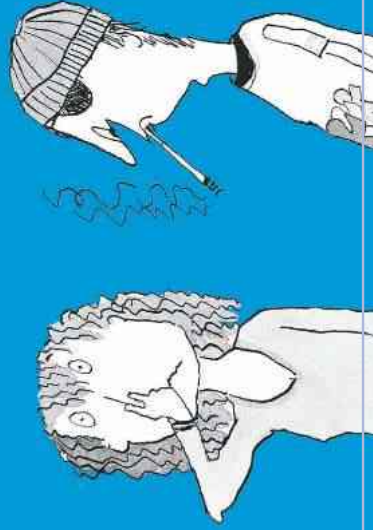


QUIT® Primary School
KeyStage 2
Resource Pack



QUIT[®]
PSHE and Citizenship
Resource Pack

KeyStage 2
Ages 8-12

Introduction to the pack

Background

Welcome to QUIT's® PSHE and Citizenship Keystage 2 Resource Pack. QUIT is the independent charity whose aim is to save lives by helping smokers to stop smoking. QUIT does this by providing smokers with practical help, advice and support. QUIT believes that working with teachers and young people is an extremely important part of its work.

QUIT's Regional Project Mangers have been working with primary and secondary schools for over 10 years. This pack has been developed as a result of requests for a primary school resource from the many teachers that QUIT has spoken to over the years. The pack is designed mainly for use with Years 4-6, but it can also be used with Year 7.



As part of the development of the pack we have conducted research with young people, teachers, tobacco educationalists, smoking cessation experts, local education authorities and members of local primary care trusts.

Results of the research

The research helped us to identify the most suitable topics to cover in the pack. For example, there was considerable confusion around the issue of passive smoking (secondhand smoke) and that is why we have included it in the 'Facts or Myths' activity.

How to use the pack and the style of delivery

Teachers told us that they wanted to have a range of activities that they could easily adapt to suit the needs of their children and for the time available. Teachers didn't want overly detailed lesson plans but instead wanted a series of activities that were linked to the PSHE and Citizenship curriculum.

The pack has therefore been designed to be a 'tool box' for teachers. We have put in curriculum links and learning outcomes where appropriate and within the activities there is plenty of scope for differentiation and development. Each activity can be done separately or as part of a series.

Opportunities for parents and carers

Tobacco education can be a sensitive subject. Very often the children of smokers become especially concerned when they learn of the health risks that smoking poses. We would encourage teachers to talk about the benefits of stopping smoking as well as discussing the risks.



We have included material that can be given to parents and carers if they would like to have more information on how to stop smoking. This material could be given to parents and carers as part of an open session or assembly where the children could demonstrate what they have learnt about the subject.

Teacher fact sheets

Fact sheet 1 'Young People and smoking'

All information contained in this fact sheet is taken from Action on Smoking and Health's 'fact sheet no: 3 Young people and smoking' produced in February 2004 and is available online at www.ash.org.uk

Smoking prevalence

Children become aware of cigarettes at an early age. Three out of four children are aware of cigarettes before they reach the age of 5 whether the parents smoke or not.¹ By the age of 11 one-third of children, and by 16 years two-thirds of children have experimented with smoking.² In Great Britain about 450 children start smoking every day.³ Large regional studies of children's smoking habits during the 1960s and 1970s showed that more boys smoked than girls and that boys started earlier.⁴ In 1982, the government commissioned the first national survey of smoking among children and found that 11% of 11-16 year olds were smoking regularly.⁵

During the early nineties prevalence remained stable at 10%, but by the mid nineties teenage smoking rates were on the increase, particularly among girls. Between 1996 and 1999, there was a decline in 11 - 15 year olds smoking regularly.⁶ The reduction in smoking prevalence occurred mainly among 14-15 year olds. In 1998, the government set a target to reduce the prevalence of regular smoking among young people aged 11-15 from a baseline of 13% in 1996 to 11% by 2005 and 9% or less by 2010. Results from the 2002 survey show that prevalence of smoking has been stable since 1998. As in previous years, girls are more likely to be regular smokers than boys. The proportion of regular smokers increases sharply with age: 1% of 11 year olds smoke regularly compared with 22% of 15-year olds.⁷

What factors influence children to start smoking?

Children are three times as likely to smoke if both of their parents' smoke and parents' approval or disapproval of the habit is also a significant factor. Numerous studies have shown that most young smokers are influenced by their friends' and older siblings' smoking habits. Surveys show that children tend to smoke the brands that are promoted most heavily and advertising reinforces the smoking habit.⁸ One study of secondary school children found that a minority of smokers (38%), but a majority of non-smokers (56%), thought that tobacco advertising had quite a lot, or a lot of effect on influencing young people to start smoking.⁹ Advertising also creates the impression that smoking is a socially acceptable norm. Sports sponsorship by tobacco companies and particularly the televising of sponsored events increases children's awareness of the brands. A survey in 1996 found that around two-thirds of 11-16 year olds could identify at least one sport connected to cigarette advertising through sponsorship.¹⁰ Another study found that boys whose favourite sport was motor racing were twice as likely to become regular smokers than those who did not have an interest in the sport.¹¹

Smoking and children's health

Children who smoke are two to six times more susceptible to coughs and increased phlegm, wheeziness and shortness of breath than those who do not smoke. One study revealed that children who smoke are 3 times more likely to have time off school.¹² The earlier children become regular smokers and persist in the habit as adults, the greater the risk of dying prematurely. A recent US study found that smoking during the teenage years causes permanent genetic changes in the lungs and forever increases the risk of lung cancer, even if the smoker subsequently stops.¹³

The effects of passive smoking (secondhand smoke) on children

Children are also more susceptible to the effects of passive smoking and cotinine levels found in the saliva of children whose parents smoke indicate **that in households where both parents smoke, the children are receiving a nicotine equivalent of smoking 80 cigarettes a year.**¹⁴ Bronchitis, pneumonia, asthma and other chronic respiratory illnesses are significantly more common in infants and children who have one or two smoking parents. **One study found that in households where both parents smoke, young children have a 72 per cent increased risk of respiratory illnesses.**¹⁵ Children of parents who smoke during the child's early life run a higher risk of cancer in adulthood¹⁶ and the larger the number of smokers in a household, the greater the cancer risk to non-smokers in the family.

Risk to young children

Infants of parents who smoke are more likely to be admitted to hospital for bronchitis and pneumonia in the first year of life. **More than 17,000 children under the age of five are admitted to hospital every year because of the effects of passive smoking.** Passive smoking during childhood predisposes children to developing chronic obstructive airway disease and cancer as adults. Exposure to tobacco smoke may also impair olfactory function in children. A Canadian study found that passive smoking reduced children's ability to detect a wide variety of odours compared with children raised in non-smoking households. Passive smoking may also affect children's mental development. A US study found deficits in reading and reasoning skills among children even at low levels of smoke exposure.

Addiction

Children who experiment with cigarettes quickly become addicted to the nicotine in tobacco. A MORI survey of children aged 11 to 16 years found that teenagers have similar levels of nicotine dependence as adults, with one third of those who smoke one or more cigarettes a week lighting up their first cigarette within 30 minutes of waking up and one in twelve lighting up within the first 5 minutes.¹⁷ Over half (58%) of regular smokers aged between 11 and 15 years say that they would find it difficult to go without smoking for a week while 72% thought they would find it difficult to stop altogether.¹⁸ During periods of abstinence, young people experience withdrawal symptoms similar to the kind experienced by adult smokers.¹⁹

Smoking prevention

Research suggests that knowledge about smoking is a necessary component of anti-smoking campaigns²⁰ High prices can also deter children from smoking, since they do not possess a large disposable income. In Canada, when cigarette prices were raised dramatically in the 1980s and the early 1990s youth consumption of tobacco plummeted by 60%.²¹ An American study has shown that while price does not appear to affect initial experimentation of smoking, it is an important tool in reducing youth smoking once the habit has become established.²²

Children, smoking and the law

Since 1908, and currently under the Children and Young Persons (Protection from Tobacco) Act 1991, it has been illegal to sell any tobacco product to anyone below the age of 16. The Act increased the maximum fines for retailers found guilty of selling cigarettes to children to £2,500 and tightened up the previous legislation in a number of other ways. In spite of the law, however, a study in 1996 revealed that the treasury received £108 million pounds in taxation from the illegal sale of cigarettes to children.²³ In 1997 it was estimated that the **UK tobacco industry made an annual profit of £35 million from teenage smokers.**²⁴

During 2002 there were 105 prosecutions in England and Wales for underage tobacco sales, with 84 defendants being found guilty and 73 fined. Of these, 11 fines were for sums over £350.²⁵ A 1998 survey found that 22% of 11-15 year olds in England had tried to buy cigarettes in a shop during the previous year. Of these only 43% had been refused on at least one occasion.²⁶ Legislation alone is not sufficient to prevent tobacco sales to minors. Both enforcement and community policies may improve compliance by retailers, but the impact on underage smoking prevalence using these approaches alone may still be small.²⁷ Successful efforts to limit underage access to tobacco require a combination of approaches that tackle the problem comprehensively.

