

Alcohol: School-based interventions

Consultation on draft scope Stakeholder comments table

07/10/16 to 04/11/16

ID	Type	Organisation name	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
1	[for office use only]	Alcohol Research UK	General		The exclusion of primary education from the draft scope is justifiable in regard to the discussions at the pre-draft scope consultation. It is difficult to measure meaningful outcomes in this age group (beyond knowledge, which is a poor indicator of behaviour); levels of consumption are generally very low indeed; any drinking at this age is liable to be an indicator of other problems; and there is lack of extant research evidence on interventions at under-11, and very little conclusively demonstrating benefits (e.g. Martin et al., 2014: 27 ref. below). However, the rationale will need to be set out clearly in the final guidance as there is also no evidence that intervention at this age is specifically harmful.	Thank you for your comment.
2	[for office use only]	Alcohol Research UK	General		<p>In assessing the UK evidence for the effectiveness of specific programmes, the Guidelines committee may wish to consult the following:</p> <p>Cairns, G., Purves, R. McKell, J. (2014). Combining school and family alcohol education: a systematic review of the evidence. <i>Health Education</i> 114.6, 451-72. (Full report available at: http://alcoholresearchuk.org/alcohol-insights/investigating-the-effectiveness-of-education-in-relation-to-alcohol/)</p> <p>Lynch, S. et al. (2015). Randomised trial evaluation of the In:tuition programme. Alcohol Research UK report http://alcoholresearchuk.org/alcohol-insights/randomised-trial-evaluation-of-the-intuition-programme/</p> <p>Martin, K., Nelson, J., Lynch, S. (2014). Effectiveness of schools-based life-skills and alcohol education programmes: a review of the literature. Alcohol Research UK report http://alcoholresearchuk.org/special-reports/effectiveness-of-schools-based-life-skills-and-alcohol-education-programmes/</p> <p>The guidelines should emphasis the need for interventions to be evidence-based, and preferably tested through fully randomised control trials. The guidelines should also draw attention to the importance of fidelity to intervention programmes. In doing so, it should bear in mind that some failed interventions (e.g. In:tuition) were unsuccessful in part because of the impracticality of delivering excessively intensive and lengthy programmes within the limits of available timetables.</p>	Thank you for the references and for your helpful comments.
3	[for office use only]	Alcohol Research UK	General		The thrust of recent evidence suggests that the age at which a young person first gets drunk is a more important predictor of subsequent harmful drinking than age of first drink. See for example:	Thank your comment. Age at first drunkenness has been included as an outcome measure.

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	only]				<p>Kuntsche, E. et al. (2013). Not early drinking but early drunkenness is a risk factor for problems behaviours among adolescents from 38 European and North America Countries. <i>Alcoholism: Clinical and Experimental Research</i> 37.2, 308-14</p> <p>Kuntsche, E. et al. (2016). Is 'age of first drink' a useful concept in alcohol research and prevention? We doubt that. <i>Addiction</i> 111.6 957-65.</p> <p>Maimaris, W. and McCambridge, J. (2014). Age of first drinking and adult alcohol problems: a systematic review of prospective cohort studies. <i>Journal of Epidemiology and Community Health</i> 68, 268-74.</p> <p>Ystrom, E. et al. (2014). Early age of alcohol initiation is not the cause of alcohol use disorders in adulthood, but is a major indicator of genetic risk: a population-based twin study. <i>Addiction</i> 109.11, 1824-32.</p> <p>We would, therefore, recommend that age of first getting drunk identified as the key measure in the guidelines.</p>	
4	[for office use only]	Alcohol Research UK	General		The guidelines should note that, while standardised school-based interventions can play a role in preventing alcohol-related harm, the overall evidence on their effectiveness is very mixed and suggests that, even at their most effective, their impact will only ever be limited at a population level. They should be viewed as a contribution to harm-reduction, not as an alternative to other interventions or as working in isolation from wider social and cultural drivers of behaviour.	Thank you for raising this issue.
5	[for office use only]	Association of Directors of Public Health	General	General	<p>The scope only covers 11+ when children's behaviour and thought patterns will form much earlier, and exposure to alcohol marketing and alcohol in general happens from a very early age. According to the alcohol charity Balance North East, belief in media messages about drinking being a positive activity is already developing by age six. If interventions are not included in this guidance, it is vital that they are included in an update of the 2008 NICE guideline PH12 Social and emotional wellbeing in primary education.</p> <p>We would be interested to understand the rationale for this guidance being directed at those aged 11+ and interventions for younger children being excluded.</p>	Thank you for your comments. There are two reasons for the exclusion from this scope. The first relates to the likely lack of alcohol outcomes in this age group. The second is that the sorts of interventions for the age group under discussion are likely to focus on encouraging resilience that would impact on a range of health outcomes, rather than alcohol alone. Therefore, it was considered more appropriate to include this in any update of PH12 where all these factors could be considered in appropriate depth.

