This lesson focuses on statistics related to health risks and deaths caused by smoking. It also presents ideas to encourage quitting, and ends with a discussion about the controversial topic of smoking bans. The culminating activity is a town hall forum in which some of the parties with vested interests debate the pros and cons of an enforced smoking ban. Other academic tasks are: making notes; using notes to speak from; using abbreviations and symbols; using intelligible pronunciation; using visual aids; giving information in detail; illustrating, amplifying, explaining, and emphasizing a point; summarizing; introducing and concluding; interrupting politely; questioning for clarification; holding the floor; distinguishing fact from opinion; deducing the meaning of unfamiliar words and word groups; creating and following an argument; reading critically; evaluating a text; understanding, describing, and creating graphs and tables; comparing and contrasting; classifying; and referring to and citing sources.
### Outcomes

<table>
<thead>
<tr>
<th>SLO 1.2</th>
<th>Respond to texts with increasing independence…</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLO 1.5</td>
<td>Examine and interpret various visual media…</td>
</tr>
<tr>
<td>SLO 2.1.4</td>
<td>Refine pronunciation to increase intelligibility…</td>
</tr>
<tr>
<td>SLO 3.3</td>
<td>Quote from or refer to sources…</td>
</tr>
<tr>
<td>SLO 6.1.5</td>
<td>Use selective attention…</td>
</tr>
<tr>
<td>SLO 6.2.7</td>
<td>Use elaboration…</td>
</tr>
</tbody>
</table>

### Instructional and Learning Sequence

#### Sequence 1

##### Activation

**Step 1**

Give each student a copy of the three sheets of statistical information (Handout 4-26: “Health Risks,” Handout 4-27: “Passive Smoking,” and Handout 4-28: “Deaths”), or refer them to the Internet sites listed at the bottom of each handout.

a) As a class, read aloud the written information on the left-hand side of each atlas page. Go over difficult vocabulary, breaking it into categories, using knowledge of stems and affixes, word families, as well as context clues and general knowledge to understand the text.

b) Give the students 15 minutes to examine the statistical information presented visually in each of the handouts. As in the last two lessons, students will look at trends, patterns, similarities, differences, etc. in the visuals. This time, however, they will do this individually.

c) Students individually take notes on all the important ideas and conclusions they can draw from the statistics (e.g., “Between 2025 and 2030, the projected number of annual deaths resulting from the use of or exposure to tobacco products is four million more in developing countries than in industrialized ones. This statistic seems to indicate that…”).

d) Meet as a class. Each student must identify one different conclusion drawn from each of the three handouts. The teacher records these on the board. What were the most important conclusions and statements made?

**Step 2**

Have students discuss the following questions: In your country of origin, who can smoke; at what age is it legal? Where can people smoke? How much do cigarettes cost? How old must a person be to buy cigarettes? Are there any measures being taken to try to stop people from smoking? Compare and contrast ideas from students of different countries.

(Language Features on page 144.)
Student Learning Tasks

a) Together, read the written information on the **Handout 4-26: “Health Risks,” Handout 4-27: “Passive Smoking,” and Handout 4-28: “Deaths.”** (C)

b) Examine the statistical information presented in each of the handouts. (I)

c) Take notes on all the important ideas and conclusions you can draw from the statistics. (I)

d) Identify and present to the class one different conclusion drawn from each of the three handouts. (I) (C)

Discuss given questions about smoking. Compare and contrast ideas with students of various countries. (E)
## Language Features

### Vocabulary

Examples from health risks—smoking terms/health terms: addictive, disability, cancer, strokes, emphysema, fatal, non-fatal, foetus, nicotine, genetic modification, vaccines, names of deadly chemicals, respiration, gingivitis, sputum (point out word families: fatal~fatality~non-fatal)

Vocabulary/markers to describe statistics: for example, more than; fewer than; while x…, y…; ... times as many will…; as a result of x, y…; x will increase when y…, If .... were to occur, then ...; When compared to x, y…; This statistic indicates/implies/suggests…; by comparing these graphs…

### Discourse Features

discussion expressions to compare, contrast, explain, agree, disagree, add information, question, summarize, etc. (review)

### Pronunciation

stress
thought groups
linkage reduction
problematic sounds

### Academic Language Functions

seeking information, inferring, comparing, analyzing
Outcomes

SLO 1.5 Examine and interpret various visual media...

SLO 2.2 Use several visual techniques...

