

# ABSS

Healing the past; safeguarding the future

## National Alcohol Harm Reduction Strategy

### Response to Consultation

15 January 2003

#### 1. About ABSS

ABSS (Association for Boarding School Survivors) was founded in December 2002 for two main purposes. ABSS is firstly a survivors' organisation, working to support, empower and represent adult survivors of boarding schools. We are also using our experiences as survivors to secure a better future for boarders by raising boarding issues with decision makers, parents, educators and others. It is on this second point that we are responding to this consultation exercise.

ABSS is not a children's organisation or charity; we do not work directly with children.

ABSS is developing the public awareness role of *Boarding School Survivors* (BSS), a private psychotherapeutic group, started by Mr Nick Duffell in 1990. As BSS is limited by client/patient confidentiality issues, we have got together to create a not-for-profit organisation to take on the public facing role.

A "boarding school survivor" is an adult who is aware that they have psychological (emotional, behavioural, addiction, etc.) issues, possibly arising from their time as a boarder. Boarding school survivors may have chosen to re-examine their boarding school experiences as part of a recovery process, therapeutic, personal or self-development work. Adults, who boarded as children, and do not have this awareness, are referred to as "ex-boarders."

Further details about ABSS are available at [www.abss.org.uk](http://www.abss.org.uk) and a copy of the ABSS Business Plan is available to interested parties upon request.

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#### Association for Boarding School Survivors

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## **2. Alcohol Misuse and Harm Issues in Boarding Schools**

ABSS is concerned about the misuse of alcohol, both by ex-boarders, survivors and, more importantly, by children and young people at boarding schools today. Every year, boarders die or suffer harm from alcohol or from alcohol related accidents.

Whilst covering the misuse of alcohol by ex-boarders and survivors, this submission will concentrate on the issues of alcohol misuse by boarders today. Evidence will be provided from the past experiences of survivors, which is still relevant for present-day boarders.

ABSS hope that boarding schools and their representative organisations will contribute to this important project. However, due to the recent formation of ABSS, we have not had the opportunity to advise these parties of our involvement in this consultation. Some boarding school organisations have, in the past, been hostile to the ground-breaking work of *Boarding School Survivors*. ABSS plan to build more positive relations with these organisations in the future, without neglecting our principles and objectives.

### **2.1. Alcohol Misuse by adult ex-boarders and survivors**

The present misuse of alcohol by ex-boarders and survivors shows a picture little different for the pattern of alcohol use and misuse by non-boarder adults. The problems created by alcohol misuse for this group are therefore similar with those of the general population.

As ex-boarders and now as survivors, we frequently used alcohol to mask unpleasant feelings, experiences and memories (which we were unable to safely process) of our days in care, within boarding schools. Some of us might have been dependent on alcohol, (along with other addictions and compulsive behaviours, such as drug misuse, eating disorders, workaholism, self-harm and sexual addiction).

For most of us, these addictions and dependencies started whilst we were boarders.

Some of us might have started drinking as an act of rebellion, out of weariness or from tedium of boarding life. This is despite the attempts by boarding schools to keep us boarders occupied for much of our time. However, there were always low points or quiet times during the school week of 168 hours, compared to day pupils with an

average school week of around 40 hours. This “timetabling” of activities, duties, etc. can lead to compulsive behaviours as adults, often shown by workaholism.

Others of us might have started drinking as a result of having a parent or other significant other adult who was using or misusing alcohol. This adult role model might have been a member of the school staff, such as a Headmaster, Housemistress, teacher, etc. Other boarders may have started drinking alcohol socially or in a controlled and regulated way but then went on to misuse alcohol, when aware of the way it affects the mind and body.

In some of our schools, alcohol was provided for senior pupils, such as those in the Sixth Form (ages 16-18). Whilst the schools attempted to introduce us to alcohol in a responsible manner, they were also promoting the abiding principle of repressing our emotions (and emotional development). In turn, this stunting of our crucial emotional development has now caused us to revert to alcohol (and other addictions) in moments of emotional stress or crises, rather than being able to cope with the issues of life.

