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"Thinking About Drinking": Exploring Children's Perceptions of Alcohol Using the Draw and Write Tool

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Abstract

Purpose: This qualitative study aimed to explore perceptions of alcohol held by schoolchildren using the 'Draw and Write' tool, to inform the planning of alcohol education in the classroom setting.

Design: A specifically designed 'Draw and Write' booklet was used with 169 children aged 9-10 years (Year 5) across 7 primary schools in a small Local Authority in North West England. Written responses were thematically coded.

Findings: Results demonstrated that the children had a good basic understanding of alcohol, including who drinks, where it can be purchased and the range of products available. Participants were aware that alcohol could be harmful and held mainly negative views. Findings suggest that alcohol education at this age is both appropriate and necessary to help children explore, understand and clarify their perceptions and misconceptions in a safe classroom environment.

Practical Implications: The range and depth of responses from the children demonstrated that Draw and Write can be used successfully to explore children's perceptions of alcohol. The tool can be used as a baseline assessment to inform classroom based alcohol education for primary school teachers and those supporting delivery at local level, in line with national policy recommendations.

Originality/Value: This paper adds to the existing literature on the use of 'Draw and Write' in personal, social and health education, demonstrating that it can be used specifically to investigate children's knowledge and attitudes about alcohol.

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Category

Qualitative Research Paper

Introduction

Excessive alcohol consumption by children in the UK is a public health concern, with use of alcohol increasing faster than other drugs (HM Government, 2012). Whilst the proportion of 11 to 15 year-olds who have never consumed alcohol has risen by over half, from 39% in 2003 to 61% in 2013 (Fuller, 2013), it is estimated that 400 per 100,000 young people in this age group will be drinking weekly (HM Government, 2012) . Risks to young people who regularly consume alcohol include: teenage pregnancy; sexually transmitted infections; truancy; exclusion; youth offending and accidental injury (Donaldson, 2009). These children may continue binge-drinking into adulthood and have a higher risk of alcohol dependence and are more likely to use other drugs.

Schools potentially have a key role in preventing alcohol misuse (International Center for Alcohol Policies, 2015) and should provide a drug education curriculum that addresses knowledge, attitudes and skills based on the needs of pupils (HM Government, 2012). The Ofsted report "Not Yet Good Enough" (Ofsted, 2012) highlighted that the teaching of Personal, Social and Health Education (PSHE), which includes alcohol education, was inadequate in 40% of schools . The same report stated that teachers *"did not check or build on pupils' previous knowledge"* and that pupils were less aware of the physical and social damage associated with alcohol than they were for illegal drugs. Recognising this, in 2013 the UK Government introduced new guidance for PSHE in schools (Department for Education, 2013). The Government provide evidence-based drug and alcohol education quality standards (mentor-ADEPIS, 2015) and recommend that schools should follow these. The standards include ensuring drug and alcohol education is prioritized and that learning objectives should be shaped by analysis of a baseline needs assessment of pupils' knowledge and beliefs prior to commencing drug and alcohol education and that distancing

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techniques (whereby the pupils talk about imaginary characters, or use puppets or storyboards) are used when engaging pupils on sensitive issues.

Both the previous and current PSHE guidance for English schools recommended the use of 'Draw and Write' activities to complete a needs assessment and establish knowledge and perceptions so that drug and alcohol education can be adapted to meet the requirements of all pupils (Department for Education and Skills, 2004; Mentor-ADEPIS, 2014). 'Draw and Write' was first reported by Williams et al. (1989a, 1989b) and seeks to explore meanings from the child's perspective.   Interpretivist in approach, this qualitative technique invites children to draw a picture in response to a prompt, providing a platform for children to write about their thoughts and feelings.

Critics assert that 'Draw and Write' may not accurately reveal children's perceptions and children may present responses they believe are expected by adults (Backett-Milburn & McKie, 1999). Furthermore, researchers may misinterpret children's words by inferring an unintended meaning, and children may feel unable to opt out of this type of research (Sewell, 2011).   If these limitations are accepted and provided caution is taken to avoid over-interpretation (Gabahainn & Kelleher, 2002), the advantages of 'Draw and Write' are that: it is classroom based; has a high level of acceptability to children; generates data that is easy to code; and allows the collection of a large-amount of rich data in a short timescale (McWhirter, Young, & Wetton, 2004).   In her reflection on Draw and Write, McWhirter (2014) concluded that it is a useful tool for classroom based research activities, allowing open-ended questions and child participation to inform the curriculum development both at classroom and, as a larger cohort study, more generally.

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The Draw and Write' method has been successfully used at the local, national and international level. There are however, few international studies that utilise the draw and write technique in the classroom the same way that the UK evidence base does, where it has been used to explore children's perceptions about a variety of health issues including: cancer (Bendelow & Oakley, 1993; Knighting, Rowa-Dewar, Malcolm, Kearney & Gibson, 2010), health beliefs (Pridmore & Bendelow, 1995), risky behaviour (McWhirter & Weston, 1984), fruit and vegetable consumption (Hendry, 1995), exercise (Knowles, Parnell, Stratton & Ridgers, 2013) sun safety and skin cancer (Hughes, Wetton, Collins, & Newton Bishop, 1996; McWhirter, Collins, Bryant, Wetton, & Newton Bishop, 2000; Gilaberte et al., 2008), air pollution (Pluhar et al., 2008) and smoking (Porcellato, 2005; Porcellato, Dugdill, Springett, & Sanderson, 1999).

'Draw and Write' has also been used to explore children's awareness of drugs (T. Williams et al., 1989a, 1989b). Although alcohol and tobacco were mentioned, children's responses focussed primarily on illegal drugs. The concept of alcohol as a drug was similarly overlooked by children in a 'Draw, Describe and Write' (McWhirter et al., 2004) study which explored how 11 to 13 year-olds perceive drug use in which just 14% cited alcohol as a drug used by young people. These results reflect the 'normalisation' of alcohol in UK society and means that educators face complex issues of its legality, prevalence, benefits and harms, distinguishing it from tobacco and illegal drugs.

Given the separation of alcohol and illegal drugs at UK national policy level in separate strategies (HM Government, 2012; Home Office, 2010) and the previous research that has shown alcohol is sometimes overlooked if it is included in a generic drugs education lesson, it is useful to investigate whether 'Draw and Write' can be usefully deployed to explore

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children's perceptions of alcohol. To date, no similar published study focusing exclusively on alcohol exists.