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6	[for office use only]	Association of Directors of Public Health	General	General	<p>There is an overreliance on PHSE as a delivery mechanism when PHSE lessons are not statutory. It may be an idea to explore whether there is space for increasing alcohol awareness in other places in the school curriculum.</p> <p>Learning about issues such as personal resilience, peer pressure and addiction in relation to alcohol will not necessarily happen as part of science lessons and have a natural home in PHSE. Information about alcohol delivered as part of science lessons tends to focus on physical effects of drugs. Therefore, where PHSE is absent from a school's curriculum, education around these issues may fail to be delivered.</p>	Thank you for your comments. PSHE is non statutory and the topics that are taught as part of PSHE are at the discretion of the school. The DfE allows schools to design their own PSHE curriculum in response to pupils needs. The scope has also aimed to pick up whole school and other non-curricular based approaches as well as any learning during PSHE. To note: the science curriculum has been excluded as this is under the remit of Ofsted.
7	[for office use only]	Association of Directors of Public Health	General	General	<p>The scope should be extended to home-schooling, and needs more recognition of the importance of the family setting and the role of parents in educating their children about alcohol.</p> <p>Research from the Joseph Rowntree Foundation has found that pre-teenage children are receptive to parental advice and influence regarding alcohol, and so it would be useful to establish a dialogue between parents and children at this age.¹</p>	Thank you for this comment. Home schooling has not been added to the scope as any issues re alcohol use disorders outside of educational settings are covered by other existing NICE guidelines and quality standard on alcohol use disorders .
8	[for office use only]	Association of Directors of Public Health	General	General	The scope excludes advertising – however advertising of alcohol has a significant impact on young children, and young people need to understand alcohol marketing so that some of the effects might be mitigated. It would be important to consider what will be covered in alcohol education in schools and how the issue of alcohol advertising and marketing will be tackled.	Thank you for this comment. Interventions which meet the inclusion criteria for this guidance and that cover advertising in the intervention or is part of a whole school approach, will be considered by the Public Health Advisory committee. However, advertising per se is outside our remit as NICE does not consider national policy.
9	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf	2	12	Reference to alcohol in the Science National Curriculum is very much outside a social context and is therefore in our view inadequate, as any measure of whether schools are delivering good Alcohol Education (see also comment 11)	Thank you for this comment. The national science curriculum is under the remit of Ofsted. The national science curriculum is limited in what it covers

¹ D. Eadie, S. MacAskill, O. Brooks, D. Heim, A. Forsyth, S. Punch, "Pre-teens learning about alcohol: Drinking and family contexts", October 2010 (available here: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/pre-teens-and-alcohol-full.pdf>)

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		of Cambridgeshire Office of the Police and Crime Commissioner]				with regard to alcohol – it is mainly concerned with the physical effects of drugs and alcohol on the body. There is also the issue that not all schools such as free schools or academies follow the national curriculum.
10	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	2	16	We feel that as well as confidence to deliver alcohol education teachers are not always given the time to deliver PSHE due to its non-statutory status.	Thank you for raising this issue.
11	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	2	22	Although DfE have stated that PSHE should remain non-statutory this would be a good opportunity for NICE to influence the debate and push for PSHE to be made statutory.	Thank you for your comments. National policy is outside the remit of NICE.
12	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	5	14	We feel this is a very important inclusion as a large proportion of schools are now academies and therefore do not need to follow the national curriculum.	Thank you for raising this issue.

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13	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	7	1	In Cambridgeshire there are no standard programmes of alcohol education that are used in schools so we would welcome recommendations of evidence based programmes and approaches.	Thank you for your comments.
14	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	7	9	Included in this it would be helpful to include any evidence on who is best placed to deliver alcohol education – teachers or outside agencies	Thank you for your comments. The committee may make recommendations on who is best placed to deliver alcohol education depending on the evidence available.
15	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	8	9	First whole drink and first drunkenness would seem to be better measures than first taste of alcohol.	Thank you for your comments: first drunkenness has been included as a key outcome measure.
16	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of	4	22	Particular attention and if necessary separate consideration should be undertaken on the opportunities and challenges for universal school based alcohol interventions be shared with / supported by parents and families. This is more significant for alcohol than other substances.	Thank you for your comments: we have included family and community activities (multicomponent interventions) in the scope for school based interventions.

