

Manual on Tobacco Control in Schools



Tobacco-Free Initiative



Manual on **TOBACCO CONTROL** in Schools

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in Schools



**World Health
Organization**

Regional Office for South-East Asia
New Delhi

Acknowledgement

A Regional Workshop on Global Youth Tobacco Survey (GYTS) - “Linking Data to Action” was held from 21 to 25 February 2005 in Bangkok, Thailand to discuss the use of GYTS data for effective and better tobacco control programmes targeting the youth. One of the recommendations of the workshop was to develop a Tobacco Control Manual for use by teachers who work with 13-15-year-old school students in Member States of the South-East Asia Region.

This Manual was initially developed by Dr Dhirendra Narain Sinha, Chairman, School of Preventive Oncology, Patna, Bihar, India, based on the findings of GYTS in the Region, with inputs from tobacco control experts in the Region as well as from relevant technical units in WHO. The Manual was pre-tested in schools in Bangladesh, India and Myanmar and inputs from both teachers and students in focused group discussions, were incorporated appropriately.

The Manual may be revised and updated as new findings become available from repeat GYTS, as well as based on suggestions and inputs received from tobacco control experts and from schools where it would be used.

The Manual also received useful contributions from reviewers which helped to improve its contents and structure. The Centers for Disease Control, Atlanta, USA deserves special thanks for their support in undertaking GYTS in the Region and also for bringing out this Manual.

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Printed in India

Contents

Foreword	v
Introduction	1
Suggested method of conducting activities	2
Activity 1: Poisonous ingredients in tobacco	3
Conducting activity (1A): Knowledge on poisonous constituents of tobacco	5
Poster 1.1: Harmful substances found in “smoking-tobacco” and various other products	8
Poster 1.2: Harmful substances found in “chewing-tobacco” and various other products	9
Worksheet 1A.1: Multiple-choice questions on posters 1.1 and 1.2	10
Worksheet 1A.2: Crossword puzzle on posters 1.1 and 1.2	12
Worksheet 1A.3: Matching flash cards on posters 1.1 and 1.2	13
Answer sheet (1A.2): Crossword puzzle on posters 1.1 and 1.2	14
Answer sheet (1A.3): Matching flash cards on posters 1.1 and 1.2	15
Conducting activity 1B: Tobacco kills	17
Fact sheet 1B.1: The South-East Asia Region GYTS fact sheet	19
Worksheet 1B.1: A true-and-false quiz related to death tolls and tobacco use	20
Activity 2: Harmful health effects of tobacco use	21
Conducting activity 2: Identifying the harmful effects of smoking and chewing tobacco products on different systems of the body	23
Poster 2.1: Short-term effects of smoking and chewing tobacco products	25
Poster 2.2: Short-term effects of chewing and smoking tobacco products	26



Poster 2.3: Long-term effects of tobacco products on the gastrointestinal system	27
Poster 2.4: Long-term effects of tobacco products on the upper and lower respiratory system.....	28
Poster 2.5: Long-term effects of chewing tobacco on the circulatory system	29
Poster 2.6: Harmful effects of tobacco use on newborn babies	30
Worksheet 2.1: Fill in the blanks related to harmful health effects of tobacco use	31
Worksheet 2.2: Comparison of body organs before and after tobacco use	32
Answer sheet 2.1: Harmful health effects of tobacco use	33
Answer sheet 2.2: Comparison of body organs before and after tobacco use	34
Activity 3: Understanding the harmful effects of passive smoking and spitting tobacco quid	35
Conducting activity 3A: Mapping the effects of public smoking	37
Poster 3.1: Model map on smoking in home and public	39
Conducting activity 3B: Advocacy against smoking in public	41
Activity 4: Misleading tobacco advertisements	43
Conducting activity 4: Mobilizing support and advocating for tobacco control	45
Poster 4.1: Examples of misleading tobacco advertising	48
Handout 4.2: Sample advocacy script	49
Handout 4.3: Sample advocacy letter	50
Worksheet 4.1: Understanding misleading messages in tobacco advertisements	51
Worksheet 4.2: Understanding anti-tobacco advertisements/messages	52
Answer sheet 4.1: Understanding misleading messages in tobacco advertisements	53
Answer sheet 4.2: Understanding anti-tobacco advertisements/messages	54
Activity 5: Making healthy choices-avoid tobacco	55
Conducting activity 5: Identifying healthy choices	57
Poster 5.1: Examples of healthy choices	59
Handout 5.1: Example of a model health-promoting school	60
Worksheet 5.1: Reasons why young people should not use tobacco	61



Activity 6: Creating tobacco-free schools	63
Conducting activity 6A: Developing an action plan for a tobacco-free school	65
Handout 6.1: Model tobacco-free school policy framework	67
Handout 6.2: Sample tobacco-free school policy draft	68
Handout 6.3: Model tobacco-free action plan	69
Worksheet 6.1: Developing Skills for a tobacco-free school	70
Conducting activity 6B: Advocating for a tobacco-free school	71
Conducting activity 6C: Quitting tobacco	73
Handout 6.4: Benefits of quitting tobacco	75
Handout 6.5: Guide to quit	77
Worksheet 6.2: Exercise on quitting tobacco	79
The framework convention on tobacco control (FCTC)	81
Bibliography	83



Foreword



Youth are the main target of the tobacco industry which is resorting to all possible ways to allure them to the dangerous habit of tobacco use. To track tobacco use among young people across countries, the World Health Organization and the Centers for Disease Control and Prevention, Atlanta, Georgia, USA, developed the Global Youth Tobacco Survey (GYTS). So far, the GYTS has been undertaken in 172 WHO Member States around the world. Ten of the eleven Member States in the South-East Asia Region have completed the Survey, while four have had a second round.

Using a common methodology and a core questionnaire, the GYTS has, among other things, helped to assess the prevalence of tobacco use among youth in the Region. The overall prevalence rate of tobacco use among youth was found to be quite high. Based on the findings of the Survey, recommendations were made to national authorities to reduce tobacco consumption and prevent initiation to tobacco use among the youth. It is encouraging to note that youth-specific tobacco control interventions in Sri Lanka based on the findings of the GYTS, have led to a reduction in tobacco use among youth in that country.

This Manual is aimed to create awareness among young people about tobacco and the practices adopted by the tobacco industry to initiate them to smoking and to other forms of tobacco use. It is also aimed to help the youth to make healthy choices. Through this Manual, young tobacco users can be involved in suggested activities and receive the necessary support and encouragement to reject tobacco. It would also help young smokers to overcome their nicotine addiction. On the other hand, teachers should be well informed about the hazards of tobacco use and should be equipped with necessary skills to motivate students to keep away from tobacco. They should also be able to identify tobacco-cessation interventions and advise the students about support groups at hospitals or health centres, available social services and counseling facilities.

I am confident that the Manual will enhance knowledge about the harmful effects of tobacco use among teachers and students and would lead to creating a smoke-free and tobacco-free environment in schools in countries of the South-East Asia Region. The Manual will also strengthen the efforts of the Parties to the WHO Framework Convention on Tobacco Control in the Region to meet some of their obligations under the Convention, and in achieving our goal of a tobacco-free world.

A handwritten signature in black ink that reads "Samlee Plianbangchang". The signature is fluid and cursive.

Samlee Plianbangchang, M.D., Dr.P.H.
Regional Director





Introduction

This Manual is designed for teachers who work with 13-15-year-old students in Member States of the World Health Organization (WHO)'s South-East Asia (SEA) Region.

The Manual uses skill based health education through curricular and cocurricular activities. Skill-based health education is designed to help students acquire the knowledge, attitude and skills that are needed to make informed choices and decisions, understand the consequences of tobacco use and tobacco advertising, adopt and practise healthy behaviours to avoid risks and create conditions that are conducive to health. This approach also empowers students to contribute to the creation of tobacco-free environment in which they learn and live.

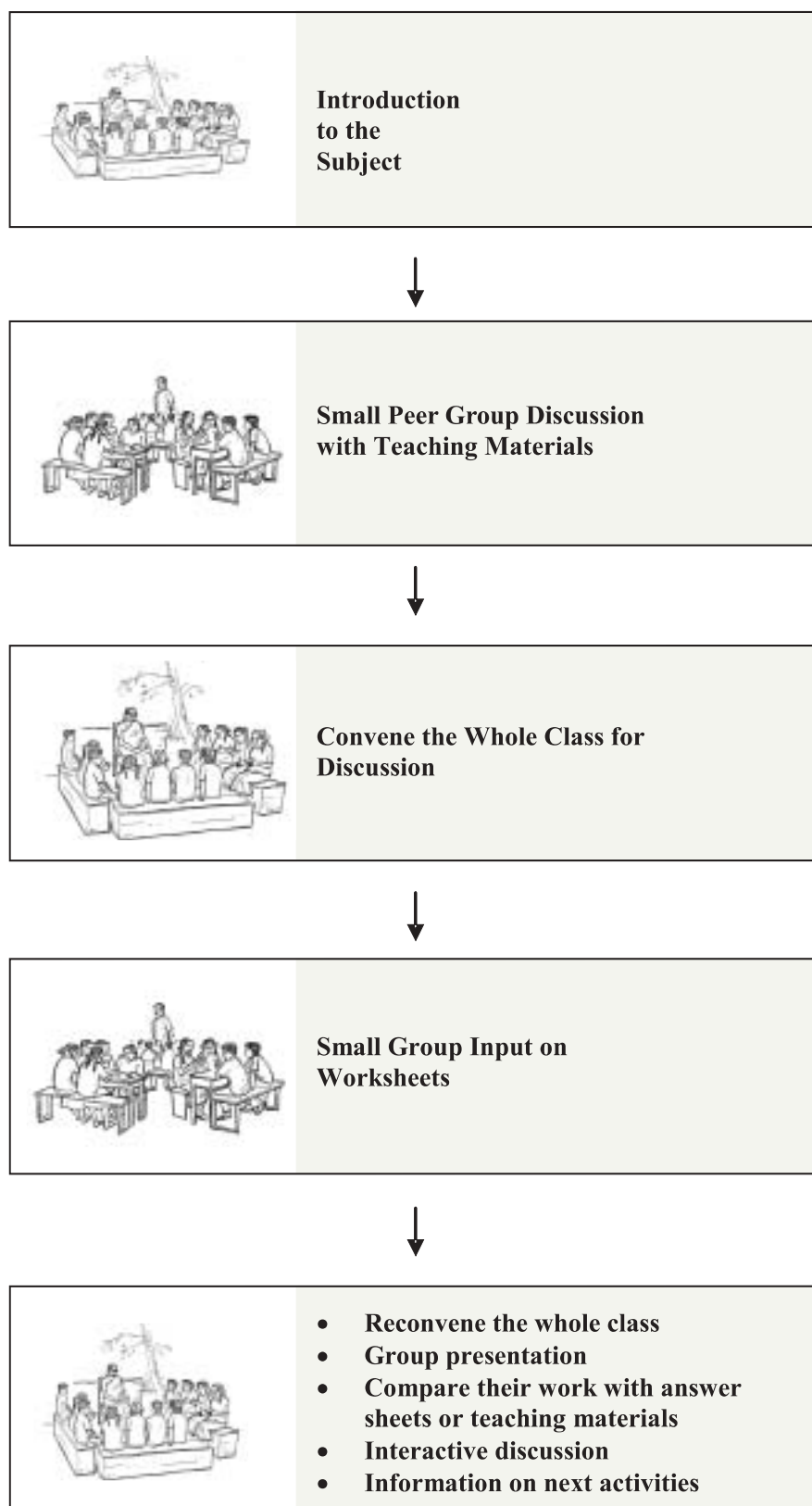
The Manual provides young people with an opportunity to participate in an environmental approach to tobacco control. The decision that young people make about tobacco use are heavily influenced by the physical, social, economic and legal environments in which they live. The activities in the Manual represent a departure from the traditional approach of simply educating students not to use tobacco, which is often considered an ineffective strategy. The progressive vision helps young people move beyond a reliance on awareness education to embrace a comprehensive and science-based approach. Focus is put in the Manual on what young people can do to create tobacco-free norms and environments and to thwart manipulative efforts of the tobacco industry to create tobacco addictions.

The Manual includes classroom activities which a school can adopt either in the form of a regular or optional curriculum. It uses a series of activities which can be carried out as interactive/participatory activities in classrooms (curricular), or as field activities in the community (cocurricular activities). A participatory approach gives students the opportunity to observe and actively practise skills, thus being engaged in "learning by doing." In order to make these activities interactive, the class is split into small working groups and discussions are held in bigger groups based on inputs from the smaller groups. Schools that would use this Manual may adopt a similar pattern or can modify it according to their situations and needs.

Teaching posters, handouts, worksheets, and answer sheets, are provided in this Manual to be used in any combination by the teacher or simply as a guide for teaching. Additionally, clippings from newspapers, a few sets of graph paper, pencils, a black board, and chalk may be used as supplementary materials by the teacher.



