

# Education and Health

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# Education and Health

Editor

**David McGeorge**

Welcome to the first issue for 2012 and our first online edition. We continue with the proud tradition of independent publishing and offer an eclectic mix of articles: Schools-based health interventions; Tackling underage drinking; A new approach to tobacco education; Adolescent online gaming addiction.

The journal, published since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readers come from a broad background and include: primary, secondary and further education teachers, university staff, and health-care professionals working in education and health settings. The journal is also read by those who commission and carry out health education programmes in schools and colleges.

Articles focus on recent health education initiatives, relevant research findings, materials and strategies for education and health-related behaviour data.

## Contributors

*Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact [david.mcgeorge@sheu.org.uk](mailto:david.mcgeorge@sheu.org.uk)*

A comment from one of our regular contributors, 'If you went online only, it would not stop me submitting articles as long as there was still an ISSN number and a downloadable pdf. Many journals are now open access and online only and it is these articles that are more highly cited, so there are benefits to the author'.

## Interest

We are finding, through the attention paid to the Internet pages, that this journal's articles attract a lot of interest from around the world. The positive comments, received from readers and contributors, continue to reinforce our belief that this journal is valued by those concerned with young people's health and wellbeing.

## Archive

The archive of Education and Health articles is also online. Please visit this weblink: [www.sheu.org.uk/content/page/education-and-health-archive](http://www.sheu.org.uk/content/page/education-and-health-archive)

I hope you can join us in the next issue.

## SHEU publications

'Education and Health' is published by SHEU, an independent organisation, providing research, survey and publishing services to those concerned with the health and social development of young people. SHEU incorporates the Schools Health Education Unit, founded in 1977 by John Balding.

The address for all correspondence is:

SHEU, 3 Manaton Court, Manaton Close, Matford Park, Exeter EX2 8PF

Tel: 01392 667272

Email: [sheu@sheu.org.uk](mailto:sheu@sheu.org.uk) [www.sheu.org.uk](http://www.sheu.org.uk)

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Dr Mark O'Brien is the Senior Research Fellow at the Centre for Lifelong Learning at the University of Liverpool. For communication please email: [mtobrien@liverpool.ac.uk](mailto:mtobrien@liverpool.ac.uk)

## Mark O'Brien

# Schools-based health interventions: Mums and babies in the classroom and different responses from teachers and health workers

Many studies that have shown the worth of inter-professional cooperation within children's services (Anderson-Butcher and Ashton 2004; Hafford-Letchfield and Spatcher 2007; Larivaara and Taanila 2004; Hafford-Letchfield and Spatcher 2007; Larivaara and Taanila 2004; Leurs et al. 2005; Rider et al. 2008; Comellas 2006; Seden 2008). Some studies however, have highlighted challenges that also exist: inter-professional communication (Anderson-Butcher et al. 2006); building cross-agency networks; (Brenner 2007); different understandings of service-user need (Stone et al. 2006); differences of professional habitus (Spratt et al. 2006); and cultural variations between professional groups (Clarke et al. 2007).

I consider one example of a school-based intervention in which inter-professional tensions demonstrated differences of understandings of programme purpose and of professional remit between classroom teachers and family health visitors.

### A case study

During the 2007/8 school year an initiative ran in eight Liverpool schools that involved parents (all mothers) from the community local to a school, bringing their babies (all under one year in age) into a classroom to talk to pupils about aspects of their baby's care and development. The programme, aimed mainly at Year 6 pupils was normally located within the personal, social and health education (PSHE) strand of the national curriculum.

At each session, a combination of professionals was present. Typically these were: a classroom teacher; a family health visitor; and a worker from a consultancy who was present to support the parent.

Pupils would be invited to ask questions that had been prepared ahead of each visit. The parent/carer would answer the question when it was about the baby specifically. The classroom teacher or family health practitioner might also help with more general or extended questions. Questions would normally reflect earlier class work on such topics as health, infant development, growth, diet, behaviour etc., although questions might also go off at tangents that would be encouraged or discouraged at the discretion of the professionals who were present.

A defining characteristic of the programme was its inter-professional aspect. This operated at two related levels. At the managerial and strategic level the consortium was comprised of senior education, health and other specialist professionals. At the operational level classroom teachers, family health practitioners and parent/carer support professionals worked alongside of one another during classroom sessions with pupils

### A great experience for parents

Research interviews revealed that parents had gained greatly from the experience of being involved. The benefits they cited included: a greater sense of self-worth through having been approached to participate; improved self-confidence in communicating with teachers; improved confidence in the practical and emotional skills associated with parenting; improved focus upon their baby in terms of noticing changes and celebrating milestones; raised profile within the local community (in some cases); feelings of pride and satisfaction in being able to make an important contribution to the life of the school; feelings of validation in instances where a parent had been previously

affected by anxieties about the baby or by low self-esteem.

### Differences in perspective amongst professionals

Whilst parents gave consistent positive assessments of the programme those from the professionals involved were more searching. Certainly, some tensions were apparent in the different perspectives of classroom teachers and health professionals. Whilst all the assessments given were supportive of the programme and appreciative of the benefits that were apparent for parents, babies and pupils, interviews with the professionals revealed differences that were in part at least connected to differences of remit.

Very broadly the education professionals felt permitted to think quite flexibly about the programme and its delivery. They considered themselves free to interpret the purpose of each session considering the needs of their pupils and to adapt each session accordingly. One aspect of this was a frequently expressed view that each session needed to revolve around the needs of the parent and baby on the day. It goes without saying that the health professionals involved shared these concerns absolutely. However there was also an extra concern for a level of rigour in how their own contribution was organised within the delivery of each session and of the programme overall.

A related tension between school teachers and family health visitors arose from the question of what sources were informing the content of each classroom session. The health professional were strongly of the view that all of the health content of discussion with pupils and indeed with the parent should have been based upon the recommendations of the Birth to Five book produced by the Department of Health (DoH 2007). A specific issue here was the question of what recommendations were to be given about breast feeding versus bottle feeding. This issue highlighted a significant difference between the two professional groups. The family health visitors were professionally bound to encourage breastfeeding. Classroom teachers on the other hand, whilst not being restricted by a professional remit in that regard, tended to more often express fears of alienating mothers who were bottle-feeding.

