



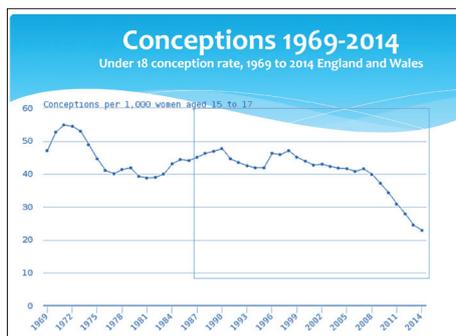
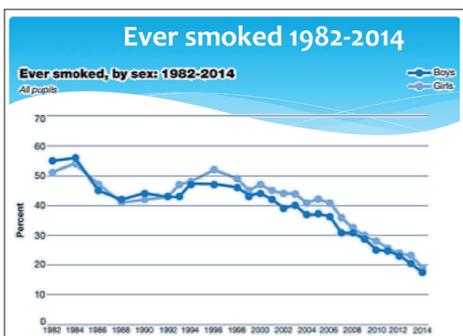
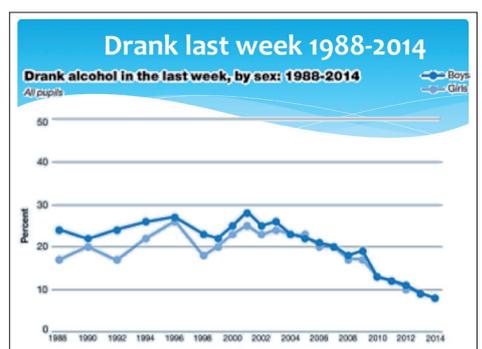
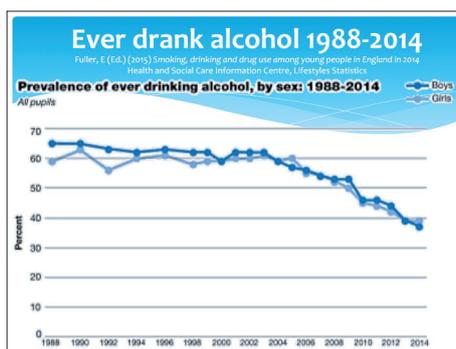
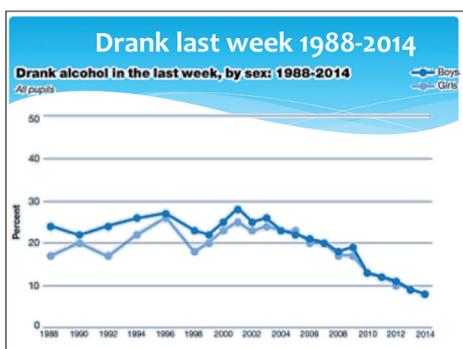
# National Alcohol and Drugs Conference

## Evidence-based best practice in alcohol and drugs education – Empowering young people to make healthy choices

On the 19th October, The Alcohol Education Trust and Mentor held The National Alcohol and Drugs Conference on 'Evidence-based best practice in alcohol and drugs education - Empowering young people to make healthy choices,' hosted by the Drug and Alcohol Research Centre at Middlesex University.

**Sarah Newton MP, Parliamentary Under Secretary of State for Vulnerability, Safeguarding and Countering Extremism** opened the conference, making her first speech on drug and alcohol policy and priorities for the Home Office and Government since taking up the post in July. She highlighted the importance of using evidence based programmes, in schools and in the community, which build on the principles of building resilience, life skills and social norms based education. Newton said it is equally important to highlight approaches that don't work, such as scare mongering, information only based approaches, highlighting extremes of behaviour or approaches such as ex addicts going into schools. Newton praised the work of Mentor and The Alcohol Education Trust and highlighted the Government's commitment to PSHE, health and wellbeing and the safe guarding of children and young people.

**Dr David Regis from The School Health and Education Unit (SHEU).** As SHEU has carried out its research into young peoples' health since 1977, David was able to present a fascinating trajectory of how young people's alcohol, drug and cigarette smoking has declined over the last decade. Looking back further, there were spikes in risk taking in the late 1990s . Furthermore, David drilled down into the key motivators for risk taking and of particular interest was how in the past, having high self-esteem led to a higher likelihood of teenage drinking, whereas now it results in greater resilience and a lower likelihood, showing how social norms can move over time.



