News from the Unit

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John Badling, 264722

Orders for publications, and general enquiries
Samantha Allister-Jones, 264722

Health Related Behaviour Questionnaire surveys
Receipt of scripts and data preparation: Beryl Perkins, 264729
Printout, further analyses and computer-readable information: Anne Wise, 264728

Primary Health Related Behaviour surveys
Carolyn Shelley, 264726 (part-time) or Anne Wise, 264728

"Just A Tick" health topics surveys
Carolyn Shelley, 264726 (part-time) or Sally Foster, 264722

Computer programs, data analysis, AIDS-related education
David Regis, 264726

Education and Health Editorial: James Muirhead, 264720

Subscriptions and advertising: Sally Foster, 264722

Some Unit publications...

Youth in 1989 ..................................... £20.00
Youth in 1990 ..................................... £20.00
Those reports present the complete Health Related Behaviour Questionnaire results from 15,072 and 18,941 secondary-school pupils respectively.

Video pack: 'The Extra Guest' .................................. £12.50
(Excluding VAT)

This was developed to support alcohol education in secondary schools. The well-received video depicts a teenage party, and the materials include substantially reworked guidelines for its use, and work-sheet manuals.

Schoolchildren and drugs in 1987 ..................... £2.50
This report describes and comments on the drug use of 1,937 boys and girls between the ages of 11 and 16.

We teach them how to drink? ................................ £2.50
An analysis of young people's most frequent sources of alcohol identify that the home, and parental approval, have the strongest influence. The report studies this link and suggests that parents need to decide where they stand on the issue.

Parents and health education ........................... £7.50
A distillation of 507 comments made by 3507 parents of primary-school children who answered the 20 questions in the course of a nationwide survey. The comments are grouped into 30 separate topics, including home-school conflict, drink and smoking, sex and religion, the hidden curriculum, etc.

Health education priorities and the primary school curriculum .................................. £11.50
The report of a national study of 28,257 pupils, parents, teachers and health-care professionals. It is shown that some topics have a high priority for all groups, but that others show considerable disagreement. To resolve these differences is a challenge, but the overall high approval of Health Education topics is reassuring.

Video pack: 'Drawing the Line' .......................... £30.00
(Excluding VAT)

This revised version has been developed to provide support for work in secondary schools on sexual relationships and HIV/AIDS. The pack includes a video plus extensively re-worked teachers' materials for use in the classroom.

Young People into the Nineties ............... £6.00
(2 x 96-page booklets, £4.00 for the set set out on A4)

The survey of the decade: a study of 125,933 young people between the ages of 11 and 16 over the period 1984–1990. In nine separate books, each dealing with a particular aspect of a young person's lifestyle.

These prices include postage and packing

Please note that the correct prices of Teenagers and Sexuality, reviewed in the previous issue, is £9.95 (inc. VAT) + £8.50 p&p.

John Balding & Di Bish
How we do it... alcohol education in 48 schools

O f the two 'legal drugs' which appear in all health education programmes, tobacco is the more straightforward one for schools to tackle.

Our society is currently largely agreed that smoking is unhealthy, not just to the smoker but also to those sharing the same air. The object of 'smoking education' is simply to discourage youngsters from ever starting and to encourage those who have started to try to stop.

Alcohol education is far less clear-cut, since the objective is not so simple. In most sections of society, some degree of consumption of alcohol is acceptable. The realistic approach is therefore to encourage youngsters to handle alcohol sensibly rather than to be totally abstemious. Schools differ widely in their attitude towards alcohol education and the strategies they consider most appropriate.

The survey

With the backing of Allied-Lyons PLC, the Unit began work in the autumn of 1990 to develop a questionnaire survey method to document alcohol education practice in a substantial sample of secondary schools. In particular, we were interested to discover to what extent Personal and Social Education (PSE) strategies were being used, and which commercial resources were the most popular. The project report will shortly be published as a monograph (1).

Initially we circulated 116 schools with a written questionnaire. Of these, 48 replied. The need for further information led us to contact 24 of these schools again and carry out a structured 'face-to-face' telephone enquiry in two waves, the second focusing on resources and their use. These interviews also enabled other spontaneous comments to be recorded.

All the schools in our list were selected from ones that had already used our Health Related Behaviour Questionnaire service. The reason was twofold: the fact that they had elected to use the service meant that their health education provision was probably being scrutinised, so that the questions could readily be answered. Also, the Unit possessed data on the pupils' lifestyles that might be interesting to relate to the schools' policies towards alcohol education.

