

Who decides? A 'shock-horror' debate

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To what extent do or should Health Authority officers determine the materials used by schools? Recently, the following letter was received. It also raises the question of 'shock-horror' tactics as a teaching aid. References to places and individuals involved are suppressed.

"I am writing in connection with a film about drug abuse called *Better Dead?* I am a lecturer in Health Studies at an F.E. college, and I am also a State Registered nurse/midwife.

"Better Dead?" deals with the implications of heroin abuse, and it pulls no punches. It is not easy viewing, but it is certainly worth considering in any health education programme which includes the subject of drugs. I have used it myself on a number of occasions, but in January 1984 it was withdrawn from the film catalogue of the local Health Education Authority.

"When I took up the issue of withdrawal with the Health Education Unit, I was told that the 'shock tactics' projected by the film no longer have any effect, and that researches in Europe have backed this up. I was also told that 'professionals' involved in the drug problem — namely social workers, police officers, and HEOs — have collectively agreed that the film is now 'unsuitable' for drug education in modern thinking. 'Unsuitable' for whom? On what grounds? In whose opinion?

"I find it disturbing that health edu-

cationists should be effective arbiters of who sees what in our classrooms. I personally know of several teachers who have used this film responsibly and effectively, with all the careful preparations that the producers recommend. They, the teachers,

"The TACADE project, which is now available to us, is no substitute for the visual effect of true-life suffering caused by heroin abuse.

"If any teacher of health education has found any up-to-date video or film strip dealing with drug abuse, please contact me by writing via *Education and Health*."

Full responsibility

We passed this letter to the Health Education Unit involved, and received the following reply. Again, references to places and individuals have been deleted.

"As the District Health Education Officer, I take full responsibility for all decisions about resources, which I reviewed some time ago. I was very surprised that *Better Dead?* was used, as it had been removed from most Health Education Units on the grounds that the approach of fear arousal was not effec-

tive, and could indeed be counter-productive. As with other resources I was considering discarding, I sought other opinions, and some of these people viewed it together and discussed it. These included the leader of a tutorial group for non-attenders, a police sergeant in a drug squad, two teachers' centre wardens, and my own Senior HEO. The group felt that the film was totally unsuitable for school use on the following grounds:

1. The shock approach would be counter-productive.
2. It was slightly dated.
3. The present pattern of heroin abuse is not as shown in the film.

"The police sergeant said that he and his colleagues no longer used it in schools, although he felt that it could be used in training police and ambulance personnel. The following comments were also received:

1. Other DHEOs in the region have already withdrawn it as unsuitable.
2. A London HEO, representing several others, considered it *not an appropriate medium for drug education*.
3. The Director of TACADE: *The film is good for an insight into addiction or for training purposes, but is completely unsuitable for use with children. It is propagandist, not educational.*
4. The County Health Education Adviser withdrew it. He had used it as a teacher, and found that the shock tactics failed, creating the "when are we having the one with the needles?" request.
5. A medical librarian, calling it a 'shock film', questioned for how long it would be effective.

"You will see, therefore, that the decision was backed by a wide range of professional expertise and experience.

"I note that your correspondent finds it disturbing that anyone else should make decisions on resources. She is, of course, wrong to say that we are 'effective arbiters of who sees what in our classrooms'. This decision rests with schools themselves, and in practice they use many sources of materials, including ours.

"As we feel that drug education is very important, we are building up a stock of alternative resources. The general consensus is that the *Free to Choose* teaching pack is excellent, and the approach used is better than using film or video.

"We feel so strongly that the *process* of health education is as important as the *content* that we have invested heavily in training. Any school or group or schools can have a tailor-made course, and my Senior HEO works very closely with the county advisers and teachers' centres, where the emphasis is on active tutorial work and similar approaches."