SLO 5.1 Identify common themes and symbols...

SLO 5.4 Show understanding of the effect of cultural background...

SLO 6.1.5 Use selective attention...

SLO 6.2.4 Use note taking...

SLO 6.2.8 Use imagery in the form of mental or actual pictures...

SLO 6.3.2 Use co-operation...

Instructional and Learning Sequence

Activity

Step 1

Look over the statistics and written information from the WHO Tobacco Atlas pages, Handout 4-29: “Legislation: Health Warnings” and Handout 4-30: “Quitting”:

a) Students talk about the statistics in small groups, drawing conclusions from them and sharing them in a fashion similar to the last two lessons.

b) Have students create a concept map as they brainstorm a list of ideas that would help prevent or decrease smoking.

Talk a little about ideas used in Canada and in students’ countries of origin. (When discussing “Legislation: Health Warnings,” point out Canada’s leadership role in package warnings.) Make sure to refer to anti-smoking ad campaigns, nicotine gum and the patch, taxes on and cost of cigarettes, fines, age limits for smoking and buying cigarettes, smoking help lines, graphic ads and health warnings, pamphlets/ads to tell a smoker how his or her health improves immediately when he or she stops, and smoking bans (see Handout 4-31: “Winnipeg Free Press: Smokers’ Helpline and Statistics” and Handout 4-32: “Benefits of Quitting Smoking”). Add any other initiatives that you or your students know of. Give some examples of pamphlets and ads.

Language Features

Vocabulary

From “Quitting”: pre-contemplation, contemplation, maintenance, relapse, interventions, initiation, cessation; other vocabulary selected from handouts

Acronyms: nicotine replacement therapy (NRT)

Note: Language features are similar to those on the previous pages.
Student Learning Tasks

a) Discuss the statistics in small groups, drawing conclusions from them and sharing them. (G)

b) Create a concept map as you brainstorm a list of ideas that would help prevent or decrease smoking. (G)

Teacher Notes and References

Handout 4-29: “Legislation: Health Warnings”

Handout 4-30: “Quitting”

Information about quitting (mostly teacher-provided). These resources should be shown to the students, not copied for each of them.

Sample

Handout 4-31: “Winnipeg Free Press: Smokers’ Helpline and Statistics” presented by the Canadian Cancer Society. The Canadian Cancer Society is accessible at <www.cancer.ca>, where there are more resources.

Handout 4-32: “Benefits of Quitting Smoking”

Based on the statistics, you may want to create a specific set of questions for students to answer. You may also want to create a key vocabulary list as done in previous lessons.
### Outcomes

**SLO 1.3** Develop and express a personal position in a variety of ways...

**SLO 1.5** Examine and interpret various visual media...

**SLO 2.1.4** Refine pronunciation to increase intelligibility...

**SLO 2.2** Use several visual techniques...

**SLO 4.6** Respond to and critique a variety of individual perspectives...

**SLO 6.1.2** Use organizational planning...

**SLO 6.1.3** Use directed attention...

**SLO 6.1.5** Use selective attention...

**SLO 6.2.3** Use grouping of items to classify...

**SLO 6.2.5** Use deduction and induction

**SLO 6.2.8** Use imagery in the form of mental or actual pictures...

### Instructional and Learning Sequence

#### Step 2

Present a list of statistics drawn from **Handout 4-33**: “Legislation: Smoke-Free Areas” to students.

- a) Group students in quads and have the students decide what types of graphs would most effectively present the information visually.
- b) Each group creates its graphs, trying not to replicate those from previous WHO Tobacco Atlas pages.
- c) Distribute **Handout 4-33**: “Legislation: Smoke-Free Areas” to students and compare their graphs with those on the handout.

#### Step 3

- a) Students discuss how a smoking ban would work in their countries.
  Brainstorm the various types of people with a vested interest in smoking bans.
- b) Create a graphic organizer to classify groups of people who would support or oppose a ban.

Introduce Winnipeg’s smoking ban through **“Smoking Bylaw Rolls Out across Winnipeg” (Handout 4-34): “Smoking Bylaw Rolls Out across Winnipeg, September 2, 2003”**. Decide how the additional material concerning this particular ban will be read and shared, and have students follow instructions.

