Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Alcohol: school-based interventions.

2 List of modelling questions

Review questions by scope area	Which school-based alcohol programmes are effective and cost-effective at preventing or reducing alcohol use among children and young people aged 11 to 18?
Population	Students between the ages of 11 and 18 years. The following subgroups were included: • 11 to 12 years • 13 to 14 years • 15 to 16 years • 17 to 18 years • 11 to 18 years
Interventions and comparators considered for inclusion	Four interventions were deemed relevant and included in the model. These were: • Steps Towards Alcohol Misuse Prevention Programme (STAMPP) • Start Taking Alcohol Risks Seriously (STARS) • Alcoholic alert • Climate Schools: Alcohol and Cannabis course These were compared with education as normal (EAN). However, EAN varied across the interventions because they were studied in different countries. Personal, Social, Health and Economic (PSHE) education is the current EAN practice in the United Kingdom aiming to reduce alcohol misuse within the target age group (11 to 18 years). The Department for Education (DfE) now requires that schools publish the details of their PSHE education provision.
Perspective	NHS, Personal Social Services (PSS) and local authority
Outcomes	Total number of events (one year): • Crime • Hospital • Unprotected sex Total costs (one year) Minimum incremental QALYs required for cost-effectiveness
Type of analysis	Cost calculator
Issues to note	A lack of evidence led to a number of assumptions. It is assumed that a change in problematic drinking results in a direct change in the intermediate outcomes that are a result of problematic drinking. However, the results of the STAMPP effectiveness study showed that, although the intervention was effective in reducing problematic drinking, there was no significant difference in self-reported harms between the intervention and control group at the 33-month follow-up point.