Who teaches them how to drink?

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The levels of alcohol consumption by children of school age are viewed with concern by 'responsible' sectors of society. But how high are these levels, and what is the root cause? This article reveals some well-validated figures relating to young people and alcohol, and suggests that the 'blame' lies with those most closely concerned with their upbringing – their own parents and teachers.

For over a decade, the HEA Schools Health Education Unit at Exeter University has been providing a survey service for upper middle and secondary schools in the UK. This enables a school to discover the health-related behaviour of its pupils, so that programmes in Health and Social Education may be made more appropriate in timing and content.

The behaviours measured using the Health Related Behaviour Questionnaire relate to the following components of a young person's daily life at school, at home, and with their friends:

AIDS	Mental health
Alcohol consumption	Money
Dental care	Physical activity
Diet	Road use
Drugs	Self-esteem
Homework	Sharing problems
Hygiene	Smoking
Jobs	Social activities
Leisure pursuits	Time to bed/ time up
Medication	TV, videos, etc.

Each year numerous schools use the service, many of them with the support of their Local Education Authority and District Health Authority, often in co-operation. In 1988, which is the year to which most of the results described here refer, 188 schools were involved, 153 being contained in 14 group surveys. Last July I was invited to present a paper to a conference on *Alcohol, Young People, and Health Education* at the Institute of Alcohol Studies, and I took as my theme my belief that children are either directly or indirectly encouraged by parents, teachers, and other adults to become drinkers.

Young people and levels of drinking

Figs. 1 and 2 depict, in histogram form, the consumption of named drinks by 17,006 boys and 16,453 girls between the ages of 11+ and 15+, and the sources of these drinks, during the week in 1988 prior to completion of the questionnaire. The first thing to notice is that although the sample of schools within the 1988 databank is not evenly represented within the five age-groups (in other words, some schools may have surveyed 1st and 3rd years, others 2nd and 4th, and so on), the levels display good internal consistency.

The second obvious conclusion from these pictorial presentations is that the consumption of alcohol by some children

