



Government  
of  
Saskatchewan  
Ministry of Health

# GUIDE FOR TEACHERS

## TO IMPLEMENT VIEW+VOTE

THIS GUIDE FOR TEACHERS HAS TWO COMPONENTS:

### **PROGRAM GUIDE**

- Information on how to conduct View + Vote.

### **ADDITIONAL RESOURCE**

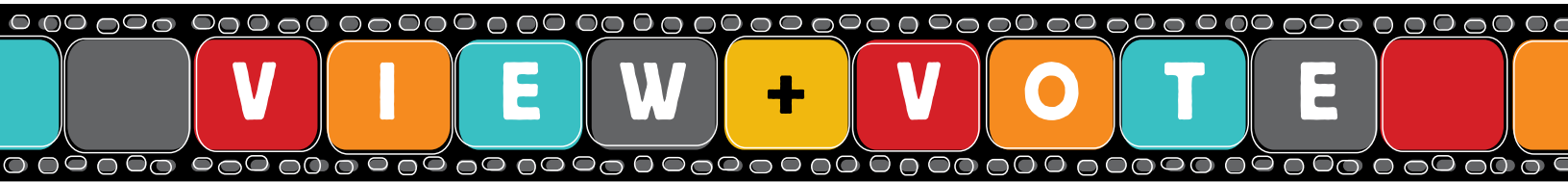
- Additional background information on the ads in View + Vote.

View + Vote is a program created to provide Saskatchewan youth with an opportunity to think critically about a number of issues related to tobacco use. It also gives them the opportunity to voice their opinion on what is an effective tobacco prevention ad. By viewing and then voting, they decide which ad is shown in movie theatres and on the internet. The program will take approximately one hour to complete and could impact their health for a lifetime.

### **TEACHER PREPARATION:**

**Prior to conducting your program, please:**

- Read this complete document.
- Download the Program Components document - it contains all the material you'll need to run the program with the exception of the DVD.
- Photocopy a Student Ballot for each student in the classroom.
- Print one copy of the Classroom Tally Form per classroom.
- Ensure you can access Rover or have received a View+Vote 5 DVD.
- Preview the DVD.
- Download and print one copy of the Additional Resource and have this available when discussing the ads with your students (optional).



All materials can be downloaded from the website:  
[health.gov.sk.ca/tobacco-free-schools](http://health.gov.sk.ca/tobacco-free-schools)

### Enter your results:

You can enter your classrooms' voting results and complete a program evaluation directly on the website:

[health.gov.sk.ca/tobacco-free-schools](http://health.gov.sk.ca/tobacco-free-schools)

### View & Vote Contact Person:

If you are experiencing difficulty online or are participating without internet access and need to mail/fax back your entries or have any questions about the program please contact:

Cara Zukewich

Email: [czukewich@skprevention.ca](mailto:czukewich@skprevention.ca)

Phone: 306-683-0156

Fax: 306-651-4301

Mail: Saskatchewan Prevention Institute

Re: View & Vote, Attn: Cara Zukewich

1319 Colony Street, Saskatoon, SK S7N 2Z1

Please just select one method of entering results.

**NOW, YOU ARE READY TO BEGIN!**

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5TH EDITION - 2014

# PROGRAM GUIDE

## GOAL

Encourage young people to think about the issues presented regarding tobacco and then discuss them with their peers.



## STEP ONE

### Let the students know what will happen

Explain to the students that they are about to see some of the best ads created on the anti-tobacco issue. They will view the ads and vote on which one is the most effective. The winning ad will then be shown on the internet and in movie theatres for all to see!

Note: Some of the ads are graphic and some are very emotional. Ensure your students are aware of this fact before showing the DVD.



## STEP TWO

### Distribute the ballots

Download and photocopy one ballot per student before you begin. The View+Vote 5 ballot contains the name and a screen capture of each of the ads on the DVD. Ask the students to think to themselves while watching the ads:

- Which ad is the most effective?
- Which ad would make me think twice about starting to use tobacco?
- If I use tobacco, which ad has me thinking about quitting?



