

▶ Introduction

▶ Lesson 1

▶ Lesson 2

▶ Lesson 3

▶ Lesson 2a

▶ Lesson 2b

▶ Appendix 2

▶ Appendix 3

Click above to access the resources

SAMPLE



Smoking

A scheme
of work for
Key Stage 3

If you would like to order the full copy of this resource, please email healthandwellbeing@islington.gov.uk

Acknowledgements

These lesson plans were developed by Janine Killough
PSHE Education and Citizenship Advisory Teacher (Secondary)
Healthy Schools Team, Cambridge Education, Islington

For further support and information, contact Helen Cameron
Health and Wellbeing Manager, Islington

Design, layout and production: John Lane Education Media Services

© Cambridge Education, Islington, 2012

Background

This scheme of work was developed to meet the needs of teachers of PSHE education in Islington and elsewhere.

NHS Islington has identified smoking as one of the borough's seven health priorities. Islington's Health Inequalities Strategy 2010, jointly written by Islington Council and NHS Islington, states that: "smoking is the main contributor to the gap in health inequalities between the disadvantaged and better off," and that, "smoking-related illnesses such as heart disease, stroke, cancers and respiratory diseases are the main preventable cause of early death in Islington".

In response to the high levels of smoking in Islington, in comparison to national rates, a Smokefree plan was developed by the Smokefree Alliance, which includes representatives from Islington Council, NHS Islington, London Fire Brigade, Metropolitan Police, Islington, City and Islington College, Cambridge Education and local community groups. This is in line with the Department of Health's national strategy for Tobacco Control, A Smokefree Future 2010-2020, one of the aims of which is "to stop the inflow of young people as smokers".

The Healthy Schools team recognised that, while it is important for pupils to learn about the effects of smoking on the body, it is equally, if not more, important to address the social factors that influence young people's decisions about smoking.

Smoking issues in Islington

For more background on key issues affecting smoking in Islington, please see Smoking issues in Islington and Shisha factsheet in the appendices.

Project development

The development of this scheme of work included the following stages:

- Consultation with Year 7 pupils about their prior knowledge, and on the content of smoking lessons
- Research on existing materials for teaching about smoking
- Liaison with Gunther von Hagens on the DVD production
- Writing the scheme of work to incorporate and complement the DVD
- Rolling out the scheme of work with Year 7 and 8 classes.

Gunther von Hagens

Gunther von Hagens, the German anatomist and creator of the Body Worlds exhibition, approached NHS Islington with an offer to make a DVD showing the effects of smoking on the body. We worked with the DVD production team to ensure that the DVD met relevant national curriculum learning objectives in both science and PSHE education.

Scheme of work

The aims of the scheme of work are to give pupils:

- knowledge about the effects and impact of smoking
- opportunities to explore their attitudes about smoking and, importantly
- the skills to make healthy choices.



The lessons enable a PSHE education teacher to approach the topic with confidence and use a range of engaging activities and approaches, all of which have been successfully used in the classroom.

Inevitably, the scheme of work cannot fully address all the issues relating to smoking, but is designed to be taught as part of a planned and progressive drugs education programme within PSHE education. It will be supported by a whole school approach including a Smokefree policy (which could be part of the school's drugs policy), and possibly targeted work with young smokers or those at risk of smoking.

Assessment

Self-assessment is built into each lesson, and pupils reflect on their learning overall in Lesson 3. The relevant end of Key Stage statements for PSHE education are listed in the box below:

End of key stage statements for personal wellbeing

Healthy lifestyles

Learners are able to:

- identify characteristics of good health and how to stay physically, emotionally and mentally healthy
- make informed choices about their health and wellbeing and explain reasons for their choices
- demonstrate effective ways of resisting negative pressure, including peer pressure
- describe the main effects of, and laws relating to, alcohol, tobacco and other legal and illegal drugs.

Risk

Learners are able to:

- describe the positive and negative impacts of risk-taking on their health and wellbeing
- assess and manage risks associated with personal lifestyle choices and situations, try new ideas and face challenges safely.