The benefits emphasised during research

interviews also differed between the two groups. Classroom teachers of course talked about how each visit affected pupil behaviour (very positively). They also described the ways in which the pedagogical material generated before, during and after each visit enriched their teaching in the classroom and more broadly for the curriculum. Family health visitors on the other hand were far more concerned with the health messages that were being received by the mother and the pupils. They were also very interested in the potential that the programme seemed to offer for improving their reach into some parts of the local community.

### Conclusion

The commitment of education and health professionals to this programme was strong and frequently articulated in interviews. Nonetheless the sorts of tensions found to exist within the conceptualisation and delivery of this programme do raise challenges for inter-professional delivery. Clearly, they call for a high level of strategic cooperation between service professionals. More than this however they suggest the need for types of professional reflection and discussion between different professional groups that allow adequate opportunity for mutual understandings to emerge. In this way shared perspectives on the design and implementation of such initiatives can be progressed and strong, perhaps even harmonised forms of inter-professional practice can emerge for schools-based health interventions.

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young people's health and wellbeing

Dr Rachel Locke is the Senior Research Officer in the Faculty of Education, Health and Social Care and Dr Gary Jones is a Senior Lecturer in Applied Social Studies, Humanities and Social Sciences at the University of Winchester.

For communication please email: [Rachel.Locke@winchester.ac.uk](mailto:Rachel.Locke@winchester.ac.uk) : [Gary.Jones@winchester.ac.uk](mailto:Gary.Jones@winchester.ac.uk)

## Rachel Locke and Gary Jones

### Tackling underage drinking: reflections on one local authority's response

Alcohol misuse among young people is a growing cause of concern to health care professionals, teachers and policy makers because of the associated health risks and anti-social behaviour. There are long term benefits of delaying the start in drinking in young people: for example, they are less likely to engage in health risk behaviours (Grunbaum et al, 2004) and to later become dependent on alcohol (Grant et al, 2001). Recent government policy charges local communities with tackling alcohol related disorder (Department of Health, 2011). This article evaluates an innovative local authority project intended to reduce underage drinking that has been running for over two years.

The local project aims to divert young people (8-14 years) from drinking, educating children early about the effects of their longer term drinking habits by providing health advice and

raising awareness of the effects of alcohol. Putting into place some diversionary activities as well as measures to manage anti-social behaviour and ensure community safety, the initiatives collectively seek to challenge the culture of drinking by influencing young people's attitudes to alcohol before they become older. Examples of different measures adopted are shown in Table 1 (below). In addition to the local authority agencies involved in a coordinated approach are the local police, youth service, trading standards, children's centres, schools and colleges, sexual health advisors and drugs and alcohol advisory services. They are all represented on a steering group that has responsibility for the multiple interventions on alcohol, attitudes and behaviour in the local area. This group meets regularly to discuss issues, keep the project moving forward and plan additional interventions. Feeding into this

Measures	Types of activity
Preventative / diversionary	School based activities <ul style="list-style-type: none"> <li>▪ Healthy Schools in Personal, Health and Social Education (PHSE)</li> <li>▪ Interactive workshop on substance misuse</li> <li>▪ Production and use of film to inform students</li> <li>▪ Annual performing arts event</li> <li>▪ Hosting play about risks of excessive drinking</li> </ul>
	Community based activities <ul style="list-style-type: none"> <li>▪ After school and Friday night activities including football, boxing, skate boarding, dance and beauty therapy</li> <li>▪ Mobile skate board</li> <li>▪ BBQs at the youth centre</li> <li>▪ Youth centre based activities</li> </ul>
Promotional	<ul style="list-style-type: none"> <li>▪ Freebies promoting local project (eg memory sticks, pens)</li> <li>▪ Leaflets about local project with advice about safe drinking levels</li> <li>▪ Alcohol information packs given to parents in Children's Centres and parents evenings in Schools</li> <li>▪ Stands at events</li> </ul>
Punitive	<ul style="list-style-type: none"> <li>▪ Phone calls to parents to collect their children</li> <li>▪ Ticketing parents for supplying alcohol</li> <li>▪ Tackling proxy alcohol sales whereby anyone 18 or over buys alcohol on behalf of a young person</li> <li>▪ Confiscation of alcohol from the under 18s</li> <li>▪ Letters to parents informing them of their children's behaviour and the effect on the community</li> </ul>

group is a network of groups, one representing each of the geographical areas that the project covers. A coordinator employed by the local authority manages and promotes the project, providing the communication link between the network of groups and the steering group at the strategic level. The coordinator also provides a link with the wider community who do not attend the group meetings e.g. local Parish Councils.

### Research methods

Existing studies look at the impact of alcohol consumption on young people, their motivations for drinking and attitudes towards alcohol (e.g. Newbury-Birch et al, 2008). There is research on preventive strategies for older young people (Foxcroft et al, 2002), but little on targeting a younger age group. To assess the impact of this local project, a survey questionnaire was administered to Year 8 students through the secondary school in the area. This year group was sampled because these students had experience of the local project while they were at primary school. Consent for students' involvement was sought from the deputy Headteacher and parents. The 67 students, who completed the survey (intended to take 10 minutes) during time in their tutor groups, were asked about their awareness of the different activities and their involvement.

Parents were also asked about their views about the project and whether it affected the attitudes and behaviour of their children and other young children. Questionnaires were completed by 39 parents, selected as their children had taken part in the study. A pilot took place of both surveys which prompted revisions to the survey and the feedback was also used to develop prompts for the focus groups with project leaders. Three groups were run with leaders representing the various agencies involved in the project.

From the completed questionnaires from students and parents, a data set was generated and analysed using Statistical Package for the Social Sciences (SPSS) to produce descriptive statistics. Qualitative data was obtained from open questions on the survey and from the focus groups with project leaders. The data were analysed to identify frequently occurring themes and quotations representative of these

themes are provided in this report.

## Findings

### Current alcohol use

The vast majority of students in the survey were not drinking alcohol regularly. Rather they reported drinking alcohol infrequently in a supervised environment, at home with their parents and relatives (85%). One student reported drinking outdoors (i.e. in a field) and unsupervised, which has been shown to be associated with a higher level of risky behaviour (The Institute for Political and Economic Governance for the Centre for Local Governance, 2007).