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		Cambridgeshire Office of the Police and Crime Commissioner]				
17	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	5	3	Particular attention and if necessary separate consideration should be undertaken on the opportunities and challenges for targeted school based alcohol interventions be shared with / supported by parents and families. This is more significant for alcohol than other substances.	Thank you for your comments: we have included targeted interventions in the scope. Any evidence on parental or family involvement as part of targeted school based interventions could be considered.
18	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	5	3	For targeted school based alcohol intervention it would be worthwhile to consider any intervention's developing of, improvement in and reliance on the student's mentalizing and epistemic trust. These are recognised factors within successful psychoeducation in young people delivered by specialist services and are relevant to all young people. While this consultation's scope is not to look at treatment there will be some treatment intervention conditions that could be replicated within school settings to aid effectiveness.	Thank you for this comment. Any evidence on trust and associated factors, as part of included interventions may be considered. Included within the scope are questions aimed at addressing the effectiveness of school based pastoral interventions for those already using alcohol.
19	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	5	26	While it is appropriate to include recommendations for under 11s to the PH12 Social and Emotional wellbeing in primary education, the examination of successful PSHE and alcohol interventions with primary school children may be helpful in identifying components that secondary schools should reproduce for the delivery of alcohol interventions. These may be structural, environmental and organisational factors that may well be significant of the successful delivery of all interventions addressing risk and choice. It is worthy of note that primary school teachers are significantly more confident in the addressing of these issues with their students. This consultation should examine this difference to inform its recommendations to teachers on training and continuing professional development.	Thank you for your comments. There are two reasons for the exclusion from this scope. The first relates to the likely lack of alcohol outcomes in this age group. The second is that the sorts of interventions for the age group under discussion are likely to focus on encouraging resilience that would impact on a range of health outcomes, rather than alcohol alone. Therefore, it was considered more appropriate to

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						include this in any update of PH12 where all these factors could be considered in appropriate depth.
20	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	5	28	It may be a significant omission of this consultation if alcohol education within the science curriculum is not examined – as this area of alcohol education is the one that teachers report the greater confidence and competence in addressing. It could be logical and cost effective to enhance and supported to this existing competence to widen the effective alcohol education.	Thank you for this comment. The science curriculum is under the remit of Ofsted and therefore excluded from this scope.
21	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	7	11	Examination of the “fit” between alcohol education intervention / programme and the wider school ethos/ actions regarding student wellbeing is needed. This would be helpful to identify correlations with other interventions such as school alcohol and drug policies, the quality of pathways to help and the overall importance given to PSHE in the school.	Thank you for your comment. The evidence relating to pastoral interventions will be included in the scope. The scope has also aimed to pick up whole school and other non-curricular based approaches.
22	[for office use only]	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	8	12	Attitude to drunkenness, the perceived and the actual consequences of drunkenness may be a more accurate predictors of future behaviours and behavioural intentions, and perhaps effective alcohol interventions, than simple age of drunkenness.	Thank you for your comment: age at first drunkenness is a key indicator in the scope. Attitudes are also included as a secondary outcome.
23	[for	Department for	2	15	You should include the guidance on PSHE published by the Department for Education	Thank you for these references.

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	office use only]	Education			Please insert each new comment in a new row https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-education-pshe-education and also the review of impact and evidence https://www.gov.uk/government/publications/pshe-education-a-review-of-impact-and-effective-practice	Please respond to each comment
24	[for office use only]	Department for Education	2	15	<p>“Health and Economic Education (PSHE) lessons (see the PSHE Association).”</p> <p>I think this line is unclear and does not explain the role of the PSHE Association as an organisation independent of government and one of many that schools might look to for resources.</p> <p>It might be better to start a new sentence after lessons that explains teachers are free to draw on specialist and expert support in planning PSHE for example, the PSHE Association which is a subject association.</p>	Thank you for your comment – this text has been amended in line with your comment.
25	[for office use only]	Department for Education	2	24-25	<p>“In 2013 the Department for Education confirmed that PSHE should 24 remain non-statutory (Personal, social, health and economic education.)”</p> <p>Our current line is that the “Department for Education is currently looking at all options around PSHE education including both the status and quality.”</p>	Thank you for your comment. The text has been amended to reflect this comment.
26	[for office use only]	Department for Education	2	10 - 25	I think that this section does not include any reference to the broader ways in which PSHE supports young people to make informed decisions and balance risk, this would be developed through a PSHE programme as a whole as well as through explicit teaching around alcohol. This may be drawn out in the actual document you produce.	Thank you for your comment. The text has been amended to reflect this comment.
27	[for office use only]	Department for Education	General	General	We agree with your approach that interventions for children under age 11 age are excluded from the draft scope. We agree that interventions for this age group may be best picked up by an update of the 2008 NICE guideline PH12 Social and emotional wellbeing in primary education	Thank you for your comment.
28	[for office use only]	Department of Health	General	General	I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Thank you for your comment.
29	[for office use only]	NICE quality standards team: internal comments	1	9-10	The NICE quality standard for alcohol: preventing harmful use in the community (QS83) has already published. This guideline will be reviewed after publication to determine how any changes to PH7 impact on QS83. This guideline will be used to develop the NICE quality standard for school-based interventions: health promotion and mental well-being.	Thank you for your comment. A link to this quality standard is included in the scope.
30	[for office	NICE quality standards team:	9	7-10	See above comment.	Thank you for your comment.

