

# STUDENT TEST BOOKLET

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## READING SECTION (40 questions)

### Passage 1

The implementation of smoking bans in public places has been a significant public health intervention of the 21st century. These policies, which restrict or prohibit smoking in venues such as restaurants, bars, and workplaces, are primarily designed to protect non-smokers from the harmful effects of secondhand smoke. However, their impact extends beyond this initial objective, influencing smoking behaviors and contributing to a broader cultural shift in attitudes towards tobacco. This passage explores the multifaceted health benefits that have been observed following the introduction of smoking bans around the world.

One of the most immediate and measurable benefits of public smoking bans is the substantial reduction in exposure to environmental tobacco smoke (ETS), also known as secondhand smoke. Numerous studies have demonstrated a dramatic decrease in air pollution in public spaces after smoking is prohibited. For instance, research conducted in bars and restaurants has shown a decline of over 80% in indoor air pollutants, such as fine particulate matter and carcinogens, following the enactment of smoke-free legislation. This reduction in ETS exposure translates directly into improved respiratory health for both hospitality workers and the general public. Employees in the hospitality sector, who were previously exposed to high concentrations of secondhand smoke for prolonged periods, have reported a significant decrease in respiratory symptoms like coughing, wheezing, and shortness of breath. Furthermore, studies have documented a decline in hospital admissions for asthma and other respiratory illnesses in the months and years following the implementation of smoking bans.

Beyond the immediate respiratory benefits, smoking bans have been linked to a reduction in the incidence of cardiovascular disease. Exposure to secondhand smoke is a known risk factor for heart attacks and other cardiac events. Research has consistently shown a decrease in hospital admissions for acute myocardial infarction (heart attacks) in communities that have implemented comprehensive smoking bans. A meta-analysis of studies from various countries found a 17% average reduction in heart attack hospitalizations after the introduction of smoke-free laws. This effect is

particularly pronounced in the first year after a ban is enacted, highlighting the rapid positive impact of these policies on cardiovascular health.

The influence of smoking bans on smoking prevalence and cessation is another crucial aspect of their public health impact. While the primary goal is to protect non-smokers, these policies also create a supportive environment for smokers who want to quit. By making it more inconvenient to smoke, and by de-normalizing tobacco use, smoking bans can provide the motivation for individuals to reduce their cigarette consumption or to quit altogether. Studies have shown that the implementation of smoke-free workplaces is associated with a decrease in smoking prevalence among employees and a reduction in the number of cigarettes smoked per day by those who continue to smoke. Although the effect on overall smoking prevalence at a national level can be more modest and may take longer to become apparent, the evidence suggests that smoking bans, as part of a comprehensive tobacco control strategy, contribute to a decline in the number of smokers over time.

In conclusion, the evidence overwhelmingly supports the significant and wide-ranging health benefits of public smoking bans. From the immediate improvement in air quality and respiratory health to the long-term reduction in cardiovascular disease and smoking prevalence, these policies have proven to be a highly effective public health intervention. As more and more jurisdictions around the world adopt and strengthen smoke-free legislation, the global burden of tobacco-related disease is expected to continue to decline, leading to healthier populations and substantial healthcare savings.

## Questions 1-13

### Questions 1-6

*Do the following statements agree with the information given in the reading passage?*

*In boxes 1-6 on your answer sheet, write*

- **TRUE** if the statement agrees with the information
- **FALSE** if the statement contradicts the information
- **NOT GIVEN** if there is no information on this\*

1. The primary aim of smoking bans is to encourage smokers to quit.
2. There has been a more than 80% decrease in indoor air pollutants in all public spaces after smoking bans.

3. Hospitality workers have experienced fewer respiratory problems after the introduction of smoking bans.
4. The number of hospital admissions for all types of illnesses has decreased after smoking bans.
5. The reduction in heart attack hospitalizations is most significant in the first year of a smoking ban.
6. Smoking bans have had no effect on the number of people who smoke.

### Questions 7-10

*Choose the correct letter, **A, B, C** or **D**.*

*Write the correct letter in boxes 7-10 on your answer sheet.*

1. What is the main topic of the passage? A. The history of smoking bans B. The economic consequences of smoking bans C. The health benefits of smoking bans D. The challenges of implementing smoking bans
2. According to the passage, what is a direct result of reduced ETS exposure? A. A decrease in the number of smokers B. Improved respiratory health C. A decline in the price of cigarettes D. An increase in the number of smoke-free restaurants
3. The passage states that smoking bans can help smokers to quit by A. providing them with free nicotine replacement therapy. B. making smoking more inconvenient and less socially acceptable. C. offering financial incentives for quitting. D. increasing the price of cigarettes.
4. What is the author's overall attitude towards smoking bans? A. Neutral B. Supportive C. Critical D. Skeptical

### Questions 11-13

*Complete the summary below.*

*Choose **NO MORE THAN TWO WORDS** from the passage for each answer.*

*Write your answers in boxes 11-13 on your answer sheet.*

### The Impact of Smoking Bans

Smoking bans have led to a significant reduction in exposure to secondhand smoke, resulting in better 11. \_\_\_\_\_ for the public. A notable decrease in hospital admissions for 12. \_\_\_\_\_ has also been observed. Furthermore, these bans create a supportive environment that can motivate smokers to quit, contributing to a decline in 13. \_\_\_\_\_ over time.

## **Passage 2**

The debate surrounding smoking bans is not limited to public health; it also encompasses a significant economic dimension. While proponents of smoke-free legislation emphasize the long-term healthcare savings and improved productivity, opponents, particularly those in the hospitality industry, often express concerns about potential financial losses. This passage examines the economic arguments and evidence related to the implementation of smoking bans.