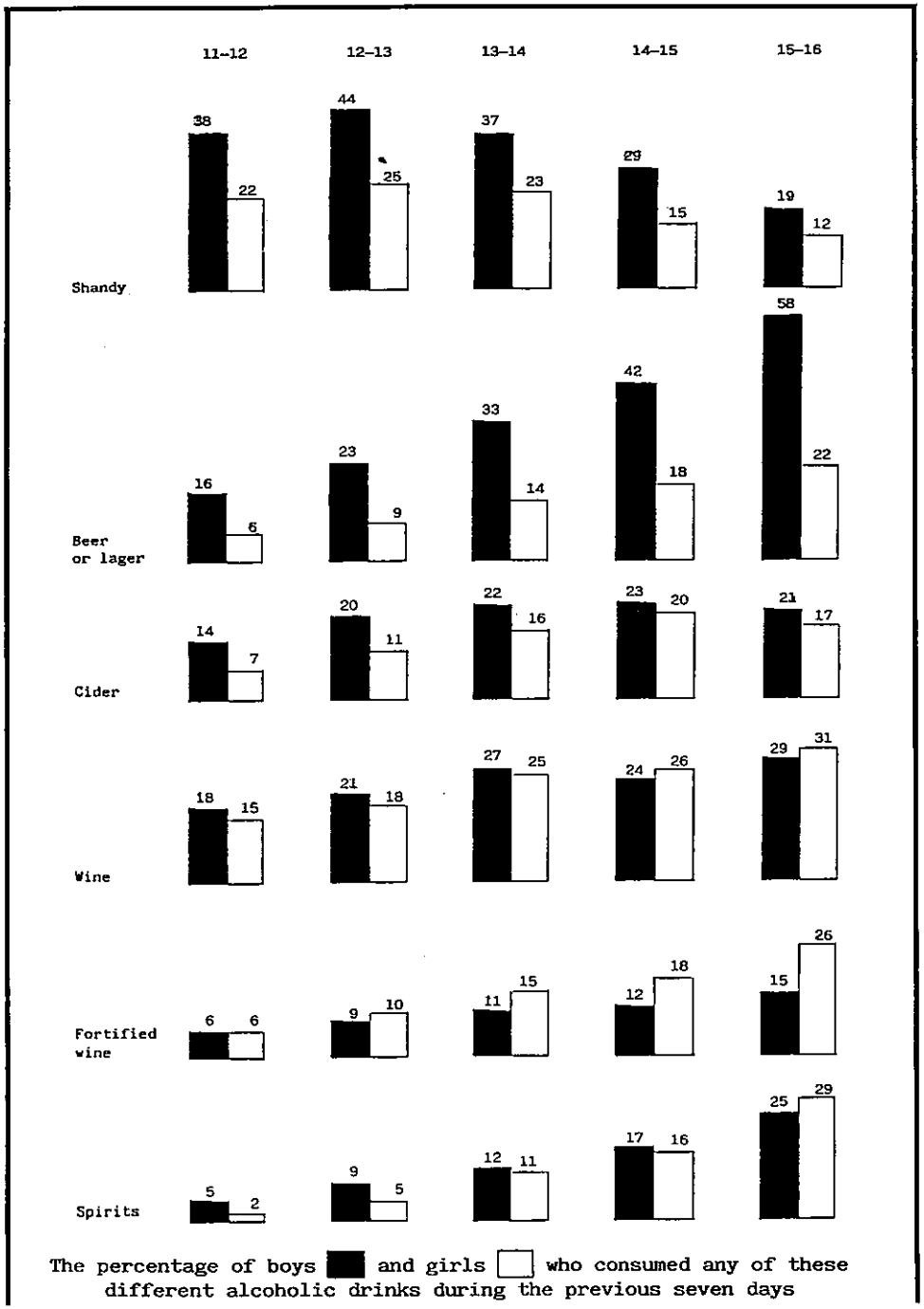

Fig. 1. Varieties of alcoholic drink and their consumption by young people in 1988. Data based on questionnaire responses from 17,006 boys and 16,453 girls.