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	use only]	internal comments				
31	[for office use only]	Northumberland County Council PH	General	Question 1	Perhaps a better approach to managing education. Using experienced and expert alcohol service trainers to input into the PHSE education. A more credible expert approach to alcohol education could well pay dividends in preventing health harms and community safety through meaningful educative interventions rather than a tokenistic approach.	Thank you for your comments. The issues you have raised would be considered as part of any available evidence.
32	[for office use only]	Northumberland County Council PH	General	Question 2	It is our belief that good drug and alcohol education must start from a very early age and not be left to secondary schools to pick up, especially as secondary schools are less likely to incorporate PSHE in their curriculum. Northumberland's experience is that primary and first schools are more likely to engage with the PSHE agenda which looks at the wider harms and risks associated with alcohol use and misuse by young people. Alcohol education is included in the science curriculum as is suggested in the document, but this only looks at the harm to the body through alcohol use and does not look at the associated and wider risks that are more in the realms of understanding of the young people. These wider risks are more likely to capture their imagination and perhaps go on to lead to behaviour change. It feels like addressing these issues at age 11 upwards leaves it too late. The prevention work must start in the primary phase and be linked to the sexual exploitation agenda for it to have any impact on making behaviour change.	Thank you for your comments. There are two reasons for the exclusion from this scope. The first relates to the likely lack of alcohol outcomes in this age group. The second is that the sorts of interventions for the age group under discussion are likely to focus on encouraging resilience that would impact on a range of health outcomes, rather than alcohol alone. Therefore, it was considered more appropriate to include this in any update of PH12 where all these factors could be considered in appropriate depth. To note that the science curriculum is out of scope as it is under the remit of Ofsted.
33	[for office use only]	Northumberland County Council PH	General	Question 3	The definition of taste, whole glass or drunkenness does not cover how a number of young people discover alcohol (which tends to be drinking from cans or bottles shared amongst peers or taken from home). I think this description will be meaningless to a cohort of young drinkers who are growing up with problematic drinking parents and who pick up alcohol in their very early years.	Thank you for your comments. We would consider the measure (i.e. taste, glass or drunkenness) as being a different issue to exposure (e.g. being around drinking peers or parents). Both of these issues could be captured in the evidence reviews considered by the Public Health Advisory Committee where the evidence is available.
34	[for office use	Northumberland County Council PH	1	17	See response above to the issue of age.	Thank you for your comment. Please see above.

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35	[for office use only]	Northumberland County Council PH	1	23-24 and throughout	HSCIC now known as NHS Digital	Thank you for your comments. The wording in the text reflects the reference given on the linked web page.
36	[for office use only]	Northumberland County Council PH	3	6-7	The Numbers of individuals getting adults to purchase alcohol for them remains high however.	Thank you for raising this issue.
37	[for office use only]	Public Health England	1	16/17	<p>We feel that it would be a missed opportunity not to cover primary school children because there is evidence that universal alcohol misuse prevention programmes for primary school children demonstrate significantly greater reductions in alcohol use.</p> <p>Ref Cochrane systemic reviews. Foxcroft D.R and Tsertsvadze A. http://onlinelibrary.wiley.com/doi/10.1002/ebch.1829/full This review includes a RCT of the 'Good Behaviour Game', which has statistically significant effects including later outcomes on drunkenness and binge drinking in children and young people. Mentor is currently running a two-year RCT trial of the 'Good Behaviour Game' to measure its impact in UK primary schools.</p>	<p>Thank you for your comments. There are two reasons for the exclusion from this scope. The first relates to the likely lack of alcohol outcomes in this age group. The second is that the sorts of interventions for the age group under discussion are likely to focus on encouraging resilience that would impact on a range of health outcomes, rather than alcohol alone. Therefore, it was considered more appropriate to include this in any update of PH12 where all these factors could be considered in appropriate depth.</p> <p>To note: the science curriculum is out of scope as it is under the remit of Ofsted. We are aware of the evidence on the Good Behaviour Game. This is one of the few available RCTs that provide alcohol outcomes at follow up for this age group but it is not an alcohol specific intervention (the programme is designed to tackle classroom management and is aimed at improving behaviour, achievement and retention in schools). Given the above it would best be considered as part of any</p>

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38	[for office use only]	Public Health England	General		We feel that the guidance should cover drug and alcohol prevention.	update of PH12 . Thank you for this comment. The referral from the Department of Health was for alcohol interventions in schools. However, NICE is in the process of updating guideline PH4 on drug misuse prevention and there can be clear links between these guidelines in the published pathway.
39	[for office use only]	Public Health England	2	11	Alcohol education is a statutory requirement of the National Science Curriculum Order for schools that follow the national curriculum. We feel that it needs to state that there is no legislation which sets out specific requirements for the teaching of alcohol education. Reference to the requirements for teaching alcohol education is covered by the legislation that schools must teach a broad and balanced curriculum and should include provision for PSHE. Currently, alcohol education is very limited in the Science Curriculum. This section also needs to cover/mention schools that do not teach the national curriculum and sit outside local authority (LA) maintained schools, such as academies and free schools.	Thank you for your comments. The science curriculum is outside the remit of this guideline as it is under the remit of Ofsted. The current practice section of the scope (page 2 to 3) is clear that PHSE is non-statutory. We are aware that not all schools have to teach the national curriculum (such as free schools and academies) and have therefore highlighted the full range of schools in the scope (see settings that will be covered in section 3.2)
40	[for office use only]	Public Health England	2		We feel this section needs to emphasise a 'whole school approach', not to treat alcohol and drug education as an isolated 'subject'. This is where a formal PSHE, Science and SRE curriculum is complemented by other actions including promoting a positive ethos and environment and engagement with parents and carers. Ref Education Select Committee Inquiry into Personal, Social, Health and Economic education (PSHE) and Sex and Relationships Education (SRE) in schools WRITTEN EVIDENCE SUBMITTED BY PUBLIC HEALTH ENGLAND, June 2014	Thank you for your comments: Whole school approaches are clearly identified in the scope as areas from the published guideline that will be updated (section .3.3).
41	[for office use only]	Public Health England	General		In our experience it is good to promote educational attainment of pupils as it is a driver for schools. There is good evidence that interventions to promote health and wellbeing have the potential to also promote attainment. Ref Gutman and Vorhaus (2012) The impact of pupil behaviour and wellbeing on educational outcomes, Department for Education, 2012; www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RB253	Thank you for raising this issue and for the references provided.