Timings

Lessons are intended to be 50 – 60 minutes long. Timings within lessons are given as a guide to suggest the relative emphasis to be placed on the various activities rather than as prescriptive advice. The time taken by activities may vary greatly, depending on the pupils' prior knowledge and the questions and discussions that arise.

Confidentiality

As with any lesson, there are issues of confidentiality that may occur when pupils are talking about feelings and personal choices. When setting ground rules (see Lesson 1), the teacher should ensure that pupils know that if anything is brought up in the class which could suggest a child is at risk, then the teacher will have to pass this information on to the school's child protection officer.

If something arises that the teacher is concerned about, it would be advisable to speak to the pupil individually after the lesson. The teacher might suggest another appropriate person to go and talk to inside or out of school if they aren't in a position to offer support themselves.

One way of avoiding inappropriate disclosures of personal information in a whole class setting is by using 'distancing techniques'. The activities in the scheme facilitate this approach and enable pupils to explore the issues using case studies and fictional situations. The ground rules reinforce this by establishing that pupils (and the teacher) never talk about themselves or a named person but instead speak in the third person. For example, they may say: "Someone I once knew was..." or "A friend of mine said that..."



Concerns about pupils' smoking

It is important to know that young people can get help to stop smoking, even if they are underage smokers. They can access support through the school nurse, a Stop Smoking clinic, or at one of many pharmacies that have NHS-trained Stop Smoking Advisers (see the contacts section that follows).

SAMPLE



Contacts

Islington Healthy Schools team

PSHE education and citizenship advisory teacher (secondary): Janine Killough
E: janine.killough.camb-ed@islington.gov.uk T: 020 7527 5137

Stop Smoking Service

T: 0800 093 9030

Stop Smoking drop-in clinics

NHS Islington, 338-346 Goswell Road, London, EC1V 7LQ

Tuesday evening: new clients 5.30 – 6 pm,
existing clients 6 – 6.30 pm (no need to book);
Thursday afternoon: 12 – 1.40 pm.

Whittington Hospital, N19

There are regular daily clinics at this site.
T: 020 7288 5236 to make an appointment.

SAMPLE



Overview

Learning outcomes

Pupils:

Content/activities

Lesson	Learning outcomes	Content/activities
1	<ul style="list-style-type: none"> can suggest whether effects of smoking are long- or short-term know that the possible effects of smoking are <i>risks</i> to all smokers and that some, but not all, will <i>affect</i> all smokers can suggest which effects are most significant in deterring young people from smoking. 	<ul style="list-style-type: none"> Brainstorm about the effects of smoking on the body Watch Gunther Von Hagens DVD 'Effects on the body' card sort: choose three most offputting Homework task: online survey
2	<ul style="list-style-type: none"> know that the (vast) majority of their peers don't smoke can suggest reasons (other than health-related factors) why people choose to smoke or not to smoke understand that there are early signs of addiction to cigarettes that new smokers may not recognise know that anyone (even underage smokers) can get help to stop smoking and can suggest ways to give up and how to get help to stop smoking can suggest ways to persuade someone their age not to smoke 	<ul style="list-style-type: none"> Video clip and feedback on pupil survey results Brainstorm about why some young people smoke (or don't) Addiction continuum/quiz and discussion 'Why not to smoke': pupils challenge some of the reasons people give for smoking
Alternative Lesson 2a	<ul style="list-style-type: none"> know that the (vast) majority of their peers don't smoke can suggest reasons (other than health-related factors) why people choose to smoke or not to smoke understand that there are early signs of addiction to cigarettes that new smokers may not recognise know that anyone (even underage smokers) can get help to stop smoking and can suggest ways to give up or to get help to stop smoking understand that different personalities look at situations differently and can give an example. 	<ul style="list-style-type: none"> video clip and feedback on pupil survey results Brainstorm about why some young people smoke (or don't) Addiction continuum/quiz and discussion Introduction to 'Thinking Hats' to consider different points of view
Alternative Lesson 2b	<ul style="list-style-type: none"> can use 'Thinking Hats' to consider different points of view can suggest ways to persuade someone their age not to smoke can evaluate the effectiveness of different ways to persuade someone not to smoke. 	<ul style="list-style-type: none"> Recap 'Thinking Hats' personalities 'Why not to smoke': pupils use 'Thinking Hats' personalities to challenge some of the reasons people give for smoking
3	<ul style="list-style-type: none"> can suggest how someone might deal with a situation where they are offered a cigarette and want to refuse feel more confident about being able to refuse a cigarette if it is offered can reflect on their learning in this unit. 	<ul style="list-style-type: none"> Pupils consider a situation where a young person is offered a cigarette and suggest possible responses Role-play refusing a cigarette and consider the most effective strategies Pupils reflect on their learning



