**Education and Health**

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Welcome to the third issue for 2004. This issue contains articles about health warnings, drug-in-schools, 10 years of PSHE, adolescent drinking and school phobia. We hope you continue to enjoy linking to related information and five downloads from past issues through our website (www.sheu.org.uk/index.html). Thank you for your continued interest and support via your e-mails. I look forward to your company in the next issue.

"Education and Health" is aimed at teachers, health-care professionals, and others concerned with the healthy development of young people. It contains articles on recent health education initiatives, relevant research findings, materials and strategies for schools, health-related behaviour data and personal views. It is now in its 22nd year.

Published four times a year, the individual annual subscription for 2004 is £18 including postage and packing. Those wishing to purchase more than one copy for distribution are offered very generous discounts (some of our subscribers pay only 20p per issue instead of £4.50).

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**Education and Health - Archive**

First published in 1983, the journal has an impressive archive which contains a range of subjects of interest to those concerned with young people’s healthy development. Please visit our website for indices of the journal’s articles and archive (www.sheu.org.uk/index.html). Although an abstract of each article is available, the following extracts provide a ‘flavour’ of the material available from 1983.

Photocopies of articles from back issues can be ordered and please check the website (www.sheu.org.uk/index.html) for past articles available as free pdf files.

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**SHEU publications**

"Education and Health" is published by SHEU, an independent organisation, which provides research, evaluation and publishing services to all those concerned with the health and social development of young people. SHEU incorporates the Scheibe Health Education Unit, founded in 1977 by John Scheibe. To date, the Unit has supported over 5,200 health-related behaviour surveys involving over 650,000 young people across the UK. The address for correspondence is SHEU, Ravenside House, Birmingham Road, Etwall DE4 3AY T: 01332 650770 P: 01332 650670 E: sheu@sheu.org.uk W: sheu.org.uk SHEU is not available on the internet at: www.sheu.org.uk/pub/scheibe/news.htm. The following titles are a selection from the publications list at www.sheu.org.uk/pub/.

**Trends 1983-2003**

A series of reports analyzing trends, from 1983-2003, in young people’s health related behaviour. Data consists of a sample of nearly 300,000 young people between the ages of 12-17 from across the UK. Prints from £5-£15 including post and packaging (comb bound). Available to date:
- Trends: Young People's Food ChoicesATTITUDE to healthy eating and insight control 1983-2001 (G20)
- Trends: Young People and Smoking-attitudes to cigarettes 1983-2001 (G20)
- Trends: Young People and Alcohol-attitudes to drinking 1983-2002 (G20)
- Trends: Young People and Emotional Health and Well-Being Incorporating Bullying 1990-2001 (G20)
- Young People in 2003 (18th in the series)

- The latest edition of the annual report of lifestyles and behaviour of 15,556 young people between the ages of 10 and 18 years. £4.50
- Young People in 2002

- The lifestyles and behaviours of 77,130 young people between the ages of 10 and 15 years. £2.50
- Young People in 2001

- The lifestyles and behaviours of 15,881 young people between the ages of 10 and 13 years. £2.00
- No Worries! Young people and emotional health

A study of the worries and concerns that affect young teenagers in our society, based on data collected by the Unit between 1991 and 1997. £5.00

- Young People and Illegal Drugs into 2000

This report surveys all our drugs data back to 1978 and suggests that young people’s drug use with drugs may have peaked in 1996-98. £15.00

**Healthy School Series**

This set of five books are written by experienced primary-school teachers who bring fresh insights into how health-related behaviour can be used in primary schools. Each book studies a topic from various viewpoints, and includes suggestions for policy review and action. Issues from smoking to appropriate and unacceptable workplaces and scenarios. The complete series in: Safety, Drugs Education, Emotional Health & Well Being, Physical Activity, Healthy Eating. Each book is 44 pages and has A3 style spreads where teaching plans sit alongside the relevant worksheets. Each book can be purchased separately at £4.95 each. Complete set £74.75

Cash or official purchase order number required
Cheques should be made payable to The Scheibe Health Education Unit All profits include postage and packaging

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**Health warnings on cigarette packets: perceiving the risk**

Smokers do not lack the intelligence to understand the implications of warnings: they interpret the information and filter out the perception of risk.

