

Back Off Tobacco

Tobacco Education for
Manitoba Students

Grade 12

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

Manitoba 

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Welcome

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

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

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

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



Acknowledgements

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

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

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Introduction

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

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

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

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

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

What to emphasize when teaching *Back Off Tobacco*

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

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

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

2 Emphasize new social attitudes that make smoking an antisocial activity

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

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

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

4 Debunk social influences that promote tobacco use

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

5 Reinforce skills for resisting social influences that promote tobacco use

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

6 Nurture general personal and social skills

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

Sources:

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

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

What to avoid when teaching *Back Off Tobacco*

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

1 Suggesting that kids who smoke are “bad”

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

2 Implying that smoking is “dumb”

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

3 Excluding students who have already decided not to smoke

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

4 Encouraging teens to criticize smoking at home

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

5 Expecting teens to assert their rights

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

6 Telling teens smoking will kill you

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

7 Warning older students they'll die if they smoke

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

8

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

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

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

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

Helping high-risk students

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

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

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

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

Creating community support for tobacco education

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

Review your school's smoking policy

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

Include parents

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

Encourage your students to explore the many resources in your community

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

Co-ordinate your lessons around provincial or national events

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

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



A final note, if you smoke

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

So why not use your position to advantage?

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



Grade 12 Overview

Grade 12 goals

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

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

Involving others in extending *Back Off Tobacco*

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

Health education curricular overview for Grade 12

- As of May 2008, a mandated Grade 12 Physical Education/Health Education curriculum and policy document is under development. Implementation timelines are to be announced.
- At present, the Grade 12 Lesson Plans for *Back Off Tobacco* cannot be matched to corresponding Specific Learning Outcomes (SLOs) from the Manitoba Curriculum Framework of Outcomes. As an interim measure, the Grade 12 *Back Off Tobacco* lesson is configured as a research and presentation project focused on the global tobacco epidemic.

Grade 12 lessons at a glance

There are no learning outcomes related to substance use and abuse prevention in grade 12. However, teachers and/or students may wish to consider the following lesson as part of the grade 12 flexible delivery component.

Lesson	Lesson Focus	English Language Arts Curricular Connections
<p>LESSON ONE Smoking – a Global Issue Independent study and peer review: students examine and explore the aggressive global marketing of tobacco and devise ways in which it can be curtailed. Students may wish to work in small groups.</p>	<p>Students:</p> <ul style="list-style-type: none"> • explain how trans-national tobacco companies exploit the familial, social and economic infrastructure of people in developing countries. • state the health consequences, statistically speaking, for countries with rising rates of tobacco use. • explain the involvement of children and youth in the rise of tobacco use because of tactics used by tobacco companies. • suggest ways in which tobacco can be controlled globally. 	<p>1.2.2 Explain Opinions: Explore the strengths and limitations of various viewpoints on an issue or topic and identify aspects for further consideration; evaluate implications of particular perspectives when generating and responding to texts.</p> <p>1.2.3 Combine Ideas: Consider ways in which interrelationships of ideas provide insight when generating and responding to texts.</p> <p>4.4.1 Share Ideas and Information: Demonstrate confidence and flexibility in meeting audience needs when presenting ideas and information; adjust presentation plan and pace according to purpose, topic and audience feedback.</p> <p>4.4.2 Effective Oral and Visual Communication: Select and adjust appropriate voice and visual production factors that take into account audience knowledge, attitudes and response.</p> <p>4.4.3 Attentive Listening and Viewing: Demonstrate critical listening and viewing behaviours to make inferences about presentations.</p>

Lesson One

Smoking – A Global Issue

General Overview

Independent study and peer review: students examine and explore the aggressive global marketing of tobacco and devise ways in which it can be curtailed. Students may wish to work in small groups.