The aim of this study was to explore children's perceptions of alcohol using a specifically designed 'Draw and Write' tool.   The objective of the research was to establish what perceptions about alcohol are held by children and to discuss how useful the results might be to inform the planning of alcohol education. Findings reported in this paper are part of a wider multi-method study assessing children's perceptions of alcohol.

Methods

Sample

Children were recruited from 7 primary schools in a Local Authority in the North West of England. The Local Authority was 98% White British and had higher socioeconomic deprivation than the England average. Schools were purposively chosen from areas of high, medium and low socioeconomic status (two, three and two respectively) using a proxy measure of the number of pupils taking free school meals. At the time of writing the paper, the English school curriculum recommended that alcohol education should first occur between the ages of 9 to 11 years old. Therefore, responses were obtained from one Year 5 class (aged 9 or 10 years old) in each school, totalling 169 children (88 boys and 81 girls). The latest curriculum guidance does not provide specific ages but still includes drug and alcohol education in Key Stage 2, so this study is still relevant to the selected age groups.

Ethical Issues

Ethical approval was granted by the Liverpool John Moores University (LJMU) Research Ethics Committee. Written consent was obtained from the Local Authority and Headteachers of the selected schools. Parents of Year 5 children received a letter of invitation, a detailed information sheet and a consent form which included a non-response clause stipulating that children would automatically be included in the study if the consent form was not returned. There is methodological evidence for using passive parental consent procedures; it limits selection bias, allows for the inclusion of more children from areas of lower socioeconomic status, leads to higher participation rates and can result in a more representative sample (Bagnall, 1988 Tigges, 2003; Spence, White, Adamson & Matthews, 2015).

No parents opted out of the study. Children also completed an assent form prior to taking part in the research. All children who were present on the data collection day assented to take part and engaged with Draw and Write, although not all children completed every question.

Data Collection

Developmentally appropriate alcohol-specific workbooks were produced containing ten 'Draw, Describe and Write' invitations similar to those by McWhirter *et al*. (2004). The questions are given in Figure 1. Workbooks were piloted with Year 5 children (n=27) in one school to establish the length of time needed to complete them and to allow modification of unclear questions. The pilot showed that the booklets could reasonably be completed by pupils in a 50 minute lesson slot, including reading and clarifying the instructions.   The pupils worked through the questions consecutively and those that finished quickly moved on to a wordsearch activity that had no relevance to the Draw and Write activity, and was provided to keep them engaged until their classmates finished. Children who experienced difficulty in understanding or reading a question were asked to indicate this by raising their hands; the researcher would then read and explain the question without prompting the child.   The researcher found that pupils were compliant and engaged throughout. Therefore, the final booklet remained similar to that used in the pilot, and these responses were included in the final analysis. Although the tool was designed so that it could also be used with older pupils, it was considered inclusive as it allowed children with lower literacy levels the opportunity to draw and label rather than describe their answers.

Insert Figure 1 here

Booklets were pre-coded to ensure confidentiality of individuals. The researcher (who was unknown to the children but had previous experience of working in the school setting) distributed the 'Draw, Describe and Write' booklets and read out instructions to the class. Pupils were asked to work independently and keep their answers private. They were advised that their results would be confidential and anonymous and reminded not to put their name on the workbook. Whilst the children were completing the exercise, the researcher and teacher remained in the room to help any children who needed support. Learning Assistants also helped those with poorer writing skills where available.

Data Analysis

An iterative qualitative coding framework was developed from the responses as previously described by Williams et al. (1989a). "This involved coding the children's written answers, and then refining and combining these into categories which were mutually exclusive i.e. a child's answer could not be counted in more than one category. For example, children may have written "messy" and "unclean" and this would have been coded just once as a broader category of dirty which would include "dirty", "messy" and "unclean". Simple frequency counts were used and themes in the data were identified from this. However, a child's response to one invitation could be included in more than one category, for instance where they said that a person was "dirty" and "in trouble with the police". Children's drawings were not coded but used to illustrate typical themes emerging in the data. A second researcher independently reviewed the coding system to aid the credibility and trustworthiness of the analysis."

Results

The results are divided into key themes based on the invitations asked in the 'Draw, Describe and Write' booklet. Quotes use the children's own spelling and grammar and are labelled by gender (male, M and female, F) and percentage of children on free school meals (high, mid or low).

Perceptions About People Who Drink Alcohol

Children were asked to *'describe or draw a person who drinks alcohol'*. A wide variety of responses were given. Whilst no typical character was drawn, nearly half drew adults (48%) aged between 20 and 49 and 11% drew characters aged over 50. The majority of these (71%) were neutral descriptions or labels of the person's appearance or clothing (Figure 1), suggesting their character *"could be anyone"* or might be *"wearing anything"*. Others (30%) drew teenagers, with over half being described as under 18. Of these, 40% depicted neutral descriptions similar to adult characters (Figure 2). Two percent used the word *"happy"* to describe their character.

Insert Figure 2 here

Overall, 35% of characters drawn had descriptions or labels with negative connotations (Figure 3). For example, 12% of these answers referred to their character as having *"a criminal record"* or *"breaking the law"*, 19% said their character was *"messy"* or had *"ripped clothes"* and 16% stated the person they had drawn was *"homeless"* or *"had no job"*. Some

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children described their person as an *"an alcoholic"* or stated they *"look like a drinker"* (26%) and described ill health effects like *"heart disease"*.

Insert Figure 3 here

More than half the participants (62%) drew males, 18% drew females and 20% of children did not state the gender of their character. Girls were more likely to draw female characters (30%) than boys were (6%). Interestingly, five children drew famous people known in the media for their alcohol and drug use and three a cartoon character from a popular series also known for drinking beer.

Awareness of Types and Brands of Alcoholic Drink

Children were aware of a range of alcoholic drinks. Many named more than one type when asked: *'What types of alcohol does this person drink?'.* Figure 4 shows the frequencies of which specific drinks are mentioned. *"Beer"* was the most common answer with 70% of children naming generic or branded beers, lagers or Guinness whilst alcopops (9%), cider (9%) and cocktails (3%) were mentioned less frequently.

