Some publications of the Schools Education Unit

Young People in 1988

This major report presents the complete Health Related Behavioural Questionnaire results from 53,000 11-15 year olds across the UK. It is believed to be the most comprehensive collection of health-related behaviour data ever published.

Video pack: "The Extra Guest"

This was developed to support alcohol education in secondary schools. The well-received video depicts a teenage party, and the materials include background information, suggestions for use, and worksheets.

Schoolchildren and drugs in 1987

The use by young people of "legal" and "illegal" drugs, based on the reported behaviour of 11,014 boys and girls between the ages of 11 and 16.

We teach them how to drink?

Analysis of young people's most frequent sources of alcohol identify that the home, and parental approval, have a strong influence. The report studies this link and suggests that parents need to show where they stand on the issue.

Parents and youth education

A discussion of 507 comments made by 1007 parents of primary-school children who answered a University of Exeter questionnaire in the course of a nationwide survey. The comments were grouped into 30 separate topics, including home-school conflict, child-rearing methods, race and religion, the hidden curriculum, etc.

Health education priorities and the primary school curriculum

The report of a national study of 28,209 pupils, parents, teachers and health-care professionals. It is shown that some topics have a high priority for all groups, but others show considerable disagreement. To resolve these differences is a challenge, but the overall high approval of Health Education topics is reassuring.

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DAVID REGIS

Is health education hooked on addiction?

The belief that alcohol, tobacco, and other drugs are 'addictive' has had a widespread effect on attitudes to drug use and abuse. In particular, the fear that experimenting with tobacco will lead to addiction pervades health education strategies. It seems to me that in recent times 'addictive' has become a catch-all label for any behaviour in which people indulge and which they have difficulty changing. This may include non-addictive pathological states like obsessions, as well as habits, mannerisms, other people's hobbies (if not one's own) and perhaps any other behaviour which is rewarding or which are a central part of a person's self-image. If the newspapers are to be believed we can become addicted to gambling, politics, exercise, telephone chat-lines and even sex.

Importance

What is the importance of addiction? I should like to discuss this issue with respect to smoking, prompted by a remark in Curriculum Guidance 5 (Health Education), published by the National Curriculum Council, which outlines the points to be covered during work on psychological aspects of smoking:

'Tobacco use causes addiction'

There are many authoritative statements to support this belief:

1. Children who get themselves hooked on nicotine after trying just three cigarettes — it's more addictive than heroin.
2. Cigarette smoking is probably the most addictive... self-administered gratification known to man.
3. The last sentence has been widely used in health education materials (for example the Smoking and Mes pack and the Schools Council HEC materials SHEP 13-18).

Now, health educators have been very active in trying to communicate to the public in general, and young people in particular, an awareness of the health risks of smoking — to the extent that adults and young people believe that smoking is dangerous to health.
Irrational smokers
Why on earth, then, do people smoke? It seems an irrational, even an insane thing to do.

If someone drank water which he knew to be lethal, not because he would otherwise die of thirst, but because he knew it tasted, he would consider insane. How many of us drink alcohol or inhale tobacco smoke and still manage to be accepted as sane members of society?

Addiction may be the way to resolve this paradox. Since smoking clinics have been notoriously unsuccessful, and personality differences between smokers and non-smokers have been found to be small, the 'dependence' theory of smoking is attractive.

Withdrawal syndrome
There is a lot of evidence about whether nicotine can produce a 'withdrawal syndrome', which is a necessary condition of pharmacological addiction(4). However, it is not clear, as Jarvik & Hattusaka state (5), whether all smokers actually suffer a withdrawal syndrome who try to stop, and if so whether this is the reason for them failing to stop.

This is even more doubtful for schoolchildren. I suggest that the great majority of young smokers are not physically addicted. Rather, the difficulties they encounter when trying to give up smoking include:

- their own belief that they are addicted
- the belief of teachers and counsellors that they are addicted
- the emphasis laid on 'addiction' in educational and counselling material

Where do these beliefs come from and are they justified?

Is giving up so hard?
Some research evidence from studies of adult smokers may be briefly mentioned. In two parallel studies which attempted to survey the whole of a university psychology department and a small mid-Western USA town, Sidney Schachter found that most people give up smoking and acquire new habits with no more than moderate difficulty.

This study has been replicated in detail, and the general observation that people really must stop smoking without undue effort has also been made by Richard Carmondy. Carmondy's data also contradicts the view that most people take the habit again: at a 5-year follow-up over 90% remained non-smokers. This is evidence of the most powerful sort against giving primacy to addiction as a factor in maintaining cigarette smoking.

