The evaluation of ‘Smoking and Me’, which was carried out between May 1985 and February 1987 in 75 schools in England, Wales, and Northern Ireland. Data was obtained from 215 teachers’ questionnaires and 571 children’s questionnaires, and of the latter 940 were analysed. Overall it was well received, 93% of teachers viewing the materials favourably, and 77% of pupils expressing general approval of the lessons.

The section on useful information includes a general fact sheet on smoking, some facts from the Avon Prevalence studies carried out in 1983 and 1985, a list of useful addresses for further resources on smoking education, and suggestions for further reading.

Conclusion

We hope that ‘Smoking and Me’ will be taken up and used by more teachers, many of whom have seen the potential of this approach for other areas of substance abuse (perhaps we should say even more teachers, since at the pilot stage ‘Smoking and Me’ was already in every LEA in England and Wales and in every Board district in Northern Ireland). Teachers, HEGs, and LEA Advisors have commented on the valuable strategies employed, and this point also emerged very markedly in the formative evaluation. We regard ‘Smoking and Me’ as another resource for smoking education and we hope that its use will encourage other non-smoking policies and activities in schools.

The HEA Smoking Education for Teenagers Project is now finished. Regrettably, funding is not available from the HEA for us to develop a Health Risks Curriculum, which had originally been planned as a sequel to ‘Smoking and Me’. However, we are looking for other support for work in smoking education: the most recent national survey by the OPCS (Goddard, 1987) reveals that there is much yet to be done.

‘Smoking and Me’ is an A4 wire-bound book containing 64 pages, which may be photocopied as needed. The price is £7.25 including postage from the Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX. The Teachers’ Advisory Council for Alcohol and Drug Education (TACADE) will be holding training sessions with these and other materials: for more information, contact them at Purves House, Trafford Road, Salford M3 2XJ (061 848 0331).

References

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FAMILY PLANNING ASSOCIATION
EDUCATION UNIT

16-17 November 1988 (Wed.-Thur.)

Sex education in schools — methods and resources

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Please send for our programme (and also for our new resources catalogue which includes materials for teaching sex education and a new handbook for teachers) to the FPA, Education Unit, 27-25 Mortimer Street, London W1N 7RJ (Telephone 01-631 0555).

JUST A TICK brings pupils, parents, teachers, and governors into curriculum planning. The cost of a pack (primary or secondary version) is £2.50. Write to the Unit, or telephone for more information.

Health educators have long been interested in self-esteem. For instance, the belief that self-esteem is relevant to health education forms a central theme of the excellently written programmes Health Education 5-13 & 13-18 (Schools Council/HEC, 1981). But what has prompted this, and is it justified? We know from others’ work that self-esteem has great importance for academic performance, but what of health-related behaviour?

In 1969, Byyny’s classic work on smoking by schoolboys reported that smoking experience is associated with feelings of inferiority, measures of each showing the convincing correlation of 0.11. This finding has often been repeated — for example, Penny & Robinson (1986). Byyny found that smoking has a socially-positive image and suggested that here lies the attraction of smoking — perhaps especially for those of low self-esteem. A growing view too has been the identification of conformity to peer group pressures as being important in promoting smoking.

These two strands — a link between smoking and low self-esteem, and the importance of peer group pressure — can be woven with a third: psychological research of the fifties and sixties indicated that people of low self-esteem are more conforming. Thus, in a collection of similar studies, Lesser & Abelson (1959) confirmed a link between low self-esteem and conformity (’persuasibility’) in children. Thus was laid the research foundation for a model of the development of the smoking habit in young people which is still largely accepted.

This model, which may be termed the ’deficit’ model, suggests that young people of low self-esteem are more likely to smoke despite the health risks because they are more conforming (Fig. 1). It has been widely discussed with respect to a variety of health-related behaviours, and the programmes mentioned above make it an explicit part of their reasoning; in the words of the Health Education 13-18 Co-ordinator’s guide: Those individuals with low self-esteem are less capable of resisting pressures to conform.

The measurement of self-esteem

This naturally prompted an examination of the data collected through the use of the Health Related Behaviour Questionnaire. The questionnaire is an instrument designed to bring to schools who use it...
Fig. 1. The 'deficit' smoking model which connects low self-esteem with smoking. The links are (1) that low self-esteem is linked to conformity, and (2) that smoking is prompted by conformity. Both these links are challenged.

