‘Alcohol Education, what works for young people?’ was the theme for the morning session co-chaired by Professor David Kerr, Professor of Citizenship at Birbeck College, University of London and Paul Tuohy, Chief Executive of Mentor and Chair of the Responsibility Deal Alcohol Education Group.

Professor Fabrizio Faggiano, from the Department of Clinical and Experimental Medicine in Avogadro, Italy, led the European Drug Addiction Prevention trial (EU-Dap), a ‘social influence’ school-based programme that was funded at European level by the European Commission.

In his introduction Professor Faggiano talked about how alcohol education programmes are developed. Their primary aim is to reduce disease (and other effects) of alcohol misuse by reducing risk behaviours. There are many theories that can inform the development of educational programmes, but it is a complex and sensitive area and programmes may have both social and psychological effects and results are not always predictable. A programme can affect behaviour in a positive way, but might also have a negative effect. Such iatrogenic effects are not acceptable. The development of an educational programme has a heavy scientific and ethical responsibility and needs to be based on long term experimental evidence. He quoted Ian Chalmers “High quality evidence is needed when professionals intervene in the lives of others”.

Eu-Dap is a school-based prevention programme aimed at: Delaying or preventing onset of drug use; Increasing health related awareness and knowledge of social influences; Improving knowledge, attitudes and skills concerning health behaviours and drug use and reducing use of tobacco, alcohol and cannabis.

The programme is based on a Comprehensive Social Influence (CSI) Approach. It is designed for 12-14 years old pupils and is delivered by school teachers. The programme consists of 12 lessons in one semester, focussing on increasing personal and social skills to improve self esteem; Normative education to improve awareness of prevalence of use; and building knowledge of the effects of inappropriate consumption.

The programme components include an implementation guide, a workbook for each pupil, cards for the class and a teacher handbook. There are 3 days of
teacher training, which include social learning, experimental learning and learning to work in a positive and class climate. The EU-Dap programme also includes three parent meetings.

Analysis has found that participation in the programme increases the pupil’s perception of the importance of school and their respect for teachers. It also reduces pupils’ perception of the prevalence of drugs and cigarette use and alcohol misuse. Following participation in the programme, pupils felt better equipped to deal with difficult situations reporting that they were less likely to ‘fly off the handle’ and were more able to ‘say no’ calmly.

At first follow-up, results showed marked decreases in smoking, drunkenness and cannabis use amongst males. The results were less marked among girls, but there was still a significant decrease of drunkenness. The results were maintained for alcohol during 2nd year follow-up.

Nyanda McBride PhD, Senior Research Fellow and Project Leader of the National Drug Research Institute, Curtin University, Western Australia told the conference how alcohol is central to socialising in Western Australia with 64% of 14-19 year-olds reporting alcohol use in the past year. Although only 18.2% of 14-19 year-olds drink weekly, this age group is at higher risk for alcohol related harm than adults with 17.8% reporting harm once per month (against 12.4% adults) and 13.8% reporting harm once a week (against 11.6% adults).

One in three young people have experienced some form of alcohol related harm in the past 12 months.

The School Health and Alcohol Harm Reduction Project (SHAHRP) is a world first research study assessing the behavioural impact of classroom-based alcohol education on students’ alcohol consumption and harm in alcohol use situations.

The SHAHRP programme accepts alcohol use and exposure as part of young peoples life experience and focusses on building a greater range of strategies rather than just abstinence.

Programme development

During the development of the SHAHRP, particular attention was given to ensuring the programme was based on the latest evidence by incorporating results from a systematic literature review of school drug education. In order to ensure that material was appropriate and relevant to young people components incorporated realistic scenarios and situations based on focus groups conducted with young people. Materials were tested with teachers and students in real life and modifications were incorporated to make the programme workable in schools.

Longitudinal study

The SHAHRP longitudinal study assessed the behavioural impact of the programme which resulted in statistically significant impact on alcohol use, risky alcohol use, and exposure to alcohol-related harms. It was conducted in two phases over a two year period. The initial phase was implemented during the first year of secondary school (13 years old) when most students had not yet started to experiment with alcohol.

Unplugged resources, including the teacher and student handbooks are available and free to use and can be download from the EuDap website. www.eudap.net/

The resources have been translated into Spanish, Polish, Dutch and Flemmish. It is soon to be translated to French, Russian and Romanian.

