## **K-5 Elementary**

## Teachers!Get your Students Pumped Up For The Great American Smokeout



**Guide to Tobacco Use Prevention** 





#### On the third Thursday of November, students will be turning up the



#### AGAINST TOBACCO

They will be participating in the GREAT AMERICAN SMOKEOUT. A fun, interactive awareness program which takes the fight against YOUTH SMOKING to a whole new level. Here's how it works: on the THIRD THURSDAY OF NOVEMBER, students all across the United States are going to support the fight against tobacco use. They will be letting their friends know that USING TOBACCO JUST ISN'T COOL.

YOUTH need your support by learning about the reasons for not using tobacco. These lessons will help enrich your curriculum with important messages about youth tobacco use prevention.

EVERYTHING you need is here. Need to know more about the GREAT AMERICAN SMOKEOUT or Tobacco Education programs? CALL the American Cancer Society at 1-800-ACS-2345. You can also find us on the worldwide web through TENET at www.cancer.org

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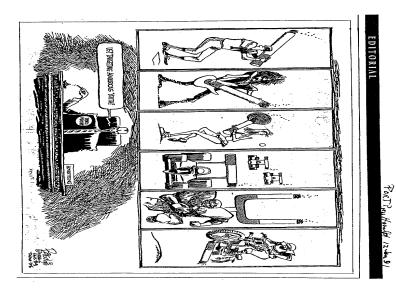
#### Turn UP the volume in the FIGHT AGAINST SMOKING with these lessons:

Lesson 1	Effects of Tobacco page 5
Lesson 2	Does Smoking Affect the Body? page 12
Lesson 3	Spitting Tobaccopage 17
Lesson 4	Reasons People Smoke page 24
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### It's Just Not Cool.

#### Smoking is an addiction that kills



More than 400,000 people die every year from smoking-related diseases. That's more than from alcohol, illegal drugs, fires, murders, suicide, DWI accidents, car accidents and AIDS combined.

Each year, the third Thursday of November is the first day of a life without tobacco use for thousands of Americans. This year, the American Cancer Society's Great American Smokeout will again challenge students not to use tobacco.

## Here's how you can empower students to take control of their lives and FIGHT AGAINST TOBACCO:

- 1. Encourage students to participate in the Great American SmokeOut.
- 2. Use as many of these lessons in your class as you can.



#### Facts About Children and Tobacco

We at the American Cancer Society are focusing our tobacco education efforts on young people because we know that:

- **▼** nicotine is as addictive as heroin and cocaine:
- ▼ over 75% of adults who have smoked started smoking daily before the age of 18;
- ▼ smokers who begin at a young age are most likely to develop a nicotine addiction;
- ▼ smoking causes 30% of all cancer deaths, and 83% of all lung cancer deaths;
- ▼ the tobacco industry spends more than \$6 billion each year on advertising. These dollars are increasingly going toward promotions that have special appeal to young people, such as sponsorship of sports events, concerts, other public entertainment, and distribution of specialty items;
- **▼** 3,000 children start smoking every day;
- ▼ of the 3,000 children who start smoking each day, 20 will be murdered, 30 will die in traffic accidents, and 750 will be killed by smoking-related disease;
- ▼ 5 million children now living in the U.S. will die of smoking-related diseases;
- ▼ about 85% of adolescent smokers prefer either Marlboro, Newport, or Camels, the three most heavily advertised cigarette brands;
- ▼ 80% of the children who smoke have tried to quit, yet only 1.2% succeed;
- ▼ tobacco is the leading cause of death, killing over 400,000 Americans—including 26,000 Texans—each year;
- ▼ smoking among teens is on the rise!



## LESSON ONE

#### What are the Effects of Tobacco?

#### **OBJECTIVE:**

1. Students will identify the immediate consequences of tobacco use and the effects that it has on the individual using it.

#### **TEACHER PREPARATION AND MATERIALS:**

**Review:** Powerful Points about the Short-Term Consequences of Smoking and other

Tobacco Use.

**Copy:** The Effects of Smoking Here and Now (one each)

**Prepare:** Use either the chalkboard or posterboard and entitle it "Reasons NOT to Use

Tobacco." List the following sub-headings: Physical, Social, Economic, Safety.

Younger ages: Your Body Family and Friends \$\$ Safety









#### **PROCEDURE:**

- 1. Go over the immediate physical effects of smoking
  Comment that almost everyone seems to know that tobacco use eventually causes health
  problems such as cancer and heart disease. However, many people, especially young
  people, smoke anyway. State that there is also many short-term reasons why smoking is
  unhealthy. Ask students to begin by naming some short-term physical effects and continue
- with the other dimensions. Refer to the Powerful Points...page 7.
- 2. Describe the effects that smoking has on the body
  Refer to the chart provided and give each student a copy of the smoking boy(page 9). Have
  each student fill-in-the-blank the effect that tobacco has on each body part listed. After they
  have had time to complete the chart individually, discuss with students these effects and if
  they are important enough to not begin smoking.
- 3. Simulate the increase in pulse rate following the smoking of one cigarette:
  - a. Measure pulse rate while at rest for one minute
  - b. Jump in place for one minute.
  - c. Retake pulses and compare with resting pulses.

    Pulse rate usually increased by about 20 beats per minute which is similar to smoking.

#### FOR THE TEACHER

Ask students how it feels to have their heart beat that fast. Discuss how they would feel if their heart beat that fast all the time. \*\*NOTE: Make sure that students do not confuse the effects of a nicotine-induced increase in heart rate with target heart rate used in fitness programs. In the former, the heart beats faster because of lack of oxygen. In the later, the heart become more efficient and provides the body with more oxygen.

#### **EVALUATION:**

1. Students complete seven out of nine answers on the worksheet *Effects of Smoking Here and Now*.



# Powerful Points About the Short-term Consequences of Smoking and Other Tobacco Use

#### Physical consequences of tobacco use

- **▼** Makes breath smell
- **▼** Makes clothes and hair smell
- ▼ Stains teeth and fingers
- ▼ Makes heart beat faster (up BP/Pulse 20 beats/minute)
- ▼ Dulls sense of taste and smell
- ▼ Irritates gum, lips, mouth, and throat
- ▼ Irritates lining of trachea and lungs
- **▼** Decreases circulation
- ▼ Decreases the cleansing action of cilia
- **▼** Decreases oxygen intake
- ▼ Results in temporary alertness then tiredness or irritability

#### **Spitting tobacco**

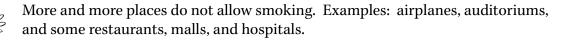
Spitting tobacco has many of the same physical effects as smoking tobacco. Although it does not affect the lungs, it causes changes in the mouth such as sores, cracking or bleeding lips, and white patches (leukoplakia).

#### Marijuana

Has many of the same harmful effects on the respiratory system as tobacco.

#### Social consequences

Many people do not like to be near people who are smoking because of the smell and health risk.



Many people do not like to be near people who use spitting tobacco because of the smell and spitting.



#### Economic consequences (smoking only)

Smoking costs the US more than \$68 billion annually, largely in the form of increased health- care, lost productivity, and insurance costs. This is more than \$2 for every pack of cigarettes sold.

1994 Cancer Facts & Figures, American Cancer Society

It is estimated that every employee who smokes costs his or her employer as much as \$5,000 per year in unnecessary added medical care costs, days lost from work due to illness, early retirement, etc.

A Handbook for Students Against Smoking, American Cancer Society, Michigan Division 1991

Smoking causes more than \$365 million worth of property damage every year. This is \$1 million per day!

1987-91 National Fire Incident Reporting System and National Fire Protection Association estimates

#### Safety consequences (smoking only)

- **▼** Burns holes in clothes, furniture, rugs.
- ▼ Smoking is the number one cause of civilian deaths in structure fires. Smoking-related fires kill more than 1,600 people per year.

  1987-91 National Fire Incident Reporting System and National Fire Protection Association estimates
- **▼** Smoking is one of the cause of forest fires.



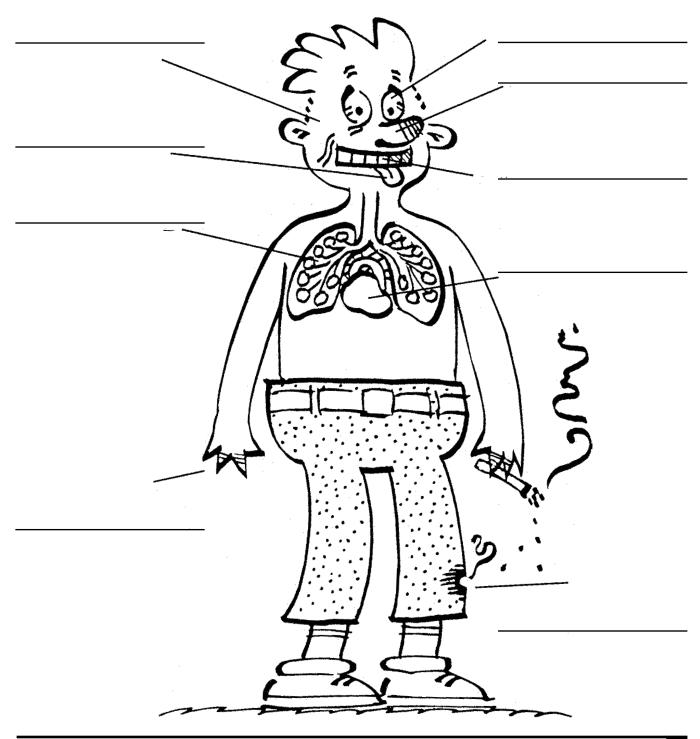
- **▼** Decreased athletic performance
- ▼ Heart disease (smoking causes one in four fatal heart attacks)
- ▼ Increased frequency of all respiratory diseases, from the common cold to pneumonia
- ▼ Emphysema—scarring or collapse of air sacs which causes breathing difficulty and may eventually result in death
- **▼** Injury to fetus