### Language Features

#### Pronunciation

You can use the video clip to focus on linkage. The script is provided. Do not give the script as it is to the students. Listen to the video and find examples of linkage. Remove the linked words from the script, and put one blank in their place. Students listen to the video and record the two or three linked words in the one blank. Examples:

- You’d like to sit in the smoking section?
- As of September 1st...
- We will lose a percentage of business...
- But at Winnipeg’s largest legion...
Student Learning Tasks

a) In quads, decide what types of graphs would be the best to present the given information visually. (G)
b) Create graphs, trying not to replicate those from previous WHO Tobacco Atlas pages. (G)
c) Compare student graphs with those on Handout 4-33: “Legislation: Smoke-Free Areas.” (C)

a) Discuss how a smoking ban would work in your country of origin. (C)
b) Create a graphic organizer to classify groups of people who would support or oppose a ban. (C)

Teacher Notes and References

Handout 4-33: “Legislation: Smoke-Free Areas”

Handout 4-34: “Smoking Bylaw Rolls Out across Winnipeg, September 2, 2003”

Internet Resources (Optional):
“Winnipeg Public Smoking Ban Takes Effect” (To access the written script, go to <www.ctv.ca> On this page, go to “search site” and type in “Winnipeg public smoking ban takes effect.” The script page will appear. From this page, you can access the video clip by clicking on “related video”: Jill Macyshon discusses a move to tighten smoking restrictions in Winnipeg: 2:01. Look in Language Features column for teaching suggestions. “Smoking Ban Has No Impact on Food, Drink Sales.”<www.newsandevents.utoronto.ca/bin5/030618a.asp>

Vocabulary from the written portion of this atlas page is recycled from previous lessons. Remind students of some of the types of graphs and their purposes:
1. Bar graph—used to make comparisons. Bars are separated because the data are not continuous.
2. Histogram—bar graph without spaces between bars; used to depict continuous data.
3. Line graph—shows change over time; points are placed on specific coordinates to show fluctuations.
4. Pictograph—creative, interesting symbols to represent stated quantities.
5. Pie chart—shows how a whole quantity is divided.
Outcomes

Instructional and Learning Sequence

Sequence 3

Main Activity

This assignment will be the culminating activity for Topics 5A, 5B, and 5C.

a) Manitoba implemented a province-wide smoking ban on October 1, 2004. Students will perform a role-play of a town hall forum that is set prior to this event, discussing the proposed smoking ban in all public buildings (see handout for complete instructions). Divide students into an appropriate number of groups for the class. Depending on the class size, assign approximately four students to be judges and six or so to take roles in each group. The teacher acts as moderator. Each role player tries his or her best to convince the others and the judges that his or her point of view is correct. Suggested roles: long-time smoker, bar owner, tobacco company representative, reformed smoker, person dying from lung cancer due to second-hand smoke, oncologist. Each judge makes notes on the content and presentation of each character.

b) Students will decide what their point of view should be and prepare their own arguments. They will do research in order to prepare, using a variety of sources. One should be a primary source. Students must create point-form notes from their research and must include statistics to support their arguments. These notes and statistics will be evaluated.

c) Each student must write up his or her argument and hand in a copy for evaluation.

d) Students must practise before the actual town forum is held. They should use only point-form notes in the forum and speak in their own words, using at least seven new vocabulary words and seven statistics they have learned.

<table>
<thead>
<tr>
<th>Language Features</th>
<th>Vocabulary</th>
</tr>
</thead>
<tbody>
<tr>
<td>from articles, graphs, statistics—relevant to presentation of information</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discourse Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>format of an oral presentation for a forum</td>
</tr>
<tr>
<td>creation of jotted notes for speaking</td>
</tr>
<tr>
<td>Discussion expressions: to agree, disagree, exemplify, clarify, question, add information, summarize (review)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pronunciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students should monitor their own pronunciation. The teacher should hear each student’s presentation before the forum to check/correct for intelligibility.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Academic Language Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>describing, explaining, comparing, contrasting, summarizing, evaluating, justifying and persuading</td>
</tr>
</tbody>
</table>
Student Learning Tasks

Assignment

a) Hold a town hall forum discussing a proposed smoking ban in all public buildings. (G) (C)

b) Prepare for assigned role. See Handout 4-35: “Town Hall Forum: Smoking Ban” for complete instructions. (I)

c) Write up your argument and hand in a copy for evaluation. (I)

d) Use your point-form notes and speak in your own words at the town hall forum.