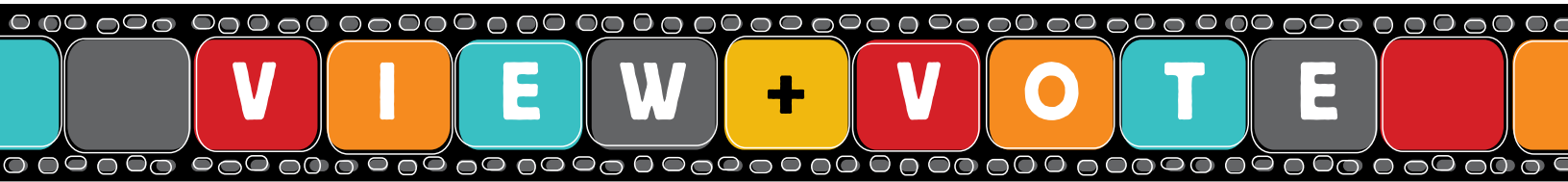
## STEP THREE

### View the DVD through ROVER or by playing it

The DVD is approximately 12 minutes long. We encourage you to view it before you show it to your students. You might want to show the ads twice before the students vote.

It is very important that the students save their comments and discussion until after they've seen all the ads and filled out their ballots, so that each individual's choice is not influenced by others.

**NEW:** The video is close captioned, if you would like captioning please turn on this option.



### STEP FOUR

#### Now it's time for your students to vote

After you've viewed the DVD, students need to select the ad they feel is the most effective. They should put a tick mark on their ballot beside that ad and also write the name & number of that ad on their ballot.



### STEP FIVE

#### Collect the ballots

Tally up the results from all the student ballots and enter the information on the Classroom Tally Sheet (that you've downloaded before you began).



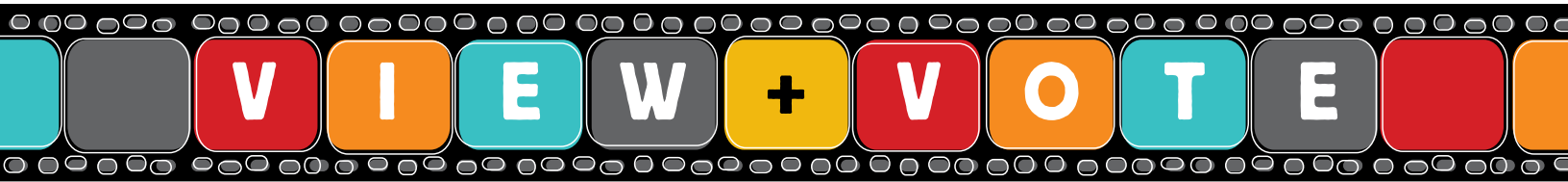
### STEP SIX

#### Hold a discussion

You can begin by asking students:

- Which ad did they think was most effective?
- What were the messages presented in the ads?
- Did any of the ads have new information?
- What makes a great tobacco reduction ad?
- Do they believe tobacco ads influence tobacco usage?
- What types of ads need to be developed to discourage youth from starting to use tobacco or to quit using tobacco?
- What types of ads do they think work best – graphic, true stories, factual?

**NEW:** We've created a list of possible "conversation starters" and they are included with the background information on each of the ads in the Additional Resource section of this document.



## STEP SEVEN

### Enter your results online

Once the classroom session is completed, it is **CRITICALLY IMPORTANT** you take a few moments and:

- Enter the Classroom Tally Form information online and ensure you write the number of votes **EACH** ad received in your classroom (so we'll know how many students participated and also which ad students provincewide feel is most effective. The ad with the most votes will be shown on the internet and at movie theatres later in 2014.)
- Complete the Evaluation Form (View+Vote continues because we have received excellent feedback from teachers – if we don't hear from you, it puts View+Vote at risk.)