**A** One of the most contentious issues in the discourse on smoking bans is their financial effect on businesses, especially bars and restaurants. The core of this concern is the fear that prohibiting smoking will deter customers who smoke, leading to a decline in sales and, ultimately, business closures. This argument is predicated on the assumption that smokers will choose to stay at home or frequent establishments where smoking is permitted, rather than patronize a smoke-free venue. Several early studies, often funded by the tobacco industry, supported this view, reporting significant revenue losses for bars and restaurants following the implementation of smoking bans.

**B** However, a larger body of independent research has produced contrasting findings. Numerous peer-reviewed studies, conducted across various countries and jurisdictions, have concluded that smoking bans do not have a negative impact on the hospitality industry. In fact, some studies have even reported a positive economic effect. These studies often use objective data, such as sales tax records, to assess the financial performance of businesses before and after a ban is introduced. The consensus from this body of evidence is that the hospitality sector, as a whole, does not suffer financially from the implementation of smoke-free policies.

**C** Several factors may explain the discrepancy between the fears of business owners and the findings of independent research. Firstly, while some smokers may reduce their patronage of certain establishments, this loss of business is often offset by an increase in customers who prefer a smoke-free environment. Non-smokers, who may have previously avoided smoky bars and restaurants, are more likely to frequent these

venues after a ban is in place. This shift in clientele can lead to a neutral or even positive net effect on sales.

**D** Secondly, the economic impact of smoking bans can vary depending on the type of establishment. While some studies have found that bars and nightclubs that rely heavily on a smoking clientele may experience a temporary dip in revenue, this is not representative of the entire hospitality industry. Restaurants, particularly those that are family-oriented, are more likely to see a neutral or positive financial impact. Furthermore, the initial economic effects may be short-lived, as businesses and customers adapt to the new regulations over time.

**E** Beyond the direct impact on the hospitality industry, smoking bans can have broader economic benefits. By reducing the prevalence of smoking-related illnesses, these policies can lead to significant long-term savings in healthcare costs. A healthier population also translates into a more productive workforce, with fewer sick days and lower rates of disability. Additionally, smoke-free environments can reduce cleaning and maintenance costs for businesses, as well as lower insurance premiums.

**F** In conclusion, while the economic concerns of business owners are understandable, the weight of the evidence suggests that smoking bans do not have the dire financial consequences that are often feared. The initial anxieties about lost revenue are often not borne out by the data, and the broader economic benefits, such as reduced healthcare costs and increased productivity, are substantial. As with any public policy, there may be some businesses that are negatively affected in the short term, but the overall economic impact of smoking bans appears to be neutral to positive.

## Questions 14-26

### Questions 14-19

*The reading passage has six paragraphs, A-F.*

*Choose the correct heading for each paragraph from the list of headings below.*

*Write the correct number, i-viii, in boxes 14-19 on your answer sheet.*

### List of Headings

- i. The positive economic effects of smoking bans ii. The impact of smoking bans on different types of businesses iii. The fears of business owners iv. The long-term health benefits of smoking bans v. The findings of independent research vi. The reasons for

the discrepancy in findings vii. The overall economic impact of smoking bans viii. The methodology of early studies

1. Paragraph A
2. Paragraph B
3. Paragraph C
4. Paragraph D
5. Paragraph E
6. Paragraph F

### Questions 20-23

*Choose the correct letter, A, B, C or D.*

*Write the correct letter in boxes 20-23 on your answer sheet.*

1. What is the main concern of opponents of smoking bans? A. The impact on public health B. The potential for financial losses C. The difficulty of enforcing the ban D. The cost of implementing the ban
2. What do the majority of independent studies on the economic impact of smoking bans conclude? A. That there is a significant negative impact on the hospitality industry. B. That there is no negative impact, and sometimes a positive one. C. That the economic impact is difficult to measure. D. That the findings are inconclusive.
3. According to the passage, why might the loss of smoking customers be offset? A. Because smokers will eventually return to the establishments. B. Because the government will provide financial compensation. C. Because non-smokers who previously avoided the venues will start to frequent them. D. Because businesses will be able to reduce their prices.
4. What is mentioned as a broader economic benefit of smoking bans? A. Increased tourism B. Higher tax revenues C. Lower insurance premiums D. A rise in property values

### Questions 24-26

*Complete the sentences below.*

Choose **NO MORE THAN THREE WORDS** from the passage for each answer.

Write your answers in boxes 24-26 on your answer sheet.

1. Early studies on the economic impact of smoking bans were often funded by the \_\_\_\_\_.
2. The hospitality sector, as a whole, does not \_\_\_\_\_ from smoke-free policies.
3. Restaurants that are \_\_\_\_\_ are more likely to experience a positive financial impact.

### Passage 3

The movement to restrict smoking in public places is not a recent phenomenon. In fact, the history of smoking bans stretches back several centuries, reflecting a long and evolving struggle between individual freedoms, public health, and economic interests. This passage traces the historical trajectory of smoking bans, from their early religious origins to the comprehensive legislation of the modern era.

The earliest known prohibitions on smoking were not based on scientific evidence of health risks, but rather on moral and religious objections. In 1575, a Mexican ecclesiastical council forbade the use of tobacco in any church in Mexico and the Spanish colonies, marking one of the first recorded smoking bans. Pope Urban VII went a step further in 1590, threatening to excommunicate anyone who smoked in or near a church. These early bans were primarily concerned with the perceived profanity of tobacco use in sacred spaces.