Teacher Notes and References

Handout 4-35: “Town Hall Forum: Smoking Ban” (role-play)

Internet Resources: There are excellent teacher resources at <www.lung.ca/teachers>. Teachers can find an experiment there to suit specific purposes.

If you have enough students, create two groups of ten, with four students as judges and six taking roles. Modify the numbers as required.

The teacher decides whether judges must come to a consensus.
Outcomes

| SLO 1.3 | Develop and express a personal position in a variety of ways… |
| SLO 1.5 | Examine and interpret various visual media… |
| SLO 2.3 | Produce a variety of short and extended text forms… |
| SLO 6.1.5 | Use selective attention… |
| SLO 6.2.1 | Use resourcing to access… |

Instructional and Learning Sequence

**Sequence 4**

**Roundup**

Using all the information from the three lessons on smoking, students write a 250-word journal entry, using appropriate statistics, to describe how they would convince someone to quit smoking.

<table>
<thead>
<tr>
<th>Language Features</th>
<th>Academic Language Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>explaining, describing</td>
</tr>
</tbody>
</table>
Write a 250-word journal entry, using appropriate statistics, to describe how you would convince someone to quit smoking.
Passive Smoking

The first conclusive evidence on the dangers of passive smoking came from Takeshi Hizoya’s study in 1981 on lung cancer in non-smoking Japanese women married to men who smoked. Although the tobacco industry immediately launched a multi-million dollar campaign to discredit the evidence, dozens of further studies have confirmed the link. Research then broadened into other areas and new scientific evidence continues to accumulate.

A complex mixture of chemicals is generated from the burning of tobacco. As a passive smoker, the non-smoker breathes “secondhand” smoke from the burning tip of the cigarette and “mainstream” smoke that has been inhaled and then exhaled by the smoker.

The risk of lung cancer in non-smokers exposed to passive smoking is increased by between 20 and 30 percent, and the excess risk of heart disease is 25 percent.

Children are at particular risk from adults smoking. Adverse health effects include pneumonia and bronchitis, coughing and wheezing, worsening of asthma, middle ear disease, and possibly neurobehavioral impairment and cardiovascular disease in adulthood.

A woman’s exposure to other people’s smoking can harm her fetus. The effects are compounded when the child is exposed to passive smoking after birth.

Legislation: Health Warnings

Health warnings about tobacco have been in existence for four hundred years, starting with King James I in England and Fang Yushi in China, both in the 17th century (see map 1).

Cigarette packs first carried health warnings in the 1960's following scientific reports on the hazards of smoking in the USA and the UK. These early warnings were weak and inconspicuous. Contemporary Canadian warnings are the most vivid in the world and are serving as the model for other countries, such as Brazil.

While many countries have some type of health warning on the pack, these are not universal and many that do exist are not as pronounced, simple and stark as necessary, some are not in the local language nor on all tobacco products.

Reports from Canada and Australia suggest that plain packaging may increase both prominence and believability of health warnings. That is, use of colour, logo or graphic design, but simply a generic pack of cigarettes, with the brand name. Health warnings now recommend that cigarette packages should not contain tar and nicotine levels as measured by smoking machines, as these do not reflect the actual inhalation of tar and nicotine due to cigarette design (primarily ventilation holes), and individual smoker behaviour (a tendency for smokers to compensate to get more nicotine from each cigarette) and are done misleading. Others suggest that a range of visuals should be presented that better resemble how smokers actually smoke, and to include the information on the pack of cigarettes in a section on toxic constituents, which also includes levels of carcinogens and carbon monoxide exposure.

Health warnings in Canada

Impact on smokers of the new Canadian health warnings 2002

Canada health warnings are the most vivid in the world and serve as the model for other countries.

Quitting

The main dangers of smoking decrease when smokers quit, even in those who have smoked for 30 or more years.

Smokers move through stages in relation to quitting: pre-contemplation, contemplation, preparation and action, followed by maintenance or relapse. Many move through this cycle several times before they finally quit. Some report that they find it easier to quit than they expected.

Stages are influenced by increased costs from tax increases or reductions of smuggling, illness in the smoker, family or friends dying from tobacco, the media, health promotion, bans on promotion, creation of smoke-free areas and, while most smokers still quit on their own, availability of support and treatment.

There are new techniques to assist those who want to quit smoking, although these are not available in all parts of the world.

Social support, counseling, Quitlines, internet sites, skills training, nicotine replacement therapy (NRT) and other pharmaceutical treatments.

