



1 Information Centre). Drinking at an early age is also associated with a higher  
2 likelihood of alcohol dependence.

### 3 **Key facts and figures**

4 [Statistics on Alcohol – England, 2014](#) (Health and Social Care Information  
5 Centre) found that of those teenagers surveyed:

- 6 • 8% had drunk alcohol in the past week
- 7 • 22% of those who had drunk in the past week had drunk 15 units or more
- 8 • girls (10%) were more likely to report having been drunk than boys (7%)
- 9 • 38% of 11–15 year olds had tried alcohol (the lowest since surveys began)
- 10 • 13,725 under-18s were admitted to hospital with alcohol-related problems  
11 between 2011/12 and 2013/14.

### 12 **Current practice**

13 Alcohol education is a statutory requirement of the National Science  
14 Curriculum Order for schools that follow the national curriculum. Pupils are  
15 taught about drugs and drug abuse (including alcohol) from key stages 1 to 4  
16 (ages 5–16) in science classes, and through non-statutory Personal Social  
17 Health and Economic Education (PSHE) lessons (see the [PSHE Association](#)).

18 In England, PSHE is the most common way to deliver alcohol education  
19 alongside a range of other health and social care topics. But teachers often  
20 lack confidence on this topic and do not cover it ([Key principles of effective  
21 prevention education](#) PSHE Association). A survey of 288 teachers across  
22 England, as part of the Department for Education-funded Alcohol and Drug  
23 Education and Prevention Information Service (ADEPIS) project, reported that  
24 approximately 1 to 2 hours a year is devoted to PSHE alcohol and drug  
25 education ([Drug and alcohol education in schools](#)).

26 An Ofsted report recommended that PSHE delivery and quality be improved  
27 ([Not yet good enough: personal, social, health and economic education](#)  
28 Ofsted). Currently PSHE is not statutory ([Personal, social, health and  
29 economic education](#) Department for Education).

1 [Prevention of drug and alcohol dependence](#) (Advisory Council on the Misuse  
2 of Drugs) suggests that although knowledge about ‘what works’ to prevent  
3 alcohol misuse is increasing, much more is known about approaches that do  
4 not seem to work (including knowledge-based school curricula.)

5 Guidance on broader behaviour and pastoral support is also available ([DfE](#)  
6 [and ACPO drug advice for schools](#) Department for Education and Association  
7 of Chief Police Officers.)

## 8 **Policy, legislation, regulation and commissioning**

9 The [Youth alcohol action plan](#) (Department of Health) identified under-18s as  
10 a priority for government action. Tougher enforcement has made it more  
11 difficult for them to buy alcohol, although laws on consumption have not  
12 changed. The plan acknowledges that alcohol education in schools is crucial.  
13 See also [The Government’s Alcohol Strategy 2012](#).

14 In 2009 the Chief Medical Officer produced [Guidance on the consumption of](#)  
15 [alcohol by children and young people](#). This states that an alcohol-free  
16 childhood is the healthiest and best option. It also states that if young people  
17 aged 15 to 17 do drink they should do so infrequently, certainly no more than  
18 1 day per week and should never exceed recommended daily adult limits. The  
19 recommended levels for adults are detailed in the [UK Chief Medical Officers’](#)  
20 [low risk drinking guidelines 2016](#) (UK Government).

## 21 **2 Who the guideline is for**

22 Members of the public will be able to use the guideline to find out more about  
23 what NICE recommends, and help them make decisions.

### 24 **This guideline is for:**

- 25 • Local authorities responsible for education and public health.
- 26 • Teachers, school governors and others (including school nurses and  
27 healthy school leads) in schools and further education settings.
- 28 • Health and social care practitioners working with children and young  
29 people.
- 30 • Providers of alcohol education.

- 1 • Members of the public.

2 NICE guidelines cover health and care in England. Decisions on how they  
3 apply in other UK countries are made by ministers in the [Welsh Government](#),  
4 [Scottish Government](#), and [Northern Ireland Executive](#).

### 5 ***Equality considerations***

6 NICE has carried out [an equality impact assessment](#) during scoping. The  
7 assessment:

- 8 • lists equality issues identified, and how they have been addressed  
9 • explains why any groups are excluded from the scope.

## 10 **3 What the updated guideline will cover**

### 11 **3.1 Who is the focus?**

- 12 • Children and young people aged 11 to 18 in full-time education.  
13 • Young people aged 18 to 25 with special educational needs or disabilities  
14 in full-time education.

