

Back Off Tobacco

Tobacco Education for
Manitoba Students

Grade 9

Manitoba Healthy Living, Youth and Seniors
Addictions Foundation of Manitoba
Manitoba Education

Manitoba 

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Welcome

Welcome to Manitoba's *Back Off Tobacco* resource package for teachers.

The following lessons and information pages are matched to selected learning outcomes contained in the *Kindergarten to Grade 12 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles* (www.edu.gov.mb.ca/k12/cur/physhlth/framework/index.html). In addition, some lessons include curricular connections with math, science and English language arts.

This package has been developed through the efforts of three organizations: Manitoba Healthy Living, Youth and Seniors; the Addictions Foundation of Manitoba and Manitoba Education.

Other jurisdictions across Canada have also created similar programs for the delivery of tobacco education in schools. This resource is built particularly on the work done in British Columbia.



Acknowledgements

We gratefully acknowledge the permission of *The Heart and Stroke Foundation of British Columbia and Yukon* to use *bc.tobaccofacts* as a base for many of the lessons and resources in *Back Off Tobacco*.

Additionally, we would like to thank the teachers, librarians and specialists from the various organizations and schools in Manitoba and British Columbia who have helped find materials, suggest approaches and try out the lesson plans. Without this work, we would not be able to move forward with confidence.

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Introduction

Tobacco education can be controversial because students' relatives or family members may use tobacco and be addicted to it. This introductory section includes ways in which those concerns can be managed.

Although education about tobacco has taken place in Manitoba schools for a long time, *Back Off Tobacco* matches lessons to the Substance Use and Prevention-related learning outcomes in the *Kindergarten to Grade 12 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles* document.

The focus of the curricular outcomes is on developing age-appropriate communication and interpersonal skills, including assertiveness and resistance training, that promote health-enhancing decision-making to avoid/refuse use of harmful products, including tobacco.

In addition, many of the lessons in *Back Off Tobacco* have applications in other curricular areas, such as science, math and especially English language arts. Each lesson lists specific outcomes from the English specific learning outcomes documentation.

This publication may include links to websites to help you find other relevant information quickly and easily. This publication does not endorse or approve the contents of any third party websites referenced within.

What to emphasize when teaching *Back Off Tobacco*

Young people start to smoke for a variety of reasons, so it's no surprise that some approaches work better than others with different students and different grade levels. In Canada, effectiveness criteria for school prevention programs have been identified by *Health Canada* and the *National Cancer Institute of Canada*.¹ They are consistent with the guidelines identified by the *U.S. Center for Disease Control and Prevention* and suggest approaching tobacco education on several fronts, including the following six messages:

1 Show the effects – immediate and long term – on the student's body, appearance and social life

Programs should help students understand that tobacco use can lower their stamina, stain their teeth, make their breath smell bad, make their clothes smelly, worsen their asthma and make their non-smoking friends avoid them. Equally, programs should help students understand that keeping their body healthy from an early age gives them a better chance for a healthier life as they grow into adulthood and beyond to middle- and old age.

2 Emphasize new social attitudes that make smoking an antisocial activity

Programs should aim to make tobacco use less socially acceptable, highlight the anti-tobacco attitudes already held by society, and help students understand that most adolescents don't smoke.

3 Highlight better ways than smoking to be accepted, appear mature and cope with stress

Programs should help students understand that some adolescents smoke so they'll be accepted by peers, appear mature or be better able to cope with stress. Programs should help students develop more positive ways of reaching those goals.

4 Debunk social influences that promote tobacco use

Programs should help students develop skills in recognizing and refuting tobacco promotion messages from the media, adults and peers.

5 Reinforce skills for resisting social influences that promote tobacco use

Programs should help students develop refusal skills and develop the motivation to use them through direct instruction, modelling, rehearsal and reinforcement. Students should also learn to help others develop these skills.

6 Nurture general personal and social skills

Programs should help students develop the assertiveness, communication, goal-setting and problem-solving skills that let them avoid both tobacco use and other health risk behaviours.²

Sources:

¹ Health Canada (1994) *School Smoking Prevention Programs: A National Survey*. Minister of Supply and Services, Canada.

² Centers for Disease Control and Prevention (1994) "Guidelines for school health programs to prevent tobacco use and addiction." *Morbidity and Mortality Weekly Report*, 43 (RR-2), 1-18.

What to avoid when teaching *Back Off Tobacco*

With so much at stake, it's easy to go overboard. Watch out for these pitfalls:

1 Suggesting that kids who smoke are “bad”

More often than not, this approach backfires, especially with high-risk students, because it makes smoking a vehicle for rebellion. Furthermore, there are students in your classroom who are experimenting with tobacco, are occasional smokers (they may not buy their own but they're happy to smoke OPs – other people's) or are already hooked on nicotine. Labelling young people who smoke as “bad” won't teach them – or their peers – anything, because labels don't teach; instead, they diminish interest in learning new responses to existing behaviour.

2 Implying that smoking is “dumb”

Young people need to be able to respect their parents and other adults in their lives, regardless of whether or not they smoke. By learning that nicotine is addictive, and that society has only recently realized how deadly smoking is, young people can separate their own choices from the choices adult smokers have made in the past.

3 Excluding students who have already decided not to smoke

Some students may have already decided not to smoke. If this is the case, they can learn ways to support others to choose not to use tobacco. They will also learn skills that will help them to make healthy choices in other parts of their lives.

4 Encouraging teens to criticize smoking at home

Even indirectly, this is a big mistake. Some parents may see the school intruding into their lives, and you could lose any support they've been giving your smoking prevention efforts. Help these youth realize that many adults smoke because it's difficult to quit, not because they want to cause harm to themselves.

5 Expecting teens to assert their rights

Kids will learn that second-hand smoke is harmful, and they will learn the skills to negotiate difficult social situations. But they may experience conflict, fear and/or embarrassment that family members would do something to harm others. Support kids to separate their feelings about smoking (which is harmful) from how they feel about the smoker (who is addicted).