Cigarettes are harmful and the health-care consequences of long-term smoking are expensive. The evidence is well-established and does not really require further discussion in this context. The health risks and the health-care costs, however, provide a backdrop to the creation of cigarette smoking as a social problem that warrants government intervention and, in the UK, government action to reduce the prevalence of smoking has focused on six main areas:
- smoking cessation. Those who smoke have been provided with support to quit the habit, much of it through the NHS Stop Smoking Services;
- tobacco advertising. It is now illegal to advertise tobacco in newspapers, magazines or on billboards, and all tobacco sponsorship will cease before August 2005. Point of sale advertising is soon to be restricted;
- secondhand smoke. There has been encouragement for increasing the number of smoke-free environments in the workplace and, albeit less successfully, in leisure environments such as pubs and restaurants;
- health education and media campaigns. These have included hard-hitting TV campaigns highlighting the dangers of smoking and smokeless tobacco, emphasizing the health hazards of smoking, taxation and smuggling. With higher prices seen as a deterrent to smoking, government policies have included raising tax on cigarettes (to make them the most expensive in the EU) and preventing the growth in smuggling (that has seen 18% of cigarettes and 50% of rolling tobacco in the UK being smuggled in the UK in recent years);
- labelling and regulation. New maximum levels for nicotine, tar and carbon monoxide have been set for cigarettes. There have also been larger health warnings added to tobacco packaging - with the prospect in the foreseeable future of following the lead of Canada, Brazil and Thailand by adding graphic picture warnings.

These raft of measures can be seen as a political statement of intent. The measures constitute a highly visible message on behalf of the government to non-smokers as well as smokers, to the health lobby as well as manufacturers, to the public as well as politicians, that the problem of smoking is being taken seriously and that strong measures are being taken to address the issue. The measures also reinforce a moral climate in which smoking is seen as ‘a bad thing’. There is a clear underlying assumption that it is not good to smoke. Smokers ought to be strong-willed and give up the evil habit in order to protect their own health and the health of those around them. Manufacturers should face up to the consequences of selling an addictive ‘poison’.

Nowhere are messages better captured than in the regulations governing the labelling of cigarette packets. Labelling regulations provide a highly visible component of the overall strategy that烟草和 smokeless tobacco, emphasizing the health hazards of smoking, taxation and smuggling. With higher prices seen as a deterrent to smoking, government policies have included raising tax on cigarettes (to make them the most expensive in the EU) and preventing the growth in smuggling (that has seen 18% of cigarettes and 50% of rolling tobacco in the UK being smuggled in the UK in recent years); labeling and regulation. New maximum levels for nicotine, tar and carbon monoxide have been set for cigarettes. There have also been larger health warnings added to tobacco packaging - with the prospect in the foreseeable future of following the lead of Canada, Brazil and Thailand by adding graphic picture warnings.

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The regulations

Under current regulations dating from the start of 2005, all cigarette packets sold in the UK must carry hard-hitting health warnings. In accord with a European Union directive, all cigarette packets must carry warnings that cover 30% of the front and 40% of the back of the packet. To accentuate the warnings, the words must appear in boxes with thick, black borders and the text must conform to a stipulated size, style and colour (black text on white background).

This is the first time in the UK that manufacturers have been legally obliged to put such health warnings on tobacco products. As such, the regulation represents a significant break-through for the health promotion lobby.

As far back as the early 1970s the UK government had considered introducing legislation to force tobacco advertisements to include health warnings. In the event, however, tobacco companies reached an agreement with the government that avoided any legal obligation to carry health warnings on cigarette packets. Instead, from 1971 the tobacco companies put health warnings on their packaging as part of a voluntary code.

The new warnings themselves are stark. On the front of the packet (see below) there must be one of two warnings: either 'Smoking seriously harms you and others around you' or the blunt message 'Smoking kills'.

On a rotation basis, one of 14 health warnings must be displayed. Predominantly, this list contains warnings of the physical dangers for the smoker (i.e. vessel):

- Smoking causes fatal lung cancer
- Smoking may reduce the blood flow and cause impotence
- Smoking causes ageing of the skin
- Smoking can cause a slow and painful death
- Smoking can damage the sperm and decrease fertility
- Smoking causes various cancers, heart disease and respiratory diseases
- Smokers die younger

The back of packet warnings also include appeals to the smoker based on the harms smoking does to others:

- Smoking when pregnant harms your baby
- Children: don’t make them breathe your smoke

Some of the health warnings centre on the addictive qualities of nicotine. These involve encouragement to the smoker to give up the habit or avoid getting hooked in the first place (the latter message presumably being targeted at those who have not yet become regular smokers):

- Getting help to stop smoking
- Your doctor or pharmacist can help you stop smoking
- Stopping smoking reduces the risk of fatal lung and heart diseases.

Specific and detailed warning must appear (see below).

