

## Alcohol: Support and Guidance for Schools

### A Summary

Schools are required to provide drug (including alcohol and tobacco) education and have policies in place for managing drug-related incidents<sup>1</sup>. So far, guidance for schools has tended to focus on illicit drugs<sup>2</sup>. *Alcohol: Support and Guidance for Schools* concentrates on alcohol where its legal, cultural and social status requires a different approach to illicit drugs.

It aims to help schools:

- deliver appropriate alcohol education that is evidence-based
- prepare for and manage incidents relating to pupil's drinking and the potential adverse effects on them of someone else's drinking
- prepare for and manage issues relating to staff drinking where it affects their own welfare or capacity to do their job.

The document is written in the context of the significant impact alcohol has on our society.

- It costs the National Health Service up to £3 billion a year to treat alcohol-related illnesses and injuries<sup>3</sup>.
- More than £2 billion is lost from British Industry each year due to alcohol-related absenteeism and poor work performance<sup>4</sup>.
- One in 25 adults is alcohol-dependent. Problem drinking is a significant factor in family break-up, child abuse and neglect as well as violent crime in and outside the home<sup>5</sup>.
- Roughly two fifths of men and a fifth of women drink above the recommended daily levels of alcohol. These figures were highest among 16-24 year olds<sup>6</sup>.

**Section 1** provides a summary of the place and meaning of alcohol in the lives of children and young people and the implications this has for schools.

- The amount consumed by 11-15 year old drinkers has doubled in the past ten years to over 10.4 units a week<sup>7</sup>.
- 15 and 16 year olds in the UK are more likely to get drunk than most of their European counterparts. 30% report binge-drinking three or more times in the last month<sup>8</sup>.

Children and young people who drink are vulnerable to a variety of health and social risks like:

- experiencing the intoxicating effects of alcohol and developing serious medical conditions, like entering coma, at lower blood alcohol levels than adults
- the variety of effects resulting from mixing alcohol with other drugs

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<sup>1</sup> Department for Education *Circular 4/95, Protecting Young People*, Department for Education and Employment (1998)

<sup>2</sup> *The Right Choice* (1998), *The Right Responses* (1999), *The Right Approach* (1999) Standing Conference on Drug Abuse

<sup>3</sup> Royal College of Physicians (2001)

<sup>4</sup> Maynard (1992)

<sup>5</sup> *Britain's Ruin*, Alcohol Concern 2000

<sup>6</sup> *Statistical Bulletin*, Department of Health (2001)

<sup>7</sup> *Press release*, Department of Health (2001)

<sup>8</sup> *The 1999 ESPAD Report*, Hibell et al (2001)

- unprotected, unplanned or regretted sex
- risk-taking activities which raise the likelihood of criminal offences and of having accidents, especially in out of the way locations away from adult supervision

An estimated 920 000 children live with parents or carers with a drink problem.

During their school years children and young people make the transition from being abstainers or very irregular drinkers, usually supervised by adults, to drinking independently like adults. 16-24 year olds have the highest levels of alcohol consumption of the population<sup>6</sup>. Schools have a crucial role to play in preparing children to live in an alcohol-using society and to help them cope with alcohol-related situations they face now.

This means:

- alcohol should be given equal status to illicit drugs in drug education
- schools need to recognise the mixed messages children and young people hear about the use and risks of alcohol. The social acceptability and status of alcohol is very different from illicit drugs
- there must be a clear and consistent whole-school approach to alcohol which includes what is said and what is done in relation to alcohol
- the welfare of pupils, staff and the wider community should be at the heart of alcohol education and incident management
- alcohol education needs to start in primary school and be needs-led, including meeting the specific needs of ethnic, religious and cultural minorities and those with special educational needs
- policies should be in place to deal with the alcohol-related situations involving staff, pupils and their families or carers.

**Section 2** offers practical guidance on developing school policies and on planning and delivering alcohol education.

Schools have a statutory obligation to deliver alcohol education in science from age 7, but fuller alcohol education programmes would be delivered as part of the non-statutory provision of personal, social and health education from age 5. This aims to provide information as well as opportunities to develop the confidence and skills to make informed, healthy decisions about lifestyle. The National Healthy School Standard specifically includes alcohol education as part of the holistic drive to improving the health of school and local communities.

There is some evidence that a harm-reduction approach, which accepts that people drink and seeks to enhance pupil's abilities to identify and deal with risky drinking situations, is more effective than education programmes that aim to stop drinking altogether or simply provide information.

Guidance is provided on using visiting speakers, Theatre in Education, peer education and resources that encourage active, participatory learning.

**Section 3** offers support for schools handling alcohol-related incidents involving pupils, staff and pupils' families or carers.

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Once medical emergencies have been dealt with the school's response to incidents involving pupils should be based on the welfare needs of the pupil and wider school community. Exclusion, although sending an unambiguous message, significantly raises the likelihood that a young person's drinking will increase as well as putting them at higher risk of longer term social exclusion. Guidance is offered on

- a range of sanctions
- confiscating alcohol
- contacting parents and the police
- dealing with pupils who may have a drink problem

Schools should work with Local Authorities if they have reason to suspect that a child is suffering, or is likely to suffer, significant harm as a result of someone else's drinking and ensure that sufficient action is taken to protect that child from further risk.

Concerns arise regarding staff drinking when:

- it is at variance with the law or with their professional responsibilities
- it undermines staff welfare, or the welfare of those working with them.

Problem drinking by staff should be regarded as a health matter rather than an immediate cause for discipline. It is the responsibility of headteachers and LEAs to ensure the health, safety and welfare of employees. Developing an alcohol workplace policy can help make clear the boundaries of acceptable behaviour, ensure procedures are in place should a problem arise and establish a mechanism for offering help to staff.