During the 17th and 18th centuries, smoking bans began to appear in secular contexts, often driven by concerns about fire hazards. In 1633, the Ottoman Sultan Murad IV imposed a ban on smoking in his empire, with severe penalties for offenders. While this was partly motivated by a desire to maintain public order, the risk of fires in the largely wooden cities of the time was also a significant factor. Similarly, in many parts of Europe, smoking was prohibited in certain public buildings and workplaces, such as naval dockyards and arsenals, to prevent accidental explosions and fires.

The 19th century saw the rise of anti-tobacco movements, particularly in the United States and Great Britain. These movements, often linked to the temperance movement, campaigned against the use of tobacco on moral and social grounds. They argued that smoking was a vice that led to idleness, poverty, and moral decay. While

these campaigns had some success in promoting voluntary abstinence from tobacco, they had limited impact on the enactment of widespread smoking bans.

It was not until the mid-20th century, with the emergence of compelling scientific evidence linking smoking to lung cancer and other diseases, that the modern anti-smoking movement began to gain momentum. The 1964 report of the U.S. Surgeon General, which definitively established the causal link between smoking and lung cancer, was a landmark moment in the history of tobacco control. This report, and the subsequent body of research that confirmed and expanded upon its findings, provided the scientific foundation for the public health argument for smoking bans.

The first comprehensive, modern smoking ban was enacted in the town of San Luis Obispo, California, in 1990. This ordinance prohibited smoking in all public buildings, including bars and restaurants, and became a model for similar legislation across the United States and around the world. In 2004, Ireland became the first country to implement a nationwide ban on smoking in all enclosed workplaces. This bold move was soon followed by other countries, including Norway, New Zealand, and the United Kingdom, creating a domino effect that has led to the widespread adoption of smoke-free laws in many parts of the world.

Today, the global landscape of tobacco control is more complex than ever. While comprehensive smoking bans are now the norm in many developed countries, the battle against tobacco is far from over. The tobacco industry continues to challenge smoke-free legislation, and the rise of new products, such as e-cigarettes, presents new challenges for public health advocates. Nevertheless, the history of smoking bans demonstrates a clear trend towards greater restrictions on tobacco use, driven by a growing awareness of the devastating health consequences of smoking.

### Questions 27-40

### Questions 27-32

*Do the following statements agree with the information given in the reading passage?*

*In boxes 27-32 on your answer sheet, write*

- **YES** if the statement agrees with the claims of the writer
- **NO** if the statement contradicts the claims of the writer
- **NOT GIVEN** if it is impossible to say what the writer thinks about this\*



1. The first smoking bans were motivated by health concerns.
2. Sultan Murad IV's smoking ban was solely for preventing fires.
3. The anti-tobacco movements of the 19th century were largely unsuccessful in getting smoking bans enacted.
4. The 1964 U.S. Surgeon General's report was the first to suggest a link between smoking and cancer.
5. Ireland was the first country to ban smoking in all public places.
6. The author believes that the fight against tobacco is now complete.

### Questions 33-36

*Choose the correct letter, **A, B, C** or **D**.*

*Write the correct letter in boxes 33-36 on your answer sheet.*

1. The earliest smoking bans were based on A. scientific evidence. B. economic concerns. C. moral and religious objections. D. the risk of fire.
2. In the 17th and 18th centuries, smoking was often banned in certain places to A. protect the health of workers. B. prevent fires and explosions. C. promote a more moral society. D. discourage the use of tobacco.
3. What was the significance of the 1964 U.S. Surgeon General's report? A. It led to the first smoking ban in the United States. B. It provided the scientific basis for the modern anti-smoking movement. C. It was the first report to be published on the topic of smoking. D. It resulted in the immediate closure of all tobacco companies.
4. The passage suggests that the future of tobacco control will be A. straightforward and without challenges. B. focused solely on developed countries. C. complicated by new products and industry opposition. D. less important than it is today.

### Questions 37-40

*Complete the notes below.*

*Choose **NO MORE THAN TWO WORDS** from the passage for each answer.*

*Write your answers in boxes 37-40 on your answer sheet.*

## A History of Smoking Bans

- **Early Bans:** Motivated by religious and 37. \_\_\_\_\_, not health.
- **17th-18th Centuries:** Bans in secular contexts due to concerns about 38. \_\_\_\_\_.
- **19th Century:** Anti-tobacco movements had limited success in achieving widespread bans.
- **Mid-20th Century:** The modern anti-smoking movement gained momentum with the emergence of 39. \_\_\_\_\_.
- **Modern Era:** Comprehensive smoking bans, such as the one in 40. \_\_\_\_\_, became a model for legislation worldwide.

## LISTENING SECTION (40 questions)

### Section 1: Questions 1-10

*Complete the form below.*

*Write **ONE WORD AND/OR A NUMBER** for each answer.*

### Stop Smoking Service - Initial Consultation

<b>Patient Details</b>	
Name:	Sarah <b>1</b> _____
Date of Birth:	15/07/1985
Occupation:	<b>2</b> _____
<b>Smoking Habits</b>	
Smokes per day:	<b>3</b> _____ cigarettes
Years smoking:	Approx. 20 years
Previous quit attempts:	Yes, <b>4</b> _____ times
Main reason for quitting:	<b>5</b> _____
<b>Support Plan</b>	
Preferred method:	Nicotine patches and <b>6</b> _____
Start date:	<b>7</b> _____
Follow-up appointments:	Weekly for the first <b>8</b> _____
Contact number:	07700 900 <b>9</b> _____
Email address:	sarah.j@email.com
Next appointment with:	Dr. <b>10</b> _____