A greater degree of objectivity in their curriculum planning. (Interested readers can obtain details of how to use it, and a sample questionnaire, from the Unit.) Figures are returned to schools for their use and are also retained on file on computer; a large amount of information has accumulated about a great range of health-related behaviours of young people over the past few years. A recent compilation of results is to be found in Young people in 1986, published by the Unit (Balding, 1987).

Smoking habits were examined in relation to a modified 10-item version of the LAWSEQ self-esteem scale (Lawrence, 1981) which is routinely included in the survey. The LAWSEQ instrument is internally reliable (scores on different items are highly correlated), it appears to measure stable aspects of self-esteem, and scores are highly correlated with other measures of self-esteem (Hart, 1985). As far as the version used here is concerned, it has good internal consistency and a slightly re-ordered version seems to have acceptable test-retest reliability (Regis, unpublished data). The Health Related Behaviour Questionnaire self-esteem scale yields a score between 0 and 20, with high scores indicating a high self-esteem. There is a spread of scores, but patterns of results found elsewhere can be observed in the data. For example, self-esteem seems to improve slightly on average as pupils get older. Data from a 1987 databank sample for 4th-year pupils has a distribution as shown in Table 1, which illustrates the slightly greater average self-esteem of boys compared with girls.

The measurement of cigarette smoking

We are also able to examine the incidence of cigarette smoking. The question asked is Which of the following most nearly describes you? and a list of descriptions is given as follows:

0 I have never tried smoking cigarettes
1 I have only tried smoking once or twice
2 I used to smoke but don't now
3 I smoke but want to give it up
4 I do not want to give up smoking

The distribution of scores in 1987 for 4th-year pupils is shown in Table 2. Boys seem to experiment more, but more girls are more likely to be smokers.

How is self-esteem related to smoking?

Initial investigation suggested that the 'deficit' model is confirmed. Fig. 2 shows that 4th-year smokers are slightly lower in self-esteem than their abstemious contemporaries (mean smokers' self-esteem score = 13.4, non-smokers = 14.2, N = 5379, with ex-smokers excluded from the analysis). If a numerical value of 0-4 is given to the responses to the question on smoking habits, a correlation between self-esteem and smoking habit can be calculated: the value thus obtained is -0.1, significant at p<0.001, implying that lower self-esteem is linked to more positive attitudes towards smoking.

Now a skeptic might say that although the correlation is statistically significant—in other words, not due to chance—it is of no real importance because it is so small. This would be a conclusion of great interest, because it is an assumption of much PSHE work that the link exists and is important. Supporting this finding, Dielman et al. (1984) looked at self-esteem and locus of control (see Regis, 1988) in relation to smoking, drinking and drug-taking and obtained some correlations of a similar order of size; they concluded that the results indicate that the relationships between dimensions of children's health locus of control and self-esteem and their behaviours and intentions are not large enough to suggest that intervention programs directed at the prevention of detrimental health behaviours should focus on the enhancement of self-esteem or the internal locus of control. We shall return to this point in our conclusion.

A criticism of this work (which does not apply to the Byrner and other studies) is that many LAWSEQ items measure not self-esteem but aspects of relations and encounters with others—items refer to friends but also teachers and parents. Penny & Robinson (1986) report that the low self-esteem of smokers is shown primarily in items relating to home and school; therefore if smokers

Table 2. The smoking status of 4th-year pupils in 1987 — results in percentages. (2946 boys and 2684 girls: Health Related Behaviour Questionnaire data.)

<table>
<thead>
<tr>
<th></th>
<th>Never tried</th>
<th>Tried once or twice</th>
<th>Have given up</th>
<th>Went to give up</th>
<th>Don't want to give up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>44.8</td>
<td>30.8</td>
<td>12.2</td>
<td>8.7</td>
<td>3.5</td>
</tr>
<tr>
<td>Girls</td>
<td>44.4</td>
<td>25.1</td>
<td>13.3</td>
<td>12.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Combined</td>
<td>44.6</td>
<td>28.1</td>
<td>12.7</td>
<td>10.7</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Table 1. The percentage distribution of self-esteem scores for 4th-year pupils in 1987. (3108 boys and 2829 girls: Health Related Behaviour Questionnaire data.)