In the main, alcoholic consumption amongst those surveyed was infrequent, modest and with the permission of parents.

*'Because it was my granddad's funeral and we raised a toast to his great life' (student).*

*'I drink small amounts of alcohol only on special occasions like Christmas' (student).*

*'Because if it is done in the presence of my Mum and Dad it is ok, because they have allowed me to have a little drink' (student).*

*'I try it when my family have it' (student).*

### Diverting young people from drinking

The aim of the project is to educate young people and to give them diversionary activities to do instead of drinking. The project is based on a development approach and has the developmental task of teaching young people about the responsible (adult) use of alcohol in a society where drinking alcohol is ubiquitous and socially acceptable behaviour for adults (Masten et al, 2008).

Students, parents and project leaders expressed positive views about the local project and initiatives early on to educate young people about alcohol misuse and divert them from drinking.

*'It will help them to make balanced choices and be more aware of risks' (parent).*

*'Because hopefully they can see what happened to people's feelings in the workshops. It also gets them off the streets' (parent).*

*'Gives them a constructive interest' (parent).*

*'Once they start drinking then it is difficult but try and get diversions going for younger groups to stop them joining the older ones drinking' (project leader).*

A fifth (20%) of students in the sample indicated that doing an activity stopped them from drinking. About a quarter (26%) said they did these activities instead of drinking. A few parents (11%) indicated that the project had prevented their children from drinking alcohol.

As the majority of children in the survey do not regularly drink alcohol they do not necessarily need 'diverting' from drinking. Rather their current behaviour needs reinforcing through the provision of non-alcohol related activity and preventative education. There was support for education about the possible effects of misuse of alcohol with younger children (i.e. aged five to seven years) that could also serve to extend the number of parents engaged.

*'Could primary schools be more engaged with parents about alcohol? Parents are more involved at this level of education than secondary level so it may be a good time to involve parents and help them understand the damage drink does to young people still developing' (project leader).*

### **Involvement of parents, schools and others**

The project is based on the premise that different parties need to be involved in addressing the culture of drinking and educating young people about the safe use of alcohol. Social ecological theory draws attention to young people's interaction with peers and others within and beyond the family in which they live (i.e. school and social networks), and that behaviour is influenced by the many kinds and levels of system interaction (Bronfenbrenner, 1979). Applying this theory means that interventions to address underage drinking need to be directed at the many aspects of these interacting systems (Masten et al, 2008).

The local authority viewed parents as particularly important, hence their inclusion in the survey.

*'Parents have also been there on the radar too as the key to social change' (project leader).*

Parents reflected on their own drinking habits and what they say to their child(ren): 40% said they often thought about this and 15% said they did not. A third of the parents who had thought about their behaviour said that they had tried to be good role models and regulate intake.

*'Knowing how my actions influence my children and knowing how I should and must set an example. I ensure that they are aware that the purpose of the drink is for example to accompany a meal and not to get drunk and out of control and so make sure my drinking habits are not going to give my children the wrong impression of alcohol being okay to drink in quantity and not harmful' (parent).*

*'I do not drink to excess in front of them' (parent).*

The involvement of a local secondary school was seen as 'pivotal' to the success of the project. Activities run by or hosted at the school included a peer-led alcohol and drugs education event in Personal, Health and Social Education (PHSE) lessons; production and use of film to inform students about the risks of excessive drinking; a play and developing approaches to engage parents on the subject.

*'The input of education has been essential. We are lucky with [deputy headteacher] at [name] School. If [deputy headteacher] wasn't involved, the project won't have worked. We needed someone for education and the school was involved and [deputy headteacher] was that individual' (project leader).*

*'A crucial bit of [project name] is involving education and that is different from what is happening in other areas' (project leader).*

Project leaders reported low turn-out of parents at alcohol awareness events at the secondary school. To try to reach parents, the local project built a section on its website to guide parents on talking to their under 18 children about alcohol.

Various other agencies involved in the project ran initiatives, including the youth service having BBQs at the youth centre; the police deploying higher visibility of Police Community Support Officers in the area and seizure of alcohol from young people; and trading standards undertaking test purchases

and issuing fixed penalty notices to those selling alcohol to underage people.

'[The project] is a good multi agency group all focused on the same thing. Police have powers and other agencies have other powers so we are all of us trying to crack the same nut rather than all of us doing different things' (project leader).

'[The project] means coming together as a coordinated approach to things. So trading standards being more aware of youth team, what police are doing and so best use of resources' (project leader).

Community involvement could be further extended to the engagement of local retailers and other small businesses.

*'Small businesses could be involved rather than just enforcement because kids tend to meet outside the shops that can be off putting for other shoppers so it is in their interest but how we get them involved I don't know' (project leader).*

### **Impact on anti-social behaviour**

During the life of the project antisocial behaviour related to alcohol has diminished in all three geographical areas covered by the project. The number of drink-related 101 (non-emergencies) calls fell between the years 2007 to 2009 and the number of assaults, a crime often associated with alcohol, also dropped significantly. However, we need to be cautious when assessing the contribution the project made to these improved indicators of antisocial behaviour, since it is almost impossible to attribute cause and effect in a rapidly changing social environment in which many factors are implicated in producing such trends.

### **Challenges for local authorities in tackling underage drinking**

#### **Measuring Impact**

The issue of alcohol related anti-social behaviour has not gone away as project leaders reported continued regular confiscation of alcohol from the under 18s and letters to parents informing them of their children's behaviour and the effect on the community. In order to separate out the other factors that could have accounted for any reduction there needs to be clarity about what impact the local authority is looking for and what measures are going to be used to assess any outcomes. An established

format like the Program Logic Model could help identify outputs and outcomes in such a project (Daponte, 2008, p. 21). Any evidence could be reported to the strategic level involved in the project at regular intervals.

The on-going collection of the views of students, parents and project leaders could be part of performance monitoring of such a project. It should not be the only source of data though as just by taking part in this study may have raised awareness of issues related to drinking rather than involvement in the project itself. There is also the risk with the survey data that participants may have misreported either because they do not remember or they wished to present themselves in a socially acceptable manner. Young people, and parents, involved in this evaluation were not required to identify themselves to minimise the risk of this type of bias.