6 Telling teens smoking will kill you

This may induce anxiety in students whose parents or relatives smoke. Be sensitive in how you use information about fatal diseases by emphasizing that these risks are generally long-term, and that quitting smoking can reverse this trend.

7 Warning older students they'll die if they smoke

Frankly, they won't believe you and research shows this threat can do more harm than good. It's better to focus on the immediate consequences: stinky breath, hair and clothes; yellow teeth and fingers, addiction, bad breath, clinging tobacco smell, financial costs, increased coughing, illness, asthma attacks and bronchial infections.

8

**Thinking you've failed
if a student starts smoking**

Young people start smoking for many complex reasons. Sometimes it's the norm in their homes, a way of coping with stress, a rite of passage or a badge of independence. You're competing with a very powerful media machine, as well as strong cultural forces. As long as society continues to send mixed messages about smoking, young people will continue to take up the habit.

The best you can do is to foster critical thinking, boost your students' self-esteem and equip them with the skills, motivation and information they need to make their own positive lifestyle choices. It is especially important to help kids develop the belief that they can resist using tobacco.

And remember: you'll probably see some of your students smoking. What you'll never see is how many didn't start because of their classroom experience.

Helping high-risk students

Many factors can put students at a higher risk of using tobacco. Some of the key indicators are:

- lower economic status
- less-educated family
- peers who use tobacco
- parents and siblings who use tobacco
- living in a community that supports the use of tobacco
- periods of major transition such as moving from one school to another, family discord and so on
- lower self-esteem
- poor academic record
- rebellious or "deviant" behaviour patterns

You can respond to these factors by using certain strategies in the classroom. You'll find that *Back Off Tobacco* lessons are set up to encourage the following teaching strategies:

- deliver lessons that are inclusive and developmentally appropriate
- involve group work with leadership opportunities
- encourage students to recognize and critically examine the factors that may lead them to use tobacco
- offer a variety of student-centred activities that encourage critical thinking
- reinforce success
- redirect their rebelliousness towards the marketing strategies of the tobacco industry

Creating community support for tobacco education

To be most effective, a tobacco-free message should reach students in as many ways as possible. Here are ways to involve others and make the most of your tobacco-free teaching.

Review your school's smoking policy

Schools that allow smoking on their grounds graduate 25 per cent more smokers per class than schools that don't.¹ Without smoke-free policies, an anti-tobacco curriculum can be seriously undermined.

Include parents

Find ways to allow parents to support your efforts and feel included. You'll find some suggestions in the *Home/Community Involvement* section of the lesson plans.

Encourage your students to explore the many resources in your community

Regional advocacy groups and other health workers can offer posters, brochures, videos, websites and guest speakers to supplement your lessons.

Co-ordinate your lessons around provincial or national events

You can make the most of provincial or nationwide publicity by participating in events such as National Non-Smoking Week (held each year during the third week of January), World No Tobacco Day (sponsored each May 31st by the World Health Organization) and National Drug Awareness Week (third week of November).

¹Porter, Alan. Disciplinary attitudes and cigarette smoking: A comparison of two schools. *Family Medicine*, vol 285, 11 December 1982, 1725-27.



A final note, if you smoke

It can be tempting to hide your own smoking from your students. But having them catch you smoking if you haven't come clean with them can lead to real disillusionment.

So why not use your position to advantage?

- **Encourage your students to ask you questions** they might normally find awkward, like "Why do you smoke, if you know it's bad for you?" Or, "If you smoke, why aren't you sick?"
- **Let your students know you want to help them avoid a mistake you've made.**
- **That said, please don't smoke in front of your students.** On or off school property, you continue to be a powerful role model for them.
- **If you quit smoking, share the experience with them** so they can appreciate your reasons and know firsthand how difficult quitting is.



Grade 9 Overview

Grade 9 goals

Back Off Tobacco is a learning resource that supports the physical education/health education curriculum through a focus on tobacco education and smoking prevention. Living smoke free is part of a broader emphasis on healthy living. Other aspects of healthy living include eating good food and getting active in work and play.

Back Off Tobacco also provides connections to the English language arts specific learning outcomes for each grade level.

Involving others in extending *Back Off Tobacco*

Back Off Tobacco also offers opportunities to involve parents, guardians and the community in the students' progress especially in the earlier grades, most notably through the extensions to lessons and, in some cases, where students can display their work or use their parents or guardians as resources.

Health education curricular overview for Grade 9

- The K to Grade 12 *Back Off Tobacco* materials follow the *Kindergarten to Grade 12 Physical Education/Health Education Manitoba Curriculum Framework of Outcomes for Active Healthy Lifestyles* (PE/HE Framework).
- Each lesson in *Back Off Tobacco* lists the applicable supported Specific Learning Outcomes (SLOs) from the PE/HE Framework.

In general, the Grade 9 *Back Off Tobacco* lessons focus on the Grade 9 SLOs below.

From General Learning Outcome (GLO) 5: *Healthy Lifestyle Practices*

Number	Strand and Sub-strand	Specific Learning Outcome (SLO)
K.5.9.D.1	Knowledge > Substance Use and Abuse Prevention > Helpful and Harmful Substances	Explain the meaning of addiction (i.e., gambling) and substance dependence (e.g., alcoholism, nicotine, street drugs), and the possible effects on self and/or others.
K.5.9.D.2	Knowledge > Substance Use and Abuse Prevention > Effects of Substance Use (Science Connections)	Examine the use and abuse of substances (e.g., caffeine, alcohol, tobacco, other stimulants and depressants, inhalants, hallucinogens, street drugs) and potential consequences for personal health and well-being (e.g., cause behavioural changes; create social problems; cause Fetal Alcohol Syndrome and/or Fetal Alcohol Effects; cause reactions to drug interactions; affect self-esteem; has medical implications; may result in dependency or addictions; may affect financial status; create ethical concerns; can cause body harm or death in case of a drug overdose; may increase sexual activity; may cure or provide relief to patient).
K.5.9.D.3	Knowledge > Substance Use and Abuse Prevention > Factors Affecting Substance Use	Identify community agencies and resources available to support (e.g., addictions counselling services) the prevention of substance use and abuse.
K.5.9.E.1c	Knowledge > Human Sexuality > Growth and Development (Science Connections)	Describe responsible behaviours for a healthy pregnancy (e.g., receive prenatal care; avoid use of alcohol, tobacco and other harmful drugs; consume nutritious foods and fluids; have regular medical checkups; avoid sexual intercourse with infected partners).
S.5.9.A.4	Skills > Application of Decision-Making/Problem-Solving Skills > Substance Use and Abuse	Apply problem-solving strategies to respond appropriately to issues related to substance use and/or abuse (e.g., over-the-counter drugs, tobacco, alcohol, street drugs, hallucinogens, inhalants).