Figure 1 : Suggested method of conducting activities





Activity 1: Poisonous ingredients in tobacco

Tobacco is rapidly becoming one of the single leading causes of death in the world. It kills 50% of its users and is expected to kill about one billion people in the 21st century. Tobacco use can begin prior to adolescence and continue into adulthood. About 20% of ever-smoker children smoked their first whole cigarette before the age of 10 in the SEA Region. Eighty per cent of current smokers started smoking before they turned 18. Every day, 80 000 to 100 000 young people worldwide become addicted to tobacco. The younger a person is when he or she starts using tobacco, the more difficult it is for that person to quit. If the present global patterns of tobacco use continue, a lifetime of tobacco use will result in the deaths of 250 million children and young people alive today, most of them in developing countries.

Purpose

To provide students with the foundation for understanding the tobacco epidemic and the toxicity of tobacco.

Learning objectives

- (1) To increase the knowledge of students about the harmful constituents used in tobacco products and their detrimental effects on health, and
- (2) To demonstrate the ability to reject tobacco use.

Outcome

Knowledge may not lead to a change in individual attitude or behaviour. However this information may help educate students about the tobacco epidemic and provide them with the opportunity to make an informed choice.

Methods

Small-group work, large-group discussion (as in Figure1). Brainstorm exercises to identify the toxic constituents of smoking and smokeless tobacco products through teaching posters, and to



help students discover that toxic constituents include not only nicotine (an addictive substance) but also carcinogens (cancer-producing chemicals).

Materials and preparation

Hand-written carbon copies or typed copies of the posters 1.1 and 1.2, worksheets 1A.1, 1A.2, 1A.3, 1B.1, and answer sheets 1A.2, 1A.3 may be prepared. Alternatively, the questions and answers may be written on the blackboard.

Background information for teachers

To better understand the effects of the tobacco epidemic on young people, WHO and the Centers for Disease Control (CDC), Atlanta, Georgia, USA developed a school-based survey called the Global Youth Tobacco Survey (GYTS), which focuses on adolescents between the ages of 13 and 15. The survey shows that tobacco use among children is staggering and is on the rise.





Conducting activity (1A): Knowledge on poisonous constituents of tobacco

Introduction

The lesson may be started by explaining the goal of the next few related activities. Explain to students that they will learn about the various tobacco products used around them, how to avoid being tricked by false advertising, make healthy choices, and help others. Begin the first lesson on the dangerous effects of tobacco on health.

Format

- (1) Students may be divided into small groups. Each group should receive one copy of the teaching posters 1.1 and 1.2. Have the student groups complete the discussion together.

Convene the group and discuss the following questions:

- Which part of the poster was most useful to them?
 - Which part of the poster was least useful to them?
 - Which part of the poster was of some usefulness to them?
- (2) Each item provided on the posters should be reviewed. Students may be encouraged to ask additional questions.
 - (3) Review the following information with students
 - Tobacco is a plant the leaves of which are used to make smoking, smokeless, dental, and gargled tobacco products. Smoking products include cigarettes, *bidis* (Bangladesh, India and Nepal), *hookahs*, *chuttas*, *dhumtis* or pipes, *cheroots* (Myanmar), and *kreteks* (Indonesia), etc. Smokeless tobacco products are chewed, snuffed or gargled. Chewing products include *gutkha*, *khaini*, *zarda*, and *pan masala and betel quid* (with tobacco). Inhaled products include *snuff*, *naswa*, etc. Gargled tobacco includes tobacco water (*Tuibur*). Tobacco dentifrice (applied on teeth and gums) include *mishri*, *gul* (Bangladesh and India), *dentobac* /*aldantmanja*.
 - Processed tobacco contains at least 2 550 chemicals, and tobacco smoke has more than 4 000 toxic chemicals including 43 known carcinogens. Carcinogens are chemicals known to cause cancer, a disease that can be fatal. Other chemicals begin



to show their ill-effects more immediately, so that when young people start using tobacco, they have already begun to damage their health, particularly their lungs and fitness levels.

- Nicotine is an addictive substance found in tobacco leaves. It raises the heart rate and blood pressure and narrows the blood vessels, thereby making the heart work harder and reducing the blood flow to the body's organs. Nicotine is poisonous in concentrated amounts. The other known uses of nicotine are in botanical insecticides and agriculture pesticides.
- Carbon monoxide is a highly poisonous gas that is emitted from burnt tobacco. It makes the heart beat faster. It reduces the oxygen-carrying capacity of red blood cells, thereby reducing the supply of oxygen to important organs. Another source of carbon monoxide is automobile exhaust.
- Tobacco tar is a resin-like condensate of smoke arising from the burning of tobacco leaves. The sticky black substance is often used for building roads. Smoking a cigarette or *bidi* deposits tar in the respiratory tract. Tar coats and irritates the linings of the lungs, and is a carcinogen.
- Tobacco is not good for the teeth and gums. While choosing your toothpaste or tooth powder, be sure that it does not contain tobacco.
- Other poisons in tobacco and tobacco smoke include: arsenic (also found in white ant poison); acetone (paint and nail polish remover); ammonia (floor cleaner); DDT (insecticide); phenol (paints), butane (gas lighter fuel); naphthalene (mothballs); hydrogen cyanide (gas chamber); cadmium (car batteries), and radioactive compounds (nuclear weapons).
- Tobacco smoke from the burning end of a cigarette or *bidi*, contains a high concentration of these poisonous ingredients. The process of being exposed to this smoke is called "passive smoking", which is very dangerous for human health.

(4) **Activity 1A comprises three models.** There is no difference in the content of all three worksheets; any one of them is recommended for one class. Discussions may arise from queries made by students groups or may be initiated by the teacher.

- **Worksheet 1A.1:** Students will be provided with a worksheet 1A.1. They may be allowed 20 minutes time to solve this multiple-choice question. They may also be asked to revisit posters and to compare their answers.
- **Worksheet 1A.2:** Students may be provided with worksheets 1A.2 wherein they have to complete the puzzle by using the clues given on that sheet. Later on they may compare their inputs with the answer sheet 1A.2.
- **Worksheet 1A.3:** Students would be divided into three groups. Each group would be provided with a set of flash cards. The first set of flash cards have the names of various toxic constituents of tobacco products written on them. The second set of flash cards have the names of products other than tobacco products in which similar toxic constituents are present. The third set of flash cards carry the types of tobacco products. First, a student from group 1 should flash his or her card from set 1. e.g. 'nicotine'; the student from group 2 should flash his or her card in response to having 'insecticide' written on it from set 2, and the student from group 3 should flash a 'smoking tobacco product' from set 3. Students may be asked to see the answer sheet (1A.3) for comparison.











Conclusion

No tobacco product is safe. Tobacco has many harmful ingredients that have negative health consequences. The use of any tobacco product can cause disease and other adverse health effects. All types of tobacco products that say "lowtar," "naturally grown," or "additive-free" are harmful to health. The most obvious effects of these ingredients are heart diseases and cancers. These ingredients affect people of all ages as soon as they begin to use tobacco. These ill-effects can be seen especially in youngsters, as they weaken certain organs like the lungs.



Poster 1.1








Harmful substances found in “smoking-tobacco” and various other products

1. Nicotine: This chemical is found in some sprays used to kill insects.	 <p>Insecticides</p>
2. Tar: Tar is the black sticky substance used for making roads and is also found inside chimneys of factories.	 <p>Coal tar</p>
3. Carbon Monoxide: This dangerous gas is released from burning gasoline in a car.	 <p>Car exhaust</p>
4. Hydrogen Cyanide: Exposure to this very poisonous gas can cause death.	 <p>Gas chamber poison</p>
5. Arsenic: This chemical is found in a product you might use if you found ants in your house.	 <p>White ant poison</p>
6. Ammonia: This chemical is used in a cleaning agent.	 <p>Floor cleaner</p>
7. Naphthalene: This chemical is found in a product used to kill moths/insects in woollens.	 <p>Mothballs</p>
8. Radioactive compounds: These chemicals are used to create weapons of mass destruction.	 <p>Nuclear weapons</p>



Poster 1.2

Harmful substances found in “chewing-tobacco” and various other products

1. Nicotine: This chemical is also found in sprays used to kill insects.	 Insecticides
2. Arecoline: This ingredient is found in areca nut which is one of the components of a chewable tobacco product mixture which causes mouth and throat cancer.	 Cancer-producing chemical
3. Lime: This ingredient is also found in materials that are used to build houses and sidewalks.	 Mortar/cement
4. Menthol: This chemical is also found in a product that doctors use to make body parts numb.	 Local anaesthetic
5. Cadmium: This chemical is found in materials that produce electrical current for cars.	 Car batteries
6. Formaldehyde: This chemical is used for preserving dead bodies in a biology laboratory and is very pungent to the eyes and other parts of the body.	 Body preservative
7. Lead: This chemical is found in products used to colour various items and can cause brain damage.	 Paint



Worksheet 1A.1

Multiple-choice questions on posters 1.1 and 1.2

Circle the correct answer:

- (1) Nicotine is present in which product other than tobacco?
(a) Insecticides (b) Car batteries (c) Car exhaust
- (2) Cadmium is a component of _____
(a) Car batteries (b) Cement (c) Paint
- (3) Floor cleaner has _____
(a) Ammonia (b) Naphthalene (c) Arsenic
- (4) A by-product common to both tobacco and car exhaust is _____
(a) Arecoline (b) Carbon monoxide (c) Nitrogen
- (5) This is used to preserve dead bodies in biology laboratory _____
(a) Arsenic (b) Formaldehyde (c) Menthol
- (6) Exposure to this very poisonous gas can cause death _____
(a) Hydrogen cyanide (b) Carbon monoxide (c) Nitrogen
- (7) This chemical is found in white ant poison _____
(a) Ammonia (b) Nicotine (c) Arsenic
- (8) Tar is a component of _____
(a) Mortar (b) Paint (c) Coal tar
- (9) Ammonia is also used as _____
(a) Floor cleaner (b) Paint (c) Insecticide
- (10) This ingredient is found in materials used to build houses and sidewalks ____
(a) Lime (b) Lead (c) Arsenic
- (11) Which tobacco by-product is also used to make roads?
(a) Tar (b) Lead (c) Arsenic



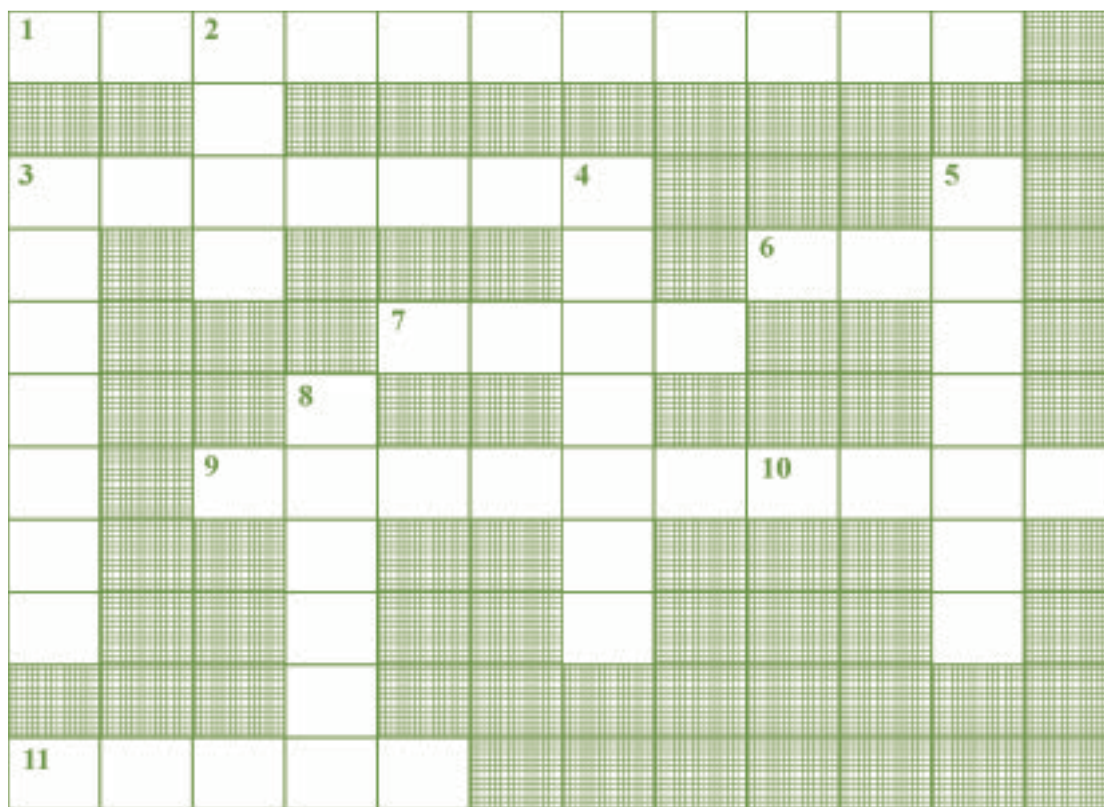
- (12) A chemical used for preserving dead bodies in a biology laboratory, also found in *gutka*, is _____
- (a) Cadmium (b) Formaldehyde (c) Oxygen
- (13) Which tobacco by-product also forms a component of car batteries?
- (a) Cadmium (b) Formaldehyde (c) Oxygen
- (14) Which gas is released by smoking tobacco?
- (a) Carbon monoxide (b) Formaldehyde (c) Oxygen
- (15) This chemical can lead to brain damage and is found in chewable tobacco products/ paints:
- (a) Lead (b) Nitrogen (c) Oxygen