National curriculum links

The following National Curriculum links run through the scheme:

Key concepts

Healthy lifestyles

- 1.2a – Recognising that healthy lifestyles, and the wellbeing of self and others, depend on information and making responsible choices.
- 1.2b – Understanding that physical, mental, sexual and emotional health affect our ability to lead fulfilling lives, and that there is help and support available when they are threatened.

Risk

- 1.3a – Understanding risk in both positive and negative terms and understanding that individuals need to manage risk to themselves and others in a range of situations.
- 1.3b – Appreciating that pressure can be used positively or negatively to influence others in situations involving risk.
- 1.3c – Developing the confidence to try new ideas and face challenges safely, individually and in groups.

Key processes

Critical reflection

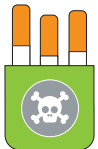
- 2.1a – Reflect critically on their own and others' values.
- 2.1f – Develop self-awareness by reflecting critically on their behaviour and its impact on others.

Decision-making and managing risk

- 2.2a – Use knowledge and understanding to make informed choices about safety, health and wellbeing.
- 2.2c – Assess and manage the element of risk in personal choices and situations.
- 2.2d – Use strategies for resisting unhelpful peer influence and pressure.
- 2.2e – Know when and how to get help.
- 2.2f – Identify how managing feelings and emotions effectively supports decision-making and risk management.

Developing relationships and working with others

- 2.3c – Use the social skills of communication, negotiation, assertiveness and collaboration.



Range and content

3e – Facts and laws about drug, alcohol and tobacco use and misuse, and the personal and social consequences of misuse for themselves and others

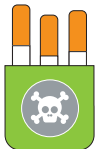
3g – Ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations.

Curriculum opportunities

4c – Use case studies, simulations, scenarios and drama to explore personal and social issues and have time to reflect on them in relation to their own lives and behaviour

4d – Take part in individual and group discussion to consider personal, social and moral dilemmas and the choices and decisions relating to them.

SAMPLE



Learning intention

Pupils learn:

- about the effects of smoking on the body.

Learning outcomes

Pupils:

- can suggest whether the effects of smoking are long- or short-term
- know that the possible effects of smoking are *risks* to all smokers and that some, but not all, will *affect* all smokers
- can suggest which effects are most significant in deterring young people from smoking.

Key questions

- What are some of the long-term and short-term health effects of smoking?
- Will these affect the bodies of all smokers?
- Which physical effects of smoking would most deter a young person from smoking?

Materials and preparation

- **PowerPoint Lesson 1**
- Flipchart paper and markers; Blu Tack
- Gunther von Hagens DVD
(or link from [Smokefree Islington website](#))
- Eight sets of **'Effects on the body' cards**
- Optional: **Worksheet Lesson 1** – one for each pupil
- Set up SurveyMonkey questionnaire – see page 15 for details
- Refer to **Shisha factsheet** – see Appendix 2
- Refer to **Smoking issues in Islington** – see Appendix 3

50 mins

Introductory Activity

Ground rules 5 mins

Pupils will be sharing their own feelings and opinions within the scheme of work. It is important to create a safe environment for this to happen. Ask the class to suggest appropriate ground rules, making sure these include:

- ◆ no one will ask or answer personal questions
 - ◆ a suggestion about distancing techniques – talk about “a friend...”, “someone known...” rather than talking about yourself or giving names
 - ◆ the right to pass or not give an opinion
 - ◆ everyone is entitled to express their opinion and have it heard.
- Keep a copy of the agreed list of ground rules to refer back to in later lessons.