Lesson Focus

Students will be able to:

- explain how trans-national tobacco companies exploit the familial, social and economic infrastructure of people in developing countries.
- state the health consequences, statistically speaking, for countries with rising rates of tobacco use.
- explain the involvement of children and youth in the rise of tobacco use because of tactics used by tobacco companies.
- suggest ways in which tobacco can be controlled globally.

Preparation

This lesson is designed for independent study with presentation to an audience of peers. Make a package of the following handouts for the students:

- “Child Smoking” handout
- Four Case Studies on Malaysia, Sri Lanka, India and China
- “Smoking – A Global Issue: presenting solutions for a global tobacco epidemic” (instructions for the project)
- “Web Resource List for Research”
- Both the assessment rubrics for each student so they are able to see exactly how they will be marked

Engaging the Learner

Display (or hand out) the “Child Smoking” picture and invite comments.

Tell the class that the Director General of the World Health Organization (WHO) has made global tobacco control one of her top priorities. The “World Health Organization 2008 Report on the Tobacco Epidemic” classifies tobacco use as epidemic around the world:

“Tobacco epidemic death toll:

- 100 million dead in the 20th century
- Currently 5.4 million deaths every year

Unless urgent action is taken:

- by 2030, there will be more than eight million deaths every year
- by 2030, more than 80 per cent of tobacco deaths will be in developing countries
- one billion estimated deaths during the 21st century
- ‘Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world.’

– *Dr Margaret Chan, WHO Director-General*”

Activities

- Discuss smoking as a health issue that’s not confined to North America. We tend not to consider other countries’ tobacco health issues, and this lesson reminds us of the global issues that affect all of us.

- Ask the question, “What would Canada be like if we didn’t have laws and actions that encourage being smoke-free?” After some discussion, draw the comparison between Canada and developing countries, indicating how we have implemented resources to quit smoking and laws to protect youth and discourage smoking and second-hand smoke. Developing countries don’t have that, and unlike Canada, smoking rates are rising to epidemic proportions in these countries.
- Hand out the packages of information for students, and go through the guidelines.
- Establish timelines for project reporting and presentations.

Assessment

- Use the “Teacher Assessment Rubric” to evaluate the students’ work. Discuss the criteria before assigning the task, and give each student a copy of the rubric.
- This lesson is designed with a presentation to peers. Have copies of the “Peer Audience Assessment Rubric” available for each peer reviewer.
- On the day of the expert testimony, the presenters’ peer audience will be given roles to play. As each individual or group presents its expert testimony on a topic, students in the audience will be asked to assume the roles of legislators, school officials, parents or members of a particular community. They will be asking questions from their assigned position (e.g., a student acting as a parent will ask the presenting group a question from the perspective of a parent). Each audience member will play a role and must ask a question relevant to his or her role. This poses unique challenges for the presenting individual or group. If their research is thorough, they will be able to answer the questions well enough to satisfy and educate their audience.

- The student presentations can also be made to a larger community audience. In this case, students would invite community members, parents or other guests that they would confirm with you prior to making the invitation.

Extensions

- Students could research further information about how tobacco corporations are exploiting developing countries.

Home/Community Involvement

- An economist from the local college or university could be invited to talk with the class about global tobacco marketing trends.
- As mentioned in the Assessment section in the previous column, members of the community could be invited to the school to hear the presentations.



Child Smoking



Presenting Solutions for a Global Tobacco Epidemic

Smoking – A Global Issue

Smoking is not just a North American issue. It's worldwide. Because the laws in Canada prohibit advertising to youth, resulting in dropping numbers of smokers, trans-national tobacco companies have been turning their efforts toward countries where they are more able to market their products – especially to youth. Their success has resulted in skyrocketing smoking statistics in developing countries.

This lesson involves making a 20-minute “expert testimony” presentation to an audience of peers, for which you will:

- study the smoking statistics for a specific country,
- examine the practices of tobacco companies who market their products in the country,
- look at the health and other consequences of the use of tobacco, and
- propose viable solutions for the situation.

Expert testimony needs to be effective, powerful and persuasive.