Other sources of data for auditing the on-going performance of the project could for example be basic information about patterns of alcohol use in this age group. Findings from this study suggest the majority of young people are not drinking regularly and by recording the frequency of incidents involving this age range the local authority could monitor whether there is any increase. The real question is about whether tackling issues at this age influences later behaviour - one which would need a much bigger investment in research.

Challenging the culture of drinking through projects like the one discussed here needs to be undertaken over the long term. A teenager getting drunk is viewed as a rite of passage by parents and young people and compared to drug misuse, underage drinking is seen as the lesser evil.

*'It's about kids making choices and you are fighting against something that makes you feel good' (project leader).*

*'Whispers start about drink at School after the prom as the thing is to go to someone's party and get drunk' (project leader).*

Local politicians are looking for short term fixes before the next elections. The extent to which a local authority can bring about a change of culture in this time scale is clearly limited but an extremely important role it can play is to encourage different political parties to

be involved and take action, as this local project aimed to do. We know that parents who did not take part in the study may have different views to those that did respond and a challenge for the local authority is how to involve more parents as they are critical in effecting change. Project leaders suggested parental training events and support groups to help parents to manage their children and the use of alcohol. Also, there is the wider issue of how local authorities involve other community members in such projects.

### Achieving Sustainability

Progress of the project was due to a few key individuals or 'champions' and their continued support would be needed for the project to be sustained. The local authority co-ordinator brought 'energy' and 'enthusiasm' to the project with their engagement with young people, talking to them about alcohol when they are out on a Friday night and making them aware of the risks.

*'I have helped [coordinator] with events and making goody bags. [the coordinator] is really nice and I can talk to [them] about whatever and alcohol stuff' (Student).*

Two senior managers in the local authority had the initial idea for the coordinated approach, and planned and implemented it at the strategic level. Securing funding for the project, including the coordinator's post, was always difficult. Whether the project is sustainable depends on whether the funding continues for the coordinator's role and the commitment of other staff in the local authority as well as the different parties involved like the deputy head and project leaders.

### Conclusion

This paper describes a study of the work of one local authority tackling underage drinking. The findings are not representative in the way that allows generalisation to other authorities, but they are nevertheless of relevance to those responsible for preventing alcohol-related disorder and the detrimental impact on health. There is widespread support for educating young people early on about the effects of alcohol and evidence that the project, focused on 12 to 13 year olds, chose an appropriate age group before the vast majority have started drinking alcohol away from home and

unsupervised. Local authorities are limited in their capacity to effect a change of culture in the short term but this study demonstrates the potential of a project that is based on the notion of involvement of and collaboration between parents, schools, police and other parties. There is enough evidence to suggest further study is warranted as to the on-going impact and for local authorities to address the challenges that the project and underage drinking present with the need to clearly define the impact intended of any initiatives, reach more widely into the community and to achieve long term sustainability.

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Louise E. Anusas was a Senior Health Development Officer at West Dunbartonshire Council and an MSc Student on the Advanced Professional Studies Course at the University of Strathclyde. This article is extracted from the MSc thesis and excerpts are available via [http://sheu.org.uk/sites/sheu.org.uk/files/imagepicker/1/anusas\\_thesis.pdf](http://sheu.org.uk/sites/sheu.org.uk/files/imagepicker/1/anusas_thesis.pdf)  
For communication please email: [louiseanusas@talktalk.net](mailto:louiseanusas@talktalk.net)

## Louise E. Anusas

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# A New Approach to Tobacco Education using Interdisciplinary Learning

As a result of national education and health policy a new approach to tobacco education was developed in a local authority area in Scotland. The Tobacco Education Project used interdisciplinary learning to enable primary school children to explore a range of issues related to tobacco. The process for creating the project, practitioner learning and recommendations for future practice are described.

### Substance Misuse Education

National education and health policy in Scotland recommends new approaches to substance misuse education. Interdisciplinary learning should be used to enable children to develop a broader understanding of drug issues (Curriculum for Excellence: Health and Wellbeing, Principles and Practice, 2009; The Road to Recovery, 2008). The implications are that teaching staff from different curriculum areas have responsibility for delivering substance misuse education. In Social Studies, children should learn about the origins of drug use and the global and ecological impact of drug production. Through Expressive Arts, drama should enable children to explore their views of substance use.

In addition the Scottish Government's Equally Well Report outlines action to address health inequalities. Recommendations include the continuation of Curriculum for Excellence and action to reduce smoking among young people (Equally Well, 2008). Within the local authority area, an Equally Well Test Site Area of Tobacco Control was established due to high smoking prevalence of 40.2% in the area (Equally Well Test Sites, 2008). A priority was the development of tobacco education with primary schools in the test site.

### Interdisciplinary Learning in Substance Misuse Education

The literature review found some evidence on the use of interdisciplinary learning in substance misuse education. Drama was effective when young people were involved in interactive learning about substance misuse (Stead et al, 2005; Spratt and Shucksmith, 2003; Starkey and Orme, 2001). Young people valued drama inputs more when they were part of the drama process rather than observing a performance (Stead et al, 2005). An analysis of a smoking education programme, which included learning about the tobacco industry, described positive outcomes (Johnson et al, 2009). Media literacy skills as part of a substance use curriculum enabled young people to understand the links between the media and drug use (Austin and Johnson, 1997 and Huston et al., 1992 cited in Flay, 2000).

Research on substance misuse education in schools in Scotland however found that the majority of programmes focused on the health effects of substance use (Stead et al, 2009). A needs assessment showed teaching staff faced challenges when integrating tobacco education into other curriculum areas (Spratt and Shucksmith, 2003). In a UK review of drugs policy (RSA: Drugs - Facing Facts, 2007), it was suggested that young people should perhaps learn more about global issues that include how the drugs trade affects the communities where it comes from and its effects on those communities where the drugs are used. The review makes several recommendations including, "...We recommend that drugs education should be focused more on primary schools and less on secondary schools...". One report, on research with 16+ year olds, found

that an emphasis on the drugs supply chain heightened awareness, "...young people who were relatively indifferent to the illegality of drugs were thoroughly deterred by the thought that either the 'mule' who brought a consignment of cocaine into the country or the dealer who brought a 'deal' into the club might have carried it in a body cavity." (COI: The Drugs Supply Chain, 2003). However, the report did not consider school drug education programmes. Some practice exists on incorporating learning about global drug production issues into the school curriculum. Shared Responsibility involves young people examining the ecological and social impact of coca production in Colombia (Scottish Crime and Drug Enforcement Agency, 2008). The programme received media attention and has been promoted as an approach to substance misuse education in schools (Seith, E, 2011).