You can complete both the Classroom Tally and Evaluation online or you can mail or fax them back. Please ensure you only enter by one of these means. We also invite you to enter to win a classroom prize draw. Six \$500 cash prizes intended to support comprehensive school health will be awarded province-wide to teachers.

**DEADLINE: April 30, 2014**



# ADDITIONAL RESOURCE

**It is not imperative** you read this before your session.

The Additional Resource section is simply to provide you with some background information on the commercials and the subject areas.

**New!** We've also included some Conversation Starters to spark meaningful discussion about each of the ads and the issues addressed in them.

## SMOKEFREE HOMES

NHS, Department of Health, Government of UK

- Over 80% of secondhand smoke is invisible and odorless, making it impossible to control. So even if someone smokes near an open window or door, the smoke can travel and harm others.
- Because you can't see or control secondhand smoke, you don't know where it's going or when it's completely gone.
- When children are exposed to secondhand smoke they are at risk of bronchitis, pneumonia, meningitis and ear infections. Children are also more likely to suffer from coughing and wheezing, sore eyes and throat and asthma attacks. Babies and smaller children's health is particularly at risk from secondhand smoke, but it can harm older kids and adults too.
- Secondhand smoke can cause many types of cancer, respiratory illnesses and heart disease.
- Hydrogen cyanide, a colourless, poisonous gas, is one of the toxic byproducts present in cigarette smoke. Cyanide was used as an agent of genocide in WWII.



- Formaldehyde is another ingredient produced by combustion of cigarette smoke. It is an odourless, flammable gas with a strong odor.
- Plus there are about 4,500 other chemicals, many of which are irritants or toxins and more than 50 of which are known carcinogens. They're the ones that can cause cancer.

### CONVERSATION STARTERS:

**What are some other places you might find the following ingredients found in secondhand smoke?**

**Arsenic (rat poison)**  
**Cadmium (car batteries)**  
**Formaldehyde (embalming fluid)**  
**Ammonia (bathroom/window cleaner)**  
**Acetone (nail polish remover/paint stripper)**

## SOCIAL FARTING

### Ontario Ministry of Health & Long-Term Care

- There are different explanations of what a social smoker is, but generally many young people define “social smokers” as those who use tobacco in more social activities and find it essential for socializing, rather than using tobacco on a regular basis. There are many young smokers who refer to themselves as “social smokers.”
- Social smokers don’t believe that they are addicted to smoking.
- In a study conducted in 2004, 51% of current college smokers stated that they primarily smoked with other people and in social activities.
- Social smokers don’t perceive themselves to be at risk to tobacco-related illnesses, nor do they believe they will ever become nicotine dependent. Since social smokers don’t think they’ll become dependent on nicotine, they don’t plan on quitting in the near future, but have intentions to quit later on.
- A study by the Canadian Medical Association Journal found that of young people who have ever smoked a cigarette, 64% go on to become daily smokers.

### Some interesting stats are:

- Only 5% of student smokers think that they will be smoking in five years. But five years later, 80% of them are heavy smokers.
- 60% of smokers try to quit. Most smokers quit several times before stopping for good.
- 80% of smokers would like to quit.
- Cigarette smoking is more addictive and harder to quit than heroin or cocaine.
- It is estimated that 55% of young men and 51% of young women who started smoking by age 15 will die before age 70 if they continue to smoke.



## CONVERSATION STARTERS:

**What else could young people do in social situations to make themselves feel more comfortable?**

**Why do you think people created a commercial equating social smoking to something as ridiculous as farting?**

## FIND YOUR POWER

### South Dakota Department of Health

Sacred use of tobacco is common amongst many First Nations and is very different than commercial use. Tobacco is viewed as a sacred plant and is used in prayer, and commonly burned during ceremonies to communicate with spirits and sacred beings. The following statistics reflect commercial use not sacred usage.