For many of us survivors as boarders at school, alcohol had an illicit, exciting and thrilling quality, which attracted us to its clandestine, uncontrolled misuse. It was often easily available (direct from suppliers or bought in by day pupils) and its qualities were more widely known from seeing adults and other pupils use and misuse it. In some ways, it was “safer” to use than drugs which had a more unsafe, seedy image and their qualities were unknown. Whilst we might have seen the effects of alcohol on our fellow pupils and school staff, the use of drugs was more covert. We recall that, in our experiences, alcohol misuse was a bigger issue than the misuse of drugs, although the school penalties for drug misuse were usually more severe than for alcohol misuse.

Ex-boarders and survivors presenting for therapy or counselling with alcohol (or other addictive or compulsive behaviours) are likely to be referred to Alcoholics Anonymous or other relevant treatment programmes as part of their initial recovery. Recovering (and recovered) survivors, including those who may experience occasional relapses of alcohol misuse, do not form part of this submission as, for the most part, the risks of harm from alcohol misuse are greatly reduced.

Generally, we feel that survivors, who are actively working a programme of recovery or self-development, are less at risk from alcohol misuse than ex-boarders, who lack

awareness. Sometimes the children of ex-boarders have asked us directly whether their parents' misuse of alcohol is related to their parents' time in boarding school.

ABSS is not advocating that ex-boarders or survivors cease drinking; that is a matter for each individual person to decide for themselves.

ABSS has no data on whether ex-boarders misuse alcohol in a greater or lesser proportion than adults who have not boarded.

Ex-boarders may not be able to make the link between alcohol misuse as adults and the use and misuse of alcohol during childhood and their experiences at boarding school. This awareness often comes during the transition to becoming a survivor.

Whilst in denial, ex-boarders are more likely to become perpetrators of domestic violence, violence towards children, criminal behaviour and or addicts that harm other people (as well as themselves). These problems are regrettably more prevalent in local education authority residential schools, especially as they are more likely to be working with children from severely dysfunctional or violent families.

Some of us survivors experienced specific, overt childhood violence, abuse, mistreatment and harm at boarding school. These violations of us were more easily perpetrated by teachers and other adult staff who used or misused alcohol. Sometimes, we were offered alcohol as a way of facilitating the abuses by making us more docile and or compliant than we might otherwise have been. Some teachers could be particularly abusive during afternoon classes, if they had been drinking alcohol at lunchtime for example. Some teachers were permanently under the influence of alcohol when on duty.

For some of us, we associate the smell of alcohol with the fear of impending violence, whether it was sexual, verbal, physical, emotional, etc. It was not until we had stopped drinking ourselves as adults, that we became aware of some of the repressed or suppressed intense and painful memories, often by way of traumatic flashbacks, nausea and hyper-vigilance.

Alcohol might have been used by older or senior pupils when abusing younger or junior pupils, in the same way that the adults used it to abuse us as children. We consider that, for the older pupils, this was a learned response from adults.

(The issue of alcohol misuse and child sexual abuse and violation is covered in responses from sexual abuse survivor groups and by the Survivors Trust, a network of English child sexual abuse survivor organisations. ABSS is a member organisation of the Survivors Trust.)

## **2.2. Alcohol Misuse by Boarding School Pupils**

For the purposes of this document, ABSS will use the legal definition of children as people under 18 years of age. We will use the terms “boarder” or “boarders” to refer to children and young people.

We divide boarders up into two categories, junior boarders who board up to the age of 12 (children) and senior boarders who board from 13 to 18 (young people). This roughly correlates with the independent sector where “Prep” school pupils who can board from 5 to 8 upwards to 13 and “Public” school pupils who board from 13 until 18. There are some variations, such as pupils in the less numerous state-funded boarding schools, who generally board from age 11, the age of moving from primary to secondary education.