- You will prepare a 20-minute presentation on your topic. You may use charts, graphs and other visuals to support your verbal testimony. No reading will be allowed during the presentation.
- Use whatever techniques you know to “persuade” and “hook” your audience. Use pertinent personal experience, case vignettes and statistics. But above all, be informative: do your research well.

STEP 1: Submit a plan

Choose a country

Four case studies on tobacco use are included for Malaysia, Sri Lanka, China and India. The case studies give a background to the use of tobacco in that particular country. Read through the case studies and choose a country.

If you wish to study another country, start by doing some initial research on the web to see what information is available.

Prepare a written plan

Early in the project, submit a two- to three-page paper describing your plans for conducting the expert testimony. The paper should include the following components:

1. Comprehensive plan: Outline your “angle” or approach and key arguments on the selected research.
2. Proposed resources: List resources (e.g., newspapers, journals, Internet, other media) and visual materials that the group will use. See the “Web Resource List for Research” to get a start on the resources.
3. Presentation format: Identify your chosen presentation format (e.g., slide show, lecture) and indicate any logistics, such as AV equipment, that you will need for the presentation.
4. Group responsibilities (if a group project): Provide a brief description of roles/duties of group members.

STEP 2: Prepare your presentation

The second part of the project involves giving a presentation of your research findings. Prepare your presentation with the following outline in mind. See the Assessment Rubrics for any additional detail on what needs to be included.

The Outline

This is an “expert testimony” presentation. The presentation should last approximately 20 minutes, not including audience questions, and incorporate the following components:

Introduction: Briefly introduce yourself or the group.

Identification of Issue: Describe the problem/concern/controversial issue you are going to talk about in some detail.

- **Define the problem:** Explore the origins and extent of the issue and prevalent trends. (What is the problem? Where did the problem start? Who is doing what to curb/prevent the problem?)
- **Provide demographics:** Give statistics at the local, national and even international levels, as applicable. Who is affected by the issue?

- **Describe the impact:** Analyze who or what is affected by the problem. Address economic, political and social dimensions of the issue. Address the future impact of the problem if it continues without correction.

Proposed solution: Propose a concrete plan or solution to address the issue (which is the title of your topic and the main part of your presentation).

- Describe the theory base of your plan or solution.
- Describe the cost-effectiveness of the implementation of your proposed solution.

Summation argument: In the closing statement, summarize the main points of the issue, why you are concerned, what could happen, what should be done (a plea to action).

Web Resource List for Research

The worldwide increase in smoking is primarily because of the involvement of trans-national tobacco companies who have looked to new markets to replace the reduction in smoking in North America and Europe. As the use of tobacco worldwide grows, information and statistics are also becoming more readily available.

Select listing of resources for worldwide tobacco use and advertising

- **About.com** > Global Smoking Statistics for 2002 (summary)
<http://quitsmoking.about.com/cs/antismoking/a/statistics.htm>
- **Action on Smoking and Health**
<http://www.ash.org.uk/>
- **Campaign for Tobacco-Free Kids**
<http://www.tobaccofreecenter.org/>
- **CBC News Report on Global Smoking Bans**
<http://www.cbc.ca/news/interactives/map-globalsmokingbans/index.html>
- **Centers for Disease Control and Prevention** Smoking and Tobacco Use
<http://www.cdc.gov/tobacco/> – see Global Tobacco Control
- **The Framework Convention Alliance for Tobacco Control**
<http://www.fctc.org/>
- **Global Link: Global Tobacco Control**
<http://www.globalink.org/>
- **International Development Research Centre**
<http://www.idrc.ca/> (search on the site for “tobacco” or “tobacco advertising”)
- **International Development Research Centre** > Publications > Features > Commentaries / Opinions > Viewpoint: Tobacco Marketing – Where There’s Smoke, There’s Deception
http://www.idrc.ca/en/ev-5611-201-1-DO_TOPIC.html
- **Taking On Tobacco** – analysis of tobacco industry sponsored anti-smoking campaigns
<http://www.takingontobacco.org/aofm/0103/pics.html>
- **Taking On Tobacco** – pictures of youth smoking around the world
<http://www.takingontobacco.org/photos/youth.html>
- **Tobacco-Free Kids** > Advertising Gallery (worldwide ads)
<http://tobaccofreekids.org/adgallery/>
- **World Health Organization** > Topics > Tobacco
<http://www.who.int/topics/tobacco/en/>