SHAHRP Resource Components

- Teacher manual
- Structured lesson plans
- Sample questions
- Activity Intention
- Coaching points
- Background Information
- Student Reflection Booklets
- Provide Information
- Explore additional issues
- Consolidation of practical activities
- Trigger Visual
- Features scenarios that young people experience in alcohol use situations
- Activity Cards
- To support interactive activities

Most recent edition of SHAHRP resource 2012 (SHAHRP Refresh Project, funded by Healthway)
(inoculation). It consisted of 17 skill-based activities conducted over 8-10 lessons. Phase 2, which was conducted the following year (when many young people had started to experiment with alcohol), consisted of 12 activities delivered over 5-7 weeks. There was a final follow-up one year after phase two at 32 months, but there were no lessons after phase 2.

SHAHRP resources include a teacher manual with structured lesson plans and information to support the teacher. There are also student reflection booklets, activity cards and trigger visuals that feature scenarios that young people may encounter when drinking alcohol.

The programme offers two waves of training for teachers one for each phase and both two days long. As part of the training, teachers experience the programme from the students' perspective. The teaching style for the programme is active and encourages peer interaction.

After each phase of the programme students were assessed on the knowledge about alcohol, their attitudes towards alcohol, patterns and context of use. They were also asked about harm resulting from their drinking and other people's drinking using an anonymous self-completed questionnaire.

Results

The SHAHRP programme was found to have an impact on alcohol related knowledge, attitudes and behaviours early in the programme with some maintenance of impact one year after the second phase of the programme had been completed. The SHAHRP students had greater alcohol related knowledge, lower level of total and risky consumption; and lower levels of harm associated with alcohol use.

Wider distribution

SHAHRP is recommended by most territories in Australia. The SHAHRP study is being trialled and evaluated in Northern Ireland, Brazil and, with an additional parental component, in the UK. There are also plans to implement the project in the Czech Republic, Thailand and Italy.

James C. Turner, MD, FACHA, Executive Director of the Department of Student Health and the National Social Norms Institute and Professor of Internal Medicine at the University of Virginia (Uva) shared details of initiatives at the Uva that aim to decrease levels of harmful drinking and to increase protective behaviours through a social norms approach.

The social norms approach is a behaviour change model based on correcting a population's misconception about behaviour. Research has shown that perceptions are one of the strongest predictors of behaviour. People tend to overestimate undesirable behaviours and underestimate desirable, protective behaviours.

Background

The major surveys of college drinking in the US demonstrate no significant trend regarding high risk drinking and consequences since 1993. Although students begin their college careers aged 18, they are not legally allowed to consume alcohol until the age of 21. Turner stated that the 21 year old drinking law is a social experiment that has failed because it only controls purchase of alcohol and the students find ways to access alcohol either through legal aged friends or family. In universities there has been a disengagement from alcohol education and there is a lack of mentoring for moderate alcohol consumption. There is not space within the curriculum for alcohol education, therefore other means must be employed.
Research
It was identified through Uva student surveys and focus groups that there were a number of misconceptions around alcohol consumption. There was an overestimation of the degree to which peers drink. (Fraternity members thought that the median number of drinks consumed per week by upper class students was 10 whereas it is was actually 5). The students underestimated the degree to which their peers employed protective behaviours (e.g. keeping a drunk friend from driving). The survey also identified that students were resistant to using Emergency Room services on campus, as there were unfounded myths that this would have undesired repercussions such parent’s being called, etc.

The campaign
The Uva campaign sought to correct student misconceptions. It provided the students with accurate information about average frequency and quantity of alcohol consumption, and about practicing protective behaviours such as seeking appropriate medical care, using designated drivers, staying in groups and self monitoring blood alcohol concentration.

A media campaign was developed and tested by the students. It aimed to reach as many students as possible multiple times. Some of the initiatives included putting information in each of the 747 bathroom stalls on campus. The ‘Stall Seat Journal’ gave information about how to recognise signs of alcohol poisoning and what to do if someone had alcohol poisoning.

www.facebook.com/uvassj.

It also gave reassurance about university policy regarding using the Emergency Room services. Other initiatives targeted misconceptions about levels of drinking and the acceptability of drinking and driving were addressed through a Facebook campaign, ‘Hoo knew?’. This gave facts about average student behaviour such as the average BAC on drinking occasions (0.03) and how many students would intervene to stop a friend from drink driving (88%). Through the distribution of BAC cards and smartphone apps the students were encouraged to self-monitor their BAC level.

Results
Analysis following the campaign showed that first year students exposed to the campaign had 24% less likely to have a BAC of over 0.08 and they were 22% less likely to suffer two of ten possible negative consequences.