References

[1] Teenage Smoking attitudes in 1996. Office for National Statistics, 1997 [2] Drug use, smoking and drinking among young teenagers in 1999. National Statistics, 2000. [3] Smoking and the Young. Royal College of Physicians. London, RCP, 1992. [4] Bewley B.R, Day I, Ide L. Smoking by children in Great Britain. MRC Social Science Research Council, 1972. [5] Dobbs J, Marsh A. Smoking among secondary schoolchildren. HMSO, 1982. [6] Drug use, smoking and drinking among young teenagers in 1999. National Statistics, 2000. [7] Drugs use, smoking and drinking among young people in England in 2001. Department of Health, 2002. [8] Aitken P. P. et al. Health Ed J 1986; 45: 204-7 and BMA Press Release 23 November 1995. [9] Young People in 1997. Schools Health Education Unit, Exeter University, 1998. [10] MORI Schools Omnibus Survey 1996. ASH News Release, 31/5/96 [11] Charlton A, White D & Kelly S. Boys' smoking and cigarette-brand sponsored motor racing. The Lancet 1997; 350: 1474. [12] Charlton A, Blair V. Br Med J 1989; 298: 90-92. [13] Wiencke, J.K. et al. Journal of the National Cancer Institute, 1999; vol. 91; no. 7: 614-619. [14] Jarvis M, et al. Br Med J 1985; 291: 927-929. [15] Strachan DP, Cook DG. Parental smoking and lower respiratory illness in infancy and early childhood. Thorax 1997; 52: 905-914. [16] Sandler D. P et al. AJPH 1985; 75: 487-492. [17] MORI Schools Omnibus Survey 1996. ASH News Release 5 September 1996. [18] Smoking, drinking and drug use among young teenagers in 1998. Volume 1: England. ONS, 1999. [19] McNeill AD et al. Cigarette withdrawal symptoms in adolescent smokers. Psychopharmacology 1986; 90: 533-536. [20] Reid D. et al. Reducing the prevalence of smoking in youth in Western countries: an international review. Tobacco Control 1995; 4 (3): 266-277. [21] Sweanor, D and Martial LR. The Smuggling of tobacco products: Lessons from Canada. (Non-Smokers Rights Association, 1994.) [22] Emery, S White, M and Pierce, J. Does cigarette price influence adolescent experimentation? J Health Economics 2001; 20: 261-270. [23] UK health and welfare organisations. Cashing in on Children Smoking. July 1996. [24] Branson, R. Dying for a fag. Government's anti-smoking seminar. 12/7/97. [25] Offences relating to the illegal sale of tobacco to children under 16 - England and Wales, 2002. Home Office, Feb. 2004. [26] Smoking, drinking and drug use among young teenagers in 1998. Volume 1: England. ONS, 1999. [27] Lancaster T, Stead LF. Interventions for preventing tobacco sales to minors. The Cochrane Library, Issue 4, 1999.

Fact sheet 2 General smoking statistics

All information contained in this fact sheet is taken from Action on Smoking and Health's 'Basic Facts: One - Smoking statistics' produced in November 2004 and is available online at www.ash.org.uk

- Tobacco was introduced to Europe from the New World at the end of the fifteenth century. Smoking spread rapidly and was long regarded as having medicinal value. It was not until the 20th century, however, that smoking became a mass habit and not until after the Second World War that the dangers of smoking were firmly established.
- About **12 million adults** in the UK smoke cigarettes - 27% of men and 25% of women. In 1974, 51% of men and 41% of women smoked cigarettes - nearly half the adult population of the UK. Now just over one-quarter smoke, but the decline in recent years has been heavily concentrated in older age groups: i.e., almost as many young people are taking up smoking but more established smokers are stopping.
- Adult smoking rates vary only slightly between different parts of the country, as defined by the Government Office Regions. For example, in the East of England 27% of people smoke, in the North West, 28%. In Scotland 28% of the population smokes; in Wales the prevalence is 27%.
- Smoking is highest among those aged 20-34: 38% of men and women in this age group smoke. Among older age groups prevalence gradually declines with the lowest smoking rate among people aged 60 and over: 15% smoke in this age group.
- **More than 80% of smokers take up the habit as teenagers.**

- **In the United Kingdom about 450 children start smoking every day.**
- **About one fifth of Britain's 15 year-olds - 18% of boys and 26% of girls - are regular smokers - despite the fact that it is illegal to sell cigarettes to children aged under 16.**
- Men and women in manual socio-economic groups are more likely to smoke than people in non-manual occupations. 20% of men and 18% of women in the professional and managerial groups smoke compared with 32% of men and 31% of women in routine and manual groups.
- People do stop - **21% of women and 27% of men are ex-smokers.** Surveys show that about 70% of current smokers would like to stop altogether.
- Tobacco is the only legally available consumer product, which kills people when it is used entirely as intended.
- **Every year, around 114,000 smokers in the UK die as a result of their habit.**
- Smoking kills around five times more people in the UK than road traffic accidents (3,439), other accidents (8,579), poisoning and overdose (3157), murder and manslaughter (513), suicide (4,066), and HIV infection (234) **all put together** (22,833 in total - 2002 figures).
- About half of all regular cigarette smokers will eventually be killed by their habit.
- Smoking causes about thirty per cent of all cancer deaths (including around 84% of lung cancer deaths), 17% of all heart disease deaths and at least 80% of deaths from bronchitis and emphysema.

Passive Smoking (secondhand smoke)

- Polls show that people underestimate the health risks of smoking and the effects of passive smoking.

Deaths from passive smoking

- Whilst the relative health risks from passive smoking (secondhand smoke) are small in comparison with those from active smoking, because the diseases are common, the overall health impact is large. The British Medical Association has conservatively estimated that secondhand smoke causes at least 1,000 deaths a year in the UK. However, the true figure is likely to be much higher. Professor Konrad Jamrozik of Imperial College London estimated that domestic **exposure to secondhand smoke causes at least 3,600 deaths annually from lung cancer, heart disease and stroke combined**, while exposure at work leads to approximately 700 deaths from these causes. Jamrozik also estimates 49 deaths - or about 1 a week - from exposure at work in the hospitality trades.

The benefits of stopping smoking

- Stopping smoking can reduce the risk of developing many of these problems. Within 10-15 years of giving up smoking, an ex-smoker's risk of developing lung cancer is only slightly greater than that of a non-smoker. A young smoker suffering from bronchitis or emphysema who gives up may see some improvement in lung function as a result: damage to lungs caused by years of smoking is permanent but stopping smoking prevents it worsening.
- Tobacco smoke contains over 4,000 chemical compounds, which are present either as gases or as tiny particles.

nicotine	This is what is addictive. It stimulates the central nervous system, increasing the heartbeat rate and blood pressure. In large quantities nicotine is extremely poisonous.
tar	Brown and treacly in appearance, tar consists of tiny particles and is formed when tobacco smoke condenses. Tar is deposited in the lungs and respiratory system and gradually absorbed. It is a mixture of many different chemicals, including: formaldehyde, arsenic, cyanide, benzo[a]pyrene, benzene, toluene, acrolein.
carbon monoxide	This binds to haemoglobin in the bloodstream more easily than oxygen does, thus making the blood carry less oxygen round the body.

- The UK government earned £8,055 million in revenue from tobacco duty excluding VAT in the financial year 2002-03.
- A law to ban tobacco advertising and sponsorship was enacted in November 2002. During the period September 2001 - August 2002 tobacco companies spent £25 million on advertising, excluding sponsorship and indirect advertising.
- The Government currently spends around £30m on anti-smoking education campaigns. A further £41m is spent on measures to help people stop smoking.
- The Government white paper, Choosing Health, published November 16th 2004 raises awareness amongst young men and women of the dangers of smoking. It has also instituted better access to effective help, such as NHS stop smoking services

Overview of activities in the pack and learning objectives

Section 1: The QUIT Quick Quiz

- The Quiz is designed to be an engaging way of introducing the topic of smoking and tobacco education to the children. It can also be a stand-alone exercise.

Length of activity: 10-30mins

Section 2: 'Facts and Myths' about smoking

- To help students work through the confusing things that they may have heard about smoking e.g. passive smoking (secondhand smoke).
- To help students consider why people smoke.
- To explore misconceptions about why people smoke.

Length of activity: 25-60mins

Section 3: The effects of smoking on the body

- To show the number of harmful chemicals in cigarette smoke.
- To show the effects of smoking on the body.

Length of activity: 20-60mins

Section 4: Dealing with peer-influence and bonding - 3 activities

- To help young people develop ways of dealing with the unwanted pressures of those around them.
- To examine the situations that they might have already encountered or those situations that are likely to arise as they get older.

Length of activity 1: 15-30mins

Length of activity 2: 25-60mins

Length of activity 3: 25-60mins

Section 5: Understanding risk and choice - 2 activities

- To help students understand the concept of risk and why people take risks.
- To evaluate the risks involved in certain activities and to make informed decisions.