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					Bonell,C; Humphrey, N; Fletcher,A; Moore, L; Anderson, R and Campbell, R (2014) Why schools should promote pupils' health and wellbeing, BMJ 2014;348:g3078	
42	[for office use only]	Public Health England	2	22	<p>Could expand on current statement: In relation to alcohol and substance misuse, Ofsted (2013) found that while most children and young people understood the dangers of substance misuse, this was not always in relation to personal safety, particularly with regard to alcohol. This finding is backed up by other surveys which have found gaps in training, resources and practice around drug and alcohol education.</p> <p>Ref Ofsted (2013) 'Not Yet Good Enough' – PSHE http://www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools 'Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness" (DfE 2011) with men.</p>	Thank you for your comments and for the references. This section is intended to be succinct rather than covering all possible issues.
43	[for office use only]	Public Health England	3	1	We feel that this guidance is out of date from 2012. Guidance on broader behaviour and pastoral support is also available (DfE 1 and ACPO drug advice for schools Department for Education and Association 2 of Chief Police Officers).	Thank you for this comment. We considered this reference appropriate and is for illustrative purposes only.
44	[for office use only]	Public Health England	3	4	<p>Policy, legislation, regulation and commissioning. This section needs to be expanded and updated. It currently has nothing on commissioning and might need to comment on school academies, LA maintained schools and school nurses (which now fall under LA commissioning).</p> <p>Multi-component programmes/whole school approaches involving parenting interventions and support for individuals requires joined up commissioning.</p>	Thank you for your comments. This section is intended to be succinct rather than covering all possible issues.
45	[for office use only]	Public Health England	3	5	The youth alcohol action plan was written in 2008 under a Labour Government. Replace this with the new drugs strategy once it is published (expected at the end of the year).	Thank you for your comments. This reference will be updated if the new strategy is published before the final scope.
46	[for office use only]	Public Health England	4	1	As above we would like guidance to cover 5-18.	Thank you for your comments. Please see our previous comments.
47	[for office use only]	Public Health England	4	24	We feel that the issue of external providers/using visitors needs to be raised because of the prevalence of ex users being used in schools. Need to note that staff need to be competent and qualified to deliver young people's interventions.	Thank you for your comments. If evidence is available on external providers this will be considered.

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48	[for office use only]	Public Health England	4	26	Our understanding from drug prevention is that peer mentoring schemes are not evidenced. The below evidence review suggests there are no, or negative, outcomes. Ref UNODC International Standards on Drug Use Prevention available here www.unodc.org/unodc/en/prevention/prevention-standards.html	Thank you for providing these references. The issue of peer mentoring will be considered depending on the evidence available.
49	[for office use only]	Public Health England	5	3	Unplugged programme showed significant effects with young people. Currently being trailed by Mentor http://mentor-adepis.org/unplugged/ Also, Cochrane systemic reviews. Foxcroft D.R and Tsertsvadze A. http://findings.org.uk/count/downloads/download.php?file=Foxcroft_DR_8.txt http://onlinelibrary.wiley.com/doi/10.1002/ebch.1829/full	Thank you for providing these references.
50	[for office use only]	Public Health England	5	3	Evidence in high risk children/targeted PreVenture is a school based curriculum for young people, aged 13 to 14, which aims to reduce the risk of substance misuse and other behavioural problems: http://www.eif.org.uk/wp-content/uploads/2014/07/Preventure.pdf UK trials, Kings College.	Thank you for providing these references.
51	[for office use only]	Public Health England	5	20	Theatre in education needs to be part wider programme UNODC Prevention: www.unodc.org/unodc/en/prevention/prevention-standards.html	Thank you for providing these references.
52	[for office use only]	Public Health England	5	26	We feel that primary school years should be included in the scope. There is evidence of universal alcohol misuse prevention programmes for children. Cochrane systemic reviews. Foxcroft D.R and Tsertsvadze A. http://findings.org.uk/count/downloads/download.php?file=Foxcroft_DR_8.txt http://onlinelibrary.wiley.com/doi/10.1002/ebch.1829/full	Thank you for your comments. There are two reasons for the exclusion from this scope. The first relates to the likely lack of alcohol outcomes in this age group. Within the review by Foxcroft, only 9 of the 53 studies include children under age 11. NICE will be taking an inclusive approach to the review so that any papers which span our age include (e.g. age 9 to 13) would be included. There are only 4 papers in the Foxcroft review which are on children under age 11 alone. Of these, one is among Native American children (and would not be considered applicable to the UK) and the other 3 appear to be on the same mandated programme, the Good