## **E**ffects of Smoking Here and Now

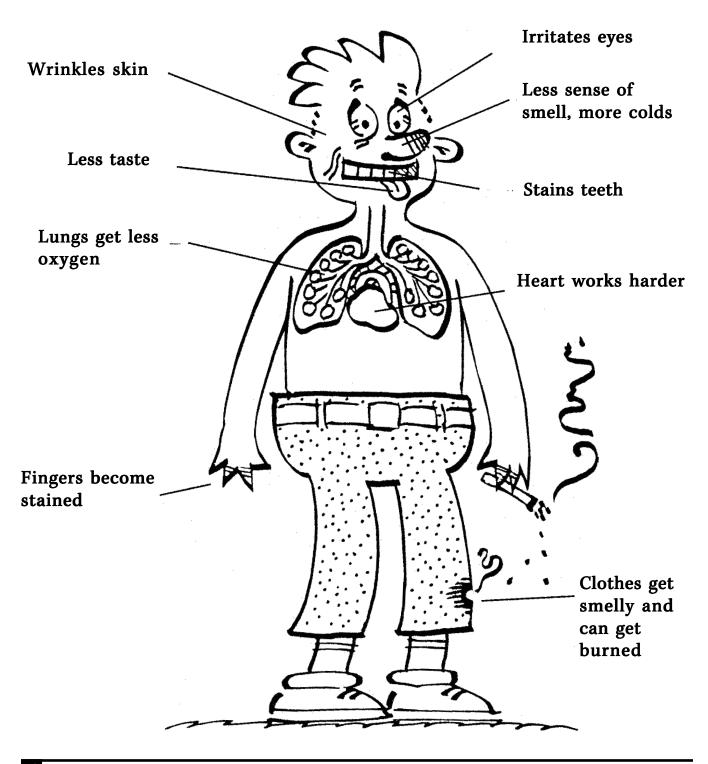
Describe the effects of smoking on each body part. Write short phrases on the lines connected to the body parts by lines.





## **E** ffects of Smoking Here and Now

Describe the effects of smoking on each body part. Write short phrases on the lines connected to the body parts by lines.





### **LESSON TWO**

#### **How Does Smoking Affect Your Body?**

#### **OBJECTIVES:**

- 1. Students will be able to identify parts of the respiratory system.
- 2. Students will describe how smoking harms the human body.

#### **TEACHER PREPARATION AND MATERIALS:**

Review: 1. Powerful Points About How Smoking Affects the Lungs

2. Respiratory System (Teacher version)

Copy: Respiratory System (one each)

Make: Transparency of respiratory system

Option 1: Make a smoking machine

Option 2: Brain Teaser - cup of molasses or dark syrup

#### **PROCEDURE:**

#### Explain how the respiratory system works

The diaphragm is a muscle which expands or decreases the size of the chest cavity, allowing air in or pushing air out of the lungs.

Air enters the body through the nose and mouth and travels down the throat and nasal passage to the windpipe or trachea. Hairs in the throat and nose trap particles of dust etc. in the air before they enter the trachea. The inside walls of the trachea are lined with a membrane that has little hair-like cells, called cilia. The membrane traps dirt and germs in mucus. The cilia move the mucus out of the trachea.

The lungs are like an upside down tree. The windpipe or trachea is the trunk which divides into branches and twigs. The two branches are called bronchi. These are also lined with mucus and cilia, which continue to clean the air. These divide into the twigs or bronchiole.

At the end of the twigs are tiny balloon-like air sacs called alveoli. The total amount of air which alveoli "balloons" can contain is called lung capacity.

Oxygen in the air passes through the thin walls of the air sacs and through the thin walls of tiny blood vessels into the bloodstream. Blood cells carry the oxygen from the lungs to the heart. The heart pumps the oxygen to all body cells which need it to do their jobs and to multiply.

#### FOR THE TEACHER

These same blood cells carry waste and carbon dioxide away from body cells back to the heart which pumps them back through the lungs. Carbon dioxide passes back through the walls of tiny blood vessels and through the walls of the alveoli into the lungs. Air with carbon dioxide is pushed out of the lungs by the diaphragm. It passes up through the windpipe, through the mouth or nose and out of the body.

Explain that the long-term effects of smoking cigarettes are very serious. They have just experienced what it is like to have chronic obstructive lung disease (progressive limitation of the flow of air into and out of the lungs.)

#### **EVALUATION:**

- 1. Students identify at least five parts of the respiratory system on the Respiratory System worksheet.
- 2. Younger students can color the different parts of the respiratory system.
- 3. Students visualize the physical effects of smoking.



## Powerful Points About How Smoking Affects the Lungs

#### Effects of tobacco smoke

Tobacco smoke contains more than 200 poisonous chemicals including:

- **▼** *Arsenic* used for rat poison
- **▼** *Ammonia*—used for toilet bowl cleaner
- **▼ Carbon monoxide**—found in care exhaust pipe
- **▼** *Tar*—used for roofing and waterproofing
- **▼** *Nicotine*—one of the most addictive drugs known, also used as poison in bug sprays.

Carbon monoxide takes the place of oxygen in the blood cells. As a result smokers often feel tired.

Nicotine narrows the blood vessels making it difficult for the heart to get oxygen to the body. This decreases athletic performance. Eventually this narrowing can cause heart disease.

Tar clogs cilia, reducing their ability to keep dirt and germs out of the lungs. It also irritates the linings of the nose, throat, and lungs. Because of this, smokers have more coughs, colds, and other lung diseases than non-smokers. Parts of the respiratory system touched by tar often develop abnormal cells which can become cancer.

Tar irritates alveoli causing them to explode. This decreases the exchange of oxygen and carbon dioxide. Smokers often feel out of breath.

Smoking causes cancers of the mouth, throat, and lungs and contributes to many other cancers. It causes heart disease. It harms the fetus and can cause premature birth.

#### Effects of environmental tobacco smoke

Breathing smoke from someone else's cigarette, known as environmental tobacco smoke or ETS, can also damage lungs. Studies show that people who spend a lot of time with smokers have many more lung diseases than people who live and work in smoke-free environments.

#### Effects of marijuana smoke

Marijuana smoke is also very harmful to the lungs.

#### Effects of spitting tobacco

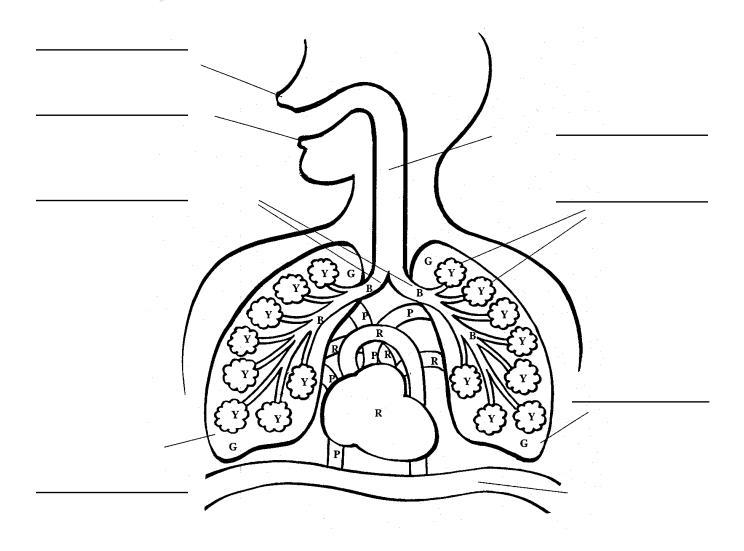
Spitting tobacco causes cancer and other damage to the mouth, throat, and stomach.

Spitting tobacco has 10 times the amount of some cancer-causing substances as smoking tobacco.

The nicotine in spitting tobacco is just as addictive as that in cigarettes.



## R espiratory System



1. Label parts of respiratory system on the lines. The parts are:

nose

trachea

diaphragm

alveoli

bronchi

mouth

lungs

2. Describe how tobacco use can affect each part.

Adapted from Health Networks, American Cancer Society



#### Do an experiment using the smoking machine:

Introduce the experiment by telling students that some tobacco companies still try to convince people that smoking is not harmful in spite of 40,000 studies which show that it is. The experiment will allow students to gather their own information and make up their own minds about the effects of smoking.

The end of the tubing with the cigarette simulates the mouth, the plastic tubing represents the trachea, and the bottle represents a lung. Show students the plastic bottle with the cigarette and tubing. See if students can explain how this is a model of a person smoking. Tell the class that the plastic bottle has about the same volume as an adult lung.

Examples: Smoke is filling the bottle, the smoke smells. Squeeze most of the air out of the bottle. Light the cigarette and begin pumping the bottle gently and slowly to simulate breathing. Do this until the cigarette is mostly smoked. Ask students to make observations as the cigarette is "smoked."