Length of activity 1: 25-60mins

Length of activity 2: 20-50mins

Curriculum 2000 Grid

Activities in the pack →		Facts and Myths about smoking	Effects of smoking on the body	Dealing with peer-influence/bonding	Understanding risk and choice
1. Developing confidence/responsibility, making the most of their abilities	a				
	b				
	c				
2. Preparing to play an active role as citizens	k				
3. Developing a healthy, safer lifestyle	a				
	d				
	e				
	f				
4. Developing good relationships and respecting the differences between people	e				
KS2 Science objectives					
Sc2 Life processes and living things	2.c				
	2.g				

KS2 Cross curricular links

English 3 - Breadth of study (8,9,10) - Range of writing/use writing to help thinking...and learning

Physical Education 4 - Knowledge and understanding of fitness and health

History 4 - Historical enquiry

Geography 5 - Environmental change/sustainable development

ICT opportunity - use of internet to look at reports, information, support groups

Helpful Contacts

1. UK-wide organisations

QUIT
Ground Floor
211 Old Street
London EC1V 9NR
Telephone: 020 7251 1551
Fax: 020 7251 1661
Website: www.quit.org.uk
e-mail: info@quit.org.uk
Quitline: 0800 00 22 00

British Heart Foundation
14 Fitzhardinge Street
London
W1H 6DH
Telephone: 020 7935 0185
Fax: 020 7486 5820
Website: www.bhf.org.uk
e-mail: internet@bhf.org.uk
Heart Information Line: 08450 70 80 70

Action on Smoking and Health - ASH
102 Clifton Street
London
EC2A 4HW
Telephone: +44 (0)20 7739 5902
Fax: +44 (0)20 7613 0531
Website: www.ash.org.uk
e-mail: enquiries@ash.org.uk

Drug and Alcohol Education and Prevention Team
A joint initiative between DrugScope and Alcohol Concern aiming to identify, develop and promote good practice in alcohol and drug education and prevention.
Telephone: 020 7928 1211
e-mail: ed&prev@drugscope.org.uk

FRANK (replaces the National Drugs Helpline)
FRANK is the national drugs awareness campaign aiming to raise awareness amongst young people of the risks of illegal drugs, and to provide details of sources of information and advice. It also provides support to parents/carers, helping to give them the skills and confidence to communicate with their children about drugs.
24 Hour Helpline: 0800 77 66 00
Website: www.talktofrank.com
e-mail: frank@talktofrank.com
Schools can receive free FRANK resource materials, updates and newsletters by registering at www.drugs.gov.uk/campaign

National Health Education Group
A membership group, open to professionals whose work has a primary focus of supporting health and/or drugs education with children and young people in formal and informal educational settings.
Website: www.nheg.org.uk (please see the website for regional contact details)

National Tobacco Campaign (Department of Health)
NHS Smoking Helpline: 0800 169 0 169
Website: www.givingupsmoking.co.uk

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South Gloucester Local Education Authority
Frogmore Primary School
Codicote Primary School

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Email: info@quit.org.uk
Quitline®: 0800 00 22 00

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Co.Reg.No. 2886660 Registered Charity No. 1042482

Re-Solv (Society for the Prevention of Solvent and Volatile Substance Abuse)
A national charity providing information for teachers, other professionals, parents and young people.
30A High Street
Staffordshire
ST15 8AW
Telephone: 01785 817885
Website: www.re-solv.org
e-mail: information@re-solv.org
Helpline: 0808 8002345

2. Young people's websites

Health Development Agency
(health information websites for young people)
Mind, Body and Soul - for young people aged 14-16
www.mindbodysoul.gov.uk
Lifebytes - for young people aged 11-14
www.lifebytes.gov.uk
Galaxy - for young people aged 7-11
www.galaxy-h.gov.uk
Welltown - for young people aged 5-7
www.welltown.gov.uk

Think About Drink (NHS site)
Informative site about alcohol aimed at young people.
www.wrecked.co.uk

3. Information for teachers including PSHE and Citizenship

Citizenship Foundation
Support for teachers delivering citizenship education.
Ferrothers House
Shaftesbury Place
London
EC2Y 8AA
Telephone: 020 7367 0500
Website: www.citfou.org.uk

Drugs Education and Prevention Information Service (DEPIS)
Information for planners and providers of drug education and prevention in both school and community settings. The website lists drug education resources that have been reviewed and evaluations of drug education and prevention projects. Managed by DrugScope and funded by the Department of Health.
Website: www.doh.gov.uk/drugs/depis

Institute for Citizenship
Support for teachers delivering citizenship education.
62 Marylebone High Street
London
W1M 3AF
Telephone: 020 7935 4777
Website: www.citizen.org.uk

Priorswood School
St Stephens Junior School
North Town Primary School
Pudsey Primrose Hill Primary School
St Anthony's Primary School
Muscliffe Primary School

National Healthy School Standard
Information about the National Healthy School Standard, local healthy school partnerships and healthy schools.
Health Development Agency
Holborn Place
330 High Holborn
London
WC1V 7BA
Telephone: 020 7061 3072
Website: www.wiredforhealth.gov.uk

NSCoPSE is the professional organisation for LEA advisers, inspectors and advisory teachers with responsibility for all aspects of personal social and health education, including citizenship.
Website: www.nscopse.org.uk
e-mail: info@nscopse.org.uk

NHS Responseline
Various drug resources and materials can be ordered on:
Telephone: 08701 555 455

TeacherNet
TeacherNet is the Government site for teachers. Use this site to access resources, training, professional development and support.
Website: www.teachernet.gov.uk/pshe

4. Government

Health Development Agency
Holborn Gate
330 High Holborn
London
WC1V 7BA
Telephone: +44 (0) 20 7430 0850
Fax: +44 (0) 20 7061 3390
Website: www.hda-online.org.uk
e-mail: communications@hda-online.org.uk

Department for Education and Skills
(also see Teachernet)
For Government updates and publications.
Website: www.dfes.gov.uk
Teachers may also wish to refer parents/carers to the parents' portal.
Website: www.dfes.gov.uk/parents

Department of Health
This website includes drug-related information such as the annual survey on young people's drug use.
Website: www.doh.gov.uk/drugs

Home Office (also see the National Drugs Strategy)
The Research Development and Statistics Directorate (RDS) of the
Home Office collects data about drug use.
Website: www.homeoffice.gov.uk/drugs

National Drugs Strategy
The strategy website contains information for Drug Action Teams (DATs) and interested individuals to find out about the Government's national illegal drug strategy.
Website: www.drugs.gov.uk

Life Education Centres
South Gloucester Primary Care Trust
The National Health Education Group
Wandsworth Educational Psychology Team
Action on Smoking and Health - ASH
Department of Health



The QUIT Quick Quiz



The QUIT Quick Quiz

Teachers card

Introduction

The Quiz is designed to be an engaging way of introducing the topic of smoking and tobacco education to the children. It can also be a stand-alone exercise.

Preparation and resources

- The quiz question sheet.
- To have three pieces of A4 paper; one with 'A' written on it, one with 'B' written on it and one with 'C' written on it.

Main activity

- The teacher plays the part of the Quizmaster. The teacher places the A, B, and C pieces of paper on the wall. The teacher can either ask the children to point at the particular letter when given the question or ask the children to move to where the A, B, and C are in the room.
- The teacher may wish to explore with the class particular questions and answers during the quiz.
- At the end of the quiz the teacher could ask the children about what new things they have learnt from the Quiz.
- This may help the teacher decide which areas of the topic of smoking to explore further.

The QUIT Quick Quiz

Teachers card

Children's multiple choice



1. How many chemicals are there in cigarette smoke?

- A 100
- B 1000
- C 4000**



2. If somebody smokes 20 cigarettes a day how much do you think he would have spent in one year?

- A enough for a PlayStation 2 and 5 games (£240)
- B enough for a top of the range mountain bike (£560)
- C enough for a moped/scooter (£1800)**



3. How many people die per year because of illnesses caused by smoking?

- A 114,000**
- B 50,000
- C 5,000



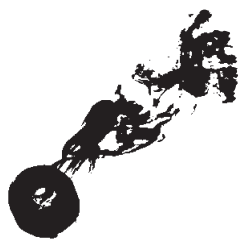
4. Smoking causes a person's heart rate to...

- A slow
- B increase**
- C stay the same

The QUIT Quick Quiz

Teachers card

Children's multiple choice



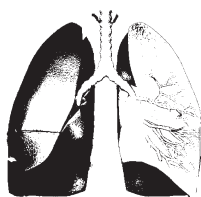
5. Finish the following sentence; 'passive smoking is the breathing in of other people's smoke and it...

- A ...only affects the person smoking'
- B ...can cause health problems for other people that breathe it in'**
- C ...can make the person who is not smoking become addicted to smoking'



6. The chemical tar that is found in cigarettes is also found in....

- A roads**
- B pencils
- C bicycle tires



7. Smoking is the biggest cause of which type of cancer?

- A liver cancer
- B lung cancer**
- C skin cancer



8. Smoking causes which part of the body to thicken?

- A the lungs
- B the heart
- C the blood**

'Facts and Myths' about smoking

'Facts and Myths' about smoking

Teachers card

Aims of the activity

- To help students work through confusing things that they may have heard about smoking
- To help students consider why people smoke
- To explore misconceptions about why people smoke

This activity uses a sorting exercise to help students work things out and encourages the children to use evidence to support the decisions they have made.

Links to PSHE+C and Science curriculum objectives for KS2

- 1a) *to talk and write about their opinions, and explain their views, on issues that affect themselves and society.*
- 2.2g) *The effects on the human body of tobacco...and how these relate to their personal health (Science).*
- 2k) *To explore how the media present information.*
- 3d) *Which commonly available substances and drugs are legal and illegal, their effects and risks.*
- 4e) *To recognise and challenge stereotypes.*

Learning Outcomes:

- All children will know that tobacco is a drug and that it is illegal to be sold cigarettes if they are under 16yrs old.
- Most children will be able to understand the differences between the 'facts' and 'myths' about smoking and why they are 'myths'.
- Some children will be able to see that 'myths' often develop through lack of information or interpretations of media messages.

Preparation and resources

- 'Facts or Myths' sheet that needs to be photocopied for the group work (between 4-6 groups).
- Scissors.
- 'Facts or Myths' Teacher explanation sheet'.

'Facts and Myths' about smoking

Introduction

With this activity the teacher could begin by asking the children what they understand by the words 'fact' and 'myth'. Once this has been established the teacher can discuss what 'facts' they know about smoking and what 'myths' they have heard about smoking and anything else that they would like to know about smoking.

If possible it would be useful to keep a record of this - either to refer back to at the end of the session or at the end of all the work that will be undertaken from the QUIT Resource Pack.

Main activity

The teacher divides the class into groups of 4 or 5 and gives them the 'Facts or Myths' sheet. It will be easier for the children if the 'facts' and 'myths' are cut out from the sheet.

