What Medium? What Message?
Smoking Education for Teenagers

Elspeth M. Gray

'I am very concerned. We must intensify our efforts to explain to children the dangers of smoking'.

'I hope teachers as well as parents will be spurred by this report to take even more energetic steps to get the message across to young people.'

(John Patten, Under Secretary of State, Department of Health & Social Security, 1983)[1]

It would seem fairly safe to say that an important purpose of schools is to transmit messages; by their very nature they are in an advantageous position to do this. Schools have captive audiences as Dreeben (1970) states[2], though he is careful to point out that the children may not be in all cases an audience of captives, yet most could be classed as 'victims of institutionalised education' (Gammage 1982)[3]. Many secondary teachers particularly may well feel that they have much in common with prison warders for, after all, apart from prisons which have a selective intake, schools are the only institutions where all individuals are compulsorily incarcerated for part of their lives – an estimated 15,000 hours in the United Kingdom[4].

The extent to which schools function in the transmission of messages in the broadest sense has been the subject of much discussion in the last two decades particularly and in spite of the gloomy picture that emerged from the Coleman report (1966)[5] subsequent findings have been much more optimistic[6]. Schools *DO* make a difference.

In respect of the curriculum – a particularly important message bearing area – there is a frequently recurring question: 'What subjects should be included?' The dilemma, skilfully and eloquently articulated by Benjamin in his 'Sabre Tooth Curriculum' nearly fifty years ago[7], is still with us. Holt's teacher, who asked the question about curriculum content more recently[8] has worries too. From the vast amount written on theories of learning and the somewhat lesser amount on learning in real classrooms, teachers seek guidance on how to help children learn most effectively; time and the lives of a captive audience cannot be wasted after all.

It is within such a context that curriculum decisions have to be made and this article describes the work of a research and development project that enters into this crowded arena.

The Health Education Council 'SMOKING EDUCATION FOR TEENAGERS' project is developing curriculum material for smoking education lessons for 12-13 year olds and had .

already clear strategies mapped out when John Patten made the comments quoted at the head of this paper. The report to which he referred was undertaken by the Office of Population Censuses and Surveys in 1982[9] and findings from a sample of 5,000 11-16 year olds in England and Wales showed the proportion of regular smokers rising from 1% of first year pupils to 27% of fifth years. From this same population it was estimated that first to fifth formers were spending £1,000,000 on cigarettes each week.

During the last twenty years there has been much discussion about the potential dangers of cigarette smoking and imporant evidence[10] showed how the smoking habit establishes itself during childhood and adolescence. This trend was disturbing, occurring as it did at a time when smoking among the adult population was declining. The more recent studies[11][12][13] both at national and local level have also given a clear picture of the pattern of cigarette smoking among young people and this evidence was closely examined when considering possible prevention strategies.

What is the message we are trying to get across? With a death toll in Britain of more than seventy thousand expected this year due to smoking related diseases, with nine out of ten lung cancer victims who are smokers, with smoking being the main cause of chronic bronchitis, with smoking causing the loss of fifty million working days each year, the message is clear and simple – or so it seems – **DON'T SMOKE.**

DO SMOKERS READ WHAT IS ON THE PACKET ANYWAY?

But how can we get this message across? Traditionally, approaches to the prevention of smoking have been concentrated upon the dissemination of information about the potential long term health risks. However, such an approach seems to have had limited success in reducing the number of adolescent smokers as evidence has shown[14] that knowledge of the health risks associated with smoking does not always have the desired effect on smoking behaviour. Other evidence too[15] suggests that smokers may place less value anyway on their health than non-smokers. For many young people it is difficult, if not impossible, to see themselves in relation to the long term consequences of smoking; in any case, 'everyone' can quote instances of older members of the family who smoke and 'they're all right'. Perhaps young people do see it as a risk, but for many, risks are worth taking. If knowing about the potential dangers to health in smoking does not necessarily deter children, can we find an alternative to the negative message? What are the values of adolescents? Where do these values lie?

If we are to attempt to tackle the questions in the title of this article in respect of smoking education, we need to look very carefully at the nature of the adolescent and make this the starting point of *our learning* about how to present anti-smoking messages effectively.

