



**An evaluation of the Alcohol Education Trust 'Talk about Alcohol' Programme
in three areas of England where alcohol related indices of harm are highest for
under 18's (LAPE)**

Final Report

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1. Introduction

The Alcohol Education Trust (AET) commissioned the UCL Institute of Education to conduct an one-year evaluation of their Talk about Alcohol programme from September 2015 to July 2016 to assess the impact on young people in three areas of high deprivation where alcohol related hospital admissions for under 18's were in the top ten in England. The aim being to analyse indicators as to whether the Talk about Alcohol programme is as effective in targetted areas as it is in the general school-aged population.

This evaluation builds upon the earlier successful matched evaluation conducted by the National Foundation for Education Research (NFER). The present evaluation includes the same indicators of alcohol use previously assessed, but expands the prior evaluation with the addition of indicators of social norm perceptions about alcohol and life skills related to alcohol risk-taking. Due to budget constraints, a pre- and post-intervention design is utilised. Hence, where relevant, the present evaluation compares its findings to the NFER evaluation during the same age period (beginning and end of Year 8).

The present evaluation collected pre-intervention questionnaires from approximately 2,000 Year 8 (age 12-13) students attending 11 schools in The Isle of Wight (IOW), Burnley and East Tyneside. Post-intervention questionnaires were collected from approximately 1,675 students in 9 schools. Two schools did not return the post-intervention questionnaires in time although all 11 schools completed the four Talk about Alcohol lessons during 21015/16.

Due to budget constraints, a subsample of tutor groups was selected from each school to input the data for analysis for the purposes of this evaluation. This allowed the possibility of analysing the full sample at a later point in time. Due to the key strategic importance of the programme in delaying the onset of drinking alcohol, students' responses were inputted on this set of questions for approximately 500 of the pre- and post-intervention questionnaires (n = 473 students). A smaller subset of questionnaires was inputted for the remainder of the survey questions (n = 215 students).

The key findings from the study were as follows:

In the sample of 473 students for questions pertaining to the onset of drinking alcohol:

- 43% had had a whole alcohol drink at pre-intervention and 47% had had a whole alcohol drink at post-intervention. This is an increase in the percentage of students who had had a whole alcoholic drink from pre- to post-intervention. This increase is slightly lower in percentage points compared to the NFER intervention group (41% whole drink at baseline versus 46% at follow up) and the NFER control group (46% whole drink at baseline versus 53% at follow up).
- There were a significant differences among the 9 schools regarding changes in the percentage of students who had had their first whole alcohol drink from pre- to post-intervention. Two of the schools showed greater increases in the percentages of students who had had their first whole alcoholic drink compared to two different schools.
- On average, of those students who had had a whole alcoholic drink, they were 11 years old when they had had their first whole alcoholic drink. However, a majority of 55% had not had a whole alcoholic drink by age 13. In the NFER intervention group

of those who had had an alcoholic drink, 35% were 11 or younger at age of onset and 25% were age 12.

- As with the NFER evaluation, most of these students had had their first whole alcoholic drink at home when their parents or carers were there.

In the sample of 215 students:

- On average, there was an increase in the percentage of students who drank alcohol once a month or more. There was a 3% increase of students who drank alcohol at least once a month. This is slightly lower than the increase in percentage points compared to the NFER intervention group (7% at baseline rising to 11%) and the NFER control group (8% at baseline rising to 13%).
- On average, there was not a significant increase in the percentage of students who had ever experienced binge drinking or being drunk from pre- to post-intervention. This is an improvement compared to the NFER intervention group (9% at baseline rising to 13%) and the NFER control group (10% at baseline rising to 13%).
- There was an increase in their knowledge of alcohol and its effects from pre- to post-intervention, as with the earlier NFER intervention group.

Of the students who reported having a whole alcoholic drink at pre-intervention (n = 65 out of 215):

- They reported more realistic peer norms regarding the percentage of students their age who drink alcohol from pre- to post-intervention.
- They were more likely to report that their parents' did not approval of their drinking alcohol at post- than pre-intervention.
- There was no difference in their refusal skills related to alcohol risk-taking from pre- to post-intervention, which represents a positive finding that their resiliency to resist drinking alcohol had not decreased during the year.
- They reported that they were more likely to have friends who drank alcohol at post- than pre-intervention.
- There was no difference in how often they were with friends who drank alcohol and how often their friends offered them alcohol from pre- to post-intervention.
- There was a difference in their alcohol-related expectancies, with students reporting higher agreement that alcohol hurts people's thinking and coordination at post- than pre-intervention.

1.1. The Talk about Alcohol Programme

The AET created, piloted and trialled in a UK setting, the Talk about Alcohol programme over 2 years, and following a successful independent matched evaluation by NFER among 4,000 pupils in 30 schools (2011-13) <https://www.nfer.ac.uk/publications/AETE01/AETE01.pdf>, and a further follow up 2 years later (2015) of the same cohort

<http://www.alcoholeducationtrust.org/wp-content/uploads/2015/09/TAA-nfer-full-report.pdf>.

The AET has continued to enhance its offer and is now working towards rolling out its evidence based alcohol resources (3/3 in the Centre for Analysis for Youth Transitions CAYT matrix) in England.

The Talk about Alcohol programme is the only Mentor Adepis CAYT evaluated programme to score 3 out of 3 for effectiveness in significantly delaying the onset of drinking, improving knowledge and engagement and lower levels of drunkenness than in control schools. Delaying the onset of drinking by delivering the intervention in Year 8/9 before unsupervised consumption begins improves the chances of academic success and lifelong aspiration and reduces other risk taking. It is also the only whole school programme to have been independently evaluated in England with a significant effect in delaying the onset of drinking among young people to date. It is also recognised as promising practice by the European Platform for Investment in Children (EPIC) and by the Early Intervention Foundation.

The Talk about Alcohol programme is based on 'bottom up' resilience building, rehearsal strategies, social norms and teamwork and is suitable/adaptable for varying ages, ability and experience for pupils age 11–18 in schools and community settings. As such, it responds to teachers needs and commands high fidelity. A commitment to deliver 4 lessons in Year 8 (pupil age 12-13) with a follow up of 2 lessons in Year 9 has demonstrated a significant and sustained delay in the onset of drinking up to the age of 16 in evaluation among a representative school population.

To ensure sustainability and cost effectiveness, AET do not deliver direct to pupils, but support teachers with early intervention (proven to delay the onset of drinking) and harm reduction (harm minimisation) resources and provide training plus online, email and phone support on planning for effective PSHE. The AET programme is a class-wide approach, and now also includes visual rich resources for children with moderate Special Educational Needs and Disabilities (SEND) and lower literacy in main stream education. The Talk about Alcohol evaluation evidence shows the programme works equally well for minority ethnic teenagers (1 in 5 students and 40% of some areas, especially where social deprivation is high). Although not part of the evaluation findings, The AET believes the Talk about Alcohol programme effectiveness is further enhanced with training sessions by its specialist staff for teachers on effective methods of delivering successful and engaging PSHE and how to implement the Talk about Alcohol programme.

As parents are key in setting boundaries, being good role models and are the prime source of alcohol for under 18's, the school programme is also enhanced with a parent/carer outreach which encourages schools to engage parents around being good role models, setting boundaries and protecting against risk taking. Although not part of the matched evaluation criteria, schools are encouraged to host a talking to kids about alcohol information session for parents, to distribute the bi-termly parent newsletter and upload and distribute information leaflets for parents.

The Talk about Alcohol programme includes:

- Online resources at www.alcoholeducationtrust.org including lesson plans, worksheets, video clips, games and quizzes by topic and by year group.
- A 100+ page Teacher Workbook, offered in print and on line, an easy-to-access one stop resource and planning tool by subject and by year group via

www.alcoholeducationtrust.org Information and social norms based booklets to send home to parents.

- Information and social norms based booklets for older teenagers presuming some level of alcohol use.
- A dedicated on line learning zone for pupils www.talkaboutalcohol.com
- Sustainable training for teachers on alcohol education by our specialist officers.
- Information seminars for parents at schools by our specialist officers.
- Bi-termly e-newsletters, phone and email support for teachers/professionals and parents.