The teacher then asks each group to decide which ones are 'fact' or 'myth' and the ones that they are not sure about. The children need to make sure that they have reasons for the choices that they have made, using phrases such as; 'I think this is a 'myth' because...'

Group by group the teacher asks the children to discuss one statement and to explain why they think it is a 'myth' or 'fact' or why they are not sure.

Passive smoking - secondhand smoke

This can be a confusing issue for the children, and the teacher may wish to work through this with the children in more detail using the "'Fact or Myth' Teacher explanation sheet".

Some of the children may have worries about the effects that passive smoking can have on them, their family and sometimes on their pets.

As an activity the teacher could discuss or role-play some ways in which the children could help reduce their exposure to passive smoking. The class can then evaluate how effective these techniques might be. *For example:*

- Opening the window
- Leaving the room
- Going outside
- Asking the person smoking if they could smoke somewhere else

See Teacher fact sheets for more information about passive smoking/secondhand smoke.

As a natural follow on or as a separate session the teacher can then talk through the explanations on the "'Fact or Myth' explanation sheet". The teacher could read out the explanation and give the children time to work out in their groups which 'fact' or 'myth' the explanation relates to.

Development

Divide the class into groups and depending on the size of the groups give them one or two of the 'facts' or 'myths'. Ask the groups to create a 'story' or a role-play to demonstrate what they think and feel about the 'facts' or 'myths'.

'Facts and Myths' about smoking

Teachers Explanation sheet

For additional information please refer to the Teacher fact sheets

F

1. Breathing in other people's smoke can cause serious illness.

Passive smoking or secondhand smoke is the breathing in of other people's smoke and the risk of getting smoking-related illnesses such as lung cancer is increased. If you live with smokers or find yourself in a smoky place you can try and help things by opening the window, leaving the room or going outside. If you think it won't annoy the person smoking you could always ask them if they could smoke somewhere else.

See Teacher fact sheets for more information about passive smoking/secondhand smoke.

F

2. People smoke because they're bored.

It is true that many smokers say they smoke because they are bored. Can you think of other things to do when you are bored that doesn't cost a lot of money, cause serious illness, turn your teeth yellow or give you bad breath?

M

3. Only old people become ill because of smoking.

It's true that most of the illnesses caused by smoking happen after the age of 50 - but many younger smokers suffer from ulcers, breathing problems and other chest infections. Younger people can also suffer from bad skin and bad breath.

The problem is that the earlier you start the more likely you are to suffer from an illness caused by smoking when you do get older. Is it worth the risk?

F

4. Smokers have a 50:50 chance of dying from smoking.

Half of all the people who smoke will die from an illness that is caused by their smoking. Remember if you have a friend or parent who smokes, by stopping smoking they will help to make sure that this is less likely to happen. The earlier they stop smoking the better it is for their health.

This might be a sensitive issue as children are often worried about their parents and it is important to stress the health benefits of stopping - see Teacher fact sheets for more information about the health benefits of stopping smoking.

'Facts and Myths' about smoking



5. It is illegal to sell cigarettes to someone under 16 years of age.

It is illegal to sell cigarettes to someone under 16 of age - but why would you want to buy them anyway?



6. Smoking is cool

As well as the really serious medical affects, smoking also dries out your skin, causes wrinkles, makes your clothes, hair and breath smell and causes yellow stains on your teeth and fingers. Do you think that someone with wrinkles, bad breath, yellow teeth and smelly clothes - is cool?

This information can be used in the 'Effects of Smoking on the Body activity'



7. Smoking helps reduce stress.

Many people do feel less stressed after a cigarette. This isn't because smoking reduces stress, it's because the body is addicted to nicotine and in between cigarettes it begins to crave more - in fact this is often the reason why the smoker is stressed in the first place! So by having a cigarette the body is given more of the nicotine and that calms the person down - but it isn't long before the body wants more! Doing exercise or taking a few deep breaths of fresh air is a much better way to reduce stress.



8. It's easy to stop smoking.

Nicotine is an extremely addictive drug. Once it enters the body it makes the body want more of it, this is what makes it very hard to stop smoking. If you have a friend or parent who smokes - remember that it can be very hard for them to stop, and it may take a few go's before they are successful. The best thing is not to nag a parent or friend but to be supportive. The fact that they are trying to stop is a really good first step!

This sends out a positive message to the children - particularly if their parents are smokers.

'Facts and Myths' about smoking

M

9. Smoking is enjoyable.

Some smokers say that they enjoy smoking, but many smokers only carry on smoking because they feel miserable if they stop. 2 out of 3 smokers say they would like to stop smoking.

F

10. 312 people die of smoking illnesses every day.

312 people die a day from illnesses caused by smoking. This is the same number of people that a jumbo jet can carry. The earlier a smoker stops smoking the quicker the body can begin to recover; that's why it's never too late to stop.

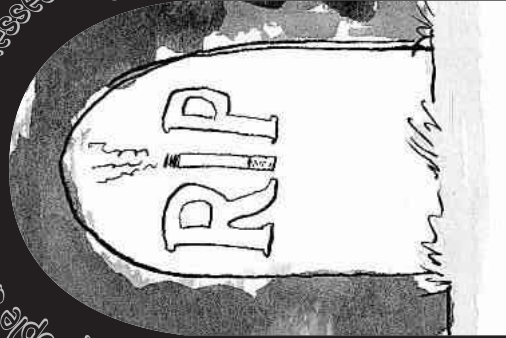
This needs to be handled sensitively as many of the children's parents will be smokers - see Teacher fact sheets for more information about the health benefits of stopping smoking.

It's easy to quit

1+1=?

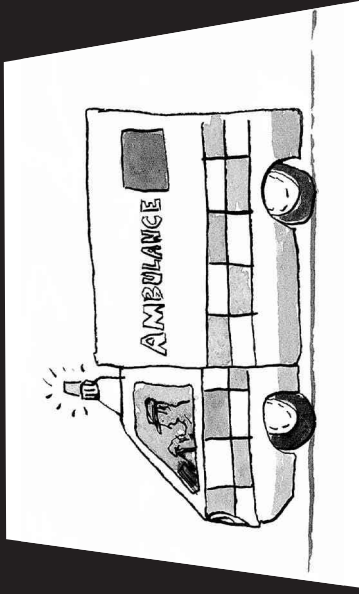
Fact or Myth?

312 people die of smoking illnesses daily...



Fact or Myth?

Smoking causes serious illness....



Fact or Myth?

It's cool to smoke...



Fact or Myth?



People Smoke because they're bored...
Fact or Myth?

Smokers have a

50:50
Chance

of dying from smoking

Fact or Myth?

Smoking is enjoyable



Fact or Myth?

Smoking helps reduce stress



Fact or Myth?

It only takes a few puffs to be addicted



Fact or Myth?

It's illegal to buy cigarettes under 16



Fact or Myth?

Only old people become ill from smoking



Fact or Myth?

The effects of smoking on the body

The effects of smoking on the body (Science unit)

Teachers card

Aims of the activity

- To show the number of harmful chemicals in cigarette smoke.
- To show the effects of smoking on the body.

Links to PSHE+C and Science curriculum objectives for KS2

3d) Which commonly available substances and drugs are legal and illegal, their effects and risks.

2.2c) That the heart acts as a pump to circulate the blood through vessels around the body, including through the lungs (Science).

2.2g) The effects on the human body of tobacco...and how these relate to their personal health (Science).

Learning Outcomes:

- All children will know that a cigarette contains many harmful substances.
- Most children will be able to say why cigarettes and the substances they contain are harmful to the body.
- Some children will be able to name some of the harmful substances and say what their industrial use.
- Some children will be able to name the effects of smoking on the body.

Preparation and resources

The large chemical cards.

- The large Poster 'The effects of smoking on the body'.
- Copies of the word-fill sheet.

Introduction

The teacher starts the activity by explaining that today the class will be looking at some of the chemicals that are found in a cigarette (and how smoking affects the body).

The teacher can introduce the session by asking if the children know the names of any of the chemicals found in cigarettes and cigarette smoke.

The teacher could ask the children to name any effects that smoking has on the body and note these down on the board.