If interventions only focus on prevention of initiation, and do not address cessation, then 160 million additional smokers will die before 2010 (see below).

Quitting Calendar
The benefits of stopping smoking

1 day later
Heart, blood pressure, and the blood show improvement.

1 week later
Losses and gain in coronary heart disease is half that of a continuing smoker.

5 to 15 years later
Risk of a stroke is reduced to that of a non-smoker.

10 years later
Risk of lung cancer is reduced to less than half that of continuing smokers, risk of other cancer is decrease.

16 years later
Risk of coronary heart disease is similar to that of non-smokers, and the overall risk of death almost the same, especially if the smoker quits before illness develops.

Effects of starting and quitting smoking on deaths

Total accumulated tobacco deaths: 2000, 2025 and 2050 projected

If percent smoking patterns continue: 27m
If youth uptake halts: 22m
If adult consumption halts: 22m

Impact of interventions on starting to smoke and quitting

Type of intervention | Quitting | Other

- More than 10% price increase
- Anti-smoking media
- Bans on promotion
- Restrictions on youth access
- Smoking restrictions
- NRT

WHAT'S IN A CALL?

All callers are immediately connected to a trained quit specialist. The one couch rule applies here as the only prompt is 1 for English or 2 for French. During the call, guidance will be provided that is tailored, based on the caller's individual needs and goals. For example, some callers have not yet thought about making a quit attempt and are just looking for information. Other callers may be thinking about quitting but aren't sure of the appropriate steps to take, while other callers are ready to make a quit attempt and need support and guidance. In fact, callers who have already quit smoking but need some counseling to stay smoke-free are also welcome to utilize the line.

In addition, an important feature of the Smoker’s Helpline is that key influencers making calls to the line are welcomed, as individuals can access the line to seek advice to help a friend or loved one to quit smoking. Optional follow-up calls can be made to the caller by a trained quit specialist to keep track of the caller’s progress and, more importantly, to provide support and encouragement.

The following statistics were taken from MANTRAS (Manitoba Tobacco Reduction Alliance) Comprehensive Strategy Document.

TOBACCO USE

On a global level, the impacts of tobacco use are staggering. The World Health Organization (WHO) estimates smoking kills one person every 6 seconds, which is around 4 million deaths a year. Health Canada predicts that more than 45,000 Canadians will die due to smoking this year. Of these, more than 500 nonsmokers will die of lung cancer and at least 700 non-smokers will die of coronary heart disease caused by exposure to second-hand smoke.

The World Health Organization indicated that in the mid 1990’s, Canadian women had the 7th highest smoking rate in the world whereas Canadian men had the 73rd highest.

"Diane: I really hadn't thought about quitting until I heard about the Smokers' Helpline. So I called, just to see what it was all about. I was amazed at how supportive the quit specialist was. I'm still not ready to quit yet, but when I do quit, I know I'll call the Smokers' Helpline for help."

"Dorothy: I had no intentions of ever quitting until last week when I was diagnosed with lung cancer. I realized I had to quit immediately. I called the Smokers' Helpline and now I'm on the road to recovery."

(continued)
PREVALENCE & CONSUMPTION

Looking at the prevalence of smoking and rates of consumption in Canada quickly reveals that there is both good and bad news. As the chart below illustrates, there has been a steady decline in the overall prevalence of smoking in the last 35 years.

It is important that we recognize the gains that have been made and not allow ourselves to give credence to the idea that smoking is a "norm" amongst a majority of the population. Youth in particular appear vulnerable to overestimating the number of peers who actually smoke. What is, however, readily observable is the decline of smoking among women has not kept pace with the rate of decline among men.

HEALTH IMPACT

Tobacco is the leading cause of disease and preventable death in Manitoba.

The U.S. Department of Health indicates that there is no safe level of consumption. Tobacco smoke contains more than 4000 substances, 50 of which are associated with, or known to cause cancer. In 1993, the U.S. Environmental Protection Agency classified cigarette smoke as a Class A carcinogen; a substance which has been shown to cause cancer in humans through studies on human population.

There is strong scientific evidence that smoking is related to more than two dozen diseases and conditions.

Health Canada has reported that the risk of premature death is extremely high among smokers. Half of all long-term smokers will eventually be killed by tobacco, and of these, half will die during middle age, losing 20 to 25 years of life.