## Section 2: Questions 11-20

### Questions 11-15

*Choose the correct letter, **A**, **B**, or **C**.*

- The speaker says that the most significant benefit of quitting smoking is A. financial savings. B. improved physical appearance. C. better long-term health.
- After 20 minutes of quitting, what begins to return to normal? A. Blood pressure B. Breathing C. Sense of taste

3. Within 2 to 12 weeks of stopping smoking, what improves significantly? A. Lung capacity B. Circulation C. Energy levels
4. The risk of a heart attack is halved after how long? A. One year B. Five years C. Ten years
5. According to the speaker, what is a common withdrawal symptom? A. Headaches B. Irritability C. Fatigue

### Questions 16-20

*What does the speaker say about the following aids to quitting smoking?*

*Write the correct letter, **A**, **B**, or **C**, next to questions 16-20.*

### Aids to Quitting

**A** It is the most popular method. **B** It can be combined with other therapies. **C** Its effectiveness is not yet fully proven.

1. Nicotine Replacement Therapy (NRT)
2. Vaping / E-cigarettes
3. Prescription medication
4. Hypnotherapy
5. Support groups

### Section 3: Questions 21-30

*Choose the correct letter, **A**, **B**, or **C**.*

1. The students are discussing A. the history of smoking. B. the effectiveness of different anti-smoking campaigns. C. the health consequences of smoking.
2. What does James say about graphic warning labels on cigarette packs? A. They are not effective in deterring young people. B. They are more effective than tax increases. C. They can cause a defensive reaction in some smokers.
3. According to Maria, why are tax increases on tobacco products effective? A. They make cigarettes unaffordable for most people. B. They are a major source of revenue for the government. C. They particularly influence price-sensitive groups.

4. What is the main problem with mass media campaigns, according to the discussion? A. They are very expensive to produce. B. Their impact can be short-lived. C. They do not reach the right audience.
5. James mentions that school-based education programs are A. the most effective long-term strategy. B. often not implemented correctly. C. less effective than community-wide initiatives.
6. What do the students agree is a key element of a successful anti-smoking campaign? A. A focus on a single, clear message. B. A combination of different strategies. C. A strong emphasis on the negative health effects.
7. Maria suggests that social media campaigns A. are a cost-effective way to reach young people. B. are difficult to evaluate for their effectiveness. C. have been shown to be more effective than traditional media.
8. What point does James make about the role of doctors? A. They should be more involved in political lobbying. B. They have a crucial role in advising patients to quit. C. They are often too busy to provide effective support.
9. The students think that future campaigns should A. be more tailored to specific groups. B. focus more on the environmental impact of smoking. C. be funded primarily by the tobacco industry.
10. What will the students do next? A. Write an essay on their chosen topic. B. Conduct a survey on smoking habits. C. Prepare a presentation on their findings.

#### **Section 4: Questions 31-40**

*Complete the notes below.*

*Write **ONE WORD ONLY** for each answer.*

#### **The History of Tobacco Advertising**

##### **Early Advertising (19th - early 20th Century)**

- Initially sold as a pre-rolled luxury item.
- Advertising focused on themes of **31** \_\_\_\_\_ and sophistication.
- Use of celebrity endorsements and romanticised imagery.

##### **The Rise of Mass Marketing (1920s-1950s)**

- Targeting women was a key **32** \_\_\_\_\_.
- Slogans linked smoking to being modern and independent.
- Use of doctors and dentists in adverts to reassure the public about **33** \_\_\_\_\_.
- Sponsorship of sports and entertainment events.

### **The Era of Scientific Doubt (1950s-1960s)**

- Growing public awareness of the health risks.
- Tobacco companies created their own research institutes to create **34** \_\_\_\_\_.
- Introduction of filter cigarettes, marketed as a 'safer' option.
- Advertising shifted to focus on flavour and **35** \_\_\_\_\_.

### **The Regulatory Backlash (1970s-1990s)**

- Bans on television and radio advertising in many countries.
- Introduction of **36** \_\_\_\_\_ warnings on packaging.
- Shift to print, billboard, and sponsorship advertising.
- Targeting of developing countries with weak advertising **37** \_\_\_\_\_.

### **Modern Advertising and Promotion (21st Century)**

- Use of 'dark advertising' – subtle marketing at point of sale.
- Promotion through social media and **38** \_\_\_\_\_.
- Packaging designed to be attractive and stylish.
- The tobacco industry continues to **39** \_\_\_\_\_ against stricter regulations.
- The overall goal is to normalise smoking for the next **40** \_\_\_\_\_.

## **WRITING SECTION**

### **WRITING TASK 1**

You should spend about 20 minutes on this task.

*The chart below shows the percentage of adults who smoked in five different countries in the years 2000 and 2020.*

*Summarise the information by selecting and reporting the main features, and make comparisons where relevant.*

Write at least 150 words.

### **Percentage of Adults Who Smoke**

The image is a black rectangular placeholder with white text. The text reads: "The image you are requesting does not exist or is no longer available." followed by "imgur.com" on a new line.

### **WRITING TASK 2**

You should spend about 40 minutes on this task.

Write about the following topic:

*Some people believe that governments should completely ban the sale and use of tobacco products. Others argue that this is an infringement on personal freedom and would be difficult to enforce.*

*Discuss both these views and give your own opinion.*

Give reasons for your answer and include any relevant examples from your own knowledge or experience.

Write at least 250 words.