Insert Figure 4 here

Perceptions About How Much People Drink

Children were asked to comment on how much their character drinks.   Some (14%) suggested large amounts such as:

> *"she drinks 2 gallons a day" (F, low)*

"every day 60 bottles". (M, low)

A third (31%) of children wrote about the person getting drunk, drinking lots or strong

alcohol:

> *"this person drinks a lot, enought to make him drunk" (M, mid)*

> *"they drink a lot, they drink little and big bottles or glasses. They drink (most probably) over 40% alcohol". (F, high)*

A further 5% of children seemingly understood the concept of 'limits' or 'units' and that

drinking may be moderate for some people with occasional overindulgence:

> *"this guy usually drinks a glassful or 2 every other day, but at celebrations it could be a bit more" (M, mid)*

> *"he drinke's a bottle of wine at the weekend and a unit most work nights"*
> *(M, high)*

Thoughts About Why People Drink Alcohol

When asked "why" their character drinks alcohol, the most common reason given was

enjoyment (45%) (Figure 5). Children said that their character drank because it made them

happy, feel good, or simply because, as one child said, *"he likes the flavour".* Sub-themes

included the recognition that drinking alcohol is social and is related to celebrations, parties

and an activity at the weekend:

> *"because they mate [might] have a specel acasan (Valatains Day) [special occasion (Valentine's Day)]" (M, high)*

> *"she might like it but only have it on special occasion or on a weekend"*
> *(F, mid)*

Insert Figure 5 here

The use of alcohol for stress relief was a key theme (17%). Children mentioned this in

conjunction with enjoyment *("because they feel relaxed and happy when they drink alcohol"*

F, high) or independently of it, citing reasons like depression and anxiety or life

circumstances. For example:

> *"relief from worry and stress, more stress, more alchohol". (F, mid)*

> *"1.because he had a hard day 2.upset 3.stressed". (M, high)*

Peer pressure also emerged as a theme: one quarter of children thought people drink

alcohol to fit in:

> *"because they want to stand out and look good!" (F, low)*

> *"because his friends incordge [encourage] him to drink alcohol". (F, low)*

The habitual nature of alcohol was alluded to by 14% of children:

> *"he got addicted to it" (M, low)*

> *"because he drinkes every day and now carnt stop drinking*". *(F, low)*

Four percent of children said their character drank to *"get drunk"*. Two children felt the

social reasons their person drank were:

> *"because he was brought up badly and because he is a tramp" (M, low)*

> *"because he lives on the streets". (M, mid)*

Two children said their person was trying alcohol for the first time or only drank

occasionally, and 9% said they didn't know, or gave ambiguous answers.

Obtaining Alcohol

Children were asked where their character might get alcohol from. Illustrated in Figure 6,

are the places children said alcohol could be obtained. Just under half (48%) said the

person bought their alcohol from the *"shops"* or named a supermarket chain. Pubs, bars

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and nightclubs were popular answers (34%) with 20% of children naming the local pub. Ten percent of children thought their character got their alcohol from their *"mates"*, *"neighbour"* or *"someone else"*. A small minority (4%) were aware that alcohol could be obtained by unscrupulous methods like *"the blackmarket"*, *"using fake ID"*, *"stealing it"* and getting it from *"naughty people"*.

Insert Figure 6 here

Location, Frequency and Time of Alcohol Consumption

The fifth invitation asking children *'where and when'* their character drank alcohol and the previous invitation generated similar results, with 41% of children stating their character drank alcohol at home and 41% in a pub or nightclub. Children in the sample knew that alcohol is consumed socially at specific locations and events, or was drunk in moderation:

> *"They drink alchol at a pub. Usually at weekends when the rugby/football is on." (M, high)*

> *"Just to have with dinner or at the pub special occasions or a night out".*
> *(F, low)*

A quarter of children (25%) described their character as drinking outside including locations such as the "park", the local *"wasteground"* or in *"alleys"* and this was not confined to children who drew teenagers as might be expected. Some children alluded to secretive alcohol consumption:

> *"in a corner outside dark ally [alley] where no one can see them. Drink alcohol because it is a drug and they cannot stop" (F, high)*

> *"runaway to the countryside from 10pm to 3am goes back home keeps a secret". (F, mid)*

Others cited the *"bookies"*, *"poker bar"*, *"restaurant"*, *"friends' houses"* and *"parties"*.

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Effects of Alcohol

Invitation 6 asked how alcohol affects behaviour and feelings. Children stated that alcohol

makes people feel or be *"sick" (22%)*, *"act silly and stupid" (20%)* or *"feeling drunk" (19%)*.

They were aware that alcohol *"makes them violent"* (14%) or people can become *"angry"* or

"grumpy" (9%). Furthermore, children knew the physical effects included feeling *"dizzy"* or

"unsteady" (16%), *"tired"* or *"drowsy"* (11%) and that it makes people *"fall over"* (7%).

More than half the participants (58%) referred to the effects of alcohol in a negative manner

with many citing more than one negative effect. For example:

> *"It rots them inside and can kill them. It makes them feel dizzy and makes the act really silly" (M, mid)*

> *"It makes them act weird it makes them feel drunk drinking alcohol is bad for them"* or *"They fall over a lot It seems a nightmare". (F, mid)*

Positive answers were given by 13% of children and included answers that recognised that

alcohol can take away inhibitions and make people feel good, or happy:

> *"Halcahol makes them feel that you can do anything. It makes them feel good" (M, mid)*

> *"It makes them feel better". (M, high)*

A similar number (13%) attributed both positive and negative effects to alcohol:

> *"It makes him feel a little bit better when he's annoyed. It makes him feel nicer. He acts normal" (F, high)*

> *"It makes him relax and takes him off his troubles at work and it sometimes makes them crazy".*
> *(M, mid)*

Other children (13%) only talked about the effects of being drunk or stated the person drank

within their limits with no negative or positive connotations:

> *"It makes them drunk and wobble everywhere like jelly" (M, mid)*

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"He doesn't drink THAT much so he's ok" (M, mid)

Risks Associated With Drinking

Invitations 7, 8 and 9 asked children to consider the risks of drinking alcohol for their character, to other people around their character and to themselves if they drank alcohol. For each of these questions, over 70% of children chose to just write their answers. The broad categories of risks of drinking alcohol listed by children were: health risks, social risks, effects of being drunk, risk of death and alcoholism.

Forty percent of children accurately stated that ill health effects, sickness, and disease consequences were risks of drinking: 7% cited heart problems, 5% knew it caused disease, 3% knew alcohol damages the liver and 4% were aware that cancer might result. Two children used the term "alcohol poisoning", six children knew alcohol could cause unconsciousness and one said:

> *"if you are pregnant and you drink alchahol you could damage your baby and also damage yourself". (F, mid)*

Erroneously, some (5%) children thought alcohol damaged the lungs.

