Complete Summary

GUIDELINE TITLE

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

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). Interventions in schools to prevent and reduce alcohol use among children and young people. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Nov. 45 p. (Public health guidance; no. 7). [23 references]

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

Alcohol use

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Nurses
Patients
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Public Health Departments
Social Workers
Substance Use Disorders Treatment Providers

GUIDELINE OBJECTIVE(S)

To provide recommendations on interventions in schools to prevent and reduce alcohol use among children and young people

TARGET POPULATION

Children and young people in schools in the United Kingdom

Note: For the purposes of this guidance, schools include:

- State-sector, special, and independent primary and secondary schools
- City technology colleges, academies, and grammar schools
- Pupil referral units, secure training, and local authority secure units
- Further education colleges

INTERVENTIONS AND PRACTICES CONSIDERED

Prevention

1. Ensuring alcohol education is a part of the curricula and is tailored for each specific group
2. Implementing the "whole school" approach
3. Offering parents information to help in developing parenting skills
4. Offering one-to-one advice and follow-up consultation where necessary
5. Referral to external services and involve parents, where appropriate
6. Maintaining and developing partnerships to support and implement alcohol education

MAJOR OUTCOMES CONSIDERED

- Changes in alcohol-related behavior, including:

    - Percentage who reported drinking alcohol (lifetime, monthly, or weekly use)
    - Amount of drinking and its frequency
    - Age at which children/young people first drank alcohol
    - Unsupervised alcohol use
- Cost-effectiveness

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Key Questions

Key questions were established as part of the scope. They formed the starting point for the reviews of evidence and facilitated the development of recommendations by the Public Health Interventions Advisory Committee (PHIAC). The overarching question was:

What are the most effective and cost-effective school-based interventions to prevent or reduce alcohol use among pupil?

See Appendix B in the original guideline document for a list of subsidiary key questions considered.

Evidence of Effectiveness

One review of effectiveness was conducted.

Identifying the Evidence

The following databases were searched for systematic reviews, randomised controlled trials (RCTs), non-RCTs, and controlled before and after studies published since 1990:

- ASSIA (Applied Social Science Index and Abstracts)
- CINAHL
- Cochrane Library (CDSR, DARE, HTA and CCTR)
- EMBASE
- EPPI-Centre databases
- ERIC
- ETOH
- Health Management Information Consortium
- MEDLINE
- National Guideline Clearinghouse
- National Research Register

- Project Cork
- PsycINFO
- SIGLE
- SOMED
- SPECTR (Campbell Collaboration Trials Registry)
- Web of Science (Science and Social Sciences citation indexes).

The following websites were searched:

- Alcohol and Education Research Council (www.aerc.org.uk)
- Alcohol Concern (www.alcoholconcern.org.uk/)
- Department for Education and Skills (www.dfes.gov.uk)
- Department of Health (www.dh.gov.uk
- Drugscope (www.drugscope.org.uk)

In addition, information on current practice in English schools at a local and regional level was sought via Healthy Schools and Drug and Alcohol Action Team (DAAT) coordinators.

Further details of the search terms and strategies are included in the review report (see "Availability of Companion Documents" field).

Selection Criteria

Studies were included if they:

- Involved children and young people under 18 years old
- Were undertaken in primary and secondary state-sector maintained schools, city technology colleges, academies, grammar, non-maintained special and independent schools or pupil referral, secure training and local authority secure units, or further education settings
- Examined interventions in schools which aimed to prevent or reduce alcohol use, including:
    - Lessons delivered by teachers or other professionals as part of a classroom-based curriculum
    - Peer-led education by other pupils
    - External contributions (for example, from the police, theatre in education [TIE] organisations and life education centres)
    - Implementation of school policies
    - Activities carried out as part of the informal curriculum (for example, learning experiences in assembly/collective worship and parent evenings)
- Compared the intervention with a control or with another approach
- Reported changes in alcohol-related behaviour, including:
    - Percentage who reported drinking alcohol (lifetime, monthly or weekly use)
    - Amount of drinking and its frequency
    - Age at which children/young people first drank alcohol
    - Unsupervised alcohol use

Studies were excluded if they examined interventions:

- Aimed at children and young people who did not attend any of the types of schools listed above, for example, those in secure institutions or receiving home education
- Without a school-based component, including:
    - "Server" and "responsible beverage service" (RBS) training, media campaigns, and diversionary activities delivered in the wider community
    - Regulatory schemes such as taxation, restrictions on alcohol sales and advertising, proof of age schemes, and warning labels
    - Drink-driving schemes and driver training
    - Treatment of alcohol misuse or alcohol dependence, including psychosocial interventions

Economic Appraisal

The economic appraisal consisted of a review of economic evaluations and a cost-effectiveness analysis.