### **SPEAKING SECTION**

#### **Part 1: Introduction and interview (4-5 minutes)**

*The examiner will ask you some general questions about yourself and your life. Then the examiner will ask you some questions about the topic of smoking.*

- Do you think smoking is a big problem in your country?
- What are the attitudes of young people towards smoking in your country?
- Do you think it is acceptable to smoke in public places?

- What are some of the reasons why people start smoking?
- Do you think that e-cigarettes are a good alternative to traditional cigarettes?

## **Part 2: Individual long turn (3-4 minutes)**

*You will have to talk about the topic on this card for one to two minutes. You have one minute to think about what you are going to say. You can make some notes to help you if you wish.*

**Describe a time when you were in a place where smoking was not allowed.**

You should say:

- where you were
- what you were doing
- how you felt about the no-smoking rule

and explain why you think the rule was in place.

## **Part 3: Two-way discussion (4-5 minutes)**

*The examiner will ask you some more questions related to the topic in Part 2.*

- Do you think that smoking bans are always effective?
- What are some of the challenges of enforcing a smoking ban?
- Should the government have the right to tell people where they can and cannot smoke?
- What other measures could be taken to reduce the number of smokers?
- How do you think attitudes towards smoking will change in the future?

## **GRAMMAR SECTION (20 questions)**

### **Questions 1-5: Error Correction**

*Identify the error in each sentence and rewrite the sentence correctly.*

1. The number of smokers have decreased significantly since the ban was introduced.
2. Many people is concerned about the effects of passive smoking.



3. The government is planning to rise taxes on tobacco products next year.
4. Despite of the health warnings, some people continue to smoke.
5. He has been smoked for twenty years before he finally decided to quit.

### Questions 6-10: Sentence Transformation

*Complete the second sentence so that it has a similar meaning to the first sentence, using the word given. You must use between two and five words, including the word given.*

1. They banned smoking in all public places in 2007. (WAS) Smoking \_\_\_\_\_ in all public places in 2007.
2. It was difficult for him to quit smoking. (FOUND) He \_\_\_\_\_ to quit smoking.
3. She started smoking when she was 18. (SINCE) She has been smoking \_\_\_\_\_ 18.
4. "I think you should stop smoking," the doctor said to me. (ADVISED) The doctor \_\_\_\_\_ smoking.
5. The new law will make it illegal to smoke in cars with children. (BE) It will \_\_\_\_\_ to smoke in cars with children under the new law.

### Questions 11-15: Fill in the Blanks

*Complete the text with the correct form of the verb in brackets, or with a suitable article or preposition.*

In recent years, there has been a growing awareness of the dangers of smoking. As a result, many countries **11** \_\_\_\_\_ (introduce) strict laws to regulate the sale and use of tobacco. One of the most common measures is the implementation of smoking bans **12** \_\_\_\_\_ public places. These bans are designed to protect non-smokers from the harmful effects of passive smoking. While some people argue that these laws infringe **13** \_\_\_\_\_ personal freedom, the majority of the public seems to support them. In fact, a recent survey showed that over 70% of people are in favour of smoke-free legislation. It is hoped that these measures, combined with other initiatives such as tax increases and public health campaigns, **14** \_\_\_\_\_ (help) to reduce the number of smokers even further in the future. **15** \_\_\_\_\_ ultimate goal, of course, is to create a smoke-free generation.

## Questions 16-20: Word Formation

*Use the word given in capitals at the end of some of the lines to form a word that fits in the gap in the same line.*

1. The \_\_\_\_\_ of smoking bans has been a controversial topic.  
(INTRODUCE)
2. There is a clear \_\_\_\_\_ between smoking and lung cancer. (RELATE)
3. The government is considering the \_\_\_\_\_ of plain packaging for cigarettes. (ADOPT)
4. It is \_\_\_\_\_ to smoke in hospitals and schools. (LEGAL)
5. The campaign aims to raise \_\_\_\_\_ of the dangers of smoking.  
(AWARE)

## LISTENING SCRIPTS

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### Section 1

**(Scene: A local health clinic. Sarah is meeting with a smoking cessation advisor, David.)**

**David:** Hi Sarah, thanks for coming in today. My name is David, and I'm here to help you with your goal of quitting smoking. To start, I just need to take a few details. Can you confirm your full name for me?

**Sarah:** Yes, it's Sarah Jones.

**David:** Jones. Got it. And your date of birth?

**Sarah:** 15th of July, 1985.

**David:** Okay, great. And what do you do for a living, Sarah?

**Sarah:** I'm a hairdresser.

**David:** A hairdresser, right. So, you're on your feet a lot. Now, let's talk about your smoking habits. How many cigarettes would you say you smoke a day?

**Sarah:** I'd say, on average, about 15.

**David:** Fifteen. And how long have you been a smoker?

**Sarah:** For about 20 years now. Since I was a teenager.

**David:** I see. And have you tried to quit before?

**Sarah:** Yes, a couple of times. I think I've made about three serious attempts.

**David:** Three times. That's good. It shows you're motivated. What's your main reason for wanting to quit this time?

**Sarah:** It's mainly for my health. I've been getting out of breath more easily, and I'm worried about the long-term effects.

**David:** Health is a very strong motivator. Now, let's think about a support plan. We have a few different options. Have you thought about what you'd like to use?

**Sarah:** I've heard that nicotine patches are good. And I'd like to try some sort of gum as well, for when the cravings are bad.

**David:** Patches and gum. An excellent combination. We can certainly arrange that for you. When would you like your quit date to be?