Parents and teachers of adolescents know only too well the often paradoxical behaviour that adolescents display, and their rapidly changing allegiances - be it to pop-idols, fashion or causes - are tantalisingly elusive to identify by those adults who are trying to find a point of reference for understanding. It is unfortunate that so much of the attention that has been focused on adolescence during the past few decades has concentrated upon the anti-social outcomes of adolescent behaviour. The word 'adolescence' has come to be almost inevitably linked with the word 'problem' and, as corollary, adolescents with 'difficult'. However, adolescence, as a bridging phase between childhood and adulthood (the word means quite simply, growing up), *is* a crucial state in the development of all young people. Many writers on adolescence now regard it, not as a stage but as a transitional process which generates its own difficulties which individuals have to come to terms with. It could perhaps be said that the paradoxical nature of much of adolescent behaviour is only a reflection of some of the difficulties that adolescents face in adjusting to the process of growing up. There are several important factors in this adjustment process and two of these are particularly important in this context. Coleman (1980)[16] has pointed out how peer groups come to play an invaluable part in the socialisation of young people and group behaviour can be seen to be a powerful tool (some might call it a weapon) in the search for recognition. At the same time adolescents have a growing need to be recognised as individuals in their own right. These two characteristics are not mutually exclusive but in fact complementary and Erikson (1965, 1968)[17][18] maintains that it is in the context of the peer group that individuals can test themselves in new roles and try out new indentities.

These factors can be seen to have important implications for young people's learning in school. As adolescents place emphasis on social acceptance, peer approval and immediate reinforcement rather than on long-term rewards, it is most desirable that these attributes be considered. For if school work concerned directly with personal behaviour - such as smoking - is to have real meaning for adolescents, then clearly it must recognise their characteristic psychological and developmental structures.

The Health Education Council SMOKING EDUCATION FOR TEENAGERS project has paid close attention to these issues in the development of 'SMOKING AND ME', a teacher's guide to five lessons on smoking for 12-13 year olds. This guide is adapted from one of three curriculum guides produced by the University of Minnesota as part of the Minnesota Smoking Prevention Programme and which was known as the Minnesota Peer-led Social Consequences Curriculum. This owed much of its theoretical background to the work initiated by Richard Evans at the University of Houston which had demonstrated some promising results in the reduction of adolescent smoking through what has come to be known as a 'resisting social pressures' approach. Evans concentrated on what he refers to as a 'behavioural version of McGuire's concept of inoculation against persuasion[19] in which it is supposed that by exposing adolescents to a preliminary version of the typical social pressures to smoke, it is possible to increase their defences against such pressures by providing them with counter-arguments and behavioural coping strategies. It is within such a framework that 'SMOKING AND ME'- which also embodies an important concept of a 'peer-led approach' - has been developed.

In Britain, for those teachers who were familiar with the spirit of the Plowden report[20], and who supported the belief in children as 'agents of their own learning', the notion of a peer-led approach might cause little difficulty but among secondary teachers whose own background and professional training has a different orientation such a structure may seem less easily acceptable, involving as it does a redefinition of their role in the classroom. Yet there is much evidence to support the argument that adolescents should be *involved* in their own education for 'youth needs responsibility and power' (Gammage, 1982)[21]. This point is

acknowledged in 'SMOKING AND ME', in which the children themselves take an active part in leading discussions, in organising group contributions and in presenting information to their peers. The strategies employed in the adaptation of the Minnesota curriculum guide have been fully described elsewhere (Gray et al, 1985)[22] but it is important to emphasise that whereas the American material was designed predominantly as a research project, the British version is essentially an exercise in curriculum development in which teachers have assisted at all stages in the writing of the material through a process of consultation and revision by holding workshops and sending out questionnaires.

'SMOKING AND ME' is now in the pilot version and is currently undergoing a formative evaluation in many different schools in England, Wales and Northern Ireland. This style of evaluation is an integral part of curriculum development and its main purpose is to help to improve and better match the curriculum to the learner. Johnson (1982)[23] has pointed out that no successful programme can be completely predetermined; the establishing of effective curricula often necessitates asking questions during the development of those curricula. Information about the implementation of 'SMOKING AND ME' in the classroom is being sought through discussions with teachers and through the use of a simple questionnaire. Opportunity is given to the teachers to make qualitative judgments with respect to the particular context in which 'SMOKING AND ME' is being used. Discussions have been held with children too and they have their own questionnaire in which they can give their perceptions of the approach and content in 'SMOKING AND ME'.

The feedback that we have received so far has been most encouraging. Difficulties have not been ignored; time, for example, is always at a premium in an overcrowded curriculum and anxieties may be expressed about the time taken for discussion-based work. Adjustments to the traditional role of the teacher have not always been easy but teachers tackled the work with enthusiasm and determination and felt rewarded when their pupils responded well. The following are examples of comments made by teachers:-

'A different and stimulating way of looking at the subject. It had more impact for the children as they "ran it" themselves'.

'Children enjoyed the project tremendously - appeared to be very effective in encouraging children to work out their own responses in a positive way.'

'Although I was initially concerned by the responsibility being put on group leaders it worked very well particularly because *every* member of the group became involved.'

The children too have responded to the challenges and they highlighted some aspects of 'SMOKING AND ME' that were particularly important to them.