1.2. Evaluation Aims

The aims of the present evaluation are focused on examining the short-term impact of the Talk about Alcohol programme in targeted areas where alcohol related harms among under 18's are high on the main outcomes of interest, including:

- **Onset of drinking:** Has there been a significant increase in the percentage of students who had had their first whole alcoholic drink from pre- to post-intervention? We expected that any increase in the percentage of students who had had their first whole alcoholic drink from pre- to post-intervention would be similar in size to the NFER intervention group.
- **Frequency of drinking:** Has there been a significant change in how regularly students drink alcohol from pre- to post-intervention? We expected that any increase in how regularly students drink alcohol from pre- to post-intervention would be similar in size to the NFER intervention group.
- **Ever been drunk/experienced binge drinking:** Has there been a significant change in the percentage of students who have ever been drunk/experienced binge drinking from pre- to post-intervention? We expected that any increase in the percentage of students who have ever been drunk/experienced binge drinking from pre- to post-intervention would be similar in size to the NFER intervention group.
- **Social norm perceptions related to alcohol:** Among students who have had a whole alcoholic drink, has there been a significant change in their social norm perceptions of parents and peers related to alcohol use from pre- to post-intervention? We expected that students' perceptions regarding how many students in their class have drunk alcohol would be closer to statistical norms (around 20 out of 50) and that they would be more likely to report that their parents did not approve of them drinking alcohol from pre- to post-intervention.
- **Life skills related to alcohol risk-taking:** Among students who have had a whole alcoholic drink, has there been a significant change in their life skills related to safely navigating alcohol risk-taking from pre- to post-intervention? We expected that these students will have improved alcohol-related refusal skills and have less positive alcohol-related expectancies from pre- to post-intervention.
- **Knowledge of alcohol and its effects:** Has there been a significant change in students' knowledge of alcohol and its effects from pre- to post-intervention? We expected that there would be an increase in students' knowledge of alcohol and its effects from pre- to post-intervention.

In addition to these aims, the evaluation also examined a representative sample of teacher perspectives on implementation including AET resources, AET teacher training and ongoing support, and students' engagement in the programme.

1.3. Methodology

The study used a pre- and post-intervention quasi-experimental design, with survey questionnaires gathered from the students before and after participation in the Talk about Alcohol programme. The AET questionnaire was adapted from the previous matched evaluation retaining the questions pertaining to alcohol use, knowledge about alcohol and students' demographic characteristics; but added measures concerning social norm perceptions (e.g., perceived peer and parental alcohol-related norms), as well as those assessing life skills related to safely navigate risk-taking (e.g., alcohol-related refusal skills, peer influence and alcohol-related positive expectancies). We also assessed students' engagement in school and their general wellbeing (see Table 2). The pre- and post-intervention questionnaires were the same to assess change from before to after participation in the Talk about Alcohol Programme.

Teachers were asked to distribute anonymised pre-intervention questionnaires before participation in the Talk about Alcohol Programme to collect baseline data. They were also asked to distribute post-intervention questionnaires after participation in the Talk about Alcohol Programme, which were anonymised but matched on the pre-intervention questionnaire. Data were collected from every classroom in each of the 11 schools involved in our study.

PHSE teachers were also asked to complete a short questionnaire after implementation to assess their perceptions of AET resources, AET teacher training and ongoing support, and students' engagement in the programme.

1.4. Sample

The AET concentrated on three key areas: The Isle of Wight (IOW), Burnley and East Tyneside. In total, 11 schools participated in the programme, with 5 in the IOW, 2 in Burnley and 4 in East Tyneside. Pre-intervention questionnaires were collected from approximately 2,000 Year 8 (age 12-13) students in these 11 schools. Post-intervention questionnaires were collected from approximately 1,675 students in 9 schools. There was one school from East Tyneside and one school from Burnley that did not return the post-intervention questionnaires in time although all 11 schools completed the four Talk about Alcohol lessons during 21015/16.

Due to budget constraints, a subsample of tutor groups was randomly selected from each school and their data were inputted for analysis for the purposes of this evaluation. This allowed the possibility of analysing the full sample at a later point in time. Due to the key strategic importance of the programme in delaying the onset of drinking alcohol, students' responses were inputted for this set of questions for many of the pre- and post-intervention questionnaires. This provided an analytic sample of 473 students with data on the onset of drinking at both pre- and post-intervention: with 43% from The IOW, 2% from Burnley and 55% from East Tyneside.

Data from a smaller subset of questionnaires were inputted for the remainder of the survey questions. This provided an analytic sample of 215 students. Table 1 presents the sample characteristics for this analytic sample ($n = 215$). More than half of the students attended schools in East Tyneside. Most (69%) resided in homes with their mother and father and two siblings. The majority (92%) were White British. On average, students reported having one

bookcase (51 to 100 books) in their homes and 13% reported receiving free school meals. Table 2 presents their perceptions of their relationships with their caregivers, school engagement and wellbeing at pre- and post-intervention. The majority of students reported having very good relationships with their mothers, fathers and other caregivers at both time points. On average, they reported being engaged in school and having positive wellbeing, agreeing with positively-worded items and disagreeing with negatively-worded items at both time points. There were no significant changes from pre- to post-intervention for these items, with two exceptions. There were significant differences for two items: Students were more likely to report that school work is a waste of time and less likely to report that their life is going well at post- than pre-intervention. Regardless, most students disagreed that school work is a waste of time and agreed that their life is going well at both time points.

For the teacher questionnaires, one response from each area has been analysed for the purposes of this evaluation.

1.5. Statistical Analyses

Simple descriptive analyses were initially conducted to present the demographic characteristics of the final analytic sample (Table 1) and their familial relationships, school engagement and wellbeing at both pre- and post-intervention (see Table 2). Statistical tests were used to test differences in the key outcomes between the pre- and post-intervention questionnaires. Given the small sample size, it was only possible to assess school-level differences regarding the change in the percentage of students' who had had their first whole alcoholic drink from pre- to post-intervention.

Due to budget constraints, the present evaluation was unable to recruit a control group of pupils in the areas for comparison with the intervention group. Where relevant, percentages of students for key indicators at pre-intervention and at post-intervention in the present evaluation are compared to percentages at baseline and at first follow up for the intervention group in the NFER evaluation, which represent the same age period for the two studies. It is important to note, however, that statistically significant differences found between pre- and post-intervention in the present evaluation may not be replicated in the NFER evaluation. Since the NFER evaluation had more robust design with a matched control group, much larger sample size ($n = 3,000$) and longer data collection period (ages 12 to 16), the evaluation was able to utilise more advanced statistical methods than the present evaluation. It is also important to note that the sample characteristics are not comparable in all instances, especially with regard to location and ethnicity (see Table 1).

2. Findings

2.1. Onset of Drinking

At both pre- and post-intervention, students were asked a number of questions about whether they had had a whole alcoholic drink. If students reported having had a whole alcoholic drink, they were asked how old they were when they had the whole alcoholic drink and where they had the drink.

Key Findings

Of the 473 students, there was an increase in the percentage who had had their first whole alcoholic drink from pre- to post-intervention.

At pre-intervention, 43% reported having had their first whole alcoholic drink, whereas 47% reported having had their first whole alcoholic drink at post-intervention. This is a slightly lower increase in percentage points compared to the NFER intervention and control groups during the same age period.

There were differences among the 9 schools regarding changes in the percentage of students who reported having had a whole alcoholic drink from pre- to post- intervention.

On average, of those students who had had a whole alcoholic drink, they were 11/12 years old when they had their first whole alcoholic drink. The same age as in the NFER intervention group.