**Sarah:** I'm thinking of starting next Monday. That's the 27th of January.

**David:** Monday the 27th. Perfect. We'll set up weekly follow-up appointments for the first month. After that, we can reduce them to fortnightly. Is that okay?

**Sarah:** Yes, that sounds good.

**David:** And can I just take a contact number for you?

**Sarah:** Of course. It's 07700 900 368.

**David:** 3-6-8. Great. And your email?

**Sarah:** It's sarah.j@email.com.

**David:** Okay, that's all the information I need for now. I'll get the prescription for the patches and gum ready for you. Your next appointment will be with Dr. Evans, who will go through the medical side of things with you.

**Sarah:** Dr. Evans. Okay, great. Thank you.

## **Section 2**

**(Scene: A community health talk. The speaker, Dr. Williams, is giving a presentation on the benefits of quitting smoking.)**

**Dr. Williams:** Good evening, everyone. Thank you for joining me tonight. My name is Dr. Williams, and I'm a public health specialist. Tonight, I want to talk to you about something that can dramatically improve your life: quitting smoking. While many people are aware that smoking is bad for them, not everyone understands the incredible and immediate benefits of stopping. The most significant of these, of course, is your long-term health. Quitting smoking is the single most important thing you can do to reduce your risk of cancer, heart disease, and a host of other chronic illnesses.

But the benefits start much sooner than you might think. In fact, your body begins to recover within minutes of your last cigarette. After just 20 minutes, your blood pressure and pulse rate start to return to normal. After 8 hours, the oxygen levels in your blood return to normal, and the harmful carbon monoxide levels are halved.

Within 48 hours, your ability to taste and smell will have improved. And after 72 hours, breathing becomes easier as your bronchial tubes begin to relax. The really significant improvements, however, come in the following weeks and months. Between 2 and 12 weeks, your circulation improves, making physical activity like walking and running much easier. Your lung function can increase by up to 10% in this time.

As you continue to stay smoke-free, the long-term benefits really kick in. After one year, your risk of a heart attack is halved compared to that of a smoker. After ten years, your risk of lung cancer falls to about half that of a smoker. And after 15 years, your risk of a heart attack is the same as someone who has never smoked.

Of course, quitting isn't easy. You will likely experience some withdrawal symptoms, such as irritability, difficulty concentrating, and an increased appetite. These are all normal signs that your body is recovering. It's important to have a plan to deal with these challenges.

Now, I'd like to briefly discuss some of the aids that can help you quit. Nicotine Replacement Therapy, or NRT, is a very popular choice. It comes in the form of patches, gum, lozenges, and sprays, and it works by giving you a low dose of nicotine

without the other harmful chemicals in tobacco. Vaping or e-cigarettes are a more recent phenomenon. While they are considered to be less harmful than smoking, their long-term effects are still unknown, so their effectiveness as a quitting aid is not yet fully proven. Prescription medications, such as Champix or Zyban, are another option. These can be very effective, and they can be combined with other therapies, such as NRT, for a better chance of success. Finally, there are alternative therapies like hypnotherapy and acupuncture. While some people have found these helpful, their effectiveness is not yet fully proven by scientific studies. Support groups, on the other hand, can be a fantastic source of encouragement and motivation, and they can be combined with any of the other methods I've mentioned.

So, as you can see, there are many reasons to quit and many ways to do it. The most important thing is to make a plan and to stick to it. Thank you.

### **Section 3**

**(Scene: Two university students, James and Maria, are discussing a presentation they need to prepare on anti-smoking campaigns.)**

**James:** So, Maria, we need to decide on the focus of our presentation on anti-smoking campaigns. There are so many different approaches, I'm not sure where to start.

**Maria:** I know what you mean. I've been looking at a few different types of campaigns. What do you think about the use of graphic warning labels on cigarette packs? I've seen some really shocking ones.

**James:** That's an interesting idea. I read a study that suggested they can be effective, but they can also have a downside. Apparently, for some smokers, seeing those images can cause a defensive reaction, and they just block out the message.

**Maria:** That's a good point. I hadn't thought of that. What about tax increases? I know they've been used a lot. In my opinion, they are very effective because they particularly influence price-sensitive groups, like young people and those on low incomes.

**James:** I agree. The financial incentive is a powerful motivator. But what about mass media campaigns? The big TV adverts and billboards. They must have an impact.

**Maria:** They do, but I think the main problem with them is that their impact can be short-lived. People see them, they might think about quitting, but then the campaign ends and the motivation fades.

**James:** That's true. I was reading about school-based education programs. They seem like a good long-term strategy, but the research I saw suggested that they are often less effective than community-wide initiatives. It's hard to change behaviour if the wider environment doesn't support it.

**Maria:** So, what do we think is the key to a successful campaign? It seems like there's no single answer.

**James:** I think that's the point. The most successful campaigns seem to be those that use a combination of different strategies. A bit of everything: tax increases, warning labels, media campaigns, and support for quitting.

**Maria:** I agree. We could also look at the role of social media. It's a relatively new area for health promotion, but it seems like a cost-effective way to reach young people.

**James:** Definitely. And we shouldn't forget the role of healthcare professionals. Doctors, in particular, have a crucial role in advising patients to quit. A simple piece of advice from a doctor can be a really powerful trigger for a quit attempt.

**Maria:** So, for our presentation, we could argue that future campaigns should be more comprehensive and tailored to specific groups. For example, using social media for young people, and focusing on direct advice from doctors for older smokers.

**James:** That sounds like a strong argument. We can use examples of different campaigns to support our points. So, the next step is to start gathering some specific examples and data.

**Maria:** Right. Let's divide up the research. I'll focus on tax increases and media campaigns, and you can look at warning labels and school programs.