From General Learning Outcome (GLO) 4: *Personal and Social Management*

Number	Strand and Sub-strand	Specific Learning Outcome (SLO)
K.4.9.B.4	Knowledge > Social Development > Avoidance and Refusal Strategies (Language Arts Connections)	Identify examples of potentially dangerous situations (e.g., physical abuse, verbal abuse, harmful substances, peer pressure) and effective strategies for avoidance/refusal.
S.4.9.A.2	Skills > Acquisition of Personal and Social Management Skills > Decision-Making/Problem- Solving	Design, implement and evaluate an action plan for making a decision based on personal values and beliefs related to physically active and healthy lifestyle practices (e.g., active living, good nutrition, no substance abuse, safety).

Grade 9 lessons **at a glance**

Lesson	Lesson Focus	PE/HE Learning Outcomes Connections	English Language Arts Curricular Connections
<p>LESSON ONE Solutions R Us Students grapple with moral and ethical issues about tobacco use.</p>	<p>Students:</p> <ul style="list-style-type: none"> demonstrate the ability to use decision-making strategies to prevent tobacco use. communicate their own attitudes and knowledge about tobacco use and second-hand smoke. 	<p>S.5.9.A.4 Apply problem-solving strategies to respond appropriately to issues related to substance use and/or abuse.</p> <p>K.5.9.D.2 Examine the use and abuse of substances and potential consequences on personal health and well-being.</p> <p>K.5.9.E.1c Describe responsible behaviours for a healthy pregnancy.</p>	<p>1.1.1 Express Ideas: Question and reflect on personal responses, predictions and interpretations; apply personal viewpoints to diverse situations or circumstances.</p> <p>1.2.1 Develop Understanding: Reflect on new understanding in relation to prior knowledge and identify gaps in personal knowledge.</p> <p>1.2.2 Explain Opinions: Review and refine personal viewpoints through reflection, feedback and self-assessment.</p> <p>1.2.4 Extend Understanding: Consider diverse opinions, explore ambiguities and assess whether new information clarifies understanding.</p> <p>3.1.3 Participate in Group Inquiry: Generate and access ideas in a group and use a variety of methods to focus and clarify inquiry or research topic.</p>

Lesson	Lesson Focus	PE/HE Learning Outcomes Connections	English Language Arts Curricular Connections
<p>LESSON TWO What Price Tobacco This lesson uses a moving short story to help students understand that there are physical and emotional costs of being addicted to tobacco; not just for the user, but also for family and friends.</p>	<p>Students:</p> <ul style="list-style-type: none"> explain the emotional and physical costs of being addicted to tobacco – on self, family and friends. 	<p>K.5.9.D.2 Examine the use and abuse of substances and potential consequences on personal health and well-being.</p> <p>K.5.9.D.1 Explain the meaning of addiction and the possible effects on self and/or others.</p>	<p>1.2.2 Explain Opinions: Review and refine personal viewpoints through reflection, feedback and self-assessment.</p> <p>2.2.2 Connect Self, Texts and Culture: Examine how personal experiences, community traditions and Canadian perspectives are presented in oral, literary and media texts.</p> <p>2.3.5 Create Original Texts: Create original texts to communicate and demonstrate understanding of forms and techniques.</p> <p>4.1.2 Choose Forms: Adapt specific forms to match content, audience and purpose.</p> <p>5.2.1 Compare Responses: Recognize that differing perspectives and unique reactions enrich understanding.</p>

Lesson	Lesson Focus	PE/HE Learning Outcomes Connections	English Language Arts Curricular Connections
<p>LESSON THREE Stop Smoking! I'm Choking! This lesson alerts students to the dangers of second-hand smoke in situations where the recipients have little or no choice about exposure.</p>	<p>Students:</p> <ul style="list-style-type: none"> articulate the damage caused to workers and others by second-hand smoke. demonstrate ways in which they can protect themselves from similar situations. 	<p>K.4.9.B.4 Identify examples of potentially dangerous situations and effective strategies for avoidance/refusal.</p>	<p>1.1.3 Experiment with Language and Form: Use memorable language effectively and experiment with different personas for dynamic self-expression.</p> <p>4.4.2 Effective Oral Communication: Choose vocabulary, voice production factors and non-verbal cues to communicate effectively to a variety of audiences; use a variety of media and display techniques to enhance the effectiveness of oral presentations.</p> <p>4.4.3 Attentive Listening and Viewing: Demonstrate critical listening and viewing skills and strategies and show respect for presenter(s).</p> <p>5.1.2 Work in Groups: Plan, organize and participate in presentations of group findings.</p>

Lesson One

Solutions R Us

General Overview

Students grapple with moral and ethical issues about tobacco use.

Lesson Focus

Students will be able to:

- demonstrate the ability to use decision-making strategies to prevent tobacco use.
- communicate their own attitudes and knowledge about tobacco use and second-hand smoke.

Preparation

- Copy “Facts About Second-hand Smoke” for each student.
- Copy “Solutions R Us” for each student.
- Copy “Solutions R Us Rubric” for each student.
- Copy the “Decision-making Model” for each student and make a transparency if you use an overhead projector.
- Identify and brief your class peer leaders.
- Have chart paper available for each four-person group peer leader.