The range of responses

To summarise accurately the great variety of alcohol education provision in the 48 schools, we could simply say that there were 48 different approaches to the topic. Nevertheless, with this enormous disparity, some overall conclusions were drawn.

The following common factors emerged:

1. Alcohol education was felt to be worth attempting, even though most teachers were not confident that work in the classroom would have much effect on patterns of drinking outside school.
2 Methods of evaluation would be enormously helpful.
3. The significance of peer-pressure was seen as overwhelmingly important in determining drinking patterns.
4. Very little cross-curricular work in alcohol education was recognized.
5. Schools differed greatly in the following ways:
1. The time spent on alcohol education (in whatever guise) ranged from 2-68 hours during a pupil's secondary stage of compulsory schooling (11-16).
2. It could be based in PSE (some schools had modules with alcohol as the theme, while others introduced it inside other topics); in science; and more rarely in other subjects.
3. Within co-operative PSE programmes, staff were typically positive, but where alcohol education was accommodated in tutor time some found it "difficult", were clearly uncertain in their role, and therefore doubtless were less convincing.

The PSE curriculum?
Of the 48 schools, 84% included alcohol education in their PSE curriculum.
The basic choice was whether to teach it as a module or as a component of many other social

situations. Teachers were divided — several were convinced that alcohol education should not be taken in isolation. One teacher stated very firmly that he would never devote a lesson to alcohol! For him several small slots, presented often, was the effective way through.

Other schools had as much as a half-term module on alcohol, whereby it was the central theme and other issues were seen in relation to it.

Practical factors included time-sharing PSE lessons together so that classes could, for example, come together to view a video and then split into smaller groups for follow-up work. This allowed one particular staff member to share their talents with more than one class, but it meant that resources needed to be held in anticipation to serve the several follow-up sessions with smaller groups if a modular programme was not adopted.

In other subjects?
Thirty schools also contained some alcohol education within science modules, presumably with a more factual analysis of alcohol and its effects. (Of these schools, 26 combined it with PSE, and the other four had no PSE course.)

Health education is not always present in its own right as part of the curriculum, and this explains why alcohol education is only located here in 17 schools, for it would almost certainly form part of the programme.

English and drama appear to have a minor role, which is disappointing since there is ample scope for work within a department that might use role play as a method of teaching. Research for discursive essays in English could also be undertaken.

A staff overview
We realized that the context within which alcohol education was presented was not only very interesting, but also vital to an overall understanding of the schools' programmes. The variety of approaches is reflected by the commentary from 16 different schools on the opposite page.

Some relevant factors
In the course of the "fine-detail" enquiry, any relevant issues raised by teachers were noted. An overview of these, grouped under headings, is printed here.
issue for them to discuss. How youngsters spent their time outside school led to interesting comment on the strong tradition of spending time outdoors by the boys. Lack of alternative facilities led to a certain amount of time spent in the local pub, where the evening socialising at the local rugby club! Youth clubs were included — some directly affiliated to the school, others not.

Another colleague suggested that the drinking habits of the parents would become the habits of their children.

Linked to leisure was the money the pupils had to spend. One school suggested there were seasonal differences in earnings, which might be linked with the amount available to the youngster to spend on alcohol.

Cultural factors

The continuing ‘male’ or ‘female’ roles were still in evidence in some schools. A couple of schools mentioned their Muslim communities.

Time devoted to alcohol education

The average level of provision between the ages of 11 and 16 was about 10 hours, but the range was between 2 and 68 hours. The figures below suggest that very little work is done in the lower years, the programme allowing more time in year 11. The latter years are when the pupils are likely to be away from adult supervision, and so schools feel that this is the most valuable time to tackle the issue.

<table>
<thead>
<tr>
<th>Year</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 7</td>
<td>0.3</td>
</tr>
<tr>
<td>Year 8</td>
<td>1.1</td>
</tr>
<tr>
<td>Year 9</td>
<td>2.5</td>
</tr>
<tr>
<td>Year 10</td>
<td>3.4</td>
</tr>
<tr>
<td>Year 11</td>
<td>3.0</td>
</tr>
<tr>
<td>Years 12/13</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Cross-curricular approaches

We attempted to find out not only what was being taught but whether there were intentional links between the different departments and within departments.

Here, there had been very little work done. Whilst several subjects may include alcohol education, there was little or no overall policy. The phrase “haphazard rather than planned” was often used by the headmaster and it seemed to apply to several schools. However, what could be achieved was indicated by one school which had a party specifically for dealing with cross-curricular activities, and “health” had been the first topic they developed.