Worksheet 1A.2

Crossword puzzle on posters 1.1 and 1.2

You have been provided with a crossword puzzle. Complete the puzzle using the clues given below:



Across

1. *Bidi, Gutka* are all products of this (7,4)
3. Found in car batteries as well as tobacco (7)
6. By-product of both coal and tobacco (3)
7. An organ severely affected by both active and passive smoking (4)
9. Mothballs (10)
11. Organ responsible for pumping blood (5)

Down

2. A cheap smoking product (4)
3. A smoking product (7)
4. A by-product of tobacco (7)
5. Found in white ant poison (7)
8. A disease caused by smoking tobacco (6)



Worksheet 1A.3

Matching flash cards on posters 1.1 and 1.2

Set I	Set II	Set III
Tar	Paint	Chewing-Tobacco Product
Cadmium	Floor cleaner	Smoking-Tobacco Product
Nicotine	Car batteries	Smoking-Tobacco Product
Ammonia	Coal tar	Smoking-Tobacco Product
Naphthalene	Car exhaust	Chewing-Tobacco Product
Arsenic	Insecticide	Smoking-Tobacco Product
Carbon Monoxide	White ant poison	Smoking-Tobacco Product
Lead	Mothballs	Smoking and Chewing-Tobacco



Answer sheet 1A.2

Crossword puzzle on posters 1.1 and 1.2

¹ T	O	² B	A	C	C	O	L	E	A	F	
		I									
³ C	A	D	M	I	U	⁴ M				⁵ A	
H		I				E		⁶ T	A	R	
E				⁷ L	U	N	G			S	
R			⁸ C			T				E	
O		⁹ N	A	P	T	H	A	¹⁰ L	E	N	E
O			N			O				I	
T			C			L				C	
			E								
¹¹ H	E	A	R	T							



Answer sheet 1A.3

Matching flash cards on posters 1.1 and 1.2

Set I	Set II	Set III
Tar	Coal tar	Smoking-Tobacco Product
Cadmium	Car batteries	Chewing-Tobacco Product
Nicotine	Insecticide	Smoking and Chewing-Tobacco Product
Ammonia	Floor cleaner	Smoking-Tobacco Product
Naphthalene	Mothballs	Smoking-Tobacco Product
Arsenic	White ant poison	Smoking-Tobacco Product
Carbon Monoxide	Car exhaust	Smoking-Tobacco Product
Lead	Paint	Chewing-Tobacco Product







Conducting activity (1B): Tobacco kills

Introduction

Begin the class by telling students that through this lesson, they will discover what percentage of people use tobacco products and become victims of it worldwide. In particular, they will learn about tobacco usage among youth in the South-East Asia Region.

Format

- (1) Divide the students into small groups. Give each group one copy of the SEA GYTS Fact Sheet. Have the groups read and discuss the information together.
- (2) The groups may be convened together and the information sheet may be collected from all groups. Explain to students that:
 - If you ask people to check as to how many people either smoke or chew tobacco, they carry the myth that a majority of people use tobacco. But when we examine the scientific data, it seems that very few people actually use tobacco. Tobacco use is not a popular trend! The number of people who do not use tobacco products is much higher compared to the number of people who do. Most people understand that using tobacco is an invitation to various fatal health disorders and so choose to stay away from it. In fact, being a non-tobacco-user is what is in fashion!
 - In the SEA Region out of 100 adult males, 44 smoke tobacco and 56 do not; out of 100 adult females, three smoke tobacco and 97 do not. Out of 100 students (13-15-year-old) five smoke cigarettes and 95 do not; 13 use tobacco products other than cigarettes and 87 do not.
 - Each year, tobacco kills more people than HIV/AIDS, illegal drugs, homicides, suicides, road accidents, and fires combined. Despite this, many people in the world continue to chew and/or smoke tobacco.
- (3) Discussion may follow with these questions:
 - Which information was most surprising to you?
 - Which information is still confusing to you?



- Why do you think it is important to know the correct information about tobacco use?
 - How many of you were surprised at how much you did not know?
 - Why do you think that you did not know the information?
- (4) Each item may be reviewed with the whole class. Students may be allowed to rewrite the correct information. Students should be encouraged to ask additional questions.
 - (5) Worksheet 1B.1 may be distributed among student groups to work on. After completion of work, students may be provided with the GYTS Fact Sheet and asked to compare their input.

Conclusion

End the lesson by explaining that it is good to have knowledge about different tobacco products. Tobacco use results in diseases and deaths of millions around the world. Protect your health and the health of your family and friends. The next activity is planned to cover such issues.



Fact sheet 1B.1

The South-East Asia Region^{1, 2}

Global Youth Tobacco Survey (GYTS)

FACT SHEET • • • • •



The South-East Asia Region GYTS includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price; environmental tobacco smoke exposure (ETS); cessation; media and advertising, and school curriculum. These determinants are components that the SEA Region could include in a comprehensive tobacco control programme. The SEA GYTS was a school-based survey of students in grades 8-10, conducted during 1999-2003.

A two-stage cluster sample design was used to produce representative data for Member countries. At the first stage, schools were selected with probability proportional to enrolment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate.

Prevalence

Currently, 4.5% smoke cigarettes
(Boys = 13.5%, Girls = 3.2%);
12.9% use tobacco products other than cigarettes
(Boys = 10.8%, Girls = 8.4%), and
16.6% of never-smokers are likely to initiate smoking next year.

Access and Availability - Current Smokers

Of the current smokers, 61.5% usually get their cigarettes by purchasing them in a store;
55.7% who bought cigarettes in a store were not refused purchase because of their age

Environmental Tobacco Smoke

Out of the total number, 37.5% have had one or more people smoke in their homes during the past seven days;
49.6% are around others who smoke in places outside their homes, and
75.8% think smoking should be banned from public places.

Cessation - Current Smokers

Of the current smokers, 71.1% want to stop smoking now;
73.3% tried to stop smoking during the past year, and
84.7% have received help or advice at least once to stop smoking.

Media and Advertising

Out of the total number, 43.2% saw pro-cigarette advertisements on hoardings, or bus-stops in the past 30 days;
30.3% saw pro-cigarette advertisements in newspapers or magazines, in the past 30 days;
10.9% have an object with a cigarette brand logo or a symbol, and
8.4% were offered a free cigarette by a cigarette company staff or a cigarette vendor.

School

Out of the total number, 52.8% had been taught in class during the past year about the dangers of smoking/chewing tobacco; 34.8% had discussed in class during the past year reasons why people their age smoked/chewed tobacco, and 48.5% had been taught in class, during the past year, the effects on health of smoking or chewing tobacco.

Highlights

- Currently, 4.5% smoke cigarettes; 12.9% use some other form of tobacco.
- About two in 10 never-smokers are susceptible to smoking.
- ETS exposure is high – four in 10 students had people smoke in their homes; about five in 10 students are exposed to smoke in public places.
- Almost seven in 10 current smokers want to stop smoking now.
- Over seven in 10 students think smoking in public places should be banned.
- Four in 10 students saw pro-cigarette ads in the past 30 days.
- About five in 10 students had been taught in class about the effects of tobacco use.

Global Tobacco Surveillance System Collaborating Group, Global Tobacco Surveillance System (GTSS): Purpose, Production and Potential, Journal of School Health, 2005, 75 (1) 15-24 2The Global Youth Tobacco Survey Collaborative Group: Gender Differences in Worldwide Tobacco Use by Gender: Findings from the Global Youth Tobacco Survey, Journal of School Health, 2003; 73(6): 207-215.



Worksheet 1B.1

A true-and-false quiz related to death toll and tobacco use

Circle the correct answer:

- | | | |
|---|----------|---------|
| 1. Tobacco can be chewed or smoked in various forms. | 1. False | 2. True |
| 2. <i>Bidi</i> is chewed. | 1. False | 2. True |
| 3. <i>Kretek</i> is smoked. | 1. False | 2. True |
| 4. <i>Gutka</i> is chewed. | 1. False | 2. True |
| 5. Chewing is safe. | 1. False | 2. True |
| 6. Tobacco is good for the teeth and gums. | 1. False | 2. True |
| 7. Low-tar cigarettes are safe. | 1. False | 2. True |
| 8. Students use other tobacco products more than cigarettes. | 1. False | 2. True |
| 9. A majority of adults smoke. | 1. False | 2. True |
| 10. A majority of adult people do not smoke tobacco. | 1. False | 2. True |
| 11. A majority of adult people chew tobacco. | 1. False | 2. True |
| 12. A majority of adult people do not chew tobacco. | 1. False | 2. True |
| 13. A majority of young people smoke tobacco. | 1. False | 2. True |
| 14. A majority of young people do not smoke tobacco. | 1. False | 2. True |
| 15. A majority of young people chew tobacco. | 1. False | 2. True |
| 16. A majority of young people do not chew tobacco. | 1. False | 2. True |
| 17. Road accidents kill more people than tobacco use does. | 1. False | 2. True |
| 18. HIV/AIDS kills more people than tobacco use. | 1. False | 2. True |
| 19. Homicide(killing by others)kills more people than tobacco use. | 1. False | 2. True |
| 20. Suicides(self-killing) kill more people than tobacco use. | 1. False | 2. True |
| 21. Fire kills more people than tobacco use. | 1. False | 2. True |
| 22. Tobacco kills more people than road accidents. | 1. False | 2. True |
| 23. Tobacco kills more people than HIV/AIDS. | 1. False | 2. True |
| 24. Tobacco kills more people than fires. | 1. False | 2. True |
| 25. Tobacco kills more people than suicides (self-killings). | 1. False | 2. True |
| 26. Tobacco kills more people than homicides (killings by others). | 1. False | 2. True |
| 27. Tobacco kills more people than road accidents + HIV/AIDS + Fire + Suicides/Homicides. | 1. False | 2. True |





Activity 2: Harmful health effects of tobacco use

Tobacco adversely affects almost every organ of the body adversely. Tobacco use causes various cancers of the body including lung cancer, cancer of the mouth, voice box (larynx), throat (pharynx), esophagus, bladder, kidney, pancreas, liver, cervix, stomach, colon and rectum, and different types of leukaemia. Smoking increases the risk of lung diseases such as emphysema and chronic bronchitis. These progressive lung diseases - grouped under the term COPD (chronic obstructive pulmonary disease) - cause chronic illness and disability and are eventually fatal. Tobacco users are twice as likely to die from heart attacks as are non-users. Tobacco use is a major risk factor for peripheral vascular disease, a narrowing of the blood vessels that carry blood to the leg and arm muscles.

For women, there are unique risks. Women over 35 who use tobacco and “the pill” (oral contraceptives) are in the high-risk group for heart attack, stroke, and blood clots of the legs. Women who use tobacco are more likely to have a miscarriage or a low-birth-weight baby.

Purpose

To empower students with the knowledge on the harmful impact of tobacco on different systems of the body.

Learning objectives

- (i) Increase the knowledge on harmful effects of tobacco use on different systems of the body;
- (ii) Prevent tobacco use initiation by acquiring knowledge on its short-and long-term harmful effects, and
- (iii) Demonstrate the skills of persuasive communication using better sets of knowledge.

Outcome

It provides an opportunity for students to learn more about the effect of tobacco use on different systems of the body, to propagate this message to a larger audience, to help them discover that the harmful effects include not only long-term but also short-term harmful health effects, and to help prevent initiation of tobacco use.



Method

Small-group work, large-group discussion (as in Figure1). Brainstorming exercises to identify the harmful effects of smoking and chewing tobacco products through teaching posters.

Materials and preparation

Photocopies of posters 2.1, 2.2, 2.3, 2.4, 2.5, 2.6 and 2.7, worksheet 2.1 and 2.2, and answer sheets 2.1 and 2.2 may be made prior to the start of activities. Alternatively, some sketches may be drawn on the blackboard.

Background information for teachers

Smoking also causes premature wrinkling of the skin, bad breath, bad smelling clothes and hair, and yellow fingernails. The ingredients present in tobacco products can harm us even if we just smoke a few cigarettes or *bidis*, or chew a few packets of *gutka*. All forms of tobacco use are dangerous to our health. They can hurt our body immediately and are harmful even if one uses them for a short period of time, or just once or twice.