Main Activity

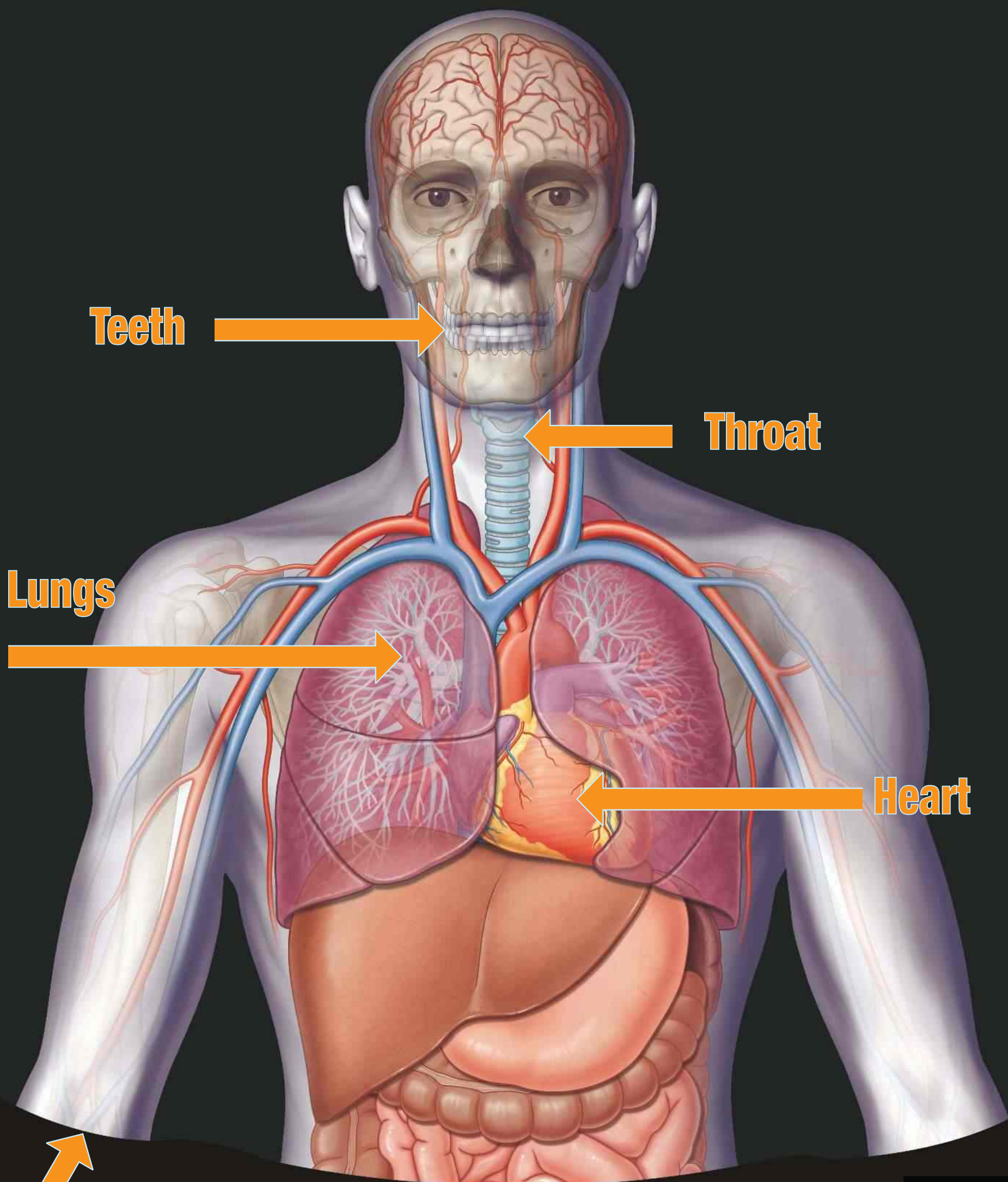
Using the chemical cards the teacher can go through each of the cards and talk about the substances in cigarettes. Then using the poster of the body and the photo cards, the teacher could ask the children to match the cards to the parts of the body affected by smoking, by placing the cards on the poster of the body.

To consolidate the learning the teacher could hand out photocopies of the word-fill sheet for the children to complete either in groups, pairs or individually.

- The teacher could ask the children to think about other different effects that smoking has on the body. These include: bad breath, smelly hair, etc. The teacher could then ask the children to draw pictures of people who are suffering from these other effects.

See the 'Facts or Myths' Explanation sheet' and the Teacher fact sheets for more information.