More students are seeking appropriate care for themselves and their friends. ER visits have actually increased 100%, although the number of hospital admissions for closed head trauma and alcohol poisoning are down. There have been many acknowledgements from students that this programme may have saved lives by highlighting the signs of alcohol poisoning and the crucial need for an appropriate response.

When the campaign began in 1999, Uva had binge drinking rates well above the national average for US college students (53%v 40%). In 2012, the rates have fallen to much closer to the national average (39.6% v 37%).
Gordon Redley, Chair of Trustees for The Alcohol Education Trust, gave an insight into the difficulties of delivering alcohol education in schools.

In the UK, there are tremendous pressures on schools to deliver the curriculum and perform well in league tables. As a result, time allocated for non-core subjects such as PSHE are squeezed. An average of 40 minutes to an hour a week is allowed for PSHE, which should cover bullying, citizenship, sex and relationship education, careers, financial management - and drugs, tobacco and alcohol as one topic. Gordon argued that we need to be realistic about the alcohol education programmes we can expect schools to deliver. Programmes that allow for two or three days staff training and 10 to 12 lessons on one PSHE subject cannot be implemented in the UK school environment. Teachers also have a range of experience and expertise and in most cases have a firm idea of what they wish to teach.

Against this background, the Alcohol Education Trust (AET) has developed a series of lesson plans, worksheets, film clips, leaflets, a dedicated website for teachers (alcoholeducationtrust.org) and an interactive website for pupils (talkaboutalcohol.com) that allows teachers to ‘pick and mix’ suitable resources by ability, knowledge, experience, time available and age group to complement the subjects they wish to cover – such as alcohol and the law, alcohol and its effects - social and physical, or staying safe.

The AET’s key objectives are to raise the age at which young people start drinking (currently age 12.5 on average in the UK) and to reduce the amount of risky behaviour and excess drinking if young people choose to drink.

One of the key starting points is to ensure that teachers are aware of the facts – too many presume that teenagers will drink whatever they are taught and that a teacher’s job is ‘damage limitation’. The AET provides information to give a more balanced view. The fact that 55% of 11-15 year-olds haven’t even tried alcohol comes as a surprise to many teachers, as does the fact that 80% of 16 year olds go out to have a good time and be sociable and not get drunk. Nearly 20% of young adults say they don’t drink alcohol at all. Correcting perceptions of social norms is therefore very important for both teachers and young people.

It is also true, that we have to accept that most teenagers will face alcohol in their social lives and see it all around them – 80% of adults drink to some degree, so making sure young people are knowledgeable enough to make informed decisions and are taught ‘life skill resistance’ and ‘what if’ scenarios, how to stay safe and look after their mates is also of great importance.

The AET next tier approach is trying to ensure that PSHE is considered as an important topic in teacher training colleges. In a survey this year of the 65 teacher training colleges across the UK, just 20 have PSHE provision of some sort (one day or similar) the others don’t have anything at all. Parents are also key in setting boundaries and being good role models. This is a major influence on many risky behaviours – not just alcohol use - and part of the AET outreach involves seminars for parents in school and a detailed leaflet for teachers to send home when alcohol is being covered in PSHE lessons.

The AET began its work in 2009 following the piloting of its key lesson plans and the talkaboutalcohol.com website in 30 schools in England, Spain and the Czech Republic.

The Alcohol Education Trust resources have grown to include:

• A 100 page teacher workbook of lesson plans, worksheets, games, quizzes, facts and ideas for KS3 and 4 under headings such as assessing knowledge, units and guidelines, alcohol and the law, and staying safe.

• A teacher only website alcoholeducationtrust.org with free downloadable resources, conversation starter film clips, research papers and facts and figures.
talkaboutalcohol.com, a bespoke website for pupils to explore in class or at home with a section for parents
A half-termly newsletter for teachers and providers with Department for Education and PSHE Association updates, ideas, profiles of schools and research findings
‘Alcohol and You’ leaflets to give to older pupils
‘Talk About Alcohol’ leaflets for parents
‘Talk About Alcohol’ sessions for parents in schools
Specific worksheets for special educational needs or for those where English is not the first language
The opportunity to have teacher training on AET resources and methods.

Currently the resources are used in 20% of secondary schools across the UK and although AET resources have only been available since 2010, the teacher workbook is currently being used in 600 schools and by 184 charities, police forces and deliverers in the field. 1,500 schools (half of secondary schools) have joined the AET mailing list. 43,000 parents have had AET resources sent home by schools and 55,000 pupils have received the leaflet for teenager, ‘Alcohol and You’.