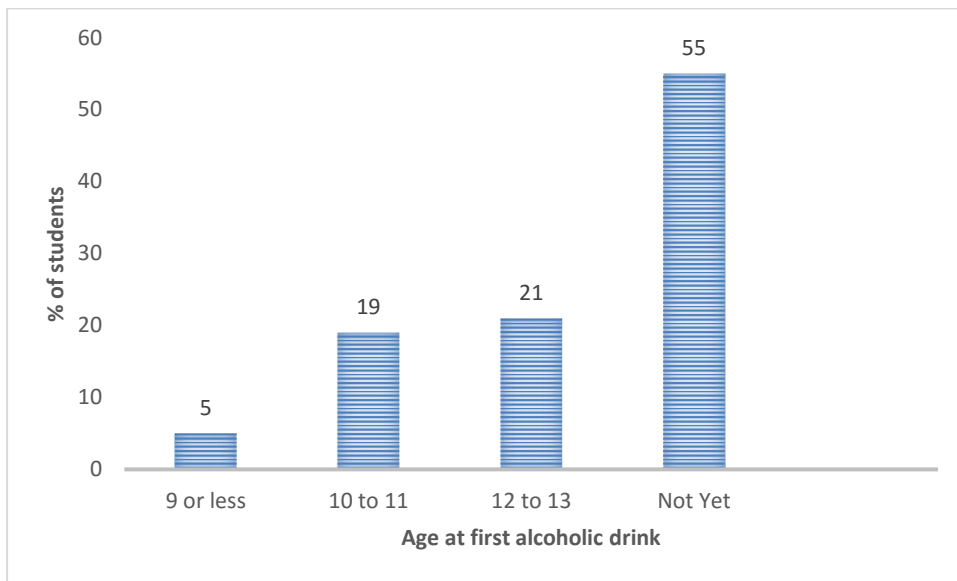
Most of these students reported having their first alcoholic drink at home when their parents or carers were there as with the NFER intervention group.

Students were asked whether they had had a whole alcoholic drink (1 = yes; 0 = no). There was a statistically significant increase in the percentage of students who reported having had their first whole alcoholic drink from pre- to post-intervention, $t(472) = -1.97, p < .05$. At pre-intervention, 43% ($SD = .50$) of the students had had a whole alcoholic drink and 47% ($SD = .50$) had had a whole alcoholic drink at post-intervention. This increase is slightly lower in percentage points than the NFER intervention group which showed an increase from 41 to 46% and the NFER control group which showed an increase from 46 to 53% during the same age period (age 12-13).

There were statistically significant differences among the 9 schools regarding changes in the percentage of students who had had their first whole alcoholic drink from pre- to post-intervention, $F(8, 464) = 4.20, p < .001$. Post-hoc analysis revealed that two of the schools showed increases compared to two other schools that showed no increases in the percentage of students who had had their first alcoholic drink.

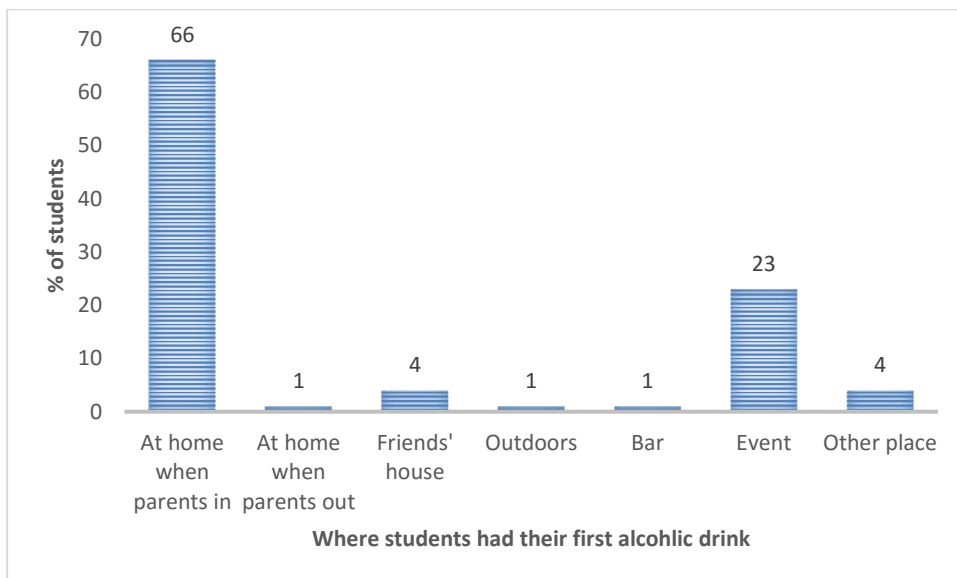
The students were asked how old they were when they had had their first alcohol drink. On average, they reported being 11 -12 years ($M = 10.98, SD = 1.59$) when they had had their first alcoholic drink. As shown in Figure 1, 24% of the whole sample of students had had their first whole alcoholic drink before age 11 whereas 21% were aged 12 to 13 years. However, it is important to note that a majority of 55% had not had a whole alcoholic drink by age 13. In the NFER intervention group of those who had had an alcoholic drink, 35% were 11 or younger at age of onset and 25% were age 12.

Figure 1. Students' age at first alcoholic drink by 12/13 years (n = 473)



The students were asked where they had had their first alcoholic drink. As seen in Figure 2, the majority of students who had had a whole alcoholic drink reported having their first alcoholic drink at home when their parents were there, followed by at an event or party outside the home. Thus, it appears that most students had their first whole alcoholic in the presence of their parents, with their parents' permission.

Figure 2. Where students reported having their first alcoholic drink (n = 219 out of 473)



2.2 Frequency/Context of Drinking Alcohol

Key Findings

In the sample of 215 students, there was a 3% increase of students who drank alcohol at least once a month from pre- to post-intervention, which is slightly lower in percentage points than the intervention and control groups in the NFER evaluation.

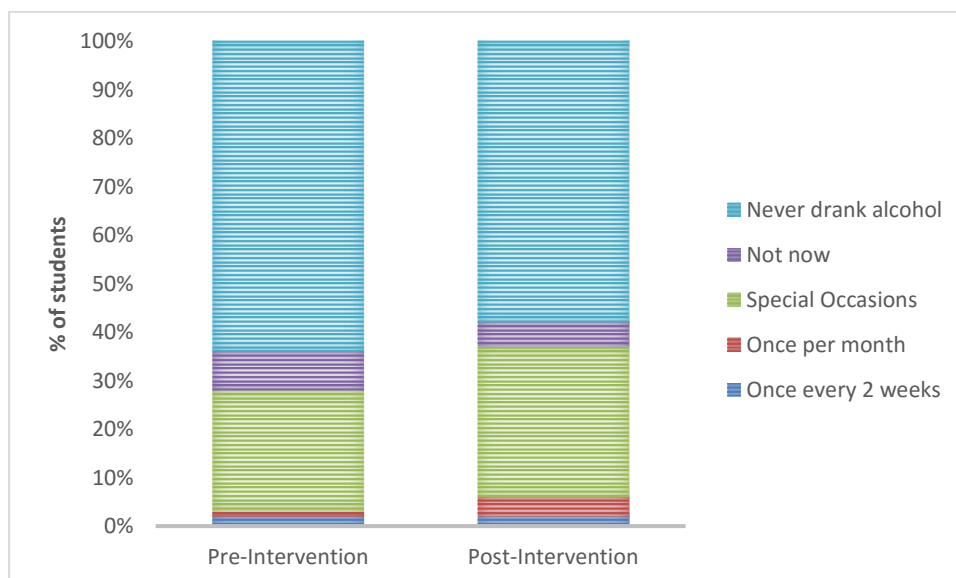
Of those students who had had a whole alcoholic drink, on average, the majority reported only having had an alcoholic drink on special occasions at both time points.

Most of these students reported that drank alcohol with their parents and in their own homes when their parents were in the house.

The students who had had a whole alcoholic drink were asked a number of additional questions about how often and where they drank alcohol, who they drank alcohol with and what types of alcohol they drank.

There was a statistically significant increase in the percentage of students who reported drinking alcohol at least once a month from pre to post-intervention, $t(214) = 2.13, p < .05$. As shown in Figure 3, the percentage of students who reported drinking alcohol at least once per month rose from 3% at pre-intervention to 6% at post-intervention. This increase is slightly lower in percentage points compared to the NFER intervention group (7 to 11%) and the NFER control group (8 to 13%) during the same age period. On average, most of the students who had had a whole alcoholic drink reported only having had an alcoholic drink on special occasions at both time points.