Effects brainstorm 5 mins

Ask the whole class to brainstorm about some of the effects of smoking on the body. Record on the board/flipchart.

You may wish to give the following definition of smoking and to discuss and clarify some of the background information about smoking and cigarettes below. For more information on shisha, please see the [Shisha factsheet](#) in Appendix 2.



Definition

Smoking is the inhalation of the smoke of burning tobacco.

How? People most commonly smoke cigarettes, primarily industrially manufactured but also hand-rolled from loose tobacco and rolling paper. Other forms of smoking include pipes, cigars, bong, water pipes and hookah or shisha pipes.

What? Tobacco is most commonly smoked on its own. Cannabis may be smoked on its own or mixed with tobacco. Shisha is a form of flavoured tobacco, usually smoked through shisha pipes.

Gunther von Hagens DVD 10 mins



Watch the DVD (or view from the link <http://www.smokefreeislington.nhs.uk/stop-smoking-services/smoking-and-your-body.aspx>).

Pupils should note down (in their books or on the worksheet) anything new they learn or anything that surprises them as they watch.

Ask for feedback after the DVD on new learning or surprises.

Background information about smoking and cigarettes**What are cigarettes and what is in them?**

Cigarettes are made up of:

- tobacco leaves which contain nicotine. Nicotine is one of the most highly addictive substances. It takes about seven to eight seconds for the effects of nicotine to reach the brain.

What is in cigarette smoke?

- carbon monoxide, a poisonous gas that is similar to the gas that cars produce from their exhausts
- tar, a sticky substance that collect in the lungs and is carcinogenic
- four thousand different chemicals which include: arsenic which is also used as an ant killer; DDT, which is used to kill insects; acetone, which is used to strip paint off walls; a radioactive gas called radon; benzene, which is in petrol fumes.



Main activities

Effects on the body card sort 20 mins

Give each small group of pupils a set of cards.

Part 1

Ask them to quickly sort the effects into LONG-TERM and SHORT-TERM effects/impacts of smoking. If necessary, clarify the meaning of long- and short-term effects: short-term effects appear after smoking for a short time (eg smelly breath) or have a short-lived effect (eg more colds/flu). Feed back to whole class. Correct answers below with notes.

Part 2

Ask: will all smokers be affected by all of these effects if they keep smoking? Ask groups to re-sort the cards into the effects on ALL/MOST/SOME/FEW smokers. Feed back to the whole class again. There are no absolutely right/wrong answers for this part – the purpose is to get across the fact that all these effects are risks of smoking. Whether a person contracts a smoking-related illness will depend on how much they smoke and when they start, as well as a range of other risk factors. They can't know when they start smoking if they'll be lucky or not! However, it is important to emphasise that whatever the long-term risks, there are short-term effects on all or most smokers, including reduced fitness and smelly breath. Ask what other effects there might be for all/most smokers. Elicit other impacts including the cost, the feeling of stress/irritability if unable to smoke.



Possible short-term effects

- **Fitness is affected** - To be fit, the body needs oxygen-rich blood. When you smoke, less oxygen gets into the lungs because the carbon monoxide from the smoke attaches to the red blood cells and prevents oxygen from being picked up.
- **Stained fingers and teeth** - Sticky black tar will stain fingers and teeth.
- **Gum disease and smelly breath** - The smoke itself smells on the breath but also causes bad breath (halitosis).
- **Increased coughs and colds** - The cleaning systems of the lungs and nose are damaged by the tar in smoke and so the body has to cough out germs instead. The dirt and germs also stay around longer and infect the lungs.
- **Increase in blood pressure and heart rate** - Nicotine is a stimulant and raises both heart rate and blood pressure. The heart also has to beat faster to get more oxygen around the body.
- **Hands shake** - Connected to the level of nicotine in the blood. When levels drop, a smoker's hands may shake and they can become tense, agitated and less able to concentrate. If they smoke a cigarette, the level of nicotine increases and relieves the withdrawal symptoms. This is one reason why smoking is perceived to have a calming influence.

