

John Balding & Di Bish

How we do it . . . alcohol education in 48 schools

Of 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 'fine-detail' 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 recognised.

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

Comments from 16 schools, giving a summary of their approaches to alcohol education

1. Within a module on lifestyles which covers issues of diet, we examine all types of drug abuse and dependency. Two sessions devoted to how to say "No". Pupils given practical skills to meet pressures they will face.
2. Health education in years 10 and 11 includes decision-making, alcohol, social abuse, peer pressure, advertising, responsibility, law.
3. Alcohol is seen as a legal, easily-available drug which can cause problems and with which we have to live. Treated as part of the programme of personal development.
4. Promoted within GCSE PE and Health Lifestyles. Subjects such as biology, social biology and home economics look at effects of alcohol.
5. Part of our spiral curriculum in PSE.
6. School Liaison Officer deals with topic within PSE curriculum — he uses videos and allows pupils to have teachers breathalysed.
7. As Health Education has disappeared, PSE will be the vehicle for programme.
8. National Drinkwise Day — posters, displays. If time permits, work done in RE prior to this. On school trips, responsible drinking encouraged.
9. Split across subject areas, but attitudes to alcohol are covered in more depth in areas such as responsibilities, family, etc.
10. Whole-school policy towards alcohol education promoted by specialist lessons, hidden curriculum references to alcohol, and attitudes in activities in and out of school.
11. Within context of taking control of own life and using the approach of *Skills for Adolescence*.
12. Health education displays in schools — also Assembly themes.
13. In active tutorial or timetabled PSE within health modules or drug modules. Also in science, English, drama, etc.
14. Video (*Extra Guest*) plus follow-up work to video: peer pressure and role play. Visit by police — alcohol-related crime. Visit by advisory teacher.
15. Presented as a discrete 7-week module within rotating carousel of PSE themes, to year 11 pupils. Otherwise, it is hardly touched upon in the rest of the school.
16. Delivered as part of package including approaches to drugs/smoking in year 9. In year 10, part of safety education including road and industrial safety. Touched on frequently as relevant when discussing crime, vandalism, violence, family problems, etc.

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 timetabling PSE lessons together so that classes could, for example, come together to view a video and then split into several 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 duplicate 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 work in 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 realised 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 down. An overview of these, grouped under headings, is printed here.

PARENTS AND HEALTH EDUCATION

When we carried out the research leading to the major report on *Health education priorities for the primary school curriculum*, we invited parents taking part to comment freely on any aspect of health education that concerned them. A total of 3,507 did so, and we have collected a representative sample together under various headings, such as . . .

Disapproval of health education

The '3 Rs' most important

Certain topics do more harm than good

'Hidden curriculum' the best place

Concern for how the topic is taught

Shock-horror method needed

. . . and many more. Open it anywhere and you will find it hard to put down!

Price £7.50, including postage, from the Unit.

Staff

The role of senior management, governors and parent bodies was discussed. A declared policy from each or all could be a positive step for the school.

Schools with an academic tradition had staff who were less sure of the role their school should play in alcohol education.

The place of alcohol education within the National Curriculum was raised, and a few schools were at present carrying out curriculum audits.

Staff accepted the need for training and INSET days, but pointed to time as the key factor.

One school mentioned that they were lucky to have within the PSE team a member of staff trained in counselling techniques.

Pupils

Some staff considered it important to give alcohol education a low profile, the focus to be elsewhere (for example, 'accidents').

Some teachers discussed their pupils' response to outside speakers, such as a Police Liaison Officer or a representative from Alcoholics Anonymous. Views on the usefulness of outside speakers were polarised.

Concern was expressed that dealing with the subject of alcohol at all could promote its use.

Social factors

The main emphasis is on peer pressure and self-esteem. A particular group of 6th-formers selected alcohol as the most important social

issue for them to discuss.

How youngsters spent their time outside school led to interesting cameos of mining communities with a strong tradition of working men's clubs; lack of alternative facilities resulting in an inevitable drift to the pubs and the evening socialising at the local rugby club! Youth clubs were included — some directly affiliated to the school, others not.

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

Linked to leisure was the money the people had to spend. One school suggested there were seasonal differences in earnings, which maybe would 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 total provision between the ages of 11 and 16 was about 10 hours, but the time range was between 2 and 68 hours! The figures below suggest that very little work is done in the lower school, the programmes allocating more time in years 9–11. These 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.

Year 7	0.3 hours
Year 8	1.1
Year 9	2.5
Year 10	3.4
Year 11	3.0
Years 12/13	2.2

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 has been very little work done. Whilst several subjects may include alcohol education, there was little or no overall policy. "Haphazard rather than planned" was one phrase offered on the telephone, and it seemed to apply to several schools. However, what could be achieved was indicated by one school which had a working party specifically for dealing with cross-curricular activities, and 'health' had been the first topic they developed.

Adverse comments included that since 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 only 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 all the 48 school co-ordinators 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' levels of consumption as revealed by the Health Related Behaviour Questionnaire survey. Most schools had participated with their

Degree of satisfaction	Year 8			Year 10		
	Schls	Boys	Girls	Schls	Boys	Girls
Very good	1	35	38	1	64	60
Good	4	45	38	4	64	58
Satisfactory	11	36	27	13	66	52
Room for improvement	7	40	28	9	51	42

Table 1. The percentage of declared 'drinkers' in schools with different levels of satisfaction with their alcohol education programme.