Figure 3. How often students reported drinking alcohol at pre- and post-intervention (n = 215)



It is also important to consider the context in which most of these students drank alcohol. Students who had had a whole alcoholic drink were asked where they usually drank alcohol and who they usually drank alcohol with. As shown in Figure 4, most students reported drinking at home when their parents were in the house, followed by at a special event at both

time points. Furthermore, when these students drank alcohol, most reported doing so with their parents, followed by with their siblings (see Figure 5). This shows that most of these students drank alcohol with their parents' permission with their families.

Figure 4. Where reported students drinking alcohol at pre- and post-intervention (n = 65 out of 215)

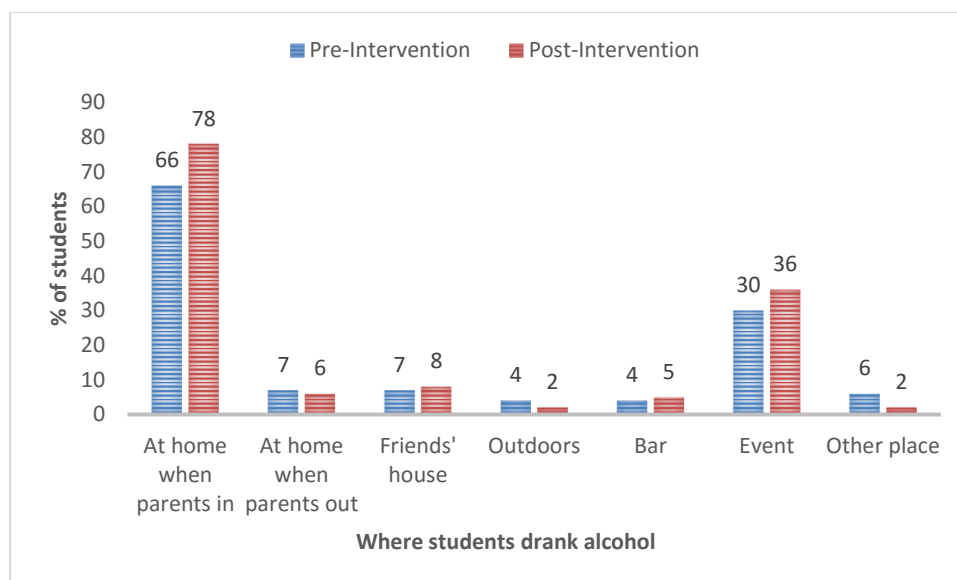
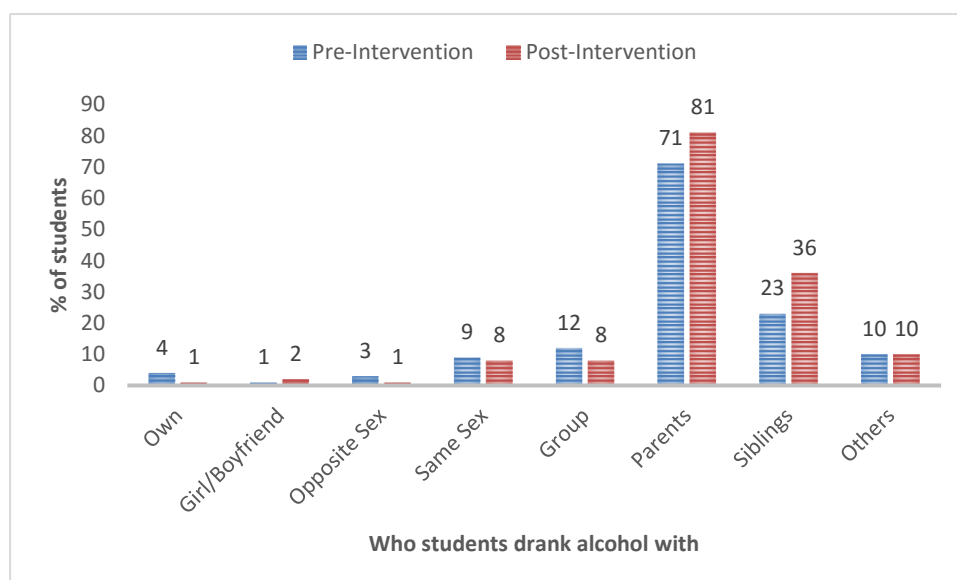


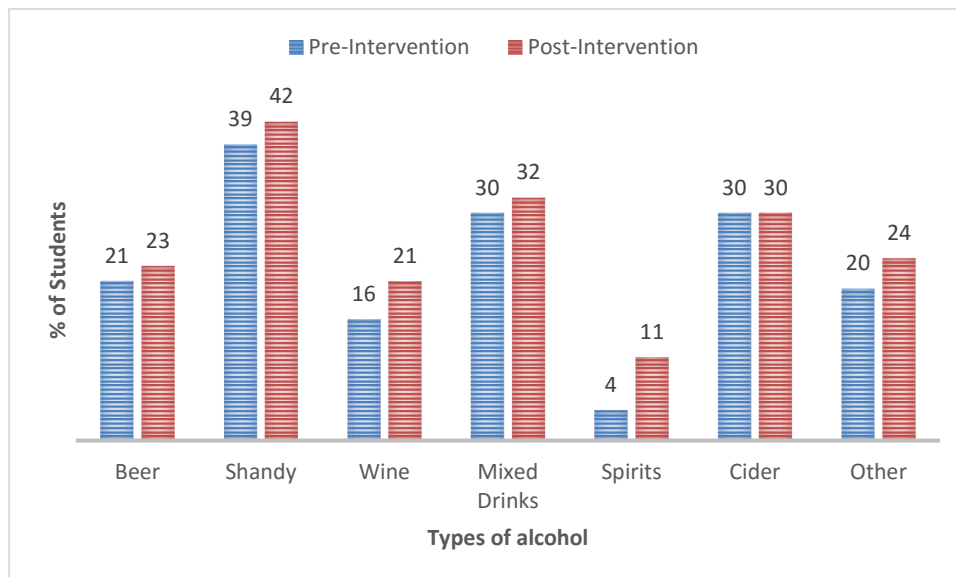
Figure 5. Who these students reported drinking alcohol with at pre- and post-intervention (n = 65 out of 215)



Of particular note is that drinking with friends in a group decreased by 4% and drinking on own declined by 3%. The importance of a whole family education is further highlighted by the increase of drinking with siblings over the intervention period with a rise of 13%.

In terms of the types of alcoholic drinks, students reported drinking Shandy (i.e., beer mixed with soft drink), followed by mixed drinks and cider (see Figure 6). There is a notable increase in spirits as a choice of beverage during the intervention period.

Figure 6. The types of alcoholic drinks these students reported drinking at pre- and post-intervention (n = 65 out of 215)



2.3 Ever Been Drunk/Experienced Binge Drinking

The students who had had a whole alcoholic drink were asked if they have ever been drunk or experienced binge drinking.

Key Findings

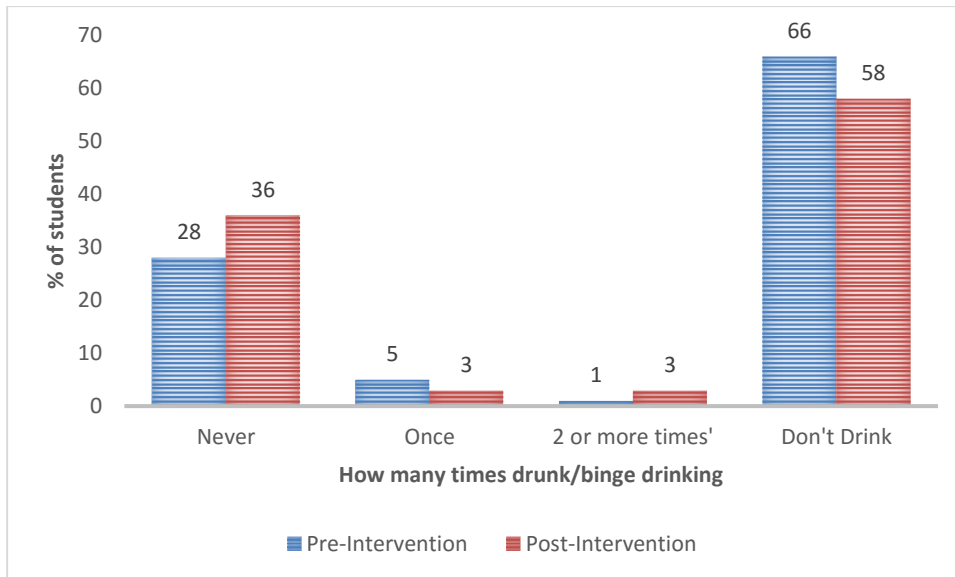
There was no significant change in the percentage who had ever been drunk or experienced binge drinking.