FACTS TO CONSIDER

Physicians For a Smoke-free Canada

• Coronary heart disease and stroke are 2 to 4 times more common in smokers than in non-smokers.

• Tobacco use results in 30 – 90% of all chronic, obstructive pulmonary disease (COPD).

• Tobacco is responsible for 30% of all cancer deaths.

• Every 35 minutes a Canadian woman dies as a result of smoking.

• Tobacco is responsible for one in five deaths in Canada – almost five times the number of deaths caused by car accidents, suicides, drug abuse, murder and AIDS combined.

Cynthia: I had been thinking about quitting for quite some time now, but I really didn’t know where to go for help. When I heard about the Smokers’ Helpline, I gave it a try. Now I’m ready to make a quit attempt! And they’re even going to mail me the book before I see if I’m ready to go and to encourage me.

Jacob: I would never call the line myself, but my buddy called and got all the support he needed to help me quit. Without me knowing, the Smokers’ Helpline helped me quit.

ECONOMIC BURDEN

Smoking is an expensive habit. Health Canada indicates that Canadian teenagers smoke more than 1.6 billion cigarettes each year—resulting in retail sales worth more than $30 billion. With Manitoba teenagers accounting for approximately 4% of the Canadian teenage population, this would mean that Manitoba teens are spending over $13 million annually on cigarettes. Smoking rates tend to be higher amongst those who are socially and economically disadvantaged. This adds to the economic burden which they often face.
Benefits of Quitting Smoking

Ever wonder what happens to your body the moment you stop smoking? Within 20 minutes of smoking that last cigarette, the body begins a series of changes that continues for years.

20 MINUTES

- Blood pressure drops to normal.
- Pulse rate drops to normal.
- Body temperature of hands and feet increases to normal.

8 HOURS

- Carbon monoxide level in blood drops to normal.
- Oxygen level in blood increases to normal.

24 HOURS

- Chance of heart attack decreases.

48 HOURS

- Nerve endings start regrowing.
- Ability to smell and taste is enhanced.

2 WEEKS TO 3 MONTHS

- Circulation improves.
- Walking becomes easier.
- Lung function increases up to 30%.

1 TO 9 MONTHS

- Coughing, sinus congestion, fatigue, and shortness of breath decrease. Cilia regrow in lungs, increasing ability to handle mucus, clean the lungs, and reduce infection.
- Body's overall energy increases.

1 YEAR

- Excess risk of coronary heart disease is half that of a smoker.

5 YEARS

- Lung cancer death rate for average smoker (one pack a day) decreases by almost half.
- Stroke risk is reduced to that of a nonsmoker 5-15 years after quitting.
- Risk of cancer of the mouth, throat and esophagus is half that of a smoker's.

Benefits of Quitting Smoking (continued)

10 YEARS

- Lung cancer death rate similar to that of nonsmokers.
- Precancerous cells are replaced.
- Risk of cancer of the mouth, throat, esophagus, bladder, kidney and pancreas decreases.

15 YEARS

- Risk of coronary heart disease is that of a nonsmoker.

What Are Some Rewards of Quitting Smoking?

Immediate Rewards
Within 12 hours after you have your last cigarette, your body will begin to heal itself. The levels of carbon monoxide and nicotine in your system will decline rapidly, and your heart and lungs will begin to repair the damage caused by cigarette smoke.

Within a few days you will probably begin to notice some remarkable changes in your body. Your sense of smell and taste may improve. You will breathe easier, and your smoker's hack will begin to disappear, although you may notice that you will continue to cough for a while. And you will be free from the mess, smell, inconvenience, expense, and dependence of cigarette smoking.

Immediate Effects
As your body begins to repair itself, instead of feeling better right away, you may feel worse for a while. It's important to understand that healing is a process; it begins immediately, but it continues over time. These "withdrawal pangs" are really symptoms of the recovery process.

Immediately after quitting, many ex-smokers experience "symptoms of recovery" such as temporary weight gain caused by fluid retention, irregularity, and dry, sore gums or tongue. You may feel edgy, hungry, more tired, and more short-tempered than usual and have trouble sleeping and notice that you are coughing a lot. These symptoms are the result of your body clearing itself of nicotine, a powerful addictive chemical. Most nicotine is gone from the body in 2-3 days.