While national policy recommends interdisciplinary learning in substance misuse education, the literature review did not find significant research evidence on this approach. This supported the pilot and evaluation of a new approach to tobacco education using interdisciplinary learning.

### **The Tobacco Education Project**

As part of the Equally Well Test Site a working group was established to re-design tobacco education in three primary schools in the area. Coordinated by the Senior Health Development Officer, the working group's membership included head teachers, teaching staff, an arts education officer and health improvement staff. The working group developed the content of the Tobacco Education Project which was targeted at children in Primary Six, aged nine to ten years. The project involved:

- Lesson Plans: creation and delivery on a range of topics related to tobacco using different learning methods including participatory learning, internet research, writing and mathematical tasks
- Experiential Drama: facilitation of a drama day where children met characters from scenarios related to tobacco including a Glasgow Tobacco Lord, a Slave Trader and a Tobacco Advertising Executive.
- Drama Workshops: children created

scenarios related to tobacco and presented these in short sketches at a parents' and carers' event.

- Engagement of Parents and Carers: children surveyed family and friends to gather views on smoking. A parents' and carers' event was held to share the survey results, see the children's drama sketches and promote the Stop Smoking Service.

### ***Trade Winds, Learning about Tobacco, An Interdisciplinary Learning Resource Pack***

Project materials were collated by the working group in the online resource pack *Trade Winds*. Exemplifying Curriculum for Excellence guidance, the resource includes materials on:

- the history of tobacco
- the cost of smoking
- media literacy and tobacco
- tobacco production in developing countries
- peer pressure
- smoking prevalence in homes and communities
- addiction and the health impact of smoking
- extending learning through the arts.

### **The Tobacco Education Research Project**

As part of the MSc in Advanced Professional Studies a piece of classroom based research was undertaken to identify children's learning and their views of the Tobacco Education Project and any impact on choices about tobacco use. The methodology used was a self-administered questionnaire in the classroom setting. One class of pupils from one school was selected for the research. 27 respondents completed the questionnaire.

#### **Children's Learning**

Respondents were asked to write three statements which described their learning from participating in the project. This generated 81 statements for analysis. 51% of the 81 statements described the health effects of smoking. This included the long term health

effects of smoking, links between smoking and death and the immediate impact of smoking:

*"A lot of people die from smoking and is tragic."*

*"If you smoke you will get yellow nails, yellow teeth, bad breath and smelly hair."*

There were several topics which were part of the project that respondents did not include learning on. There were no statements about peer pressure, tobacco advertising, the impact of smoking on developing countries, or their parents' and carers' views of smoking. Only 6% of the statements mentioned their learning from studying the tobacco trade and the history of tobacco:

*"I learned...How it [tobacco] moves around the world."*

### **Respondent's Views of the Topics**

Respondents were asked to rate the different topics. 'Smoking and adverts' was the highest rated topic. 63% of respondents rated this topic as very good. The topics, 'growing tobacco in poor countries' and 'pressure to smoke from friends' were less favoured; 41% of respondents rated both these topics as okay and poor. Respondents were asked to select a favourite topic. Of the 22% of respondents who rated adverts as their favourite topic, the majority said that this topic was their favourite because it was enjoyable and fun:

*"It was very interesting and the adverts were very funny and catchy."*

45% of respondents said the reason for selecting their favourite topic was because they had learned new things about tobacco and the information was interesting:

*"Because I did not realise they [cigarettes] were so dear".*

*"Is because it told you how they would have to travel back and forward to get more [tobacco]."*

### **Respondent's Views of the Learning Methods**

A series of questions aimed to gather respondents' views of the learning methods used during the project. Drama and watching DVDs were the highest rated activities. Between 74% and 89% of respondents rated the drama activities as very good. Respondents

were asked to select a favourite activity and to give a reason for their response. 78% of respondents rated experiential drama as their favourite activity. 50% of respondents said that the reason experiential drama was their favourite was because it was fun:

*"It was funny and they put on some good shows and we were always taking part."*

### **Impact on Tobacco Use**

A series of questions aimed to identify any impact of the project on tobacco use. The questions explored people respondents had spoken to about the project, how they would react if someone they knew started smoking, and respondents' views on smoking. 93% said they were less likely to start smoking and 7% said it did not change their view about smoking. As there was no pre-evaluation before the start of the project it is not clear whether respondents' views of tobacco were changed as a result of the project. Respondents were asked how they would react if someone said they wanted to start smoking. 93% of respondents gave a negative aspect about smoking as a reason not to smoke. The majority of responses were related to the health impact of smoking. 41% of respondents described the short and long term health effects of smoking:

*"Don't do it if you start you can't stop and it can make you're breathe [sic] smell, your hair and clothes smell and you can get many illnesses"*

*"Don't because it ruins your life such as it gives you cancer".*

### **Impact of Interdisciplinary Learning**

The research aimed to identify how respondents viewed the use of interdisciplinary learning in tobacco education. The results show that only a small number of respondents recalled learning on topics related to the social, economic and global impact of tobacco use. When describing how they would respond if someone they knew started smoking, none of the respondents mentioned the impact of tobacco production on developing countries as a reason not to smoke. For example, as part of the project children learned about the harm caused to children working on tobacco farms in Malawi, yet this was not given as a reason not to smoke. It may be the learning methods used for

global tobacco production did not engage the children as effectively as other topics such as smoking and advertising. The topic may also have been viewed by respondents as less relevant compared with health issues. Respondents' focus on the health impact of smoking may be related to other factors. Previous tobacco education programmes are likely to have focused on the health effects of smoking. Respondents may have been exposed to messages about smoking through anti-smoking media adverts and campaigns. While the research project showed that children valued drama inputs, the additional contribution that drama made to the children's learning and views of the project was not identified.