Today, there are around 70,000 children and young people boarding in the UK (a figure coincidentally comparable with the current prison population in England and Wales). The 50-year decline in boarder numbers has shown a slight reverse, with a 1% increase in boarders (2.5% growth in the number of female boarders) in the 2001/02 academic year. Within the UK as a whole, there are 736 independent boarding schools and 36 state boarding schools, giving a total of 772 boarding schools.<sup>1</sup>

ABSS would like to be able to report that the situations we have described above are purely historical and the boarding situation today is much improved. However, ABSS is aware that the general increase in the quantities of alcohol misused by children and young people in the UK today is sadly reflected with today’s boarders.

ABSS is aware from media reports, contact with education and health professionals, and from children and young people themselves that alcohol misuse and alcohol related harm in boarding schools is a greater problem today than it was when we survivors were boarders. The same applies to other dependencies, addiction and

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<sup>1</sup> Independent School Council, 23 April 2002; and various contemporaneous UK newspaper reports

self-harming behaviours. We are unable to identify the persons who have provided us with this information for reasons of confidentiality.

Although only around 1.5% of telephone calls received by ChildLine from January to July 1991 referred to “Smoking/Drinking/Drugs”<sup>2</sup>, the issue of alcohol use/misuse is frequently discussed by boarders when seeking pastoral care, counselling, etc. from school staff. (This figure compares with 2% of total calls received by ChildLine nationally being related to smoking, alcohol, drug and solvent abuse<sup>3</sup>).

We appreciate the a few courageous schools, such as Millfield under the former Headmaster Mr Christopher Martin, have acknowledged that they have alcohol<sup>4</sup> (and other<sup>5</sup>) problems. Many other independent schools still seek to suppress or deny these problems in their institutions<sup>6</sup>. Another Headmaster to recognise that alcohol (rather than drugs) presents the greatest risk to school pupils is Dr John Rae, the former Head of Westminster<sup>7</sup>.

We suspect that the problem is in fact proportionally greater today (despite the drop in boarder numbers) than it was in the past. There is strong evidence for comorbidity of alcohol and drug misuse, eating disorders and self harm<sup>8</sup>, all present in the modern boarding environment. This may be related to greater affluence on the part of boarders and greater freedoms, bought about by changing social attitudes to educating boarders.

At the same time, attitudes towards alcohol misuse are changing within schools. Where historically, boarders might have been expelled for alcohol misuse, it is more likely to be tolerated today and some schools are offering pupils support for recurrent alcohol problems. We have heard of dedicated members of school staff who have accompanied boarders to hospital Accident and Emergency (A&E) departments with a boarder suffering for alcohol poisoning.

Many of the problems and harm caused by alcohol misuse reported in the Strategy Unit’s Scoping Note apply to boarders today. ABSS hold the view that not enough is

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<sup>2</sup> La Fontaine, J. and Morris, S. (1991) *The Boarding School Line*, London: ChildLine

<sup>3</sup> April 2000 to March 2001; ChildLine website ([www.childline.org.uk](http://www.childline.org.uk)), 15 January 2003

<sup>4</sup> *Electronic Telegraph*, 1 July 1998

<sup>5</sup> *The Daily Telegraph*, 13 July 1997

<sup>6</sup> *The Daily Telegraph*, 31 May 2002 and [www.EducationGuardian.co.uk](http://www.EducationGuardian.co.uk) 19 November 2002

<sup>7</sup> *Electronic Telegraph*, 18 May 1999

<sup>8</sup> Various UK newspaper reports, including *Electronic Telegraph*, 13 July 1997, *Tatler* December 2002), *Education Guardian* 19 November /11/2002)

being done by the schools to reduce these problems and risks. Some of the underlying issues cannot easily be addressed by the schools (such as family-of-origin problems), due to the very nature of boarding. However, schools have a clear responsibility to the children entrusted into their care and the simple solution, much used by schools, of suspending; excluding or expelling a vulnerable child is not acceptable.