The cotton ball from the tubing is now all brown and sticky from the tar in the smoke. It is not possible to see the carbon monoxide, nicotine, and other poisonous gases in cigarette smoke. After putting out the cigarette, open the bottle and pull the tube down through the cap so that the cotton is not disturbed. Put the cap back on the bottle and put a piece of foil over it. Notice how foggy and full of smoke the bottle is, then have students compare the cotton ball from the tube with the clean one on the table.

End the lesson by having students share one word or phrase which describes how they feel about smoking.

#### Making a Smoking Machine

#### **Materials:**

2 qt transparent plastic bottle (from soft-drink or seltzer water)

4 inch piece of 1/4" transparent plastic tubing

2 cotton balls

1 non-filter cigarette

matches

a small piece of aluminum foil

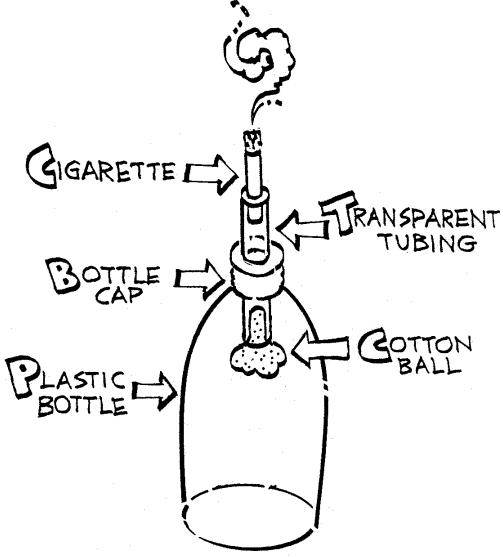
#### Procedure:

- 1. Punch a hole in the bottle cap with a hammer and screwdriver
- 2. Put cigarette in one end of tubing
- 3. Push other end through bottle cap
- 4. Stick one cotton ball in other end
- 5. Screw on bottle cap
- 6. Place the second cotton ball on a piece of paper next to bottle.

Note: Arrange location for smoking experiment which minimizes smoke exhalation. Caution: Students with asthma should only be present for introductory and follow-up discussion.

You may need permission to do the experiment inside because of your school's tobacco-free policy. Do the experiment near a window or in a sheltered place outside.







#### **Brain Teaser**

Show students the cup of molasses or dark syrup as you read this lesson's Brain Teaser.

Did you know that a person who smokes one pack of cigarettes per day inhales about 1 cup of tar every year?

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### LESSON THREE

#### Can Spitting (Smokeless) Tobacco Really Hurt Me?

#### **OBJECTIVE:**

Students will identify the effects that spitting tobacco has on the body.

#### **TEACHER PREPARATION AND MATERIALS:**

**Review:** Powerful Points About Spitting Tobacco and article on Sean Marsee **Copy:** Reprint of Reader's Digest article Sean Marsee's Smokeless Death

#### **PROCEDURE:**

1. Review information about the effects of smoking cigarettes on health
Initiate a discussion about another form of tobacco: spitting tobacco, including chewing
tobacco and snuff. These products contain tobacco leaf, nicotine and a variety of sweeteners, flavorings and scents. In chewing tobacco, the leaf may be shredded, pressed into
bricks or cakes, or dried and twisted into rope-like strands. A portion is either chewed or
held in place in the cheek or between the lower lip and the gum.

The two categories of snuff, dry and moist, are made from powdered or finely cut tobacco.

Identify the harmful effects of spitting tobacco (See Powerful Points....page 18).

#### 2. Introduce the story of Sean Marsee

This is a true story about what happened to someone who believed the tobacco advertisers. Explain that Sean was a successful 18-year-old athlete who lived in the 1970 and 80s. He began chewing tobacco when he picked up some free samples at a local rodeo.

There are many options for continuing the story. Tell the story in your own words; read part of or all of the article aloud; have students read excerpts or the whole story themselves. Ask students to describe what they learned from the story.

#### **ACTIVITY:**

Mix chewing tobacco and water and in a clear jar. Screw on lid and leave overnight. Next day, open and allow students to pass around and smell. This jar can be saved for several days.

#### **EVALUATION:**

Students identify at least two risks of using spitting tobacco from the story of Sean Marsee.



## Powerful Points About Spitting (Smokeless) Tobacco

#### What it is and how it is used

There are two kinds of spitting tobacco: chewing tobacco and snuff. These are known respectively as "chew" and "snuff." Chewing tobacco is placed in a wad or quid inside the cheek and sucked. Snuff is a powdered form of tobacco which is placed between the lower lip and teeth, where it stimulates the flow of saliva and mixes with it. Some of the tobacco juices trickle down the user's throat and are swallowed in spite of constant spitting.

#### What it does

Spitting tobacco contains most of the same harmful chemicals as cigarettes. The difference is that the chemicals are absorbed into the body through the lining of the mouth, throat, and stomach rather than the lungs. Spitting tobacco has 10 times the amount of some cancercausing substances as cigarettes.

#### The nicotine in spitting tobacco results in:

- ▼ Addition: Nicotine produces temporary alertness, usually followed by tiredness or irritability—an "up" then a "down."
- ▼ Narrowing of the blood vessels making it difficult for the heart to get oxygen to the body.
- ▼ Increased heart rate and blood pressure.

These changes decrease athletic performance. Eventually they can cause heart disease and death.

#### Spitting tobacco can cause cancer of the mouth and throat:

- ▼ Users have 10-15 times the risk of developing cancer as non-users.
- ▼ About 30,000 per year develop oral cancer (mouth, lip, tongue). About three quarters of these are due to heavy use of alcohol and tobacco.
- ▼ Prolonged exposure in the same area of mouth increases risk.
- ▼ Rough white patches called leukoplakia often appear on the inside of the mouth and can turn to cancer.
- ▼ Leukoplakia will usually disappear about two weeks after use stops. If it does not, see a doctor.
- ▼ The warning signs of cancer, such as leukoplakia or sores that don't heal, can be seen easily and can be cured if caught early.

#### Other effects of spitting tobacco include:

- ▼ Discoloration of teeth (this can be permanent)
- ▼ Bad breath
- **▼** Decreased ability to taste or smell
- **▼** Mouth sores
- ▼ Gum disease: when the gums are irritated by tobacco they recede, increasing the chances of tooth loss.



- ▼ Tooth decay: Spitting tobacco contains a lot of sugar which decays teeth like any other sugar.
- ▼ Spitting: Users periodically need to spit out brown juice.

#### Statistics about use

- ▼ 19% of high school males are current users of spitting tobacco.
- ▼ Youth Risk Behavior Survey, Centers for Disease Control and Prevention, 1991
- ▼ 32% of high school students had tried spitting tobacco in a 1992 survey, most of these were male.
- ▼ Surgeon General's Report, USHHS, 1994
- ▼ 12 million people use tobacco in the U.S. One quarter of these are under age 21.
- ▼ Tobacco-Free Youth Reporter, p. 20. STAT, Fall, 1993
- ▼ The use of chewing tobacco increased four times and the use of snuff increased 15 times between 1970 and 1986.

Surgeon General's Report, USHHS, 1989

#### Laws

In 1986, new laws banned advertising of spitting tobacco in the media and required warning labels. Text of warning labels:

This product is not a safe alternative to cigarettes

This product may cause gum disease and tooth loss

This product may cause mouth cancer

It is illegal to sell spitting tobacco and other tobacco products to anyone under the age of 18.

#### **Policies**

Minor league baseball banned use of chewing and smoking tobacco in 1993. "We're addressing our concerns both for the health of baseball personnel and the image they may portray." (Dick Wagner, assistant to chairman of Executive Council)

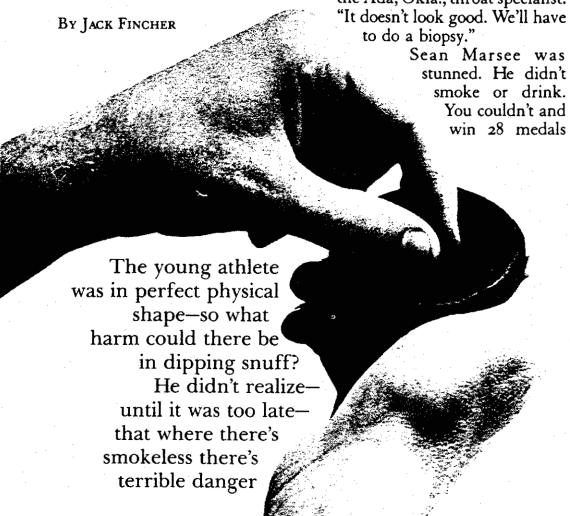
As of 1994, collective bargaining agreements between players and owners prevent this from happening in the major leagues.





### Sean Marsee's Smokeless Death

hard white core was the size of a half-dollar. It belonged, thought Dr. Carl Hook, in the mouth of a 75-year-old who had been dipping snuff since the age of three, not on the tongue of the high-school boy who sat across from him. "I'm sorry, Sean," said the Ada, Okla., throat specialist. "It doesn't look good. We'll have





#### READER'S DIGEST

running anchor leg on the 400-meter relay. A tapered five-foot-five, 130 pounds, Sean had always taken excellent care of his body: watching his diet, lifting weights, running five miles a day six months of the year.