According to Physicians for a Smoke-Free Canada 2013 factsheet:

Smoking rates among Canada's Aboriginal populations are, on average, twice as high as those of non-Aboriginal Canadians. (39% vs 20.5%)

### NUMBER OF SMOKERS BY ABORIGINAL STATUS (CCHS 2007-2010 Census 2006)

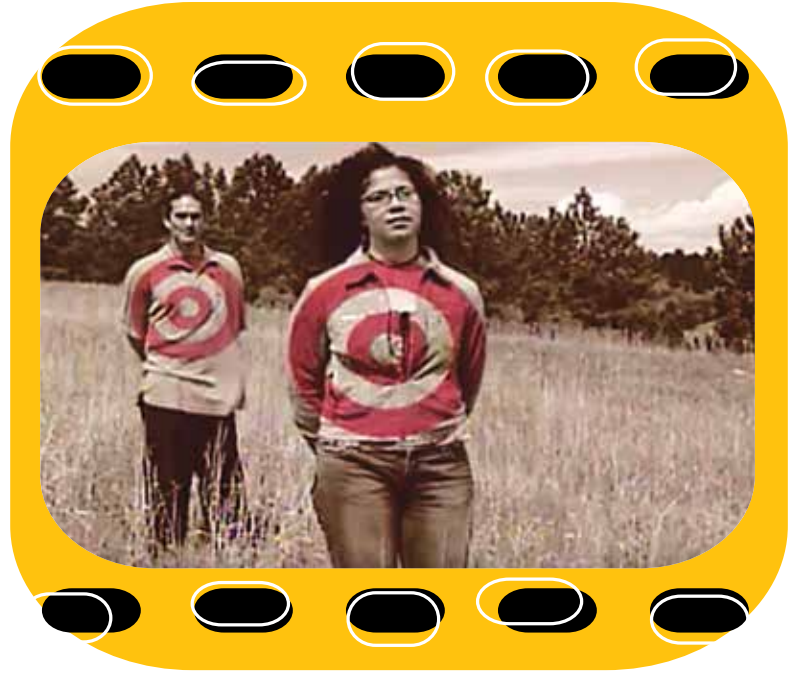
Non-Aboriginal Smokers in Sask	First Nations	Métis	Total
146,452	30,029	14,507	190,000

### CURRENT SMOKING RATES IN SASKATCHEWAN

Non Aboriginal	First Nations	Métis	Total
21.7%	54%	42.2%	23.9%

The First Nations and Inuit Health Branch of Health Canada reports that:

- The majority of on-reserve First Nations people who smoke (52%) started smoking between the ages of 13 and 16.



### CONVERSATION STARTERS:

Does traditional tobacco play a role in your culture?

Tell the class what you know about the differences between commercial and sacred use of tobacco.

Do you feel like a target of the tobacco industry? If so, Why?

What actions can you take to feel less like a target of the industry?





## SMOKING KID

Thai Health Promotion Foundation

Smokers know better than anyone the reasons to quit smoking, but quitting is not that simple. Smoking is an addiction. Addictions are very hard to break, even when people know how bad it is for their health, and that it affects loved ones.

One large study conducted in four countries showed that 90% of smokers regretted ever starting to smoke and about 80% wanted to quit. Yet, every year, only about 3-4% of smokers successfully quit smoking. This clearly shows the strength of a tobacco addiction, and why it is important that young people never start smoking in the first place.

According to the Tobacco Use in Canada Patterns & Trends 2012 Report:

- Six in ten smokers were seriously considering quitting in the next 6 months; 27% were considering quitting in the next month.
- Nearly half of smokers tried to quit in the past year. Many tried more than once.
- Greater percentages of younger smokers (under age 25) reported a quit attempt.