Adverse comments included that cross-curricular work was non-statutory and staff were already heavily committed, people did not want to know! A school with a strong academic tradition admitted to paying lip-service to the idea, since they regarded it as the latest ‘trend’.

Staff evaluation

The staff were invited to record their views on the alcohol education programme. It is significant that only one out of the 48 schools had a co-ordinator was sufficiently confident to describe their alcohol education programme as very good. A further ten would describe it as good, while 22 were satisfied and the remaining 15 acknowledged that there was significant room for improvement.

Alcohol programmes in 30 schools

An intriguing feature to emerge from the survey work was an apparent relationship between the alcohol education programme and the pupils’ level of consumption as revealed by the Health Related Behaviour Questionnaire survey. Most schools had participated with their first year 8 and 10 pupils, and so we concentrated upon these particular year groups’ levels of alcohol consumption, selecting 30 schools for special study. They contained:

- Year 8: 1041 boys and 992 girls in 23 schools
- Year 9: 1221 boys in 17 schools, 1035 girls in 26 schools (one school was for boys only).

Of the 30 schools, 20 had surveyed year 8 and 9, and 3 had surveyed year 8 only, and 7 had surveyed year 10 only. The alcohol education within these schools was allocated to the following subject areas:

<table>
<thead>
<tr>
<th>Year 8</th>
<th>Year 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE + science</td>
<td>9 12</td>
</tr>
<tr>
<td>PSE - science</td>
<td>10 10</td>
</tr>
<tr>
<td>Science - PSE</td>
<td>3 2</td>
</tr>
<tr>
<td>Somewhere else</td>
<td>1 3</td>
</tr>
</tbody>
</table>

We were now able to relate the drinking behaviour of the pupils to any aspects of the alcohol education programme that seemed appropriate.

Table 2. The percentage of declared ‘drinkers’ in 30 schools, according to the delivery of alcohol education in PSE (with or without other coverage) or elsewhere (without any PSE coverage). Of these schools, 28 had surveyed year 8 pupils and 27 had surveyed year 10 (one of these was a boys’ school).

<table>
<thead>
<tr>
<th>Year 8 Boys</th>
<th>Year 8 Girls</th>
<th>Year 10 Boys</th>
<th>Year 10 Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSE Science</td>
<td>36.7</td>
<td>20.5</td>
<td>61.0</td>
</tr>
<tr>
<td>Other</td>
<td>48.5</td>
<td>28.5</td>
<td>59.8</td>
</tr>
<tr>
<td>PSE Science</td>
<td>19</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 3. The percentage of declared ‘drinkers’ in 30 schools, according to the delivery of alcohol education in science (with or without other coverage) or elsewhere (without any science coverage). Of these schools, 28 had surveyed year 8 pupils and 27 had surveyed year 10 (one of these was a boys’ school).

<table>
<thead>
<tr>
<th>Year 8 Boys</th>
<th>Year 8 Girls</th>
<th>Year 10 Boys</th>
<th>Year 10 Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Science</td>
<td>36.3</td>
<td>20.5</td>
<td>61.0</td>
</tr>
<tr>
<td>Other</td>
<td>36.0</td>
<td>28.5</td>
<td>59.8</td>
</tr>
<tr>
<td>Science</td>
<td>19</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Drinking levels and staff satisfaction

It might be expected that the highest satisfaction would be expressed by schools with the lowest drinking rates. Inspection of Table 1 shows, however, that the ‘very good’ row has the highest or equal highest percentages in three of the four columns, and the ‘room for improve- ment’ row contains some of the lowest figures. In general, then, schools that were most critical of their programmes tended to have the lower drinking rates.

Without analysis of the catchment area factors it is not possible to draw definite conclusions, although a possible interpretation is that a vigilant and critical attitude on the part of the staff may transfer itself to the pupils.

Style of alcohol education

The claim by Dr. Eiser et al. that ‘social education is good for health’ (2) led us to investigate differences between the drinking behaviours of the pupils attending schools that organized their alcohol education under the general heading of PSE on the one hand, and science on the other. Eiser’s research had suggested that knowledge-based, scientific, factual health education is less effective (and may even be counter-productive) when compared with a PSE programme that incorporates knowledge but also covers attitudes to alcohol and general social skills such as refusal skills and assertiveness.

Of the 30 schools surveyed, 27 had a PSE-based alcohol programme, of which 12 also included it in science. Only three schools delivered it in science, with no PSE programme. The pupils were classified as ‘drinkers’ or ‘non-drinkers’ on the basis of whether they had consumed any alcoholic drink at all during the seven days previous to completing the questionnaire.