Twenty-eight percent of children stated their character might die or kill themselves as a result of drinking too much alcohol and 6% alluded to addiction:

> *"they can die, end up with problems, give them lots of cancers, end up in A and E, do silly things taht [that] cause deth [death] and injuries to other people". (F, high)*

> *"He could turn into a alcoholic" (F, mid)*

Ten percent cited social consequences such as going to prison, not being able to get a job, being poor or having no friends as risks.

The most common risk to other people given was that someone drinking alcohol would put others in danger or kill someone (33%). People not liking the character was considered a risk by 6% of children; 10% of children thought that others might start drinking; 4% of children thought there were no risks for anyone else. Also mentioned (19%) was the risk of the drunk person getting into a fight with someone around them, or intimidating others by shouting or being aggressive with some interesting consequences:

> *"he could fight someone, they might push someone onto a railway line or into a lake",*
> *"mad aggressive behaviour" (M, mid)*

> *"scared becasue they rob them". (M, high)*

When asked to consider risks to themselves, children acknowledged that their age may result in more illness and this may explain why the effects of being drunk were more often cited as risks for the children themselves than they were for the character:

> *"I could become really ill because Im to young to drink it" (F, mid)*

> *"we could die very ely couse [early because] were young" (M, high)*

Those giving social consequences (9%) thought they might get in *"trouble with the police"* (7%) or with their parents (1%). Three percent used the question as an opportunity to state their future drinking intentions:

> *"I would not drink or smoke buet [but] would have a beer when I am like 30 years*
> *old". (M, mid)*

The final invitation asked children how they felt about the risks associated with drinking. These responses were coded into negative, positive, neutral or don't know categories. The vast majority of responses were negative (86%) and used words like *"scary"*, *"worried"*, *"sad"*, *"upset"*:

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"I feel very upset about people being drunk and causing arguments fights pick on younger people cause death and injuries to other people ruining there lives and other peoples lives".
(F, high)

Neutral responses (7%) discussed the concept of moderation:

"I will drink when I'm older but not a lot" (M, low)

"its their chose [choice]". (F, low)

Just 2% of responses were positive and these children said they were *"happy"* about the

risks.

Discussion

The purpose of this study was to explore children's perceptions of alcohol using a

specifically designed 'Draw and Write' tool and to establish how useful the results would be

to help inform alcohol education.   The tool successfully elicited responses from children

giving an insight into their understanding of alcohol including who drinks, where it can be

obtained, its effects and the risks associated with it.

Children's awareness of alcohol

This study demonstrates that children are acutely aware of alcohol in their world.   This is

perhaps not surprising in the UK where alcohol has become normalised in society and may

not be viewed as a drug (G. Hastings et al., 2010).   Given that 90% of UK adults drink and

over half of women and nearly two thirds of men report drinking in the previous week

(Health and Social Care Information Centre, 2014; HM Government, 2007), most children

will have seen family members and others consume alcohol.   Research has shown that

children between 2 and 6 years-old role play the purchase and consumption of alcohol

(Dalton *et al*., 2005) and primary school aged children can successfully recognise (de Haan

& Boljevac, 2009) and may have tasted alcohol (Donovan & Molina, 2008, 2014).

Although alcohol-specific and used with slightly younger children, responses showed remarkable concordance with the McWhirter *et al.* drugs study (McWhirter et al., 2004). This included the recognition that drinkers, like drug users, *"could be anyone"*, although the number of children drawing characters that looked like 'normal' adults with neutral descriptions that did not confer any stereotype was much higher in this study, probably due to the normalisation of alcohol in society and the specific focus on alcohol rather than 'drugs' as a general topic.

Particularly when considering the effects and risks of alcohol, children exhibited predominantly negative attitudes, similar to those expressed when talking about drugs in general (McWhirter et al., 2004). This reflects early work with children under 10 years-old who exhibited negative attitudes towards alcohol in response to photographic cues and individual interviews (Casswell, Brasch, Gilmore, & Silva, 1985; Fossey, 1993; Jahoda & Crammond, 1973). However, research suggests that attitudes towards alcohol become more positive as children progress through adolescence (Aitken, Eadie, Leathar, McNeill, & Scott, 1988; Bridges et al., 2003) and so older children using the tool may give more positive responses: this is an area that needs further investigation.

Teenage characters were depicted more negatively than those drawing adults. The views elicited here reflect recent research which showed that young children have negative attitudes towards peers who drink alcohol with 59% believing that they would be harmed and 54% stating they would get in trouble with the police: only one in ten thought drinking was mature (B. Williams, Davies, & Wright, 2010). The same study showed that as children

get older they exhibit more positive perceptions of teenagers who drink, but it is unclear if

this is due to increased acceptability of alcohol, or more positive views to alcohol itself.

Research from the UK suggests that more positive attitudes to alcohol increase the

likelihood of unhealthy drinking behaviour (Bellis et al., 2009; Hawkins, Catalano, & Miller,

1992). From a public health perspective, it is therefore an important aim of drug education

to allow children the opportunity to reflect on and develop attitudes towards alcohol that will

help them make healthier choices (Advisory Group on Drug and Alcohol Education, 2008).

Brand awareness

Children's awareness of types of alcohol, particularly brand names, was interesting.

Children are exposed to alcohol advertising on television, the radio, in print and through

computer-based marketing techniques (Smith & Foxcroft, 2009), even if targeting is not

explicit. Most alcohol adverts in the UK should be shown after the 9pm "watershed" time

and so, in theory, should not be regularly viewed by younger children. However, brand

awareness and recollection of alcohol adverts is not uncommon amongst children (Aitken et

al., 1988; Ausstin & Nach-Ferguson, 1995) and exposure may vary in countries other than

the UK.

Football and music sponsorship, particularly by lager companies, may also increase brand

awareness (G. Hastings & Angus, 2009). Obviously, children may just be observing what

their parents and other adults drink regularly. Nevertheless, the media is known to increase

the amount that young people drink (Aitken et al., 1988; Anderson, de Bruijn, Angus,

Gordon, & Hastings, 2009; Collins, Ellickson, McCaffrey, & Hambarsoomians, 2007;

Connolly, Casswell, Zhang, & Silva, 1994; Smith & Foxcroft, 2009). Celebrity role models

also influence children's behaviour (Boon & Lomore, 2001): children in this study did cite

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famous people they had seen drinking alcohol. Possible mechanisms for this include

Bandura's social learning theory (O'Rourke, 2003).