The effects of smoking on the body



Teeth

Throat

Lungs

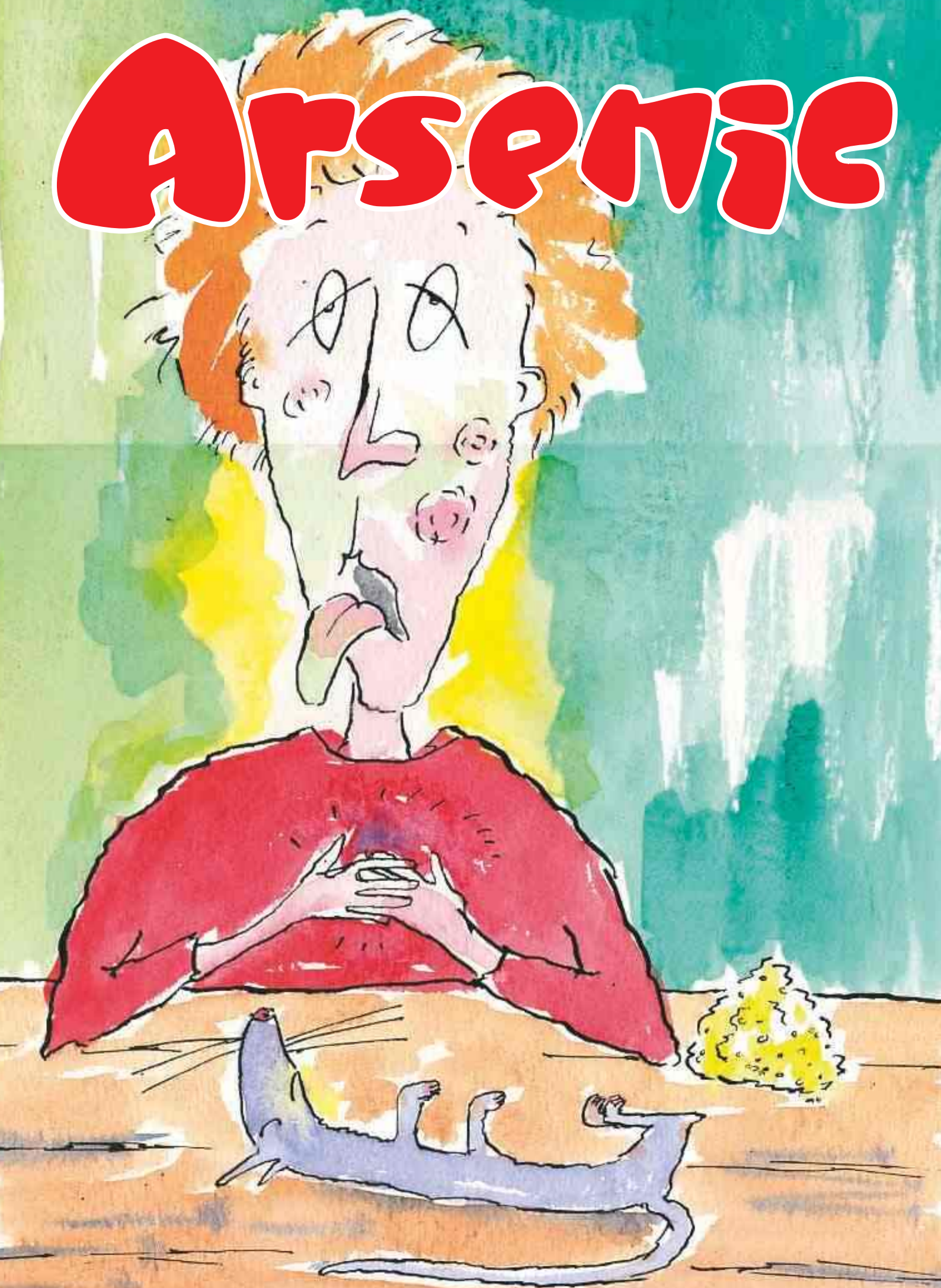
Heart

Amputation

Help line 0800 00 22 00
www.quit.org.uk



Arsenic



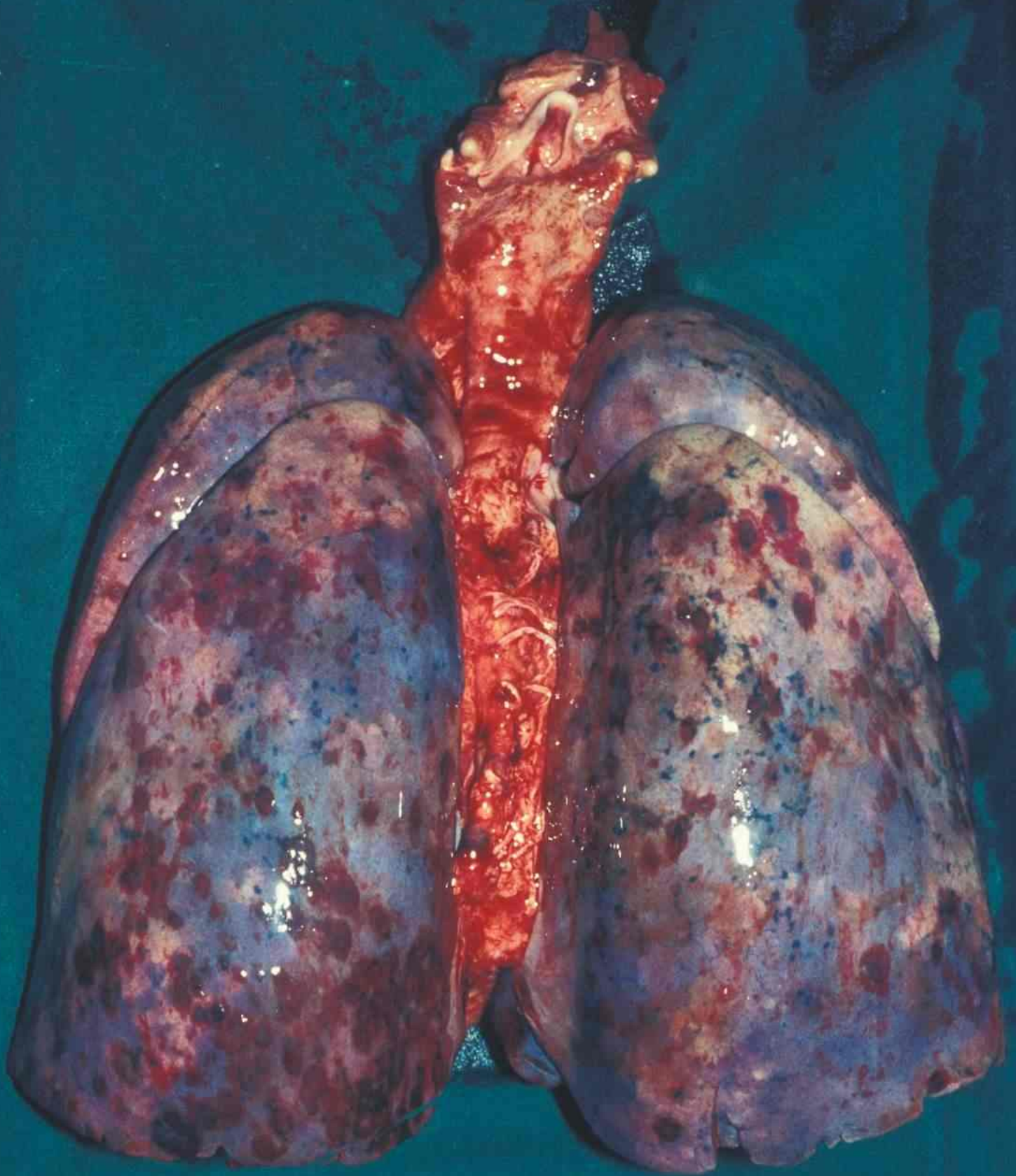


Blood carries oxygen all over your body, from your arms down to your toes! All the parts of your body need oxygen to stay alive. But if you smoke this can cause damage to your body and makes it hard for the oxygen-carrying blood to get to places like your toes, legs, fingers and arms. If this happens parts of the body can become infected and may even need to be chopped off - this is called amputation. Because of smoking 2,000 amputations happen every year in the UK.



Tar





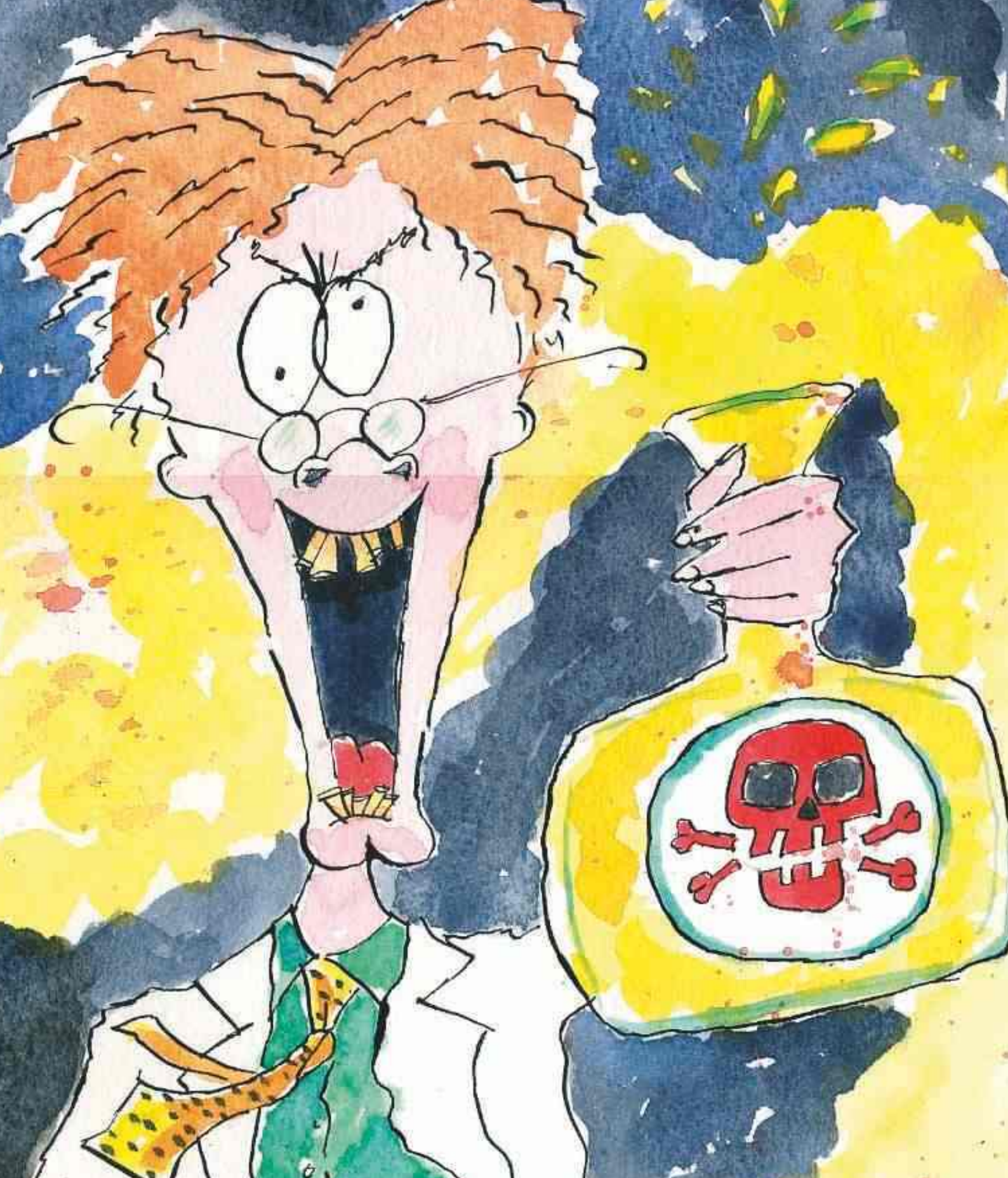
A number of cigarette ingredients are known to cause cancer in the lungs which can block the air flow. They can also make the lungs bleed and the subsequent build up of mucus causes the “Smokers Cough” and possibly bronchitis. The younger you are when you start smoking, the greater the risk of you developing cancer.

Formaldehyde





Say Cheese! Imagine when you laugh at your friend's jokes they get to see a mouth like this! Smoking makes your teeth yellow, instead of shiny and white. It also makes your breath smell very bad. People who smoke can't taste their food as well as people who don't smoke because smoking affects your taste. And people who smoke lose more teeth than people who don't because smoking makes your gums swollen and red. This means more visits to the dentist! Aaaahh!