Table 2 displays the distribution of drinkers and non-drinkers with respect to delivery of the alcohol education programme in PSE or elsewhere.

The results for boys in year 8 show that pupils in the ‘PSE’ schools are less likely to have drunk any alcohol, at the p = .005 level for boys .02 level for girls. The year 10 results show no significant associations.

Table 3 displays the distribution of the same two groups with respect to delivery of an alcohol
programme in science or elsewhere.

The significance is again high for the year 8 pupils (p = 0.01 for the boys and 0.0001 for the girls) in the direction of there being more driners in these schools. Again, the year 10 results do not fall within the conventional cut-off for significance.

**Alcohol education or ethos?**

On the face of it, this supports the hypothesis that PSE-based work is more effective than fact-based knowledge teaching in modifying behaviour. However, it is disconcerting to realise that the majority of alcohol education is aimed at year 10 pupils, who show no significant difference, and not at year 8 pupils, who do! To disentangle those pupils who may have experienced an alcohol programme in year 8, we re-analysed the sample, using only those year 8 pupils who definitely had not received any alcohol-related education. The significance was as follows:

**PSE-based**
- Fewer drinking boys (p = .008)
- Fewer drinking girls (p = .006)

**Science-based**
- Boys (no significance)
- More drinking girls (p = .003)

This means that youngsters who had received no direct alcohol-specific input at all were still tending to exhibit different drinking behaviours according to the PSE or science-based style adopted by the school. Possible explanations include:
- Other generic PSE work in years 7-8 may have had an effect.
- The atmosphere, ethos, and hidden curriculum of the school influenced the 'drinking' behaviour of its pupils and also expressed itself in the style of alcohol education adopted.
- Schools suspecting that they had a 'drink problem' went for more factual input.

**Resources**

Around 150 alcohol education resources have been catalogued as suitable for secondary-school pupils by TACAIDE (3). Of these, only a small percentage found their way into the schools we surveyed.

From their responses to existing resources, we might gather that no one resource is going to suit everybody. Teachers have some clear ideas about what a resource should provide, but these things are clearly not being delivered to all those we interviewed.

Nevertheless, priorities could be established, and some recurring points are presented here.

### Table 4. The alcohol education resources most commonly held by the 48 schools, with a summary of their evaluation.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Excellent/ Good</th>
<th>Useful/ Fair</th>
<th>Poor</th>
<th>No Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Education Syllabus</td>
<td>17</td>
<td>8</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Free to Choose</td>
<td>22</td>
<td>11</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Raising the Issues</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Skills for Adolescence</td>
<td>25</td>
<td>9</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Health Education</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Porn</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol Education in Schools</td>
<td>12</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The Drug We Drink</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Good Health Series</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>What's Your Poison?</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>That's the Limit</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Card Game</td>
<td>14</td>
<td>7</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Think, Inform, Decide</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>ROSPA</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In general, schools possess few resources in alcohol education, the average being only 3.5 per school. Table 4 details which are the most often held and the degree of satisfaction felt towards these resources. The divergence of assessment of the most commonly-held resource materials may reflect differences in the approaches or skills of the staff, but our own experience with young people suggests that different groups of young people react very differently to similar lessons, and so the spread of ratings may have less to do with the materials than the range of experiences enjoyed (or suffered) by staff in different schools using the same resources.

- **Tutors need resources which can be used with confidence and put issues in context.**
- **There is a clear distinction between the ease and flexibility of use of a resource, and the need to understand its effects on the pupils.**
- **Teachers stressed that they were the 'number one resource' and the pupils' response to any individual resource will mirror the sensitive approach of the teacher, in terms of their response to the pupils and the particular materials.**
- **It appeared that staff often need help with 'relationships' issues raised by materials.**
- **Videos seem to be of two types: those that aim to stimulate pupils to talk from their own ideas and experiences, and those that use the short sharp lessons of factual information about the harmful effects of alcohol on the body. These latter videos may stray into 'shock tactics'; in any event the former 'discussion starter' style is generally preferred.**
- **Materials should raise awareness of the outside world; in this respect outside speakers who can bring a different account to the classroom are another useful resource.**

**Distribution of resources**

The number of resources held by the 48 schools is shown below:

<table>
<thead>
<tr>
<th>Resources</th>
<th>% schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>6+</td>
<td>12</td>
</tr>
</tbody>
</table>

Schools are generally positive towards their own resources, but where larger numbers of schools have a resource there can be a wide spread of ratings.

