

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Alcohol: school based interventions

This guideline is an update of the NICE guideline on [alcohol: school based interventions](#) (NICE guideline PH7).

The guideline will be developed using the methods and processes outlined in [Developing NICE guidelines: the manual](#).

This guideline will also be used to develop the NICE quality standard for [alcohol: preventing harmful use in the community](#).

1 Why the update is needed

New evidence that could affect the recommendations was identified through the surveillance process. Full details are set out in the [surveillance review decision](#).

All recommendations from PH7 will be updated and some new areas will be considered. The guideline will differ from PH7 in that it will not cover children under age 11, but will cover children and young people 18 to 25 with special educational needs or disabilities (in line with the [Children and Families Act 2014](#)). For more information see section 3.3 and the review decision.

Why the guideline is needed

Children and young people risk disease, injury, poisoning, violence, depression and damage to their development from drinking alcohol, especially those who drink heavily ([Statistics on alcohol 2016](#) Health and Social Care Information Centre). Drinking at an early age is also associated with a higher likelihood of alcohol dependence.

1 **Key facts and figures**

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

- 4 • 8% had drunk alcohol in the past week
- 5 • 22% of those who had drunk in the past week had drunk 15 units or more
- 6 • girls (10%) were more likely to report having been drunk than boys (7%)
- 7 • 38% of 11–15 year olds had tried alcohol (the lowest since surveys began)
- 8 • 13,725 under-18s were admitted to hospital with alcohol-related problems
9 between 2011/12 and 2013/14.

10 **Current practice**

11 Alcohol education is a statutory requirement of the National Science
12 Curriculum Order for schools that follow the national curriculum. Pupils are
13 taught about drugs and drug abuse (including alcohol) from key stages 1 to 4
14 (ages 5–16) in science classes, and through non-statutory Personal Social
15 Health and Economic Education (PSHE) lessons (see the [PSHE Association](#)).
16 In England, PSHE is the most common way to deliver alcohol education. But
17 teachers often report a lack confidence and do not cover it ([Key principles of
18 effective prevention education](#) PSHE Association). A survey by Mentor-
19 ADEPIS of 288 teachers across England reported that approximately 1 to 2
20 hours a year is devoted to PSHE alcohol and drug education ([Drug and
21 alcohol education in schools](#)).

22 An Ofsted report recommended that PSHE delivery and quality be improved
23 ([Not yet good enough: personal, social, health and economic education](#)
24 Ofsted). In 2013 the Department for Education confirmed that PSHE should
25 remain non-statutory ([Personal, social, health and economic education](#).)

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

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

4 **Policy, legislation, regulation and commissioning**

5 The [Youth alcohol action plan](#) (Department of Health) identified under-18s as
6 a priority for government action. Tougher enforcement has made it more
7 difficult for them to buy alcohol, although laws on consumption have not
8 changed. The plan acknowledges that alcohol education in schools is crucial.

9 In 2009 the Chief Medical Officer produced [Guidance on the consumption of](#)
10 [alcohol by children and young people](#).

11 **2 Who the guideline is for**

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

14 **This guideline is for:**

- 15 • Local authorities responsible for education and public health.
- 16 • Teachers, school governors and others (including school nurses and
17 healthy school leads) in schools and further education settings.
- 18 • Health and social care practitioners working with children and young
19 people.
- 20 • Providers of alcohol education.
- 21 • Members of the public.

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

25 ***Equality considerations***

26 NICE will carry out [an equality impact assessment](#) during scoping. The
27 assessment will:

- 28 • list equality issues identified, and how they have been addressed

- 1 • explain why any groups are excluded from the scope.

2 **3 What the guideline will cover**

3 **3.1 Who is the focus?**

- 4 • Children and young people aged 11 to 18 in full-time education.
5 • Young people aged 18 to 25 with special educational needs or disabilities
6 in full-time education.

7 **3.2 Settings**

8 **Settings that will be covered**

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

14 **Settings that will not be covered**

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

17 **3.3 Activities, services or aspects of care**

18 **Key areas that will be covered**

19 We will look at evidence in the areas below when developing the guideline,
20 but it may not be possible to make recommendations in all the areas.

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

- 22 1 School-based alcohol interventions (recommendations 1 and 2):
23 – Primary prevention: universal classroom-based interventions led by
24 teachers or external providers as part of PSHE; school-based
25 approaches outside the classroom, including 'whole-school' activities,
26 theatre in education, peer education, peer-led support; and multi-

- 1 component school programmes that include family, community or
2 wider awareness raising activities.
- 3 – Secondary prevention: for example, pastoral support that includes
4 selected (or 'targeted') alcohol interventions for those at risk, brief
5 alcohol interventions and counselling.
- 6 – Recommendations 1 and 2 will also be updated, taking account of the
7 [Chief Medical Officer's alcohol guidelines for children 2009](#), the [Chief](#)
8 [Medical Officer's alcohol guidelines for adults 2016](#) and the [Public](#)
9 [Health Outcomes Framework](#).
- 10 2 Recommendation 3 on partnerships will be updated to reflect current
11 practice.