<table>
<thead>
<tr>
<th>Self-esteem score</th>
<th>0-10</th>
<th>11-13</th>
<th>14-16</th>
<th>17-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>17.1</td>
<td>21.5</td>
<td>33.5</td>
<td>27.9</td>
</tr>
<tr>
<td>Girls</td>
<td>18.7</td>
<td>22.2</td>
<td>32.9</td>
<td>26.2</td>
</tr>
<tr>
<td>Combined</td>
<td>17.9</td>
<td>21.8</td>
<td>33.2</td>
<td>27.1</td>
</tr>
</tbody>
</table>
year groups was also examined, confirming that smokers, especially those who do not want to give up smoking, are not always the subjects most lacking in self-esteem. So, amongst 3rd-year pupils in a national sample from 1987, smokers who do not want to give up are found to have a higher self-esteem than those who do (stayers, mean self-esteem = 12.4, wavers = 12.0, N = 377). Graphical display (not given by Byrner (1969) or Penny & Robinson (1986)) of other data suggests that it is only the light smokers who have low self-esteem, regardless of their intention to give up. If the young smokers who smoke heavily originally turned to smoking to compensate for their low self-esteem, then their strategy seems to have been successful (Fig. 3)! Smoking appears linked to low self-esteem because lighter smokers, who are in the majority, tend to report lower self-esteem.

We should admit that other year groups do not exhibit patterns as clear as these, but what can be seen there is similar.

How reliable are self-esteem measurements?
Another possible criticism is that heavy (but not light) smokers are defensive about their self-concept and give artificially positive responses. It is always difficult to be completely sure of an interpretation of questionnaire data, and the assumption that respondents are dishonestly manipulating their replies always makes it possible to contrive an explanation in support of a different view.

With regard to falsifying self-esteem scores, Coopersmith (1959) looked at teachers’ views about pupils’ behaviours (such as self-confidence, reactions to failure, and so on) and found that although defensive and distorting factors may be present, the subjective evaluation of self-esteem is, in the majority of cases, in substantial agreement with its behavioural expression. In his classic 1967 text (Coopersmith, 1967) he concluded that the question of response set and defensive postures, which have long clouded the acceptance of studies of self-esteem, appear more critical in theory than in the relationships that actually prevail. Hart (1983) found that the LAWSEQ measure was well correlated with Cooper-smith’s instrument.

For our own part we can only state that the questionnaire is anonymous and conducted in a serious manner, and extensive interview work over the years has never suggested much dishonesty in replies to questionnaire items. Further consideration of this issue has been given in previous issues of this journal and by Balding (1988). It can get on badly with adults they should get a low score on our self-esteem scale without necessarily having a low self-esteem. However, item-by-item analysis suggests that this is not the case: smokers have lower scores on items unrelated to their dealings with adults.

Problems: other aspects of the model
Despite this, the hypothesised link between low self-esteem and conformity is at least open to question. Regis (1988) reports greater conformity among youngsters of high self-esteem in their smoking & drinking behaviour, while the work of Wallace et al. (1983) suggests that anti-conforming behaviour might be as significant a feature of the behaviour of people with low self-esteem as conformity.

If this were not enough, data has accumulated since to cast some doubts upon using a simple ‘conformity to pressure’ model to explain smoking – see, for example, Eise & van der Pligt (1984). Morgan et al. (1985) suggest that, in their sample, at least the initial experimentation by young people is not accompanied by overt social pressure, and Newman (1983) opines likewise.

How did the argument about conformity and smoking come to be accepted?

Given that every packet of cigarettes carries a dire health warning, health educators seemed to think that smoking must somehow be a product of irrationality, or of weakness in giving in to group pressures. Non-smoking was never thought to be a behaviour in need of special explanation because it was not a problem – it was so obviously the correct and rational thing to do. In fact, given that most youngsters do not smoke, non-smokers are at least as ‘conformist’ as smokers, if not more so. And if non-smoking can be seen as shallow conformity, then smoking can be seen as being, subjectively, quite rational.

So, if the beliefs and desires of smokers are examined, they seem to be quite in accord with their practice of smoking. Smokers expect good things of smoking and may see little profit in abandoning their habit, or even in trying to, if they believe they cannot give up. Thus Eise & Sutton (1977), Fishbein (1979), and Regis (1988) in their various researches find a fair degree of consistency between smokers’ beliefs, attitudes, and behaviour.