Long-range Benefits
It is important to understand that the long range after-effects of quitting are only temporary and signal the beginning of a healthier life. Now that you've quit, you've added a number of healthy productive days to each year of your life. Most important, you've greatly improved your chances for a longer life. You have significantly reduced your risk of death from heart disease, stroke, chronic bronchitis, emphysema, and several kinds of cancers; not just lung cancer. (Cigarette smoking is responsible every year for approximately 130,000 deaths from cancer, 170,000 deaths from heart disease, and 50,000 deaths from lung disease.)
Legislation: Smoke-free Areas

Running smoking in public places is a sound public health measure to protect the health of non-smokers. The issue of workplace bans is primarily one of labour legislation to protect the health of workers, who are exposed to passive smoking for long periods during their work shifts, whether this be in public or office buildings, restaurants or public transport.

Workplace smoking bans are effective in reducing exposure to passive smoking. Smokers who are employed in workplaces with smoking bans are likely to consume fewer cigarettes per day, are more likely to consider quitting, and quit at a greater rate, than smokers employed in workplaces with no or weaker policies.

A total ban works better than a partial ban. Most airlines are now smoke-free and the global trend is towards a safer, cleaner indoor environment in the home and public workplaces.

Philip Morris, 1992

WINNIPEG - Smokers looking to light up in Winnipeg’s restaurants, bars, or any other enclosed public space can now look forward to a hefty fine, thanks to a city bylaw which took effect Monday.

The bylaw covers all enclosed public places; it threatens a minimum $100 fine on individuals who attempt to smoke and a $500 fine for the owners of the establishment that allows them to do so.

Inspectors fanned out across the city on the holiday Monday with an eye on cracking down on the illegal smokers.

Serge Scrafield with Manitoba Conservation said the 10 provincial inspectors would be out in force Monday, but would likely put off issuing tickets until Tuesday.

“We can legally issue the ticket to either [the individual or owner],” he said. “However we would do that only if we felt the proprietor had taken all the steps that reasonably he or she could take, and if the problem still persisted then we would consider ticketing the individuals.”

The province is responsible for enforcing the bylaw in 70 per cent of the city, mostly the suburbs.

The bylaw actually went into effect July 1, but the province delayed its enforcement for two months so it could hire more inspectors.

Scrafield hopes the delay may have allowed people extra time to get accustomed to the bylaw, meaning his inspectors will not have to issue too many tickets.

Town Hall Forum: Smoking Ban

The class will be divided into two groups: prospective citizens with a vested interest in a proposed smoking ban, and a town council. The citizens will receive position cards. The town council may be elected or chosen. The teacher will act as the moderator.

Directions for students with position cards:
1. Read the news article about the imposed smoking ban in Winnipeg.
2. You will perform a role-play of a historical discussion, set prior to October 1, 2004, discussing the proposed smoking ban in your community.
3. You will receive a position card stating the role you will play in the discussion about the ban.
4. Decide what your position would be on this issue.
5. Prepare an argument to support your position by brainstorming and doing research. Collect relevant notes, references, and statistics. One of your sources must be a primary source. You may also include anecdotal information.
   Some ideas you might want to consider are
   • the economic benefits and liabilities
   • the related health issues and costs
   • the Charter of Rights and Freedoms issues
6. Prepare your point-form notes on index cards.
   • Use statistics and direct references to current and valid information in your argument.
   • Try to speak naturally rather than read. Be ready to answer questions. Prepare for this by predicting what you may be asked.
7. You may try to present a workable solution if you disagree with the ban.
8. Each person should be treated respectfully.

When the forum is over, hand in your research and speaking notes, a short evaluation of the points made by the other speakers, a bibliography, and a personal reflection about the process when the forum is over.

Directions for the town council:
1. You will listen to and evaluate the arguments presented.
2. You must do research and take notes on the issues involved in this debate so that you are prepared to listen actively.
3. During the debate, make notes about each speaker.
4. You may ask relevant questions.
5. After the forum is over, you will vote to decide who presented the most convincing argument. Evaluate each speaker; give one positive point and suggest one goal for future presentations like this. Discuss your choices as a group. Then, vote for the most convincing speaker.

When the forum is over, hand in your preparation notes, a bibliography, your notes on each speaker, your reasons for choosing the speaker you did, and a personal reflection about the process.

As a class, form groups of four made up of two people supporting the ban and two people against the ban. Discuss
• the process
• the pros and cons of each argument
• how the values of each interest group differ
• whether there could be ever be a viable solution that would satisfy both groups