12 ***Areas not covered by the published guideline that will be included in the***
13 ***update***

- 14 1 Classroom-based alcohol interventions in schools that do not follow the
15 national science curriculum or PSHE, for children and young people
16 aged 11 to 18 (18 to 25 for those with special educational needs or
17 disabilities) in full-time education.
- 18 2 School-based approaches outside the classroom for children and young
19 people with special educational needs or disabilities aged 18 to 25. This
20 includes: 'whole-school' activities, theatre in education, peer education
21 and peer-led support.
- 22 3 Multi-component school programmes for children and young people with
23 special educational needs or disabilities aged 18 to 25. This includes
24 family, community or wider awareness-raising activities.

25 ***Areas that will not be covered***

- 26 1 Interventions for children aged under 11.
- 27 2 Home schooling.
- 28 3 Statutory drug education that is part of the national science curriculum
29 (see [National Curriculum in England: science programmes of study](#)
30 Department of Education).
- 31 4 Interventions in the wider community, including 'server' and 'responsible
32 beverage service' training, media campaigns and diversionary activities.

- 1 5 Driver training and drink-driving schemes (such as interventions based in
2 pubs and clubs, and nominated driver schemes).
- 3 6 Regulatory schemes including taxation, restrictions on sales and
4 advertising, proof of age schemes and warning labels.
- 5 7 Treatment of alcohol misuse or alcohol dependence, including
6 psychosocial interventions. (see NICE's guideline on [alcohol use
7 disorders: diagnosis and management of physical complications](#).)
- 8 8 Areas covered by NICE's guideline on [alcohol use disorders: diagnosis,
9 assessment and management of harmful drinking and dependence](#).

10 **Related NICE guidance**

- 11 • [Social and emotional wellbeing: early years](#) (2012) NICE guideline PH40.
- 12 • [Alcohol use disorders: diagnosis, assessment and management of harmful
13 drinking and dependence](#) (2011) NICE guideline CG115.
- 14 • [Alcohol use disorders: prevention](#) (2010) NICE guideline PH24.
- 15 • [Social and emotional wellbeing in secondary education](#) (2009) NICE
16 guideline PH20.
- 17 • [Social and emotional wellbeing in primary education](#) (2008) NICE guideline
18 PH12.
- 19 • [Substance misuse interventions for vulnerable under 25s](#) (2007) NICE
20 guideline PH4.

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

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

24 **3.4 Economic aspects**

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

1 **3.5 Key issues and questions**

2 While writing this scope, we have identified the following key issues, and key
3 questions related to them:

4 1 Which universal and selected school-based alcohol programmes are
5 effective and cost effective at preventing or reducing alcohol use among
6 children and young people aged 11 to 18?

7 1.1 What components of classroom-based alcohol programmes are
8 effective and cost effective?

9 1.2 What components of school-based pastoral approaches are effective
10 and cost effective?

11 1.3 What components of school-based multi-component programmes,
12 including family and community activities, are effective and cost
13 effective?

14 2 Which universal and selected school-based alcohol programmes are
15 effective and cost effective at preventing or reducing alcohol use among
16 children and young people aged 18 to 25 with special educational needs
17 or disabilities?

18 2.1 What components of classroom-based alcohol programmes are
19 effective and cost effective?

20 2.2 What components of school-based pastoral approaches are effective
21 and cost effective?

22 2.3 What components of school-based multi-component programmes,
23 including family and community activities, are effective and cost
24 effective?

25 3 Does effectiveness and cost effectiveness vary for different population
26 groups (for example, by gender, age, socioeconomic group, ethnicity,
27 geographical area, or for children and young people with special
28 educational needs and disabilities?)

29 4 Are there any adverse or unintended effects?

30 4.1 How do these vary for different population groups (particularly for
31 people from lower socioeconomic groups?)

32 4.2 How can they be minimised?

1 5 What factors influence the acceptability of interventions and do they
2 differ between groups or settings?

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

5 **3.6 Main outcomes**

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

8 1 Measures of alcohol use:

9 – percentage who reported drinking alcohol (lifetime, monthly or weekly
10 use)

11 – amount and frequency of alcohol use

12 – age at first use of alcohol (taste, whole glass or drunkenness)

13 – unsupervised alcohol use.

14 2 Intermediate outcomes:

15 – attitudes, knowledge and skills in relation to alcohol use

16 – measures of the consequences of alcohol use:

17 ◇ alcohol-related absence from school, school attendance and
18 academic attainment

19 ◇ alcohol-related violence and other antisocial behaviour, crime
20 (including arrests for drink driving), prosecutions and incarcerations

21 ◇ illegal sales of alcohol

22 ◇ alcohol-related hospitalisation

23 ◇ alcohol-related morbidity and mortality.

24 3 Views and experiences of teachers and practitioners delivering
25 interventions.

26 4 Adverse or unintended effects, such as an increased interest in trying
27 alcohol.

1 **4 NICE quality standards and NICE Pathways**

2 **4.1 NICE quality standards**

3 **NICE quality standards that may need to be revised or updated when**
4 **this guideline is published**

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

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

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

11 **4.2 NICE Pathways**

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

15 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 7 October to 4 November 2016.

The final scope will take Public Health England priorities into account to ensure that associated areas of work carried out by the 2 organisations complement each other.

The guideline is expected to be published in January 2019

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

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

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