Of the all students, the majority (94%) reported never being drunk or experiencing binge drinking.

At both time points, 6% reported having been drunk or binge drinking at least once, with 1% at pre-intervention and 3% at post-intervention reporting being drunk or binge drinking more than once.

There no statistically significant difference in the percentage who reported ever being drunk or binge drinking, $t(214) = .55$, $p = .58$. As shown in Figure 7, the majority of students have never been drunk or experienced binge drinking. However, about 6% of these students reported being drunk or experiencing binge drinking one or more times at both pre- and post-intervention. In the NFER evaluation, the percentage of students who had ever been drunk or experienced binge drinking increased from 9 to 13% in the intervention group and 10 to 13% in the control group during the same age period. So this is an improvement of the original NFER evaluation.

Figure 7. How often students reported ever being drunk or experiencing binge drinking at pre- and post-intervention (n = 215)



2.4 Social Norm Perceptions Related to Alcohol

Students who had had a whole alcoholic drink were asked two questions assessing their social norms perceptions of their peers and parents in relation to alcohol.

Key Findings

Of those students who had had a whole alcoholic drink at pre-intervention:

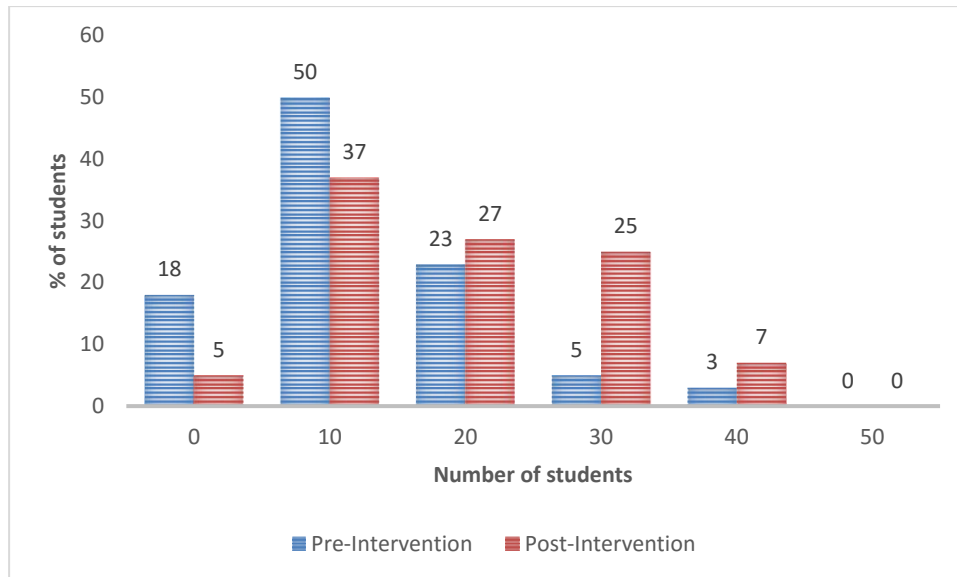
They reported more accurate peer norms regarding how often students their age drink alcohol (about 20 out of 50) at post-intervention than pre-intervention.

They were more likely to report that their parents did not like them drinking alcohol at post-intervention than pre-intervention.

They were less likely to report that their parents did not mind that they drank alcohol as long as they did not get drunk at post-intervention than pre-intervention.

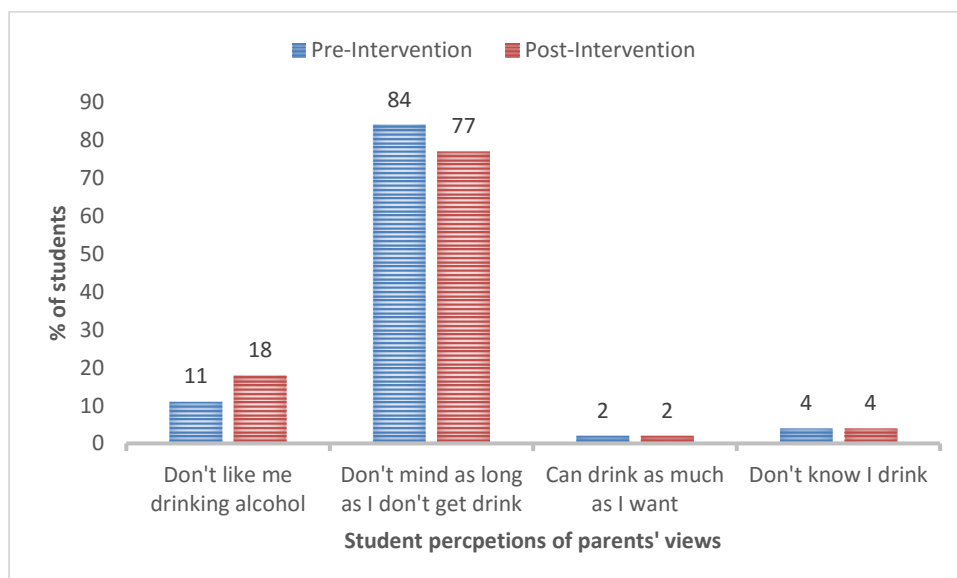
In terms of peer norms, students were asked about their perceptions of how many students in a group of 50 in their year also drink alcohol. There was a statistically significant difference in students' responses between the pre- and post-questionnaires, $t(64) = 3.67, p < .001$. As shown in Figure 8, on average, students' responses were closer to statistical norms at post-intervention (around 20 out of 50) compared to pre-intervention (around 10 out of 50).

Figure 8. Students' perceptions of how many students in their year out of 50 drink alcohol at pre- and post-intervention (n = 65 out of 215)



For parent alcohol norms, students were asked about their perceptions of their parents' approval of them drinking alcohol. There was a statistically significant difference between pre- and post-intervention, $\chi^2(6) = 60.19$, $p = .05$. As shown in Figure 9, more students at post-intervention reported that their parents do not like them drinking alcohol compared to pre-intervention. At post-intervention, fewer students reported that their parents do not mind that they drink alcohol as long as they do not get drunk than at pre-intervention.

Figure 9. Students' perceptions of their parents' approval of drinking alcohol at pre- and post-intervention (n = 54 out of 215)



2.5 Life Skills Related to Alcohol Risk-Taking

Students who had had a whole alcoholic drink were asked a number of questions about their alcohol-related refusal skills, the alcohol behaviours of their friends, and their positive alcohol-related expectancies.

Key Findings

Of those students who had had a whole alcoholic drink at pre-intervention:

- On average, there was no decline in their alcohol-related refusal skills from pre- to post-intervention.
- They reported that they were more likely to have friends who drank alcohol from pre- to post-intervention.
- There was no difference in how often they were with friends who drank alcohol and how often their friends offered them alcohol from pre- to post-intervention.
- There was a difference in their alcohol-related expectancies, with students reporting higher agreement that alcohol hurts people's thinking and coordination from pre- to post-intervention.