Possible long-term effects

Smokers have more chance of suffering from the following conditions than people who don't smoke:

- **Cancer in different parts of the body** - Including kidney, liver, stomach, mouth and throat, as well as lung cancer.
- **Lung diseases** - Including emphysema.
- **Heart disease**
- **Wrinkle skin** - Smokers age more quickly and long-term smokers have more wrinkles.
- **Yellow hair** - Caused by smoke drifting upwards into the hair.
- **Fertility problems** - Including, in men, sperm abnormalities and impotence (repeated inability to have or maintain an erection); in women, reduced fertility (harder to get pregnant).
- **Reduced ability to taste and smell** - Some chemicals irritate the tissues of the mouth and nose, so taste and smell are damaged – this happens gradually over a period of time.
- **Poor circulation and gangrene** - Tobacco smoke contains a range of harmful substances which can restrict circulation, potentially lead to gangrene and eventual amputation. 95% of gangrene cases occur in smokers.

Odd one out

- **Parkinson's disease**
Several studies have suggested that smokers may have a slightly lower chance of getting Parkinson's disease.



Closing activity

Effects on the body card sort part 3 5 mins

Ask pupils to re-sort the cards, ranking them according to which effects would most put young people off smoking.

OR

On the [worksheet](#), ask pupils to choose the top three effects that would influence young people and explain their reasoning.

Encourage pupils to be realistic: would a young person care about the long-term effects, or would it seem too far off or hard to believe?

In the follow-up discussion, you could ask: if you were trying to design a campaign to persuade young people not to smoke, what messages would you want to get across? How would you do so? Are there other effects of smoking apart from damage to health that would dissuade young people?

Key questions review 3 mins

Display key questions on the whiteboard and discuss the answers. Ask pupils to assess themselves in pairs or on their worksheet to see how well they can answer the questions now.

Homework task 2 mins

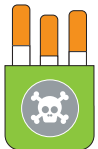
Anonymous survey: social norms

Set a homework task to complete SurveyMonkey survey. Explain that the survey is completely anonymous. Pupils will get some feedback on the results, but no one will be able to tell who answered what. The results of the survey are important for the next lesson, which looks at social norms, and will help pupils to gain a realistic picture of the prevalence of smoking.

To view and test the SurveyMonkey survey go to:
www.surveymonkey.com/s/KS3_smoking_survey

If you have a copy of this survey transferred to your account (which is free to set up), please contact Janine Killough on 020 7527 5137 janine.killough.camb-ed@islington.gov.uk

This will allow you to collect and view the class's results as simple graphs.



Lesson 1 • Effects on the body cards

Effects on the body cards

Lower level of fitness

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Lung diseases such as emphysema

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

More colds and flu

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Gum disease

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Coughs

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Smelly breath

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Heart disease

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Reduced sense of smell and taste

Smoking: a scheme of work for Key Stage 3



Lesson 1 • Effects on the body cards

Effects on the body cards

Shortness of breath

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

In women, reduced fertility (harder to get pregnant)

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Wrinkled skin

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Parkinson's disease

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Yellow hair

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

In men, abnormal sperm and impotence

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Stained fingers and teeth

Smoking: a scheme of work for Key Stage 3



Effects on the body cards

Cancer

Smoking: a scheme of work for Key Stage 3



Lesson 1 • Effects on the body cards

Effects on the body cards

**High
blood pressure**

Smoking: a scheme
of work for Key Stage 3



Effects on the body cards

**Poor circulation
and gangrene**

Smoking: a scheme
of work for Key Stage 3



Effects on the body cards

**Increased
heart rate**

Smoking: a scheme
of work for Key Stage 3



Effects on the body cards

**Shaky
hands**

Smoking: a scheme
of work for Key Stage 3



SAMPLE



ALL SAMPLE



MOST

SAMPLE



SOME SAMPLE



FEW or NO SAMPLE



Name:

Key questions

- What are some of the long-term and short-term health effects of smoking?
- Will these affect the bodies of all smokers?
- Which physical effects of smoking would most deter a young person from smoking?

Starter task: brainstorm

Watch the DVD about the effects of smoking on the body

What are the effects of smoking on the body?