Now this. How could it be? True, he was never without a dip. He used up a can of snuff, a type of smokeless tobacco, every day and a half, holding it in his mouth to get a nicotine jolt without smoking. It was popular among high-school athletes who didn't want to break training. "But I didn't know snuff could be that bad for you," Sean said. "No warning label or anything. And all those ads on TV..."

A Mind of His Own. Eighteen-year-old Sean had been secretly using "smokeless"—chewing tobacco briefly, then snuff—since he was 12. His mother, Betty, a registered nurse, had hit the roof when she found out. Didn't he know tobacco was hazardous, smoke or no smoke?

Sean refused to believe her. Would sports stars sell snuff on TV if it hurt you? Why, even his coach, Jim Brigance, a bear for conditioning, knew boys on his team dipped and didn't make a big thing of it.

Finally, Betty dropped the subject. It had been Sean

who pulled his sister Marian out of the lake when she fell through the ice; Sean who was his sister Melissa's model for an ideal husband; Sean who taught his younger brothers Shannon and Jason to hunt, fish and trap; Sean who planned to join the Army Airborne as a career and to get his college education paid for. The oldest of her five children had a mind of his own.

Besides, Betty, a single parent working the hospital night shift in Ada, had enough to think about just raising the children. Then Sean had come to her

with his ugly sore. Betty took one look; her heart sank. And now Dr. Hook was saying, "I'm afraid we'll have to remove that part of your tongue, Sean."

The high-school senior was silent. "Can I still run in the state track meet this weekend?" he finally asked. "And graduate next month?" Dr. Hook nodded.

A Necessary Mutilation. On May 16, 1983, the operation was performed at the Valley View Hospital

in Ada. More of Sean's tongue had to be removed than Dr. Hook had anticipated. Worse, the tumor biopsy was positive. Once the swelling in his mouth went down, Sean agreed to see a radiation therapist.

Before therapy could begin, however, a newly swollen lymph node was found in Sean's neck, an ominous sign that the cancer had spread. Radical neck surgery would now be needed. Gently Dr. Hook recommended the severest option: removing the lower jaw on the right side as well as all lymph nodes, muscles and blood vessels except the life-sustaining carotid artery. There might be some sinking, but the chin would support the general planes of the face.

Betty Marsee began to cry. Sean was being asked to approve his own mutilation—Sean who was so fastidious about his appearance that he'd even swallow his dip rather than be caught spitting tobacco juice. They sat in silence for ten minutes. Then, dimly, she heard him say, "Not the jawbone. Don't take the jawbone."

"Okay, Sean," Dr. Hook said softly. "But the rest; that"s the least we should do."

On June 20 Sean underwent a second operation, which lasted eight hours. That same month 150 stu-

dents and teachers at
Talihina High assembled to honor
their most outstanding athlete. Sean
could not be there to
receive his award.
Coach Brigance

Coach Brigance and his assistant came to the Marsee trailer home to present him with the walnut plaque. They tried not to stare at



Photos tell Sean's tragic story.

the huge scar that ran like a railroad track from their star performer's earlobe to his breastbone. Smiling crookedly out of the other side of his mouth, Sean thanked them.

Last Lap. Miraculously, Sean snapped back. When Dr. Hook saw him that August, he showed no trace of his ordeal except the white incision scar. Five weeks of radiation therapy were behind him. Sean greeted his



#### SEAN MARSEE'S SMOKELESS DEATH

doctor with enthusiasm, plainly happy to be alive.

He really believ es his superb physical condition is going to lick it, Carl Hook thought, driving home. Let's hope he's going to win this race too.

But in October Sean started having headaches. A CAT scan showed twin tentacles of fresh malignancy, one snaking down his back, the other curling under the base of his brain.

Sean had his third operation in November 1983. It was the jawbone operation he had feared—and more. After ten hours on the operating table, he had four huge drains coming from a foot-long crescent wound, a breathing tube sticking out of a hole in his throat, a feeding tube through his nose, and two tubes in his arm veins. Sean looked at Betty as if to say, My God, Mom, I didn't know it was going to hurt like this.

The Marsees brought Sean home for Christmas. Even then, he remained optimistic, until the day in January when he found lumps in the left side of his neck. Later, Betty answered when the hospital phoned the results of another biopsy. Sean knew the news was bad by her silent tears as she listened. When she hung up, he was in her arms, and for the first time since the awful nightmare started, grit-tough Sean Marsee began to sob.

After several minutes, he straightened and said, "Don't worry. I'm going to be fine." Like the winning runner he was, he still had faith in his finishing kick.

For the last two weeks of Sean's life, his adjustable hospital bed dominated the trailer's living room. Coach Brigance visited often, sometimes with a check from Talihina-area residents, teachers and classmates who knew how hard-pressed the Marsees must be.

Almost to the end Sean insisted on caring for himself, packing his wound and cleaning and reinserting his breathing tube several times a day.

One day Sean confessed to Betty that he still craved snuff. "I catch myself thinking," he said, "I'll just reach over and have a dip." Then he added that he wished he could visit the high-school locker room to show the athletes "what you look like when you use it." His

ROGER McDowell, the fireballing, righthanded mainstay of the New York Mets' bullpen, started dipping snuff five years ago when he was a sophomore at Bowling Green State University in Ohio. "A lot of the older players on the baseball team were using it," He remembers, "so I did too." By the time he signed to play with the Mets' farm club in Jackson, Miss., he was up to a can every two days. Then he met his future wife, Karen, who recalls, "Roger wouldn't dip around me. I just said to him when I saw him do it once, 'Ugh, how can you do that?'"

Still, it wasn't until after their marriage that Roger gave up dipping altogether. That was the night they learned of Sean Marsee's tragic fate on "Sixty Minutes." Karen turned to Roger and said, "Promise me you're going to quit." He promised. And quit he did. Today the only dipping done in the McDowell family is by his blazing fast ball. Sums up Roger: "Taking snuff is an unhealthy habit, and any young athlete who values his physical condition should stay away from it."

appearance, he knew, would be persuasive. A classmate who had come to see him fainted dead away.

One friend who didn't flinch was John O'Dell, then 29, a former football player from the local Fellowship of Christian Athletes. John asked Sean, when he became unable to speak, if he'd like to pencil something to share with young athletes "later." Sean wrote two brief messages. One was a simple declaration of Christian faith. The other was a plea: *Don't dip snuff*.

Early on February 24, 1984, Sean smiled a tired smile at his sister Marian and flashed an index finger skyward. An hour later he died.

Time Bomb in the Mouth. Last February, Betty Marsee was among 54 witnesses who testified at a Massachusetts Public Health Department hearing on whether to label snuff a hazardous substance. The Marsees had determined to tell Sean's story: "If we didn't speak out, nothing was going to get better."

Scientists testified that the connection between snuff and oral cancer, the nation's seventh leading cause of cancer death, cannot be questioned. The culprit: highly potent cancer-causing compounds called nitrosamines, one of which forms in the mouth through the chemical interaction of saliva and tobacco. According to Stephen Hecht, an organic chemist with the American Health Foundation, a dip of snuff delivers roughly the same amount of nicotine as a cigarette and *ten times* the nitrosamines.

There are now 6 million to 10 million consumers of snuff, and sales are rising 8 percent annually. "The more I dipped, the more I liked it," said Paul Hughes, 18, a six-four football co-captain from North Easton, Mass. "Makes you feel—you know, calms you down.



#### READER'S DIGEST

How you can help prevent repetitions of the tragedy

Write your Congressman to support Representa-

tive Waxman's efforts to ban smokeless advertising

on television and radio, and to require national health-

Write to Rep. Dan Rostenkowski (D., Ill.), Chair-

man of the House Ways and Means Committee, and

to Sen. Bob Packwood (R., Ore.), Chairman of the

Senate Finance Committee, to demand that in this

time of unprecedented deficits there be an excise tax

• Find out if your state is one of the 26 that pro-

hibit the sale of snuff and chewing tobacco to minors. If it does not, ask your state legislators why. If it

does, try to determine if the law is being enforced.

• Make sure that your children read about what

happened to Sean Marsee. And insist that your local

school system educate the student body about dan-

on all smokeless-tobacco products.

gers of dipping.

warning labels on all smokeless-tobacco products.

that befell Sean Marsee:

When I tried to stop, I couldn't." Alan Lawrence, his co-captain of the football team in Taunton, Mass., said, "In our school, about three-quarters of the kids who play sports do it. As an everyday thing." Added

Andover dental hygienist Joan Walsh, "Many equate it with gum chewing."

Scientific witnesses for the Smokeless Tobacco Council argued that no undisputed scientific evidence exists proving its product causes any human disease or is clinically addictive. Nitrosamines have produced cancer in some laboratory animals, but have not been shown to cause cancer in any human being, they pointed out.

But representatives of the American Cancer Society, American Heart Association, American Lung Association, American Dental Society, the

U.S. Addiction Research Center and the Centers for Disease Control joined researchers from the National Cancer Institute in condemning the practice of dipping. Concluded Assistant Surgeon General Robert Mecklenburg, chief dental officer of the U.S. Public Health Service: "Why should a chemical time bomb be allowed to tick without warning in the mouths of children?"

Health scientist Elbert Glover of East Carolina University recently conducted two quit-smokeless-tobacco clinics in which only one of 41 participants was able to go for more than four hours without the use of smokeless tobacco. "This, to me," Glover says, "means that smokeless can be highly addictive."