### Learning and Recommendations

The Tobacco Education Project has illustrated the benefits of national policy to help implement change in substance misuse education. A small amount of funding from Equally Well covered the costs of teaching staff to be released to create the lesson plans and the experiential drama input. The expertise and commitment of all those involved in the project made a significant contribution to the project success. In line with the principles underlying Equally Well, learning from the Tobacco Education Project has been shared with practitioners involved in tobacco education across Scotland (Equally Well Test Sites: Evaluation, 2011). The Trade Winds resource is being used by schools in the NHS Greater Glasgow and Clyde area and is available from ASH Scotland. Inputs on the resource are also part of the Primary Education course at the University of Strathclyde. While the Trade Winds resource considers historical issues related to tobacco in the Glasgow City area, it is of relevance and can be adapted for use by schools across the UK.

With the continuation of Curriculum for Excellence, there would be benefit in further research to look at the impact of using interdisciplinary learning in substance misuse education. The benefits from using experiential drama in substance misuse education would also benefit from further research.

Project Materials

Trade Winds is available from:

<http://www.ashscotland.org.uk/projects/youth-development/information-for-professionals>

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Daria J. Kuss is a doctoral researcher in the area of online addictions and Dr. Mark D. Griffiths is a Professor of Gambling Studies. They are both at the International Gaming Research Unit, Psychology Division, Nottingham Trent University. For communication please email: [daria.kuss@ntu.ac.uk](mailto:daria.kuss@ntu.ac.uk) or [mark.griffiths@ntu.ac.uk](mailto:mark.griffiths@ntu.ac.uk)

## Daria J. Kuss and Mark D. Griffiths

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### Adolescent online gaming addiction

For most adolescents, gaming is a pleasurable pastime activity. However, research suggests that excessive online gaming may in extreme cases lead to symptoms commonly experienced by substance addicts, namely salience, mood modification, craving, and tolerance (Kuss & Griffiths, 2012a). Particularly excessive engagement with both online and offline games appears to lead to addiction in a small minority of players. Since video gaming is particularly appealing to children and adolescents, it appears reasonable to suggest that these groups may be particularly at risk (i.e., more vulnerable and susceptible) of developing gaming addiction. Furthermore, it has been argued that because of the 24/7 nature and almost mandatory excessive play required in playing online games (such as *World of Warcraft* and *Everquest*), online gaming may be more problematic for 'at risk' individuals than offline gaming (Griffiths, 2009).

#### Online gaming addiction

Assessing online gaming addiction in children and adolescents is relevant for several reasons. With regards to developmental psychopathological findings, it appears that addictions tend to have precursors during adolescence (Griffiths, 2011). Also, it is relatively common that most dependencies develop in early adulthood (Griffiths, 2011). Therefore, prevention efforts must be established that target adolescents who have their first experiences with addictive substances and behaviours during puberty. Parental influence is diminished whereas the peer group gains more importance. Peer pressure may lead to a variety of problems that may result in the development of pathological behaviours, such as chemical and behavioural addictions (Wölfling & Müller, 2009).

Adolescents may use online games as a way

of coping with stressors and gaming can become a dysfunctional media-focused coping strategy (Thalemann, 2009). Similarly, relationships between problematic gaming and the ways in which adolescents cope with stressors and frustrations have been reported (Wölfling, Thalemann, & Grüsser, 2008). For instance, problematic gamers play games significantly more frequently than non-problematic gamers as a reaction to anger and frustration. Thus, they appear to use gaming as a strategy for emotion regulation in order to decrease negative feelings. This seems particularly problematic because those adolescents who play online games excessively are likely to get little chance to actually develop healthy ways of coping with stressors because they are constantly occupied with playing online games instead. Therefore, their psychosocial development may be significantly impaired.

The consistent blocking out and passive coping with stressful experiences is a strategy that may be successful in the short-term. However, viewed from a long-term perspective, this dysfunctional coping style may limit the adolescents' potential to have fundamental experiences that are necessary for developing a protective way to cope. In this case, it appears more likely that once new stressors appear, some adolescents continue to use escapist and media-focused coping mechanisms. This results in a vicious circle (Wölfling & Müller, 2009). Moreover, adolescents aged 17-19 years treated for their pathological gambling and online gaming addiction at the Outpatient Clinic for Gaming Addictions in Mainz, Germany, have been found to suffer from depressive symptoms, anxiety, and somatization (Wölfling & Müller, 2009). Such clinical observations hint at the importance of assessing excessive and potentially pathological online gaming

behaviour.

### Literature review

Because of these concerns, we recently carried out a comprehensive and systematic review of the adolescent online gaming literature (Kuss & Griffiths, 2012b). To be included in the review, studies had to (i) include empirically collected data, (ii) assess online gaming addiction in some form, (iii) include children and adolescents (aged 8-18 years) in the sample, (iv) have been published in peer-reviewed journals, and (v) be published after the year 2000. This timeframe was applied because studies that were published earlier than 2000 were assumed to have a focus different from online games (i.e., they specifically assessed console or arcade video games without an equivalent on the Internet). A total of 30 empirical studies were identified as meeting the inclusion criteria.

Online gaming addiction in these 30 studies was assessed using different screening instruments. These included those based on the criteria for pathological gambling ( $n = 18$ ), those based on the criteria for substance dependence ( $n = 3$ ), those based on a combination of both pathological gambling and substance dependence ( $n = 3$ ), those based on parental referral ( $n = 2$ ), and those based on other miscellaneous classification criteria ( $n = 4$ ). A detailed evaluation of each of these 30 studies can be found in our full review (see Kuss & Griffiths, 2012b). In summary, the data collected were of variable quality and the vast majority of studies had major methodological shortcomings (detailed later in this article). Only one of the 30 studies used a large nationally representative sample of adolescents (i.e., Rehbein, Kleimann & Mößle, 2010). Prevalence rates for problematic gaming or online gaming addiction were reported to be as high as 12% (although they were typically in the 2% to 5% range). However, the most robust study carried out on over 15,000 adolescents in Germany reported that 3% of male adolescents and 0.3% of female adolescents were dependent on gaming (i.e., Rehbein, Kleimann & Mößle, 2010).