Tobacco use makes it difficult to play sports and to look and feel good about one's self. Avoiding tobacco use altogether is best for our health. Nicotine narrows blood vessels and puts added strain on one's heart. Smoking can wreck lungs and reduce the oxygen available for muscles used during sports. Smokers suffer shortness of breath almost three times more often than non-smokers. They run slower and cannot run till far, thereby affecting their overall athletic performance. Therefore, if one ever uses tobacco it will be impossible for him/her to be a successful athlete. Chewing tobacco and using snuff are not safe alternatives.





Conducting activity 2: Identifying the harmful effects of smoking and chewing tobacco products on different systems of the body

Introduction

Introduce this lesson by explaining that the class will look into the matters which relate to sports and how youth feel. Tobacco companies use various marketing and media strategies to sell products and mask the negative health consequences of tobacco. This lesson aims to examine the harm caused by both smoking and chewing tobacco products.

Format

- (1) Students may be divided into groups. They should be provided with posters 2.1, 2.2, 2.3, 2.4, 2.5 and 2.6, and asked to discuss among themselves.
- (2) The next step may be to convene the whole group and discuss all points covered in the six posters.
- (3) Students may be divided into small groups again. Two of the worksheets 2.1 and 2.2 given in this manual may be distributed to two different groups. After reconvening the class, students may be asked to compare their input in small groups with the help of posters and answer sheets 1.1 and 1.2. Further discussion may be initiated by showing pictures of celebrities, athletes, or other well-known figures. Students may be asked about what they do to maintain their health and performance.

The Best of the World Say 'NO' to Tobacco

Miss Country		Miss World	Best Cricketers		Best Tennis Players	
						
Indonesia	Thailand	India	Sri Lanka	India	Thailand	India



Miss Nepal



On the occasion of the World No Tobacco Day 2006, I would like to appeal to all Nepalese, in particular, the **“Youth”** to avoid smoking and reject all forms of tobacco use as **“Tobacco Kills”**.

Sugarika KC
Miss Nepal

Conclusion

During or after discussion, students may be given some examples such as:





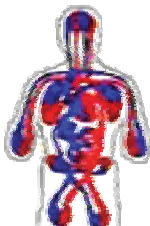





- (1) Ashwariya Rai exercises regularly, eats a balanced diet, and stays away from tobacco and tobacco smoke.
- (2) Many athletes such as Sachin, Srichapan, and Sania Mirza avoid situations where other people are smoking.

Students may be informed of the next activity on environmental pollution by tobacco use and its impact on health.



Poster 2.1







Short-term effects of smoking and chewing tobacco products

 <p>Addiction to Nicotine</p>	 <p>Smelly Hair</p>
 <p>Increased heart rate and blood pressure</p>	 <p>Bad breath</p>
 <p>Constricted blood vessels</p>	 <p>Increased sensitivity to cold and heat</p>
 <p>Trouble in breathing</p>	 <p>Reduced sense of taste and smell</p>
 <p>Exhaustion</p>	 <p>Reduced physical performance and/or productivity.</p>



Poster 2.2






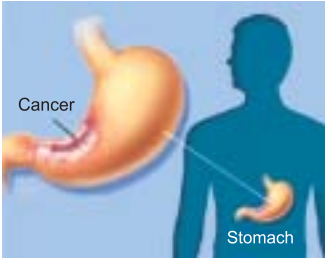
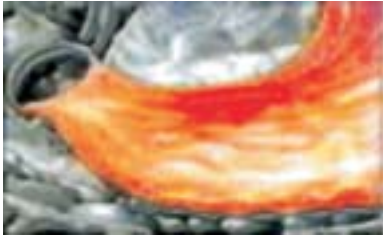
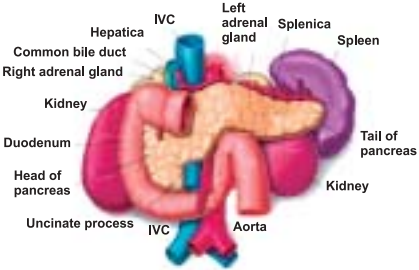
Short-term effects of chewing and smoking tobacco products

 <p>A close-up photograph of a person's upper teeth showing significant yellowish-brown staining and discoloration.</p>	 <p>A close-up photograph of a person's upper teeth and gums, showing severe recession and exposed roots.</p>
<p>Stained teeth</p>	<p>Damage to gum tissue</p>
 <p>A close-up photograph of the inner lining of a mouth, showing a bright red, inflamed area with a small white sore.</p>	 <p>A close-up photograph of a person's upper teeth showing significant decay and damage to the enamel.</p>
<p>Sore in mouth</p>	<p>Tooth decay</p>
 <p>A close-up photograph of a person's lower teeth and gums, showing a thick, white, plaque-like substance on the gum tissue.</p>	 <p>A close-up photograph of a person's lips, showing severe cracking and dryness.</p>
<p>Plaque in gum</p>	<p>Cracked lips</p>



Poster 2.3


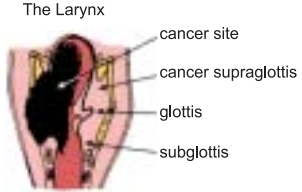
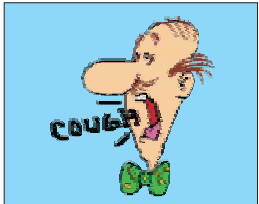




Long-term effects of tobacco products on the gastrointestinal system

 <p>Leukoplakia</p>	 <p>Mouth cancer</p>
 <p>Erythroplakia</p>	 <p>Cancer of the food pipe</p>
 <p>Oral submucous fibrosis</p>	 <p>Stomach cancer</p>
 <p>Stomach ulcer</p>	 <p>Cancer of the pancreas</p>



Poster 2.4

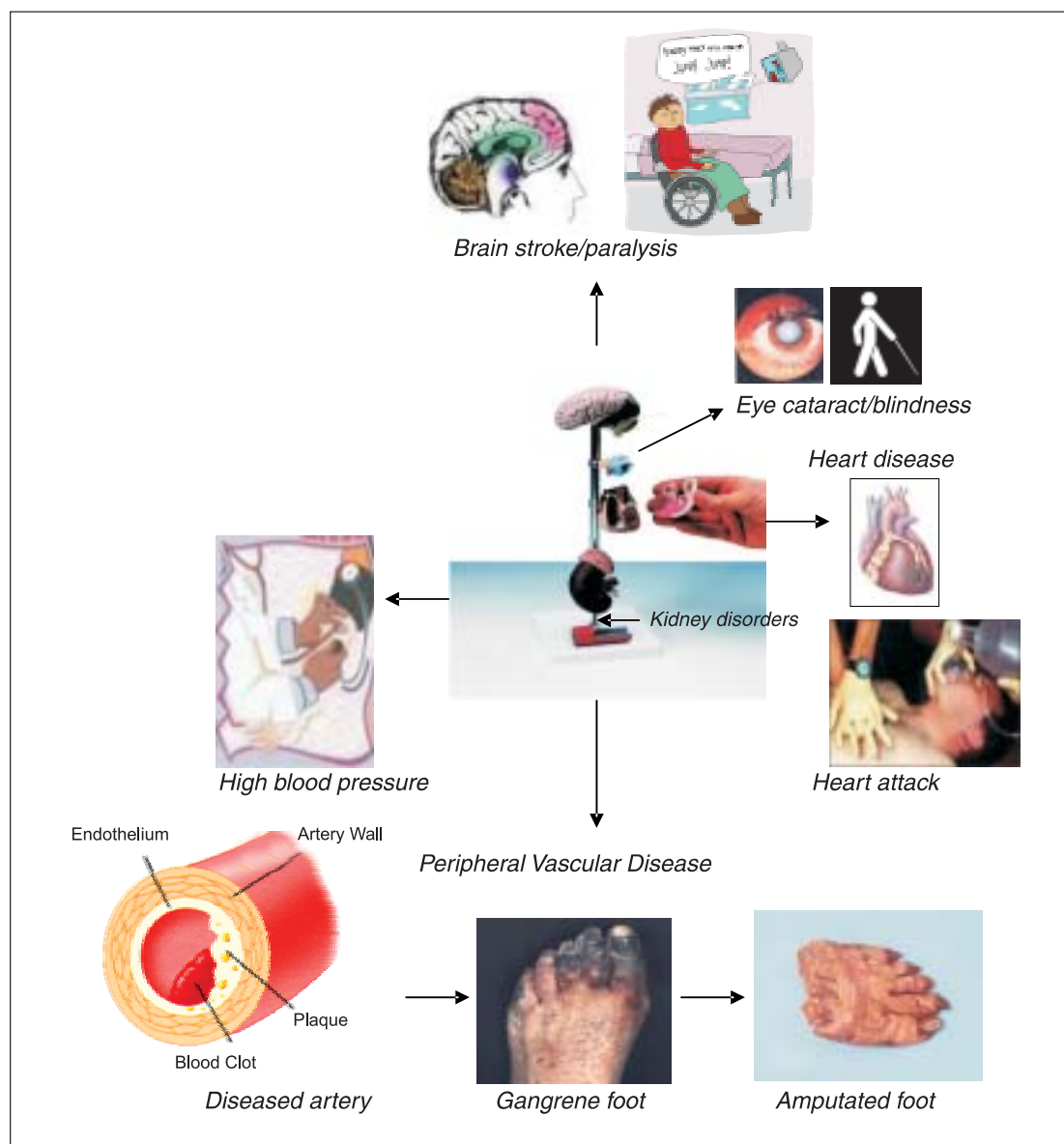
Long-term effects of tobacco products on the upper and lower respiratory system

 <p>Asthma</p>	 <p>The Larynx</p> <p>cancer site</p> <p>cancer supraglottis</p> <p>glottis</p> <p>subglottis</p> <p>Cancer of the voice box</p>
 <p>Chronic cough</p>	 <p>Cancer of breathing tubes (bronchus)</p>
 <p>Tuberculosis of the lungs</p>	<div data-bbox="813 1041 1101 1265">  <p>Brain Metastasis</p> <p>Vertebrae Metastasis</p> <p>Lung Cancer</p> <p>Liver Metastasis</p> <p>Lung Cancer and Metastasis</p> </div> <div data-bbox="1157 1052 1348 1265">  <p>Normal lung</p> <p>Cancerous tumour</p> <p>X-ray of Lung Cancer</p> </div>










Poster 2.5

Long-term effects of chewing tobacco on the circulatory system



Poster 2.6


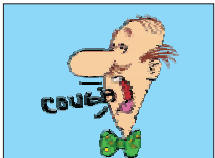


Harmful effects of tobacco use on newborn babies

Baby of Mother Who Uses Tobacco	Baby of Mother Who Does NOT Use Tobacco
 <p data-bbox="341 680 794 739">This is a non-smoking woman who is not exposed to passive smoking</p>	<div data-bbox="896 452 1090 672">  <p data-bbox="896 680 1090 739">Passive smoking during pregnancy</p> </div> <div data-bbox="1181 452 1353 672">  <p data-bbox="1181 680 1353 739">Smoking pregnant mother</p> </div>
 <p data-bbox="504 1491 654 1523">Healthy baby</p>	 <p data-bbox="1046 1005 1204 1032">Pre-term baby</p>
	 <p data-bbox="1066 1252 1187 1279">Dead fetus</p>
	 <p data-bbox="1027 1491 1219 1523">Low-weight baby</p>



Worksheet 2.1

Fill in the blanks related to harmful health effects of tobacco use










<p>You have been provided with five pictures :</p>	<p>Write any five points which come to mind relating to the physical health of the people in the following pictures :</p>
 <p>Healthy person</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
 <p>Short-term effect of tobacco use</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
 <p>Long-term effect of tobacco use</p>	<p>1.</p> <p>2.</p> <p>4.</p> <p>4.</p> <p>5.</p>
 <p>Effect on fetus</p>	<p>1.</p> <p>2.</p> <p>5.</p> <p>4.</p> <p>5.</p>



Worksheet 2.2

Comparison of body organs before and after tobacco use

Below are pictures of different organs of the human body. Compare the physical fitness of various organs before and after using tobacco products:

Organ	Without tobacco use	After tobacco use
 Eye		
 Brain		
 Lip		
 Heart		
 Teeth		
 Lungs		
 Hair		
 Stomach		
 Reproductive organ		



Answer sheet 2.1

Harmful health effects of tobacco use

(1) **Healthy person**

- Healthy teeth
- Healthy lungs
- Normal breathing
- Normal heart rate
- Normal blood pressure
- Good physical health
- Normal functioning brain
- Normal sexual function

(2) **Short-term effects of tobacco use**

- Addiction to nicotine
- Increased heart rate and blood pressure
- Constricted blood vessels
- Reduced physical performance and/or productivity.
- Smelly hair
- Bad breath
- Stained teeth
- Damage to gum tissue
- Tooth decay
- Reduced sense of taste and ability to smell
- Trouble in breathing
- Increased sensitivity to cold and heat

(3) **Late effects of tobacco use**

- Pre-cancer-leukoplakia, erythroplakia, oral submucous fibrosis.
- Cancer: Mouth cancer; Cancer of food pipe; Cancer of sound box; Cancer of breathing tubes; Lung cancer; Stomach cancer and Cancer of pancreas.
- Ulcer in stomach.
- Brain –paralytic attacks.
- Cardiovascular System: hypertension(high blood pressure); heart disease; peripheral vascular disease.
- Respiratory system: chronic cough, tuberculosis of lungs, asthma.
- Eye: cataracts.
- Sexual dysfunction.