Case Study: Malaysia

The Malaysian tobacco market is growing at the rate of about two per cent per year and is largely controlled by the local subsidiaries of four multinational tobacco companies: Philip Morris, RJ Reynolds, British American Tobacco (BAT) and Rothmans. In a move to step up its operations in the country, British American Tobacco is due to close its regional base in Hong Kong and relocate to Malaysia this September. Currently, 60 per cent of the adult male population and five per cent of the female population smoke.

Malaysia is one of the handful of developing countries which already has regulations on tobacco marketing. But while these regulations prohibit tobacco corporations from advertising directly in the local media and distributing free cigarettes, they do not prohibit tobacco corporations from using cigarette brand names to advertise other products and services – so called “indirect advertising” or “brand stretching.” As Mary Assunta of the Consumers’ Association of Penang explains, “This has given the tobacco trans-nationals a convenient loophole to exploit. Malaysia probably serves as the worst example of how this loophole can be exploited to the maximum.”

For example, RJ Reynolds owns one travel company in Kuala Lumpur, but spends millions of dollars on advertising its services on national television and billboards placed all over the country. In 1992, it was exposed for daily television advertising of a non-existent travel business – Salem High Country. Mary Assunta says, “One could not go on a Salem High Country Tour because there was no such package in reality.” However, no action was taken by the authorities against the company. Other examples of brand stretching include “Salem Attitude” clothing and “Camel Adventure Gear.”

BAT was one of the first multinationals to test the indirect advertising route in Malaysia. In 1995, faced with a declining market share and the

recent introduction of a ban on direct advertising, the company opened the Benson and Hedges Bistro in Kuala Lumpur and advertised the cafe on television. Two years later, sales of Benson and Hedges cigarettes had stabilized and the commercial for the Bistro was one of the most frequently recalled by viewers. BAT is now developing a range of coffee products also carrying the Benson and Hedges logo, which may be extended to other countries. The official BAT policy is that the gold-coloured coffee house and coffee brands are entirely separate from the company’s tobacco operations. However, the shop’s manager, reported in the Sunday Times earlier this year, sees the situation differently: “Of course this is all about keeping the Benson and Hedges brand name to the front. We advertise the Benson and Hedges Bistro on television and in the newspapers. The idea is to be smoker-friendly. Smokers associate a coffee with a cigarette. They are both drugs of a type.”

The result of such tactics is that, although direct cigarette advertising is prohibited, the tobacco corporations are the largest advertising and sponsorship spenders in Malaysia, accounting for some 25 per cent of the total advertising expenditures for 1995.

Although indirect advertising is one of the weaker areas of the recent European Union Directive, its provisions would still outlaw many of the practices seen in Malaysia if applied there, providing a compelling argument for global standards in tobacco marketing. As the U.S. campaign group INFACT concludes: “The tobacco corporations exploit every opportunity to advertise and promote their products. Such behaviour makes a strong case that supranational standards governing tobacco advertising and promotion would strengthen national efforts to control this public health menace.”

Source:

World Development Movement brochure, 1999.

Case Study: Sri Lanka

Only one tobacco company operates in Sri Lanka, the Ceylon Tobacco Company (CTC), a subsidiary of British American Tobacco (BAT). Although there have been several attempts by other multinationals to enter the market, BAT has been successful at keeping them away.