Write down three health effects of smoking:

1.
2.
3.



Write down something new you learned or something that surprised you:



Choose the three effects of smoking on the body that would most put a young person off smoking:

- Lower level of fitness
- Lung diseases such as emphysema
- More colds and flu
- Gum disease
- Coughs
- Smelly breath
- Heart disease
- Reduced sense of smell and taste
- Cancer
- In men, abnormal sperm and impotence
- Shortness of breath
- In women, reduced fertility (harder to get pregnant)
- Wrinkled skin
- Parkinson's disease
- Stained fingers and teeth
- Yellow hair
- High blood pressure
- Poor circulation and gangrene
- Increased heart rate
- Shaky hands

Why do you think this?

What other effects of smoking can you think of? (apart from the effects on the body):

	Circle the relevant traffic light
I can suggest whether effects of smoking are long- or short-term effects	<input type="radio"/> <input type="radio"/> <input type="radio"/>
I know that the possible effects of smoking are risks to all smokers and that some, but not all, will affect all smokers	<input type="radio"/> <input type="radio"/> <input type="radio"/>
I can suggest which effects on the body would most put young people off smoking	<input type="radio"/> <input type="radio"/> <input type="radio"/>



Shisha in Islington

The supply of shisha tobacco in water pipes (known as shisha, hookah or hubble-bubble) is growing in prevalence. There are currently (in June 2011) 15 premises known to be supplying shisha in Islington but there may be additional, more clandestine operations. Two premises selling shisha Islington have been stopped and prosecuted.

The business is financially attractive with a large profit margin and a young customer base. Research shows that worldwide prevalence of shisha smoking is particularly high among school and university students. Young people may be directly targeted by businesses in Islington, as is the case in other boroughs. The shisha pipe can be perceived as exotic, mysterious or sophisticated, which may add to its appeal. In addition, many shisha users are unaware of the harm that smoking shisha can cause. The lack of health warnings on the shisha pipe may encourage some users to think it is safe.

Public Health

The World Health Organisation states that using a water pipe to smoke tobacco products is a serious health hazard for smokers and those around them.

- It is not a safe alternative to cigarette smoking. There is clear evidence that shisha smoking is associated with lung and mouth cancers, bladder cancer, respiratory illness (such as emphysema and COPD), periodontal (gum) disease and low birth weight, and may lead to nicotine dependence.

- A typical one hour shisha smoking session involves inhaling 100-200 times the smoke inhaled with a single cigarette.
- The smoke from shisha contains a number of toxic substances, including carbon monoxide, heavy metals and cancer-causing chemicals.
- The water in the pipe does not filter out harmful substances. Because it cools the smoke this may lead to deeper inhalation, which is more harmful for the lungs.
- The charcoal used to burn the tobacco also produces toxic chemicals and high levels of carbon monoxide.
- Sharing a mouthpiece poses a serious risk of transmitting communicable diseases.
- Shisha tobacco is often sweetened and flavoured, which may encourage some people to use it when they would not smoke cigarettes and subsequently create a nicotine addiction, which may lead to cigarette smoking.

There are various myths about shisha smoking – that the water ‘purifies’ the smoke; that it is less harmful than cigarette smoking – that do not reflect the true position.



Legal Issues

- Smoking in enclosed public places and workplaces** – In contravention of Smokefree legislation (the 'smoking ban'). This relates to any smoking product, and there is no exemption for shisha (although there are genuine misconceptions about this). Both operators/managers and smokers can face prosecution (although to date prosecution has been limited to those in control of premises rather than customers).
- Shisha tobacco** – The product itself is almost certain to be illegal. Duty is payable on shisha tobacco, but very little is legally imported, and HMRC (Her Majesty's Revenue & Customs) officers can seize it unless evidence of duty paid is produced.
- Underage smoking** – There must be a poster prominently displayed in all premises supplying tobacco products to consumers stating "It is illegal to sell tobacco products to anyone under the age of 18". Evidence suggests that shisha smoking is gaining popularity amongst young people as a means to socialise. 15 out of 34 customers in an Islington shisha lounge (closed down in June 2011) were under 18.
- Health and safety and fire safety** – When smoked in illegal, enclosed spaces there is an increased fire risk. Customers can be locked into illegal premises with no ready means of escape, and with the pipes and their charcoals acting as potential sources of ignition.