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).

	Drinkers	Schools	Pupils
Year 8 Boys			
PSE	36.7	19	841
Other	48.5	4	200
Year 8 Girls			
PSE	29.5	19	747
Other	37.7	4	220
Year 10 Boys			
PSE	61.0	22	992
Other	59.8	5	229
Year 10 Girls			
PSE	52.1	22	874
Other	51.0	4	196

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).

	Drinkers	Schools	Pupils
Year 8 Boys			
Science	42.6	12	552
Other	35.0	11	489
Year 8 Girls			
Science	36.9	12	526
Other	24.7	11	436
Year 10 Boys			
Science	58.2	14	634
Other	63.5	13	587
Year 10 Girls			
Science	51.6	14	580
Other	52.2	12	490

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 967 girls in 23 schools
- Year 10: 1221 boys in 27 schools, 1030 girls in 26 schools (one school was for boys only).

Of the 30 schools, 20 had surveyed years 8 and 10, three had surveyed year 8 only, and seven had surveyed year 10 only.

The alcohol education within these schools was allocated to the following subject areas:

	Year 8	Year 10
PSE + science	9	12
PSE - science	10	10
Science - PSE	3	2
Somewhere else	1	3

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

Drinking levels and staff satisfaction

It might be expected that the highest satisfaction would be expressed by the 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 improvement' 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 Dick Eiser et al that 'social education is good for health' (2) led us to investigate differences between the drinking behaviours of the young people attending schools that organised 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 generic 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 both sexes in year 8 shows that pupils in the 'PSE' schools are *less likely* to have drunk any alcohol, at the $p = .003$ level for boys and $.02$ 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* drinkers 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 most 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 TACADE (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.

- 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.

Resources	% schools
0	6
1	12
2	19
3	25
4	15
5	10
6+	12

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 approach or skills of the staff, but our own experience with young people suggests that different groups of young people can 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.

Schools are generally positive towards their own resources, but where larger numbers of schools have a resource there can be seen some 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 when, and if, to tackle alcohol education.

It was during the second wave of telephone enquiries 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 (context)*
- *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

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

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

'Prejudice'. It is especially good because the 'party' situation is potentially the most dangerous young people come across.

Negative: The video had dated style of dress and, interestingly, style of dance. Its presentation is wisely prefaced by the teacher suggesting the class will find this interesting, but its messages certainly have not dated.

Alcohol Education Syllabus

Positive: This is the main resource for alcohol education in our school. Tutors select sections for different age groups or specific problems. With the pressure of time it provides an easily-accessible source of materials. Using these materials, pupils readily open up and it is able to initiate good discussion. It is not regarded as 'talking down' to them. However, the mixed range of experiences of particular youngsters leads to mixed responses.

Negative: We have photocopied items from it, but most of the materials are not very stimulating. It doesn't seem to 'go anywhere'. The quizzes and questionnaires are not very good. There is a need for more detail. We are disappointed with this resource.

Other resources from the list printed in the survey questionnaire were sometimes discussed, and the responses were recorded, but no generalisation from the small numbers involved can be made.

A cross-curricular strategy

Despite the positive responses to most of our questions, we were left with the feeling that alcohol education, although seen as highly desirable for young people, suffers from low status, lack of clear identity, and the difficulty of evaluating its effect on the pupils' lifestyles.

Good resources exist, and secondary age-groups have a high level of interest in the topic. The second factor, particularly, should make it attractive to curriculum planners!

We suggest that the following points need to be addressed by a school planning to institute, or overhaul, an 'alcohol' syllabus, whether within PSE or cross-curricular:

- *Staff strengths: can a team be forged?*
- *Context of the alcohol programme.*
- *Resources.*
- *Training.*
- *Awareness of levels of young people's alcohol use.*

The success of such a plan will depend on the power vested in the co-ordinator to carry the programme through, but without the willing support of colleagues the result is certain to lack cohesion.

It is, therefore, necessary to incorporate strategies that offer something positive to attract other colleagues. There is a lot of resistance to cross-curricular planning because it conflicts with traditional thinking, demands a high level of co-operation between different departments, and is associated with the non-statutory elements of the curriculum, which may be seen to be competing with the mainstream subjects.

The Schools Health Education Unit's work has always been directed to promoting the cross-curricular approach, officially 'validated' by *Curriculum Guidance 5*, which appeared in 1990. Our most obvious contribution is through the Health Related Behaviour Questionnaire surveys, and recommended routes for taking the data back into different parts of the school curriculum. For example, the 'alcohol' data provides a basis for work in:

Science: Consumption levels, strength of drinks, physiological effects, etc.

English & Drama: Advertising, role play, 'drinking types', etc.

Maths: Presenting and interpreting data, statistics, etc.

Information Technology: Further research and reporting findings, creating and interrogating a database of alcohol-related behaviour, interviews, etc.

These self-generated materials will be more relevant to the pupils than any commercial materials, and we believe that they offer a valid and effective way of using the theme of alcohol and alcohol-related behaviour to strengthen mainstream curriculum subjects.

Contact: John Balding at the Schools Health Education Unit.

References

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David Regis, a full-time researcher with the Unit, has contributed substantially to the work on correlations with pupils' drinking levels.