Overall, tobacco consumption in Sri Lanka is comparatively low. While between 35 per cent and 55 per cent of men smoke (prevalence amongst middle-aged men being highest), the figure for women is less than one per cent. So, it is not hard to see why, as researcher Garrett Mehl explains, “(BAT’s) lavish campaigns target the country’s most vulnerable groups, preying especially upon youth and a vast, untapped female population.”

These campaigns include sponsorship of discos, music shows and sports events, direct advertising in newspapers and on billboards, and free cigarette giveaways. Garrett Mehl explains that many of the campaigns are inspirational, “exuding the essence of ‘the good life’.” An example is the recent campaign for BAT’s Players Gold Leaf cigarettes featuring huge billboards depicting rugged sailors on gorgeous ocean-going yachts, with a skyscraper in the background. BAT’s Benson and Hedges brand is promoted using golden imagery and language, including a “Turn to Gold” radio jingle, Golden Tone News – a weekly pop music supplement published in an English language newspaper – and a “Golden Tones Disco.” Mehl’s colleague, Tamsyn Seimon, recalls a visit to this disco in April 1997:

“Glowing Benson and Hedges and Golden Tones light boxes festooned the walls... The words ‘Benson and Hedges’ were written on to the wall by a laser beam... The music, a string of

Top 10 dance hits from the West, was frequently interrupted by a prize draw... Only boys could win the bright yellow Benson and Hedges keyrings, shirts and caps since girls held no tickets; admission was 250 rupees for boys; free for girls.”

Dr. Sajeeva Ranaweera, technical advisor to the anti-tobacco coalition ADIC (Alcohol and Drug Information Centre), reports that CTC has also recently introduced a “very low-priced cigarette aimed at children,” and “employs young girls and boys to dress smartly and smoke in public places.” Ranaweera believes that one of the reasons the smoking rates in Sri Lanka are still comparatively low, despite the extensive promotions by CTC, is a “very energetic community level response on issues related to tobacco.”

There are at least four anti-tobacco non-government organizations or NGOs in Sri Lanka, under the umbrella of ADIC, including an anti-tobacco NGO called LIFE – run by young people for young people. LIFE is renowned for its campaigns, which will typically focus on a BAT-sponsored event and run all day and night. Sajeeva Ranaweera says that, “The ways in which BAT tries to promote its products in this country seem endless, but more often than not these are countered by enthusiastic young people combating the tobacco promotions. The Sri Lankan government has announced plans for a tobacco advertising ban to come into force next year. But as the Malaysian experience shows, this will need to be comprehensive and well-enforced in order to prevent the likes of BAT simply developing increasingly ingenious strategies.”

Source:

World Development Movement brochure, 1999.

Case Study: China

China is undergoing a catastrophic epidemic of smoking deaths. A third of all its young men will eventually be killed by tobacco if current smoking patterns persist, according to research published Friday, November 20, 1998, in the *British Medical Journal*.

Smoking already kills over 2,000 people every day in China (mostly men). By 2050, this will be well over 8,000. China now has the biggest number of deaths from smoking of any country, having recently overtaken the USA.

ANNUAL SMOKING DEATHS IN CHINA WILL BE:

- one million by around the year 2000
- two million around 2025
- three million around 2050

OF THOSE KILLED BY TOBACCO IN CHINA:

- 45 per cent die from chronic lung disease
- 15 per cent from lung cancer
- five-to-eight per cent from each of esophagus cancer, stomach cancer, liver cancer, stroke, heart disease and, surprisingly, tuberculosis.

Of over 300 million males now aged 29, at least 100 million will eventually be killed by tobacco. Half the deaths will be at ages 35 to 69.

Above information from the Chinese Academies of Preventive Medicine and Medical Sciences in collaboration with Oxford University (England) and Cornell University (USA).