**Risk & Protective factors**

Research into risk and protective factors shows:

1. There are many factors that are related to alcohol and drug use
2. Factors change in importance over life-span
3. Factors related to alcohol/drug use are also related to other undesirable behaviours – complicated, but also an opportunity if we can affect multiple behaviours with one intervention

**Dr Arrash Arya Yassaee, co-author of 'Investing in the future: Can alcohol education help fix underage drinking in Europe?' and Think Tank Lead at the Faculty of Medical Leadership and Management**, outlined the most effective programmes from published data that statistically and significantly can reduce the misuse of alcohol or drugs with a lasting effect. Arrash highlighted the key elements of those programmes – still remarkably few, EUDAP Unplugged, The Alcohol Education Trust Talk About Alcohol, Botvin Lifeskills, The Good Behaviour Game and The School Health Alcohol Harm Reduction Programme (SHAHRP/STAMPP) with the Strengthening Families programme for a family based approach. Elements for a good programme include it being activity led (i.e. not lecturing or solely information based), not using scare tactics, the importance of teacher training and CPD and the development of skills in young people that enable them to make more responsible choices.

**Alcohol-Specific Programmes**

TALK ABOUT ALCOHOL  
TEACHER WORKBOOK  
for 11 to 18 year-olds

STAMPP – February 2017

Talk About Alcohol (2011-2015)

MEDALC – (2008 – 2010)

**General Programmes**

EU-Dap  
European drug education prevention & training

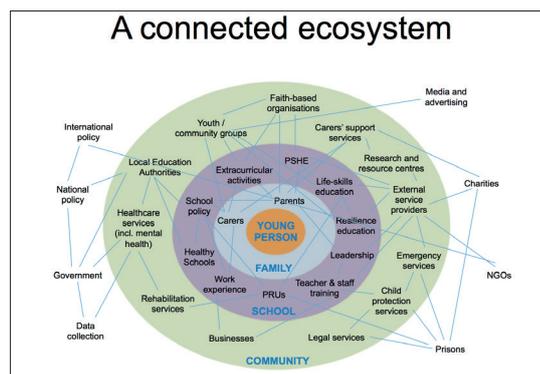
Botvin  
LifeSkillsTraining

pax  
Good Behavior Game  
Jeu de la bonne conduite

**Michael O'Toole, CEO of Mentor** emphasised the importance of a holistic approach to alcohol and drugs education for young people both in school and in the community. He also stressed the importance of using evidence based approaches that are shown to really improve young people's outcomes and build their life skills and resilience. He highlighted the increasing recognition of Government that such skills improve academic outcomes for young people and their engagement with school.

"Instilling positive character traits and academic excellence are two sides of the same coin – children that develop resilience are far more likely to succeed, not only in school but in later life, too."

- Edward Timpson, Children & Families Minister



**Helena Conibear, CEO of The Alcohol Education Trust** highlighted that although under-age alcohol consumption has halved in the last decade and majority of 11-15 year-olds (62%) say they have not tried alcohol, many issues remain that require a careful and multi layered approach to ensure children delay the age they choose to drink as well as the amount, and to influence where and how they may drink alcohol as they get older.

Helena highlighted the segments of youth who are more at risk of harmful alcohol use or addiction with a particular emphasis on children with special educational needs, affecting one in five, and looked after children. Helena then summarised the most effective approaches that schools and communities can use

**How are The Alcohol Education Trust addressing the Impact of Alcohol Misuse on Public Health?**

**Ensuring work is sustainable and affordable** by training teachers and youth leaders in effective and evidence methods of alcohol education which focus on building resilience, life skills, and positive approaches that engage young people in informed decision making and responsible choices. Current costs 30p per child

**Preventative approach** – catching pupils before the 'tipping point' with school based programmes from age 11. (We found 40% of 4000 Year 8 pupil sample had already had a whole alcoholic drink)

**Ensuring a holistic approach** that engages the community and parents and carers who are the prime suppliers of alcohol to underage drinkers.

**Providing harm minimisation** spirals of learning as young people encounter alcohol in their social lives as they get older

**Ensuring everything we do is based in evidenced best practice**, is fully trialled, piloted and evaluated and training delivered by teacher or public health specialists.

**Preventing alcohol harms -The complexity of the task**

**4 types of personality more prone to abuse and addiction:**  
 sensation-seeking (risk takers)    impulsiveness  
 anxiety sensitivity    hopelessness

attention deficit/hyperactivity disorder (A.D.H.D.), (x3 risk addiction)  
 SEN – learning difficulties (x3 higher risk abuse - grooming) affecting 1 in 5  
 Genetic pre disposition  
 Adverse childhood experience (ACE) – home and community  
 Poor white British male – most likely to drink & least likely further education  
 Indices of deprivation, highest 20% 3 x risk Alcohol Liver Disease yet drink less than lowest 20%  
 Young Females - more drunkenness and U18 hospital admissions  
 Looked after children (4 x more likely SEN) poorest outcomes as regards misuse of drugs and alcohol

