Table 7. Alcohol consumption and sports activities outside school (1988 sample of 4th-year pupils).

<table>
<thead>
<tr>
<th>Other variable</th>
<th>BOYS</th>
<th>GIRLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rho</td>
<td>Sig.</td>
</tr>
<tr>
<td>Rugby</td>
<td>+.13</td>
<td>.003</td>
</tr>
<tr>
<td>+ ve</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>+ ve</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Wind surfing</td>
<td>+ ve</td>
<td>Yes</td>
</tr>
<tr>
<td>+ ve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skating</td>
<td>+ ve</td>
<td>Yes</td>
</tr>
<tr>
<td>+ ve</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Aerobics</td>
<td>+ ve</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Covered is connected with participating in aerobics.

Young lifestyles

Perhaps the pattern we may see in the above sets of tables comes as no surprise. To be outgoing, to be sociable, and to take risks are normal aspects of adolescent peer group activity. A whole lifestyle is suggested by the connections between behaviours, so how can 'topic type' health education work? In our alcohol education (smoking education, diet education, fitness education, and so on), what are we trying to do?

Can any of these initiatives be expected to work in isolation? Are we actually trying to persuade young people to change their lifestyles, and is this too big a step to offer hope of much success? If adolescence is about practising to be an adult, can adult practices be changed? Will a shift in adult attitudes and practice towards acceptance of non-alcoholic or low-alcohol drinks pass itself on to the teenager? Some teachers suspect that this is happening, but it has yet to show up in our data banks of statistics. We look forward to searching the 1989 responses!

Alcohol consumption in 1988 by young people

WE TEACH THEM HOW TO DRINK!

Based on questionnaire data from 17,006 boys and 16,453 girls in 1988

Find out...

What they drink

How much they drink

Where they get it from

...and, perhaps, why they drink!

Send £2.50 (to include postage and packing) to the H.E.A Schools Health Education Unit, School of Education, University of Exeter, Heavitree Road, Exeter EX1 2LU (Tel. 0392 264722)

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PRIMARY SCHOOL DRUGS EDUCATION IN WIGAN

Christine Baxter
Wigan Education Department

Madeleine Savage
Wigan Health Authority

Health education has been well established in primary schools in Wigan Metropolitan Borough for several years, and schools have been encouraged to develop their own health education policy in light of the needs of their own communities. When the Co-ordinator for Alcohol and Drug Education was appointed, the relationship of drug education to the health education curriculum came into sharper focus, and since health education was seen as an integral part of the Personal and Social Education entitlement of all pupils, it followed that drug education was to be seen as an important part of this strand of the curriculum.

This short article reviews the drug-related resources and support available to Wigan primary schools through the Education Department and the Health Authority, and also something about the views of the pupils and their teachers.

The 'My Body' Project (HEA)

When the Drugs Co-ordinator was appointed, the 'My Body' Project was being established in a number of schools. In order to help teachers to extend these materials to include work on legal and illegal drugs, the Co-ordinator produced additional materials entitled Finding out about drugs (Wigan Health Authority, 1988). The 'My Body' Project training courses continue to be offered to schools at yearly intervals.

Health Education, Drugs, and the Primary School Child (TACADE)

When TACADE produced this package relating drug education to safety education, it seemed to offer an approach to the subject area which could be a supplement or an alternative to the 'My Body' project. INSET courses were organised, and 54 primary schools and one special school were involved in the six courses which were run jointly by the Drug Education Co-ordinator, the Advisory Teacher for Health Education, and the Health Education Officer.

Just A Tick (Schools Health Education Unit)

Many teachers felt that while drug education was valuable to their pupils, they were unsure of the level of parental support. The 'Just A Tick' materials, which were used in a number of schools, showed parents in those schools to be very supportive of work on such topics as smoking, glue-sniffing and drinking alcohol. Parents, even those with children of infant school age were in fact more enthusiastic than the teachers.

Jugs and Herrings (HEA)

'Jugs and Herrings' is a method of using the 'draw and write' technique, to discover how much children know about drugs. Many adults – teachers, parents, and governors – have suggested that any work on alcohol and drugs with children in the primary years is "only putting ideas into their heads". Work with the 'Jugs and Herrings' technique enabled schools to assess the level of the children's knowledge about drugs and their attitudes to drugs.

INSET courses

Five courses to help teachers to use the 'Jugs and Herrings' technique were run. These courses consisted of two half-day sessions approximately ten days apart. In the time between the sessions the teachers were asked to carry out the exercise with at least one group in school and to bring the results to the second session. The combined results for all five courses have been analysed. The teachers who attended the courses took part in group-work sessions addressing issues such as the aims, content and methodology of drug education, and they identified resources which could be used in drug education in school.
What did the children tell us?
In Wigan, 44 of the 127 primary schools and one special school have been involved in in-service training on this material. As part of the course, teachers analysed their results and produced a compilation of the answers of children from different age groups. From these a number of patterns emerged. The youngest children (4–6 year olds) were not at all sure what ‘drugs’ were, but some were already seeing them as ‘always bad’. The older children (7–8 year olds) had begun to understand the idea of drugs, and drew tablets, cigarettes and alcohol. They linked drugs to a ‘bad scene’ and a drug user was seen as being ‘bad’, though some children did know that doctors and nurses may use drugs legitimately. These children were beginning to stereotype drug users as ‘punks’ and scabby, nasty people.

The oldest children (9–11 year olds) were very aware of drugs, especially the illegal drugs, though some of this knowledge was very superficial. Many children were aware that legal substances like alcohol were also drugs. They were now able to understand that drugs could be either beneficial or harmful, depending upon circumstances. Children’s awareness of drugs, both good and bad, increases rapidly between the ages of 8 and 9. There are, however, real variations between schools.

What did the teachers tell us?
The teachers saw the purpose of drug education to be increasing the children’s knowledge about drugs, thus enabling them to make sensible decisions about drug use. There was less emphasis on the importance of building children’s self-esteem and little direct mention of skills development.

The content of drug education was seen as informing children about drugs, both good and bad, the uses of legal drugs being of most importance, and this was often linked to a safety theme. Influences upon drug-related behaviours were explored. Fewer teachers identified work which helped to build a child’s self esteem, or developed skills to help the child cope with drugs, both legal and illegal.

Where is primary school drug education?
The development and support of primary school drug education has been a priority for the Alcohol and Drug Education Coordinator since she first came into the post. What has developed is a flexible approach which uses a number of possible starting points, and schools have been encouraged to choose the most suitable ways into this area for their circumstances. This means that, while schools may be at different stages of development, many schools have been encouraged to start the process.

By using the means which have been offered to them, schools have been able to identify the needs of their children for drug education. Those schools which have used ‘Just A Tick’ are aware of the support of parents for work in this area of the curriculum, but teachers aware of these needs may nevertheless feel that they need help.

Alongside these courses has been the help, support, and resource provisions which have been offered to individual teachers. Nevertheless, the human work and enthusiasm of the teachers themselves cannot be underestimated.

Resources
Health Education, Drugs, and the Primary School Child, TACADE/HEC, 1986.
Just A Tick. Schools Health Education Unit, University of Exeter, 1986.

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These four publications, all based on nationwide data obtained during questionnaire surveys, are obtainable from the Schools Health Education Unit, Parents and Health Education, xxi + 101pp, £5.95; We teach them how to drink!, 24pp, £2.50; Schoolchildren and drugs in 1987, 24pp, £2.50; Mayfly, xx + 178pp, £5.95. Prices include postage.