The relationship between self-esteem and smoking
Health Related Behaviour data referring to self-esteem and smoking from other
never be shown that youngsters are not manipulating their answers but we do not find that the face value of the results found is a problem. The 'low self-esteem younger giving in to pressure' model has, as alluded to above, been assumed to apply to all sorts of health-related behaviours. Unpublished data suggests that a similar review of the 'deficit' model is needed with respect to drinking (Regis (1988) and Brackenridge (1988)) – in fact, non-drinkers if anything have a lower self-esteem than occasional (but not heavy) non-drinkers (Fig. 4).

Conclusion
We do not wish to conclude with Dielman et al. that self-concept is more or less irrelevant to health education – this is a view quickly refuted, for the data above can be seen to show that self-esteem is linked to health-related behaviour. Similarly, it is the view of one of us that perceived control over health (Health: Locus of Control) is of great relevance (Regis, 1988), although it was probably never thought to be more than just another piece of the jigsaw. Influences on health behaviour are so numerous, and individuals' beliefs and attitudes towards health in general and specific behaviours are so varied, that any attempt to predict behaviour from one measure of self-concept can only have at best limited success. What we wish to conclude is that self-concept is indeed of relevance, but that (1) it must be seen in the light of other influences on decision-making (such as attitudes), and (2) that careful analysis of assumptions underlying health education is essential if we are to serve the best interests of the youngsters in our care.

References

Contact David Regis, School of Education, University of Exeter, Heavitree Road, Exeter EX1 2LU (0392 26571).

September 1988

Viewpoint

We wish to draw attention to the Westminster City Council's video entitled Ribbon Anti-Drug. As we understand it, this video has been produced by a public relations company with no input from any Drugs Education Co-ordinator, nor, as far as we can ascertain, from any person working at the present time in education. We are extremely concerned about its contents and also that it is being sent as unsolicited mail to all London Borough Councils, all Metropolitan Councils, and apparently to areas where there is known to be a drug problem. The public relations agency also told us that they intend sending the video across the whole country, via local councils' chief executives.

The video is cheap (£6), and will seem a bargain to those who are unaware of drug education initiatives. We find it particularly disturbing that all 96 Drug Education Co-ordinators across the country were unaware of its existence, nor were they consulted at any time by the public relations agency about its distribution.

If you have twelve minutes to spare and want to learn how to inject illicit substances, this video is for you. This 'shot in the vein' image is repeated four times, juxtaposed upon a Cook's tour of street drugs and their associated horrors - the only thing said in favour of injecting necessary drugs, such as diabetics may have to do, using sterile procedures.

We are introduced to three case histories of young men who allegedly died through drug misuse. They are dazed and bizarre examples, in no way related to the contemporary experience of the young people at whom this video is apparently aimed. The antidote which is offered through the commentary ("Outwit the predator, the drug-pusher" and "Just say no") lacks credibility. Life just isn't like that. This simplistic message, together with stills from the government's anti-hero posters, attempts to reactivate a discredited campaign. Is this not taking a big step backwards?

In the middle of this mish-mash of misinformation you may hear these appropriate comments: "The truth is, whether you're alone or whether you're with friends, drugs are highly dangerous companions. Most people who use them do so because they feel they'll look like a wimp if they say no." Sadly, these messages are lost as the audience turns its attention to playing 'Spot the Celebrity', some of whom may not mean much to the target group of young people 'from the age of 11 years'.

It is claimed in the publicity material that the video has a very strong and serious anti-drug message and contains a mixture of pop art, tragedy, information and fun. However, it is not fun – it is dangerous and misleading. Set against tight budgets it may seem a bargain, but we would urge colleagues to consider the message from the Advisory Council on the Misuse of Drugs: 'As the causes of initial or occasional drug misuse come to be better understood and the responsibility for future prevention more clearly defined, we expect that drug education will increasingly adopt techniques which focus on social and cultural education'. This video has no place in the repertoire of resources used in drug education.

Lesley de Meza
(London Borough of Harrow)
Colin Chapman
(London Borough of Redbridge)
for and on behalf of the London Regional Drug Education Co-ordinators.

The following publications are available from the Unit at £2.50 each...

ALCOHOL CONSUMPTION AND ALCOHOL-RELATED BEHAVIOUR IN YOUNG PEOPLE

SCHOOLCHILDREN AND DRUGS IN 1987

YOUNG PEOPLE IN 1986 is still in print, price £1.20 including postage.