Assessing behaviour and attitude

The effects of health education programmes are notoriously difficult to evaluate. The study referred to earlier in this article is probably an investigation into the effects of different approaches to drugs education in secondary schools, carried out by de Haes and Schuurman in 1975¹. Methodologically it appears to have been a well-planned and executed piece of research, the measurements made involving aspects of knowledge, attitude and behaviour.

As teachers we have well-developed skills of assessing knowledge levels and changes in knowledge, but very little practice in measurements of behaviour and attitude. In very general terms the outcome of the study indicated that the more forceful the style of presentation of the message (ranging from 'shock-horror' through 'authoritarian' through 'consultative' to no planned input at all), the more counter-productive was its effect in shaping attitude and behaviour. Knowledge increase was an outcome, but one interesting facet of this uptake was that 'drugs experts' appeared amongst the students. These students had status in seeming to know a lot about drugs, but one alarming dimension to this was that the information they divulged with such authority was often inaccurate.

I have examined the value of the 'shock-horror' approach many times now,

with teachers and students during in-service work, in undergraduate and post-graduate studies, and also at parents' evenings in comprehensive schools. A variety of materials has been examined with these groups – and they can shock and excite people. The impact they can have with adults, particularly if they have children, is enormously to increase their anxiety, often already high; they may also be convinced that showing such material to teenagers will have the same effect and make the dangers of drug abuse abundantly clear. Caring adults, feeling the effects the material has on them, can be so convinced of its potency for teenagers that they are likely to reject the findings of some 'objective' research.

'Forbidden fruit'

I can remember, ten or more years ago, sitting in with sixth-form students for drugs education sessions with experts from the police drugs squad. The policemen and women obviously were concerned that the boys and girls present should be warned about the dangers. Horror pictures and film material were always used, and very interesting sealed containers were available so that we could see but not handle illegal substances. If we could have handled the goods, I feel sure that some would have tasted the 'forbidden fruit'. So convinced was I that this was the case, that I began simulating the exercise when working with parents and teachers, passing coded substances around in closed but not sealed containers, and claiming special permission to do so, so that people could see these substances. On every occasion, at least one person in the audience confessed later to having tasted one or more of the samples. The substances I have used have never been drugs, but were powders and crystals found in kitchen foodstuffs!

The point I am trying to make is that 'illegal drugs' lessons are exciting and interesting, and can prove a trap for teachers in that they can be very rewarding to conduct, with attention and interest at a high level. One's status as a drugs teacher can thus be enhanced. In the late

70's, when I was trying to examine the de Haes and Schuurman evidence with members of the police force working in schools, they were clearly reluctant to have this part of their repertoire eroded.

Professional judgment

However, I am not suggesting that the lady concerned with obtaining a copy of *Better Dead?* was interested in it for the sake of raising her status in the classroom! Clearly, she and her colleagues believe in the good effects of the material on their pupils. Also, it must be said that the needs of drug education in schools have changed since 1975, and in view of the much greater likelihood of involvement, the approach to be adopted may be in need of review. I do, nevertheless, still feel that the 'shock-horror' approach may be inappropriate, and I should support the decision not to encourage its use.

To suggest that the Health Education resources centre should stock *all* materials (supposing that this could be afforded), regardless of the staff's opinion of their worth, would surely be to deny the very expertise for which these people should be valued. The task of the HEO is not simply to pass materials across a counter; it is to offer advice, backed up by professional judgment and experience. This implies confidence in the materials and a readiness to support their use. It would be irresponsible to distribute materials that did not encourage such a commitment. At the same time, it is surely right to assist a teacher to locate any resource that he or she believes can be used effectively in a particular circumstance. As the DHEO writing above has commented, there is no question that Health Education staff are "effective arbiters of who sees what in our classrooms. This decision rests with the schools themselves, and in practice they use many sources of materials, including ours."

Reference

1. de Haes, W. & Schuurman, J., Results of an evaluation study on three drug education methods. *International Journal of Health Education*, 18 (4), 1975.