Engaging the Learner

1. In groups of four, have students discuss the question: “Is it fair for the caregivers of a newborn baby to smoke around him or her in the house?” If you feel that this question will not generate enough controversy, you might try: “Is it fair that restaurants and bars should be smoke-free?” or “Is it fair that a driver smoke while transporting children?” Or, create your own question that is sufficiently provocative or relevant to the students in your classroom.
2. Have a peer leader in each group record the “yes” and “no” reasons on chart paper. If your time is limited, collect the charts and complete the lesson per the following activities during your next class time.

Activities

1. Distribute “Facts About Second-hand Smoke” and have students read it in pairs.
2. Direct students’ attention back to the “yes” and “no” charts completed earlier and invite students to comment now that they have all this information.
3. Ask: “If smoking and second-hand smoke are so dangerous, how can we protect people from them?”
4. Use the “Decision-making Model” to generate answers.
5. Assign “Solutions R Us” for homework. You may wish to have students complete the assignment directly on the “Solutions R Us Rubric.”
6. Discuss the assessment rubric and ensure all students understand the assignment.

Assessment

Evaluate using the assessment rubric.

Extensions

- Students may wish to identify situations where they may need to assert their rights to clean air and create role plays to share with elementary school classes.
- Students might lobby, write or petition for smoke-free schools or other public places.

Home/Community Involvement

- Students can use the fact sheet to educate family and friends.
- Display “Facts About Second-hand Smoke” in school hallways.

Facts About Second-hand Smoke

Some of the important facts about second-hand smoke and its dangers are listed below

- Second-hand smoke is the smoke we breathe when we are with smokers. Unless you're holding your breath, whenever you're near a smoker, you're smoking, too.
- More than 4,000 chemical compounds have been identified in tobacco smoke. Of these, many are potentially toxic and at least 40 are known to cause cancer in humans.
- Smoke from the burning end of a cigarette (called side-stream smoke) has as much as or more tar, nicotine, carbon monoxide and cancer-causing chemicals (like benzene, cadmium, benzo(a)pyrene, etc.) than the smoke inhaled directly by the smoker (mainstream smoke).
- For many people, second-hand smoke causes eye and throat irritation.
- Smoke-filled rooms may have up to six times the air pollution of a busy highway.
- Food service workers have a 50 per cent greater risk of lung cancer due to exposure to second-hand smoke.
- It could take more than three hours to remove 95 per cent of the smoke from one cigarette from a room.
- Second-hand smoke is one of the biggest causes of air pollution in the workplace. In an average office where people smoke, the level of pollution-causing chemicals in the air is 250 times higher than the safe level.

As for the effects on children...

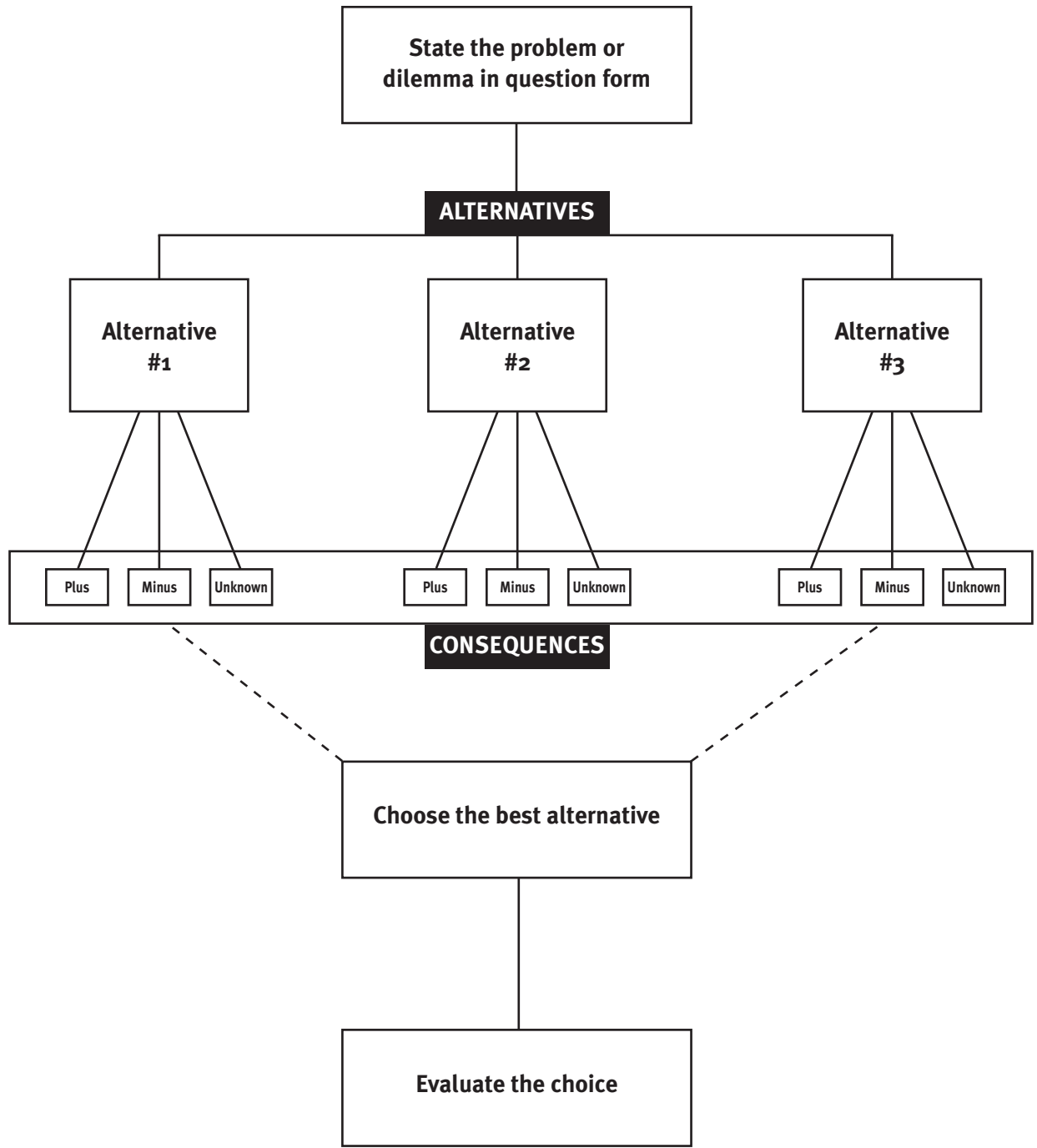
- Chronic coughing, wheezing and phlegm are more frequent in children whose parents smoke.
- Children exposed to second-hand smoke at home are more likely to have illnesses associated with the lungs.
- Second-hand smoke increases the number of asthma attacks and severity of asthma in many asthmatic children.
- The smoke produced by burning cigarettes can also harm a developing fetus.