- Smoking is highly addictive, don’t start
- UK DUTY PAID
- Marlboro

The rationale

The new regulations follow the rationale that by increasing the size of the warnings on the packet, and by presenting the message in a blunt and stark fashion, smokers are confronted with the dangers of their habit each time they light up a cigarette. This more graphic the warning, the more impact the message is likely to have.

Psychological research on perceptions of risk provides some support for this rationale. It indicates that people exhibit increased sensitivity to risk where the risk involves the ‘death’ factor - something that is really feared as an awful possibility. The same applies for the ‘vividness’ factor - where the possible adverse outcome is easily visualised in the mind’s eye.

In specific terms of health warnings on cigarette packets, Canadian research has found that ‘The larger the health warning message, the more effective it is at encouraging smokers to stop smoking’.

Moreover, the evidence from Canadian research suggests that health warnings on cigarette packets are more effective when using emotional warnings, especially when these are taken to be elements of message-enhancing pictures. Similar conclusions have been reached in the context of Australian research. Based on this research finding, Canadian cigarette packets must now carry health warnings that cover 50% of the principal display surface of the packet and include hard-hitting images that ram home the dangers of smoking (see below).

Cigarettes cause strokes

Tobacco smoke can cause the arteries in your brain to clog. This can block the blood vessels and cause a stroke. A stroke can cause disability and death.

Health Canada

The limitations

Although research evidence provides some grounds for optimism about the impact of bigger warnings, hard-hitting messages and gruesome images, there are also some limiting factors that need to be taken into consideration. Such factors provide an enormous challenge for health education and health promotion. They do not invalidate the use of health warnings on cigarette packets but they do represent a significant barrier to the ultimate impact of such health warnings.

First, the evidence-base provided by the Canadian and Australian research needs to be assessed in terms of what it tells us, and what it does not tell us, about the effectiveness of the warnings. As the researchers recognise, it is difficult to evaluate the impact of hard-hitting warnings on cigarette packets. It is difficult, for example, to isolate the influence of any new labelling from the wearer of other factors that can influence awareness, attitudes and behaviour with regard to smoking. And, even more significantly, there is no simple and straightforward link between awareness of the labelling, new attitudes, brought about by having seen the labels, and changes in behaviour resulting from exposure to the labels.

The Canadian and Australian research tended to focus on awareness and attitudes rather than actual changes in smoking behaviour. The implications of this is that while the evidence-base certainly supports the belief that larger and more dramatic warnings catch our attention and make us more aware of the message, what the research cannot do is provide firm grounds for believing that this will be translated into smoking cessation.

"The nasty outcome of smoking might happen to someone else - but not to me."

The perceived risk of smoking can also be psychologically filtered through a sense of personal invulnerability and the attitude that ‘it won’t happen to me.’ The smoker can fully comprehend that there is a real risk attached to the activity of smoking, but mask the impact of that awareness through the feeling that the nasty outcome (cancer, heart disease) is something that will affect someone else, ‘not me.’ And the longer the smoker does not actually suffer ill health the easier it becomes to convince him/herself that ‘it won’t happen to me.’ Young people, in particular, can use this psychological filter. In the short-term, while they appear to suffer no bad effects, this can stand as reassurance that there is really nothing to worry about. ‘The risk is a long-terms possibility, not an immediate certainty. Lung cancer, strokes and heart disease are seen as something that might happen, but not until some time in the future’

This makes the risk seem ‘remote,’ and as such it becomes easier to handle.

"There’s no cast-iron guarantee it’ll happen to me - I’ll take my chances."

The manufacturers, on the other hand, are also aware that health risks can be a matter of probability rather than certainty and this provides another psychological means for smokers to cope with the threat of harm that is attached to cigarette packets. From the perspective of the individual, there is no absolute certainty about the health risks associated with smoking. Adopting what has been called a ‘lay epidemiology’ people are aware that by smoking they increase the statistical chances of contracting lung cancer or heart disease, but they are equally aware that this involves a statistical probability. There is no absolute certainty that smoking will cause death and there are always anecdotal examples of people who have smoked all their lives and appear to be healthy in old age that serve to illustrate the point. There is more...
chance that a smoker will suffer from things like cancer and heart disease, but there is also the real chance that any individual smoker might not.

"I decide what risks I take - it's my choice".