In the wider context of public health, that children as young as Year 5 can name alcoholic

brands supports calls for greater understanding of how and when brand awareness

develops (Kessler, 2005). It reinforces the need for better regulation of advertising to help

prevent young people from being encouraged to drink (Collin & MacKenzie, 2006; G.

Hastings et al., 2010). As the exploration of media and social influences in relation to drug

and alcohol use is recommended in the school curriculum (Advisory Group on Drug and

Alcohol Education, 2008; Department for Education and Skills, 2004), educators using this

tool as a baseline and finding similar results would be prudent to plan lessons that

incorporate such discussions.

Quantity

Whilst knowledge of types of alcohol is evident, understanding of how much people drink is

poor amongst some children with high estimates of quantities seen in some responses.

This is consistent with a survey of 1491 children aged 9 to 11 years which found that 28%

of children think adults consume 4 pints or 6 bottles of beer per evening, and 30% think

adults drink 5 glasses of wine a night, which is more than national statistics suggest (Life

Education, 2008). Some children in this study guessed even higher amounts than this.

The confusion about quantity may be due to question wording, or perhaps reflects the lack

of understanding by children of volumes: this age group may see even small quantities of

alcohol as large amount (Cole, 2000). 'Draw and Write' cannot discern the reasons

children write their answers because the pictures the children drew may be either

personally observed experiences or representations of the 'pictures' children see in society

through the media (Backett-Milburn & McKie, 1999) . For example, deliberate over-exaggeration may be used by children to emphasise their character's excessive drinking, influenced by images seen in television programmes. Alternatively, pictures may represent their own parents' patterns of drinking. This issue needs further exploration if this tool is used as a baseline, perhaps through a discussion-based follow up with the class. An awareness of drinking excessively, the term "binge-drinking", and of units, limits and moderation is important as it is a good foundation to discuss these concepts in alcohol education, as recommended for this age group (Department for Education and Skills, 2004).   It is difficult for educators to explore this 'fine-line' between moderation and acceptable experimentation, especially when alcohol use is so prevalent amongst adults in society and children may see drinking to excess in their own social situations. However, educators do need to reemphasise the harms of alcohol to children, and this justifies the calls for better teacher training in PSHE to support delivery of the subject (Ofsted, 2012).

Reasons for drinking alcohol

Children correctly identified the common usage of alcohol at celebrations, parties, religious events like Christmas, and social occasions such as with friends. Children drew more male than female characters, reflecting the greater use of alcohol by men than women (Robinson & Bugler, 2008). This study also showed that children have a good understanding of the reasons people use alcohol and the risks it poses. Children give similar results for real and perceived reasons for and risks of drinking alcohol in other studies, both quantitatively (de Haan & Boljevac, 2009; Life Education, 2008) and qualitatively (Cole, 2000; Define Research and Insight, 2008) reflecting the sensitivity of 'Draw and Write' (Gabahainn & Kelleher, 2002).

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Concepts of risk

In previous drug related research (McWhirter et al., 2004; T. Williams et al., 1989b), children tended to mention death and illness, and had limited language relating to their feelings about the risks. This was very similar in this study, and is in contrast to other research which suggests young people rarely discuss the dangers of alcohol, and do not appreciate that alcohol causes more deaths than illegal drugs (Cole, 2000; Lloyd, 1996). Furthermore, this research contradicts statements that children have no concept of 'sensible drinking' (Lloyd, 1996). In this study children were quite dramatic about the risks, with pictures of diseases and death depicted alongside their descriptions and had a clear idea that drinking in moderation would mean that risks are reduced. Perhaps this is due to better education in schools, or general awareness by the public of such risks due to educational campaigns such as 'Know Your Limits' (NHS Choices, 2010). However, it is known that older children tend to underplay the risks of alcohol and believe they are not at risk (Define Research and Insight, 2008) so, this may be an example of children writing what is expected of them rather than what they really believe (Backett-Milburn & McKie, 1999).

Locations of alcohol consumption

The locations where children thought alcohol may reflect changes in society. Home drinking has increased significantly in recently years due to cheaper and greater availability of alcohol in off licences and supermarkets: 46% of people drinking most of their alcohol at home and this accounts for 43% of the UK market (Valentine, Holloway, Jayne, & Knell, 2007). Answers in this study reflected this. This is worrying for public health as, whilst the

home can be a place that parents can control young people's drinking behaviour, it can also be the place that positive attitudes are formed thus promoting likelihood of unhealthy drinking practices in later life (Bellis et al., 2009; Valentine et al., 2007).

Thoughts about the pubs, clubs and nightclubs could also be discussed more in lessons. This is because the night-time economy impacts upon drinking behaviours, promoting excessive consumption and leading to other causes for public health concern including violence and injury (Measham, 2005). Indeed, children cited both of these issues as risks of alcohol reflecting either cultural perceptions, or individual experiences in their worlds. Interestingly, children of this age are already aware of some of the ways their older peers circumvent barriers to obtaining alcohol in adolescence (Hyde *et al.*, 2001).

Limitations

There are methodological limitations of this study. As previously highlighted (Backett-Milburn & McKie, 1999), total privacy was hard to achieve. In all groups, despite reminders to work on their own, children were excited and wanted to discuss their answers. It is acknowledged this may have influenced children's responses, but it is reassuring that the tool achieves its primary aim, which is to enable children to engage in the topic (T. Williams et al., 1989b).

As McWhirter *et al.,* (2004) found, children were willing to both draw and write their answers, although as children progressed through the booklet, they wrote more and drew less. It would be interesting to compare the use of this tool with older children's responses, as it is likely that the age and ability of children may limit descriptive capability. However,

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children in this study were mostly native English speakers and this may be an influencing

factor.

Pupils anticipated later invitations early on in the questioning schedule, as seen elsewhere

(McWhirter et al., 2004). Many children drew their character drinking a specific type of drink

and wrote or drew the location before they were asked though specific invitations. The tool

could therefore be modified by asking children to draw a single initial picture and add to it

as invitations are read out.

Conclusion and Implications for Practice

The normalisation of alcohol in society creates complexities for educators that are not

relevant to illegal drugs. The study has shown that this 'Draw and Write' tool can be

successfully used to explore children's perceptions of alcohol and can be an inclusive way

to open discussions as a baseline tool for assessing current knowledge and attitudes as per

English alcohol education recommendations in order to inform curriculum planning and

development and better adapt alcohol lesson plans. In addition, results from this study

demonstrate that children are aware of the omnipresence of alcohol in the UK and that,

although mainly reflective of the current literature base about perceptions, subtle

differences exist for the group studied. Knowing what these are and having a baseline to

work from will help teachers to plan better lessons, presenting an opportunity to challenge

values and can help children to develop strategies to resist peer pressure and make

healthier choices about alcohol use in the future.