Regarding their alcohol-related refusal skills, students who had had a whole alcoholic drink were asked 9 questions about whether they can resist or refuse alcohol in different situations such as at party with friends and friends are drinking (1=strongly disagree, 5 = strongly agree). There was no statistically significant difference in their refusal skills, which showed in this cohort that they agreed that they can resist alcohol in different situations, from pre- to post-intervention, $t(59) = .49$, $p = .62$. Students reported that, on average, they agreed that they can resist or refuse drinking alcohol in different situations at both pre-intervention (Mean = 3.68, SD = 1.17) and post-intervention (Mean = 3.62, SD = 1.01). It is important that these resilience skills appear unchanged over a year and in different social settings.

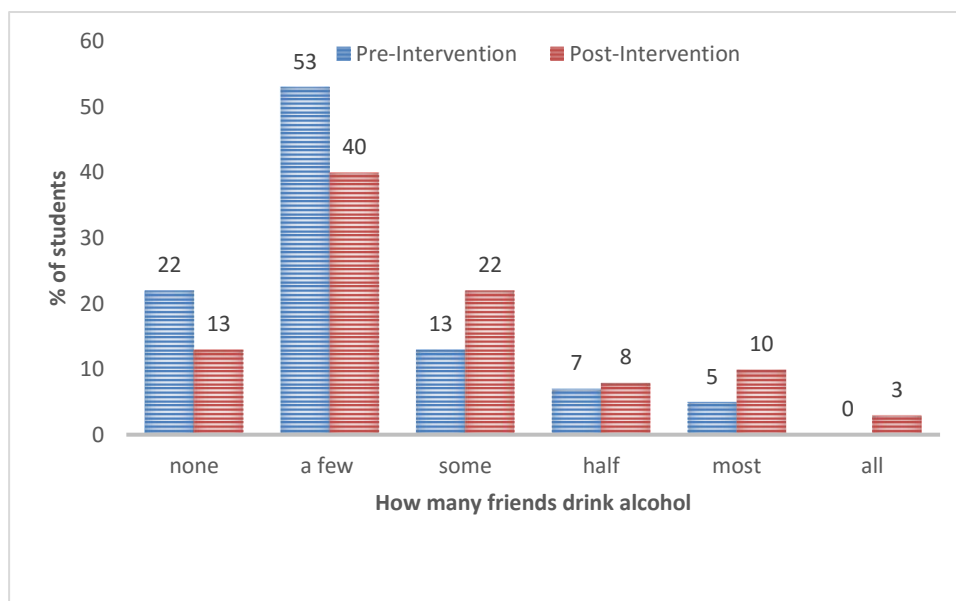
Figure 10 shows the mean of the 9 questions for both the pre- and post-intervention. There were no statistically significant differences in any of the individual questions between pre- and post-intervention.

Figure 10. Alcohol refusal skills at pre- and post-intervention (n = 60 out of 215)



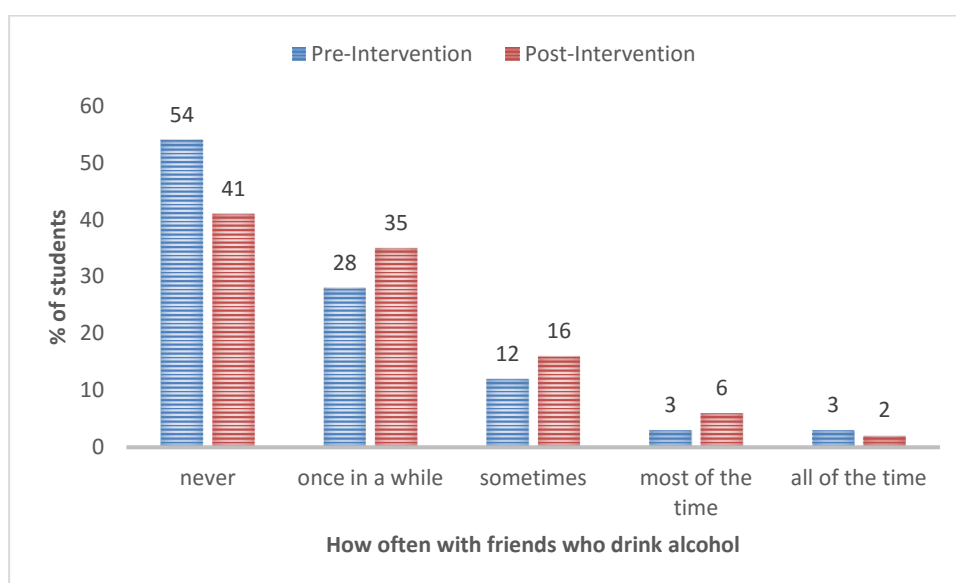
In order to assess peer influences on alcohol use, students were asked about how many of their friends drink alcohol, how often they are with friends who drink alcohol and how often they are offered alcohol by their friends. There was a statistically significant increase in students' reporting of how many of their friends drink alcohol, $t(62) = -2.37$, $p < .05$. At pre-intervention, students reported that a little more than "a few" of their friends drink alcohol ($M = 2.19$, $SD = 1.03$), whereas students reported that between "a few" and "some" of their friends drink alcohol at post-intervention (where 1 = none, 2 = a few, 3 = some, 4 = half, 5 = most, 6 = all). As shown in Figure 11, the majority of students reported having "a few" friends who drink alcohol at both time points, but there was an increase in the percentage of students who reported having "some" friends who drink alcohol from pre- to post-intervention.

Figure 11. Friends who drink alcohol at pre- and post-intervention (n = 63 out of 215)



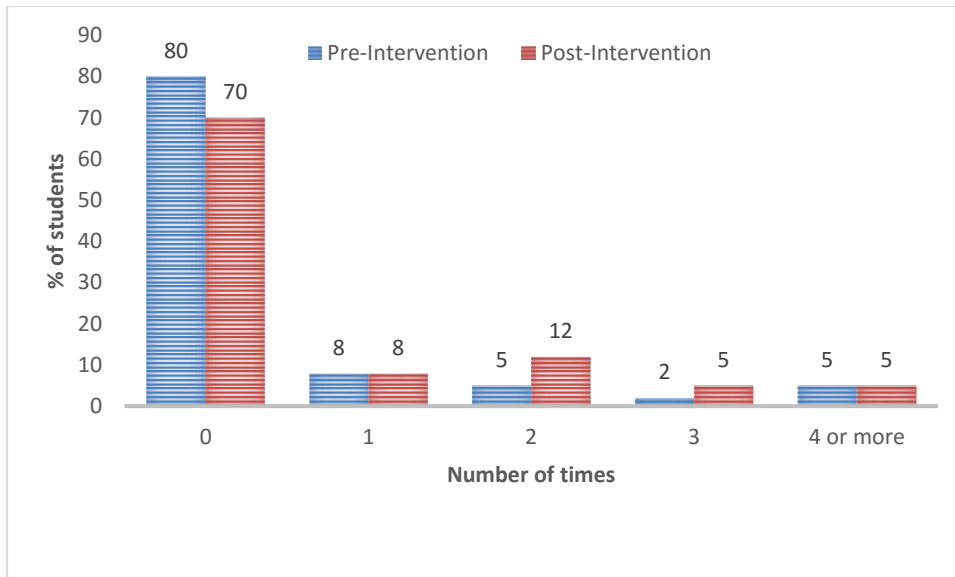
Students also were asked about how often they were with friends who drink alcohol. There was no statistically significant difference in how often these students reported being with friends who drink alcohol between pre- and post-intervention, $t(64) = 1.14, p = .26$. Students reported that they were, on average, with friends who drink alcohol “only once in a while” (where 1 = never, 2 = once in a while, 3 = sometimes, 4 = most of the time, 5 = all of the time) at both pre-intervention (Mean = 1.8, SD = 1.03) and post-intervention (Mean = 1.9, SD = 1.04). As shown in Figure 12, the majority of these students reported that they are never with friends who drink alcohol at both pre- and post-intervention and that alcohol is primarily drunk in a family setting on special occasions.

Figure 12. How often students reported being with friends who drink alcohol at pre- and post-intervention (n = 65 out of 215)



Students were also asked how often they are offered alcohol by their friends. There was no statistically significant difference in the number of times these students reported being offered alcohol by friends between pre- and post-intervention, $t(63) = -.83, p = .40$. At pre-intervention, students reported being offered alcohol, on average, less than once in the last month (Mean = .73, SD = .33) and slightly more than once in the last month (Mean = 1.22, SD = .51) at post-intervention. As shown in Figure 13, most students were never offered alcohol by their friends in the last month at both pre- and post-intervention.