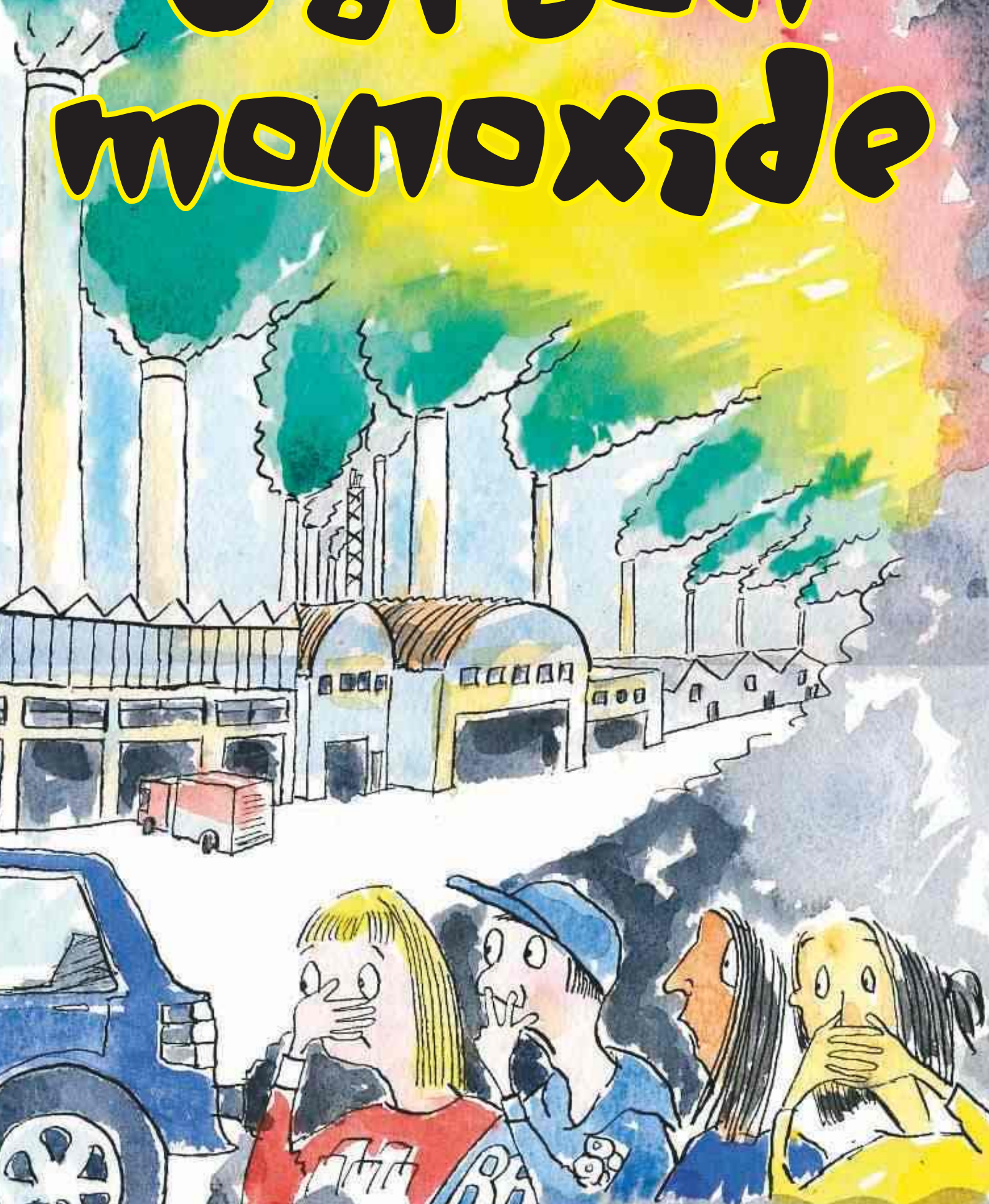


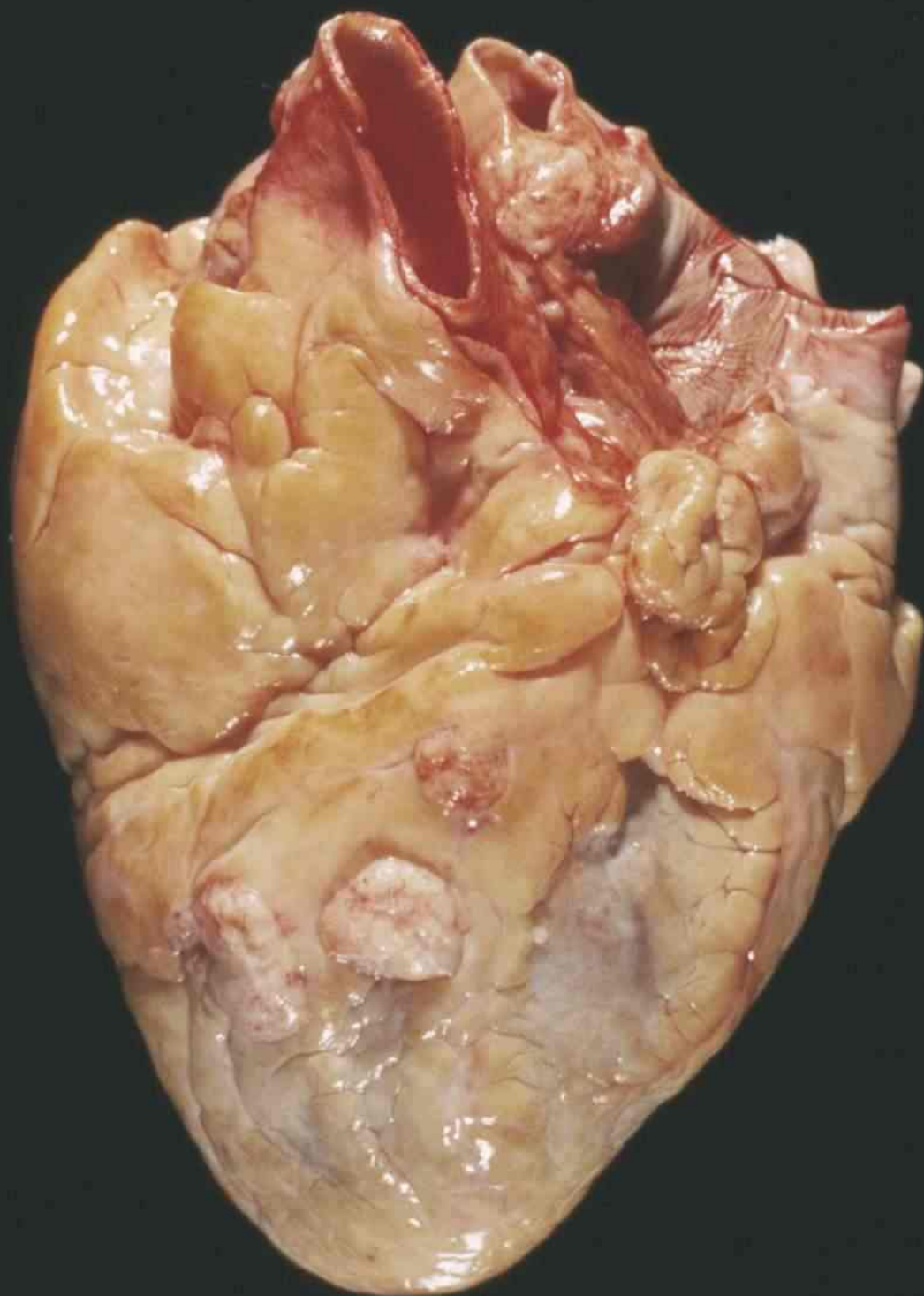
Nicotine



There are different types of cancer that can be caused by smoking. One of these is called cancer of the larynx (Voice box). Your larynx is in your throat and you use it to make all the sounds when you talk, sing or shout. You also use your larynx when you swallow and breathe. Cancer of the larynx can mean that doctor's have to remove your larynx, this is like removing your voice. When this happens people must learn to talk in a new way and it can leave you with a scar or hole in your neck like the one in the photo. It can also mean that instead of breathing through your mouth you have to breathe through a hole in your neck called a stoma.

Carbon monoxide





Smoking encourages the blood vessels in the heart to absorb fat and eventually leaves it as fatty deposit around the outside. This weakens the hearts ability to pump blood. The blood vessel walls become weaker. Also the blood becomes very sticky making it clot. This can cause a blockage preventing the blood reaching the heart - making it stop beating.

Effects of smoking on the body

'The chemicals in a cigarette'

Carbon Monoxide

This is a poisonous gas that stops your body getting the oxygen that it needs, it also thickens the blood and makes it hard for the heart to pump the blood around the body and can cause heart attacks. It is also found in car exhaust fumes.

Nicotine

Is an extremely addictive chemical. Just two drops on the tongue would kill you. It is absorbed by the body very quickly and gets to the brain within 7 seconds. It also increases the heart rate and blood pressure, which means the heart isn't getting enough oxygen. Nicotine is also a pesticide.

Tar

Is used to surface roads. Tar can cause cancer as well as damaging the lungs. Tar is also responsible for staining smoker's teeth and fingers.

Formaldehyde

Is used to preserve dead animals - rats that are used in laboratories are kept in jars of Formaldehyde. In large amounts Formaldehyde can cause irritation to the eyes, nose, throat and skin and can cause vomiting, coma and even death.

Arsenic

Is used in rat poison. It can cause damage to a smoker's heart. Large amounts of it can cause warts, vomiting, damage to the heart and even cause death.

It is important to make it clear to the children about the distinction between the effects that these chemicals have when found in cigarettes to the effects these chemicals have if taken 'neat' in large amounts.

Chemicals in a cigarette – word-fill exercise



Carbon Monoxide

This is a poisonous _____ that stops your body getting the oxygen that it needs, it also thickens the blood and makes it hard for the heart to pump the blood around the body and can cause heart attacks. It is also found in car exhaust fumes.



Nicotine

Is an extremely _____ chemical. Just two drops on the tongue would kill you. It is absorbed by the body very quickly and gets to the brain within 7 seconds. It also increases the heart rate and blood pressure, which means the heart isn't getting enough oxygen. Nicotine is also a pesticide.



Tar

Is used to surface roads. Tar can cause _____ as well as damaging the lungs. Tar is also responsible for staining smoker's and fingers.



Formaldehyde

Is used to preserve dead animals - _____ that are used in laboratories are kept in jars of Formaldehyde. In large amounts Formaldehyde can cause irritation to the eyes, nose, throat and skin and can cause vomiting, coma and even death.



Arsenic

Is used in _____. It can cause damage to a smoker's heart. Large amounts of it can cause warts, vomiting, damage to the heart and even cause death.

The Missing words:

gas addictive cancer rats rat poison

Dealing with peer-influence and bonding

Dealing with peer-influence and bonding

Teachers card

Introduction

This topic has 3 activities that can be used to help the children reach the desired learning outcomes. Each activity can be done separately or as part of a series.

Aims of the activity

- To help young people develop ways of dealing with the unwanted pressures of those around them.
- To examine the situations that they might have already encountered or those situations that are likely to arise as they get older.

These sessions are particularly relevant as students make the transition from primary to secondary school. This has been identified as a vulnerable time as they deal with the pressures of fitting in with others, of issues around image and belonging to a new community.

Links to PSHE+C and Science curriculum objectives for KS2

- 1b) *To recognise their worth as individuals by identifying positive things about themselves and their achievements, seeing their mistakes, making amends and setting personal goals.*
- 1c) *To face new challenges positively by collecting information, looking for help, making responsible choices and taking action.*
- 3a) *What makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health, and how to make informed choices.*
- 3f) *That pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong.*

Learning Outcomes:

- All children will know what the terms peer-influence and bonding means and will have at least one strategy for asking for help.
- Most children will have explored strategies for avoiding and resisting pressure, and have had practical experience of doing so through role-play.
- Some children will have made links with self esteem and coping with peer-influence and have had practical experience in developing positive body language when resisting peer-influence.

Dealing with peer-influence and bonding

Teachers card

Activity 1 an exercise to demonstrate what peer-influence is

Introduction

In this session the teacher can use the Quick QUIT Quiz to demonstrate what peer-influence is. This mini activity can be used as a stand-alone session or as a lead-in to the other 2 activities depending on the time available.

Note: If you have had a presentation by a QUIT Presenter you should skip this activity!

Preparation and resources

- A small prize.
- A piece of rotten fruit or vegetable - the mystery prize.
- A 'special' bag or container.

Main Activity

- Start with a quick quiz. The teacher asks for 3 volunteers and asks them a series of questions - use the questions from the 'QUIT Quick Quiz'.
- To make it more fun the teacher can ask the contestants to make a funny noise or the sound of a buzzer when they want to answer a question.
- Once a winner has been identified the teacher can offer a prize.
- The winner is then offered a choice of either accepting the prize or gambling it for the mystery prize.
- The teacher then asks the rest of the children what the person should do - to keep the prize or gamble it for the mystery prize?
- If the child does gamble then the point that, sometimes it is difficult to resist the pressure from others, is made.
- If the winner doesn't gamble the teacher can make the point that the winner didn't succumb to peer-influence and that doing 'your own thing' is sometimes difficult - but can ultimately be to your advantage, as the mystery prize is revealed to be the rotten fruit or vegetable!