The case of the death in an alcohol related accident of 14-year-old Jennifer Gelardi at Millfield school in June 1998 has been widely reported in the media.<sup>9</sup>

Jennifer, whose parents are expatriate Britons living in the Far East, spent her 14<sup>th</sup> birthday drinking vodka in an attic of her boarding house at the Somerset school. The house accommodated around 30 girls. At three times over the legal drink-drive limit, Jennifer climbed out of her dormitory window and fell 10 metres head first on to concrete paving below. She died of her head injuries.

Jennifer is reported to have started drinking at the school to feel more popular with her peers, after appearing somewhat shy to her friends. A school dance had been the first time she is recorded to have used alcohol. In addition to consuming vodka, Jennifer's friends said that she had also used both whisky and gin. A friend revealed at her inquest that she thought "Jennifer was developing a drink problem."

A few weeks after the school dance or "hop", Jennifer consumed so much alcohol, she slipped into unconsciousness. During the night before Jennifer died, she had been drinking several cocktails of gin, whisky, vodka and Cointreau. On the day of her death, Jennifer asked a 17-year-old fellow female pupil to buy her a litre of vodka "to liven up her birthday celebrations." The 17-year-old used a Young Person's Railcard with a false date of birth to buy the vodka.

At the inquest into Jennifer's death, the Coroner heard that "drinking was rife" among Millfield pupils and that alcohol was frequently smuggled in from home or bought by day pupils in local shops.

In February 1999, Department for Education inspectors were sent into Millfield, following the death of Jennifer and concerns from her parents that she was misusing

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<sup>9</sup> "Millfield girl, 14, dies in roof fall", *Electronic Telegraph*, 16 June 1998 and 01 July 1998.

alcohol, drugs and self-harming. The inspectors were investigating “several serious incidents<sup>10</sup>.”

We survivors in ABSS are deeply upset by this tragedy. We are only too aware that “there but for the grace of God, go ourselves.” Many of us can recall similar incidents involving alcohol in our own pasts. The death of any boarder is to be deeply regretted.

Millfield is one school that, at the time of the Jennifer Gelardi case, had a sixth-form bar for pupils aged over 17. The bar was opened only for special occasions and was limited to selling small amounts of beer and wine. The school clearly felt that they had or have a role in educating young people in the safe and healthy use of alcohol.

Recent changes in human rights legislation has lead to changes in the way school staff treat boarders. The former random and extensive “house searches” used to search boarding houses for contraband such as alcohol, drugs, pornography, etc. have had to be scaled back. Whilst ABSS supports greater privacy for pupils, their privacy has to be balanced against the risks of harm to themselves from these particular items.

In other schools, ABSS is aware that boarders who repeatedly break school rules regarding alcohol are punished by being “gated”, suspended or even expelled. ABSS regrets these courses of action as we feel that they only serve to damage the delicate self esteem of boarders even further. This is based upon our own experiences as boarders.

We are aware of a case in Winchester College in 2001 where around 40 boarders aged from 13 to 16 were suspended following an incident involving the use of cannabis and alcohol. The pupils will be subjected to random testing in future and face possible expulsion for any further use.<sup>11</sup>

ABSS do not think that this is an appropriate course of action to take. The school has a responsibility to those young people and it would appear that schools are only willing to act “in loco parentis” up to a point and then wash their hands of “problem” boarders. For schools that enjoy charitable status “providing education for the public good”, we do not support this policy. Children and young people presenting with drug and alcohol problems need a level of care and support some schools are clearly

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<sup>10</sup> “Inspectors call for changes at Millfield”, *Electronic Telegraph*, 13 April 1999

<sup>11</sup> *Daily Telegraph*, 21 May 2001

unwilling or unable to provide. A similar case occurred at Gordonstoun School in 2002<sup>12</sup>. In this case, the Headmaster (whose own daughter was involved in misusing alcohol) admitted to pupils that he himself had gone on an 8 hour beer and vodka drinking binge – clearly not a fit and proper example for his pupils, who he is so keen to admonish.