So, although smoking may be 'addictive' to some extent, the dependence produced may not be the life-deestroying shakele that has been suggested, and cessation may even be a relatively straightforward procedure. Lee Robbins found that only a small minority of American GIs who used narcotics while they were in S.E. Asia continued to do so when they returned to the USA, despite the possibility and indeed in some cases actuality of them obtaining opiate drugs in their home locations.

Is abstaining common?
It is known that heavy smokers can abstain for short periods without great difficulty when circumstances demand—miners at the coal face and religious observers on certain days, for example. (Reports of difficulty need not be attributed to addiction—nail-biters and gamblers can be extremely refractory to attempts to change, as well as attempts to cure oneself or other irritating minor menarcheis including figures. That this can happen suggests that it is circumstance and not chemistry which makes stopping difficult.

Smoking levels
Once the emphasis on physiology is questioned, other difficulties become apparent. We still have no real account from an 'addiction' point of view of smoking initiation or of relapse following successful cessation. It is estimated that about 20 cigarettes are smoked per day in the UK in order to create an addiction, and it is known that a slim majority of adult smokers in the UK do not smoke quite as much as this and in most cases smoke less than half as much.

Further, nicotine injections carried out in animals and experiments do not reduce smoking as much as would be expected if smoking is driven by a smoker's pharmacology. Based on current evidence, the conclusion that addiction is a relatively unimportant factor in maintaining adult smoking seems the most reasonable to draw.

Young people don't smoke anything like as much as adults: 15 year old smoking boys, who are the heaviest users, average fewer than five a week. Young people do successfully give up smoking in large numbers (6), so unless young people regularly acquire the habit, or are able to maintain it, the weight of negative evidence above must tilt against addiction explanations of adolescent smoking as well.

Future issues
We are collecting material for the following topics. If you would like to make a personal contribution, or can point to useful sources of information, please let us know.

- Working children
- Drug amendment
- HE in the National Curriculum
- Health education in HE
- Peer pressure
- HE and environmental issues
- HA and secondary school links

We are also pleased to receive articles, letters, and documents relating to the maintenance of health education in primary and secondary schools, as well as in HE.

A comprehensive review by Kosstort and Hughes (7) concluded that metabolic changes appear to play only a minor role in addiction, in the sense that they suggest that the addiction theory has been a "failure", even when applied to drugs like opiates than have powerful addictive effects in adults and young people.

Learning addiction
I would argue that addiction is being re-discovered as a feature of adolescent motivation in maintaining behaviours, not just for smoking but also for drinking, since alcohol is not believed to be anything like as addictive as tobacco.

However, the idea of addiction remains of great importance, for a reason pointed out by Dick Eiser of Exeter University. Eiser (8) suggests that addiction does not suddenly appear in adulthood, but depends on some extent on the individual learning about the nature of addiction in adolescence. After such learning, the person may find it hard to resist the temptation to be addicted and will discourage them from trying to stop. If young people expect to become addicted and label themselves as 'addicts', then their self-attribution may be as powerful a link in the chain as nicotine itself. This is an interesting idea, though little evidence is yet available for its assessment.

Whether most or even some adolescents regard themselves as addicted is, as far as I can tell, not known. Young smokers in the Avon prevalence study (9) report 'craving', but, apart from trying to determine the state of the 'withdrawal syndrome' according to contemporary criteria.

There is some evidence that addiction is a salient issue for young people, (10) which would suggest that it is not of great importance in the maintenance of smoking in adolescence.

Sociologists have actually long been familiar with the idea that pharmacological effects of all drugs are at least in part mediated by the expectations held by persons and the social significance of the drug.

Teaching addiction
If self-attribution is a key question in addiction, a number of educational and other issues become apparent. If substance dependence and habits become entrenched primarily because of the user's beliefs and attributions, then the last thing health educators should be doing is promoting the growing myths about the reality of abstinence and the cruel kinds of addiction, which can only dissuade current users from attempting to change their practices.

The insistence on addiction also provides substance users with a 'vocational motive' which absolves them of responsibility for their actions. Moreover, if the relative ease with which smokers do give up (or become) widely known, what price the credibility of health educators?

The paradox of smokers smoking despite knowledge of dangers, to which they attribute their introduction, apparently are not resolved outside policy advice, since physical awareness of the facts of addiction seems unable to explain why the majority of smokers, (young or adult), smoke at all.

Rational smoking
Rather than get too heavily into the psychological approaches, we suggest that we must dismiss young people and over-smoke as irrational because they smoke while believing that smoking is unhealthy; but neither must we dismiss them as helpless addicts. Instead, I suggest that we must look at what else they believe. What positive use does smoking have in their lives? What are the health risks of smoking compared with benefits that smoking might bring for them?

The question asked in the recent HEA campaign smoking — what would it be like, if I am afraid, not rhetorical. Young people systematically deprived of status in the school system need sources of status outside the school.