**James:** Sounds good. Let's meet again on Friday to discuss our findings.

## **Section 4**

**(Scene: A university lecture on the history of tobacco advertising. The lecturer is Professor Davis.)**

**Professor Davis:** Good morning, everyone. In today's lecture, we're going to be looking at the history of tobacco advertising. It's a fascinating and often controversial topic, and it provides a powerful case study of the evolution of marketing and public relations.

In the late 19th and early 20th centuries, tobacco was not the mass-market product it is today. Pre-rolled cigarettes were a luxury item, and the advertising of the time reflected this. The themes were of sophistication and glamour. Cigarettes were presented as a symbol of high social status, and the adverts often featured wealthy, well-dressed people in elegant surroundings.

The 1920s and 30s saw the rise of mass marketing, and the tobacco industry was at the forefront of this revolution. A key strategy was to target women, who had previously been a largely untapped market. Slogans and imagery were developed to link smoking with the modern, independent woman. The famous 'Torches of Freedom' campaign, for example, explicitly linked smoking with female emancipation.

During this period, we also see the use of doctors and dentists in advertising. This was a deliberate tactic to reassure the public about the safety of smoking. Adverts would feature slogans like 'More doctors smoke Camels than any other cigarette', creating a false sense of security and medical endorsement.

The 1950s and 60s were a turning point. The first major scientific reports linking smoking to lung cancer were published, and public awareness of the health risks began to grow. The tobacco industry responded not by withdrawing their products, but by creating doubt. They funded their own research institutes to produce conflicting evidence and to criticise the mainstream scientific consensus. This was also the era of the filter cigarette, which was marketed as a 'safer' option, a technological solution to the health concerns. The focus of advertising shifted from health claims to an emphasis on flavour and enjoyment.

The regulatory backlash began in the 1970s. In many countries, television and radio advertising of tobacco products was banned. This forced the industry to find new ways to promote their products. We see the introduction of health warnings on packaging, although initially these were often small and easy to ignore. The industry shifted its focus to print media, billboards, and, most significantly, sponsorship. Sporting events, in particular, became a major vehicle for tobacco promotion.

In the 21st century, with ever-tighter restrictions on advertising in developed countries, the tobacco industry has become more creative. We see the rise of 'dark advertising', which involves subtle marketing at the point of sale, such as branded displays and special offers. The internet has also provided new opportunities for promotion, with the use of social media and influencers to reach young people.

Packaging itself has become a key marketing tool, with sleek, attractive designs that appeal to a sense of style and identity.

The industry also continues to innovate in its efforts to fight against stricter regulations. And the ultimate goal of all this activity is to normalise smoking for the next generation, to ensure a continued supply of new customers. It's a constant battle between public health and corporate interests, and it's a battle that is far from over.

## ANSWER KEY

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### READING

1. FALSE
2. NOT GIVEN
3. TRUE
4. FALSE
5. TRUE
6. FALSE
7. C
8. B
9. B
10. B
11. respiratory health
12. cardiovascular disease
13. smoking prevalence
14. iii
15. v
16. vi
17. ii
18. i
19. vii
20. B



21. B
22. C
23. C
24. tobacco industry
25. suffer financially
26. family-oriented
27. NO
28. NO
29. YES
30. NOT GIVEN
31. NO
32. NO
33. C
34. B
35. B
36. C
37. moral objections
38. fire hazards
39. scientific evidence
40. San Luis Obispo

## **LISTENING**

1. Jones
2. hairdresser
3. 15
4. three/3
5. health
6. gum
7. 27th January

- 8. month
- 9. 368
- 10. Evans
- 11. C
- 12. A
- 13. B
- 14. A
- 15. B
- 16. A
- 17. C
- 18. B
- 19. C
- 20. B
- 21. B
- 22. C
- 23. C
- 24. B
- 25. C
- 26. B
- 27. A
- 28. B
- 29. A
- 30. C
- 31. sophistication
- 32. strategy
- 33. safety
- 34. doubt
- 35. enjoyment
- 36. health

- 37. regulations
- 38. influencers
- 39. fight
- 40. generation

## GRAMMAR

- 1. The number of smokers **has** decreased significantly since the ban was introduced.
- 2. Many people **are** concerned about the effects of passive smoking.
- 3. The government is planning to **raise** taxes on tobacco products next year.
- 4. **Despite** the health warnings, some people continue to smoke.
- 5. He **had been smoking** for twenty years before he finally decided to quit.
- 6. was banned
- 7. found it difficult
- 8. since she was
- 9. advised me to stop
- 10. be illegal
- 11. have introduced
- 12. in
- 13. on
- 14. will help
- 15. The
- 16. introduction
- 17. relationship
- 18. adoption
- 19. illegal
- 20. awareness

# TUTOR GUIDE

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## Model Answer for Writing Task 1

The bar chart illustrates the proportion of adults who smoked in five different countries for the years 2000 and 2020. Overall, there was a discernible downward trend in the percentage of smokers in all the countries surveyed, with the most significant decrease observed in the USA.

In 2000, the USA had the highest percentage of adult smokers, at approximately 35%. However, this figure experienced a dramatic fall of 20 percentage points to 15% by 2020, the most substantial decline among the five nations. Similarly, the UK and Germany also witnessed a considerable reduction in their smoking populations. The UK's smoking rate fell from 30% to 18%, while Germany's decreased from 28% to 17%.