(4) **Ultimate effect**

- Elevated relative risk of death.

(5) **Effect on fetus** - low birthweight; still-birth; premature delivery; reduces newborn's lung function.



Answer sheet 2.2

Comparison of body organs before and after tobacco use

Organ	Without tobacco use	After tobacco use
Eye	Healthy eyes	Cataract
Brain	Normal	Paralytic attacks
Lips	Pink	Cracked and discoloured
Heart	Normal	Increased heart rate, increased load on heart
Teeth	Healthy teeth	Stained and unhealthy teeth
Lungs	Healthy	Increased chance of cancer, asthma and tuberculosis
Hair	Healthy	Smelly
Stomach	Healthy	Ulcer/cancer
Sex Function	Normal	Sexual dysfunction





Activity 3: Understanding the harmful effects of passive smoking and spitting tobacco quid

Smoking cigarettes or *bidis* not only harms the health of those who smoke them, but also those who breathe this smoke “passively.” When a person smokes, he/she pollutes the air and forces other people to breathe the smoke they exhale (called “mainstream smoke”) and the smoke that comes out of the burning end of their cigarettes, *bidis*, *cheroots*, or *kreteks* (called “side-stream smoke”). Both kinds of smoke contain harmful chemicals that, when inhaled, enter the body and cause harm to various organs. “Passive smoking” can contribute to or worsen other people’s breathing problems and has been shown to increase the risk of cancer and heart attacks in non-smoking adults and children. Second-hand smoke is a known human carcinogen (cancer-causing agent).

Purpose

Students will recognize that a smoker/chewer not only harms his/her health, but also harms the health of other non-smokers/non-users around him/her and creates unhealthy environment in the community.

Learning objectives

- (1) Increase the knowledge on the harmful effects of second-hand smoke exposure;
- (2) Realize the magnitude of the problem in the community, and to create solutions, and
- (3) Demonstrate the ability to protect oneself from second-hand smoke.

Outcome

Tobacco users in schools may demonstrate their ability to protect non-users and/or non-users may demonstrate their ability to protect themselves.

Method

Lecture, fieldwork, small-group work, large-group discussion (as in Figure1). In Part A of the lesson, the mapping method may be taught to document public and private smoking. In Part B of the lesson, students may be asked to share their findings with the class.



Materials and preparation

Model Map on Private and Public Smoking (3.1), a few sheets of graph paper, and pencils. Alternatively, a model map may be drawn on the blackboard. School personnel may address potential concerns about students' mapping exercise. It is advisable to seek administrative and parent support before undertaking this activity.

Background information for teachers

Children are especially vulnerable to passive smoking. It can cause respiratory illness (including pneumonia and bronchitis), coughing and wheezing, and middle-ear disease in young people, and is possibly associated with long-term negative effects on the brain and one's mental health, and cancer of the lungs and other organs. WHO estimates that nearly 700 million, or one half of the world's children, breathe air polluted by second-hand smoke.





Conducting activity 3A: Mapping the effects of public smoking

Introduction

Students refer back to the last lesson in which they learned the effects of tobacco on users. Explain to the class that they will discuss the effect of tobacco use (smoking and chewing) *on others*. Smokers harm the health of non-smokers through their tobacco smoke. Likewise, people who chew tobacco also harm non-tobacco chewers' health by their spit. Generally, people who chew tobacco, spit more than non-tobacco chewers. Spit is a major source of various communicable diseases (eg. typhoid) and respiratory diseases (eg. tuberculosis). These diseases spread through 'phlegm' in the spit: bacteria in the spit mix with dirt, this dirt then begins to "fly" in the air, spreading infections. The carriers of these diseases are mostly flies, mosquitoes and cockroaches.

Format

- (1) A class discussion may be initiated by focusing on the concern about second-hand smoke exposure in community. The teacher may lead the discussion by presenting a news item which he or she may have recently found in a newspaper on the effects of second-hand smoke or tobacco quid. Possible questions would include:
 - Does it create a concern in the community?
 - If yes, in what way?
 - If no, what first step you want to take?
 - And other steps?
- (2) Explain to students that mapping is the practice of recording, surveying or collecting information within a certain geographical area which can be used to learn more about public smoking. The Model Completed Map on Private and Public Smoking (3.1) may be reviewed to address what students will look for. The discussion may proceed by initiating a few questions:
 - How many people did you see smoking inside your home or in school?
 - How many people did you see smoking between home and school?



- How many people did you see chewing in homes/schools or between home and school?
 - Where did they throw their cigarette/*cheroot*/*bidi* butts?
 - Where did they throw their chewed quid?
 - How did they throw - lit or unlit?
 - Are there non-smoking laws or rules in your community?
 - How do you know that smoking is restricted? Do people respect these rules?
 - Do any businesses and restaurants where young people go allow smoking? Which ones?
- (3) Students may be divided into teams and asked to: (1) look for the number of smokers who smoke inside and outside their homes in the next 24 hours; and (2) look for the number of chewers who chewed and spitted inside and outside their homes in the next 24 hours. Between this lesson and the next class, students will map the data between the school and their home.

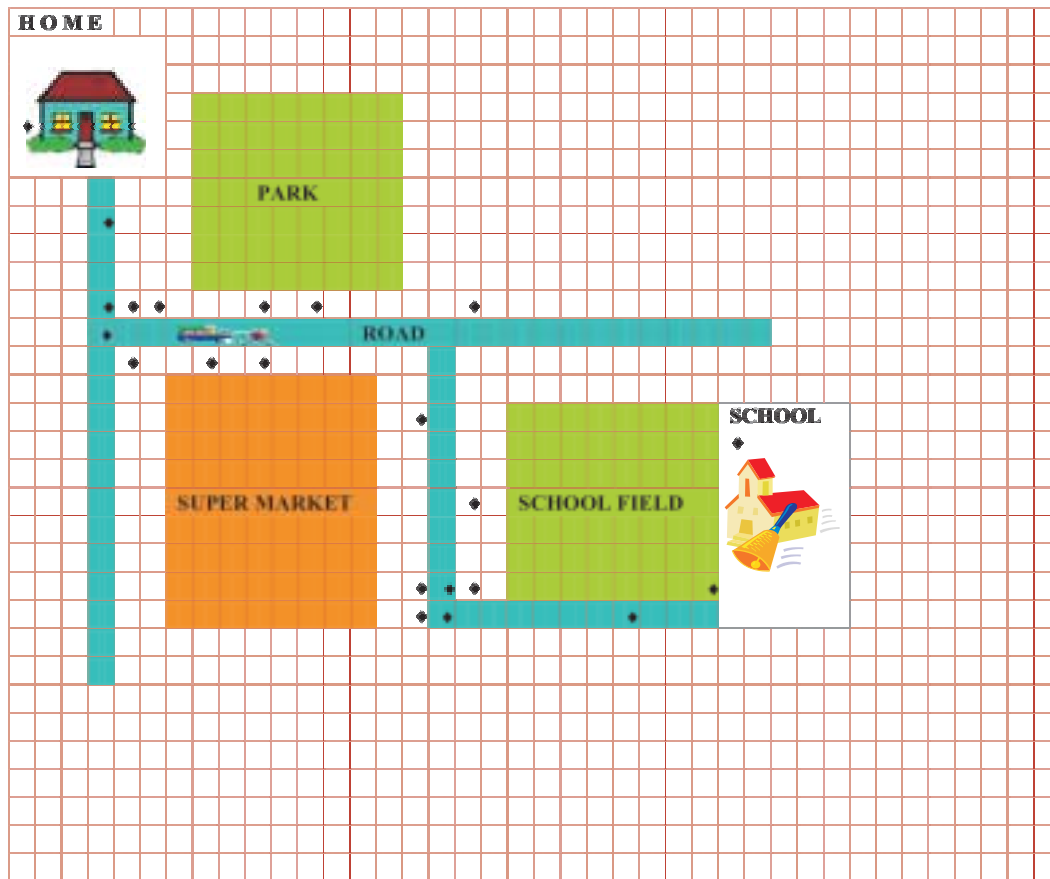
Conclusion

Students may be asked to share their teamwork in the next class (Activity Part 3B).



Poster 3.1

Model map on smoking in home and public



- ◆ People smoking in homes and in public spotted by students







Conducting activity 3B: Advocacy against smoking in public

Introduction

The class may be briefed on the purpose of the lesson. Explain that people who smoke and chew do not care for others and create an unhealthy environment by:

- (1) producing tobacco smoke
- (2) by throwing cigarette/*bidi* butts in their surroundings
- (3) by throwing tobacco quid in rooms/on walls/staircase
- (4) by throwing lit cigarette butts which might result in fire.

Format

- (1) One student from each group may be asked to report to the class with his/her map and the methods that they used for their fieldwork. The class may prepare a complete report on the prevalence of second-hand exposure to tobacco smoke on young people in the community.

Alternatively, the class can do this as a group brainstorming activity and construct a map on the blackboard.

- (2) Further discussion may be facilitated so that the class can consider key points about exposure to tobacco smoke in the neighbourhood or community and consider actions to inform others about their findings. The following questions may be asked during the discussion:
 - Which fieldwork findings were most surprising to you?
 - How can you use the results of this mapping exercise to inform your actions?
 - What actions would you like to take to inform others in the community about your findings?
- (3) Students may be asked to develop
 - 'No Smoking' and 'No Spitting' signs to be displayed in school or in community.



- Their skills to protest against passive smoking exposure politely and without fear.
- Students may be asked to prepare an advocacy letter to the local government.
- Students may be encouraged to prepare posters depicting the harms passive smoking causes and the social norm of caring for others.

Conclusion

Students may be informed about existing rules regarding smoking and spitting in public places, if any. Students may be encouraged to actively participate in raising awareness in their community regarding existing rules for smoking and spitting in public, and to help implement these community laws by communicating, advocating and persuasively speaking out against smoking and spitting in public places.





Activity 4: Misleading tobacco advertisements

Tobacco use is a preventable public health epidemic which is fuelled by aggressive and misleading marketing practices of multinational tobacco companies that entice children and young people with their advertising, promotional products, sponsoring of events, easy accessibility of products, and linking smoking with glamorous activities on billboards, posters and other media outlets. Tobacco advertising and sponsorship has a powerful effect on young people. The tobacco industry has studied children and adolescents and has designed campaigns and resources to seduce young people into becoming replacements for the millions of customers who have died as a result of using their products. Young smokers represent a lifetime of addiction and a lifetime of profits. Without effective action against it, this epidemic will continue to spread.

Purpose

For students to be empowered with the skills to speak out and advocate against smoking and spitting in public.

Learning objectives

- (1) Increase knowledge of the concept of advocacy initiatives and effective approaches.
- (2) Stress the importance of advocating against negative behaviours.
- (3) Develop among students the skills of persuasive communication.

Outcome

Students would recognize the channels that tobacco companies use to manipulate young people and others. They would also understand the global tobacco epidemic created and sustained by wealthy tobacco corporations dedicated to making a profit regardless of the human cost.

Method

Lecture, role-play activity, advocacy write-up practices. Advocacy and verbal communication skills may be introduced to the class. Demonstration may be given of an exchange of thoughts on advocacy in the class. Role-playing may be practised in small groups or in class using materials supplied to them.



Materials and preparation

Copy the paper-cuttings of tobacco advertisements or any photograph of the same, Worksheet 4.1 and 4.2, Model Advocacy Script 4.3, Sample Advocacy Letter 4.4, and the GYTS-Factsheet.

Background information for teachers

Advocacy is a way to make a difference in community, state, and even country. It is also an efficient way to learn more about where one lives, the government, and issues that are important for the community. It can involve many different activities such as letter-writing and gathering signatures for a petition, organized protest, media activities, and testifying for local governments. Advocacy is a fun way to learn good communication skills that can help anyone for life.