Since the Massachusetts hearing, that state now required warning labels on snuff cans, and eight other states have similar mandatory warnings under consideration.

Both the World Health Organization and U.S. Surgeon General C. Everett Koop have declared that smokeless tobacco does indeed pose a cancer threat,

> Health Research Group has petitioned the Federal Trade Commission to order warning labels. The FTC, in turn, has asked the Surgeon General to conduct a comprehensive review of existing scientific evidence on health effects before taking action. Last July, Rep. Henry Waxman (D., Calif.), chairman on Health and the Environment, held hearings on whether to ban all smokeless advertising from television.

Dr. Gregory Connally, director of dental health for the Massachusetts Department of Public Health, concedes

that "we don't know how much oral cancer is caused by snuff. But we do know that each year we have about 29,000 new cases of oral cancer and 9000 deaths in this country. Tobacco of one kind or another is believed to account for about 70 percent of it. According to the National Cancer Institute, if you use snuff regularly you increase your risk fourfold."

Shortly before his death, Sean Marsee told his mother that there must be a reason God decided not to save him. "I think the reason is what we're doing right now," says Betty Marsee. "Keeping other kids from dying—that's Sean's legacy."

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and the Public Citizen

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### **LESSON FOUR**

#### Why Do People Use Tobacco Anyway?

NOTE: This lesson focuses on smoking, however, we know that any tobacco use is harmful. Feel free to substitute "tobacco use."

#### **OBJECTIVES:**

- 1. Students will develop hypotheses about why people begin to smoke.
- 2. Students will distinguish between internal and external reasons why people smoke.

#### **TEACHER PREPARATION AND MATERIALS:**

Review:

- 1. Powerful Points About Smoking
- 2. Reasons Young People Choose to Smoke or Note to Smoke

Copy for each pair of students: Interview with a Smoker, Interview with a Non Smoker, Hypothesis about Why

#### **PROCEDURE:**

1. Explain that today's lesson on understanding why people smoke will help them make health decisions about smoking.

Review the Powerful Points About Smoking to emphasize that "everyone isn't doing it." Define habit as an action that people repeat so often that they do it without thinking. A habit is a kind of psychological dependence. Suggest that individual students try to break a habit for a few days. You could also have the class try to say "good-bye" instead of "hello" when they came into class in the morning. Discuss the results of these efforts after a few days. What was easy or difficult and why?

2. Learn why individuals choose to smoke

Bring up reasons from Why Young People Choose to Smoke or Not to Smoke which students do not mention on their own. Students will interview a smoker and a non-smoker to learn what influenced their decision to either smoke or not smoke. Students will return to share one reason at a time. Write answers on the chalkboard. Bring up reasons why young people choose to smoke or note to smoke which students do not mention on their own.

For younger grade, send page 26, *Reasons Why Young People Smoke* home to discuss with parents. Next day, student draws picture of what was discussed, what influenced their parents to either smoke or not smoke. Teacher would develop bulletin board exhibiting student's pictures.

3. Discuss lack of knowledge as a reason in more detail

Do students think that smokers know about the harmful effects? In response to those who say no, mention ways in which people could learn about the effects of smoking if they didn't already know. In response to those who say yes, comment that facts do not seem to be enough by themselves to keep people from smoking.



#### 4. Discuss addiction

State that there are two types of influences on behavior: internal and external. Discuss addiction as a major internal factor. Explain that many people, especially young people, don't know about or underestimate the power of addiction. Smokers who know smoking is harmful and want to stop, often can't because they are addicted to the nicotine. Addictions are even harder to break than most habits because the body, as well as the mind is dependent on the nicotine.

#### 5. Introduce interview

Tell students that they will be interviewing an adult family member, teacher, friend, or neighbor about their decision to smoke or not to smoke. Suggest that students interview a smoker if they know one, so they can check out the class hypotheses. If students don't know a smoker, they can learn reasons why people choose not to smoke. Hand out smoker and non-smoker interview forms. Encourage students to add their own questions at the bottom of their forms. Review at beginning of the next lesson and compare results to the original hypotheses.

#### **EVALUATION:**

- 1. Students list at least three reasons for smoking Reasons About Why People Smoke worksheet.
- 2. Students at least one non-smoker or one smoker to discuss habits that form for tobacco use.



### Powerful Points About Smoking

#### Statistics about Smoking Incidence and Initiation Age

- ▼ One in six (16%) high school students smokes cigarettes daily. This is an increase of 1-2% from 1992.
  - National Institute on Drug Abuse annual survey, 1993
- ▼ Nine percent of 8th graders, 19% of 10th graders, and 26% of 12th graders reported using marijuana. This is an increase of 2-4% from the previous year.

  National Institute on Drug Abuse annual survey, 1993
- ▼ The rate of cigarette use almost doubles from 5th to 6th grade—from 6.5% to 11.2%—in a study of 70,000 students.

  PRIDE, 1990
- ▼ Half of all smokers begin by the age of 13 Centers for Disease Control and Prevention, 1989
- ▼ Four out of five adults (82%) who are, or have been regular smokers, tried their first cigarette before their 18th birthday.

  \*US Surgeon General's Report, 1993\*\*
- ▼ Only one in four adults (25%) is a regular smoker. This proportion has been decreasing since 1964.

#### Statistics about Addictive Effect of Smoking

- ▼ Smokers who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking-related disease.

  US Surgeon General's Report, 1989
- ▼ Almost 75% of teenagers who smoked in high school were still smokers 7-9 years later even though only 5% of those person predicted they would be.

  \*National Institute on Drug Abuse, 1975-1990\*
- Most smokers (93%) who try to quit smoking start back within one year. Even one-third of the people who quit for at least one year eventually relapse.

  US Surgeon General's Report 1989, 1990
- ▼ The vast majority of current smokers (83%) wish they had never started. *Gallup Poll*, 1990



## Reasons Young People Choose to Smoke or Not to Smoke

The emphasis of this program is on smoking prevention. It is interesting to note however, that many of the reasons given for smoking also apply to the use of other drugs. Family habits and peer pressure are the strongest of the influences listed below.

#### Common reasons for smoking

#### **External:**

- ▼ Family habits: parent(s) or siblings who smoke
- ▼ Peer pressure: wish to be popular, "in" or "cool" and the perception that "Everybody is doing it"; wish to feel "grown up" (rite of passage)
- Media: advertisement and programming which show smoking associated with positive attributes such as good look, fun, and success.

#### **Internal:**

- ▼ Wish to avoid or decrease painful or stressful feelings, e.g., boredom, loneliness, anxiety, sadness, fear.
- ▼ Lack of skills: don't know how to resist pressure
- ▼ Curiosity or fun: wish to try the "high" they have heard about
- ▼ Habit or addiction (once a person gets started it is hard to stop)
- ▼ Rebellion: an effort to draw attention or annoy others
- **▼** Concern about weight (especially females)

#### Common reasons for not smoking/benefits of not smoking

- ▼ Family members and/or friends don't smoke
- ▼ Avoid rejection caused by smelly breath, hair, and clothes
- ▼ No interference with athletic performance and stamina
- **▼** Feel healthier
- ▼ Teeth and fingers stay free of stains and smell
- **▼** Money is available to spend in other ways
- ▼ Avoid addiction



## T nterview with a Smoker

#### Then:

- 1. How old were you when you first make the choice to smoke?
- 2. How did you make your decision to smoke?
- 3. Did you know that smoking was harmful to your health?
- 4. How did you feel when you smoked your first cigarette?

#### Now:

- 5. Do you know that smoking is harmful to your health?
- 6. Have you had any health problems related to smoking (coughing, shortness of breath, lung disease)?
- 7. Why do you continue to smoke?
- 8. Have you ever tried to quit? What happened?
- 9. If you could turn the clock back to the time when you started smoking, would you start again?
- 10. What advice about smoking do you have for someone my age?

#### My own question(s):



### nterview with a Non-Smoker

#### Then:

- 1. At what age do you remember first refusing an offer to smoke?
- 2. Why did you decide not to smoke?
- 3. Did you know that smoking was harmful to your health?
- 4. How did you feel when you saw or knew others your age who smoked?

#### Now:

- 5. If you have ever smoked, please answer these questions:
  - a) When did you start?

Why?

- b) Why did you quit?
- c) How difficult was it to quit?
- 6. If you have never smoked, please answer these questions:
  - a) Do you have any friends or relatives who are smokers?
  - b) Have they had any health problems related to smoking (coughing, shortness of breath, lung diseases)?
  - c) Have they tried to quit?

What happened?

7. What advice about smoking do you have for someone my age?

#### My own question(s):

## hy People Use Tobacco

Definition: A hypotheses is an unproved theory or explanation of an event, etc. Plural for hypothesis: hypotheses.

Directions: Talk with your group about why they think people use tobacco. Write down three

more hypotheses that the group can agree on.	
Ve think people use tobacco because:	
•	
•	

Other reasons:

Rank these in order of importance. Mark the most important with a 1, the next important with a 2, and the least important with a 3. Write these numbers in the margin next to the reason.