**Department of Education recognition and rigorous evaluation**

The AET belongs to the Department for Health Responsibility Deal Alcohol Education Working Group, where a matrix of quality of resources, cost effectiveness and evaluation is being established with The Department for Education.
The Department for Education submitted the AET evaluation Interim findings to the Centre for Youth Transitions team for analysis. The evaluation model has been awarded 5 out of 6 and the Trust is already gaining an impact score of 1 out of a potential of 3, which half way through the delivery of the lessons (just 4 lessons at this stage out of a potential of 20) is really pleasing.

**The National Foundation for Education Research AET evaluation**

To begin to monitor whether the materials are effective, a matched evaluation of the resources is being carried out among 4,400 pupils over 2 years by The National Foundation for Education Research (NFER).

Sarah Lynch, Senior Research Manager (NFER) outlined the NFER assessment which began in 2011. The study compares the knowledge, awareness, attitudes and behaviour of children in ‘intervention’ and ‘comparison’ groups using statistical modelling. The assessment is investigating changes over time by surveying pupils at three time points, including baseline. The participating intervention schools are required to commit to teach a defined minimum number of components from the AET resources in order to be included in the assessment.

At baseline matched samples reported being happy and engaged with school. 57% of intervention and 55% of comparison pupils had never had a whole alcoholic drink. Only small proportions drank once a week or more (around 6%) and most drinkers only drink infrequently on special occasions.

Most of those who drank did so at home when their parents were there (around 70%) and there were few risk-takers or children who engaged in ‘negative’ behaviours when drinking. At the end of the first phase, pupils in the intervention group were found to have an improved knowledge of alcohol compared to the control group (4.81 v 4.65 out of 9), and the children in the intervention group were less likely to have started drinking, a 5% rise in the intervention group versus a 10% rise in the control group (but this is not statistically significant at this stage of follow up).

Frequent drinking increased in both groups, from 17% at baseline to 22% for the intervention group at the first assessment and to 23% for the control group. The differences for this measure are not statistically significant, but the number of frequent drinkers is very small at this age.

The proportion of children who found their alcohol PSHE lessons a helpful source of information increased from 70% at baseline to 85% in the intervention group at the end of the first phase (compared to 53% and 62% in the control group). The assessment for the second phase is due in September 2013.

![Graph showing ever had a whole alcoholic drink comparison](image-url)
Alexis Capitant, Director of Entreprise et Prévention gave an overview of the ESPACE programme in France.

ESPACE (Education, Sensibilisation et Prévention Alcool au Collège avec l’appui de l’Environnement) is an awareness programme involving children/teenagers and their parents. It is an experimental programme conducted in partnership with the French Ministry of Education. The programme objectives are to encourage young people to adopt controlled and responsible behaviour regarding alcohol consumption; to prevent “binge drinking” behaviour and to delay the age (and levels) of regular drinking.

The pilot

A Pilot for the ESPACE project was conducted by the Academy of Limoges, under the authority of the local Director for Education. The programme was developed taking into account experiences stemming from experiments in France and abroad. It begins with the development of psychosocial skills and gradually introduces the topic of alcohol. The programme requires the involvement of parents and educational teams. There are follow-up interventions for participants after the initial programme (at years 2 and 3).

In order to agree on a final prevention programme that could be rolled out across the country, the pilot has been rigorously and independently evaluated by the ORS (Regional Health Observatory) of Limousin. A Longitudinal study has been conducted involving 15 schools, 53 classes and 1,150 pupils. The study assessed the impact of the programme on behaviour, perceptions and knowledge concerning alcohol and on the personal development and life skills of pupils.

The programme has two types of intervention. The “Self-esteem and psychosocial skills” workshop runs over six two-hour sessions each year. Year 1 topics include ‘identifying my needs, better self knowledge, identifying my success strategies and network of resources, accepting other people and their differences’. Year 2 topics include: control of feelings, stress management, resolution of problems (use of role-playing games). Year 3 topics include: self-affirmation, critical spirit and a common creative project.

The “Life and Earth Sciences” workshop (LAES) runs as two 2-hour sessions each year. Year 1 addresses physiological reactions deriving from alcohol consumption. Year 2 explores the assimilation of alcohol in the human body; immediate and long-term effects. Year 3 examines the effects on the nervous system and influence of alcohol on behaviour.