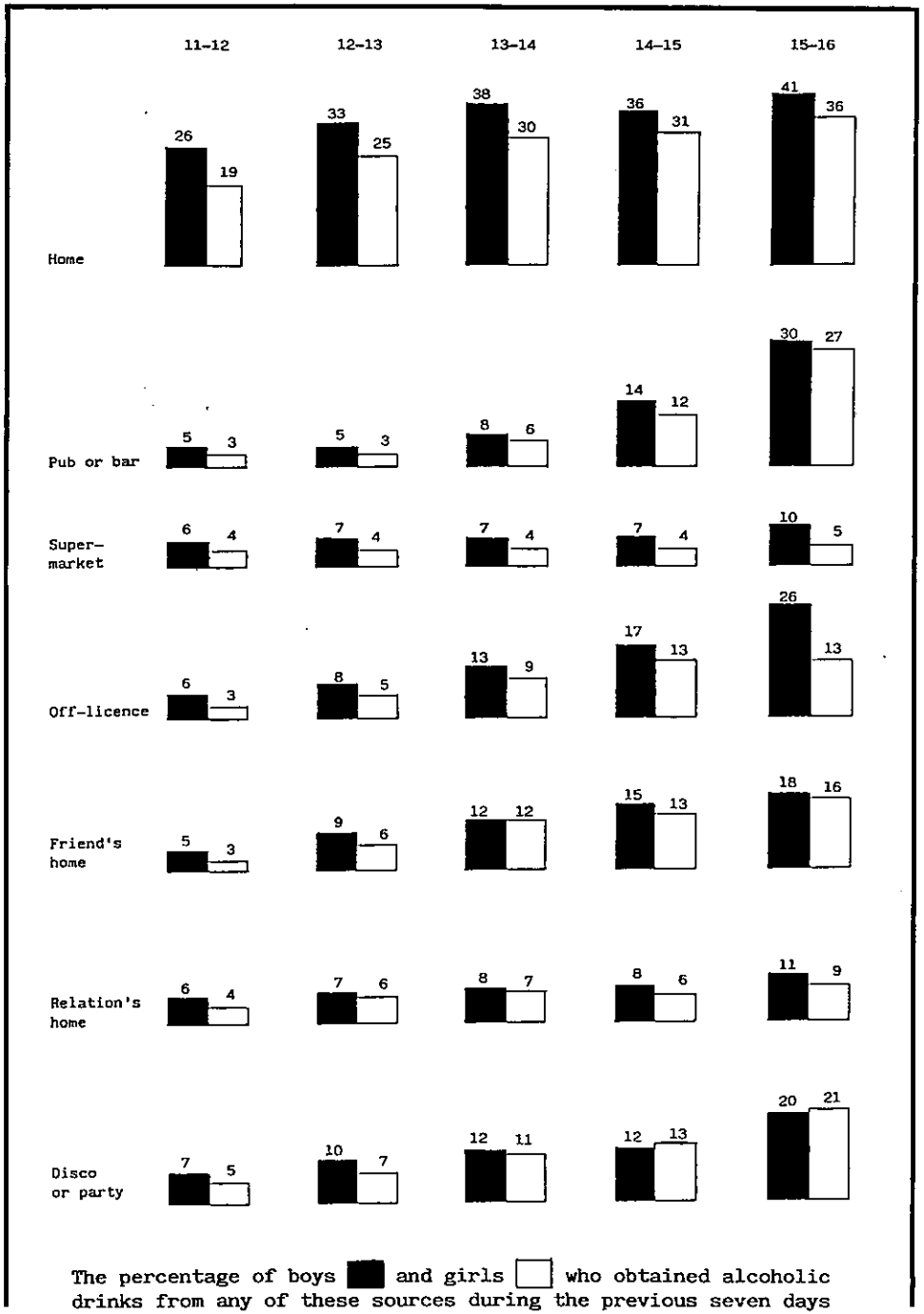

Fig. 2. Sources of alcoholic drink used by young people in 1988. Data based on questionnaire responses from 17,006 boys and 16,453 girls.

does not begin at the age of 11 years, but at an earlier age. Our data shows that the percentages of boys and girls at 11+ (in the first year of secondary schooling) reporting drinking any alcoholic beverage 'in the past week' were:

	1984	*1985*	*1986*	*1987*	*1988*
Boys	57	60	50	54	54
Girls	35	39	36	38	36

When do they begin tasting alcohol on a regular (say, weekly) basis? In response to requests from primary sector teachers interested in finding out more about younger children's lifestyles, we have piloted the Primary Health Related Behaviour Questionnaire, and its use will soon indicate the levels and frequency of alcohol consumption in these earlier and critical years.

Starting with shandy

Data similar to that published here has been presented to audiences including parents and teachers on many occasions, once on a *Panorama* programme. My usual technique is to present the histograms in four stages, starting with those showing shandy consumption during the previous week. It is then shown that there are noticeable differences in the percentages consuming shandy (1) between boys and girls and (2) between the different school year groups. (From the figures shown here for 1988, fewer girls than boys drink shandy, and its popularity shows an increase for the first two year groups and a decline thereafter.)

The method of data collection and the validity of the data is discussed, and the personal responses of audience members are invited.

Getting stronger

Predictions of figures for other alcoholic beverages are invited before displaying the figures for the consumption of other alcoholic beverages. The levels of consumption for beer, lager, cider, wine, fortified wine and spirits (Fig. 1) are then examined and debated.

Where are they getting it from?

This is the question now posed to the audience. They provide the whole range of possibilities before the histograms depicting *the home* as the main source (Fig. 2) are revealed. These can cause concern and even embarrassment, but typically a parent will express their view or practice in the following terms – that *Surely, in a society where alcohol is so abundant, the safest place to teach your child how to drink is the home?*

The tension raised by the question and the manner in which it was presented noticeably decreases, and a feeling spreads amongst those present that this is indeed the reason why children drink alcohol at home. The discussion that follows, however, usually reveals that the policy at home is particularly unclear and rarely discussed.

At this point in the meeting it is appropriate to examine the school's own alcohol education policy. Typically this is well considered, but is couched in terms of 'enabling young people to consider the sensible and responsible use of alcohol'. Consonant with the parents' attempts, it appears that teachers also teach the children how to drink.

