for Disease Prevention and Health Promotion, NSW Health Department.
- Critchley, M. (1989) Government intervention is increasing. *Sunday Age*. 26 Nov.
- English, D.R., Holman, C.D.J., Milne, E., Winter, M.G., Hulse, G.K., Codde, J.P., Bower, C.L. Corti, B., de Klerk, N., Knuiman, M.W., Kurinczuk, J.J., Lewin, G.F. and Ryan, G.A., (1995) *The quantification of drug caused morbidity and mortality in Australia*, 1995 edition, Canberra: Commonwealth Department of Humans Services and Health.
- Evans, N., Farkas, A., Gilpin, E., Berry, C., and Pierce, J. (1998) Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking, *Journal of the National Cancer Institute*, vol 87, no 20.
- Glynn, T.J. (1989) Essential Elements of School-Based Smoking Prevention Programs. *Journal of School Health*, May, 59: 5.
- Hill, D., White, V. and Letcher, T. (1996) *Tobacco use among Australian secondary students in 1996*, Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria. (submitted for publication)
- Lloyd, B. and Lucas, K. (1998) *Smoking in Adolescence: Images and Identities*. London, Routledge.
- Lynch, B.S., and Bonnie, R.J. (1994) *Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths*. Washington, D.C., National Academy Press.
- Midford, R., Lenton, S. and Hancock, L. (2001) *A critical review and analysis: Cannabis education in schools*, NSW Department of Education and Training.
- Nicotine industry yields to STAT demand on subliminal movie advertising; one down, four to go. *STAT News*, May, 1991.
- Patton, G. (1997) Research leads the Way to New Approaches to Smoking Prevention and Cessation Strategies. *Health Promotion Matters*.
- Perry, C. and Kelder, S. (1992) Prevention. *Annual Review of Addictions Research and Treatment*.
- Pollay, R., Siddarth, S., Segal, M., Haddix, A., Merrit, R., Giovingo, G., and Erikson, M. (1996) The last straw? Cigarette advertising and realised market shares among youths and adults 1979-1991. *AMA Journal of Marketing*, April.
- US Department of Health and Human Services. (1994) *Preventing tobacco use among young people: A report of the Surgeon General*. Atlanta, Georgia, US Department of Health and Human Services.
- Winstanley, M., Woodward, S. and Walker, N. (1995) *Tobacco in Australia: Facts and Issues*. 2nd ed. Carlton South, Victorian Smoking and Health Program, Australia (Quit Victoria).

# 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.

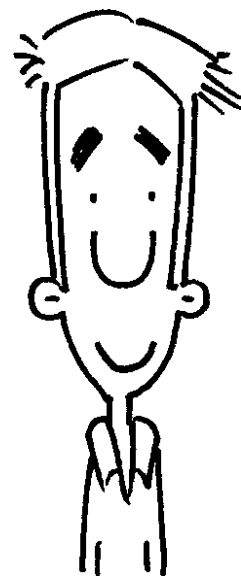
**Stimulants:** drugs that increase the activity in the central nervous system. They include nicotine, cocaine, caffeine and amphetamines.

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

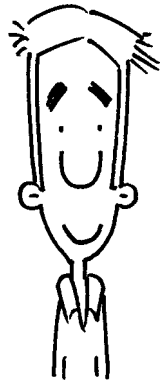
**Tobacco:** the dried, cured leaves of certain types of tobacco plants, used for smoking, chewing or snuffing.

**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



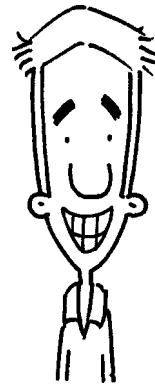
This is Bob.



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.