Sources:

B.C.-Leading the Pack on Tobacco: A plan to put B.C. at the forefront of tobacco control in Canada. Heart & Stroke Foundation of B.C. & Yukon, 1996.

Fact Sheet: The Health Effects of Second-hand Smoke. National Clearinghouse on Tobacco and Health. August 1996.

Decision-Making Model



Or use the DECIDE Model Black Line Master available at http://www.edu.gov.mb.ca/k12/cur/physhlth/foundation_s1-2/blms-rms/blm_g-5.doc

Solutions R Us

Use the Decision-Making Model to generate solutions to one of the following problems:

1. Smoky Aunt-ics!

Your favourite aunt is staying at your home for a month. She is a heavy smoker and, although she does not smoke in your house, she does smoke out on the deck, which is just outside your bedroom window. The smoke inevitably comes into your room. Also, she smokes in her car, even when she drives you and your six-year-old brother to school. What can you do about this situation? Generate as many solutions as you can and write a paragraph defending the one you choose.

2. Pregnant Situation

Your sister-in-law is pregnant. She is a smoker. Your brother tells you that she has cut down to half a package of cigarettes a day and seems pleased about this. You know that she should quit altogether. How might you approach the topic of tobacco use and pregnancy with your brother and sister-in-law? Generate some solutions and write a paragraph defending the one you choose.

3. The Spitting Image

You hang out with a really great group of kids who play baseball in the local league. Lately, the guys have been using spit tobacco. The coach doesn't know about it, but if he did there would be severe penalties because he has already warned the team about the dangers of chew tobacco. You do not intend to use it. What should you do about your friends' use? Generate some solutions and write a paragraph defending the one you choose.

4. Second-Hand Nose

Your mom and her three friends play Bridge. They take turns hosting the game at their homes. Yesterday, you went with your mom. You couldn't believe the smoky haze hanging over the room! Your mom often has colds accompanied with terrible coughs and you are worried about her spending so much time around all this second-hand smoke. What might you do about this? Generate some solutions and write a paragraph defending the one you choose.

Solutions R Us Rubric

Criteria							
Identifying the Problem	clear	5	4	3	2	1	unclear
Generating Possible Solutions	many	5	4	3	2	1	few
Identifying PMU's (Plus, Minus, Unknown)	thorough	5	4	3	2	1	superficial
Thinking	creative	5	4	3	2	1	conservative

Working with Peers

Teacher-trained peer group leaders can make a real contribution to the effectiveness of tobacco prevention programs.¹ They provide credibility as well as a sense of comfort. Discussions are more candid, more students participate and the peer leaders serve as role models for their classmates.

1. Before the first lesson, ask students to select group leaders – people respected by their classmates. Each leader must accept the position. Students who use tobacco can serve as group leaders, since they have valuable experience to contribute. Here are two selection methods:
 - Ask the class to nominate six students (three boys and three girls) as group leaders by writing their names on a slip of paper. Collect the nominations and tally them. You should end up with at least one group leader for every four to six students. Extra leaders can be used on days when one of the other leaders is absent.
 - Divide the class into groups, and let each group choose its own leader. Students can form their own groups by selecting a partner and then joining another pair, to a maximum of six students in each group. Everyone in the group must agree on the choice of leader.
2. Schedule a 20-minute training session with the group leaders. Copy the “Peer-Leader Guidelines.”
3. At the session, tell the group leaders that they will be helping you with the tobacco prevention lessons. Explain why this unit is important: the decision of whether or not to use tobacco will have a big effect on the rest of their classmates’ lives. Their job isn’t to convince students that they shouldn’t smoke but to help guide the group discussion and activities, so everyone has a chance to come to their own conclusion. Express your confidence in the group leaders’ ability and your support for their role.
4. Distribute “Peer-Leader Guidelines.” Go over each point. If time allows, do a “dry run” of a lesson activity.
5. Plan a brief follow-up meeting after the lesson to give the group leaders a chance to talk about their experience and discuss problems.

Sources:

¹Tobler, N.S. and Stratton, H.H. (1997) Effectiveness of school-based drug prevention programs: A meta-analysis of the research. *The Journal of Primary Prevention*, 18(1), 71-128. Adapted from *Smoke-Free for Life*, Nova Scotia, 1996 and *Improving the Odds*, Health Canada, 1995.

Peer Leader Guidelines

- Wait until everyone is ready before you begin.
- Make sure everyone understands the assignment.
- Encourage students to listen to each other without interrupting.
- Help everyone to participate. If someone isn't saying anything, ask what he/she thinks about the topic.
- Try not to let the discussion stray off track. Ask a question to bring it back to the topic.
- Let the group come to its own conclusions. You can offer your own opinions and ideas, but don't say too much or feel that you have to come up with all the answers.
- Respect everyone's opinions and feelings. Encourage the group to do the same.

Have fun and thanks for helping out.

Source

Adapted from *Smoke Free for Life*, Nova Scotia, 1996.

Lesson Two

What Price Tobacco?

General Overview

This lesson uses a moving short story to help students understand that there are physical and emotional costs of being addicted to tobacco; not just for the user, but also for family and friends.

Lesson Focus

Students will be able to:

- explain the emotional and physical costs of being addicted to tobacco – on self, family and friends.

Preparation

- Copy “My Daughter Smokes” and “Paragraph Assessment Rubric” for each student.