Review of Economic Evaluations

The following databases were searched:

- EconLit
- Health Economic Evaluation Database (HEED)
- NHS Economic Evaluation Database (NHS EED)

The inclusion and exclusion criteria were the same as those used for the effectiveness review. "Cost per case averted" was chosen as the primary measure of cost and effect.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Each study was described by study type and graded (++, +, -) to reflect the risk of potential bias arising from its design and execution.

Study Type

- Meta-analyses, systematic reviews of randomised clinical trials (RCTs) or RCTs (including cluster RCTs).
- Systematic reviews of, or individual controlled non-randomised trials (CNRT), case-control studies, cohort studies, controlled before-and-after (CBA) studies, interrupted time series (ITS) studies, correlation studies.

- Non-analytical studies (for example, case report and, case series).
- Expert opinion, formal consensus.

Study Quality

++ All or most criteria have been fulfilled. Where they have not been fulfilled the conclusions are thought very unlikely to alter.

+ Some criteria fulfilled. Those criteria that have not been fulfilled or not adequately described are thought unlikely to alter the conclusions.

- Few or no criteria fulfilled. The conclusions of the study are thought likely or very likely to alter.

The main reasons for studies being assessed as (-) were:

- Limited reporting of methodological details such as methods of random assignment
- High level of participant attrition
- Lack of detail about baseline equivalence of intervention and control groups.

The interventions were also assessed for their applicability to the United Kingdom (UK) and the evidence statements were graded as follows:

A Harm-reduction approach and likely to be applicable across a broad range of settings and populations

B Harm-reduction approach and likely to be applicable across a broad range of settings and populations, assuming they are appropriately adapted

C Harm-reduction approach but applicable only to settings or populations included in the studies – broader applicability is uncertain, or approach unclear

D Clear abstinence approach or applicable only to settings or populations included in the studies

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Quality Appraisal

Included papers were assessed for methodological rigour and quality using the National Institute for Health and Clinical Excellence (NICE) methodology checklist, as set out in the NICE technical manual "Methods for development of NICE public health guidance" (see the "Availability of Companion Documents" field in this summary).

Each study was described by study type and graded (++, +, -) to reflect the risk of potential bias arising from its design and execution. The interventions were also assessed for their applicability to the United Kingdom and the evidence statements were graded (see "Rating Scheme for the Strength of the Evidence" field).

Summarising the Evidence and Making Evidence Statements

The review data was summarised in evidence tables (see review report [see "Availability of Companion Documents" field).

The findings from the studies were synthesised and used as the basis for a number of evidence statements relating to each key question. The evidence statements reflect the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.

Cost-Effectiveness Analysis

The primary outcome produced by the economic analysis was the cost per case of averting hazardous/harmful drinking. An additional analysis was undertaken to estimate the quality of life years (QALY) gained before reaching a 20,000 or 30,000 pounds sterling per QALY threshold. A cost-consequence analysis was also carried out on non-health related outcomes.

An economic model was constructed to incorporate data from the reviews of effectiveness and cost effectiveness. The results are available on the NICE website at: www.nice.org.uk/PH007.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Informal Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

At its meeting in May 2007 the Public Health Interventions Advisory Committee (PHIAC) considered the evidence of effectiveness and cost effectiveness to determine:

- Whether there was sufficient evidence (in terms of quantity, quality, and applicability) to form a judgement
- Whether, on balance, the evidence demonstrates that the intervention is effective or ineffective, or whether it is equivocal
- Where there is an effect, the typical size of effect

PHIAC developed draft recommendations through informal consensus, based on the following criteria.

- Strength (quality and quantity) of the evidence of effectiveness and its applicability to the populations/settings referred to in the scope.

- Effect size and potential impact on population health and/or reducing inequalities in health.
- Cost effectiveness (for the National Health Service [NHS] and other public sector organisations).
- Balance of risks and benefits.
- Ease of implementation and the anticipated extent of change in practice that would be required

Where possible, recommendations were linked to an evidence statement(s) (see appendix C in the original guideline document for details). Where a recommendation was inferred from the evidence, this was indicated by the reference "IDE" (inference derived from the evidence).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Overall, school-based alcohol interventions were found to be cost effective, given the fact that they may avert the high costs associated with harmful drinking (both in terms of health and other consequences). However, intensive long-term programmes may not be cost effective.