### Insights

Our review provided important insights into the state of current knowledge of adolescent online gaming addiction despite the many types of screening criteria used to assess online gaming addiction. A large majority of studies

adapted pathological gambling criteria in order to assess the extent to which online gaming addiction was present. This appears acceptable since online gaming and online gambling share a variety of similar characteristics that have been extensively discussed in the psychological literature for over 20 years (Griffiths, 2005; Johansson & Götestam, 2004). Furthermore, there are now a number of overviews highlighting the convergence between Internet use, gaming and gambling (e.g., Griffiths, 2002; King, Delfabbro, & Griffiths, 2010). This suggests that gaming and gambling activities are progressively merging. Nevertheless, although gaming and gambling share a variety of similarities, they cannot be necessarily equated with one another. Furthermore, some researchers claim that the classification of behavioural addictions within the framework of pathological gambling appears relatively insufficient and it can have negative consequences for actual treatment when no use is made of therapeutic elements for patients suffering from substance dependence (Poppelreuter & Gross, 2000).

### Limitations

As noted briefly above, the empirical studies that have examined adolescent online gaming addiction suffer from a variety of limitations. A major limitation was the frequent lack of sensitivity and specificity of measures used. On the one hand, it appears difficult to judge the extent to which the assessment tools utilized are sensitive enough to actually determine online gaming addiction status within adolescents. Thus, the question of sensitivity remains. On the other hand, it is unclear in how far the measurement instruments used are able to specifically identify adolescents who are not addicted to online gaming. Therefore, problems in the instruments' specificity may arise because the latter appears to be rather limited. In addition, the almost exclusive utilization of self-report measures calls into question the accuracy of diagnosis. Psychological and psychiatric assessments as well as parental reports appear to be indispensable complements for judging whether and to what extent an adolescent is actually addicted to online gaming particularly in light of a variety of symptoms that are commonly experienced comorbidly.

Another problem that materialized with the

large majority of identified studies was the utilization of small, specified, self-selected, and/or mixed samples. Small samples are not representative of whole populations and therefore establishing representative prevalence estimates is impeded. Furthermore, if samples are particularly specified (i.e., using a limited age group in a particular country, etc.), the participants' responses cannot be generalized to larger populations and to other countries either. The opposite problem occurs if samples are mixed. It is unclear to what extent the findings can be generalized to specified populations. Self-selected samples comprise only those people who were enthused enough to participate and therefore these samples are somewhat unrepresentative of most target populations. Each of these problems calls for improvements in future research in order to increase the external validity of the studies' results. In addition, research in the field calls for studies that assess online gaming addiction cross-culturally because by comparing and contrasting the disorder within diverse sociocultural contexts, the differences and similarities can be discerned and treatment approaches can be tailored to the respective needs of particular cultural groups.

With regards to adolescents who are potentially vulnerable to becoming addicted to playing online games, classification is essential because it will help to develop and initiate prevention efforts. Only when online gaming addiction is more clearly and comprehensively understood, can risk variables be targeted and protective factors fostered from a mental health point of view and on a large scale. Among groups of young people, prevention efforts may include both psycho-education as well as provision of information and tools that focus on developing healthy ways of coping with daily stressors. The earlier preventive efforts are initiated, the greater the chance that children and adolescents are protected from the dangers and ramifications of online gaming addiction.

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Dr David Regis is the Research Manager at the Schools Health Education Unit  
For communication please email: [david.regis@sheu.org.uk](mailto:david.regis@sheu.org.uk)

## David Regis

# Food: Now and Then - Young People's Attitudes to Healthy Eating

**F**ood: *Now and Then* is a new e-report from the Schools Health Education Unit (SHEU) that contains the latest responses to questions about food, healthy eating and weight control. Also included are trends data from a sample of 756,066 young people, between the ages of 10 and 15, who have taken part in the Health Related Behaviour Questionnaire (HRBQ).

It contains fascinating trend information, some going back to 1983 - a generation ago. A number of our original subjects in the 1980s have probably had children who have contributed to the findings in 2010.

### What did we find?

The report is arranged by topics that cover: breakfast, lunch, attitudes to weight, food preferences, drinking water, snacking and considering healthy food options.

This article will present a brief summary of the results and uses two symbols to indicate an upward data trend ↑ and a downward data trend ↓.

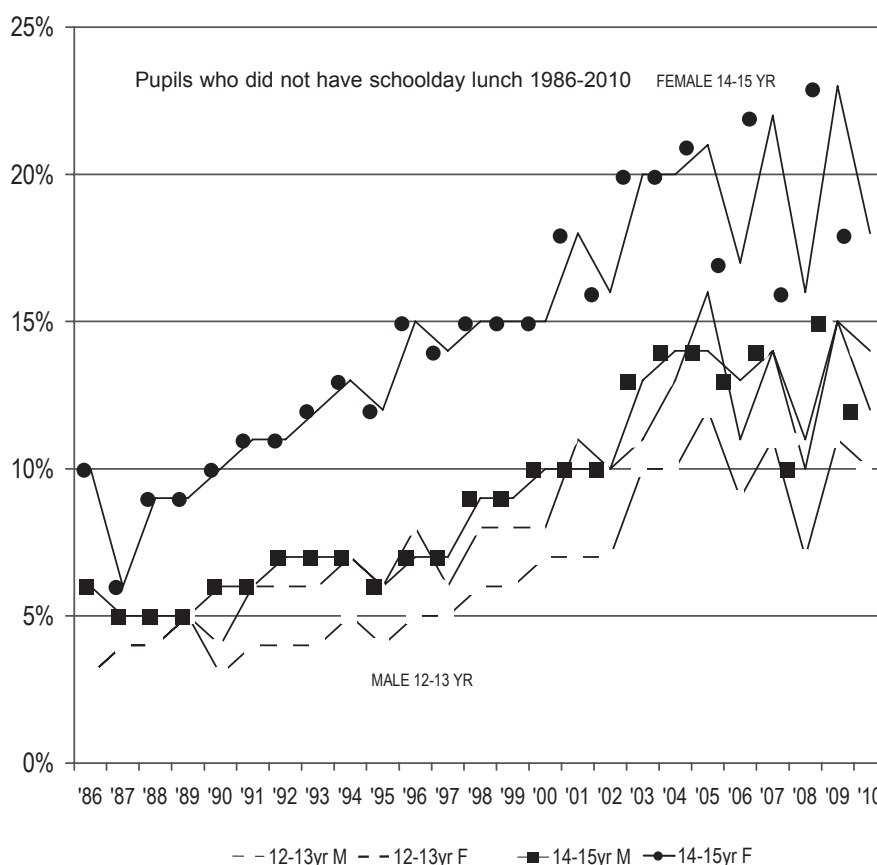
### Schoolday breakfast

In 2010, 31% of 14-15 year old females report having '*nothing at all to eat*' for breakfast. Since 2004, this figure has remained fairly constant.