(My comment at this stage is that when journalists ask me why children drink, I sometimes – somewhat irresponsibly – reply that both parents and teachers teach them how to, so they have little chance of not doing so, and anyway it's nice.) So the major issue raised by the data is not so much how or why do they drink, but

Do we have to start teaching them when they are so young?

A positive outcome

The remaining histograms are examined and discussed. Access to pubs and off-licences in the experience of those present is described, and many positive aspects of caring licencees and others are always given as examples of approved practice.

One very positive outcome has emerged on several occasions. Parents often recognise that teachers in schools care greatly about the welfare of the young people in their charge, and the level of the preparation that has gone into the policy and practice in the school is very reassuring to those parents present. The recognition that the home policy is not clear often emerges spontaneously at the meeting, or it can be raised.

The most positive outcome I have ever experienced was at a meeting of parents and teachers at a *primary school.* To them, alcohol education was the concern of secondary schools until it became clear from the data that their children must already be learning how to drink alcohol before commencing secondary education, anticipating its role in a 'grown-up' lifestyle. One outcome was to promote collaboration between parents and teachers so that home policies would become consonant with school policies, and, as mentioned earlier, a new questionnaire for use with these age groups has been piloted.

These results do provide a very real and stimulating agenda to begin a debate with parents and teachers. It is probably a good idea to use nationwide data from the Exeter databanks to start with, and then to proceed to their own survey. To have meetings with parents following surveys of health behaviour over a wide range can bring parents and schools together in this desirable aim of formulating policies for home and school.

What else goes with drinking?

From all the data accumulating each year an obvious research procedure to adopt is to look for correlations between behaviours. For 4th-year boys and girls we have looked for correlations between alcohol consumed in the past week and all the other behaviours reported in the questionnaire surveys. As the 1988 annual sample of 4th-year pupils was approximately 5000 boys and 5000 girls, a 10% random sample of each sex was taken from this to carry out the analyses.

The numerical value of a correlation (Rho) can vary from −1 to +1, the negative sign indicating that an increase of one variable correlates with a decrease of the other variable, and the positive sign that as one variable increases so does the other. A statistical test is also applied to each correlation calculation and the statistical significance level of the test is shown in the tables under 'Sig.'; the lower the value of 'Sig.', the less likely is it that the result could have occurred by chance through the sample selected. A significance value of .05 would mean that in 5 times out of 100 we could expect the result to have happened by chance; the significance values in the tables are typically much lower than .05, often less than .001, or a probability of less than 1 in 1000 that the correlation was by chance.

The correlation calculation is a mathemetical process, and does not necessarily mean that

(1) *because two behaviours are correlated they necessarily are connected,* or that
(2) *one behaviour is the cause of the other.*

Many behaviours, however, do fit expected connections: for example, the more days in the week that alcohol was drunk the higher was the total consumption, a very high positive correlation of +.89 for boys and +.91 for girls being found; here one may reasonably be regarded as causally related to the other. In other examples with lower but substantial and significant correlation values, for example spending money on slot machines, one may comment that these two activities are often possible in pubs, clubs, and bars where alcohol is available. Therefore the discovery of a correlation of +.22 for boys and +.19 for girls comes as no surprise.

Alcohol consumption and road use Significant correlations shown in Table 1 suggest positive connections between alcohol use and motorcycling, intending to own a moped (higher for girls), and having

tried driving a car. The significance of the new-found independence that comes with owning your own powered transport and with passing a driving test is enormous in the process of growing up; the use of alcohol is perceived as a 'grown-up' activity.

However, the table also shows a significant *negative* correlation between frequency of fastening the safety belt when sitting in the front passenger seat of the car and level of alcohol consumed. Lack of attention to personal safety either on the part of the 'heavier' 4th-year drinkers, or on the part of the adults who care for them, or those who drive the cars in which they are passengers, seems to be indicated.

Alcohol consumption and socially related variables Positive connections between levels of alcohol use and behaviours linked with relationships with the opposite sex are discovered in Table 2. Thus the correlation links were between more friends of the opposite sex, greater confidence in their presence, actually having a 'boyfriend' or a 'girlfriend', and on discos as an activity.