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ID	Type	Organisation name	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
						<p>Behaviour Game. Therefore, there is not a wealth of evidence with alcohol outcomes among this age group.</p> <p>The second reason for exclusion is that the sorts of interventions for the age group under discussion are likely to focus on encouraging resilience that would impact on a range of health outcomes, rather than alcohol alone.</p> <p>Therefore, it was considered more appropriate to include this in any update of PH12 where all these factors could be considered in appropriate depth.</p>
53	[for office use only]	Public Health England	6	25	We feel that the guidance should look at non-drug outcomes, particularly to reflect the resilience that early interventions provide. If the guidance included broader outcomes this would also reflect cost effectiveness of interventions more broadly.	Thank you for this comment. Attitudes, knowledge and skills in relation to alcohol use are included as secondary outcomes.
54	[for office use only]	Public Health England	8	6	We feel that the main outcomes considered should be widened to include broader resilience and also to consider sexual risk behaviours linked to reduced alcohol use. Alcohol use is strongly associated with teenage conceptions and sexually transmitted infections, independent of deprivation. http://www.cph.org.uk/wp-content/uploads/2012/08/contributions-of-alcohol-use-to-teenage-pregnancy.pdf	Thank you for your comments. Alcohol related risky behaviour has been added as a secondary outcome.
55	[for office use only]	Royal College of General Practitioners	General		<p>I am surprised to see NICE being asked to draw up such a document. Since it will involve schools I don't see it as falling within NICE's scope.</p> <p>I don't know what the evidence is, but I doubt that school based interventions are likely to have any effect in countering the huge influence of the drinks manufacturers. I should like NICE to refuse to have anything to do with such a guideline until the government shows itself willing to take the problem seriously. (DJ)</p> <p>Helping young men and women to be able to come to terms with the use and abuse of alcohol in a society which has ambivalent attitudes is hugely difficult.</p> <p>Alcohol is used as the social oil across class, race, geography Alcohol as an industry is very successful and the tax revenues enormous.</p>	<p>Thank you for this comment. The referral is from the Department of Health and updates an existing guideline (PH7). To note that NICE public health guidance is aimed at a wide range of audiences, not just the NHS and local authorities, recognising the role many organisations have in addressing the wider determinants of health.</p> <p>Please note that national policy is</p>

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					<p>Prohibition largely does not work and encourages criminality On the whole alcohol is used responsibly by Jews where it is part of ceremony and practice and children take small quantities from a young age and in the company of family. Rationing access to alcohol by price and by the number of outlets helps but supermarket alcohol is now deeply ingrained in the UK Health promotion should be by older peers who share the same problems, perhaps there might be some "wine education-wines to taste, wines in cooking, wines with food... even at school First year university students, often exposed to cheapish alcohol and away from home indulge in binge drinking and high risk activity. Some of this is part of youth and joy but a little guidance earlier may be helpful. (dangers of binge drinking, dangers of combining with drugs, drinking more moderately and with food, how to manage a hangover) At one boarding school the 6th form are allowed to walk to the local pub (2 miles each way) and to drink beer-the publican and the school in cahoots. This is a privilege and highly prized and protected. (PS) Will any long term outcomes be measured? Is it possible to look into this over a period of 10 years? (NK)</p>	<p>outside the remit of NICE. NICE has issued other guidance on alcohol - see pathway. Alcohol related morbidity and mortality are listed in the main outcomes in the scope section 3.6) and will be considered in the evidence review for this guideline where available.</p>
56	[for office use only]	Royal College of General Practitioners			<p>I am unsure whether the school based intervention programme should solely focus on alcohol or include other substance abuses such as tobacco, cannabis, opiates, ecstasy, cocaine and derivatives, amphetamines, methamphetamines, inhalants/solvents The Unplugged program in Europe is based on a life skills education and social influences approach to promote positive health behavior, generally, and substance abuse prevention specifically. Program evaluation in other countries/regions of Europe showed effective outcomes in the delay of the onset of drug use and a reduction in the use of alcohol, tobacco and cannabis among the age groups involved (see www.eudap.net). (MH) In a metanalysis motivational enhancement therapy was the most effective modality in school-based alcohol interventions , but was rarely implemented in group-delivered interventions. Future research should explore whether group-delivered in school-based alcohol interventions that use motivational enhancement therapy components may yield beneficial outcomes like those observed in individually-delivered programs.(MH) Hennessy, E.A. & Tanner-Smith, E.E. Prev Sci (2015) 16: 463. doi:10.1007/s11121-014-0512-0</p>	<p>Thank you for your comments: The referral from the Department of Health is for alcohol only and updates an existing guideline (PH7) NICE is in the process of developing guidance on drug misuse prevention (updating PH4). The guideline will make research recommendations. NICE has published extensive guidance on smoking – see pathway.</p>
57	[for office use only]	Royal College of General Practitioners	Page 5	Line 26	<p>Yes I agree that this should not apply to under 11 year olds. This is because their understanding of the intervention delivered is going to be very different from older children. (NK)</p>	<p>Thank you for your comments.</p>