### **3. Responses to numbered questions in consultation document**

#### **3.1. *The principles that should underpin the strategy***

1. ABSS feels that it is the duty of government to be involved in managing the misuse of alcohol by children. We are particularly aware of the harmful effects upon children in care (boarders) and this is a proper area for government intervention by regulation, education and in funding harm reduction services.
2. The decision by children and young people to misuse alcohol is based on many factors. For the boarder, this may be out of rebellion, frustration, boredom, loneliness, etc. The extent that a boarder is responsible for their alcohol misuse is somewhat dependent on their age and other contributing factors. The responsibility for reducing misuse primarily lies with those charged with the care of boarders, which can include government.
3. This issue is not particular relevant to children in care, as in the boarding environment. Existing legislation is designed to protect children from alcohol misuse by restricting the supply of alcohol.
4. ABSS sees that all of society has a role and responsibility in reducing the harm from alcohol misuse.

For the children as consumers, there needs to be stronger controls to prevent children from acquiring alcohol to misuse. Given the points made in response to question 5 below, it is likely that children will always try to acquire alcohol, whether from pubs, clubs, retail outlets, and homes or direct from suppliers, such as farmers.

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<sup>12</sup> Daily Telegraph, 22 October 2002 and Education Guardian, 15 February 2002

Is there a role for voluntary groups assisting in educating children about the risks from alcohol? ABSS thinks there is, so long as children are protected.

For the drinks industry, there has been a recent shift in either re-branding alcoholic products, introducing new alcoholic products or targeting marketing at new, younger audiences. At the same time, the figures in the SU scoping document show a growth in the amount of alcohol consumed by children and young people. ABSS asks if there is a correlation here.

ABSS has limited data on the types of alcohol misused by boarders today. In the Jennifer Gelardi case<sup>13</sup>, the alcohol used was mainly vodka, frequently chosen by boarders and others as it is supposed not to have a detectable odour. Vodka itself has not been the subject of a “makeover” by the drinks industry, although mixer drinks containing vodka have been re-branded or introduced, and heavily promoted. Strong, locally brewed cider has been used by Millfield pupils in the past. This cider has been obtained from farmers and is not subject to any “glamorous” marketing.

The drinks industry feels that it is necessary to target their products at younger audiences. ABSS asks if this policy benefits society as a whole, given the rise in underage drinking.

5. The potential for alcohol misuse and harm is set up in childhood. Children that are raised with unconditional love, protected, nurtured and respected are less likely to develop problems with alcohol use.

Children that are mistreated from unhealthy and inappropriate behaviour by their parents or carers, given conditional love, exploited, neglected, manipulated as well as suffering the more obvious overt and covert abuses and violations, such as assaults (verbal, physical and sexual), molestations, spanking, smacking and other punishments, etc. are much more at risk of developing problems with alcohol and or other destructive behaviours against themselves and others.

Any alcohol harm reduction strategy that fails to consider these fundamental issues will likely fail.

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<sup>13</sup> Electronic *Telegraph*, 16 June 1998, 01 July 1998, 13 April 1999

### **3.2. *The cultural and behavioural issues around alcohol use and misuse***

As adults, some of us survivors have made the decision to stop using alcohol altogether, because of its mood altering properties. Some of us used alcohol to numb out when painful feelings, memories of trauma, etc. By covering up these feelings, we have delayed or hindered our recovery. Whilst some of us may have had an alcohol dependency, others of us drank just enough to keep painful feelings at bay and or occasionally drank to excess. For adults, the point at which alcohol use crosses the line and becomes misuse is something each of us has to discover for ourselves, as part of our recovery from childhood pain. ABSS cannot therefore specify a level of alcohol use that, if exceeded, constitutes misuse for adults.

6. Potentially, any alcohol use by a child or young person under 18 is legally misuse. Physiologically, junior boarders usually have a lower threshold for alcohol tolerance than do senior boarders or adults. Recent research has shown that smaller quantities of alcohol than previously realised can have a detrimental effect on the drinker. This would imply that any alcohol use can give rise to impaired judgement and so lead to harm. This is particularly important in the case of children, who may place themselves at risk.

