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# An analysis of the drinking trends of school age children in Sunderland

It has been reported that young people in the UK exhibit high levels of alcohol consumption and binge drinking (Ranzetta et al, 2003). Within England, Northerners, are reported as being the heaviest drinkers (Office for National Statistics, 2005, Bellis et al, 2007). Young people often start drinking alcohol when they are of school age (Jefferis et al, 2005).

Concern has been expressed within the European Union about changes in drinking patterns among young people especially related to an increase in the occurrence of binge drinking (Ranzetta et al, 2003). Binge drinking is defined as 'drinking a lot of alcohol in a single session' (Wright 1999, p.27). However, the term 'binge drinking' has become a highly politicised concept, but is rarely defined with any accuracy (Hammersley, 2005).

### Sunderland study

This paper reports on a study, the main aim of which was to determine the self reported drinking behaviours of school age children in Sunderland in the North East of England. The results presented were derived from data collected by a Health Related Behaviour Survey, which was administered by the Schools Health Education Unit. Sunderland is one of the districts involved in this on-going project. The questionnaire included questions on knowledge and experience of alcohol, cigarette and drug consumption, amongst

other health related topics. The reported behaviours of schoolchildren of different ages and genders were elicited. This allowed comparisons to be made and trends identified over a defined period of time.

The questionnaire was administered to two age groups (Year 8 and Year 10) of secondary schoolchildren over a period of ten years, at two yearly intervals. A total of 8,008 schoolchildren (comprising 3,839 males and 4,178 females in Year 8 and Year 10), completed the questionnaire in 1996, 1998, 2000, 2002, 2004 and 2006. Year 8 schoolchildren include 12 and 13 year olds and Year 10 schoolchildren, include 14 and 15 year olds. A total of nine secondary schools were sampled biennially. The data from the questionnaires were analysed using SPSS Version 15.

### Results and discussion

#### Alcohol consumption

There has been a steady increase in the percentage of pupils, in every age group and for both genders, who reported that they do not consume alcohol. This trend reached a peak in the 2004 survey, with the majority of the young people surveyed (66%) stating that they had not consumed any alcohol in the last seven days. The trend can also be seen in both the male and the female schoolchildren for both school years.

Data from the early 1980s onwards suggest a peak in the mid-1990s in the

numbers of UK schoolchildren reporting drinking alcohol (Department of Health, 2005; SHEU, 2009). However, it is suggested that, since the mid-1990s, fewer schoolchildren are drinking alcohol but, for example, 14-15 year old male beer or lager 'drinkers' are consuming more (SHEU, 2009). In previous studies the North and North West of England, showed the highest levels of male and female weekly alcohol consumption amongst young people (Hollands, 1995; Balding, 1997). Overall, respondents in Sunderland report a decrease over the study period in the numbers of schoolchildren actually consuming alcohol and the amount consumed.

### **Numbers of units of alcohol consumed**

The number of pupils stating that they do not drink alcohol has increased steadily over the study period. For Year 8 males it rose from 62% in 1996, to 84% in 2006, a 36% increase. For Year 10 males this increase was 59% and Year 10 females exhibited the greatest percentage increase of 74% over the 10 year period. In general the quantities of units consumed are not large. In 2006, only 3% of school age children reported drinking 28 units or more, in the last seven days. Overall, during the six survey periods an average of only 2% of all the schoolchildren drank 28 units or more. Indeed those 'binge drinking', or drinking between 7 and 10 units a week, has decreased from 9% in 1996 to 5% in 2006. The trend towards a decrease in the numbers of units consumed can also be found in both the males and females sampled and in both cohorts.

### **Drinks consumed**

The respondents identified that the most popular drink until 2006, for both Year 8 and 10 males, was beer, or lager. However, alcopops were the most popular drinks reported by females, over the same period. In 2006, cider was the most popular drink

for males and wine for females, over the two age groups. For Year 10 males beer or lager consumption dropped from 41% in 1996, to 5% in 2006. This trend was similar for Year 8 males and for females of both cohorts. The reported consumption of beer, lager and cider has decreased every year since 1996, for both sexes and both age groups. For Year 10 males and females with regard to alcopops, again a decrease can be seen from 1996. In that year there was a high of 34% for females and 30% for males. This has dropped to 15% for females and 7% for males in 2006.