Materials are hired by 22 of the schools, but this is a less satisfactory procedure since availability of a resource at the desired time may be a problem, and this availability may then become the determining factor in what, and if, it tackles alcohol education.

It was during the second wave of telephone inquiries that the emphasis was shifted to allow for a more detailed analysis of the most widely-held commercial resources. The following details, therefore, are the responses of 12 out of the 48 schools surveyed to the following questions:

- **How the resource was used (content)**
- **The particular strengths of the resource**
- **Any perceived weaknesses in the resource**

Three resources in particular were held, if not used, by a number of schools:

- **Skills for Adolescence**
  - The Extra Guest (video)
  - Alcohol Education Syllabus 11-16

The monograph presents full comments on all three, but in this article we shall summarise the views of two schools per resource that had positive and negative verdicts on it.

- **Skills for Adolescence**
  - **Positive:** This is part of a central resource pool used by 24 form tutors. The Head of Personal, Social and Health Education selects sections from which colleagues may make a choice. The style is most important, and the staff find it easy to take on. The diversity of the scheme is one of its strengths. The topics grab the pupils, who take on the tasks they are set. Pupils feel they are getting something from it.
  - **Negative:** It is only suitable for staff who are totally committed to its approach and who have been on the training course offered. The method is too PSE-orientated for this school, since staff have different levels of commitment. It may put many staff off through fear and lack of confidence. Although much has gone into it, it is visually not very stimulating and rather "Americanised".

- **The Extra Guest (video)**
  - **Positive:** It is a very successful 'trigger' for many issues as it can draw on many themes. Recently the Drama Dept. used it as a trigger for...
A national award for the AIDS exchange game

Graham Thomas, a teacher at Estover Community College, Plymouth, first described his AIDS exchange game in Education and Health Vol. 8 No. 3, 1990. The game earned him a £400 merit prize in the 1991 Donosmo Health Education Awards.

With a tradition already established for active learning approaches, we were reluctant to use video or other, more didactic, materials.

Furthermore, being committed to the view that good health education is founded upon the relationship between knowledge, attitude and behaviour, I wanted something that would actively involve the young people in exploring these elements.

As the teacher responsible for AIDS/HIV education within Estover College, I wanted to devise a method for communicating important messages about its transmission that fitted in with the college's already established reputation for active learning.

Aided by colleagues, I devised the AIDS Simulation Game, in which a small number of pupils in a freely-circulating group were given cards representing the virus. By monitoring the way the virus spread through the group, the predicted spread of AIDS through an unprotected population was closely modelled.

Since the game has already been described in Vol. 8 No. 3 of this publication, I shall refer here to some recent evaluation and modifications that may be of interest to AIDS educators in general, whether or not they have used the game.

How AIDS can spread

My colleagues and I were very satisfied with the way the game demonstrated the nature of the spread of the virus through a population. On every occasion we have repeated the game the same shape of curve results, as shown in Graph A, Fig. 1. This curve directly simulates the curve that AIDS researchers produce to show their predictions of the spread of HIV/AIDS.

Risk and number of partners

On every occasion it has been made clear that those with high exchange values are more likely to become infected and to pass on the infection. Furthermore, some of the quotes from the participants provide anecdotal evidence in support of this.

Partner's sexual history

The extent to which this objective is met varies according to how the exchanges take place. However, we generally find that the tagged cohort has a higher infection rate in the first half of the game, when they tend to exchange between themselves. On one occasion a whole cohort remained uninfected, except for one member, because they had exchanged exclusively within their own group.

Thus the simulation reflects how transmission to a wide population is accelerated by movements of individuals to different parts of a country or to different countries.

Precautions against infection

This effect, simulated by issuing 'condom cards', was clearly shown on most occasions by a levelling-off of the curve as in Graph B, Fig. 1. The fact that it did not show the effect more distinctly is an advantage, because it clearly underlines that the use of a condom only reduces, rather than eliminates, the risk.

We have been more than satisfied with the effectiveness of the simulation in demonstrating real issues.

One worry for some is that the game seems to assume that one sexual contact will always result in the HIV being transmitted. In its simplest form the game does assume this, and some AIDS professionals accept it as being a reasonable assumption. Nevertheless, to overcome any objections, an interesting variation is suggested whereby a chance element is introduced by the shake of a dice when somebody receives the HIV card.

An evaluation

The pupils' level of understanding about AIDS was tested, one of the questions asking them to offer sound precautionary advice. The