The tool allowed collection of a large number of responses in a relatively short time period,

which will help to inform lesson planning. However, the tool does not give an understanding

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of whether responses are based on children's first-hand experiences, information they have obtained from the media or school lessons. Further research into experiences contrasted with 'Draw and Write' results would help to determine this, as well as establishing if attitudes become increasingly positive as children reach adolescence.

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33

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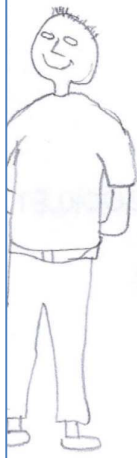42
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Figure 1: Questions from the Draw and Write booklet

1. Please describe or draw a person who drinks alcohol. Please tell us what the person looks like. How old are they? What are they wearing?
2. Think about the person you have described or drawn. What types of alcohol does this person drink? How much do they drink?
3. Why do you think this person drinks alcohol?
4. Where does this person get their alcohol from?
5. Where do they drink alcohol? When do they drink alcohol?
6. What does drinking alcohol do for them?
7. What are the risks for the person themselves of drinking alcohol?
8. What are the risks for other people?
9. What would the risks be for you if you drank alcohol?
10. How do you feel about these risks?

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Figure 2: Examples of drawings depicting characters with neutral descriptions

These pictures show characters drawn by children with neutral descriptions. Children just describe what they are wearing. These images show that many children believe that "anyone can drink alcohol".

M, mid

They would be oldecer than eighteen. they could be wearing anything from a suit to a tracksuit, they could be any gender but I have drawn a man with casual cltothing and my person is about 29.

anyone can drink alchohol but if you are under 16 you can only have, like a little sip. They can wear anything. They can be any age.

F, high

a skirt and t-shirt. 28 years old.

She is 39 years old She has got a top and pants on.

F, mid

Short black hair

eatting

tracksuit

brown eyes

young 14 years

trainers green laces

F, mid

30 years old

Short hair

glasses
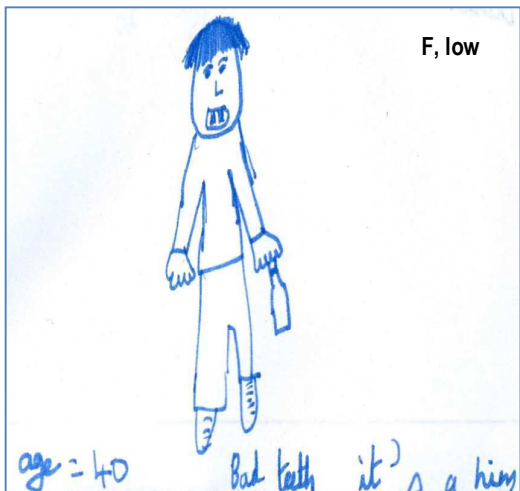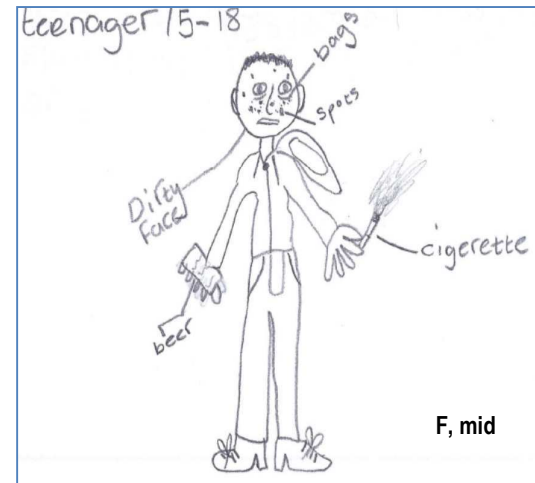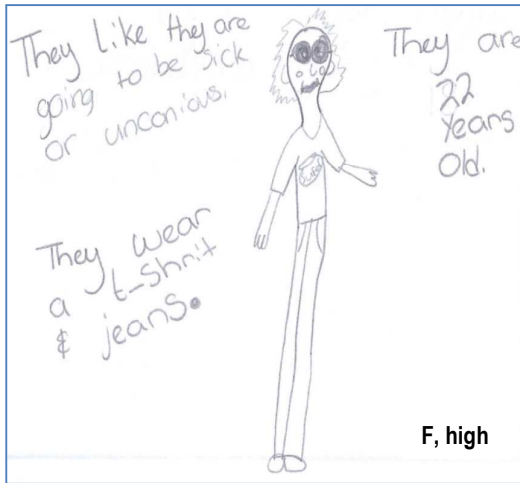
Long beard

He's thin

old football kit.