### CONVERSATION STARTERS:

Why do you think people continue to do something that they know is very dangerous to their health?

How do you think people in your community would react if young people here did something similar?

## DEFORESTATION

Rescue Social Change Group, San Diego, California

Tobacco use affects many different areas you don't usually consider when you think about smoking. The environment is one. It is dramatically affected by the production of cigarettes (not to mention cigarette packaging).

To make cigarettes, you need to dry out the tobacco using a process called curing. As a result, some tobacco companies burn wood for as long as seven days to get the tobacco leaves dry.

The website Ydouthink.com states that "it can take up to 5.7 lbs of wood just to make enough tobacco for one pack of cigarettes."

Each year nearly 600 million trees are destroyed to provide the fuel needed to dry tobacco. That is one tree destroyed for every 300 cigarettes.

Globally, tobacco curing requires 11.4 million tons of solid wood annually. In addition, further deforestation is caused by the paper used to make wrapping, packaging and print advertising for cigarettes.

### CONVERSATION STARTERS:

Why is deforestation harmful to our planet?

Is this an issue relevant to your environment? Why?



## MUTATION

National Health Service, Department of Health,  
Government of UK

A mutation is a fault in our DNA. Faults in our DNA can alter the way a cell behaves. In the case of cancer, damage to our genes causes a cell or group of cells to start to divide and reproduce uncontrollably, often forming a lump or tumour.

Mutations can happen by chance when new cells are made as part of normal development or they can be caused by things that damage the DNA such as the chemicals in cigarettes.

Although mutations happen naturally in the body, smoking increases the number of mutations – this in turn increases the likelihood of developing enough mutations in crucial genes to cause cancer. Being a non-smoker helps stack the odds of developing cancer in your favour by reducing the number of mutations in your body.

Being exposed to the numerous cancer-causing chemicals in tobacco smoke increases the number of mutations, and therefore increases the chances of mutations happening in crucial genes that could lead to cancer.

Older people and heavy smokers are more likely to develop cancer but anyone can develop the disease. Cancer is more common in older people because there has been more time for mutations to accumulate over their lifetime.

Heavy smokers will have been exposed to higher levels of chemicals and so be at increased risk, but even light smokers are more likely to develop cancer than non-smokers, and the length of time you smoke also plays a role – the longer you've smoked, the higher the risk of cancer.



### CONVERSATION STARTERS:

**Comparing this kind of ad (graphic health effects) with the previous ad (about deforestation) which ad do you think is more impactful to people that are:**

**A) already smokers or**

**B) not yet smokers but considering it?**

## SMOKEFREE CARS

National Health Service, Department of Health,  
Government of UK

In 2010, Saskatchewan introduced a law banning smoking in cars with those under the age of 16. The majority of Canadian provinces and territories currently have laws that ban this. Smoking in cars has also been banned in many countries besides Canada, helping to ensure a child's right to breathe clean air while being transported in motor vehicles.

Over 80% of secondhand smoke is invisible and odorless, making it impossible to control. So even if someone smokes near an open window or door, the smoke can travel and harm others.

Secondhand smoke in cars can dramatically impact health – especially children's because they are still physically developing and they absorb more smoke because they breathe faster than adults and inhale more air relative to their body weight.

Smoking cigarettes in cars has many negative consequences:

- Harm to the person smoking the cigarette.
- Harm to passengers, as they are breathing in secondhand smoke. There have been studies that show that even if the person smoking opens their window, the amount of cigarette smoke being breathed in by passengers is similar to sitting in a bar or restaurant that allows smoking.
- Non-smokers - especially children - can't escape. They can't remove themselves from the situation.
- If the person smoking is the driver, smoking has been known to be the cause of accidents because drivers can be distracted by lighting or extinguishing cigarettes or by searching for cigarettes.

Children exposed to secondhand smoke are at greater risk for:

- Sudden infant death syndrome (SIDS)
- Ear infections
- Respiratory problems such as asthma, frequent colds and coughs
- Allergies
- Behavioural, developmental and learning problems.

