Group work in 'Smoking and Me'

For adolescents, too, much actual learning takes place when they learn to establish their identities within the peer group. These social or peer groups which children move into as they approach adolescence have thus an important part to play in the socialisation of young people. Adolescents are likely to spend more time with their peers than with their parents, so the peer-group structures lend themselves as a valuable vehicle for learning. The peer group has much energy potential and, as a resource, can well be harnessed within the framework of the school curriculum. Hopson and Scally (1981) point out the benefits that can be gained from channeling what they call the 'peer dynamite'. Their comment that well-prepared and well-managed small-group sessions have great potential for participants to learn about themselves and others would appear to support an approach to a curriculum which is especially concerned with the social implications of one's behaviour.

An account of an interesting experiment by an educational psychologist in the north of England describes how primary school children helped others with language impairment to improve their social skills (Hurford, 1980); attention has also been focussed on children as teachers in the informal setting of a children's health club where, it was suggested, much can be achieved by such peer activity.

The group work on 'Smoking and Me' capitalises on the self-selected groups in which the group leaders, chosen by their peers, are responsible for co-ordinating the work of their groups. There is no question about the teacher losing authority in the classroom, though some teachers, prior to using the pilot version of 'Smoking and Me' in the classroom, expressed reservations about whether the children could handle such responsibility. But, as they reported to us, their fears were groundless. Broke down my fear of introducing pupil-led group work and Although I was initially concerned at the responsibility being put on the group leaders it worked very well, particularly because every member of the group became involved were examples of the comments made.

Contents of the Guide

We emphasise that it is a teacher's guide. It is divided into five sections:

1. Introduction, with notes on choosing groups and leaders.
2. Lesson outlines with guidelines for both teachers and group leaders.
   The main points of each are given, and it is clearly stated where the teacher provides support and direction. The five-lesson programme looks like this:
   - Lesson 1: Looking at some facts
     - Estimation of number of smokers
     - Negative aspects of smoking
   - Lesson 2: How to say "No"
     - Estimation of number of smokers (continued)
     - Resisting pressures to smoke
     - How to refuse a cigarette
   - Lesson 3: The right to smoke?
     - Rights of non-smokers
     - Reasons given for smoking
     - Countering arguments of smokers
   - Lesson 4: Free to choose?
     - Influences to smoke
     - Smoking models -- parents, siblings, media
     - Anti-smoking collage
   - Lesson 5: Any conclusions?
     - Individual commitment
     - If I don't smoke, it will be because

3. Background material. This contains figures relating to teenage smoking in the UK and other information to support the approach to smoking prevention taken in 'Smoking and Me'. Evidence from American studies is quoted which points to the importance of the prevention of smoking early in adolescence, though recent figures (Godward 1987) might suggest that prevention programmes should be implemented even earlier.

4. Also included is some basic information about the results of the forma-
tive 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 5371 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.

5. The section on useful information includes a general fact sheet on smoking, some facts from the Avon Prevalence studies carried out in 1983 and 1984, 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, HEQs, 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 further 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, Mableton Place, London WCIH 9TX. The Teaching Advisers Council for Alcohol and Drug Education (TACADE) will be holding training sessions with these and other materials: for more information, contact them at Furzehouse, Trafford Road, Salford MS 2X1 (061 848 9333).

References
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Smoking and self-esteem
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The assumption that children who smoke tend to be lower in self-esteem than those who do not has underpinned most recent health-education initiatives. What does the work of the Unit tell us about this link? Data suggests that the association is not as strong as may have been believed, and might even operate the other way.

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 excellent and widely-used 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, Bynner'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 +.11. This finding has often been repeated — for example, Penny & Robinson (1986). Bynner 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 & Aelson (1959) confirmed a link between low self-esteem and conformity ('persuasibility') in children. Thus we have 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