

**Alcohol: school-based interventions (update)**

**Stakeholder workshop**

**Date:** 13/09/2016

**Location:** Broadway House, Tothill Street, London, SW1H 9NQ

**Minutes:** Draft

<b>Stakeholders present:</b>	
Professor Dorothy Newbury-Birch	Teesside University/Newcastle University
Professor Harry Sumnall	Liverpool John Moores University
Mrs Helena Conibear	The Alcohol Education Trust
Dr James Nicholls	Alcohol Research UK
Jamila Boughelaf	Mentor Foundation UK
Andrew Russell	Drinkaware
Mrs Julia Cullum	Cambridgeshire Safer Communities Partnership
Scott Haines	Addaction
Nikki Holmes	Compass, Warwickshire County Council
Anna Cole	Association of School and College Leaders
Dr Douglas Thorburn	Royal College of Physicians and Surgeons of Glasgow
Heather White	National Health Education Group
Claire Beynon	Faculty of Public Health

<b>Topic Experts attending the meeting:</b>	
Kirsty Blenkins	Public Health England
Jackie Behan	Department for Education

<b>NICE Public Health staff attending the meeting:</b>	
Kay Nolan	Associate Director
Adrienne Cullum	Technical Lead
Una Canning	Senior Technical Analyst
Simran Chawla	Public Involvement Advisor
Andrew Harding	Programme Manager
Jenny Mills	Project Manager
Rukshana Begum	Project Coordinator

**NICE staff observing the meeting:**

Rachel Adams	Information Specialist
Ian Wall	Assistant Project Manager

**1. Welcome, introductions and the aims of the day**

**The Chair welcomed the attendees and gave an outline of the workshop.** The Chair encouraged a full and open discussion during the meeting.

The Chair informed the attendee's that NICE has worked with Public Health England and the Department of Education in developing the draft scope of this guideline.

The PSHE Association and Eileen Kaner (Standing member of PHAC) submitted comments prior to the workshop as they were unable to attend. These comments would be discussed at the relevant points throughout the workshop.

Andrew Harding (AH) provided a short presentation on NICE guidelines are and how they are developed.

**2. The need for the guideline and role of the Committee**

Adrienne Cullum (AC), the Technical Lead for this guideline summarised the background and that this guideline will be an update of PH7. AC added that in 2014 a review of the guideline was undertaken and the decision to update the guideline was approved for the following reasons:

- Changes to the public health landscape and education system
- The Chief Medical Officer's guidance (2009) advising parents and children that an alcohol-free childhood is the best option
- Stakeholders and NICE identifying potential new evidence that may impact on the original recommendations

The team also highlighted the continual high use of alcohol amongst teenagers and the range of adverse outcome that children and young people risk when drinking alcohol.

**3. Public Involvement Programme**

Simran Chawla (SC) gave a short presentation on the role of the Public Involvement Programme.

Stakeholders suggested that including a younger lay member on the committee would be beneficial. NICE noted that historically under 18 lay members have not been recruited to committees but agreed to check whether this is an option

**ACTION: NICE to check whether under 18's can be recruited to NICE committees.**

Stakeholders suggested that representatives from schools should be involved in the development of the guideline.

**4. Presentation of the scope and key discussion areas**

Una Canning (UC) presented an overview of the topic including the proposed scope, the groups and settings that will be covered and provided the context for the questions (appendix A) that would be discussed by the group.

Stakeholders noted at this point that universal interventions have fallen out of favour for commissioners and alcohol leads and explained that basing evidence searches on these interventions may lose some of the detail or may increase workload. Stakeholders suggested searching key terms for at risk groups.

Stakeholders asked whether the guideline will include media based approaches. The NICE team explained that it will include multi component school based programmes which may cover elements of media based approaches. The NICE team explained that in 2010 the PSHE guideline was stopped and noted that there are currently no plans to restart this guideline..

**5. Group discussion 'Who the guideline is for':**

The Chair led the group discussion of the topic questions introduced during item 4. The following themes emerged from the discussion:

The Stakeholders suggested that the 'who is the guideline for' section of the scope was very ambitious in terms the age range, for example the issues of children at age 5 will be different than those in young people aged 18 and in turn the interventions they would receive would differ considerably. Stakeholders noted that interventions in younger children wouldn't necessarily be alcohol specific and instead would build on life skills.