black boots

M, high

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Figure 3: Examples of drawings depicting characters with negative descriptions
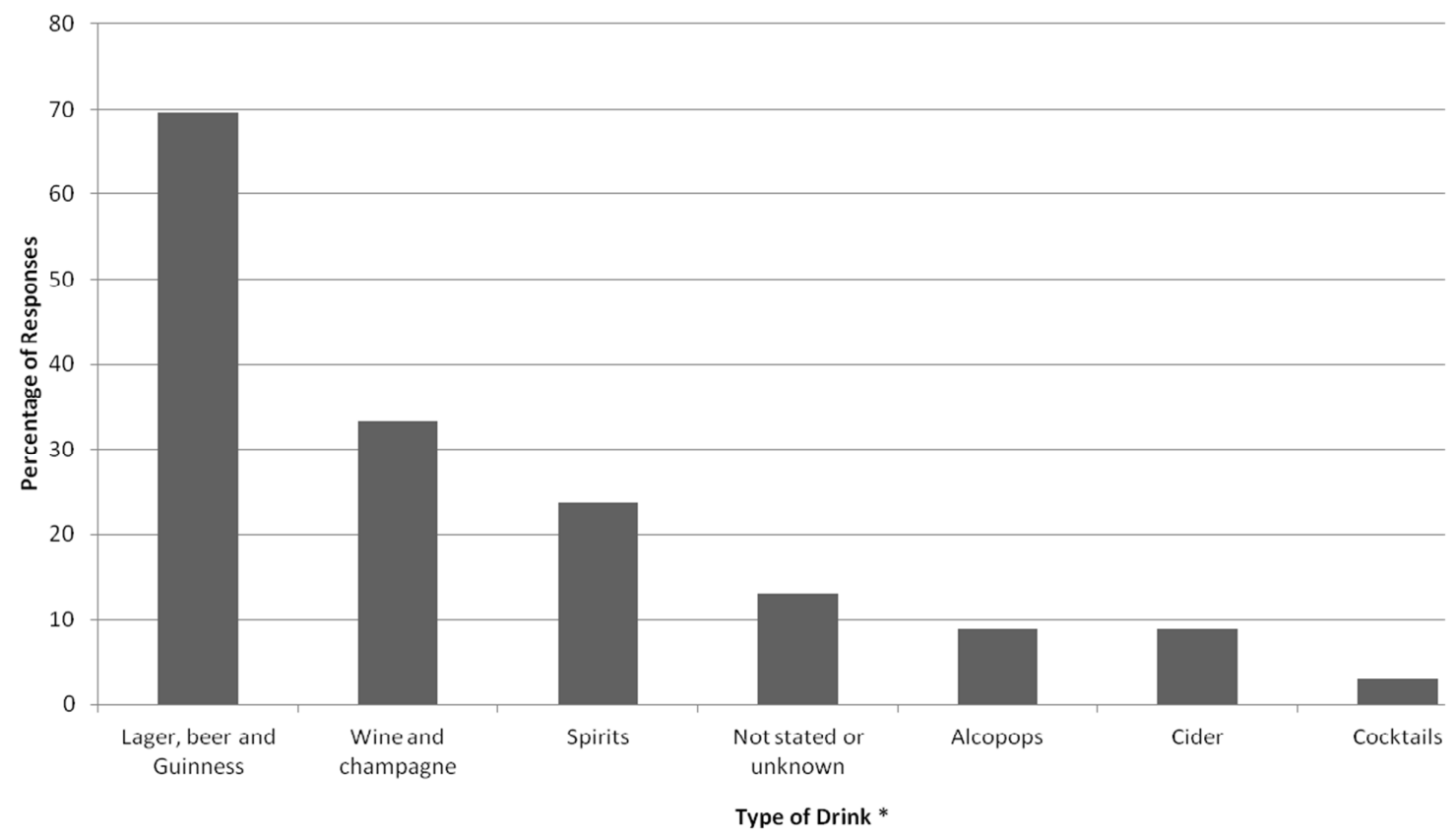
These pictures show characters drawn by children with negative descriptions relating to their appearance, behaviour or health.
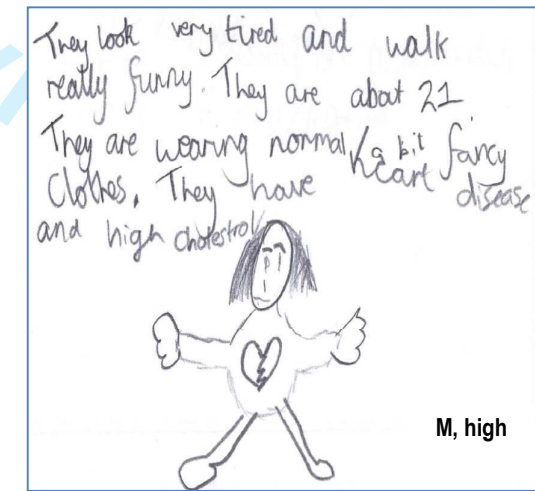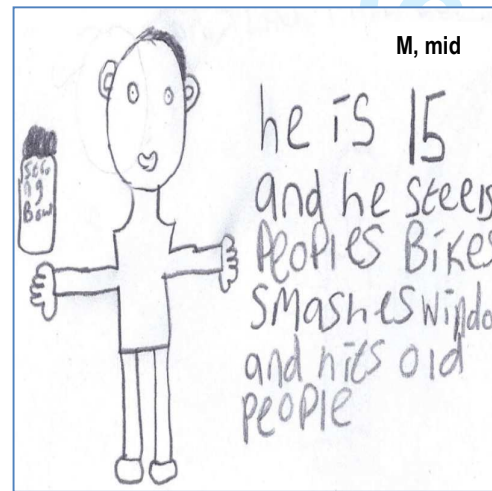
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Figure 4: Types of alcohol drawn or described by children

Nearly 70% of children drew or described their character with generic or branded beer, lager or Guinness drinks. Wine and champagne were also commonly cited by children.