Risks that happen to you, which are outside your control, are far less acceptable than those which are instigated by you and actively commissioned by you personally.10

Putting to the side for one moment the matter of secondary smoking, and bracketing the issue of addiction, smoking can be portrayed as a health risk taken voluntarily by smokers. It is not a risk that is forced upon the smoker - like the risks associated with nuclear contamination or GM crops. It is not like being mugged on the street or being run over by a bus. Smoking is something you do to yourself. It is, in this sense, something over which smokers have control, over which they have responsibility and, for this reason, the risks involved become perceived as far more acceptable.11

For some, the perception of smoking stems from the feeling that it is one small area of life over which they have control. For such people, smoking provides an avenue through which they are able to demonstrate that they can exercise some autonomy over their own existence; in a world that constrains them in so many other ways it offers a visible expression of self-determination.12

Third, reactions to health risk information depend on how the risk fits in with other aspects of social existence.13 The risks of smoking, in this respect, get interpreted in relation to group norms and the role that cigarette smoking can play in terms of personal poise and individual identity. The interpretation of the health risk information can take the form of a cost-benefit analysis in which risks to personal health are weighed against a range of personal benefits - benefits not linked directly to physical health.

It is clear from research that for many people, particularly young people, the personal benefits to be gained from smoking outweigh the (long-term) physical dangers.15, 16, 17

Conclusion

For many years health education has been suspicious about the overall effectiveness of the shock-horror approach to health education.18 Part of that suspicion comes from the recognition that the perception of a risk can be filtered by the mind. Such psychological filters provide reason to suspect that no matter how large or how lurid the message on a packet of cigarettes, the success at deterring smokers from buying the next packet from smoking the next cigarette - will never be complete.

This is not to say that such warnings should be abandoned. They are only failure if health promotion operates on the premise that people will react ‘rationally’ to a health-risk message by doing everything possible to reduce or eliminate that risk. If, on the other hand, health promotion adopts the more realistic starting premise that people will not necessarily react ‘rationally’ to risk information then there can be far more modest expectations about what it is feasible to achieve through such messages. To operate on the premise that people will not act ‘rationally’ to the information is not to suggest that smokers lack the intelligence to understand the implications of the message or the will power to resist temptation. It means, instead, that they interpret the information taking into account the probabilistic nature of risk, the long-term nature of the risk and the social costs of giving up smoking.

References

2. The text will be augmented by images designed to discourage smokers in due course (European Public Health Alliance: http://epha.org/wh7/)
3. This assumes, of course, that the smoker is not sight impaired, a view that, and can understand the English language in which the message appears.
15. Betsy Allen is a School Health Nurse and Designated Nurse for Looked After Children. This study formed the basis for her MSc dissertation in 2003. Thanks to Richard Stillman for editing the article.

Recent government health policy directives have called for greater accessibility and acceptability of health services for young people.1 School-based drop-in clinics (known simply as “drop-ins”) can play a considerable part in delivering such services and this study explores the experience and perspective of nurses running them.

The research used a qualitative approach,1 ensuring that the actual experience of the school nurse participants could be preserved. Two localities were chosen: one urban, the other both rural and urban aspects. The data were generated from four focus groups followed by six individual interviews. Ethical approval was obtained from the relevant committees. Focus groups yield a rich body of data, expressed in the participants’ own words, and give concentrated insight into their experience and perspective on a subject.2 An opportunistic sample of all school nurses working within the study areas who run drop-in clinics was obtained by writing and inviting them to participate in focus groups. Nursing grades E, F, G and H were represented in focus groups, totaling 28 participants. Some participants were then selected for subsequent individual interviews by purposive sampling. The data were analysed according to the principles of grounded theory, an approach in which emerging theories are “grounded” in the data, offering insight, enhancing understanding and providing a meaningful guide to action.3

Key themes were initially identified and defined following analysis of the first two focus groups. The formation of concepts and categories, the data collection, and analysis were carried out within a framework of “alternating sequences”4 This is an iterative process in which data collection and analysis alternate, such that each modifies and shapes the other.

Results

Why Young People Attend Drop-Ins

The majority of young people attending the drop-in clinics in this study comes with concerns about emotional well-being and mental health: relationships, stress, depression, self harm or eating disorders. A few attend for medical reasons, e.g. skin conditions or asthma. Very few attend to discuss substance misuse or smoking.

Sexual health services

Where specific sexual health services are provided, between one third and one half of the clients were for sexual health advice, condoms, pregnancy tests and emergency contraception. Often young people coming for emergency contraception have complex needs

Betsy Allen

Drop-in clinics in secondary schools: the perceptions and experiences of school nurses

A popular service that can leave the nurses feeling overwhelmed and unprepared for the workload - recommendations include ongoing training, a name change and confident locations.

The majority of young people attending the drop-in clinics in this study comes with concerns about emotional well-being and mental health: relationships, stress, depression, self harm or eating disorders.

Drop-ins that provide sexual health services - advice, emergency contraception, condoms and pregnancy testing - are popular with young people.