## **LESSON FIVE**

#### **How to Make Decisions About Tobacco**

#### **OBJECTIVES:**

- 1. Students will apply decision-making steps to smoking
- 2. Students will demonstrate how to clearly state a position on smoking in public

#### **TEACHER PREPARATION AND MATERIALS:**

Review:

- 1. Smoking in Public Places: Powerful Points About Both Sides of the Issue
- 2. How to Make Decisions
- 3. Stand Up for Yourself: Assertiveness Tips

#### **PROCEDURE:**

1. Introduce the decision-making process

Comment that students have been talking about what decisions people make about smoking. Today's lesson focuses on how people make decisions. Everyone has times when they make decisions without thinking. However, when there are important decisions to make, such as about smoking, it is useful to know how to do it carefully. Point out that the process is similar for smoking and other decisions. Refer to How to Make Decisions chart.

Lower grades will be a verbal response. The upper grades may write them out.

2. Practicing the decision-making process

Explain that decision-making is a skill which needs to be learned through practice like any other skill. Assign or allow students to choose partners. Give them 8-10 minutes to discuss the decision making process.

3. Practicing being assertive

Review assertiveness tips to the students. Remind students that they learned about an important type of assertiveness during the recent lesson on refusal; they learned to assert views about their own behavior. Today students will learn to assert themselves in another way. They will learn to express and listen to views about other people's behavior.

4. Small group discussions (Upper Grades)

Divide students into small groups, with an equal number of groups identifying arguments on both sides of the issue. Tell students that they have 10 minutes to prepare a certain position on the smoking issue, even if they don't agree with it. All members help identify and be prepared to explain arguments. Select someone to write down reasons discussed. Keep assertiveness tips in mind.

\* You may continue with a structured debate having students prepare opening statements, rebuttals and closing statements.

#### FOR THE TEACHER



5. Deciding on a continuum (all)

Have all the students stand in the middle of an open area in the classroom or the hall. Tell them that you are going to ask them to more or stay in a position which represents the conclusions they have come to so far on smoking in public places. Remind them that there are no right or wrong answers.

- \* Define the ends of the continuum in the given space, with one end signifying strong agreement and the other end signifying strong disagreement with statements made by you. If students have not made up their mind, don't have an opinion, or don't want to share their opinion tell them to stand in the middle. If they have mild opinions, tell them to stand somewhere in between the middle and one end.
- \* Ask students to listen to each of the following statements, reflect a moment, then take a position (move to each side with their head down so that no peer pressure exists):
- 1. Smoke from other people's cigarettes is harmful to your health.
- 2. It's OK to ask others not to smoke near you.
- 3. Absolutely no smoking should be allowed in public places such as restaurants.
- 4. Design questions relative to grade level.
- \* Thank students for participating in challenging exercises and compliment them for expressing and respecting diverse opinions.
- 6. Tootsie Roll Lesson (all)
  See page 33 for instructions

#### **EVALUATION:**

- 1. Students contribute at least one reason for smoking or not smoking during the class discussion.
- 2. Student pairs provide examples for each step of the decision-making process.
- 3. Students use assertiveness tips during informal class debate about smoking. (Upper Grades).
- 4. Students will be able to express their opinions on smoking or not smoking in restaurants.



### **Tootsie Roll Lesson**

#### **OBJECTIVES:**

- 1. To recognize that tobacco product advertising targets youth
- 2. To recognize the impact advertising has on early onset of smoking
- 3. To familiarize students with facts and fallacies related to the use of tobacco

#### **MATERIALS AND PREPARATION:**

- 1. Display posters previously made by students using cigarette advertisements cut from magazines
- 2. One piece of wrapped candy for each student
- 3. Two to four sheets of chart paper

#### **PROCEDURE:**

- 1. Inform the students that they will be doing a mock tobacco experiment. Put a piece of wrapped candy (Tootsie Roll, Sweetart, etc.) on each child's desk.
- 2. The students are to pretend that the candy is a cigarette and that the teacher will be pressuring them to "smoke" it, using all the advertising tactics that the tobacco industry uses, hoping they will be strong enough to refrain.
- 3. The teacher pressures the students, individually or in groups, to "smoke" the cigarette (candy). Examples of things to say are:
  - ▼ real people with real taste
  - ▼ to be slim and sassy
  - ▼ to be part of the "in" crowd
  - ▼ to be more popular
  - ▼ for an adult attitude
  - ▼ to help relax and lessen stress
  - ▼ to be "cool"
  - ▼ to share in the adventure
  - ▼ you've come a long way
  - ▼ real pride
  - **▼** the choice of independent thinkers
  - ▼ other kids will look up to you
  - ▼ if you want to be my friend
- 4. After a period of time, thank the students who were able to resist and allow all to eat and enjoy the candy. Discuss the appeal of candy to children and how as teenagers they may find tobacco use has an appeal for them.
- 5. Discuss the value of making an early and informed decision.

#### FOR THE TEACHER



- 6. Have one student scribe on chart paper as the class members tell what they think tobacco product advertisers want them to believe.
- 7. Have another student scribe as students brainstorm reasons for not smoking. Examples are:
  - **▼** fresher breath
  - ▼ cleaner teeth and fingers
  - ▼ smell nicer
  - **▼** fire hazard
  - ▼ causes lung disease
  - ▼ "popular group" doesn't smoke
  - ▼ causes wrinkles
  - **▼** expensive
  - ▼ an advantage in sports, choir, chorus, band, orchestra, gymnastics, dancing and cheerleading
- 8. Hang chart paper in classroom or hallway.

# Smoking in Public Places: Powerful Points About Both Sides of the Issue

#### Reasons to ban smoking in public places

**Scientific evidence:** Smoking bans protect non-smokers from the hazards of environmental tobacco smoke (ETS). Many scientific studies show harmful effects of passive or involuntary smoking. These include the 1993 report from the Environmental Protection Agency.

**Non-smokers' rights:** People have the right to breathe clean air and shouldn't be forced to breathe smoke from other people's cigarettes. After all, they can't choose not to breathe, whereas smokers can choose not to smoke or to smoke outdoors. The rights of many people to be safe outweigh the rights of one person to smoke.

**Non-smoking areas are not enough:** Smoking areas within a space reduce but do not eliminate the risk to non-smokers. To provide a smoke-free space, smokers would need to be in a separate room with adequate ventilation, which often is impossible to arrange.

**Public opinion:** Recent polls show that the public factors limiting smoking in public places. More than 90% believe ETS is harmful to adults, children and pregnant women. Ninety-four percent would like the total elimination of smoking or complete segregation between smoking and non-smoking areas in the worksite.

\*Gallup Survey, 3/92\*

**Discomfort:** Non-smokers find breathing smoke unpleasant. It stinks, causes coughing and smarting eyes. In large studies of smoking in the workplace, about half the people expressed medium discomfort. Another 16% expressed great discomfort.

Occupational Health Supplement to the 1988 National Health Interview Survey

**Setting an healthy example:** Frequent observation of adults who smoke makes it more likely that children will think smoking is harmless, socially acceptable, and that everyone is doing it. We know that children from homes where a parent and older sibling smoke are the most likely to become smokers.

**Individual permission is not enough:** Asking permission to smoke is often embarrassing and inconvenient, especially in large spaces such as restaurants or auditoriums. The fact is that people often don't ask others before they smoke. In a 1987 survey of 20,000 adults, almost half of the smokers reported lighting up without asking permission.

National Health Interview Survey, Davis et.al.



## How to Make Decisions

#### Describe the decision.

(What is the decision about?)

#### Think about the alternatives.

(What are my choices?)

#### Gather information about the choices.

(What do I need to find out in order to make up my mind?)

#### Consider the consequences of each choice.

(What would happen as a result of each choice?)

#### Make a choice and act on it.

(What will I decide?)



# Stand Up for Yourself: Assertiveness Tips

#### 1. State your views, feelings, or needs.

- **▼** Think before you speak
- **▼** Use "I" in your sentences
- **▼** Use a confident tone.
- ▼ Do this without hurting others. (This approach distinguishes an assertive person from an aggressive person who pushes views, feelings, or needs without consideration for others. An aggressive person may blame, criticize, or use physical force.)

#### 2. Explain your reasons.

- Use facts and experiences to clarify your views and feelings or to convince others Example: I don't want to smoke because it stinks.
- ▼ Assertiveness Tip 1 and 2 together are similar to "I" messages: I feel... when you...because...I would like...

#### 3. Try to understand the views, feelings, and needs of others.

Examples:

- **▼** Repeat or paraphrase what someone says
- **▼** Ask questions
- **▼** Listen for the feelings behind the words

#### 4. Match words with body language.

**Examples:** 

- ▼ Lean forward
- **▼** Make eye-to-eye contact

#### 5. Take action on your views, feelings, or needs.

An assertive person makes things happen, rather than watching things happen or wondering what happened.

#### **Smoke-Filled Ads**

#### **OBJECTIVES**

- 1. Students will distinguish fact from fiction in tobacco advertisements.
- 2. Students will use advertising techniques to counter ads for tobacco and other products or to promote healthy behavior.

#### **TEACHER PREPARATION AND MATERIALS:**

**Review:** 1. Powerful Points About Tobacco Advertising

2. Advertising Techniques or Appeals

3. Tobacco Almanac

4. Tobacco Report Card

**Copy:** Adbusters worksheet (one each)

**Prepare:** 1. Collect cigarette advertisements from homework assignments

#### **PROCEDURE:**

- 1. Basic concepts of advertising
  - A. What it is (notices in newspapers, magazines, TV commercials, billboards, sponsorship of sporting events, etc.)
  - B. What it is for (to sell something)
  - C. What it does (makes a product seem appealing)

\*Explain that advertisers use similar techniques. Although the class will be looking primarily at tobacco ads, the techniques are used by food, clothing, alcohol and other advertisers.