“Chinese adults severely underestimate smoking risks. A 1996 nationwide survey showed that two-thirds believe smoking does little or no harm; 60 per cent of Chinese adults don’t know that smoking can cause lung cancer and 96 per cent don’t know it can cause heart disease. The truth is that half of all persistent smokers get killed by tobacco. As two out of every three young men in China smoke, tobacco will eventually kill about a third of all the young men in China.”

Professor Richard Peto of Oxford University talking to a press conference.

“Many developing countries will be hit by big epidemics of death from smoking. Worldwide, tobacco deaths on current smoking patterns will be:

- *four million in 2000 – half in rich, half in poor countries*
- *10 million by about 2030 – 70 per cent in developing countries.*

Cigarette consumption in China: annual consumption rose from 100 billion in the early 1950s to 500 billion in 1980 and currently stands at 1,800 billion. Average daily cigarette consumption by males was one in 1952, four in 1972, 10 in 1992.”

From <http://www.prnewswire.co.uk/cgi/news/release?id=22010>

With smoking rates declining or peaking in the mature markets of the West, the trans-national cigarette companies have looked to expand their international operations, especially in Eastern Europe and Asia, but also Latin America and Africa.

The American companies, with the help of their government, have used economic muscle – and the threat of sanctions – to open up countries in Asia, such as Taiwan and Japan.

They have set out to exploit low smoking rates by women in many areas.

The companies have been trying to gain entry into China: with some 300 million smokers, China remains, for the tobacco companies, the prize. Industry executives talk about viewing China as the limits of space or defying the imagination. There is evidence of companies being involved in smuggling cigarettes into China.

The industry has been accused of employing double standards in advertising – especially in targeting youth, sex, the glamour of western lifestyles-in the difference of tar/nicotine levels between developed and developing countries.

Above information from: <http://www.ash.org/> Executive Summary of tobacco company document quotes.

“It is reprehensible for industrial nations to export disease, disability and death in the way of cigarette smoke to developing countries, putting on their backs a health burden that they will never be able to pay for 20 to 30 years down the road.”

Everett Koop, former U.S. Surgeon General, from the video “Can China Kick the Habit?” Nova, 1994.

“The U.S. tobacco industry goes to Asia and shows adolescents that smoking is something that’s widespread among American youth. They link it with Western lifestyle, rock music, Madonna, Paula Abdul and others. So the Asian youth who dreams about going to San Francisco or New York City thinks that to be Western means to smoke. And that’s the most unfair and deceptive message that any U.S. company can send to that part of the world.”

Gregory N. Connolly, Massachusetts Department of Public Health, from the video “Can China Kick the Habit?” Nova, 1994.

“Tobacco use in the developed nations will trend down slightly through the end of the century, while in the developing countries use could rise by about three per cent annually... A bright picture indeed! Not a smoke-free society, but continued growth for the tobacco industry.”

Tobacco Reporter, 1998.

“The international tobacco business has become an increasingly important source of earnings for RJR Nabisco and can be the most significant driver of our future tobacco earnings growth.”

Steven Goldstone, RJR Nabisco Chairman, quoted in the Tobacco Reporter, 1998.

“You know what we want,” says a tobacco executive. “We want Asia.”

Quoted in Unhealthy Alliance, 1998.

“The U.S. government conducted three investigations on unfair tobacco trading practices of Japan, Taiwan and Korea... between 1985-1988, the United States’ Trade Representative (USTR) threatened these nations with sanctions on goods they exported to the U.S. unless U.S. cigarette companies were given free access to their markets. No other U.S. agricultural product received the same attention and all three nations capitulated to the U.S.’s demands.”

G. Connolly, 1998.

“The average life expectancy here is about 40 years, infant mortality is high: the health problems which some say are caused by cigarettes just won’t figure as a problem here.”

Rothmans representative in Burkina Faso, Chris Burrell, J. Sweeney, 1998.

“[BAT is] striving for greater global reach... These are the most exciting times that I have seen in the tobacco industry in the last 40 years.”

Sir Patrick Sheehy quoted in Tobacco Reporter, 1991.