**ACTION:** NICE to make primary and secondary interventions clearer in the scope

It was highlighted that in PH24 there was lack of evidence around 14-17 year olds noting that this is a vulnerable age group for initiating drinking. Stakeholders explained that work is being done in this area and results from this work will be ready in time for when NICE starts developing the guideline. Stakeholders agreed that the inclusion of the age range 5-18 and up to 25 for people with special educational needs is correct but agreed that key high risk and vulnerable groups should be specifically included, for example 14 – 17 year olds, children and families affected by alcohol use, young offenders, the transition period from secondary schools to university, poor white British young males, hospital admissions and looked after

children.

**‘Settings’:**

NICE explained that young offenders had been excluded from the scope to reflect PH7 and also queried whether 2 hours a week of education would be sufficient enough to also include alcohol education. Stakeholders highlighted evidence that young offenders are more likely to be dependent on alcohol and therefore should be included within the scope.

**ACTION:** NICE to consider including young offender’s institutions in the scope.

Although not covered under ‘settings’ stakeholders discussed transitions from school to university noting that this group are often already drinking high levels. Student unions were highlighted as key stakeholders to engage with regarding this issue.

**‘Activities, services or aspects of care’:**

When discussing classroom based interventions it was agreed to separate teachers and external providers as they are very different from each other.

Stakeholders noted that it is important to keep the context of PSHE as a wider subject. This is due to schools considering PSHE as a whole and delivering interventions and programmes within it. Stakeholders discussed whole school approach and how they develop policies to ensure a pro health approach to school life.

Research from National Healthy Schools Programme has information on policy and a statutory statement about PSHE provision in the whole school setting. Also there is information around PSHE accredited training which teachers go through to be more effective as deliverers.

Stakeholders noted that in areas not covered, statutory drug education would in some instances include alcohol.

**See appendix 1 for the questions discussed at the workshop**

**Question 1:**

This will depend on individual schools and academies. Provision varies from school to school. Some may follow the curriculum but have freedom to stray away from this. Ofsted inspections cover safe guarding under the umbrella of social and emotional wellbeing.

Schools have a vast amount to cover whilst taking into account a difficult financial climate therefore whole school approaches are preferred.

National healthy schools programmes have disappeared but there are strong local healthy schools programmes that still exist.

Some interventions may be easier to do and implement but not effective in practice. This guideline must be clear on evidence based interventions, to ensure what's delivered is effective

Stakeholders queried how evidence based interventions can be implemented in school settings. NICE explained that it looks at what works, what works best and what's good value for money noting that implementation is beyond their remit.

**Question 2:**

Stakeholders confirmed that this would be Ofsted only.

Schools set different targets and objectives around alcohol education in schools. Stakeholders noted the London and Leeds healthy school programmes which may be beneficial to refer to.

**Question 3:**

Difficult to know and depends on individual schools and academies.

**Questions 4:**

ADEPIS survey looked at alcohol delivery in both primary and secondary schools and how it was delivered. Stakeholders noted that this is outdated and therefore hard to answer the question but highlighted that it will be updated in 2017. The survey gave details of the methods which are best to use in delivering skill and knowledge based interventions.

Stakeholders noted a lack of local data since the loss of the National Health Schools Programme.

**Question 5:**

PSHE Association is a service that's paid for and therefore not the best programme to use. What's key is how to use resources. Schools budgets are tight and therefore some resources have been shelved.

**CMO report**

The CMO guideline is a nice way of framing activities and focuses on outcomes but it is not an intervention in itself.

Parents are more involved in primary life than secondary.

CMO guideline for young people is going to be reviewed.

**'Main outcomes':**

A robust measure is age of first drunkenness. This has been reported in systematic reviews.

All things are measured in different ways and often not clear. Work is currently being done on why young people are drinking. Fewer people are drinking but they are drinking more. Although this is positive more work is needed around why it's changing.

Behaviours such as violence and risky sexual behaviour are key for certain ages rather than wider alcohol outcomes.

For measurement purposes it is important to know if drinking is full drinks or sips. Context is also important, was the alcohol consumption including age of first drink unsupervised or supervised.

RCT self-reported harms.

Important to include attendance at A+E as well as admittance.

Alcohol misuse through screening such as audits.

**ACTION:** NICE to consider separating out attitudes, knowledge and skills and include behaviours.

**Any other comments:**

Stakeholders felt that the timing of the update is a good opportunity to refresh the guideline.