Appendix 2

Shisha fact sheet

3

Myths and facts

MYTH - Shisha only contains fruit, molasses, honey and sweeteners

FACT - The majority of shisha contains tobacco and therefore addictive nicotine

- In tests, the most commonly used types of shisha in Brent all contained tobacco and nicotine. They also contained traces of arsenic, lead, mercury and cadmium.
- In shisha cafes you rarely see the package of the shisha you're smoking, so chances are you don't really know what you're smoking.
- Although 'herbal' (tobacco free) varieties of shisha do exist, anything you smoke will damage your lungs.
- Just because shisha tobacco smells and tastes less nasty than cigarettes, doesn't mean it's less dangerous – it's still tobacco, only it's been sweetened or flavoured using fruit essence or dried fruit.

MYTH - Shisha has no effect on teeth

FACT - Shisha smokers are more likely to suffer from gum disease, which can lead to tooth loss, than non-smokers or even cigarette smokers

- Compared with non-smokers, the relative risk for gum disease increases by 5 times for shisha smokers and 3.8 times for cigarette smokers.

MYTH - Smoking shisha is healthier than cigarettes and other forms of tobacco

FACT - 45 minutes of smoking shisha is like inhaling 100 cigarettes

- A typical 1 hour session of smoking shisha means you breathe in 100 – 200 times the amount of smoke that you'd inhale smoking a single cigarette.
- Research shows that smoking shisha can cause lung cancer and cancers of the mouth, bladder cancer, respiratory illness and gum disease.
- Shisha tobacco is smoked by burning charcoal or wood smokers. When these fuels burn they produce their own toxins which you also breathe in.
- Even sitting around shisha smokers is bad for you. The second hand smoke you breathe in is a mixture of smoke from the tobacco and smoke from the burning charcoal or wood, making it double trouble. It is also harmful to pregnant women and children.
- There is no proof that any device or accessory can make shisha smoking safer.
- Because shisha smoke is cooled by the water in the pipe, you are able to inhale it more deeply into your lungs, along with high levels of carbon monoxide – the stuff that comes out of car exhausts – and other cancer-causing chemicals.

Taken from B My Voice, Brent's website for young people (www.bmyvoice.org.uk)



Appendix 2

Shisha fact sheet

4

Myths and facts

MYTH - Sharing shisha pipes is safe

FACT - Oral herpes & other more serious illnesses can be transmitted by sharing shisha

- If someone using a shisha pipe has a cold sore (or oral herpes) and you use it after them without changing the mouthpiece, you can easily catch oral herpes. Sometimes you can see cold sores, sometimes you can't – especially if the light is dim, the cold sore is developing or if it has been covered up with lipstick. Cold sores are painful and there is no cure for them – once you have the oral herpes virus it doesn't go away and you'll suffer from cold sores all your life. If you are going to share a shisha pipe, use your own mouthpiece every time.
- Sharing a shisha pipe also raises your risk of catching serious illnesses such as tuberculosis and hepatitis, as well as common colds and the flu. Changing the mouthpiece is likely to reduce this risk, but nasty microorganisms can still live inside the shisha pipe hose and the water bowl. The smoke you breathe in passes through the hose and water bowl and can pick up microorganisms on the way.
- Be responsible and think of others: don't smoke shared pipes if you are unwell, have a cough or sore throat, cold sore or an easily transmitted illness. Someone more vulnerable than you could become seriously unwell if you pass something on.

MYTH - Shisha smoke is filtered through water so it filters out harmful ingredients

FACT - Shisha smoke contains cancer-causing chemicals that are not filtered out through water

- A World Health Organisation study showed that the water does not filter out any of the harmful chemicals contained in the shisha smoke such as carbon monoxide and heavy metals.
- Several other studies have shown that smoking shisha is associated with an increased risk of developing cancers of the mouth, throat, lungs, bladder and stomach. Several shisha smokers say that they developed nicotine addiction through smoking shisha and now smoke cigarettes as well – which causes cancer.