Figure 13. How many times in the last month students reported being offered alcohol by their friends at pre- and post-intervention (n = 64 out of 215)

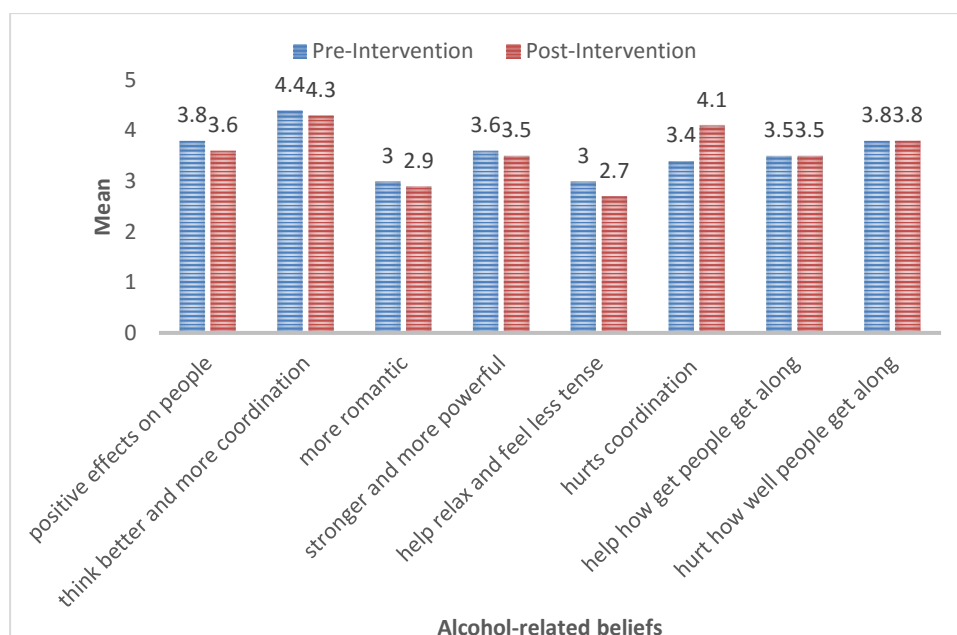


In order to assess their alcohol-related beliefs, students were asked 8 questions about their positive expectancies when drinking alcohol. Students were asked whether they believe that drinking alcohol helps people feel more romantic, think and have more coordination, be more powerful and stronger, be more relaxed and less tense and get along with other people (1 = strongly agree; 5 = strongly disagree). There were also two reversed coded questions asking whether drinking alcohol hurts how people think and their coordination and hurts how well people get along with each other (1 = strongly disagree; 5 = strongly agree).

Looking at the average score of these 9 items, there was no statistically significant difference in the means of their alcohol-related positive expectancies from pre- to post-intervention, $t(59) = .09$, $p = .93$. On average, students reported between neither agreeing or disagreeing (3) and disagreeing (4) regarding alcohol-related positive expectancies for pre-intervention (Mean = 3.6, SD = .61) and post-intervention (Mean = 3.6, SD = .52).

Looking at the individual questions, there were no statistically significant differences between pre- and post-intervention with one exception. As shown in Figure 14, students, on average, had significantly higher scores indicating agreement that alcohol hurts people's thinking and coordination at post-than pre-intervention, $t(59) = 3.76$, $p < .001$.

Figure 14. Students' alcohol-related expectancies at pre- and post-intervention (n = 59 out of 215)



2.6 Knowledge of Alcohol and its Effects

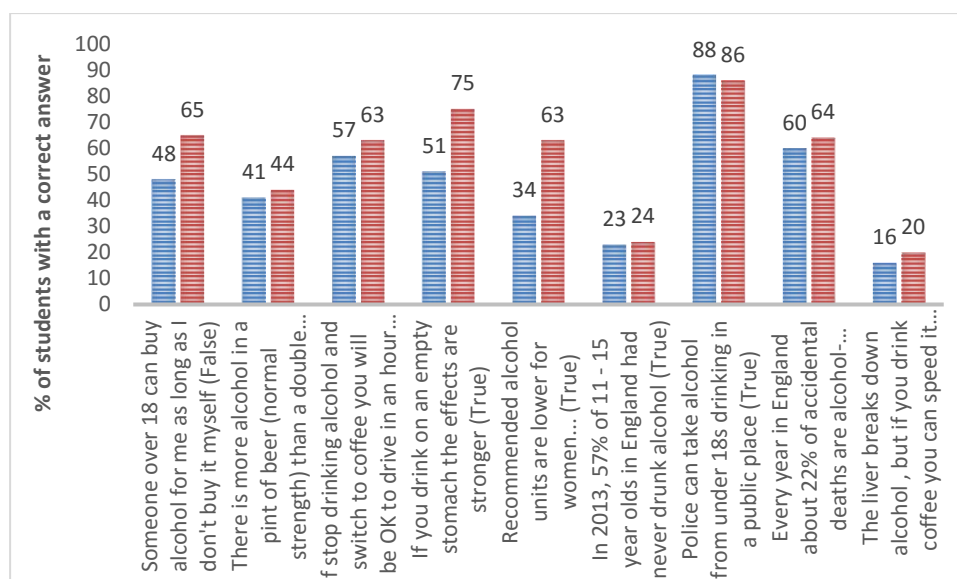
In order to assess their knowledge about alcohol and its effects, all students were asked nine true or false questions such as “Someone over 18 can buy alcohol for me as long as I don't buy it myself “ and “If you drink on an empty stomach the effects are stronger “.

Key Findings

There was an increase in students' number of correct responses on questions about alcohol and its effects from pre to post-intervention.

Students showed a statistically significant increase in the number of their correct responses from pre- to post-intervention, $t(214) = 5.67$, $p < .001$. On the pre-intervention questionnaire, on average, students had 3.87 (SD = 2.23) correct responses. On the post-intervention questionnaire, on average, students had 4.79 (SD = 1.95) correct responses. Figure 15 shows the percentage of students who answered each individual question correctly on the pre- and post-intervention questionnaires.

Figure 15. Students' knowledge about alcohol and its effects at pre- and post-intervention (n = 215)



2.7 Teacher Perceptions of Implementation

Teachers were asked a number of questions about the Talk about Alcohol Programme. There were multiple response questions that asked teachers to rate the following from 5 = Excellent to 1 = Poor (Questions 1 to 7), and a number of open-ended questions (Questions 8 to 15).

These included:

1. How easy was the Teacher Workbook to use?
2. How engaged were the pupils during the activities?
3. How flexible were the resources in adapting to pupils' needs?
4. How easy were the online resources to find and use?
5. To what extent did the teacher training session add value to your knowledge, skills and confidence in teaching pupils and using the resources? (only applicable if attended)
6. How helpful has the ongoing support offered by The Alcohol Education Trust been?
7. Overall, how would you rate the Year 8 Alcohol Education Project?
8. Please outline how the pupils have responded to the four alcohol education lessons. For example, grown in confidence, engaged well in learning, enjoyment etc.
9. In which part of the curriculum were the four alcohol education lessons delivered? For example, PSHE, tutor etc.
10. What were the positive and negative aspects of delivering the lessons in this subject?
11. How will this change your approach to alcohol education in the future?
12. Please outline any areas of the Alcohol Education Trust project that could be improved, and how?
13. What other alcohol education resources have you previously used?
14. How do the Alcohol Education Trust resources compare?
15. How likely is your school to continue using the Alcohol Education Trust resources? Please indicate in which particular year groups.

For **resources**, teachers (Q1) rated from the Teacher Workbook from Excellent (5) to Good (4). For Q3, one of the teachers rated the online resources as Excellent (5), while the other

teachers reported them as Good (4). For Q4, teachers also rated the resources were either Good (4) or Average (3) in adapting to pupils' needs. One teacher noted in Q10, "The negatives were that there could have been more variance in terms of the activities." But in Q14, this teachers also said, "They are on the whole good." In Q14, another teacher noted, "Very well, lot of variety, which is what the students need." A third also said in Q14, "Excellent in comparison as activities were created and information was more in depth."