Conducting activity 4: Mobilizing support and advocating for tobacco control

Introduction

Marketing strategies of any healthy product under regulations may be discussed in the class. Any advertisement contains information of its ingredients and information on the effect of its use on different systems for which the product is made of. Take the example of baby milk. It contains protein and fats as required by babies. It is written on the container box/packet how to prepare a solution and warns that improper concentration may lead to diarrhoea. Ask students if they have seen any tobacco product giving detailed information about the harmful effects of tobacco use. The tobacco industry presents false images through different channels. Today, we are going to look at various marketing and media strategies used by big tobacco companies to take advantage of young people such as portraying smoking as exciting or cool in both a positive and negative way, and giving away free smoking and chewing-tobacco products.

Format

- (1) Students may be reminded about the various marketing and media strategies used by the tobacco industry and about the influence of tobacco in their school and community. After distributing copies of the poster 4.1, the contents of the poster may be discussed. Discussion may be initiated by asking the following questions:
 - Have they seen actors smoking in films?
 - Have they seen billboards advertising smoking or chewing products?
 - What is the advertisement for?
 - What does it say about tobacco?
 - Where are the advertisements? Who sees them most often?
 - Are there other signs that tell you about tobacco such as logos on hats and t-shirts and advertisements promoting sporting events?
 - What messages are the tobacco companies trying to promote by linking products to sports and other more healthy pursuits? Are there any anti-tobacco messages? Are there any messages that promote good health?



- How many places sell tobacco within walking distance of the school? How many stores or businesses that sell healthy alternatives are within the same distance? For example, are there any stores that sell healthy food within walking distance? Are there places for sporting events within walking distance?
 - Where is tobacco being sold in the community? Is it being sold near the school?
- (2) Students may be divided into small groups. Either Worksheet 4.1 or 4.2 along with copies of advertisements may be distributed among student groups. They may be told that this will provide them with a base for further work. After a gap of 20 minutes, students should be provided with the appropriate answer sheets 4.1 and 4.2 and asked to compare their input with the answer sheets.
- (3) The importance of effective advocacy/verbal communication skills may be emphasized by:
- Staying focused on the main points
 - Keeping it simple
 - Knowing the facts
 - Not expressing anger and frustration, but showing enthusiasm and energy
 - Being polite
 - Making an affirmative case explaining why you are right
 - Answering questions directly and responsively
 - Keeping a respectful tone
 - Using data to support the case
 - Never forgetting the ultimate purpose.
- (4) One group is provided with Handout 4.2 and another group with Handout of the Sample Advocacy Script 4.3. Ask both the groups to work on this for some time.

Using the information from these materials, students should be asked to articulate a rationale for limiting tobacco advertisements and sponsorship and practise the role play and a write-up for the editor of a newspaper.

- (5) Alternatively, students may be asked to present a role play in front of the class next time using the sample script pattern or something better than this. For example, one person or group can play a promoter of tobacco (Rana) and the other can play an anti-tobacco advocate of the community (Ruhi). (To support arguments on the impact of smoking, refer to the earlier activities).

The different components of advocacy writing may be emphasized. Discussion may be initiated by raising the following questions:

- What are the different components of advocacy letters?
- How bad is tobacco?
- How is the tobacco industry behaving with your community?



- What miseries does it cause globally, in the country and in your community?
 - What is the existing law to ban advertisements?
 - What is the implementation status?
 - What do you recommend for your country and for your community and what do you expect from the newspaper?
- (6) After reconvening the class, take both presentations, review experiences and ask the following questions:
- What were the most important advocacy skills that you learned?
 - What inconsistencies do you see in local tobacco policies?
 - Can you summarize some of the key reasons for limiting tobacco advertisements and sponsorship?

Conclusion








Remind students that this curriculum is written to allow young people an opportunity to join in a fight for the health of their generation. Effective action is necessary otherwise this epidemic will continue to spread. Also, remind students that advocacy is a way to make a difference in your community, state, and even in your country. It is also an important way to learn more about where you live, your government, and issues that are important to you.

Students may be informed about the next activity, i.e. creating tobacco-free schools, and it should be emphasized that these advocacy skills will help them during those activities.



Poster 4.1



Examples of misleading tobacco advertising

 <p>Tobacco use creates friends</p>	 <p>Tobacco use does not affect health</p>
 <p>Tobacco use helps to be rebellious</p>	 <p>Tobacco use is a family norm</p>
 <p>Tobacco use makes someone look macho, glamorous and independent</p>	 <p>Tobacco use relieves boredom and allows fun</p>
 <p>Tobacco products taste good</p>	 <p>All grown-ups smoke</p>
 <p>Actors/actresses smoke</p>	 <p>It is fashionable</p>



Handout 4.2

Sample advocacy script

	<p>Misleading Advertisements</p> <p>One person can play the role of a tobacco promoter (<i>RANA</i>) and the other can play a member of a tobacco control advocate group from the community (<i>RUHI</i>).</p> <p><i>RUHI</i>: Did you know that when I walked to school yesterday, I saw more than 20 different signs advertising tobacco; both of smoking forms and chewing forms; both at point of sale for tobacco and away from it? Surprisingly, none of them mentions the harmful effects of tobacco use</p> <p><i>RANA</i>: No way!</p> <p><i>RUHI</i>: Yes, it's true. These signs and billboards are aimed towards young people. They give pictures of happy young couples in very healthy condition. They promote smoking as 'cool'. They show young adults smiling and dancing with cigarettes and other tobacco products in their hands.</p> <p><i>RANA</i>: Smoking is cool!</p> <p><i>RUHI</i>: It may look cool at first. When you think about it though, you can see that by associating smoking with the famous and successful people, such as movie stars and athletes, it makes smoking look exciting. This is how the tobacco companies hook young people.</p> <p><i>RANA</i>: Well, don't you think smoking and chewing is exciting?</p> <p><i>RUHI</i>: No, I don't. Smoking and chewing tobacco kills one in 10 people in the world and that scares me. Four out of five of current smokers start before they turn 18.</p> <p><i>RANA</i>: Wow, I didn't realize that. That is really scary. Do you think using smokeless tobacco is a better option?</p> <p><i>RUHI</i>: No, not at all, they are also very harmful. Smokeless tobacco companies are projecting it as a better choice which is not true. I had seen a big poster advertising tooth powder having tobacco and claiming that tobacco is good for teeth and gums. Tobacco should not be used as dentifrice. Users enjoy the euphoric effect of nicotine present in tobacco rather than cleaning of the teeth and slowly become addicted to it. Hence, it should never be used.</p> <p><i>RANA</i>: Is it so?</p> <p><i>RUHI</i>: Yes, it's true. We need to limit advertising and event sponsorship in our school and in the community. Would you mind helping me to spread the word? Let's get together a petition for the community leaders.</p> <p><i>RANA</i>: Yes, I'll be right behind you.</p> <p><i>RUHI</i>: Thanks for your support.</p>	
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RUHI

RANA



Handout 4.3

Sample advocacy letter

To

Name

Date:

Title, Newspaper

Address

Reference.....

Dear _____,

Our names and signatures are given below. We are students of _____ school. We are _____ years old and we are writing to ask you to support tobacco control in our community, our country, and the world.

Did you know that tobacco already kills one in 10 people in the world? Did you also know that to replace these dead smokers, tobacco companies target young people to become their next customers?

My class conducted an exercise and found that _____ stores sell tobacco and advertise at their doors without giving information about all the miseries caused by tobacco use. _____ billboards and _____ advertisements are there for tobacco within a kilometre of our school.

Our class examined the Global Youth Tobacco Survey Report of our country and found that :

- (1) _____% of students have never used any tobacco product; _____% currently use any tobacco product. _____% purchased tobacco product/ cigarettes/*gutka* in a store and _____% of them were NOT refused purchase because of their age.
- (2) _____% saw pro-tobacco products ads on billboards, _____% in newspapers and magazines in the past 30 days. _____% have an object with a cigarette brand logo and _____% were offered free cigarettes by a tobacco company representative.
- (3) Nearly 3/4th of users want to stop smoking/chewing; _____% tried to stop smoking during the past year but failed.
- (4) _____ in 10 students live in homes where others smoke; _____% of the students are exposed to smoke in public places; and almost _____% of the students think smoking should be banned in public places.

Worldwide, 500 million people are bound to inhale tobacco smoked by others and are destined for early death and complications. Please support the health of children. Encourage our government to support the Framework Convention on Tobacco Control and pass national laws to protect young people from the influence of tobacco.

Sincerely,

Name Initials

Name and address of the school



Worksheet 4.1

Understanding misleading messages in tobacco advertisements





Examine any advertisement of tobacco product on Poster 4.1 and write a few sentences on the given issues:

Question	Answers
1. What are the different advertisements?	
2. What do they say?	
3. What do they say about tobacco?	
4. Who sees them most often?	
5. Whom do they want to attract?	



Worksheet 4.2

Understanding anti-tobacco advertisements/messages

Pictures	Questions	Answers
<p>A.</p> 	<p>'Tobacco is a poison that kills millions.' What do you think? If your answer is 'Yes', then why? If your answer is 'No', then why? Justify your answer in 5-10 lines.</p>	
<p>B.</p> <p>THIS IS HOW YOUR HEART REACTS TO SMOKING</p> 	<p>In a hospital setting, you come across the following sign: "This is how your heart reacts to smoking." What does it mean to you? Write in 5-10 lines.</p>	
<p>C.</p> 	<p>Read the following picture and write down in 5-10 lines what impression you form from this.</p>	
<p>D.</p> <p>QUIT SMOKING</p> 	<p>Complete the following message: "Quit smoking...."</p>	



Answer sheet 4.1

Understanding misleading messages in tobacco advertisements

- (1) Tobacco companies use advertisements through various media
 - Billboards - At points of sale, on squares, roadside walls, community hall, near school, private buses, carriage vans, school buses, cinema halls and theatres.
 - Print media - Daily, weekly, and monthly newspapers and magazines.
 - Public events - In athletic tournaments, concerts, social gatherings.
 - Electronic media - Radio, TV, video, electronic news.
 - Personal belongings - T-shirts, carry bags, tiffin boxes, umbrellas, etc.
 - Promotional offers - Free samples, cheaper samples.
 - Organizations - Youth groups, professional organizations, etc.
 - Brand advertisements through surrogate advertisements.
- (2) They may suggest false ideas such as:
 - It makes you more appealing and popular.
 - It is not against social norm.
 - It is meant for youth.
 - It is the sign of women emancipation.
 - It makes you macho, glamorous, cool, tough, etc.
- (3) They encourage tobacco use but do not mention that:
 - Tobacco is dangerous to health and can be fatal.
 - Tobacco creates environmental pollution.
 - Tobacco is dangerous even for those who do not use it.
 - Tobacco causes poverty.
- (4) Mostly young people see advertisements
- (5) They want to attract youth and females



Answer sheet 4.2

Understanding anti-tobacco advertisements/messages

- A.** This statement is absolutely correct. Tobacco can be smoked as well as chewed and both these affect our health adversely. Nicotine present in tobacco is an addictive substance. As we have covered in Activity 1, tobacco has many toxic substances present in its smoke. Many of these by- products of tobacco are also constituents of different deadly chemicals. There is, therefore, no doubt that tobacco is a poison that kills millions.
- B.** Along with our lungs, the heart is another organ which is adversely affected by smoking. Chronic smokers have been found to have impaired heart function. Smoking lowers the heart rate and therefore decreases supply of oxygen to the body.
- C.** This picture can be interpreted in two ways:
- i) The child is thinking of a skeleton because it symbolizes the wasting away of the body due to various diseases caused by tobacco use.
 - ii) It can also be used to emphasize the concept of passive smoking. The child is a passive smoker here who has to suffer the harmful effects of tobacco smoke with no fault of his. That is why he is wearing a gas mask.
- D.** “Quit smoking....”
- i) For it’s an unhealthy practice
 - ii) You harm others also when you smoke
 - iii) Knowingly, so many toxic substances are entering your system
 - iv) As it makes your mind lose its sharpness
 - v) To have a healthy and smoke-free world.





Activity 5: Making healthy choices-avoid tobacco

Many young people become interested in tobacco use through advertisements made by tobacco companies in which they are wrongly advised to imitate cinema stars, and which break social norms of not using tobacco. This activity aims to correct these misconceptions and suggests alternatives and healthy ways of looking and feeling good and confident. This chapter reinforces a number of reasons why most people choose not to use tobacco.

Purpose

To provide students with a foundation for choosing a healthy lifestyle by avoiding tobacco.

Learning objectives

- (1) Identify reasons why young people *do* and *do not* start using tobacco.
- (2) Feel and express appropriate dissatisfaction at purposeful misinformation.
- (3) Demonstrate the ability to identify misconceptions and discover positive and healthy alternatives to using tobacco.

Outcome

The school may create an environment where everyone could demonstrate the ability to make healthy choices and avoid tobacco use. Users would have a better environment for their quitting efforts.

Method

Small-group work, large-group discussion (as in Figure 1). Introducing the activity; breaking the class into small groups for discussion with teaching materials; discussion and presentation from smaller groups and feedback from teacher; small working group with worksheets providing their inputs, comparison with the answer sheet and self-correction or correction by teacher and further discussion in class.