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					Please insert each new comment in a new row	Please respond to each comment
58	[for office use only]	Royal College of General Practitioners	Question 3		<p>I'm aware of the evidence that early use predicts future problems with alcohol, but it has always surprised me. I was brought up, as were both of my sons, to drink moderately in the context of family celebrations & meals, from quite an early age (perhaps 10 years). None of us has any obvious problem with alcohol. I wonder if the context in which youngsters are introduced to alcohol is as important as the age at which this happens (or more so). (DJ)</p> <p>The measures of age I feel are too non specific as tasting alcohol should not be included. Children could be given a sip of alcohol or have it in food and chocolates which is not going to affect their long term outcomes. However unsupervised drinking is a good measure. (NK)</p>	Thank you for raising these issues. The scope has been updated and now includes age of first drunkenness as an outcome.
59	[for office use only]	Royal College of Nursing	General	General	This is to inform you that the Royal College of Nursing has no comments to submit to inform on the above draft scope consultation at this time	Thank you for this comment.
60	[for office use only]	Royal College of Paediatrics and Child Health	On the whole document		The draft excludes those home educated. I feel there should be means to reach those home educated.	Thank you for this comment. Home schooling has not been added to the scope as any issues re alcohol use disorders outside of educational settings are covered by other existing NICE guidelines and quality standard on alcohol use disorders .
61	[for office use only]	Royal College of Paediatrics and Child Health	On the whole		There should be more emphasis on parent/ carer education, so that parental role models may be set as example, rather than investment only on rote education of the children.	Thank you the scope includes family and community activities that are part of a multicomponent school based approach.
62	[for office use only]	Royal College of Paediatrics and Child Health	On the whole		There is evidence of increased risk of alcohol and drug use by children with neurodevelopmental disorders. There should be special means to target those for education about Alcohol use.	Thank you for this comment. The scope includes those with SEND. Evidence will be considered where available.
63	[for office use only]	Royal College of Paediatrics and Child Health	On the whole		The ADHD NICE guidelines and Alcohol use guidelines should marry to each other. In the school based intervention there could be clearer discussion and education of the link between ADHD and propensity of drug use and Alcohol use in ADHD sufferers.	Thank you for this comment. Links to other relevant NICE guidance may be considered by the PHAC developing this guideline.
64	[for	Royal College of	1	20-25	Children who drink alcohol at an early age are more likely to become pregnant. Most of	Thank you for your comments. Alcohol

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	office use only]	Paediatrics and Child Health			these pregnancies are unplanned. Therefore specific teaching on the dangers of alcohol during pregnancy on the developing fetus is required. This is likely to be of lifelong benefit and key to helping to progress social change in attitudes towards drinking in pregnancy. 'Health Canada' has instituted similar programmes training childhood educators, as primary prevention for the number of children born with fetal alcohol spectrum disorder – a lifelong condition	related risky behaviours have been added to the main outcomes (section 3.6).
65	[for office use only]	Royal College of Psychiatrists	8	23	Can we be clear that morbidity includes mental health morbidity and emotional health problems?	Thank you for your comments. The draft scope has been updated to include an explicit reference to physical and mental health.
66	[for office use only]	The UK Faculty of Public Health (FPH)	General	General	Q.1. FPH would recommend that NICE ensure that the evidence base, relating to school-based alcohol programmes, is followed; and where the evidence is lacking so that more research can be focused to address the gap. It is also important that NICE identify where and when school-based alcohol programmes fail to achieve their required aims. As a member organisation of the Alcohol Health Alliance, FPH strongly recommends that NICE review previous recommendations made by the Alcohol Health Alliance, in particular, their top ten policy recommendations for reducing the damage caused by alcohol misuse (http://ahauk.org/policy/)	Thank you for this comment. The guideline will be developed in line with the NICE manual (updated 2016). All guidance is developed based on the best available evidence. NICE is able to make 'do not recommendations' as part of the guideline.
67	[for office use only]	The UK Faculty of Public Health (FPH)	General	General	Q.1 FPH highlights that the most effective means of preventing school aged children from abusing alcohol, is by preventing them from accessing alcohol through: <ul style="list-style-type: none"> reducing the environmental availability of alcohol to young people through increased scrutiny on retailers, off-licences and supermarkets, particularly in relation to their marketing and promotion of cheap, and particularly cheap high strength, alcohol; reducing their capacity to purchase alcohol, for example through Minimum Unit Pricing FPH recommends that NICE use its influence and expertise to advocate for strong legislative change to address at a broad level, school children's ability to purchase and abuse alcohol and support moves to include public health goals in Licencing.	Thank you for this comment. This guideline focuses on school based alcohol interventions. NICE has issued other guidance on alcohol prevention – see pathway .
68	[for office use	The UK Faculty of Public Health (FPH)	5	10	Q.1 FPH would strongly recommend that NICE review their recommendation on partnership, with a view to ensure that the guidance makes certain who/which organisations are appropriate to form partnerships with, and who/which	Thank you for this comment. The scope is clear that the original recommendation in PH7 on