Engaging the Learner

1. Ask students if they know of anyone who has become very sick or died from a tobacco-related illness.
2. Discuss the situations the students share.

Activities

1. Read aloud “My Daughter Smokes” by Alice Walker, asking students to pay particular attention to the message of the short story.

Alice Walker is recognized as one of the leading African-American women writers. She has produced a wealth of excellent work, including novels, poetry, essays and short stories. Walker has received many prestigious rewards, the most famous being the Pulitzer Prize which she received in 1983 for The Color Purple. In My Daughter Smokes, she writes very personally and emotionally about her own family.

2. Invite students to share their personal reactions to the story and relate this to the discussion held at the beginning of the lesson.
3. Discuss specific quotes from the story such as:
“Smoking is a form of self-battering that also batters those who must sit by, occasionally cajole or complain, and helplessly watch.”

“Perhaps we can liberate tobacco from those who have captured and abused it, enslaving the plant on large plantations, keeping it away from its freedom and kin, and forcing it to enslave the world. Its true nature suppressed, no wonder it has become deadly.”

“I read in the newspaper and in my gardening magazine that cigarette butts are so toxic that if a baby swallows one, it is likely to die, and that the boiled water from a bunch of them makes an effective insecticide.”

4. List the physical and emotional costs of tobacco addiction – on the smoker and on family/friends.
5. Ask students to write a paragraph beginning with: “My (friend, mother, father, uncle, aunt, grandfather, grandmother) smokes.” Direct them to include examples of the physical and emotional costs of tobacco addiction.
6. Suggest that students share their paragraphs with the class or display them on a bulletin board with the caption, **What Price Tobacco?**

Assessment

Use the “Paragraph Assessment Rubric” to evaluate the students’ work. Be sure to share the criteria with the students before they begin the assignment.

Extensions

Students might think about the future when they have their own family and write a letter promising to keep their children free of tobacco and second-hand smoke.

Home/Community Involvement

- Students could share their paragraphs with their families.
- Students could give a copy of “My Daughter Smokes” to friends and family members.

My Daughter Smokes

by Alice Walker

My daughter smokes. While she is doing her homework, her feet on the bench in front of her and her calculator clicking out answers to her algebra problems, I am looking at the half-empty package of Camels tossed carelessly close at hand. Camels. I pick them up, take them into the kitchen, where the light is better, and study them; they're filtered, for which I am grateful. My heart feels terrible. I want to weep. In fact, I do weep a little, standing there by the stove holding one of the instruments, so white, so precisely rolled, that could cause my daughter's death. When she smoked Marlboros and Players I hardened myself against feeling so bad: nobody I knew ever smoked those brands.

She doesn't know this, but it was Camels that my father, her grandfather, smoked. But before he smoked "ready-mades" when he was very young and very poor, with eyes like lanterns – he smoked Prince Albert tobacco in cigarettes he rolled himself. I remember the bright red tobacco tin, with a picture of Queen Victoria's consort, Prince Albert, dressed in a black frock coat and carrying a cane.

The tobacco was dark brown, pungent, slightly bitter. I tasted it more than once as a child, and the discarded tins could be used for a number of things: to keep buttons and shoelaces in, to store seeds, and best of all, to hold worms for the rare times my father took us fishing.

By the late '40s and early '50s, no one rolled his own any more (and few women smoked) in my hometown, Eatonton, Georgia. The tobacco industry, coupled with Hollywood movies in which both hero and heroine smoked like chimneys, won over completely people like my father, who were hopelessly addicted to cigarettes. He never looked as dapper as Prince Albert, though: he continued to look like a poor, overweight, overworked,

coloured man with too large a family; black, with a very white cigarette stuck in his mouth.

I do not remember when he started to cough. Perhaps it was unnoticeable at first. A little hacking in the morning as he lit his first cigarette upon getting out of bed. By the time I was my daughter's age, his breath was a wheeze, embarrassing to hear; he could not climb stairs without resting every third or fourth step. It was not unusual for him to cough for an hour.

It is hard to believe there was a time when people did not understand that cigarette smoking is an addiction. I wondered aloud once to my sister who is perennially trying to quit whether our father realized this. I wondered how she, a smoker since high school, viewed her own habit.

It was our father who gave her her first cigarette, one day when she had taken water to him in the fields.

"I always wondered why he did that," she said, puzzled, and with some bitterness.

"What did he say?" I asked.

"That he didn't want me to go to anyone else for them," she said, "which never really crossed my mind."

So he was aware that it was addictive, I thought, as annoyed as she that he'd assumed she would be interested.

I began smoking in 11th grade, also the year I drank numerous bottles of terrible, sweet, very cheap wine. My friends and I, all boys for this venture, bought our supplies from a man who ran a segregated bar and liquor store on the outskirts of town. Over the entrance there was a large sign that said COLOURED. We were not permitted to drink there, only to buy. I smoked Kools, because my sister did. By then, I thought her toxic darkened lips and gums glamorous. However, my body simply would not tolerate smoke. After six months, I had

a chronic sore throat. I gave up smoking, gladly. Because it was a ritual with my buddies - Murl, Leon and "Dog" Farley - I continued to drink wine.

My father died from "the poor man's friend," pneumonia, one hard winter when his bronchitis and emphysema had left him low. I doubt he had much lung left at all, after coughing for so many years. He had so little breath that, during his last years, he was always leaning on something. I remember once, at a family reunion, when my daughter was two, that my father picked her up for a minute - long enough for me to photograph them - but the effort was obvious. Near the very end of his life, and largely because he had no more lungs, he quit smoking. He gained a couple of pounds, but by then he was so emaciated no one noticed.

When I travel to Third World countries, I see many people like my father and daughter. There are large billboards directed at them both: the tough, "take charge," or dapper older man, the glamorous, "worldly" young woman, both puffing away. In these poor countries, as in American ghettos and on reservations, money that should be spent for food goes instead to tobacco companies; over time, people starve themselves of both food and air, effectively weakening and addicting their children, eventually eradicating themselves. I read in the newspaper and in my gardening magazine that cigarette butts are so toxic that if a baby swallows one, it is likely to die, and that the boiled water from a bunch of them makes an effective insecticide.