Materials and preparation

Hand-written carbon copies or typed copies of the Poster 5.1; Worksheet 5.1 may be prepared prior to activity. Alternatively, it may be represented on blackboard.

Background information for teachers

A 'Health-Promoting School', a concept initiated by WHO, can be characterized as a school that constantly strengthens its capacity as a healthy setting for living, learning and working. In this document, 'schools' refer to primary and secondary schools that serve students in the age range of approximately 6 to 18 years. The extent to which each nation's schools become health-promoting schools will play a significant role in determining whether the next generation is educated and healthy. Education and health support and enhance each other. Neither is possible alone.

A health-promoting school fosters health and learning with all measures at its disposal and engages health and education officials, teachers, students, parents and community leaders in efforts to promote health.





Conducting activity 5: Identifying healthy choices

Introduction

Class may be opened by explaining the following facts:

- Many young people start using tobacco in order to fit in with a certain group of friends, or to imitate someone they admire. They use tobacco to look or feel “older”, more “mature”, “smarter”, or more “attractive”. This activity aims to correct these misperceptions and suggest alternative and healthy ways of looking and feeling good and confident.
- Cigarettes, *bidis*, and other tobacco products like *gutkha*, *zarda*, *khaini* and snuff are not magical and cannot make us look or feel “older”, “mature”, “smarter” or “attractive”, as the manufacturers of these products will want us to believe.
- Tobacco companies, through misleading advertisements, aim to attract new users, particularly young people, because they will use their product for a longer time, before they either quit or die. Media advertising of tobacco products and false association of tobacco brand logos with sports and culture are used to increase the acceptability of tobacco in young minds. All this propaganda compels young people to associate tobacco with visions of “success”, “fun”, “glamour”, “vitality” and a “positive lifestyle”. Additionally, film, TV shows, and other media can also portray tobacco as a negative habit which makes someone seem “cool” or “tough.” Realizing the harm that tobacco does to the body and tobacco advertisements do to the mind, governments in many countries, including India, have banned all forms of tobacco advertisement.
- In truth, the reality is very different from what the glossy images and ‘happy ending’ advertisements portray. Tobacco can never make a person attractive and physically and mentally strong. On the contrary, its use can substantially reduce one’s physical and mental capabilities. Thus, it is important to correct these misperceptions so that students are properly informed when they make their decision to use or not to use tobacco products. There are much healthier ways for young people to look or feel “older”, “mature”, “smarter”, and “attractive”.



Format

- Students may be divided into small groups. Each group may be provided with posters and be asked to discuss among themselves for 15 minutes and prepare a list of reasons why they do not use tobacco. Class may be convened and one student from each group is asked to present the finding of their group
- Further discussions may be started by asking the following questions: Which answers were most appealing to them? Which answers are still not clear to them? What does not appeal to them?
- Class may again be divided in small groups with worksheet (5.1) and asked to give their preference numbers for reasons for NOT using tobacco as mentioned in the worksheet. After they work on this, ask one student from each group to present their findings in the class and initiate discussion further to his presentation. Students may be given a chance to respond in between.





Conclusion

The concept of Health Promoting Schools may be explained to the students. A copy of the Health-Promoting Schools Factsheet may be distributed among students or facts may be written on blackboard and each fact be explained. The session may be wrapped up by mentioning a few healthier choices like fresh food, fresh air, regular exercise, washing hands before eating, washing clothing daily, and caring for everyone.



Poster 5.1

Examples of healthy choices

 <p>Join sports or other extracurricular activities</p>	 <p>Find other fun activities to do with friends</p>
 <p>Ask for your right to live in a healthy environment</p>	 <p>Help younger siblings stay away from tobacco</p>
 <p>Exercise regularly, workout and / or join a gym</p>	 <p>Play with friends and / or go for a movie</p>
 <p>Eat your favourite food instead</p>	 <p>Imitate a healthier quality of an elder or parents</p>
 <p>Spend your pocket money on buying healthier things or SAVE IT!</p>	 <p>Imitate celebrities who are more health conscious</p>



Handout 5.1

Example of a model health-promoting school



A Health-Promoting School (HPS), an idea developed by WHO, promotes health among students, staff, families and community members.

A Health-Promoting School

- (1) Reaches out to people who work in health and education, such as teachers, students, parents and community leaders to promote health by:
 - Getting families and community groups involved
 - Reaching out to community services, businesses and organizations
 - School/community projects and outreach
 - Health promotion for school staff.
- (2) Provides a safe, healthy environment, including:
 - Freedom from abuse and violence
 - A place where people care, trust and respect each other
 - Safe and clean school grounds
 - Time and places where children can play.
- (3) Gives students information, such as:
 - Information that helps them make choices that are good for their health
 - Information about preventing health problems that children of all ages can understand
 - Training and education for teachers and parents.
- (4) Provides access to:
 - Health services
 - Other organizations that promote good health
 - Nutrition and food safety programmes
- (5) Creates rules and ideas, such as:
 - School rules that make school fun and safe for everyone
 - School rules that treat all students equally
 - School rules on drug and alcohol use, tobacco use, first aid and violence.
- (6) Helps make a healthier community by:
 - Learning about health problems that affect the community
 - Helping in community health projects.



Worksheet 5.1

Reasons why young people should not use tobacco

Rank the reasons for which you **SHOULD NOT** use tobacco

 <p>It tastes awful</p>	 <p>Parents do not approve</p>
 <p>To obey school rules</p>	 <p>To be able to concentrate on studies</p>
 <p>To stay healthy</p>	 <p>To do well in sports</p>
 <p>It affects others/ environment</p>	 <p>It is expensive</p>
 <p>To stay out of trouble with police</p>	 <p>It is socially unacceptable to use tobacco</p>







Activity 6: Creating tobacco-free schools

Four out of five people who use tobacco begin before they reach adulthood. Schools provide an efficient and effective way to reach large segments of the population, such as school personnel, families and community members, as well as students. Schools have the opportunity to address young people before they initiate tobacco use and other risky behaviour. Evidence suggests that school health tobacco policies can be an effective means of preventing tobacco use among the youth and creating a tobacco-free school environment.

Purpose

For students to play a part in framing tobacco-free school policy and its enforcement in their own school.

Learning objectives

- (1) Gain knowledge about tobacco-free schools and tobacco-free policies
- (2) Appreciate policy as an instrument for protection
- (3) Assess school policy and advocate for change

Outcome

School population, including student tobacco-users and school personnel, will be able to learn about the components of a comprehensive tobacco control policy framework, take steps to create such a healthy environment in school, and maintain the policy and have the opportunity to quit their tobacco habit.

Method

Students would actively participate in; assessing the school's tobacco-free policy status; developing an advocacy plan to affect change (public education campaign, petition-writing and presentation of case to administrators) and learning how to quit tobacco. The activity has been divided into three parts in this manual; knowing tobacco-free policy framework and active



participation in framing an action plan for their school (6 A), mobilizing and advocating for a tobacco-free school (6B), and learning how to quit tobacco(6C).

Materials and preparation

The first step may be to seek permission from the principal and from parents. Hand-written carbon copies or typed copies of the Tobacco-Free School Policy Framework – Handout 6.1, Model Tobacco-Free School Policy Draft – Handout 6.2, Model Tobacco-Free Action Plan – Handout 6.3, Quitting Tobacco – Handout 6.4, How to Quit Tobacco – Handout 6.5, Commitment to Quitting – Handout 6.6, Developing the Skills to Make a Tobacco-Free School – Worksheet 6.1, and Commitment to Maintain Non-Use – Worksheet 6.2.

Background information for teachers

There is one example in the WHO South-East Asia Region of how schools can get involved with policies addressing tobacco and what difference it can make. One of the examples is that of the state of Bihar, India, where a study comparing schools with a tobacco policy to schools without a tobacco policy showed a strong association between enacting a school policy regarding tobacco use and the school personnel's use of tobacco, curricular teaching and training of students. Findings suggest that a more extensive introduction of comprehensive school policies may help reduce tobacco use among students and school personnel





Conducting activity 6A: Developing an action plan for a tobacco-free school

Introduction

Class may refer back to the last lesson (working on advocacy skills to articulate a rationale for limiting tobacco advertisements and sponsorship). In this lesson, students will learn about components of tobacco-free schools and how to make changes in their school. Students may be reminded about the harmful constituents of second-hand smoke learned during Activity 1. Students may be told that in order to learn effectively, children need good health, including a smoke-free environment. Smoking in public is a contradiction of the concept of good health.

Format

- (1) Distribute the Tobacco-Free Policy Framework Worksheet 6.1, Sample Tobacco-Free Policy Draft 6.2, and Sample Action Plan 6.3 among students and explain the contents of each. Some important aspects as mentioned below may be discussed:
 - Procedures of communication about policy to all concerned.
 - Places and property to be defined - all school property, in school vehicles and at school events (such as athletic activities, debates, etc.).
 - Posting, publication and presentation of tobacco advertisements inside the school, in the surrounding area or in school publications be banned (newsletters, parents notices).
 - Products containing tobacco trading in and around schools and students are banned.
 - Provisions for non-implementers of the policy (i.e. penalties and procedures)
 - Personnel or personnel's committee appointed and proper policy enforcement.

This policy framework would facilitate protection of students from tobacco use, assist in the adoption of effective strategies, build on existing successes and ensure participation of key constituents/school administrators. The process for modifying the policy in the school may be discussed in detail with students.



- (2) The class may further be divided into small groups. Worksheet 6.1 may be distributed among groups and asked to further elaborate the policy and make a final policy draft, which would include detailed instructions like the case of someone found guilty at the first or second instance, and the kind of provisions in these circumstances for students, for visitors, etc. Students may be asked to further strengthen the action plan which has been provided. After the groups are ready with their inputs, further discussion may be facilitated by raising the following queries:
- What are the strengths and weaknesses of the school's tobacco policy draft?
 - What are the strengths and weaknesses of the current plan?
 - What issues should we raise as we develop our advocacy plans?
- (3) Break students into small groups. Students will develop
- A formal letter to the school's principal for his/her cooperation and involvement
 - An oral presentation for the principal/administrators.

Conclusion

The letter and the oral presentation for the principal of the school may be reviewed in the class. One student may be made responsible to present this before the principal. The principal may be invited to the next class.



Handout 6.1

Model tobacco-free school policy framework

A tobacco-free school policy requires:

(1) Framing Policy and Developing Curriculum

- Rules against tobacco use by students, staff, parents and visitors on school property, in school vehicles and at school-sponsored activities.
- Rules against tobacco advertisements in school buildings, around the school and in school books.
- Rules against trading tobacco products at school and around the school.
- Rules about not accepting donations/sponsorship from tobacco companies for school materials and events.
- Curriculum and training.

(2) Policy Communication

- Ways to inform everyone associated with the school about the policy. This includes students, staff, parents, visitors and community members.

(3) Policy Enforcement

- Ways to enforce the policy. (What happens when someone breaks the rules? Who should you tell when a rule is broken?)
- People or a group who will make sure the policy is carried out.

(4) Family Involvement

(5) Tobacco Cessation Efforts

(6) Evaluation



Handout 6.2

Sample tobacco-free school policy draft

(1) Rationale for Preventing Tobacco-Use Draft

Despite major national movements to undermine tobacco companies and tobacco marketing, tobacco is still the leading cause of preventable death, disease and disability in India. National surveys indicate that ———-% of high school students have tried cigarette smoking and that ———-% have reported smoking within the last 30 days. Surveys also indicate that ——— out of ten smokers want to quit smoking. Students have the right to breathe clean air and should not be exposed to second-hand smoking at school. Evidence shows that school health programmes can be an effective means of preventing tobacco use among youth, and may significantly alter these alarming statistics. Providing effective tobacco-use prevention education is an ethical imperative for our community and a challenge that can be met through the following policy.

(2) Sample tobacco policies draft

- Tobacco use by students, all school staff, parents, and visitors on school property, in school vehicles, and at school-sponsored functions away from school property is strictly prohibited.
- Possession of tobacco or tobacco paraphernalia (including lighters and matches) by students is strictly prohibited within 25 feet of all public properties.
- No tobacco advertising will be permitted in any form in school buildings, at school functions, or in school publications.
- Endorsement or sponsorship in any form of any school-related event by tobacco companies is strictly prohibited.
- Clothing and other articles of attire worn at school or on public property may not display advertisements for, endorsements of, or implications of tobacco, tobacco companies, or tobacco use in any form. This policy applies to students and staff and parents and visitors to schools. Public buildings are also encouraged to support and follow this policy.
- The sale, delivery, transfer or distribution of tobacco in any form or tobacco paraphernalia by a student, staff, parent or visitor to anyone under 19 years of age, is strictly prohibited when it occurs in a school building, in or on school property, within 1000 feet of school property, or within 1000 feet of any school-sponsored activity.
- All students in grades 8 upto grade 12 are required to receive age-appropriate instruction during the school day regarding avoidance of tobacco use.
- School is required to provide all students and staff access to school-based tobacco cessation classes to help them quit using tobacco.