At this point the teacher can discuss with the class what they have just learnt and ask them what they understand by the term peer-influence.

Dealing with peer-influence and bonding

Teachers card

Activity 2 looking at difficult situations

Introduction

This activity looks at the difficult situations that children can find themselves in - with particular reference to smoking, and examines some of the strategies that they can use.

The teacher may wish to set some ground rules before embarking on this activity so that the children feel they are able to discuss their experiences in an atmosphere of trust.

Main Activity

The teacher asks the class to think about situations that either they've been in or can think of, they may not wish to talk about a real situation, where people can be persuaded to do something that they didn't want to do - and list them on the board.

The teacher can help by giving examples of when they might have been put under pressure:

- To steal something from a shop.
- To be nasty to somebody in the class.

The children might talk about having experienced pressure to smoke or having been offered a cigarette as one of the situations. If they don't the teacher may wish to bring it up.

As a class or in pairs the children take a situation that's been put on the board and discuss the following:

- What do people say to you to make you do things in that situation?
- Why do they say what they say?
- How does it make you feel?
- What would you like to do?
- What can you do?
- Is it different if it is a friend asking you as opposed to someone else?

This discussion can be developed further in Activity 3 - Under pressure to smoke.

Dealing with peer-influence and bonding

Teachers card

Activity 3 under pressure to smoke - looking at helpful strategies

Introduction

In this session the class will explore possible situations where they might find themselves under pressure to smoke. The activity can be done with the children either discussing or role-playing the various scenarios that they come up with.

The teacher may wish to set some ground rules before embarking on this activity so that the children feel they are able to discuss the issues in an atmosphere of trust.

Main Activity

Whether discussion or role-play, this piece of work will need to have some of the following elements:

1. The class can be divided into small groups of four with the aim of looking at a realistic scenario. The group will have to decide on the following circumstances:

- Where and when does the action take place? - At school? In a friend's house?
At a shopping centre?
- Do people in the group know each other? Are they all friends? (This is a good one to try out).
Is the person putting on the pressure in a different year group or at a different school?

Examples of possible situations:

a) Three boys are walking home from school when they meet two boys in the other class from school who are sharing a cigarette. They offer one of the boys a 'drag' on the cigarette. What does the boy do? What do his friends do? What do the two smokers do?

b) Three girls are at a friend's house - they are about to go into town. The older sister (who is in Year 9) of the girl whose house it is starts talking about smoking and how cool it is and that everyone in her year at school has tried it. She asks the girls if they want to try it. What do the girls do?

2. In groups of 4, one or two of the children write down or discuss all the things that the person putting on the pressure might say and the other children write down or discuss all the things that the person under pressure might say.

3. The children can also think about the other ways that they can communicate if they are in this situation - and how the use of voice and body language could help them.

4. Each group can either act out their scenario or discuss their thoughts with the rest of the class. The others can feedback on how successful the group has been in finding ways to get themselves out of the situation.

5. The children should try and identify phrases and use of body language that would be helpful to them. The teacher could note these strategies on the board.

Dealing with peer-influence and bonding

Useful role play techniques

Hot Seating:

During or after the role-play the teacher or the children could 'hot seat' the different characters in the scenario and ask the character questions about why they are doing what they are doing or how they are feeling about what's happening. The teacher could do this at anytime during the role-play, by effectively 'freezing' the action at key moments, to find out what the characters are feeling at that particular moment.

Thought Corridor:

The teacher looks at one character in the role-play (it works best with the character under pressure) and asks the other children to think about what that character might be feeling - e.g. 'I'm scared', 'I don't know what to do', 'why aren't my friends helping me?'

The teacher then asks the children to make a 'corridor' by standing either side of the character and the character is asked to walk down the middle while the others speak the characters' thoughts as the character walks down the middle of the 'corridor'.

Development

As part of their work on the scenarios that they have developed the children could look at the role of the other people in more depth - e.g. the friends of the person putting on the pressure and the friends of the person under pressure. How do these people behave and how could they help in the situation?

Understanding risk and choice

Understanding risk and choice

Teachers card

Activity 1

Aims of the activity

- To help students understand the concept of risk and why people might take risks.
- To evaluate the risks involved in certain activities and to make informed decisions.

Links to PSHE+C and Science curriculum objectives for KS2

- 3e) To recognise the different risks in different situations and then decide how to behave responsibly.
- 3f) That pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong.

Learning Outcomes:

- All children will know what the term risk means and order activities that could be more or less of a risk.
- Most children will be able to make decisions on the degrees of risk they would undertake and how to make an informed decision for themselves.
- Some children will be able to relate risk to health issues, peer influence and consider short and long term consequences of risky behaviour.

Preparation and resources

- Activities sheet
- Scissors
- Activities and accident information sheet

Understanding risk and choice

Teachers card

Introduction

- The teacher introduces the session by asking the children to think about the word risk - what do they think it means - danger, excitement, fun?

The teacher may wish to put these thoughts up on the board.

- The teacher then asks the class to give examples of risky behaviour. The teacher may wish to give examples:
 - Mountain biking
 - Rock climbing
- The children are asked if they think there are some activities that have risks for other people as well as for the person doing the activity?

Main Activity

The class can be divided into groups. Each group is then given the Activities sheet. It will be easier if the groups cut the activities out from the sheet.

The group then puts each activity into the following categories:

- Very Risky
- Quite Risky
- Not Very Risky

The children could then put the activities in order of how risky they think they are.

Each group could be asked to give 1-3 reasons for the choices that they have made. It will be interesting to observe how the children weigh up the risks of each activity.

Understanding risk and choice

Using the risk and accident information

Using the information provided the teacher could then ask each group in turn which order they think the activities should be ranked and put them on the board.

The teacher can then talk through the correct order and see if any of the groups thought the same.

The health risks of smoking should be made very clear.

Role-play opportunities

Children could get into pairs. One child is the interviewer and the other is someone who regularly takes risks and has to explain his or her reasons for doing so. The interviewer may wish to find out why s/he takes risks and what precautions does the person take to minimise the risks involved.

Development - are there ways of reducing risk?

- The class could then discuss what can be done to make activities less risky.
For example a cyclist can wear a helmet and use lights.
- The teacher could also make the point that there are no effective precautions for reducing the risks from smoking.
- The teacher could also introduce the idea that sometimes the risk of doing something may only become apparent a long time after doing the activity.
- The teacher could ask the children if there are some situations when it is good to take risks? For example mountain climbing, space exploration, Firemen putting out fires, etc.

Activities and accident information sheet



Cycling

In 2001 in the UK: 138 cyclists were killed and there were 19,000 accidents involving cyclists.



Swimming/water sports

In 1999 in the UK: 569 people drowned and there were 30,000 accidents involving water sports.



Smoking

Each year in the UK: 114,000 people die from illnesses caused by smoking. (Information provided by QUIT)



Crossing the road

In 2000 in the UK: 107 young pedestrians aged under 16 years old were killed and 12,000 injured.



Flying in your own aircraft (Not commercial flights)

In 2000 in the UK: there were 38 deaths and 127 accidents.

Activities and accident information sheet



Travelling in a car

In 2000 in the UK: 3,409 people were killed in car accidents - there was a total of 320,000 accidents.



Climbing a tree/wall

In 2000 in the UK: 17 young people under 16 years old died from falls



Riding a fold up scooter

In 1998 in the UK: one person died and there were 2,200 accidents involving fold up micro-scooters

All information provided by the Royal Society for the Prevention of Accidents.

Understanding risk and choice

Teacher guide

Activity 2 'My decision making chart'

Introduction

This activity can be used as a follow-on exercise from Activity 1, or as a separate activity. It could also be used as a differentiation exercise for Activity 1.

The aim of this activity is to help children develop their decision-making skills.

Activity

The teacher could start the activity by asking the children to discuss what information they would need to have if they were going to do something that might be risky.

In order to using 'My decision making chart' the teacher will probably need to help the children understand the concept that actions have consequences and that sometimes the consequences of doing something can happen immediately and that sometimes the full impact of doing something may only become apparent much later on.

The example of smoking is helpful. Smoking has many short-term consequences:

- It is illegal
- I'll get in trouble at school
- I'll get in trouble at home

But smoking also has many long-term consequences:

- Chest infections
- Lung cancer
- Death

Having discussed this, the children can then work through 'My decision making chart'. This activity could be done individually but is probably best done in pairs or in small groups.

This is a demanding exercise and the teacher may wish to work through a couple of examples with the children to help them get started.

'My decision making chart'

What is the activity?

e.g Mountain biking

How risky is it on a scale of 1 to 10?

e.g 6

If I do it what might happen straight away?

I might fall off

If I do it what might happen in a few weeks?

I might have broken my leg so it will take about 12 weeks to heal

If I do it what might happen in a few years?

I might walk with a limp

Will doing the activity affect anyone else?

I might crash into somebody

Is there anything I can do to make it less risky?

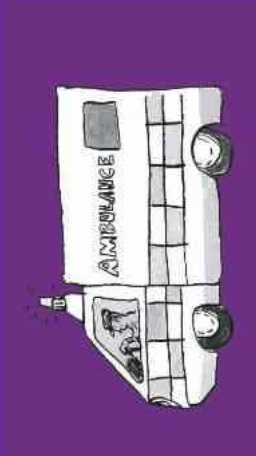
Check my brakes.
Wear a helmet

Decision time

tick a box

Do it?

Don't do it?



211 Old Street, London EC1 9NR. Tel: 020 7251 1551
Stopsmoking@quit.org.uk