The ESPACE programme includes training for teachers over a 3 day period. The teaching style is encouraged to be very interactive and lively. Feedback from both teachers and pupils have been very positive with a great majority of children finding the lessons easy to understand and interesting.
Parental involvement in the programme consists of meetings each year to give information about the project in each of the intervention schools. A Parents survey found that 68% of the pupils had discussed the ESPACE programme with their parents.

Other vehicles for keeping parents informed include campaign newsletters and an interactive website (espace-limousin.com) used as a relay for the campaign, with a link to the alcooletparents.com website.

Results

30 schools (1 in 3 Limousin schools), 105 classes and nearly 2,300 students, were evaluated. Specific evaluation procedures were also implemented for parents, the teaching body, the education staff and the health professionals at the schools. At the main assessment after a year, the programme was found to have had a strong impact on knowledge, with 49% of year 7 pupils in the intervention group being able to answer at least 6 out of 9 questions on alcohol correctly (compared to 25% in the control group). There were significant improvements in the students ability to say no (10% improvement) and a 13% improvement in feeling happy in being different from others. Not enough 12 or 13 year-olds had regular consumptions or drunkenness to be able to assess the impact of the programme on this behaviour at mid term. The final assessment (including parent and educational staff) is yet to be completed.

Encouraging results are hoped to be confirmed with the final evaluation next year. There is a possibility that the programme could be extended to a national level if significant results are confirmed.

Bosco Torremocha
Director General of FAS (Fundación Alcohol y Sociedad) and leader of Programa Pedagógico ‘Adolescencia y Alcohol’, gave a presentation ‘12 years working towards prevention’, in which he highlighted that although 95% of the Spanish population drink moderately, there are trends of consumption among young people that need addressing: 25-30% of 12 to 17 year-olds participate in binge drinking and almost 30% of Spanish teenagers admit to being drunk at least once in the last 30 days. Consumption in Spain has fallen by over 30%, yet the percentage of youths who state they have “binged” on alcohol in the past month has increased by almost six points since 2006.

Educational programmes are seen as the most effective preventative approach, but Torremocha stressed that it is important that they have scientific rigour and a multidisciplinary focus. FAS has a Scientific Committee consisting of the most eminent independent experts in the fields of medicine, sociology, neurology, psychiatry, primary health care and scientific research which is responsible for advising on and validating the Foundation’s activities.

In 2001 a research project (ALBA) was initiated that aimed to understand the teenage world and its relationship with alcohol in Spain. As part of the project, 22,000 interviews were conducted with teenagers from 12 to 18 years of age in Andalucía, Asturias, Cataluña and Madrid. The research used the widest sample carried out anywhere in Europe. Findings of the project were documented in the First White Paper on the relationship between Alcohol and Adolescence in Spain and were used to develop an Educational Project. Since 2004 the Alcohol and Adolescence programme has been assessed in the Autonomous Regions of Andalucía, Asturias, Baleares, Cataluña and Madrid and findings have been documented in a second white paper.

The Alcohol and Adolescence project lists its objectives as delaying the age of first use of alcohol consumption; reducing the number of adolescents who consume alcohol; and reducing or eliminating the quantity of alcohol consumed by those adolescents who have already begun to drink. The programme, which is voluntary, is aimed at 12 to 18 year-old schoolchildren and includes seminars and support material for both teachers and parents. The programme is free of charge to all state and independent secondary schools. Parents who participate in the programme...
are given information on the relationship between teenagers and alcohol; guidelines on how to communicate with teenagers and advice on solving conflicts and clarifying doubts.

The ‘talkaboutalcohol’ website was launched on 2006 as pilot programme in three countries United Kingdom, Czech Republic and Spain. It is based on three pillars: An interactive part to be used by young people in their leisure time (11-16 year olds). Work sheets are available to assist teachers in addressing the issue of alcohol consumption in scientific or civic education curricula. There is also information and guidance for parents to address alcohol with their children.

Since its implementation, the alcohol and adolescence programme has given guidance to almost 1,800,000 schoolchildren in 10,000 educational centres and over 1,500,000 families have be offered advice.

A meta-evaluation, carried out in 2010 found that the programme was effective in bringing changes in drinking habits - 12% of underage youths who had started to consume dropped the habit and of the teenagers who consumed alcohol, the intervention group attest to drinking less (9 vs 14%). There were also fewer young people drinking alcohol simply ‘to get drunk’ or ‘disconnect’ than the control group (21 vs 29%).

A second Longitudinal study has commenced in collaboration external independent institutions working in the sector, such as the Deusto Institute of Drug Dependencies, with the aim of identifying the effects of educational programmes upon changes in the drinking habits of our underage youths and evaluating findings and identifying possible modifications to improve the programmes.