It should be noted that the economic analysis carried out to determine whether or not an intervention was cost effective was subject to very large uncertainties.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The draft guidance, including the recommendations, was released for consultation in July 2007. At its meeting in September 2007, the Programme Development Groups (PDG) considered comments from stakeholders and the results from fieldwork, and amended the guidance. The guidance was signed off by the National Institute for Clinical Excellence (NICE) Guidance Executive in October 2007.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

This document constitutes the Institute's formal guidance on interventions in schools to prevent and reduce alcohol use among children and young people. It also looks at how to link these interventions with community initiatives, including those run by children's services.

The evidence statements that underpin the recommendations are listed in appendix C of the original guideline document.

School-Based Education and Advice

Recommendation 1

Who is the target population?

Children and young people in schools.

Who should take action?

Head teachers, teachers, school governors and others who work in (or with) schools including: school nurses, counsellors, healthy school leads, personal, social, and health education (PSHE) coordinators in primary schools and personal, social, health. and economic (PSHE) education coordinators in secondary schools.

What action should they take?

- Ensure alcohol education is an integral part of the national science, PSHE and PSHE education curricula, in line with Department for Children, Schools and Families (DCSF) guidance.
- 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, in line with Department for Children, Schools and Families guidance. 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.)

Recommendation 2

Who is the target population?

Children and young people in schools who are thought to be drinking harmful amounts of alcohol.

Who should take action?

Teachers, school nurses, and school counsellors.

What action should they take?

- 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

Recommendation 3

Who is the target population?

Children and young people in schools.

Who should take action?

- Head teachers, school governors, healthy school leads, and school nurses.
- Extended school services, children's services (including the Children's Trust/children and young people's strategic partnership), primary care trusts (PCTs), drug and alcohol action teams, crime disorder reduction partnerships, youth services, drug and alcohol services, the police, and organisations in the voluntary and community sectors.

What action should they take?

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

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type and quality of supporting evidence is identified and graded for each recommendation (see Appendix C in the original guideline document).

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Prevention and reduction of alcohol use among children and young people
- Delay in age at which young people start drinking
- Reduction in harm caused by drinking

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Those working in the National Health Service (NHS), local authorities, the wider public, voluntary and community sectors should take it into account when carrying out their professional, managerial or voluntary duties.
- Practitioners will need to use their professional judgement to determine the type of content needed for education programmes aimed at different groups. They will also need to judge whether or not a child or young person is drinking "harmful amounts of alcohol."
- The Public Health Interventions Advisory Committee (PHIAC) identified a number of gaps in the evidence relating to the interventions under examination, based on an assessment of the evidence, stakeholder comments, and fieldwork data. These gaps are set out in Appendix D of the original guideline document.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

National Institute for Health and Clinical Excellence (NICE) guidance can help:

- National Health Service (NHS) organisations meet Department of Health (DH) standards for public health as set out in the seventh domain of 'Standards for better health' (updated in 2006). Performance against these standards is

assessed by the Healthcare Commission, and forms part of the annual health check score awarded to local healthcare organisations.
- Local authorities (including social care and children's services) and National Health Service organisations meet the requirements of the government's 'National standards, local action, health and social care standards and planning framework 2005–2008'.
- Provide a focus for children's trusts, health and wellbeing partnerships and other multi-sector partnerships working on health within a local strategic partnership.
- Support schools aiming for healthy school status.
- National and local organisations within the public sector meet government indicators and targets to improve health and reduce health inequalities.
- Local authorities fulfill their remit to promote the economic, social and environmental wellbeing of communities.
- Local National Health Service organisations, local authorities and other local public sector partners benefit from any identified cost savings, disinvestment opportunities or opportunities for re-directing resources.

NICE has developed tools to help organisations implement this guidance. For details, see the "Availability of Companion Documents" field.