### 15 **3.2 Settings**

#### 16 **Settings that will be covered**

- 17 • Schools and colleges for children and young people aged 11 to 18, and for  
18 those with special educational needs or disabilities aged 18 to 25. (See the  
19 government's explanation of [types of school](#).)  
20 • Local authority secure children's homes.  
21 • Secure training centres for children.

#### 22 **Settings that will not be covered**

- 23 • Higher education institutions such as universities.  
24 • Young offender institutions for those aged 15 to 17.

1 **3.3 Activities, services or aspects of care**

2 **Key areas that will be covered in this update**

3 We will look at evidence in the areas below when developing this update. We  
4 will consider making new recommendations or updating existing  
5 recommendations in these areas only. It may not be possible to make  
6 recommendations in all the areas.

7 **Areas from the published guideline that will be updated**

- 8 1 School-based alcohol interventions (recommendations 1 and 2):
- 9 – Primary prevention: universal classroom-based interventions led by  
10 teachers or external providers as part of PSHE; school-based  
11 approaches outside the classroom, including 'whole-school' activities,  
12 theatre in education, peer education, peer-led support; and multi-  
13 component school programmes that include family, community or  
14 wider awareness-raising activities.
  - 15 – Secondary prevention: selected (or 'targeted') alcohol interventions for  
16 those at risk of alcohol use, and pastoral support such as brief alcohol  
17 interventions and counselling.

18 **Areas not covered by the published guideline that will be included in the**  
19 **update**

- 20 1 Classroom-based alcohol interventions in schools that do not follow the  
21 national science curriculum or PSHE, for children and young people  
22 aged 11 to 18 (18 to 25 for those with special educational needs or  
23 disabilities) in full-time education.
- 24 2 School-based approaches outside the classroom for children and young  
25 people with special educational needs or disabilities aged 18 to 25. This  
26 includes: 'whole-school' activities, theatre in education, peer education  
27 and peer-led support.
- 28 3 Multi-component school programmes for children and young people with  
29 special educational needs or disabilities aged 18 to 25. This includes  
30 family, community or wider awareness-raising activities.

1 4 Secondary prevention for children and young people with special  
2 educational needs or disabilities aged 18 to 25. This includes selected  
3 (or 'targeted') alcohol interventions for those at risk of alcohol use, and  
4 pastoral support such as brief alcohol interventions and counselling.

5 **Areas that will not be covered**

- 6 1 Interventions for children aged under 11.  
7 2 Identification, assessment and referral for alcohol use disorders (see  
8 NICE's guideline on [Alcohol use disorders: prevention](#)).  
9 3 Home schooling.  
10 4 Statutory drug education that is part of the national science curriculum  
11 (see [National Curriculum in England: science programmes of study](#)  
12 Department of Education).  
13 5 Interventions in the wider community, including 'server' and 'responsible  
14 beverage service' training, media campaigns and diversionary activities.  
15 6 Driver training and drink-driving schemes (such as interventions based in  
16 pubs and clubs, and nominated driver schemes).  
17 7 Regulatory schemes including taxation, restrictions on sales and  
18 advertising, proof of age schemes and warning labels.  
19 8 Treatment of alcohol misuse or alcohol dependence, including  
20 psychosocial interventions. (see NICE's guideline on [alcohol use](#)  
21 [disorders: diagnosis and management of physical complications](#).)  
22 9 Areas covered by NICE's guideline on [alcohol use disorders: diagnosis,](#)  
23 [assessment and management of harmful drinking and dependence](#).

24 **Related NICE guidance**

- 25 • [Social and emotional wellbeing: early years](#) (2012) NICE guideline PH40.  
26 • [Alcohol use disorders: diagnosis, assessment and management of harmful](#)  
27 [drinking and dependence](#) (2011) NICE guideline CG115.  
28 • [Alcohol use disorders: prevention](#) (2010) NICE guideline PH24.  
29 • [Social and emotional wellbeing in secondary education](#) (2009) NICE  
30 guideline PH20.  
31 • [Social and emotional wellbeing in primary education](#) (2008) NICE guideline  
32 PH12.

- 1 • [Substance misuse interventions for vulnerable under 25s](#) (2007) NICE  
2 guideline PH4.

3 ***NICE guidance that will be updated by this guideline***

- 4 • [Alcohol: school based interventions](#) (2007) NICE guideline PH7. All 3  
5 recommendations will be updated.