**What age? What type? By whom and where? – key elements of effective alcohol education**

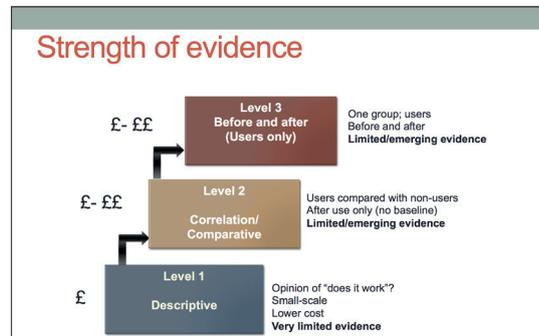
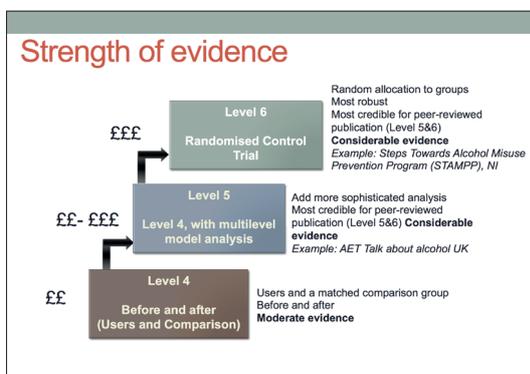
- Life skills approach before age 11
- Alcohol specific – ideal Year 8 ongoing
- Average age whole drink age 13 ½ (supervised)
- 14 ½ ( unsupervised)
- 'Bottom up' baseline, information, involvement, reflection
- Social norms based – avoid scare tactics and extremes
- People who know the children well (trust and skills)
- Lesson length ( TAA 4 + 2) (STAMPP x 6 )
- Classroom (circle and groups), informal trusted settings
- Building spirals of learning appropriate to age and ability
- Who provides underage drinkers with alcohol?

within a manageable time frame and at what age. Age 13 or Year 8 is the 'tipping point' at which 40% of students had already had a whole alcoholic drink making it the ideal year for alcohol education, with spirals of learning in subsequent years. Student feedback on alcohol education provision nationally said they often felt lectured and that it was repetitive and didn't take their worries and concerns into account.

**Professor Betsy Thom, Head of the Drug and Alcohol Research Centre at Middlesex University**

highlighted what makes an evaluation that commissioners, local authorities and schools can trust. In short, an evaluation should be carried out by an impartial expert or institution, it should have a baseline (before the intervention starts), there should be a control group of similar (matched) group of students who don't have the intervention, there should be a follow up at least a year after the intervention has finished to see if its effects were long lasting, there should be fidelity to the programme (i.e. not too many schools dropped out, suggesting it was too long or not fit for purpose) and the size of the cohort (number of pupils followed over time) should be big enough to be able to assess changes in behaviour. Finally, there should be statistical modelling

to iron out any confounding factors. The gold standard is a randomised control trial, but the cost (one million pounds for the SHAHRP/STAMPP and the Good Behaviour game) makes this level of evaluation rare.



- So, what makes a good evaluation?**
- **Selection of schools:** from a diverse background and type; geographical representation (urban vis rural), Ofsted ranking, ethnic mix, free school meals
  - **Rigorous sampling:** sufficient number to reflect size of the target population, criteria for selection
  - **Control group:** matched (key variables such as gender, socio-economic status), similar profile to intervention group or schools
  - **Follow-up:** one year minimum, ideally 2-3 years
  - **Impartial evaluator** from a recognised institution
  - **Publication of results:** e.g. peer reviewed journal

**Jamila Boughelaf of Mentor** explained how the Alcohol and Drug Education and Prevention Information Service (ADEPIS) is collating the most effective alcohol and drugs programmes for schools (with a summary and links via: [mentor-adepis.org/](http://mentor-adepis.org/)). This Builds on the work of The Centre for Analysis for Youth Transitions who, with The Institute of Education and The Institute of Fiscal studies, developed a ranking model to analyse the standard of evaluations (ranked 1-6) and the effect of a programme (ranked 1-3). ADEPIS highlights emerging best practice and holds seminars to raise awareness of some of the most promising programmes from around the world.

The morning concluded with a question panel comprising of Janet Palmer, formerly of Ofsted, Jenny Barksfield, Deputy CEO of The PSHE Association, Professor Harry Sumnall from Liverpool John Moores University, Professor Betsy Thom, Helena Conibear and Michael O'Toole. Many questions from the floor highlighted the desire for PSHE becoming a 'must teach' rather than a 'should teach' subject, and how outstanding, or at least good PSHE was crucial to an outstanding OFSTED inspection and indeed to academic results. The issue of whether the quality and commitment of teachers and PSHE Leads to their students that was more important to students health and wellbeing than perhaps the programmes themselves, was also raised.

A series of eight workshops took place during the afternoon featuring some of the best evidence based programmes, but also games and activities that can bring alcohol and drugs education to life, special approaches for children with Special Educational Needs (SEN) and the principles of good PSHE. To learn more, email [kate@alcoholeducationtrust.org](mailto:kate@alcoholeducationtrust.org)

[www.alcoholeducationtrust.org/2016-conference/](http://www.alcoholeducationtrust.org/2016-conference/)