### CONVERSATION STARTERS:

Where have you seen no smoking signage in your community?

Who have you talked to about secondhand smoke?

Who could you talk to about how secondhand smoke affects your life or the lives of your friends/family?



## FACING REALITY

### North Carolina Tobacco Prevention and Control

Smokeless tobacco is often marketed in a way that makes people believe that it is safer than cigarettes, or a way to quit cigarettes, but this is entirely false. It is not a safe substitute for cigarettes, and it is just as addictive. There is no safe form of tobacco.

One dip contains five times the amount of nicotine in a cigarette. Ten dips a day equals the same amount of nicotine a smoker gets in 30-40 cigarettes a day.

Smokeless tobacco contains at least 28 cancer-causing chemicals. Here are a few of those chemicals and where else you might find them:

- Polonium 210 (nuclear waste)
- Formaldehyde (embalming fluid)
- Cadmium (car batteries)
- Lead (nerve poison)
- Nitrosamines (cancer causing substances)
- Arsenic (rat poisoning)
- Cyanide (death row).

Longer-term effects of smokeless tobacco use include (some symptoms can occur earlier):

- Cancer of the lips, tongue, floor of mouth, cheeks, gums, throat, voice box, and/or esophagus
- Teeth can fall out
- Lips and gums crack and bleed
- Risk of heart attack and stroke.

### CONVERSATION STARTERS:

**Why do you think people use smokeless tobacco instead of cigarettes? Is it used often in your community?**

**What are the pros/cons of using smokeless tobacco over cigarettes?**



## THROWN AWAY

### California Department of Public Health

Cigarette butts are not biodegradable. The acetate (plastic) filters can take 18 months to 10 years to decompose – depending upon the location where they are discarded.

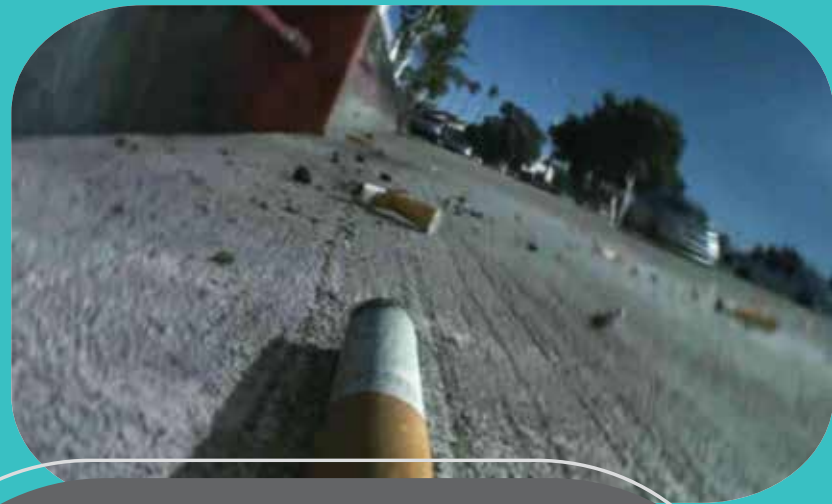
It is estimated that 1 in 3 cigarettes end up as litter. Smokers may not realize that their actions have such a lasting, negative impact on the environment.

Typically wind and rain carry the discarded cigarette butt into the water supply, where the toxic chemicals the cigarette filter was designed to trap leak out into aquatic ecosystems, threatening the quality of the water and aquatic life forms.

Plastic pieces have been found in the stomachs of fish, birds, whales, and other marine creatures that mistake them for food. Ingestion of plastic cigarette filters is a threat to wildlife as they contain toxic chemicals and harmful plastic.