6 **3.4 Economic aspects**

7 We will take economic aspects into account when making recommendations.  
8 We will develop an economic plan that states for each review question (or key  
9 area in the scope) whether economic considerations are relevant, and if so  
10 whether this is an area that should be prioritised for economic modelling and  
11 analysis. We will review the economic evidence and carry out economic  
12 analyses, using an NHS and societal perspective to capture non-health as  
13 well as health benefits.

14 **3.5 Key issues and questions**

15 While writing the scope for this updated guideline, we have identified the  
16 following key issues, and key questions related to them:

17 1 Which school-based alcohol programmes are effective and cost effective  
18 at preventing or reducing alcohol use among children and young people  
19 aged 11 to 18?

20 1.1 What components of universal classroom-based alcohol  
21 programmes are effective and cost effective?

22 1.2 What components of school-based programmes outside the  
23 classroom (such as whole-school approaches) are effective and cost  
24 effective?

25 1.3 What components of school-based multi-component programmes,  
26 including family and community activities, are effective and cost  
27 effective?

28 1.4 What components of school-based, targeted approaches or pastoral  
29 support are effective and cost effective?

- 1 2 Which school-based alcohol programmes are effective and cost effective  
2 at preventing or reducing alcohol use among children and young people  
3 aged 18 to 25 with special educational needs or disabilities?  
4 2.1 What components of universal classroom-based alcohol  
5 programmes are effective and cost effective?  
6 2.2 What components of school-based approaches outside the  
7 classroom (such as whole-school approaches) are effective and cost  
8 effective?  
9 2.3 What components of school-based multi-component programmes,  
10 including family and community activities, are effective and cost  
11 effective?  
12 2.4 What components of school-based, targeted approaches or pastoral  
13 support are effective and cost effective?  
14 3 Does effectiveness and cost effectiveness vary for different population  
15 groups (for example, by gender, age, socioeconomic group, ethnicity,  
16 geographical area, or for children and young people with special  
17 educational needs and disabilities?)  
18 4 Are there any adverse or unintended effects?  
19 4.1 How do these vary for different population groups (particularly for  
20 people from lower socioeconomic groups?)  
21 4.2 How can they be minimised?  
22 5 What factors influence the acceptability of interventions and do they  
23 differ between groups or settings?

24 The key questions may be used to develop more detailed review questions,  
25 which guide the systematic review of the literature.

### 26 **3.6 Main outcomes**

27 The main outcomes that will be considered when searching for and assessing  
28 the evidence are:

- 29 1 Measures of alcohol use:  
30 – age when first got drunk or had first whole drink of alcohol

- 1 – percentage who reported drinking alcohol (lifetime, monthly or weekly
- 2 use)
- 3 – amount and frequency of alcohol use
- 4 – unsupervised alcohol use
- 5 – abstinence rate.
- 6 2 Intermediate outcomes:
- 7 – attitudes, knowledge and skills in relation to alcohol use
- 8 – measures of the consequences of alcohol use:
- 9     ◇ alcohol-related absence from school, school attendance and
- 10     academic attainment
- 11     ◇ alcohol-related violence and other antisocial behaviour, crime
- 12     (including arrests for drink driving), prosecutions and incarcerations
- 13     ◇ alcohol-related risky behaviour such as unprotected or regretted
- 14     sex
- 15     ◇ illegal sales or purchases of alcohol
- 16     ◇ alcohol-related hospitalisation
- 17     ◇ alcohol-related physical or mental morbidity and mortality.
- 18 3 Views and experiences of teachers and practitioners delivering
- 19 interventions, and children and young people offered interventions.
- 20 4 Adverse or unintended effects, such as an increased interest in trying
- 21 alcohol.

## 22 **4 NICE quality standards and NICE Pathways**

### 23 **4.1 NICE quality standards**

#### 24 **NICE quality standards that may need to be revised or updated when**

#### 25 **this guideline is published**

- 26 • [Alcohol: preventing harmful use in the community](#) (2015) NICE quality
- 27 standard QS83.

1 **NICE quality standards that may use this guideline as an evidence**  
2 **source when they are being developed**

- 3 • [Alcohol: preventing harmful use in the community](#) (2015) NICE quality  
4 standard QS83.

## 5 **4.2 NICE Pathways**

6 When this guideline is published, we will update the existing NICE pathway on  
7 [alcohol](#). NICE Pathways bring together everything NICE has said on a topic in  
8 an interactive flow chart.

## 9 **5 Further information**

This is the final scope, incorporating comments from registered stakeholders during consultation.

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The guideline is expected to be published in August 2019.

You can follow the progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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