“No discussion of the tobacco industry in the year 2000 would be complete without addressing what may be the most important feature on the landscape, the China market. In every respect, China confounds the imagination.”

Rene Scull, Vice-President, Philip Morris Asia.

“Thinking about Chinese smoking statistics is like trying to think about the limits of space.”

Robert Fletcher, Rothmans Regional Public Affairs Manager, quoted in Window magazine, 1992.

Case Study: India

Goa – this former Portuguese colony, the gateway that brought tobacco into India, is now turning into a battleground against the weed which enchants millions in India. Led by a doctor from Goa, the National Organisation for Tobacco Eradication (NOTE) has embarked on an ambitious campaign against tobacco, ghutka (chewable tobacco) and snuff.

Dr. Sharad G. Vaidya, a medical practitioner who heads NOTE, has put the powerful industry on the mat by focusing on what the spread of tobacco has meant since it was brought into India from South America by the Portuguese at the start of the 17th century.

“It’s a huge market in India and Southeast Asia. Two countries where it will zoom up are India and Indonesia. Tobacco companies are also targeting youth between 15 and 25,” Dr. Vaidya said.

Persistent drives saw a tough tobacco control law passed in Goa, India’s smallest state. But the angry tobacco industry hit back; after many months the law is still to be signed by the president. Despite the tobacco lobby’s power, if it sails through, this could be the tightest anti-tobacco law across India.

The Bill, as passed by the Goa Assembly, bans smoking and spitting in public places and vehicles. It blocks direct and indirect advertisement and the sale of tobacco products to those under 21, and to anyone within 100 metres of schools or places of worship. Violation of the advertisement and sale curbs will lead to three months in jail; other offences will result in various levels of fines. Voluntary groups will have some powers in enforcing the law.

Affected interests first tried to delete the advert-ban clause, but later, the Bill was passed unanimously. Then, the governor’s consent,

usually a mere formality, was declined. The Bill has now been referred to the President of India and it will become law only with his assent.

NOTE estimates that in India, about 5,500 to 6,000 youth in their teens start using tobacco each day.

But, unlike other groups, NOTE does not waste its breath telling you about the 101 ways of how tobacco could affect your health. It instead sees tobacco as an issue of economics, of politics, of power and of finances.

In Goa, tobacco is also linked with history. “Tobacco addiction in Goan society demanded regular supplies from Portugal (in past centuries),” writes historian Dr. Celsa Pinto, author of a book on trade and finance in colonial Portuguese India.

Since the 17th century, sailing vessels leaving Lisbon for India would collect tobacco rolls at Mozambique, also a Portuguese colony, for onward delivery at the port of Goa. Money obtained from tobacco sales would go towards buying Indian cotton textiles for Portugal.

But that was in the past. For the present, NOTE wants to get a clear, effective and comprehensive law for the whole of India to ban tobacco advertisements and sponsorship of sports. It is also working towards higher taxes on cigarettes and tobacco-related products and makes efforts to enforce laws that block the illegal sale of cigarettes to children.

NOTE closely interacts with bodies like the World Health Organization, the World Bank and the American Cancer Society in its efforts to build public opinion. Using electronic mail and the Internet, the small but active organization keeps in touch with the latest debates on tobacco in the West.

“In today’s world, there’s more than enough scientific evidence about the ill effects of tobacco, that it kills in the long run,” says Dr. Vaidya. Even tobacco companies have now agreed that nicotine is addictive, he points out.

NOTE has shown how far-reaching the effects of tobacco are on society. Some time back, NOTE did a study which showed how advertising affected young minds. After tobacco-sponsored cricket matches, 15-20 per cent of students surveyed felt that smoking and ghutka improve memory.

“Students also felt that if you smoke, you will become a better cricketer,” Dr. Vaidya reports. Such students were five times more likely to smoke than others.

Now, NOTE plans another drive: it will take a flame through schools and villages across South Asia for one year from May 1999, to build awareness about tobacco at the turn of the century.