Pupils gave responses that belonged to more than one category

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**Figure 5: Reasons children give for their character drinking alcohol**
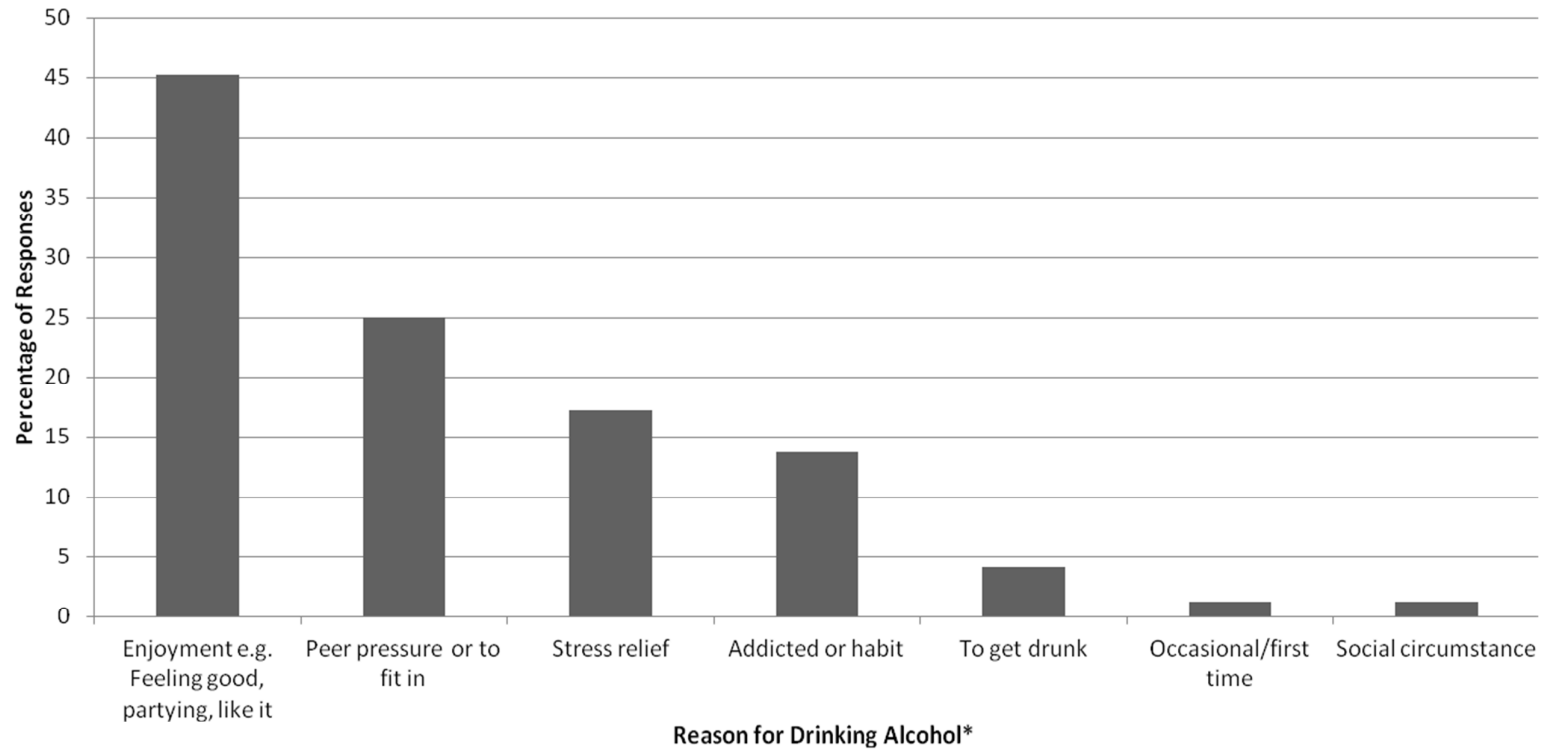
Nearly half of the children in this study believed that the reason their characters drank alcohol was for enjoyment or to be sociable. Less commonly cited reasons were peer pressure and stress relief, and some children understood that alcohol could be addictive. A few children thought that a person's social circumstance (such as being homeless) could lead them to drink.

Some pupils gave responses that belonged to more than one category

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Figure 6: Locations / methods that children's characters obtain alcohol from
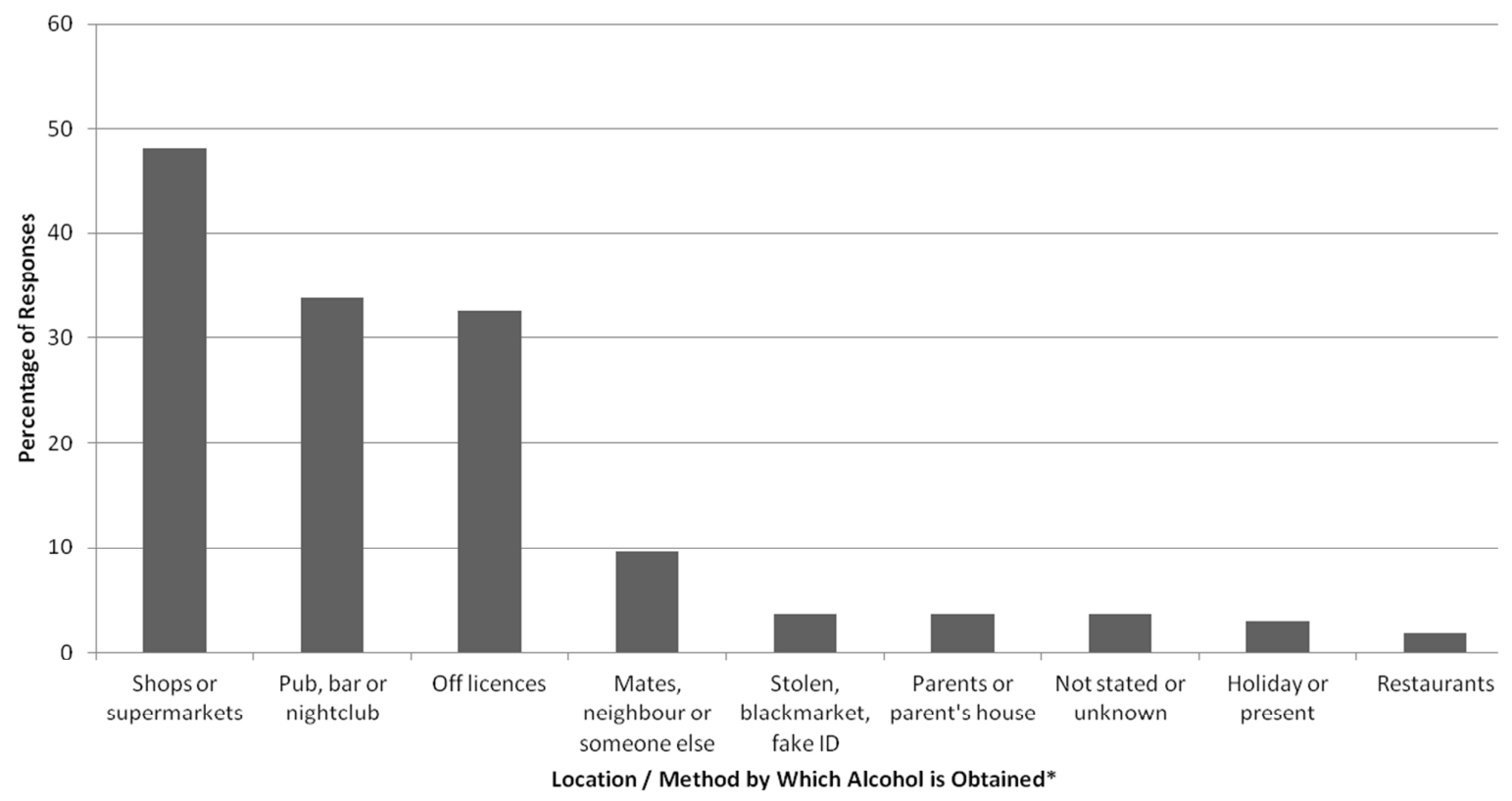
Children mostly drew or described their character obtaining alcohol from the shops, supermarkets or off licences.   Pubs, bars and nightclubs were also common choices. Few children were unaware of where alcohol could be obtained.

Some pupils gave responses that belonged to more than one category