2. Adbusters worksheet (Upper Grades)

Place students in small groups and give students the advertisements they collected. Explain the Adbusters worksheet, reviewing the Advertising Techniques or Appeals sheet and explain the role of group members. Let students know that everyone needs to pay close attention to the discussion since you will be asking one person from each group to report for their team. Ask each group to share their analysis of a different technique. As each technique is presented, get a show of hands to find out how many other groups have ads using this technique. Conclude by asking "How accurate or truthful are cigarette ads?"

- 3. Advertising Awareness (all)
- 4. Counter-advertising

Students will have time to prepare counter-ads which satirize or directly point out the misleading nature of common ad messages. Students may use a variety of art forms. Examples: poster, dance, jingle, speech or skit. The students are allowed to work in groups. If time is limited, the students can do this for homework or allow time on another day.

#### FOR THE TEACHER



- 5. Warning Labels
  Students will be able to write their own "Warning Label" and discuss the size and other variables of the label.
- 6. Report Cards Send out report cards for smoking in movies or TV.

#### **EVALUATION:**

- 1. Students identify on the Adbusters worksheet at least one advertising technique for each of the advertisements that they have collected.
- 2. Students distinguish between the partial and whole truth about a product(s) in at least tow advertisements on the Adbuster worksheet.
- 3. Students use a least one of seven advertising techniques to create advertisements that satirize existing ads for tobacco or other products, or that promote healthy behaviors.
- 4. Students will recognize that tobacco industry pays the movie industry to use tobacco products.

# Advertising Awareness

# Increasing Awareness of Influences of Tobacco Advertising

(Lesson used with 3rd grade, but can be adapted to all levels)

#### **OBJECTIVES:**

- 1. Students will recognize that tobacco advertisements try to influence children to smoke
- 2. Students will recognize the hidden messages in tobacco advertisements
- 3. Students will recognize that students can be smarter than the tobacco industry

#### **MATERIALS:**

Tobacco advertisements. Teacher may collect several or have students bring in ads as homework.

#### **PROCEDURE:**

- 1. Students may work in groups or individually
- 2. Distribute the advertisements. Have students study the ads and find the warning label and tar and nicotine amounts. Ask how big these are.
- 3. Ask "What are the ads trying to tell you?"

  Discuss that all the ads show beautiful and happy people. Discuss that advertisements want the student to think that by smoking one will be popular, wealthy, go to exotic places and be beautiful and happy. Is the ad trying to show healthy lifestyles, i.e., sports?
- 4. Ask "Are these ads being truthful?"

  Discuss what is the truth about cigarettes smokers have to smoke away from everyone and are isolated outside; instead of making you rich, cigarettes costs lots of money (figure out how much it costs if smoke pack a day for week, year, etc.). Instead of being beautiful, smoking can cause wrinkles, yellow teeth, smelly hair, hands and clothes.
- 5. Discuss how tobacco companies are not interested in the student's health, only in making money. If they can convince children to smoke, these children may become addicted and smoke for life.
- 6. Discuss how students are too smart to fall for tobacco industry manipulation.
- 7. Students may write their findings on paper and attach to the bottom of the advertisement or may put the ad on construction paper and write under the ad.



## **Celebrity Report Cards**

#### (Lesson used with 3rd, 4th and 5th grades)

#### **OBJECTIVES:**

- 1. The student will recognize that the tobacco industry pays celebrities to smoke on camera.
- 2. The student will have a method to fight this type of influence.

#### **MATERIALS:**

Information sheet form "TOBACCO ALMANAC" Special "Report Cards"

#### **PROCEDURE:**

- 1. Discuss how movie stars influence children who see them. Children admire and try to copy stars, i.e., hair styles, clothes, etc.
- 2. Discuss how tobacco companies pay movie stars to smoke on screen.
- 3. As students see movies, have them identify stars that smoke on camera. Have students grade the movie star on the report card. Any student that has seen the movie, may write comments on the report card. Teacher may also write comments to the star.
- 4. Send the report card to the star.

NOTE: Involve your students in searching for the addresses of celebrities they want to send report cards. The internet and the library are good sources of information. Please, do not send report cards to the Screen Writers Guild or the Screen Actor's Guild.



#### Tobacco Almanac

- The Federal Trade Commission banned Pinkerton Tobacco Co. from displaying its brand name, logo, color or design during television events. The Justice Dept. has still not acted on cigarette sports sponsorships. Advertising Age 11/1191, p. 58
- The average American spends almost 300 hours annually watching 35,000 commercials on T.V. alone. <u>Facets</u>, 1/92, p.18
- Boston, Denver, and Seattle have prohibited cigarette advertising on their transit system.
- Transit systems that have eliminated to bacco advertising including Amherst, Springfield, Portland, San Francisco, Oakland, Santa Clara County, and Utah. SCARCNet 4/3/92.
- As of 1989, according to the FTC, tobacco advertising and promotional expenditures are over \$3.6 billion per year in the U.S. This equals \$300 million every month, \$10 million every day, \$410,958 per hour, \$6,849 every minute and over \$114 every second. SCARCNet 1/15/92, New York Times 1/15/92, p. D15.

#### **Movies**

- In *License to Kill*, Liggett paid \$350,000 to put the Lark cigarettes in the movie. <u>Tobacco and Youth Reporter</u>
  In *Superman*, Philip Morris, maker of Marlboro, spent \$42,000 to have Lois Lane smoke Marlboro's and have Marlboro billboard placed in the movie. In 50 years of Superman comics, Lois Lane never smoked. <u>Tobacco</u> and Youth Reporter
- Millions of Americans started smoking to be like Humphrey Bogart, Lucille Ball, John Wayne and the hundreds of other stars who were paid to promote cigarettes. Now history is repeating itself. A whole new generation of young people is becoming addicted to nicotine to be like the star in movies (most of whom don't smoke in real life). Eddie Murphy's endorsement of king-size Kents in *Beverly Hills Cop* does more to encourage smoking than thousands of magazine ads. <u>Tobacco and Youth Reporter</u>, Autumn 1990
- In *Lethal Weapon 2*, Mel Gibson smoked in just about every scene where he wasn't killing somebody. Whenever a No Smoking sign was in sight, he made a point of lighting up. Future Mel Gibson movies may be different: Gibson is trying to quit.
- Liggett paid \$30,000 to feature Eve Cigarettes in Supergirl.
- In *Who Framed Roger Rabbit*, detective Eddie Valiant is offered Lucky Strikes by a teenager. A Lucky Strike billboard appears prominently several times as well. Camels were also shown. Is this a coincidence? No, it was a paid advertisement.
- Various movies have displayed various cigarette brands including *Superman II, Animal House, The Goodbye Girl, Moonraker* and *Educating Rita.* Alan Blum, NYSJM, 5/85, p. 343
- Researchers from the Institute for Health Policy Studies at the University of California, San Francisco evaluated of smoking references in films found that smoking in films has not declined in the last 30 years. The main characters in movies do not smoke as much as in the past, but they are still smoking three times as much as the general population. "Puff Puff," <u>USA Today</u>, 10/12/92, p. D1

In a 93 minute NBC telecast of the 1989 Marlboro Grand Prix 4,997 images of Marlboro signs were displayed. 30% of all 3 million billboards are used by alcohol and tobacco advertisers.

Tobacco companies spent \$187.7 million dollars on billboard ads in 1989.

- Tobacco ads rarely show smoke since most people do not like smoke. Smokers are rarely shown with cigarettes in their mouths since it is unattractive to have a cigarette dangling from your lips.
- In the old days big movie stars such as John Wayne, Ronald Reagan and others were paid to advertise cigarettes. Now the tobacco industry does not pay for celebrities, they just use the inside front cover and the back cover of magazines, such as People, that have the famous stars on the front cover.
- The state of Texas accepted \$125,000 to use the Big Bend Natural area for a Marlboro commercial. This area was not open to Texas citizens yet.

Compiled by Dr. Joel Dunnington, Houston, from the Tobacco Almanac



### **REPORT CARD**

ame	Year	
Being A Good Role Model For Ch	ildren	
Not Helping the Tobacco Industry Influence Children		
Not Putting Monetary Rewards A	bove the Health and Safety of Children	
Inspiring Children to Take Good Care of Their Bodies		
EXI	PLANATION OF MARKS	
A	Excellent	
В	Good	
C	Fair	
D	Below Average	
F	Failure — Needs Improvement	
Comments From	m Children Whom You Are Influencing	



## Powerful Points About Tobacco Advertising

#### **History of Advertising**

- 1936: Cigarettes advertised as miracle drug which could help relieve fatigue, prevent colds, and reduce indigestion.
- 1955: The Federal Trade Commission bans health claims on cigarettes.
- 1964: US Surgeon General's report states that cigarette smoking causes lung cancer in men. (Less data had been collected about women since fewer women smoked, but it pointed to the same link.)
- 1965: Athletes and former athletes are forbidden to endorse cigarettes.
- 1966: Warnings required on cigarette packages.
- 1971: Cigarette advertising banned from radio and television. Cigarettes continue to be advertised on billboards, store displays, ads for other products such as cars, announcements for sports events or concerts, etc.
- 1986: Law requiring warnings on spitting tobacco containers.
- 1988: Joe Camel ad campaign introduced by RJ Nabisco. After a 15-year decline in smoking by teenagers, the number of new young smokers began to increase. Many attribute this increase to Joe Camel ads which feature a suave, cartoon character popular among young people.
- 1993: A Gallup survey shows that two of three Americans would favor restrictions on cigarette advertising that appeals to children and that makes smoking look glamorous. More than half supported a total ban on advertising.