The main factor to be considered for alcohol misuse by a child is the child's age and size. Whilst any amount of alcohol is potentially hazardous, older or larger children are likely to be more tolerant to the harmful effect of alcohol than would younger or smaller children.

ABSS holds the view that any uncontrolled or unsupervised alcohol use by children, especially boarders is misuse and potentially harmful.

7. The most critical drinking patterns requiring intervention from an alcohol reduction strategy would be those involving children and young people.

The strategy must address the underlying problems and reasons why children start to use alcohol in the first place. Some of these problems are outside the scope of government (government can promote healthy parenting but can rarely enforce it, except in extreme cases) and others are under government

control, such as giving children the same legal protection from physical assaults as are enjoyed by adults.

8. In the case of alcohol misuse by boarders, there seems to have been an increase in alcohol (and drug) misuse from the period when we boarded (up to the mid-1980s) and the present. We feel that this increase is due the changes within society, such as more general tolerance of alcohol and drugs.
9. ABSS agrees that children and young people need to be at the heart of any alcohol harm reduction strategy. ABSS would specifically stress that a focus be placed on boarders, based on the clear problems we have earlier identified.
10. ABSS does not wish to comment on this section as it falls outside of our objectives.
11. ABSS understands that there is an established drinking culture in most if not all boarding schools in England. This is based on binge drinking but at the same time, boarders still respect the rules of wider society, such as not drinking and driving and taking care of fellow pupils who might be the worse for wear from alcohol misuse.
12. ABSS feel that, for those of use that misused alcohol as boarders ourselves, there were probably pre-existing family and developmental problems that we brought into the boarding environment. This does not mean that we exonerate our schools for failing to protect us though.
13. As children and young people, the element of risk was one of the attractive aspects of using alcohol. We suspect that in some cases, our use of alcohol was to challenge our carers and to issue cries for help, which went unrecognised or were misinterpreted.

### **3.3. Health: prevention, treatment and the impact on the NHS**

14. Any consumption of alcohol by boarders that places them over the legal drink-drive limit is probably harmful. Up to that point, boarders retain an element of control. We assume that this is the limit that school bars for older pupils follow.
15. ABSS does not wish to comment on this section as it falls outside of our objectives.

16. ABSS does not wish to comment on this section as it falls outside of our objectives.
17. ABSS is aware that some schools encourage boarders who misuse alcohol to enter therapy or counselling. Where this is coerced, ABSS feels that this may increase the time before any beneficial effects result, due to the resistance of the boarder to the coercion.
18. ABSS is sceptical about the policy and practice of “brief interventions.” Where there are underlying issues to alcohol misuse, such as family or developmental problems, these are deep, core psychological issues and they cannot be resolved with brief interventions. Psychotherapy and counselling are usually only effective in adults when unresolved childhood issues and pain are successfully worked through<sup>14</sup>. This would also apply to older boarders.
19. There are some boarding schools that are taking a more pragmatic approach to the entrenched issue of alcohol misuse than just using punishments. These approaches are to be welcomed and ABSS hopes that these schools will share their experiences in this project. Independent schools have historically been reticent in involving outside agencies in solving their “internal” problems. This attitude has sadly led to the tragic loss of life by preventable accidents. ABSS hope that schools open up and look at best practice and what works successfully in other areas, in relation to dealing with alcohol misuse.
20. We would reiterate our response to the above question here.
21. ABSS does not wish to comment on this section as it falls outside of our objectives.
22. ABSS is aware that there are very strong links between alcohol misuse and mental health issues. Boarders indulging in serious binge drinking are putting their lives at risk, as in the Jennifer Gelardi case, and we suspect that young people know this, based on our own experiences. We would reiterate our

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<sup>14</sup> See <http://www.alice-miller.com/sujet/tracen2.htm>

answer to question 18 here about resolving childhood pain and emptiness as underlying these mental health issues.<sup>15</sup>

### **3.4. *Crime, disorder and anti-social behaviour: the effects on our surroundings and community***

ABSS does not wish to comment on this section as it falls outside of our objectives.