Handout 6.3






Model tobacco-free action plan

- (1) Identify potential problems with the current tobacco policy in school and assess support for changes in the policy and its enforcement.
- (2) Create a health committee in the school (if one does not exist) to review the policy.
- (3) Make changes to the existing policy or write a new policy.
- (4) Give the new policy to the school board, parents, and key community members for feedback. They will then review the policy and accept it or reject it. If the policy is accepted, carry out steps 5-8 below. If the policy is rejected, find out what the concerns are of the school board, parents, and community members, try to address them and come up with a revised policy. They can review the policy again.
- (5) Plan how and when the policy will be put in place and how it will be enforced.
- (6) Explain the policy throughout the school and community.
- (7) Put the policy into action.
- (8) Teach others through petitions, lessons, or workshops.



Worksheet 6.1

Developing Skills for a tobacco-free school

	Write your answers in this column:
 <p>What rules will be formed for school buses?</p>	
 <p>How will you frame school tobacco control rules?</p>	
 <p>What rules and activities do you plan during sports within your school and outside your school?</p>	
 <p>What rules do you need to post and why?</p>	
 <p>What will your school be like after making it tobacco-free?</p>	





Conducting activity 6B: Advocating for a tobacco-free school

Introduction

The teacher may refer back to the last discussion in the class and explain to the principal that students want this school to be made tobacco-free and that they have prepared some documents in this regard, which include:

- A petition for the principal
- A petition for the community
- Letter to the editor
- A tobacco-free policy draft
- An action plan

Format

- (1) The Petition may be read by one student in the class. With the permission of the principal, further discussion may be facilitated by asking students
 - Why do you want this?
 - Do you think that the community will support this?
- (2) A tobacco-free school policy draft and action plan may be presented before the principal and discussed. The timeline for teachers' and guardians' meeting may be framed in the class. The letter to the editor may be read before the principal and any changes should be made before sending it to the editor of the local newspaper.
- (3) The teacher may initiate the discussion on the issues that would be discussed with communities. One student may read the memorandum that has been prepared for the community. The teacher may further make sure that the draft lists the harmful effects of tobacco on health and economy of societies, the marketing policy of the tobacco industry that masks the harmful effects of tobacco use in their advertisements that target youth and women and does not cover benefits of quitting. One student may be identified to present this memorandum in the community.



Conclusion

The class may be reminded about the concept of the Health-Promoting School. Some students may be instructed to prepare an invitation card with a 'NO SMOKING' sign and invite their guardians on the due date. One invitation card may be sent to the editor of the local newspaper. Students may be instructed to prepare posters and logos based on the ideas discussed in previous classes, mainly covering the harmful effects of tobacco use and tactics of tobacco companies.





Conducting activity 6C: Quitting tobacco

(1) Students may get some introductory information about nicotine:

- Nicotine is a drug found naturally in tobacco. It is highly addictive - as addictive as heroin and cocaine. Over time, the body becomes physically and psychologically dependent on nicotine. Studies have shown that smokers must overcome both of these to be successful at quitting and staying quit.
- Nicotine produces pleasurable feelings that make the smoker want to smoke more. It also acts as a depressant by interfering with the flow of information between nerve cells. As the nervous system adapts to nicotine, smokers tend to increase the number of cigarettes they smoke, and hence the amount of nicotine in their blood. After a while, the smoker develops a tolerance to the drug, which leads to an increase in smoking over time. Eventually, the smoker reaches a certain nicotine level and then smokes to maintain this level of nicotine.

(2) Students may be referred back to the GYTS factsheet information wherein ‘most of smoker students want to quit’. Furthermore, the class may be informed of the following points about quitting:

- Quitting is possible. It requires will power, faith in quitting for better health of its own and for others. There is no magic bullet or a pill or method that would make quitting painless and easy.
- Quitting may be from now or on a graduated manner.
- Quitting is easy but remaining quit is hard.
- Quitting will help you live longer, no matter what your age or how long you have used tobacco.
- Quitting maintenance may be possible with ‘nicotine substitutes’. The substitution therapy can help reduce withdrawal, but it is most effective when used as part of a ‘stop tobacco use plan’ that addresses both the physical and psychological components of quitting.



- (3) Students may further be informed about withdrawal symptoms
- Withdrawal from nicotine has two parts - the physical and the psychological. The physical symptoms, while annoying, are not life-threatening. Nicotine replacement can help reduce many of these physical symptoms. But most users find that the bigger challenge is the psychological part of quitting. If you have been using tobacco for any length of time, it has become linked with many of your activities - watching TV; attending sports events; fishing, camping or hunting; or driving your car. It will take time to 'un-link' smoking from these activities.
- (4) Students may be divided into smaller groups with handouts on the advantage of quitting (6.5), methods to quit (6.6) and commitment to quitting (6.6). They may be allowed sufficient time for discussion among themselves. They may be asked to prepare a brief presentation from each group. And questions if any group may be replied.
- (5) The class may be convened and discussion may be allowed after presentation from each group. Students may be divided into smaller groups again with worksheets. The class may be reconvened with further discussions on questions from different groups of students.



Handout 6.4

Quitting tobacco

Benefits of Quitting Tobacco

- Quitting tobacco has major and immediate health benefits for all ages.
- Benefits apply to people with and without tobacco-related diseases.
- Former tobacco users live longer than continuing users.
- Quitting tobacco decreases the risk of cancers, heart attack, stroke and lung disease.
- Quitting by pregnant women reduces their risk of having a low-birth-weight baby.
- The health benefits of quitting smoking far exceed any risks from the average 5-pound weight gain or any adverse psychological effects that may follow quitting.

Benefits of Quitting Tobacco Over Time

- Twenty minutes after quitting: Blood pressure drops to a level close to that before the last cigarette. The temperature of hands and feet increases to normal.
- Eight hours after quitting: The carbon monoxide level in blood drops to normal.
- Twenty-four hours after quitting: Chance of a heart attack decreases.
- Two weeks-three months after quitting: Circulation improves and lung function increases up to 30%.
- One to nine months after quitting: Coughing, sinus congestion, fatigue, and shortness of breath decrease; cilia (tiny hair-like structures that move mucous out of the lungs) regain normal function in the lungs, increasing the ability to handle mucous, clean the lungs, and reduce infection.
- One year after quitting: The excess risk of coronary heart disease is half that of a smoker's.
- Five years after quitting: Your stroke risk is reduced to that of a non-smoker 5-15 years after quitting.
- Ten years after quitting: The lung cancer death rate is about half that of a continuing smoker's. The risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases.
- Fifteen years after quitting: The risk of coronary heart disease is that of a non-smoker's.



Visible and Immediate Rewards of Quitting

Quitting helps stop the damaging effects of tobacco on your appearance including:

- Premature wrinkling of the skin
- Bad breath
- Stained teeth
- Gum disease
- Bad smelling clothes and hair
- Yellow fingernails

Kicking the tobacco habit also offers benefits that you will notice immediately and some that will develop gradually in the first few weeks. These rewards can improve your daily life substantially:

- Food tastes better
- Sense of smell returns to normal

Ordinary activities no longer leave you out of breath (climbing stairs).



Handout 6.5

Guide to quit

(1) Setting a Quit Date and Deciding on a Plan

Once you have made a decision to quit, you are ready to pick a quit date. This is a very important step. Pick a specific day within the next month as your 'Quit Day'. Most tobacco users prefer to quit "cold turkey" - that is, abruptly and totally. They use tobacco until their Quit Day and then stop all at once, or they may cut down on tobacco for a week or two before their Quit Day. Another way involves cutting down on the number of times tobacco is used each day. With this method, you gradually reduce the amount of nicotine in your body. While it sounds logical to cut down in order to quit gradually, in practice this method is difficult.

Here are some steps to help you prepare for your Quit Day:

- Pick the date and mark it on your calendar.
- Tell friends and family about your Quit Day.
- Stock up on oral substitutes - sugarless gum, carrot sticks, and/or hard candy.
- Decide on a plan. Will you use nicotine replacement therapy? Will you attend a class? If so, sign up now.
- Set up a support system. This could be a group class, Nicotine Anonymous, or a friend who has successfully quit and is willing to help you.

On your Quit Day, follow these suggestions:

- Do not smoke.
- Get rid of all cigarettes, lighters, ashtrays and any other items related to smoking.
- Keep active - try walking, exercising or doing other activities or hobbies.
- Drink lots of water and juices.
- Begin using nicotine replacement if that is your choice.
- Attend stop-smoking class or follow a self-help plan.
- Avoid situations where the urge to smoke is strong.
- Reduce or avoid alcohol.
- Use the four "As" (avoid, alter, alternatives, activities) to deal with tough situations (described in more detail later).

(2) Who can help you?

Many organizations offer information, counselling and other services on how to quit as well as information on where to go for help. You may contact your doctor, dentist or local hospital for help in quitting.



Handout 6.5

Guide to quit

Four As:

- **Avoid** people and places where you are tempted to smoke. Later on, you will be able to handle these with more confidence.
- **Alter your habits.** Switch to juices or water instead of alcohol or coffee. Take a different route to work. Take a brisk walk instead of a coffee break.
- **Alternatives:** Use oral substitutes such as sugarless gum or hard candy, raw vegetables such as carrot sticks or sunflower seeds.
- **Activities:** Exercise or do hobbies that keep your hands busy, such as needlework or wood working that can help distract you from the urge to smoke.

Five Ds:

- **Deep breathing:** When you were smoking, you breathed deeply as you inhaled the smoke. When the urge strikes now, breathe deeply and picture your lungs filling with fresh, clean air. Remind yourself of your reasons for quitting and the benefits you will gain as an ex-smoker. Take a few calming deep breaths.
- **Delay:** If you feel that you are about to light up, delay. Tell yourself you must wait at least 10 minutes. Often this simple trick will allow you to move beyond the acute urge to smoke. The craving will eventually go away.
- **Drink water:** It will flush out the chemicals.
- **Do something else:** Find a new habit.
- **Discuss:** Talk about your thoughts and feelings.

Four Rs to avoid relapse:

- **Review** your reasons for quitting and think of all the benefits to your health, your finances and your family.
- **Remind** yourself that there is no such thing as just one cigarette - or even one puff.
- **Ride out** the desire. It will go away, but do not fool yourself into thinking you can have just one.
- **Reward** yourself in ways that don't cost money: take time out to read, work on a hobby, or take a relaxing bath.

The **Health Belief Model** says that you will be more likely to stop tobacco-use if you:

- **Believe** that you could get a tobacco-related disease and this worries you
- **Believe** that you can make an honest attempt at quitting
- **Believe** that the benefits of quitting outweigh the benefits of continuing tobacco-use.



Worksheet 6.2

Exercise on quitting tobacco

Write points for commitment to maintain quitting with the given letters

D	
D	
D	
D	
R	
R	
R	
R	
A	
A	
A	
A	
B	
B	
B	
B	







The framework convention on tobacco control (FCTC)

The Framework Convention on Tobacco Control (FCTC) is an international treaty organized to stop the spread of tobacco and tobacco products. It has been developed by WHO's 192 Member States so that their concerns are adequately reflected throughout the process. The FCTC will help tobacco control by: a) *Improving transnational cooperation*; and b) *Strengthening national legislation and action so that each individual nation meets its obligation agreed to in the Convention in the following manner.*

(1) The FCTC will help prevent worldwide tobacco use in a number of ways.

Under the resolution, each country will take a number of steps to address the guiding principles. These steps include the following:

- Protect young people from being exposed to tobacco-use and from using tobacco
- Prevent people from taking up smoking, and help people who want to quit
- Ban smoking in public places
- Take steps to promote economies that are not dependent on tobacco products
- Strengthen women's role in tobacco control
- Aid countries by teaching people about the dangers of tobacco
- Protect communities most vulnerable to tobacco, especially indigenous populations.

There are some specific areas of tobacco-use that each country needs to pay particular attention to. All of these issues must be addressed both nationally and internationally. These specific areas are:

- Tobacco prices
- Tobacco smuggling
- Tax-free tobacco products
- Tobacco advertising
- Internet advertising and the sale of tobacco online
- Testing methods for tobacco



- Package labelling and design
 - Second-hand smoke
 - Protection of young people from tobacco
 - Tobacco product regulation
 - Smoking cessation
 - Development of alternative agricultural products.
- (2) Making these rules and laws will help raise money to help prevent tobacco-use, and will help teach people about tobacco. The regulations will enable cooperation between governments, public health organizations and many other parts of society who are fighting against the spread of tobacco.
- (3) It is important to educate as many people as possible about the dangers of tobacco and the health risks of smoking. All of the different groups involved in the Convention will work together with other organizations, the media and the rest of society to educate people in all parts of the world about tobacco.





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