

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH INTERVENTION GUIDANCE

DRAFT SCOPE

1 Guidance title

Interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old

1.1. *Short title*

School-based interventions on alcohol

2 Background

(a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on public health interventions in primary and secondary schools aimed at preventing and/or reducing alcohol use among young people.

(b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSFs and other government policy documents:

- 'Alcohol harm reduction strategy for England' (Prime Minister's Strategy Unit 2004)
- 'Drugs: guidance for schools' (DfES 2004a)
- 'Healthy living blueprint for schools' (DfES 2004b)

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- 'National healthy school status – a guide for schools' (DfES and DH 2005)
 - 'Updated drugs strategy 2002' (Home Office 2002)
 - 'The national service framework for children, young people and maternity services. Core standards' (DH 2004a)
 - 'Every child matters' and 'Every child matters: Change for children' programme (HM Government 2003, 2004) (including the 'Change for children in schools' 2004 and 'Young people and drugs' 2005 elements)
 - 'Choosing health – making healthy choices easier' (DH 2004b).
- (c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at teachers, school governors and professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors.

3 The need for guidance

- (a) Alcohol use among young people is growing faster than the use of any other drug in the UK and it causes the most widespread problems among them. It is also the least regulated and most heavily marketed (Advisory Council on the Misuse of Drugs 2006).
- (b) In 2005, around 22% of 11–15 year olds in England had drunk alcohol in the previous week. They consumed an average 10.5 units – an increase from 5.3 units in 1990. Prevalence of drinking increased with age. Three per cent of pupils age 11 and 46% of 15 year olds had drunk alcohol in the previous week (NHS Health and Social Care Information Centre 2006a).
- (c) Regular heavy alcohol consumption and binge drinking are associated with physical problems, antisocial behaviour, violence, accidents, suicide, injuries and road traffic accidents. School performance and crime can also be affected (BMA 2006).
- (d) Truancy and exclusion from school are associated with an increased likelihood of underage drinking. In 2005, over 50% of recent truants aged School-based interventions on alcohol. Draft scope September 2006.

11 to 15 reported drinking alcohol in the previous week. This compares to around 17% who had never truanted (Fuller 2006).

- (e) Young people report having more risky sex when they are under the influence of alcohol. They also say that alcohol is a main reason why they had sex, especially at an early age or with someone they had not known for very long (Alcohol Concern 2002).
- (f) In 2000, nearly 14% of 16 to 19 years olds in Britain were either mildly (12.4%) or moderately (1.4%) dependent on alcohol (Singleton et al. 2002). In 2004–05, approximately 2500 children aged 0–14 years in England were admitted to hospital with a primary, alcohol-related diagnosis (NHS Health and Social Care Information Centre 2006b).

4 The guidance

- a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

Children and young people under 18 years old in primary and secondary schools including, but not limited to:

- state sector maintained schools
- city technology colleges, academies, pupil referral, secure training and local authority secure units, grammar, non maintained special and independent schools.

4.2 Groups that will not be covered

Children and young people who do not attend any of the schools listed above, those in further and higher education, secure institutions or studying at home.

4.3 Areas

4.3.1 Areas that will be covered

Interventions in primary and secondary schools that aim to prevent or delay the onset of alcohol use, or which aim to stop or reduce its use. These include (but are not limited to):

- a) lessons delivered by teachers or other professionals as part of personal, social and health education (PSHE), or as part of the National Curriculum
- b) peer led education by other pupils
- c) theatre in education (TIE)
- d) school policies and the 'informal' curriculum.

4.3.2 Areas that will not be covered

- a) Interventions delivered in the community, including 'server' and 'responsible beverage service (RBS)' training, media campaigns and diversionary activities.
- b) Regulatory schemes including alcohol taxation, restrictions on alcohol sales and advertising, proof of age schemes and alcohol warning labels.
- c) Drink-driving schemes and driver training.
- d) Treatment of alcohol misuse or alcohol dependence, including psychosocial interventions.

4.4 Comparators

The interventions will be examined, where possible, against no intervention and against each other.

4.5 Outcomes

4.5.1 Primary outcomes

- Reduction in the percentage of children and young people who drink alcohol.
- Reduction in the amount of alcohol children or young people drink – and how frequently.
- An increase in the age when children first start drinking alcohol.

