



Healthier behaviour outcome:

# Reducing alcohol misuse

**This information sheet provides your school with suggestions to support your work on South West Healthy Schools Plus. It includes background information about reducing alcohol misuse, helps you select actions which will bring about healthier behaviour outcomes, identifies early success indicators and signposts to key resources.**

## Background information

The Government's Alcohol Harm Reduction Strategy for England<sup>1</sup> (updated in 2007<sup>2</sup>) aims to:

- prevent further increase in alcohol-related harm
- educate young people to make responsible choices about alcohol.

It identified that young people see alcohol as more acceptable than smoking or drug taking. For this reason, schools need to target work specifically on alcohol. The strategy went on to identify specific issues which schools need to be aware of:

- there are strong links between high levels of youth alcohol consumption and other risk factors such as youth offending, teenage pregnancy, truancy, exclusion and illegal drug misuse, though the precise nature of this relationship is not fully understood
- alcohol consumption can have adverse effects on school performance, with drinking being seen to be both a result and a cause of school failure, truancy and exclusion
- the number of hospital admissions related to alcohol consumption has increased in recent years.

In 2008 a new Drug Strategy (2008 – 2018)<sup>3</sup> was launched which also covers alcohol misuse. It highlights the need to:

- focus on families where parents misuse alcohol
- intervene early to prevent harm to children
- prioritise parents' access to treatment where children are at risk
- provide intensive parenting guidance and support to family members, such as grandparents, who take on caring responsibilities.

There are no national guidelines on what constitutes safe and sensible alcohol consumption for children and young people, so the recommendations focus on:

- encouraging children not to drink
- delaying the age at which young people start drinking
- reducing the harm alcohol can cause among those who do drink.

## Possible actions (Evidence based or good practice principle led)

South West Healthy Schools Plus is focused on bringing about actual changes in behaviour. This is dependent on increased knowledge, skill development and in some cases, attitudinal change. Actions that address these three elements could feature in your school's plans and should result in healthier behaviour outcomes.

### Evidence based practice

Your school should follow, where possible, activities which have been proven to work. There is guidance from NICE (National Institute for Health and Clinical Excellence)<sup>4</sup> on school based interventions to prevent and reduce alcohol use.

<sup>1</sup> Cabinet Office (2004) Alcohol Harm Reduction Strategy for England. [www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/strategy/caboffice%20alcoholhar.pdf](http://www.cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/strategy/caboffice%20alcoholhar.pdf)

<sup>2</sup> Department of Health et al (2007) Safe. Sensible. Social. Next steps in the National Alcohol Strategy.

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_075218](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075218)

<sup>3</sup> Home Office (2008) Drugs: protecting families and communities <http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008>

This guidance gives advice on incorporating alcohol education into the national science and PSHE education curricula, and helping children and young people access the right support.

When identifying outcomes, you should take account of the Department for Children, Schools and Families (DCSF) Drugs Guidance<sup>5</sup> (which includes alcohol).

It sets out the following key messages:

- Drug education should be delivered as part of PSHE education and citizenship and is most effective when supported by a whole school approach
- Drug education should cover all drugs and, when appropriate, should focus on drugs of particular significance to children and young people such as alcohol, tobacco, cannabis, volatile substances and Class A drugs
- The programme should be based on the views of children and young people and build on their existing knowledge and understanding
- Drug education should be taught by skilled and confident teachers.

### Follow good practice led principles

As explained in the information sheet **Selecting actions and carrying out baseline** surveys, schools will sometimes develop their own actions where evidence based actions do not exist. In such cases, it is essential that your school develops a rationale which clearly shows the steps from action to behaviour change, leading to a healthier behaviour outcome.

### Example

#### Healthier Behaviour Outcome:

Improved knowledge of risks involved, and improved confidence about making informed choices related to healthier behaviour with respect to alcohol consumption.

#### Action:

Fully involve young people in the development of a comprehensive alcohol education programme, where young people gain the knowledge and understanding of risks associated with alcohol consumption.

#### Rationale:

Young people need innovative, responsive and realistic alcohol education to support them in their ability to make informed choices relating to healthy lifestyles. Involving our young people in planning their own resources and tailoring recommended programmes to their needs will increase engagement and may increase their self-esteem through meaningful involvement in planning curriculum content. Involvement will improve acceptance of healthy behaviour messages and encourage better information uptake leading to improved intentions around healthier behaviour with regard to alcohol.

#### Note:

When following an action that follows good practice led principles it is important that it is evaluated carefully. If successful the action will be added to the evidence base of what works.

### Baseline survey

Before taking any action, your school will carry out a baseline survey to establish current levels of behaviour. This will be the starting point from which you will plot progress. After an action has been completed, a follow up survey will take place to show how well it has worked. This will enable your school to build up its own evidence base. Over a period of time, this approach will provide your school with a clearer picture of what actions are most successful.

When you plan a baseline survey, remember that you are not starting from scratch. Try to use any information already available in your school, such as data from the Ofsted reporting system or from your previous Healthy Schools work. You can supplement this by using questionnaires.