Taken from B My Voice, Brent's website for young people (www.bmyvoice.org.uk)



Islington's Health Inequalities Strategy 2010, jointly written by Islington Council and NHS Islington, which has an action to reduce smoking, states that smoking is the main contributor to the gap in health inequalities between the disadvantaged and better off.

There are a number of issues relating to smoking which are of concern in Islington.

Smoking-related illnesses

In Islington one in five deaths can be attributed to smoking.

Smoking-related illnesses such as heart disease, stroke, cancers and respiratory diseases are the main preventable cause of early death in Islington. In Islington the rate of lung cancer is much higher than the England average. 90% of lung cancer is directly attributable to smoking.

Life expectancy in both men and women in Islington is lower than the England average. Smoking leads to reduced life expectancy: a life-long smoker loses on average 10 years of life.

High smoking rates

Working towards a Smokefree Islington by 2020, Islington's first Smokefree plan, states that Islington has one of the highest smoking rates in the UK. On average, 27% – more than one in four – of the local population smoke, compared to the London and England averages of 23.5% and 23.3% respectively.

About 26% of Islington's population are from Black Minority Ethnic (BME) groups. Research shows that smoking rates are higher among BME groups. The Health Survey for England in 2004 found that 40% of Bangladeshi men smoked, followed by 30% of Irish men, 29% of Pakistani men, and 26% of Irish women.

Smokefree homes

The ban on smoking in public places in 2007 was brought in because of, and to raise awareness about, the harm caused by second-hand smoke. Today all businesses, workplaces and enclosed public places are legally required to be Smokefree and there is around 99% compliance with this.

Unfortunately there are still high rates of smoking in the home in Islington. Some of the impacts of this are:

- Very high paediatric admissions for asthma in Islington hospitals.
- Increased risk of sudden infant death syndrome, lower respiratory illness and ear infections in children.
- Higher risk of fire damage, explosions and other smoking-related accidents – 40% of deaths in house fires are smoking related.
- Serious health problems in household pets. Studies have linked second-hand smoke exposure to lymphoma in cats and nasal cancer and lung cancer in dogs.
- Higher home maintenance and cleaning costs – smokers' properties need redecorating sooner than non-smokers' homes, and they require more intensive cleaning.
- Higher fire insurance premiums.



Counterfeit cigarettes

The police have targeted sales of unlicensed cigarettes in Islington, and these have decreased in recent years. It is important to recognise the increased danger from counterfeit cigarettes: some contain 160% more tar, 80% more nicotine, 133% more carbon monoxide and five times the level of cadmium (a cancer-causing chemical) than legal cigarettes, along with other substances used to fill out the cigarette. Even traces of animal faeces have been found in counterfeit cigarettes.

In addition, at least some counterfeit cigarettes available in Islington are sold by criminal gangs, often with links to criminal or terrorist organisations across the world.

Cheap cigarettes also subvert the increased taxation and financial incentives to stop smoking.

Littering

Cigarette butts are the most common type of street litter – 78% of all littering is cigarette related! – and they have been an increasing problem since the national ban.

Dropping a cigarette butt on the street is illegal and is classed as 'littering' and an adult (over 16) caught throwing their butt on the ground can be fined. This is called a fixed penalty notice, and in Islington would cost the perpetrator £80 (if they paid quickly this would be reduced to £50).

Other social issues relating to smoking

- Cigarettes and matches are the most common cause of fires in the home. 90% of house fires start from a cigarette.
- 200,000 hectares of forest are destroyed per year to provide fuel to dry tobacco.
- Growing tobacco uses high levels of pesticides and fertilisers.
- Smoking is an expensive habit. At 2011 prices a 20-a-day habit costs £2,555 a year or £212 a month. Compare this to an average annual energy bill of £1,000 or an average shopping bill of £435 a month. A smoking habit can therefore significantly contribute to keeping children in poverty.

Link to smoking other drugs especially cannabis (these are not always linked, but cannabis smokers will often mix tobacco and cannabis).