IMPLEMENTATION TOOLS

Quick Reference Guides/Physician Guides
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). Interventions in schools to prevent and reduce alcohol use among children and young people. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Nov. 45 p. (Public health guidance; no. 7). [23 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Nov

GUIDELINE DEVELOPER(S)

National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]

SOURCE(S) OF FUNDING

National Institute for Health and Clinical Excellence (NICE)

GUIDELINE COMMITTEE

NICE Project Team
Public Health Interventions Advisory Committee

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King, Designated Nurse for Looked After Children for Northampton PCT, Daventry and South Northants PCT and Northampton General Hospital. Public Health Skills Development Nurse, Northampton PCT; (CHAIR) Professor Catherine Law, Professor of Public Health and Epidemiology, University College London Institute of Child Health; Ms Sharon McAteer, Public Health Development Manager, Halton and St Helens PCT; Mr David McDaid, Research Fellow, Health and Social Care and Personal Social Services Research Unit (PSSRU), London School of Economics and Political Science; Professor Klim McPherson, Visiting Professor of Public Health Epidemiology, Department of Obstetrics and Gynaecology, University of Oxford; Professor Susan Michie, Professor of Health Psychology, BPS Centre for Outcomes Research & Effectiveness, University College London; Dr Mike Owen, General Practitioner, William Budd Health Centre, Bristol; Ms Jane Putsey, Lay Representative. Chair of Trustees of the Breastfeeding Network; Dr Mike Rayner, Director of British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford; Mr Dale Robinson, Chief Environmental Health Officer, South Cambridgeshire District Council; Ms Joyce Rothschild, School Improvement Adviser, Solihull Local Authority; Dr Tracey Sach, Senior Lecturer in Health Economics, University of East Anglia; Professor Mark Sculpher, Professor of Health Economics, Centre for Economics (CHE), University of York; Dr David Sloan, Retired Director of Public Health; Dr Dagmar Zeuner, Joint Director of Public Health, Hammersmith and Fulham PCT

Expert cooptees to PHIAC: Mrs Joan Harris, School Nurse, Bath and North East Somerset PCT; Ms Sarah Smart, Development Manager, PSHE Subject Association

Expert testimony to PHIAC: Professor Ian Gilmore, President, Royal College of Physicians; Mr Andrew McNeill, Director, Institute of Alcohol Studies; Ms Rhian Stone, Independent Public Policy Consultant; Dr Linda Wright, Alcohol Health Promotion Researcher and Writer

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All members of the Public Health Interventions Advisory Committee are required to make an oral declaration all potential conflicts of interest at the start of the consideration of each public health intervention appraisal. These declarations will be minuted and published on the National Institute for Health and Clinical Excellence (NICE) website.

Members are required to provide in writing an annual statement of current conflicts of interests, in accordance with the Institute's policy and procedures.

Potential members of the Public Health Programme Development Groups (PDG), and any individuals having direct input into the guidance (including expert peer reviewers), should provide a formal written declaration of personal interests. A standard form has been developed for this purpose which also includes the Institute's standard policy for declaring interests. This declaration of interest form should be completed before any decision about the involvement of an individual is taken.

Any changes to a Group member's declared conflicts of interests should also be recorded at the start of each PDG meeting. The PDG Chair should determine whether these interests are significant.

If a member of the PDG has a possible conflict of interest with only a limited part of the guidance development or recommendations, that member may continue to be involved in the overall process but should withdraw from involvement in the area of possible conflict. This action should be documented and be open to external review. If it is considered that an interest is significant in that it could impair the individual's objectivity throughout the development of public health guidance, he or she should not be invited to join the group.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) format from the National Institute for Health and Clinical Excellence (NICE) Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- School-based interventions on alcohol. Quick reference guide. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Nov. 4 p. (Public Health Intervention Guidance 7). Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.
- Costing report: school-based interventions on alcohol. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 Nov. 5 p. (Public Health Intervention Guidance 7). Available in Portable Document Format (PDF) from the NICE Web site.
- A review of the effectiveness and cost-effectiveness of interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old. Review report. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 April. 255 p. (Public Health Intervention Guidance 7). Available in Portable Document Format (PDF) from the NICE Web site.
- Methods for development of NICE public health guidance. London (UK): National Institute for Health and Clinical Excellence (NICE); 2006 Mar. 131 p. Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.
- The public health guidance development process. An overview for stakeholders including public health practitioners, policy makers and the public. London (UK): National Institute for Health and Clinical Excellence (NICE); 2006 Mar. 46 p. Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.

Print copies: Available from the National Health Service (NHS) Response Line 0870 1555 455. ref: N1346. 11 Strand, London, WC2N 5HR.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI Institute on January 29, 2008. The information was verified by the guideline developer on February 1, 2008.

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