The implementation of the guideline will be important, It is an opportunity to highlight type of programmes that don't work and the gaps in evidence

If possible, include a recommended time around activities.

Due to school budget cuts there have been reduction in local campaigns.

It was noted that there have been a reduction in the influences from school governors.

Some schools may not be aware of sign posting young people to specialist services. They may fear the disclosure and the involvement of social services. Work around ground rules and effective sign post is needed.

**ACTION:** the group to send evidence source suggestions and references to RB.

**6. Key stakeholder organisations to include**

Stakeholders suggestion that the following groups should be included:

- Academic input
- National governors association
- Local healthy schools programme
- Royal Society of Public Health
- Addiction specialists
- School Nurses
- CAMHS
- Local Authorities
- Academies
- Free schools

The stakeholders confirmed that there are many other key organisations and agreed to email through further suggestions.

**ACTION:** Stakeholders to email RB with any additional groups for this guideline.

The group suggested the following as possible inclusions for the Topic member roles within the committee:

- Special educational needs
- Specialist in Autism/ ADHD
- Learning mentor pastoral care
- School nurse/ counsellor
- Teacher/ Governor
- Academic
- Healthy Schools Programme representative

- Commissioner

NICE highlighted that experts can also be co-opted to meetings which may be beneficial for this topic given the vast amount of expertise required.

### **7. Agreed actions**

**Action:** NICE team to consider the views of the stakeholders in attendance during the development of the scope

**Action:** NICE: Notify the stakeholders in attendance when the topic expert recruitment commences

### **8. Next steps and meeting close**

The scope will be updated and the pre-consultation version will be Quality Assured before the public consultation period.

All Stakeholders in attendance at the workshop will have a further opportunity to comment on the draft scope during consultation.

The scope may be revised further after the consultation period before final scope publication and the start of guideline development.

Key dates:

Scope consultation starts: 7 October 2016

Scope consultation ends: 4 November 2016

Scope publication: 13 January 2017

Development begins: Spring 2017

Guideline consultation: Summer 2018

Publication of guideline: Early 2019

**Appendix A: Questions on the draft scope**

1. For schools not required to follow the national curriculum – what alternative provision is made for alcohol and drug education – if any?
2. Are there any independent evaluations of the national science curriculum alcohol and drug education, or is this done through Ofsted inspections only?
3. The DfE has stated that the basic knowledge provided by the national science curriculum on alcohol and drugs can be expanded upon by the provision of a PSHE programme. As PSHE is non statutory and covers a range of topic areas, is it your experience that alcohol and drugs is routinely expanded upon in PSHE? If no, can you give some reasons why this might be?
4. A recent survey by ADEPIS of 288 teachers across England has indicated that provision of PSHE alcohol and drug education is approximately one to two hours per year. Is this result typical?
5. Do schools routinely use resources recommended by the PSHE Association and those listed in ADEPIS when providing alcohol and drug education, or can they choose other resources not listed by the Association? Why might this be?
6. Are resources used in drug and alcohol education in schools routinely evaluated?
7. Is there new evidence, in addition to that identified during the last review of PH7 in 2014, that NICE should be aware of, for updating the existing aspects of the guideline?
8. Are there key authors, research groups, published or forthcoming papers that NICE should be aware of?
9. The scope outlines key outcome measures and comparators – are these appropriate?
10. Do you have any knowledge of statistical data on alcohol consumption and children and young people with special educational needs and disability?

**Appendix B – Declarations of interest**

Name	Job title, organisation	Declarations of Interest, date declared	Decision taken
Dorothy Newbury-Birch	Teesside University/Newcastle University	<p>Chief Investigator of the NIHR PHR funded project SIPS JR-HIGH which is a multi-centre randomised controlled trial of alcohol screening and brief interventions in the school setting. Publications from this are:</p> <p>PEER REVIEWED PUBLICATIONS</p> <p>1. Newbury-Birch D, Scott S, O'Donnell A, Coulton S, Howel D, McColl E, Stamp E, Graybill E, Gilvarry E, Laing K, McGovern R, Deluca P, Drummond C, Harle C, McArdle P, Tate L, Kaner E. (2014) A pilot feasibility cluster randomised controlled trial of screening and brief alcohol intervention to prevent hazardous drinking in young people aged 14-15 years in a high school setting (SIPS JR-HIGH). NIHR Public Health Research Program Report 2(6).</p> <p>PEER REVIEWED PROTOCOLS</p> <p>2. Giles EL, Coulton S, Deluca P, Drummond C, Howel D, Kaner E, McColl E, McGovern R, Scott S, Stamp E, Sumnall H, Tate L, Todd L, Vale L, Birch J, Boniface S, Frankham J, Gilvarry E, Howe N, McGeechan GJ, McGowan V, Ogilvie J, Stanley G, Newbury-Birch D. A multi-centre individual-randomized controlled trial of screening and brief alcohol intervention to prevent risky drinking in young people aged 14-15 in a high school setting (SIPS JR-HIGH): Study protocol. BMJ Open. (SUBMITTED)</p> <p>3. O'Neil S, Coulton S, Deluca P, Deverill M,</p>	No Action Needed