4.5.2 Secondary outcomes

- Quality of drug/alcohol lessons, as determined by Ofsted.
- The proportion of pupils who recall having received lessons about alcohol.
- Reduction in alcohol-related consequences/harm(s) including risky behaviour, violence, crime, accidental injury, arrests for drink driving.
- Changes in risk or protective factors which are likely to affect a young person's propensity to misuse alcohol, including their knowledge and attitude towards alcohol misuse, and school attendance.
- Good physical, mental, emotional and sexual health and adoption of a healthy lifestyle.
- Reduction in prosecutions or incarcerations, as well as changes in anti-social or offending behaviour.
- Reduction in illegal sales of alcohol.
- Reduction in alcohol-related hospitalisation.

4.6 Key questions

The following key question will be addressed:

What are the most cost-effective school-based interventions to prevent/delay/reduce alcohol use among under 18 year olds?

Subsidiary questions may include:

- What type of content works best? (For example, should it focus on the harmful effects to health, legal issues or the social consequences of alcohol use?)
- Is it better for the intervention to be delivered by a generalist, a specialist, or someone else (for example, the police, a peer or a drug worker)?
- What are the most cost effective and appropriate interventions for different groups of young people (for example, males and females, those from different social classes and from different ethnic groups)?
- Does the intervention lead to any adverse or unintended effects (for example, an increase in alcohol consumption)?
- What factors might inhibit or facilitate implementation (for example, parents' views)?

4.7 Target audiences and settings for the guidance

The guidance will be aimed at teachers, school governors and others (including school nurses and healthy school leads) who work in or with primary and secondary schools, those who train teachers and relevant professionals in local authorities (including directors of children's services and leads on crime disorder reduction partnerships (CDRPs) and local area agreements (LAAs)).

4.8 Status of this document

This is the draft scope, released for consultation on Friday 29 September 2006, to be discussed at a stakeholder meeting on Wednesday 11 October

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2006. Following consultation, the final version of the scope will be available at the NICE website in November 2006.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at: www.nice.org.uk/page.aspx?o=300576

6 NICE related guidance

Under development

Interventions (including screening) to reduce the transmission of chlamydia and other sexually transmitted infections (STIs) and to reduce the rate of under eighteen conceptions, especially among vulnerable and at risk groups (due February 2007).

Community-based interventions to reduce substance misuse among the most vulnerable and disadvantaged young people (due March 2007).

The most appropriate generic and specific interventions to support attitude and behaviour change at population and community levels (due October 2007).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute to:

‘produce guidance for use in primary and secondary schools on sensible alcohol consumption.’

Appendix B References

Advisory Council on the Misuse of Drugs (2006) *Pathways to problems: hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy*. London: Advisory Council on the Misuse of Drugs.

Alcohol Concern (2002) *Alcohol and teenage pregnancy*. London: Alcohol Concern.

British Medical Association 'Alcohol – young people' [online]. Available from: www.bma.org.uk/ap.nsf/Content/Alcoholyoungpeople [accessed 4 April 2006].

Department for Education and Skills (2004a) *Drugs: guidance for schools*. London: Department for Education and Skills.

Department for Education and Skills (2004b) *Healthy living blueprint for schools*. London: Department for Education and Skills.

Department for Education and Skills and Department of Health (2005) *National healthy school status – a guide for schools*. London: Department of Health.

Department of Health (2004a) *National service framework for children, young people and maternity services. Core standards*. London: Department of Health.

Department of Health (2004b) *Choosing health: making healthier choices easier*. London: Department of Health.

Fuller E editor (2006) *Drug use, smoking and drinking among young people in England in 2005*. Leeds: NHS Health and Social Care Information Centre.

HM Government (2003) *Every child matters*. London: The Stationery Office.

HM Government (2004) *Every child matters: change for children*. London: Department for Education and Skills.

School-based interventions on alcohol. Draft scope September 2006.

Home Office (2002) *Updated drug strategy 2002*. London: Home Office.

NHS Health and Social Care Information Centre (2006a) *Drug use, smoking and drinking among young people in England in 2005 – headline figures*.

Leeds: NHS Health and Social Care Information Centre.

NHS Health and Social Care Information Centre (2006b) 'Hospital episode statistics' [online]. Available from: www.hesonline.nhs.uk [accessed 6 September 2006].

Prime Minister's Strategy Unit (2004) *Alcohol harm reduction strategy for England*. London: Strategy Unit.

Singleton N, Bumpstead R, O'Brien M et al. (2002) *Psychiatric morbidity among adults living in England in 2001*. London: The Stationery Office.