Studies conducted by Clean Virginia Waterways have shown that just one cigarette butt in approximately two gallons of water is lethal to water fleas, a tiny crustacean found in fresh water and salt water. And tiny bits of tobacco that are left attached to cigarette filters carry more toxins than the filters do themselves.

Cigarette butts may seem small, but with over 4.5 trillion butts littered worldwide every year the toxic chemicals add up! (Cigarette butts are suspected to be the most littered item in the world.)



### CONVERSATION STARTERS:

**What are some alternatives to discarding cigarette butts on the ground?**

**Is littering of cigarette butts a concern in your community?**

**What can you do to increase awareness of this concern?**

**On a scale of 1 - 10 (ten being the highest) how much of a concern to you is pollution of your community by littering tobacco products?**

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## SUFFERING EVERY MINUTE, LUNG CANCER

New York City Department of Health and Mental Hygiene

The first and most common symptom of lung cancer is a cough.

Smoking is the main risk factor for lung cancer and is responsible for more than 80% of lung cancers.

The longer you have smoked, and the more you smoke, the more likely you are to get lung cancer.

If you stop smoking before cancer cells develop, lung tissue that has been damaged by smoking will start to repair.

An ex-smoker's risk will not be as low as that of a person who never smoked, but over time their risk will go down.

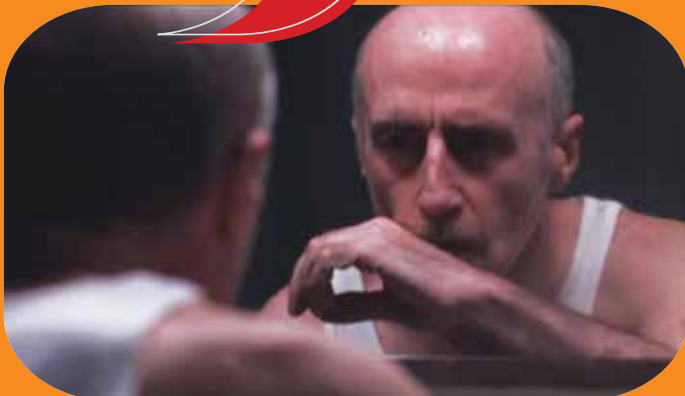
Cigar smoking and pipe smoking are almost as likely to cause lung cancer as cigarette smoking.

Cancer can grow into the chest wall, causing chest pain.

### CONVERSATION STARTERS:

Do you know anyone that has died of lung cancer? Can you share any of their experiences with the class?

Where can you go for more information on prevention of lung cancer? ([www.cancer.ca](http://www.cancer.ca))



## GONE FISHING

Oklahoma Tobacco Settlement Endowment Trust

When a person quits using tobacco (or is without tobacco for a period of time), they usually experience withdrawal symptoms, which often drive them back to tobacco use or else make them very uncomfortable, agitated or grumpy until they can feed their addiction.

Nicotine withdrawal symptoms include irritability, problems with thinking and attention deficits, sleep disturbances, increased appetite and craving.

When someone is quitting tobacco use, withdrawal symptoms usually peak within the first few days and may subside within a few weeks. Withdrawal is related to how nicotine acts in the brain and body, but many behavioral factors also affect the severity and persistence of withdrawal symptoms.

For example, the cues associated with smoking – the end of a meal, driving a car, relaxing after dinner, even something as enjoyable as fishing outdoors – all can be powerful triggers of craving.

While nicotine gum and patches may stop the physical aspects of withdrawal, cravings often persist for quite some time and can pop up long after you've quit smoking.

When someone does quit the good news is they immediately experience positive health benefits. In the long term, these benefits include one extremely powerful incentive: more of a chance for a long and healthy life.

### CONVERSATION STARTERS:

Do you know anyone that has overcome an addiction to smoking?

Have you ever discussed with them what it feels like? What did you learn?