My daughter would like to quit, she says. We both know the statistics are against her; most people who try to quit smoking do not succeed.

There is a deep hurt that I feel as a mother. Some days it is a feeling of futility. I remember how carefully I ate when I was pregnant, how patiently I taught my daughter how to cross a street safely. For what, I sometimes wonder; so that she can wheeze through most of her life feeling half her strength, and then die of self-poisoning, as her grandfather did?

But finally, one must feel empathy for the tobacco plant itself. For thousands of years it has been venerated by Native Americans as a sacred medicine. They have used it extensively - its juice, its leaves, its roots, its (holy) smoke - to heal wounds and cure diseases, and in ceremonies of prayer and peace. And though the plant, as most of us know it, has been poisoned by chemicals and denatured by intensive mono-cropping and is therefore hardly the plant it was, still, to some modern Indians it remains a plant of positive power. I learned this when my Native American friends, Bill Wahpepah and his family, visited with me for a few days and the first thing he did was sow a few tobacco seeds in my garden.

Perhaps we can liberate tobacco from those who have captured and abused it, enslaving the plant on large plantations, keeping it away from its freedom and kin, and forcing it to enslave the world. Its true nature suppressed, no wonder it has become deadly. Maybe by sowing a few seeds of tobacco in our gardens and treating the plant with the reverence it deserves, we can redeem tobacco's soul and restore its self-respect.

Besides, how grim, if one is a smoker, to realize one is a smoking slave.

There is a slogan from a battered women's shelter that I especially like: "Peace on earth begins at home." I believe everything does. I think of a slogan for people trying to stop smoking. "Every home a smoke-free zone." Smoking is a form of self-battering that also batters those who must sit by, occasionally cajole or complain, and helplessly watch. I realize now that as a child I sat by, through the years, and literally watched my father kill himself: surely one such victory in my family, for the rich white men who own the tobacco companies, is enough.

Source:

Reprinted with permission from *Living By the World*, Selected Writings 1973-1987, [0-15-652865-7] by Alice Walker.

Paragraph Assessment Rubric

THE PRESENTATION:

Examples of the physical and emotional costs of tobacco use are included	10	8	6	4	2
Relevant details and examples are used to emphasize each point	10	8	6	4	2
Suggestions about quitting tobacco use are included	10	8	6	4	2
Spelling, grammar, sentence construction are correct	5	4	3	2	1
Key:	Excellent	Good	Satisfactory	Minimally Acceptable	Needs Improvement

Lesson Three

Stop Smoking! I'm Choking!

General Overview

This lesson alerts students to the dangers of second-hand smoke in situations where the recipients have little or no choice about exposure.

Lesson Focus

Students will be able to:

- articulate the damage caused to workers and others by second-hand smoke.
- demonstrate ways in which they can protect themselves from similar situations.

Preparation

- Copy the Heather Crowe poster in this lesson, or print the heather_crowe.pdf file in the Resources folder on the CD.
- Copy “Stop Smoking! I’m Choking” handout for each student .
- Copy “Stop Smoking! I’m Choking!” Assessment Rubric for each pair or group of students.

Engaging the Learner

- Show the Heather Crowe poster to the class, then read “Heather’s Story” out loud to the students.
- You can also download the Health Canada TV ad about Heather Crowe from www.smoke-free.ca/heathercrowe to show through a computer/projector setup.

Activities

1. Ask if there are other situations where a person might have little or no choice about exposure to second-hand smoke and discuss their answers.
2. Tell students that they have a right to live and work in a safe environment.
3. Invite students to give suggestions about how they can assert their rights to live and work in a smoke-free environment.
4. Distribute the Role-Play handout and assign specific role-plays to pairs or groups of students. Give them time to create and practise a situation.
5. Invite students to share their role-plays with the class as your closing activity.

Assessment

Use the Role-Play rubric to evaluate the students’ work. Share the criteria with the students before they begin the assignment.

Extensions

Have students go online to find materials that educate about second-hand smoke. Have students use the information they find to create a poster warning of the dangers of second-hand smoke.

Home/Community Involvement

Have students use the poster they create as a tool to have a conversation about second-hand smoke with their friends and families.

Stop Smoking! I'm Choking!

Role-Play Situations

Role-Plays for Pairs

1. This is an interview. One of you will be the manager of a local restaurant and one will be applying for a part-time job as a server. This restaurant has a partitioned smoking area. Think about what each of you will ask about the position. How will the interviewee assert his/her rights?
2. You have been really looking forward to taking this girl out on a date. You've borrowed your mom's car. Your date gets in the car and immediately takes out a pack of cigarettes, lights one, takes a long drag and blows the smoke over towards you. Role-play your conversation.
3. You are working in a small retail store. It is coffee break time and you are sitting on a couch in a back room enjoying a coke and reading a magazine. The store's owner enters, pours a cup of coffee, sits right beneath the No Smoking sign and lights up a cigarette. The smoke is blowing your way. What do you say to each other?

Role-Plays for Groups

1. A group of youth is at a house party. Some of the kids are smoking. The room you are in is filling up with smoke. Role-play what you will do to keep yourself safe from the second-hand smoke but still maintain your friendships.
2. Several of you are hanging out near the mall entrance. A mother, with a cigarette dangling from her mouth, is putting her young child in a stroller. Ash has just fallen down on the child's forehead. What do you say to each other and what do you do – if anything?
3. Three of you are walking around town on Saturday night when you spot the new boy in your class. He has been living in Europe for the last two years and has just returned to Canada. You pull over and invite him to join you. After a few minutes he lights up a cigarette and flicks the match into the street. None of you smoke. Role-play your conversation.

Stop Smoking! I'm Choking! Assessment Rubric

THE CONVERSATION:

Conversation conveys specific information explaining point of view	10	8	6	4
Information is accurate	10	8	6	4
Key points are detailed or use examples	5	4	3	2
Participants are assertive	5	4	3	2
Arguments/Explanations are believable	5	4	3	2
Each participant is involved	5	4	3	2
Key:	Excellent	Good	Satisfactory	Needs Improvement

Heather's Story

NOTE: Heather told this story in the winter of 2003.