Alcohol consumption and hygiene variables Both these associations (Table 3) are probably linked with the more socially active aspect of the 'heavier' drinkers. They are more likely to wash their hair more frequently, but the facilities in the pubs, clubs, and discos which they frequent may not always provide adequate hand-washing facilities. (Note that although the correlations are on the low side they are highly significant.)

Table 1. Alcohol consumption and road use (1988 sample of 4th-year pupils).

Other variable	BOYS		GIRLS	
	Rho	*Sig.*	*Rho*	*Sig.*
Frequency of riding on motorcycles	+.31	.000	+.30	.000
Intending to own a moped	+.19	.000	+.27	.000
Have experienced driving a car	+.29	.000	+.25	.000
Frequency of fastening seat belt	−.27	.000	−.25	.000

Table 2. Alcohol consumption and socially related variables (1988 sample of 4th-year pupils).

Other variable	BOYS		GIRLS	
	Rho	*Sig.*	*Rho*	*Sig.*
Having a boy friend or girl friend	+.24	.000	+.21	.000
Level of confidence with opposite sex	+.30	.000	+.17	.000
Numbers of friends of the opposite sex	+.20	.000	+.21	.000
Spending money on discos	+.25	.000	+.17	.000

Table 3. Alcohol consumption and hygiene variables (1988 sample of 4th-year pupils).

Other variable	BOYS		GIRLS	
	Rho	*Sig.*	*Rho*	*Sig.*
Frequency of washing hair	+.16	.000	+.21	.000
Frequency of washing hands after visiting the toilet	−.17	.000	−.15	.000

Table 4. Alcohol consumption and the home (1988 sample of 4th-year pupils).

Other variable	BOYS		GIRLS	
	Rho	*Sig.*	*Rho*	*Sig.*
Doing homework	−.11	.014	−.11	.009
Bedtime	+.15	.000	+.21	.000

Table 5. Alcohol consumption and food/eating/diet (1988 sample of 4th-year pupils).

Other variable	BOYS		GIRLS	
	Rho	*Sig.*	*Rho*	*Sig.*
Eating chips	+.14	.002	*Not significant*	
Eating burgers	+.19	.000	*Not significant*	
Eating sausages	+.17	.000	*Not significant*	

Table 6. Alcohol consumption, drugs, and self-medication (1988 sample of 4th-year pupils.

Other variable	BOYS		GIRLS	
	Rho	*Sig.*	*Rho*	*Sig.*
Frequency of taking painkiller	+.17	.000	+.20	.000
Number of cigarettes smoked in the past 7 days	+.28	.000	+.34	.000
Having been offered illegal drugs	*All positive, low, but statistically significant correlations*			
Knowing where to obtain illegal drugs				
Having seen someone taking illegal drugs				

Alcohol consumption and the home In Table 4, fairly low levels of correlation, albeit statistically significant, point to less time being spent on homework and later times of going to bed. Socially-active youngsters spending more time out from their homes could be the basis of an explanation for the statistics.

Alcohol consumption and food/eating/diet Correlations with the many foods listed in the questionnaire were only discovered for the three in the above table, and then just for boys (Table 5). Are boys who drink more likely to eat 'junk' food?

Alcohol consumption, drugs, and self-medication When the statistic concerning use of painkillers is seen (Table 6), it always promotes the question: *Is it to do with hangovers?* Smokers are more likely to be consumers of alcohol. Connections with illegal drugs exposure are also statistically significant although the correlation values are low.

Alcohol consumption and sports activities outside school Sports clubs are typically linked with club bars, and for the boys statistically significant correlations, mostly at very low level, are found in Table 7. For the girls the only one dis-

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

	BOYS		GIRLS	
Other variable	*Rho*	*Sig.*	*Rho*	*Sig.*
Rugby	+.13	.003		
Hockey	+ve	Yes		
Wind surfing	+ve	Yes		
Skateboards	+ve	Yes		
Skiing	+ve	Yes		
Aerobics			+ve	Yes

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 databanks of statistics. We look forward to searching the 1989 responses!