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	only]				Please insert each new comment in a new row organisations can be seen as impartial advisors/providers of material support.	Please respond to each comment partnerships will be updated to reflect current practice.
69	[for office use only]	The UK Faculty of Public Health (FPH)	General	General	Q.1 FPH would recommend that NICE consider how schools and other institutions can best supporting young people who chose to abstain from alcohol. The need for such guidance is made clear in the Drink-aware materials which contain no guidance on the topic of supporting abstainers in an environment that encourages unhealthy drinking habits.	Thank you for this comment. Abstinence rates have been added as an outcome measure to the updated scope. The recommendations will be based on the available evidence.
70	[for office use only]	The UK Faculty of Public Health (FPH)	4	3 to 6	Q.2. FPH would recommend that the scope of the guideline be extended to include children aged 4 to 10 as well, because not doing so would exclude from the guidelines a huge number of children at critical points in their development.	Thank you for your comments. There are two reasons for the exclusion from this scope. The first relates to the likely lack of alcohol outcomes in this age group. The second is that the sorts of interventions for the age group under discussion are likely to focus on encouraging resilience that would impact on a range of health outcomes, rather than alcohol alone. Therefore, it was considered more appropriate to include this in any update of PH12 where all these factors could be considered in appropriate depth.
71	[for office use only]	The UK Faculty of Public Health (FPH)	8	5 to 27	Q.2. FPH recognises that the Personal and Social Education (PSE) curriculum is not always taught in schools, thus leaving children with a large gap in their knowledge about issues, including alcohol use. It is our strong opinion that PSE should be mandatorily taught in schools so as to encourage healthy lifestyles, and build resilience to less healthy behaviours, such as alcohol abuse.	Thank you for this comment. National policy is outside the remit of NICE.
72	[for office use only]	The UK Faculty of Public Health (FPH)	8	8 to 13	Q.3. Alongside the measures for age at first use of alcohol, FPH would recommend the following: <ul style="list-style-type: none"> • Means of obtaining alcohol; • Alcohol types/preference • Frequency of drunkenness • The impact alcohol misuse has on sexual health (regretted sex, unsafe sex) 	Thank you for this comment. The outcomes (section 3.6) have been updated to include age at first drunkenness and alcohol related risky behaviours. The other outcomes listed are included within those listed in section 3.6.
73	[for office	The UK Faculty of Public Health	General	General	FPH would strongly recommend NICE, in planning how best to develop its guidance, consider how not only to prevent children and young people from	Thank you for this comment. Identification are outside the remit of

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	use only]	(FPH)			developing unhealthy alcohol behaviours, but also consider how best to detect and support children and young people already dealing with alcohol related problems.	this guideline (they are covered in PH24 – see https://www.nice.org.uk/guidance/ph24). The scope has been updated to make this clear. .
74	[for office use only]	The UK Faculty of Public Health (FPH)	General	General	FPH would also recommend that NICE include in its guidelines, means by which teaches and institutions can best support children and young people already dealing with alcohol related problems.	Thank you for this comment. Treatment is outside the remit of this guideline. Section 3.3 of the scope does highlight that it includes 'secondary prevention: for example, pastoral support that includes selected (or 'targeted') alcohol interventions for those at risk, brief alcohol interventions and counselling'

Document processed	Organisation name – Stakeholder or respondent	Disclosure on tobacco funding / links	Number of comments extracted	Comments
Alcohol Research UK.docx	Alcohol Research UK	None	4	
Association of Directors of Public Health.doc	Association of Directors of Public Health	N/A	4	
Cambridgeshire Office of the Police and Crime Commissioner.doc	[Cambridgeshire Drug and Alcohol Action Team on behalf of Cambridgeshire Office of the Police and Crime Commissioner]	[None]	14	
Department for Education.doc	Department for Education	None	5	
Department of Health.doc	Department of Health	None	1	
NICE quality standards team.doc	NICE quality standards team: internal comments	None	2	
Northumberland County Council.doc	Northumberland County Council PH	N/A	6	
Public Health England.DOC	Public Health England	None	18	
Royal College of General Practitioners.doc	Royal College of General Practitioners	None	4	
Royal College of Nursing.doc	Royal College of Nursing	None	1	

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Royal College of Paediatrics and Child Health.doc	Royal College of Paediatrics and Child Health	NA	5	
Royal College of Psychiatrists.doc	Royal College of Psychiatrists	[Insert disclosure here]	1	

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