With reference to alcopops, Roberts et al (1999) indicate that in Wales, 17% of 11 to 16 year olds reported consuming alcopops at least weekly. However, the consumption of alcopops by males and females in Sunderland continues to remain steady and even though lager and cider are the most popular drinks the number consuming these drinks has also decreased.

### **Location of consumption**

The most frequently reported place for the consumption of alcohol was at home, or at the home of a friend, or relative. For Year 10 males this was 45% in 2006 and for females of the same age group it was 42%. Consuming alcohol in a public place was reported by 16% of Year 10 males in 2006 and 25% of Year 10 females. Moreover, 14% of male and 15% of female Year 10 schoolchildren, stated that they consumed alcohol on licensed premises in 2006.

The most frequently reported place for consuming alcohol for all age groups is the home and in keeping with previous studies (Wright, 1999; Currie et al, 2003) the Sunderland survey findings supported this. Indeed HM Government (2007, p.1) reiterate that 'most under 16s have their first taste of alcohol with parents, at home'. This can be viewed in a positive light in that parents are 'policing' responsible use and thereby encouraging more accountable behaviour amongst young people.

## Parental knowledge and protection

In 2006, of the Year 10 schoolchildren, 73% of males and 71% of females stated that their parents had knowledge of their drinking at home. For Year 8, 53% of males and 56% of females reported parental knowledge. The World Health Organization's European Charter on Alcohol states that: 'All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and to the extent possible, from the promotion of alcoholic beverages' (cited in Institute of Alcohol Studies, 2004; p1). Some of this protection must be placed as the responsibility of parents, or other caregivers.

## Illegal purchasing of alcohol

Year 10 pupils were more likely to purchase alcohol than those from Year 8. The most popular place for the purchase of alcohol was an off-licence, reported by 14% of Year 10 males and 15% of females. Although those under 18 years of age cannot buy alcohol legally, Currie et al, (2003) found that 10% of 12 to 15 year olds who had consumed alcohol in the last year had bought the alcohol themselves.

Moreover, only a third of under 18s who had tried to buy alcohol reported that retailers had refused to sell it to them (Currie et al, 2003).

What is clear from the research in Sunderland is that schoolchildren have no difficulty in obtaining alcohol and in many cases gaining access to licensed premises. Moreover, the regulation at point of sale in off-licenses is difficult, with strangers, older relatives and friends often assisting in the purchasing of alcohol for schoolchildren. In a survey carried out in Sunderland almost a third of 58 off-licenses, offered to sell alcohol to underage drinkers (Environmental Health & Trading Standards, 2003).

## Recommendations

Overall, the findings in Sunderland can be viewed in an optimistic light, in that they contrast with the trend of increased binge drinking by schoolchildren in the rest of the UK. It can be argued that the sensible drinking message related to drinking has had an impact in Sunderland. Indeed specific measures have been put into place in Sunderland including the setting up of a health promotion project specifically aimed at young people. This initiative was taken in response to the perception of the North East being a problematic area where heavy drinking was common. Although there is a correlation between the implementation of these interventions and the decrease in alcohol consumption this study cannot verify whether a causal relationship between the two exists.

However, a small proportion of school age children in Sunderland still consume alcohol, often at home and with their parents' knowledge. The Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004) does not include recommendations for the age at which alcohol education should begin. McInnes and Barrett (2007) recommend that this should begin as early as primary school reception level, i.e. five years of age, if good habits are to be built up across the lifespan.

The results of the study depend upon self reporting of alcohol related behaviour as the basis of the data collected. However, the completion of the survey was independently supervised and assurances of complete confidentiality and anonymity were given to respondents. It may have been supposed that schoolchildren would exaggerate their drinking habits as a form of bravado. This may or may not have happened, although if this had been the case it would have been expected that their results would match, or been higher than the previous published data.

Conversely the respondents may have found the situation such, that they felt secure in reporting their true behaviours and therefore the results are an accurate reflection of the true situation.

The trends identified by the analysis of the data in this study are encouraging in terms of the reduction in both the amount of alcohol consumed and the number of schoolchildren who do not consume alcohol. These findings do appear to contradict those described in the published literature. There is a need to identify whether or not, the current trend of reduction in alcohol consumption in Sunderland is becoming universal among schoolchildren in the UK. Paradoxically it may be that the behaviour of schoolchildren in Sunderland acts against the norm and they are as a group indeed 'saints and not sinners,' when it comes to increased alcohol consumption.

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