		<p>Drummond C, Gilvarry E, Graybill E, Harle C, Howel D, Kaner E, McArdle P, McColl E, McGovern R, Speed C, Stamp E, Tate L, Newbury-Birch D. (2012) Brief Intervention to prevent hazardous drinking in young people aged 14-15 in a high school setting (SIPS JR-HIGH): study protocol for a randomized controlled trial. BMC Trials. 13:166</p> <p>ABSTRACTS</p> <p>4. Giles EL, Scott S, Coulton S, Deluca P, Drummond C, Graybill E, Howel D, Kaner E, McColl E, McGovern R, Stamp E, Sumnall H, Tate L, Todd L, Newbury-Birch D. (2015) Development of a multicentre randomised controlled trial of screening and brief alcohol intervention to prevent risky drinking in young people in a high-school setting (SIPS JR-HIGH). The Lancet. Volume 386, Supplement 3, Pages S37</p> <p>5. Newbury-Birch D, O'Neil S, O'Donnell A, Coulton S, Howel D, McColl E, Stamp E, Graybill E, Gilvarry E, Laing K, McGovern R, Deluca P, Drummond C, Harle C, McArdle P, Tate L, Kaner E. Pilot feasibility c-RCT of screening and brief alcohol intervention in young people aged 14-15 in a high school setting: SIPS JR-HIGH. In: 37th Annual Scientific Meeting of the Research Society on Alcoholism. 2014, Seattle, USA: Wiley-Blackwell Publishing, Inc. Alcoholism- Clinical and Experimental Research. 2014. 38:21:1A-292A</p> <p>6. Newbury-Birch D, O'Neil S, Gilvarry E, Howel D, Stamp E, Laing K, McColl E, McGovern R, Harle C, O'Donnell A, Tate L, Coulton S, Deluca P, Drummond C,</p>	
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Dr James Nicholls	Alcohol Research UK	<p>Trustee of Adfam National</p> <p>Member of Public Health England Alcohol Leadership Board</p>	No Action Needed
Jamila Boughelaf	Mentor Foundation UK	<p>Mentor runs the Alcohol and Drug Education and Prevention Information Service (ADEPIS) since April 2013, and the Centre for Analysis of Youth Transitions (CAYT) since April 2015.</p> <p>Mentor is also running the first UK randomised control trial of the Good Behaviour Game, an evidence-based primary school prevention intervention.</p>	No Action Needed

		Mentor recently ran a pilot of Unplugged, an evidence-based secondary school prevention intervention. We are currently in the evaluation phase.	
Mrs Julia Cullum	Cambridgeshire Safer Communities Partnership	Nothing to declare	No Action Needed
Scott Haines	Addaction	Nothing to declare	No Action Needed
Jackie Behan	Department for Education	Nothing to declare	No Action Needed
Anna Cole	Association of School and College Leaders	Nothing to declare	No Action Needed
Dr Douglas Thorburn	Royal College of Physicians and Surgeons of Glasgow	Nothing to declare	No Action Needed
Heather White	National Health Education Group	Secretary to National Health Education Group – voluntary capacity Organisation may be involved in writing briefing papers, consultation to statutory and voluntary organisations. Not For Profit organisation.  Working as Independent Consultant in PSHE to education and health and other related settings.	No Action Needed
Claire Beynon	Faculty of Public Health	Employee of Public Health Wales; ad hoc work for Cardiff University, University of South Wales and Cardiff Metropolitan University. Honorary Research Associate for Swansea University; Honorary Contract with Cardiff and Vale University Health Board.	No Action Needed