'I think it was a good idea because we could talk to each other about it and could say things to your group members that you couldn't to a teacher'. (Girl, 13.1)

'The good thing was you were allowed to put your point over.' (Boy, 12.3)

'(I liked being a group leader) because I liked having the chance to take charge of something myself.' (Girl, 12.8)

'I enjoyed the lessons, it makes people think why do they smoke. (Boy, 12.9)

We must proceed cautiously. Such an approach may well be a promising one in promoting healthy adolescent behaviour as a recent process evaluation study has indicated[24] but in the words of Johnson (1982) we must

'... examine our assumptions ...accept only with the greatest scepticism the causal relationship between any operation we have performed and the effects we have produced'.[25]

Schools and the work done in them *may* make a difference, but we must not expect too much in terms of immediate school outcomes from a smoking prevention programme for example. Within the school years we can only have a limited view of how far we have succeeded in a field which is concerned with lifelong human behaviour.

'SMOKING AND ME', with its emphasis on the social concerns of adolescents towards smoking, on role-playing activities to rehearse the strategies of refusing the offer of a cigarette, on listening to others' arguments and preparing one's own, is offered as another, but *not* the only approach to smoking education. Health risks information is important, of that there is no doubt, but that approach is not definitive either.

The questions that headed this article may not have definitive answers but in recognising the complex web of curriculum content, classroom climate, processes of communication and characteristics of the learner, the claims by Gammage (1982)[25] that 'the clients have a voice' and 'the medium may well form the message' are ones that should surely be seriously considered.

References

1. The Guardian 14.9.83. The Times 14.9.83.
2. Dreeben R (1970) *The Nature of Teaching.* Glenview Ill. Scott Foresman & Co.
3. Gammage P (1982) *Children and Schooling: Issues in childhood socialisation* London, George Allen and Unwin.
4. Rutter M, Maughan B, Mortimore P and Ouston J (1979) *Fifteen Thousand Hours.* London, Open Books.
5. Coleman JS, Campbell EQ, Hobson CJ, McPartland J, Mood AM, Weinfeld FD and York RL (1969) *Equality of Educational Opportunity.* Washington DC, USGPO.
6. See for example Good L, Biddle B and Brophy J (1975) *Teachers make a difference.* New York, Holt Rinehart and Winston; and Rutter M et al (1979) op cit.
7. Benjamin H (1939) The Sabre Tooth Curriculum. Hooper R (ed) (1971) *The Curriculum, Context, Design and Development.* Milton Keynes, Open University.
8. Holt J (1971) *What do I do Monday?* London, Pitman.
9. Dobbs J and Marsh A (1983) for the Office of Population Censuses and Surveys (OPCS), Social Survey Division. *Smoking among secondary school children.* London, HMSO.
10. McKennel AC and Thomas RK (1967) *Adults' and adolescents' smoking habits and attitudes.* Government Social Survey 353/B, London, HMSO.
11. Dobbs J and Marsh A (1983) op cit.
12. Nelson SC, Budd RJ, Eiser JR, Morgan M, Gammage P and Gray EM (1985) The Avon Prevalence Study: a survey of cigarette smoking in secondary school children. *Health Education Journal Vol 44* (1), pp12-15.
13. Dobbs J and Marsh A (1985) for the Office of Population Censuses and Surveys (OPCS), Social Survey Division *Smoking among secondary school children in 1984.* London, HMSO.
14. Department of Health and Social Security (NI) (1985) *Survey of Smoking among Secondary School Children.*
15. Nelson SC et al (1985) op cit.
16. Coleman JC (1980) *The Nature of Adolesence.* London, Methuen.
17. Erikson EH (1965) *Childhood and Society.* Harmondsworth, Penguin.
18. Erikson EH (1968) *Identity, Youth and Crisis* London, Faber.
19. McGuire WJ (1974) Communication - persuasion models for drug education: expermimental findings. Goodstadt M (ed), *Research on methods and programmes of drug education.* Toronto, Addiction Research Foundation.
20. Central Advisory Council for Education (England) (1967) *Children and their primary schools.* (Plowden report) London, HMSO.
21. Gammage P (1982) op cit.
22. Gray EM, Gammage P, Morgan MJ, Eiser JR (1985) Smoking education for teenagers. *Proceedings of the 5th World Conference on Smoking and Health.* Winnipeg (1983) Ottowa, Canadian Council on Smoking and Health.
23. Johnson CA (1982) Untested and erroneous assumptions underlying anti-smoking programmes. Coates TJ, Peterson AC and Perry C *Promoting adolescent health: a dialogue on research and practice.* London, Academic Press.
24. Perry CL, Klepp KI, Halper A, Hawkins KG and Murray DM. A Process Evaluation Study of Peer-Leaders in Health Education in *Journal of School Health* 1986, Vol 56, No 2.
25. Johnson CA (1982) op cit.
26. Gammage P (1982) op cit.