But if tobacco is really so bad, why does it still hold sway?

Dr. Vaidya feels that, in India, the problem is that tobacco is classified as a legal and agricultural product, instead of being in the basket of narcotics.

Likewise, the Indian government has invested 33 per cent in equity holdings of India’s main tobacco companies, and even the life insurance bodies put earnings into such firms, he says.

Dr. Vaidya questions the view that tobacco gives revenue to governments. Revenue from tobacco needs to be balanced against the subsidies given to it by governments. “My hunch is this subsidy will be equal [to] if not more than the revenue it generates,” says Dr. Vaidya.

“[The] tobacco industry gets every type of subsidy from A to Z and from Z to A – agriculture, seeds, transport, water, electricity, the works. The total estimates have never been calculated,” he points out.

Dr. Vaidya is quick with figures: one of every two persons using tobacco will eventually die of

it. Every increase of tobacco production by one tonne will kill one person in a lifetime.

“Tobacco takes a heavy toll of 800,000 to one million voters in the country every year. Maximum deaths occur between the ages of 45 and 55.

“Tobacco doesn’t just kill people; it depletes the soil of its nutrients at a rate of three times faster than food crops. It needs twice to three times more water than other food crops. Soil erosion is twice that of food crops since no weeds grow in tobacco fields.”

Dr. Vaidya believes campaigns can help children stay off tobacco. He says figures from the small Indian federal province of Goa indicate cigarette sales are down from 450 per head earlier to 350 – over eight years. Since 1993, he says, India’s campaign against tobacco has been really growing.

But reports in the British medical journal, *The Lancet*, say that trans-national tobacco companies, facing growing curbs in the USA and other affluent countries, are increasingly marketing their products in developing countries, and especially among women and adolescents.

Smoking rates in some industrialized countries are decreasing at about one per cent a year, but growing in developing countries by some three per cent per year. If current trends persist for the next 30 years, seven million people from developing countries will die every year from smoking-related diseases.

Asian Consultancy on Tobacco Control (Hong Kong) director Judith Mackay has said that while smoking is decreasing in the West, trans-national tobacco companies are turning to softer markets, especially in Asia, where health information is less well-known.

For the past several years, corporations such as Philip Morris, RJ Reynolds, and British American Tobacco have been expanding rapidly in Eastern Europe, Asia, Africa and Latin America.

Assessment Rubric for Teachers

Rating Scale:

4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab – Absent (of particular component)

Name(s) of Presenter(s):

Topic:

ASSESSMENT CRITERIA	4	3	2	1	Ab
1 Thoroughness of background research regarding the problem. Extent of information on topic from current research/data (e.g., from World Health Organization and other well-established, credible sources)					
2 At least four major issues identified regarding trans-national tobacco companies exploiting Third World countries					
3 Sound arguments presented about why tobacco needs to be controlled globally					
4 Creativity of the proposed solution or thoroughness of the knowledge of the proposed solution a. Description of how each component of the solution addressed the issue at large b. Description of a tool to assess success of the solution c. Description of the theory base on the solution d. Description of the cost and cost-effectiveness of implementation					
5 Degree of persuasiveness					
6 Time management					
Total Points _____/40					

Assessment Rubric for Peer Audience

Rating Scale:

4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab – Absent (of particular component)

Topic:

Your question for the group:

Your agenda: Indicate whether you are listening as if you are a parent, school board member, local politician or community member.

ASSESSMENT CRITERIA	4	3	2	1	Ab
1 Did the group answer your question satisfactorily?					
2 Did the group hold your attention throughout their testimony?					
3 At the end of the group’s testimony were you convinced that the group’s point of view was valid and the “right” one even though it might be in conflict with your personal agenda/values?					
4 Did you learn something new from the group’s testimony?					
5 Did the group appear knowledgeable on the subject?					
Total Points _____/20					