  \*Coalition on Smoking OR Health, 1993 as reported in the Washington Post, 5/18/93\*

#### **Tobacco Advertising Targets Young People**

Tobacco companies deny that children are the target of their advertising and claim that the purpose of advertising is to get smokers to change brands. James Todd, AMA vice-president responds, "Any industry which kills more than 400,000 of its best customers each year must find new customers. It is an outrage and immoral that they have targeted our children, prior to the age of consent, bombarding them with cartoon-like images such as Joe Camel."

David Goerlitz, the former Winston Man, asked RJ Reynolds executives incredulously, "Don't any of your smoke?" One executive answered, "Are you kidding? We reserve that right for the poor, the young, the black and the stupid."

As quoted in a New York Times editorial by Bob Herbert, November 1993



The quotes and research below indicate that children are the target of advertising:

- ▼ One study found that 6 year olds are as familiar with "Old Joe Camel" as with Mickey Mouse.
  - JAMA, December 11, 1991
- ▼ The cigarette brands that are most frequently advertised are the brands of choice among teenagers. Marboro is the brand most advertised and most smoked by teenagers. Newports are second.
- ▼ Since the Old Joe advertising campaign began in 1988, the number of smokers under 18 who choose Camel has risen from .5% to 32%. Camel retains only 4.4% of the adult market but profits have soared from \$6 million to \$476 million.

  \*American Cancer Society, World Smoking and Health, Vol. 17, No.3, 1992\*
- ▼ There is a strong association between recognition of advertising and likelihood of smoking. For example, having a favorite brand of advertisement doubled the proportion of adolescents over age 14 who were susceptible to smoking.

Pierce JP et al Tobacco Use in California, 1992 Sacramento: California Department of Health Services, 1992, pp. 119-20

#### **Advertising Expenses**

Cigarettes are the most heavily advertised product in the US. In 1990, the tobacco industry spent over \$5 billion to advertise and promote their products. That's almost \$14 million per day. When adjusted for inflation this is more than double 1980 spending.

Spending on the distribution of free cigarette samples in public places increased dramatically in 1990 to \$100.8 million—an increase of 75% over the previous year.

Spending to give away non-cigarette items such as lighters, T-shirts, and key chains reached \$307 million in 1990. This is an increase of \$45 million over 1988.

The tobacco industry spent more than \$308.8 million on point-of-sale advertising in 1990—a 25% increase over 1988.

Source: The above tobacco financial statistics are from the 1992 Federal Trade Commission Annual Report to Congress for 1990

#### The Spending Power of Young People

Children spent \$9 billion of their own money in 1991, and influenced \$147 billion in family purchases. About two-thirds of their money was spent on snacks and play things. Clothing accounts for the next largest category.

J. McNeal, a marketing professor at Texas A & M University

#### Sample Satires of Tobacco Advertising

Virginia Slims stand for Equality for Women: Equal cancer, equal emphysema, equal heart disease.

Satire of tobacco industry denial about influencing children: RJR Nabisco Smoke Playground. Of course we don't expect children to be attracted to our amusement park (see illustration with this lesson).

American Cancer Society World Smoking & Health Vol. 17, No 3, 1992

#### **Advertising Techniques or Appeals (Upper Grades)**

The following includes additional comments about the common advertising techniques appearing on the poster.

#### Association "You can be like me":

- ▼ This is the most common technique. The type of ad creates the impression that the buyer can become like the person in the ad. Examples:
- ▼ Grown-up: Sophisticated, cool
- ▼ Good-looking: Sexy, healthy, strong ("masculine"), slim ("feminine")
- ▼ Successful: Rich, well-dressed

#### **Bandwagon:**

▼ Implies that everyone is using the product and that the product leads to popularity.

#### **Comparison:**

▼ Suggests the product is better than others. Examples: "the best...", "the only...", "more than any other..."

#### **Factual:**

■ Makes strong declarative statements about products which sound factual. No sources of "facts" are given, or an average person with whom the consumer can identify.

#### Testimonial"

▼ Includes personal story about product success. This person is usually someone famous, an "expert", or an average person with whom the consumer can identify.

#### **Rewards:**

▼ Offers free prizes or coupons if purchase product.

#### **Humor:**

**▼** Uses funny or clever phrases.

#### **Sensory:**

▼ Images or sounds appeal to the senses. Buyer can imagine using product.

#### Repetition:

▼ Repeats the same images, phrases, or slogans which eventually consumers may start to believe.





#### LOOK AT ADS AND BUST THEM OPEN!

Directions: Fill in the boxes about each of your group's advertisements. Remember, one ad may use more than one technique. Be prepared to share what you wrote about one ad with the class.

Brand name	Description of ad	Ad technique(s)	The whole story			
1.						
2.						
3.						
4.						

## LESSON SEVEN

#### Are There Any Smoking Policies That Exist?

#### **OBJECTIVES:**

1. Students will take action to observe others using tobacco.

2. Students will discuss ways to avoid others using tobacco.

#### **TEACH PREPARATION AND MATERIALS:**

**Review:** 1.Matrix

2.Cartoon

3.Did You Know?

4. Powerful Points About Protection Non-Smokers Against Environmental Tobacco

Smoke

**Copy:** Did you know: Texas School are now totally tobacco free!

Where People Use Tobacco

#### **PROCEDURE:**

1. Examples of laws and rules on ETS

2. Current Affairs: FDA Regulation of Tobacco Have students discuss the current efforts to regulate tobacco products.



## Did You Know?

#### That your school must now be totally tobacco-free!

Students have been prohibited from using tobacco products at school for some time now, but as of now *no one* can use tobacco at school. It's the law. Please do your part to help ensure that his law is enforced.

# It's Just Not Cool. Smoking is an addiction that kills



# Protecting Non-Smokers from Environmental Tobacco Smoke

There are many different ways that young people can help protect non-smokers from environmental tobacco smoke (ETS):

#### Sample actions which help protect individuals

- ▼ Avoid sitting near someone who is smoking
- ▼ Avoid locations where smoking is allowed
- ▼ Leave rooms or areas which become smoky
- ▼ Educate others about the benefits of smoke-free environments and the dangers of ETS
- ▼ Express views to individuals. Example: ask someone not to smoke near you or express concern about the effect of smoking on his or her health
- ▼ Make a contract to quit with a family member or friend

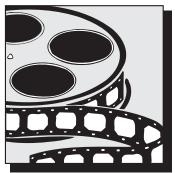
## Sample actions which may result in policy changes to protect communities or large groups of people from ETS

- ▼ Write letters to media or public officials, e.g., editors, town councilors, legislators. There are more effective if they are part of a group campaign
- ▼ Express views in public. Example: school board meetings, school classes, community forums, legislative hearings
- **▼** Participate in poster, slogan, or essay contests
- ▼ Meet with key individuals or groups about developing a smoke-free policy or law
- ▼ Develop and conduct public opinion questionnaires
- ▼ Collect signatures for a petition requesting protection from ETS
- ▼ Volunteer to help with public education or legislative campaigns of private or public health agencies such as American Cancer Society. Example: Great American Smokeout



## Where People Use Tobacco





HOW MANY?

PEOPLE AT HOME



HOW MANY?

PEOPLE AT RESTAURANTS



HOW MANY?

PEOPLE OUTSIDE



**HOW MANY?** 

IN ADVERTISING



HOW MANY?

PEOPLE IN CARS



HOW MANY?

PLAYING SPORTS



**HOW MANY?** 

PEOPLE ON TV



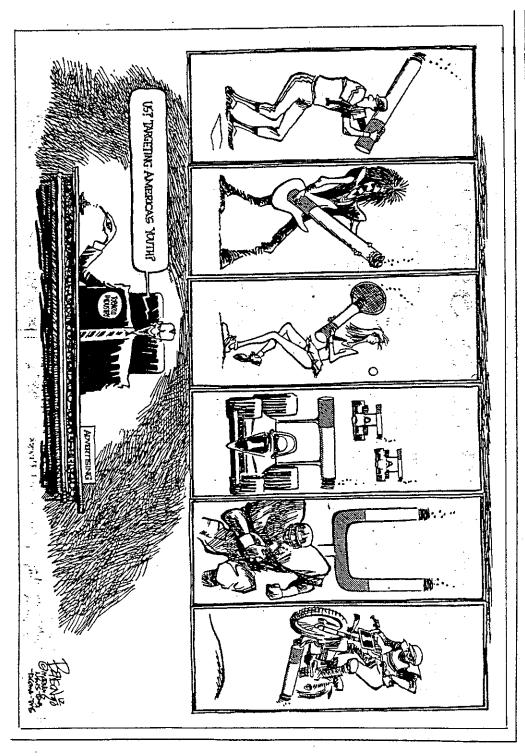
**HOW MANY?** 

Count The Number of People You See Using Tobacco During the Week.

TOTAL
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	AME								
--	-----	--	--	--	--	--	--	--	--







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