### Sources of baseline information

- Alcohol incidents in school and exclusions
- Results from questionnaires of young people regarding alcohol misuse

<sup>4</sup> NICE (2007) School based interventions on alcohol, [www.nice.org.uk/Guidance/PH7-in-england-2007](http://www.nice.org.uk/Guidance/PH7-in-england-2007)

<sup>5</sup> DCSF (2004) Drugs: Guidance for Schools [www.governor.net.co.uk/cropArticle.cfm?topicAreald=9&contentId=892&mode=further](http://www.governor.net.co.uk/cropArticle.cfm?topicAreald=9&contentId=892&mode=further)

- Local Drugs and Alcohol Action Team (DAAT) Needs Assessment 08-09
- South West Public Health Observatory<sup>6</sup>
- Ofsted TellUs
- NHS accident and emergency data for under 18 years.

## Healthier behaviour outcomes and early success indicators

Schools will need time to bring about healthier behaviour and you will need to monitor how your actions are working. You will do this by focusing on early success indicators, which will help you capture data along this path. The first early success indicators are likely to be process indicators. New policies, curriculum innovations and staff training are examples of actions that are necessary in order to bring about healthier behaviour but do not themselves show healthier behaviour - hence they are 'process' indicators.

Later there will be impact indicators, such as changes in knowledge, attitudes and behaviour, all of which lead, in time, to the final healthier behaviour outcomes.

## Examples of healthier behaviour outcomes

Your work around alcohol misuse could focus on increasing the number of children and young people who:

- have a good knowledge of the risks involved with alcohol
- report they feel confident about making their own informed choices relating to healthy lifestyles
- report they have the skills to resist peer pressure
- access support services
- can identify a person to approach and talk to about alcohol issues
- access alcohol advice
- report they are confident about accessing help relating to alcohol misuse if needed in the future.

It should also focus on decreasing the number of children and young people who:

- report having an alcoholic drink in the last 7 days.

## Examples of early success indicators

### Process Indicators

Increase the number of teachers who:

- are confident about teaching about alcohol misuse
- report they have a good knowledge base about alcohol misuse
- report they know how to manage an alcohol related incident
- have completed the PSHE CPD programme

Increase the number of children and young people who:

- are involved in developing alcohol education lesson resources and programmes

Increase the number of parents/carers who:

- attend awareness raising meetings/sessions
- report increased confidence in how to access support
- review the PSHE education programme to make sure alcohol issues are adequately covered

<sup>6</sup>South West Public Health Observatory Mapping Tool [www.swpho.nhs.uk/resource/view.aspx?RID=35469](http://www.swpho.nhs.uk/resource/view.aspx?RID=35469)

# Examples of early success indicators

## Impact indicators – signs of healthier behaviour

- An impact indicator is derived from the outcome. If the outcome is to 'increase the number of children and young people who have a good knowledge of the risks involved with alcohol' a school might set as its target outcome that it will raise the figure, for example, from 50 who have a good knowledge to 150 in a year. An impact indicator might therefore be that after a term 80 would have a good knowledge, and after two terms 110. These impact early success indicators therefore act as milestones so a school can judge if it is on track.
- Increase the number of children and young people who access drug advice to 15 in six months and to 30 in one year towards an outcome of 60 in two years.

## Resources

The following are a selection of information sources which your school can draw on when developing your actions. Developments are taking place rapidly in this area, so this list should be used as a starting point rather than considered as a definitive list of recommended resources.

### Healthy Schools resources

PSHE education Guidance for schools (2008) - [www.healthyschools.gov.uk/Resources](http://www.healthyschools.gov.uk/Resources)

### Government resources

#### NICE

Guidance on school-based interventions on alcohol, November 2007 -

[www.nice.org.uk/Guidance/PH7](http://www.nice.org.uk/Guidance/PH7)

Department for Children, Schools and Families (DCSF)

Provides guidance for schools on drugs, including alcohol.

[www.governor.net.co.uk/cropArticle.cfm?topicAreald=9&contentId=892&mode=further](http://www.governor.net.co.uk/cropArticle.cfm?topicAreald=9&contentId=892&mode=further)

#### Department of Health

Has information on Safe. Sensible. Social. Next steps in the National Alcohol Strategy.

[www.dh.gov.uk/en/Publicationsandstatistics/](http://www.dh.gov.uk/en/Publicationsandstatistics/)

There is also information on alcohol use among young people available from the NHS Information Centre.

[www.ic.nhs.uk](http://www.ic.nhs.uk)

#### Every Child Matters: Change for Children

This website includes an outline of the new Drug Strategy and has resources, guidance, toolkits and references to the range of agencies that are active across all areas.

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

#### Home Office

Blueprint is a multi-component drug use prevention programme, including alcohol, targeted primarily at young people aged 11 to 13.

<http://drugs.homeoffice.gov.uk/young-people/blueprint/>

Drugs: protecting families and communities

<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008>

#### Other resources

##### FRANK

[www.talktofrank.com](http://www.talktofrank.com)

This website includes information on peer pressure, and links to services. It is aimed at young people and is also a source of information for school staff and parents/carers.

##### Alcohol Concern

[www.alcoholconcern.org.uk/servlets/doc/1301](http://www.alcoholconcern.org.uk/servlets/doc/1301)

This website gives a comprehensive range of information, including a specific section on children and young people and a link to a document called 'Internet Resources on Alcohol for Young People, Parents/Carers & Professionals'.

##### Drugscope

[www.drugscope.org.uk](http://www.drugscope.org.uk)

DrugScope is an independent centre of expertise on drugs and the national membership organisation for the drug field. It has a website for 11-14 year olds featuring fact files on alcohol.