France and China also saw a decline in the percentage of adult smokers, albeit a less pronounced one. In France, the figure dropped from 25% in 2000 to 19% in 2020. China, which had the lowest smoking rate of the five countries in 2000 at 22%, saw a modest decrease of 4 percentage points to 18% in 2020. By 2020, the smoking rates in the UK, Germany, France, and China had all converged to a similar range of 17-19%.

## Model Essay for Writing Task 2 (Band 9 level)

The debate over a complete ban on tobacco products encapsulates a fundamental conflict between public health and individual liberty. While the devastating health consequences of smoking provide a compelling argument for prohibition, the principles of personal autonomy and the practical challenges of enforcement demand equal consideration. This essay will discuss both perspectives before offering a concluding viewpoint.

Proponents of a total ban on tobacco rightly point to the extensive and irrefutable evidence of its harmful effects. Smoking is a leading cause of preventable death worldwide, responsible for a plethora of diseases including cancer, heart disease, and chronic respiratory conditions. A complete prohibition, it is argued, would be the most effective way to eradicate this public health crisis, saving millions of lives and alleviating the immense burden on healthcare systems. Furthermore, the addictive nature of nicotine undermines the argument for personal choice, as many smokers are not freely choosing to smoke but are instead compelled by their addiction. From this

perspective, a ban is not an infringement of liberty but a necessary intervention to protect individuals from a highly addictive and deadly product.

Conversely, opponents of a ban argue that it represents an unacceptable overreach of state power into the lives of private citizens. In a free society, adults should have the right to make their own choices, even if those choices are risky. As long as smokers are not harming others, the state has no right to dictate their personal habits. Moreover, the practicalities of enforcing a complete ban would be fraught with difficulty. The prohibition of alcohol in the United States in the 20th century demonstrated that such measures can lead to the emergence of a dangerous black market, an increase in organised crime, and a loss of tax revenue for the government. A similar outcome could be expected from a ban on tobacco, with unregulated and potentially more dangerous products being sold illegally.

In my opinion, while the arguments for a complete ban are understandable from a public health standpoint, the infringement on personal freedom and the likely negative consequences of prohibition make it an unviable policy. A more balanced and effective approach is to continue with a comprehensive strategy of tobacco control, including high taxes, smoke-free legislation, graphic health warnings, and extensive support for those who wish to quit. These measures respect individual autonomy while creating an environment that discourages smoking and supports public health. Ultimately, education and empowerment are more powerful tools than prohibition in the long-term effort to create a smoke-free society.

## **Speaking Part 2 Sample Response**

(Where you were) I'd like to talk about a time I was in a place where smoking was not allowed. It was a few years ago, when I was on holiday in Ireland. I was with my family, and we had decided to go out for a traditional Irish meal in a pub in Dublin. I remember being really excited about it, as I'd heard so much about the lively atmosphere of Irish pubs.

(What you were doing) We found a lovely old pub in the city centre. It was a very traditional place, with dark wood panelling and a real fire. We ordered our food and drinks and settled down to enjoy the evening. There was live music playing, and the pub was full of people chatting and laughing. It was a fantastic atmosphere.

(How you felt about the no-smoking rule) What really struck me was that, despite being a pub, there was no smoking allowed inside. At first, I was a bit surprised, as in my country at the time, smoking was still very common in pubs. But I have to say, I felt

really positive about the no-smoking rule. The air was clean, and I could actually smell the food and the peat from the fire. It was so much more pleasant than being in a smoky, stuffy environment. I remember thinking how much more I was enjoying the experience because of the clean air.

(And explain why you think the rule was in place) I think the rule was in place for a couple of reasons. Firstly, and most importantly, it was to protect the health of the staff and the other customers. Secondhand smoke is a serious health risk, and the ban was a way of creating a safer and healthier environment for everyone. Secondly, I think it was also about changing the culture around smoking. By making it illegal to smoke in public places, the government was sending a clear message that smoking is not a socially acceptable habit. It was a really progressive policy, and it's one that has since been adopted by many other countries, including my own.

### Key Vocabulary List

1. **Intervention:** (noun) action taken to improve a situation.
2. **Prohibit:** (verb) to formally forbid something by law, rule, or other authority.
3. **Secondhand smoke:** (noun) smoke inhaled involuntarily from tobacco being smoked by others.
4. **Carcinogen:** (noun) a substance capable of causing cancer in living tissue.
5. **Respiratory:** (adjective) relating to breathing or the organs of the body used in breathing.
6. **Cardiovascular:** (adjective) relating to the heart and blood vessels.
7. **Prevalence:** (noun) the fact or condition of being widespread or common.
8. **Cessation:** (noun) the fact or process of ending or being brought to an end.
9. **De-normalize:** (verb) to change the perception of something from being normal to being abnormal.
10. **Jurisdiction:** (noun) the official power to make legal decisions and judgments.
11. **Proponent:** (noun) a person who advocates a theory, proposal, or project.
12. **Opponent:** (noun) someone who competes with or opposes another in a contest, game, or argument.
13. **Patronize:** (verb) to frequent a shop, restaurant, or other establishment as a customer.

14. **Discrepancy:** (noun) a lack of compatibility or similarity between two or more facts.
15. **Clientele:** (noun) the customers of a shop, bar, or place of entertainment.
16. **Ecclesiastical:** (adjective) relating to the Christian Church or its clergy.
17. **Secular:** (adjective) not connected with religious or spiritual matters.
18. **Temperance:** (noun) abstinence from alcoholic drink.
19. **Ordinance:** (noun) a piece of legislation enacted by a municipal authority.
20. **Infringement:** (noun) the action of breaking the terms of a law, agreement, etc.; a violation.