## TERRIE'S TIPS

Centers for Disease Control (CDC) Atlanta, USA

**Terrie Hall died in hospital in Winston-Salem, N.C., on September 23, 2013. She was 53.**

"She was a public health hero," said Dr. Tom Frieden, director of the Centers for Disease Control and Prevention – the organization that created the Terrie's Tips ad. "She may well have saved more lives than most doctors do."

Just a week prior to her death, Terrie attended a news conference releasing the stats regarding the success of the "Tips from Former Smokers" campaign. This ad, Terrie's Tips, is the most viewed ad and most effective of the campaign according to CDC. At this news conference, officials announced that they believed the "Tips from Former Smokers" campaign led as many as 100,000 American smokers to quit.

The following is a short biography of Terrie.

In high school, Terrie was a pretty cheerleader who competed on the cheer circuit. Her father was a smoker, and with more and more of her friends smoking, Terrie soon found herself lighting up in social settings. "It was the cool thing to do," she said.

She would come to smoke up to two packs a day and felt the adverse effects of tobacco from as early as 25 years old — a sore throat that never seemed to go away.

In 2001, at the age of 40, Terrie Hall was diagnosed with oral cancer. As she recalled, "I had a sore in my mouth and had to go through all these grueling radiation treatments. It was awful."

Terrie continued to smoke throughout her radiation treatments. "I didn't think I had to quit. The radiation was getting rid of the cancer, so I could still smoke," she said. Later that same year, Terrie was diagnosed with throat cancer. It was then that she quit for good. The doctors informed her that they would need to remove her larynx. "It's hard to wrap your mind around cancer, and when they told me that they were going to remove my voice box, I thought I would never speak again," said Terrie.

Reprinted with permission from Centers for Disease Control.

### CONVERSATION STARTERS:

**Who in your life has been impacted negatively by tobacco? How has it affected their quality of life?**



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## RESOURCES FOR QUITTING SMOKING IN SASKATCHEWAN:

### Health Care Providers

If you are thinking about quitting, talk to your health care provider or visit:

#### Smokers HelpLine – 1.877.513.5333

[www.smokershelpline.ca](http://www.smokershelpline.ca)

#### Lung Association of Saskatchewan – Got Lungs?

**KNOW TOBACCO: Think. Learn. Live** – access the two health education resource guides for grades K-3 and 6-8, specific to tobacco and align with the renewed Saskatchewan Health Education Curricula  
1-888-566-LUNG (5864)  
[www.gotlungs.ca](http://www.gotlungs.ca)

#### BreakItOff

[www.breakitoff.ca](http://www.breakitoff.ca)

#### Partnership to Assist with Cessation of Tobacco (PACT)

[www.makeapact.ca](http://www.makeapact.ca)

Youth Activity: [www.makeapact.ca/label-me](http://www.makeapact.ca/label-me)

#### Quit4Life

[www.quit4life.com](http://www.quit4life.com)

## THANKS

Saskatchewan Health would like to thank the many governments and organizations that allowed their material to appear in View & Vote 5th Edition:

- Smokefree Homes  
NHS, Department of Health, Government of UK
- Social Farting  
Ontario Ministry of Health & Long-Term Care
- Find Your Power\*  
South Dakota Department of Health
- Smoking Kid  
Thai Health Promotion Foundation
- Deforestation  
Rescue Social Change Group, San Diego, California
- Mutation  
National Health Service, Department of Health, Government of UK
- Smokefree Cars  
National Health Service, Department of Health, Government of UK
- Facing Reality\*  
North Carolina Tobacco Prevention and Control
- Thrown Away\*  
California Department of Public Health
- Suffering Every Minute, Lung Cancer\*  
New York City Department of Health and Mental Hygiene
- Gone Fishing\*  
Oklahoma Tobacco Settlement Endowment Trust
- Terrie's Tips\*  
Centers for Disease Control (CDC) Atlanta, USA

\*Courtesy of the Media Campaign Resource Center, Center for Disease Control, Atlanta, USA.