### **3.5. *The implications for vulnerable groups***

36. ABSS is particularly concerned that children and young people in care, including boarders are more vulnerable to the harmful consequences of alcohol than equivalent children not in care. It is ironic for some of us survivors that we feel that we have more in common with fellow children and young people who were in Young Offender Institutions or in other residential care homes than either our fellow day pupils or pupils in exclusively day schools. Looking back, some of us were, literally, dying to be fostered, hoping to find a family environment where we might be positively parented, rather than being one child in a boarding house of 40 to 50.

37. It is difficult for ABSS to speak outside of our remit here but we would expect that other children and young people in care are at higher risk of alcohol misuse than children and young people raised in healthy, functional, loving families.

38. We would agree as to the complexity of problems faced by boarders, simply by being somewhat out of daily physical contact with their families of origin. Whilst this can be beneficial for children occasionally, children who chose to board are often making themselves a scapegoat for family problems. This is clearly unhealthy, when it is the responsibility of the adults within the family to resolve their problems, without blaming their children.

39. ABSS reiterate that independent schools need to make better use of external services to resolve their alcohol (and drug) misuse problems, rather than internalise them, so appearing to avoid their public exposure.

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<sup>15</sup> We refer here to the excellent books and works by Dr Alice Miller in making the link between childhood pain, trauma, etc. and subsequent addictions, criminality and violence, including self harm. See: <http://www.alice-miller.com/sujet/eng.htm>

40. ABSS has limited experience in this area. We feel that some of the problems presented are exclusive to the combination of boarding, affluent parents, loneliness, boredom, an obsession to “fit in” at school and other peer pressures presenting 5 or 7 days a week. Therefore, mainstream services will need to be tailored to this specific environment. ABSS hopes to be able to train and certify health professionals to be able to work successfully with both adult boarding school survivors as well and boarders.

### **3.6. Education and communication**

41. ABSS feels that the issue of alcohol education for boarders is very difficult, as shown by the experiences of Millfield school and others. Parents are probably unwilling to allow the school to serve alcohol to younger boarders, i.e. those under 17. There are also legal issues that would need to be resolved in providing alcohol education and promoting safe drinking to young people. We would contrast alcohol education with the controversial area of sex education. There is still a large divide between the expectations of boarders and the information passed to boarders by school staff. Whilst this area is improving gradually, there is still a long way to go.

42. ABSS has no direct experience in this area.

43. We would submit that, whilst boarders are aware of the drink-drive issue, other messages about sensible drinking are clearly being ignored and there is no change from when we were boarders ourselves.

44. ABSS feels that any messages coming out of this sort of research are likely to be ignored by boarders.

45. We feel that society should not give up on the issue of educating children and young people about the risks of excessive alcohol consumption. This education needs to go hand-in-hand with improving the way we treat our children and young people. Today’s problem youth drinkers are tomorrow’s adult alcoholics.

46. We feel that we have covered this point in our overall response. Some schools are clearly trying to address the issues of alcohol misuse, others seem to be taking a punitive approach which is clearly failing.

47. Despite the fact that we are referring to boarders, boarders do not usually spend their entire childhood in school. We hope that they are able to see significant adults using alcohol sensibly. However, the evidence is that this is not usually happening.
48. Governments have been successful in communicating the issue of drink-driving to the public overall. However, the same impact of those early messages can also act as an attractant when driving is not involved. These messages such as the use of shocking images can make alcohol more risky, illicit and clandestine to boarders.
49. We feel that the misuse of drugs and alcohol is intertwined nowadays in boarding schools. We feel that both issues need to be addressed within the school system, without needing to revert to drastic sanctions.
50. We feel that any change to the existing regulation of advertising on or of alcohol is unlikely to have much impact on alcohol misuse by boarders.

**3.7. *The shape of the market and market based solutions***

ABSS does not wish to comment on this section as it falls outside of our objectives.

**3.8. *The economic costs and benefits of alcohol***

ABSS does not wish to comment on this section as it falls outside of our objectives.