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▶ Interventions in schools to prevent and reduce alcohol use among children and young people.

National Institute for Health and Clinical Excellence.
[UK] National Institute for Health and Clinical Excellence, 2007.

Official guidance for England says alcohol education should be integral to national science and personal, social and health education curricula, but schools should go beyond this to develop a 'whole school' approach and partner with relevant non-education services and authorities.

Summary The National Institute for Health and Clinical Excellence produces guidance on health and social care for England which is also variously applicable or usually adapted for the rest of the UK. Among this guidance is the featured report offering recommendations in respect of alcohol education and advice for pupils in primary and secondary schools and also pupil referral units, secure training units, local authority secure units and further education colleges. It was produced after the relevant NICE committee had considered a review of the evidence, an economic appraisal, stakeholder comments and the results of fieldwork.

Recommendations

Alcohol education

These recommendations are aimed primarily at school staff and governors.

Ensure alcohol education is an integral part of the national science, PSHE (personal, social and health education) and PSHE education curricula.

Ensure alcohol education is tailored for different age groups and takes different learning needs into account (based, for example, on individual, social and environmental factors). It should aim to encourage children not to drink, delay the age at which young people start drinking and reduce the harm it can cause among those who do drink. Education programmes should:

• increase knowledge of the potential damage alcohol use can cause - physically,

mentally and socially (including the legal consequences);

- provide the opportunity to explore attitudes to and perceptions of alcohol use;
- help develop decision-making, assertiveness, coping and verbal/non-verbal skills;
- help develop self-esteem;
- increase awareness of how the media, advertisements, role models and the views of parents, peers and society can influence alcohol consumption.

Introduce a 'whole school' approach to alcohol. It should involve staff, parents and pupils and cover everything from policy development and the school environment to the professional development of (and support for) staff.

Where appropriate, offer parents or carers information about where they can get help to develop their parenting skills. (This includes problem-solving and communication skills, and advice on setting boundaries for their children and teaching them how to resist peer pressure.)

Advising harmful drinkers

These recommendations concern responses to children and young people in schools who are thought to be drinking harmful amounts of alcohol.

Where appropriate, offer brief, one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support. Offer a follow-up consultation or make a referral to external services, where necessary.

Where appropriate, make a direct referral to external services (without providing one-to-one advice).

Follow best practice on child protection, consent and confidentiality. Where appropriate, involve parents or carers in the consultation and any referral to external services.

Partnerships

These recommendation concern staff and services not just directly involved in education and schools but those with whom schools might work including children's services (including the Children's Trust/children and young people's strategic partnership), primary care trusts, drug and alcohol action teams, crime and disorder reduction partnerships, youth services, drug and alcohol services, the police, and organisations in the voluntary and community sectors.

These should maintain and develop partnerships to:

- support alcohol education in schools as part of the national science, PSHE and PSHE education curricula;
- ensure school interventions on alcohol use are integrated with community activities introduced as part of the children and young people's plan;
- find ways to consult with families (parents or carers, children and young people) about initiatives to reduce alcohol use and to involve them in those initiatives;
- monitor and evaluate partnership working and incorporate good practice into planning.

FINDINGS Inspections in 2012 of PSHE lessons suggest English schools are far from adequately implementing these recommendations, in particular in respect of education aimed at reducing alcohol-related harm. In just under half the inspected schools had

pupils learnt how to keep themselves safe in a variety of situations, and the deficits were particularly noticeable in respect of drinking. Inspectors found that although pupils understood the dangers to health of tobacco and illegal drugs, they were far less aware of the physical and social damage associated with risky drinking. Some did not know the strength of different alcoholic drinks or make the links between excessive drinking and issues such as heart and liver disease and personal safety. The report attributed these deficiencies in part to inadequacies in subject-specific training and support for PSHE teachers, particularly in teaching sensitive and controversial topics.

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Early intervention: the next steps. An independent report to Her Majesty's Government REVIEW 2011

Drug Strategy 2010. Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life DOCUMENT 2010

Drug testing in schools evidence, impacts and alternatives REVIEW 2008

Project SUCCESS' effects on the substance use of alternative high school students STUDY 2010

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