Data from their analysis indicates that 68.6% of young people questioned in the survey state that the educational sessions have helped them to take the decision not to drink and/or to drink less alcohol. Those students taking part in the programme rated the importance of information about alcohol higher than to those in the control group and valued the educators from the Alcohol and Society Foundation as the third major source of information after their school (61.3%) and family (58.7%).

To conclude Bosco Torremocha emphasised that education was the most important tool for prevention, but it relies on the commitment of all stakeholders including the family, educators and peers and that interaction with other agents (both government and non-government) and the media is necessary.

Pers Hazelius, Project Manager for Prata Om Alkohol (Teach About Alcohol), gave a Swedish school-based intervention on alcohol based on a life skills approach.

Sweden is unusual in Europe in that since the mid 1800s there has been an alcohol monopoly in Sweden and legally you have to be 18 or older buy and consume alcohol. However, 58% of the boys and 65% of the girls aged 15-16 years in Sweden have consumed alcohol during the last 12 months. Recent trends indicate that fewer young people are drinking, but those who drink do so more heavily and for the first time there are now more girls than boys aged 15-16 years who drink alcohol.

The stated goals of Prata Om Alkohol are: to encourage young people not to drink alcohol; to encourage the young people who consume alcohol to drink less; and to encourage young people to adopt a healthy approach and minimise risky behaviour.

The programme is used in 75% of secondary schools in Sweden, reaching over 9,000 teachers and 450,000 students since its implementation in 2006. Prata Om Alkohol has also been adapted to local norms for Finland, Denmark and Estonia.
The Prata Om Alkohol programme focuses on social and life skills aspects. Many of the sessions are divided into four educational levels to allow teachers to tailor their lessons to their classes' age, level of development, level of consumption and the cultural context. Key factors in the delivery of sessions are interactivity and dialogue. There is a high level of student participation and exchange of ideas with use of group work and role play.

Prata Om Alkohol includes a Family skills programme which gives advice to the teacher on how to involve parents in the school-based intervention. There is a six-step process for teachers to follow to inform parents about the school's work about alcohol and to help parents discuss the issues with their children at home. Schools are also encouraged to issue a school policy on alcohol. There are instructions on how to integrate and motivate the entire school and how to support and create long-term engagement to change attitudes to alcohol.

Additional activities to involve students in the programme have include an annual story competition on ‘Youth & Alcohol’. Over 6,000 students have participated and each year a book containing the best stories is published. 16,000 copies of the short story book have been ordered by schools. In another initiative, students create their own short film campaigns to influence their peers on Don't Drink & Drive.

The programme believes that teachers are best placed to integrate intervention programmes, since they have specific knowledge of their students' needs and level of development and the opportunity to integrate these elements into the regular education. Prata Om Alkohol recruits motivated teachers and gives them free training and ongoing support.

The programme has support from the Swedish authorities. There are governmental partnerships at a regional level all over Sweden and a national partnership with The Swedish Transport Administration. The Swedish National Agency for Education officially recommends the programme to schools in Sweden.

An annual quantitative web survey is used to measure the usability among the teachers and their perception of its effects. Key findings from 2011, (n=800) were that 60% of the respondents believed that the programme influences the pupils to delay the age of alcohol consumption, 70% believed that the programme led to better attitudes and motivation to drink responsibly and 99% said that they would recommend the programme to colleagues.

In 2010 a scientific study began on the Swedish programme with help from two independent researchers. The quantitative study executed in two phases: Phase 1 – Pre-test in January and Phase 2 – Follow up test May/June. The data collection was done from a random sample of teachers. There were 6 equivalent intervention and control groups (in terms of size, demographics, social and risk behaviours) with a sufficient number of participants. The study was done during a relatively short time and at a group level – not individually, which may affect the effect-size of the measured significances.

The results indicate that there were no negative effects, but several results in the study are positive. There was no significant difference between the groups regarding delay of alcohol consumption. The intervention group, however, displayed a shift towards greater awareness and a healthier attitude to alcohol use than the control group; there was less frequent alcohol consumption and less risky behaviour in the intervention group compared to the control group. A lower degree and frequency of intoxication was reported by the intervention group.

Future plans include an additional quantitative study to get stronger evidence by including longitudinal studies of individuals.

Pers Hazelius concluded that the programme demonstrates how interventions with the accurate ingredients can make a change when they are built on scientifically proved ingredients for effective interventions.