↓ Since 1999 there has been a steady decline in the number of pupils who ate sugar-coated cereals '*on most days*'. For example, 15% (1999) 12-13 year old females and 9% (2010).

### Schoolday lunch (see chart below)

↑ Over 10% report not having schoolday lunch '*yesterday*' (18% of Year 10 females). 5% or so of pupils said this in 1986 (10% of Year 10 females).



The 'yo yo' figures seen in recent years are as a result of biennial surveying.

**Attitude to personal weight**

There is no overall trend in those reporting that they are 'Happy with weight as it is'. Females, aged 12-15 yrs. old, report being the least happy.

There is a slight upward trend, from 1983-1990, in those reporting they 'tried to lose weight'. Males consistently report lower percentages compared to females.

↑ 60% of Year 10 females (aged 14-15 years old) say they 'Would like to lose weight'. A little over 50% of Year 10 female pupils said this in 1991.

**Dairy produce**

↓ In 2010, between 44%-52% of 10-15 year olds reported having dairy produce 'on most days'. Between 52%-66% of the equivalent group said this in 1999.

**Eating meat**

↑ Over 35% of Year 10 males, in 2010, eat meat 'on most days'. Less than 30% of the equivalent group said this in 1999.

**Vegetarian**

↑ In 2010, about 5% eat vegetarian food on most days. Just 1% of all pupils said this in 1991.

**Chips and roast potatoes**

↓ 11% of Year 8 females, in 2010, eat chips/roast potatoes 'on most days'. 26% of the equivalent group said this in 2000.

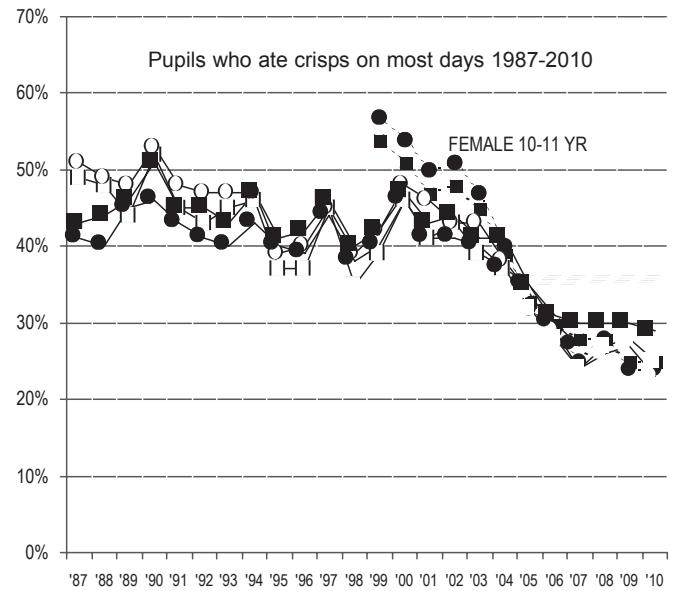
**Vegetables (see chart below)**

↑ In 2010, 42% of Year 8 males (aged 12-

13years old) eat vegetables on most days. 33% of the equivalent group said this in 1999.

**Crisps (see chart below)**

↓ 25% of Year 6 girls, in 2010, who were aged 10-11 years old eat crisps, 'on most days'. 58% of the equivalent group said this in 2000 (sweets, chocolates, fizzy drinks show the same fall and in all groups) [Similar trends from Scottish children have been reported by others].

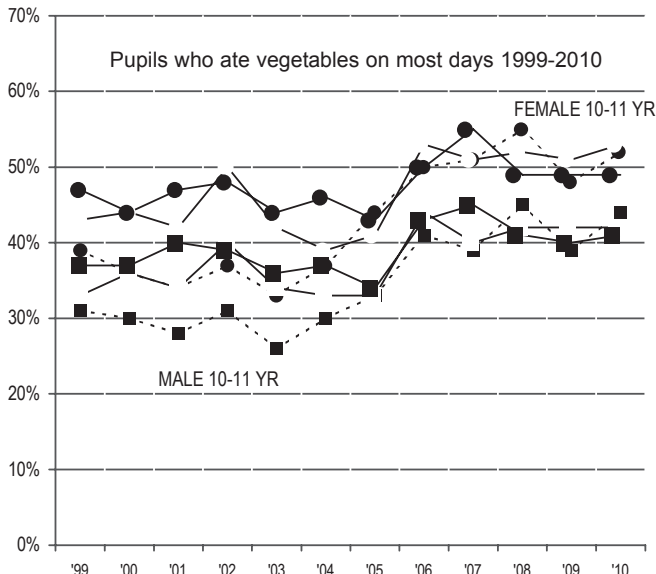


**Considering health**

35% of Year 10 males, in 2010, 'often' consider their health when choosing food. 26% of the equivalent group said this in 2000 (but it was nearly 40% in 1991).

**Eating fruit and vegetables**

The table below shows that the more times per. week young people report eating fresh fruit and vegetables they are more likely to report expecting to achieve 5 A-C GCSE's



% 5 A-C GCSE Expectations/	Eating fresh fruit		Eating vegetables	
	Year 10 M	Year 10 F	Year 10 M	Year 10 F
Rarely	10	6	15	10
Once a week	23	19	21	17
2-3 times a week	31	31	31	32
On most days	34	49	33	41

By online (£5) from <http://sheu.org.uk/content/page/food-now-and-then>