My name is Heather Crowe. I'm 58 years old, and I'm dying from lung cancer caused by second-hand smoke in the workplace.

I was a waitress for over 40 years.

I worked in the hospitality industry because it let me earn a decent living for myself and my daughter. I worked long hours, sometimes more than 60 hours every week. The air was blue with smoke where I worked, but until recently nobody did or said anything about the smoke in our workplaces.

Until last year, I had no idea that second-hand smoke was dangerous. People would say, 'Do you mind if I smoke?' and I said, 'I really don't care.' I didn't have any idea that the smoke in the restaurants could do me harm. I just wasn't protected. I just wasn't told.

My cancer was diagnosed last year. My health had usually been good, but last spring I noticed some lumps on my neck that didn't go away. Even though I wasn't feeling sick, my daughter encouraged me to visit the doctor. My doctor measured the lumps and sent me for some x-rays and tests. When she told me that results showed a cancerous tumour on my lung that was as big as my hand, I had trouble believing it. "Are you sure it's not tuberculosis?" I asked. "I've never smoked a day in my life."

When she was a university student, my doctor had worked in the same restaurant as me. She remembered how much smoke there was in that restaurant, and told me that she thought my lung cancer might be from second-hand smoke.

It took many more weeks before they finished the tests and the specialists told me that my cancer was inoperable, and that they identified it as caused by second-hand cigarette smoke.

When I learned this, I became exceptionally angry. I thought I had to put my anger and my stress into something positive. I looked for a way to prevent anyone else from getting sick this way.

Because I didn't know I was at risk, I figured there were a lot of other people in the hospitality industry that were working in the smoke on a daily basis that also did not know that they might get sick as I had done.

I realized I wanted to increase awareness and I wanted workers in the industry to have some protection if they do happen to get sick. Waiters and waitresses do not have second class lungs and there is no reason why we should continue to have second class protection for our health. It's time legislation took over.

The first thing I did was to hire a lawyer to help me make a claim with the Workers Compensation Board. I figured by going forward with a Workers Compensation claim it would help give other workers financial support as well as helping change the way workers in the hospitality sector are treated. Then I began to ask for letters to support my claim. I got some letters from my doctor, from the politicians, like the mayor and former mayor, and the medical officer of health for Ottawa, and from some Members of Parliament and councillors.

To my surprise, the Board accepted my claim within eight weeks. I learned that mine was the first claim accepted for illness caused by second-hand smoke in restaurants.

On the day after I had a biopsy of my lung, one of my regular clients asked me why I was favouring my left arm. I told him I had lung cancer from second-hand smoke. He worked at Health Canada and asked me if they could use me in an advertisement about second-hand smoke. This would help people learn about the need to protect workers, and I said yes.

By coincidence, the advertisement started the same day that I learned that my claim for compensation had been accepted. My phone began ringing off the hook; there were so many newspapers and television stations interested in the claim.

Since then I have been across Canada talking to politicians, to schools and to communities about the need to protect workers from smoke. I think I help because I put a face to cancer. There are lots of statistics out there, but I am a person, and I think that helps people understand that this is a real problem. I just want people to become a little more aware of what second-hand smoke can do.

I am hoping that the politicians will work at a solution and that we should get smoke-free workplaces right across Canada. I don't expect it all to be done in a very short time. I'm just hoping that they consider this is a very dangerous chemical, and that all workers should be equally protected.

Some people say, "well, if you don't like the smoke you don't have to work there," to which my reply is, "if other people have protection in the workplace then why not us?" All I'm asking for is equal rights. We should not be disposable workers.

I'm not asking the smokers to give up smoking. I'm asking them to step outside when they smoke, to protect all workers.

There are four stages of cancer and I am at the third stage. That means that there is no way I will be able to get well. I have had five big and five small rounds of chemotherapy and 30 radiation treatments. The radiation was supposed to kill the actual cancer cells and the chemotherapy was supposed to shrink the tumour. That may give me two or three years if I go into remission, but eventually the cancer will come back and it will be terminal.

It helps me to do this work. At least I'm out there trying to do something, trying to make a difference. It's too late for me, but it doesn't mean that I have to curl up in a ball and let it go, you know? It's not too late for future generations.

My goal is to be the last person to die from second-hand smoke.

NOTE: Heather died on May 22, 2006.

Source:

Physicians for a Smoke-Free Canada, 1226A Wellington Street, Ottawa, Ontario, Canada 613-233-4878.

Downloaded from <http://www.smoke-free.ca/heathercrowe/heathers-story.htm> in March 2008.

Heather Crowe: Poster

**2ND HAND SMOKE
CAN KILL YOU.
JUST ASK HEATHER.**

Heather never smoked, but she worked in smoke-filled restaurants.
Now she's dying from lung cancer. Some tobacco companies say that
2nd hand smoke bothers people. Health Canada says it kills.
Refuse to be a target. Call 1 800 O-Canada (1 800 622-6232) TTY: 1 800 465-7735
www.GoSmokefree.ca

**LA FUMÉE SECONDAIRE
PEUT VOUS TUER.
DEMANDEZ À HEATHER.**

Heather n'a jamais fumé, mais elle a travaillé dans des restaurants enfumés.
Maintenant, elle se meurt du cancer du poumon.
Certaines compagnies de tabac disent que la fumée secondaire dérange les gens.
Santé Canada affirme qu'elle tue.
Refusez d'être une cible. Appelez au 1 800 O-Canada (1 800 622-6232)
ATS: 1 800 465-7735 www.VivezSansFumee.ca

HEATHER CROWE, NEVER SMOKED, DYING OF LUNG CANCER
HEATHER CROWE, N'A JAMAIS FUMÉ, SE MEURT DU CANCER DU POUMON



Canada

Source:

Health Canada. Downloaded in March 2008 from http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/res/media/camp_heatherposter_e.html.