For **teacher training and support**, all teachers rated Q5 and Q6 as Excellent (5). In Q12, one teacher noted, "All work given and support was excellent."

For **students' engagement**, all teachers gave a rating of Excellent (5) for Q2. In Q8, one teacher noted, "[students were] very engaged, enjoyed all the sessions, very keen to share their experiences." Another teacher wrote for Q8, "They enjoyed the sessions and learnt a lot through the sessions especially with regards to units and guidelines." The third teacher also noted in Q8, "All activities were completed well with a good level of understanding demonstrated."

Overall, two teachers reported the programme as Good and one teacher reported it as Excellent (Q7). One teacher commented, "Will continue to use the approach used from the alcohol project, thought it was excellent."

3. Conclusions

3.1 Discussion of Findings

The findings of the present evaluation support the conclusions of the previous matched evaluation, which showed Talk about Alcohol as an effective early intervention programme in delaying the onset of drinking alcohol, and improving knowledge about alcohol and its effects for participating students compared to those in control schools. We are pleased that in this intervention indications show effect in preventing an increase in the frequency of drinking and drunkenness.

As in the NFER evaluation, this study found increases over the year in the percentages of students who had had their first alcoholic drink and who reported drinking alcohol at least once per month from pre- to post-intervention as would be expected during this age period. These increases were slightly lower in terms of percentage points as the intervention group in the NFER evaluation during the same age period. Furthermore, these students showed no increases in the experience of being drunk or binge drinking from pre- to post-intervention, whereas the NFER evaluation found a 4% percentage increase. Overall, these findings are positive indications that students participating in the present evaluation may have had lower increases in alcohol use compared to those in the NFER evaluation. This could be due to a higher level of teacher training than in the NFER evaluation where training support was via email and phone rather than face to face.

Given that the intervention group showed lower levels of increase in comparison to the control group in the NFER evaluation, this suggests that the increases found in this study would also be lower than comparable students not participating in the programme. This is particularly noteworthy given that the students in the present evaluation reside in three areas of England where alcohol-related indices of harm are highest for under 18's, whereas the NFER evaluation focussed on the general school-age population. The inclusion of a control group would provide more substantial evidence of this assumption.

The present evaluation showed significant differences among some of the schools regarding increases in the percentage of students who had had their first whole alcohol drink from pre- to post-intervention. Further analysis revealed that two of the schools showed higher increases in the percentages of students who had had their first alcohol drink in comparison to two other schools. It is possible that implementation differences resulted in varying levels of effectiveness of the Talk about Alcohol programme in delaying the onset of drinking alcohol. Further examination of school-level differences in the remainder of the alcohol-related outcomes will be possible once the data are entered for the entire sample.

In addition, there was an increase in students' knowledge about alcohol and their understanding that alcohol hurts one's coordination and thinking skills. Students also experienced a change in their perceptions of peer and parent alcohol-related norms. Students' responses further showed greater accuracy in reporting how many of their peers drink alcohol. Students were also more likely to report that their parents did not approve of their drinking alcohol from pre- to post-intervention. Together, these findings show improvement in students' knowledge about alcohol and its effects, their understanding of the extent to which students their age drink alcohol and their perceptions about their parents' approval of their alcohol use.

In terms of alcohol-related refusal skills, there were no changes in the students self-reported efficacy to resist drinking alcohol. Future examination of refusal skills may show improvement when these students are older and confront more alcohol-related situations. As it stands, these students now reported that they agree they can resist drinking alcohol in all suggested situations. There were also no changes in the extent to which they were with friends who drank alcohol and how often their friends offered them alcohol, suggesting that their friendship networks did not change. In line with the increases in their own alcohol use, they also reported increases in their friends' use of alcohol. Further investigation of whether these increases in their friends' use of alcohol are related to increases in their own use of alcohol can be examined if the full data are entered.

The findings of this evaluation also provide important contextual information about the onset of drinking alcohol. Of the students who had had a whole alcoholic drink in the present evaluation, most were aged 12 to 13. However, considering that one in four students had had a whole alcoholic drink at age 11 or younger, the Talk about Alcohol preventative approach might be appropriate at a slightly earlier age, such as in Year 7, to delay the onset of drinking for this high-risk group, at 'transition' with a parental element before students move to secondary schools.

The study further highlights that the family plays an important role in both the onset and continuity of drinking alcohol. A majority of the students in the present evaluation reported that they had had their first alcoholic drink in the presence of their parents at home. They also reported that they continued to drink alcohol with their parents or siblings in their house while their parents were home. This further highlights the importance of the parent component of the Talk about Alcohol programme which aims to support parents in making responsible decisions for their children, acting as role models and setting appropriate boundaries regarding alcohol consumption.

In summary, the findings of this evaluation suggest that the Talk about Alcohol programme is an effective intervention programme in high-risk areas for alcohol-related indices of harm for under 18's. However, continued fidelity to the talk about alcohol programme in Year 9 will be a key aspect of its continued effectiveness. This is furthered underscored by the enthusiasm of the participating schools, with 100% wishing to complete the two additional lessons in Year 9.

3.2 Limitations and Next Steps

The present evaluation was limited in terms of its budget constraints. As a result, the findings of the present evaluation need to be viewed in light of the fact that only a proportion of students' data were entered and analysed in full. In order to assess the significance of the data, it would be essential to examine the full sample in further analyses. This will ensure that the findings are representative of the full sample and that their significance is shown in a larger sample. Another related issue is that two of the schools were unable to return their post-intervention surveys in time for data analysis. It is necessary to examine data from all of the participating schools in order to determine whether findings were consistent among schools.

Regarding next steps, a more robust evaluation would include a matched control group. The inclusion of a control group of students attending schools in the same three areas would provide greater assurance that the Talk about Alcohol programme has had a significant effect on alcohol use in comparison to a matched group of students who did not participate in the programme. A further next step would be the continuation of the programme in Year 9, with the collection of follow up data. Follow-up data gathered in Years 9 and 10 would help demonstrate whether the Talk about Alcohol programme has long term effects on delaying the onset of alcohol and reducing the frequency of alcohol use.

4. Tables

Table 1. Characteristics of the Analytic Sample and NFER Intervention Sample

Variables	% in Analytic Sample	% in NFER Sample at Baseline
Area		
The Isle of Wight	34	n/a
Burnley	9	n/a
East Tyneside	56	n/a
Gender		
Male	47	49
Female	53	50
Living Arrangements		
Both parents	69	n/a
Mother only	19	n/a
Father only	1	n/a
Mother and Stepfather	8	n/a
Father and Stepmother	0	n/a
Other	3	n/a
Siblings		
None	8	8
One	35	40
Two	27	28
Three	17	13
Four or more	13	11
Ethnicity		
White British	92	70
Asian	5	13
Black	1	6
Mixed	3	6
Other	0	5
Number of books in the home		
None	3	1
Few (1 to 10)	14	7
One shelf (11 to 50)	29	22
One bookcase (51-100)	24	26
Two bookcases (101-200)	15	19
Three bookcases (more than 200)	15	24
Missing	0	1
Free school meals		
Yes	13	10
No	82	84
Don't know/Missing	5	6

Note. n/a = not available.

Table 2. Relationships and Wellbeing of Analytic Sample: Pre and Post-Intervention

Variables	Pre- Intervention	Post- Intervention	Significant Difference?
	Percentage of Students		
Mother relationship			$t = .23$
Very good	92	92	
Okay	8	8	
Poor	0	0	
Father relationship			$t = -.58$
Very good	80	77	
Okay	16	17	
Poor	4	6	
Other caregiver relationship			$t = .70$
Very good	72	70	
Okay	24	28	
Poor	4	2	
Like going to school			$t = -1.19$
Strongly Agree	17	15	
Agree	48	48	
Neither Agree nor Disagree	24	25	
Disagree	8	9	
Strongly Disagree	3	3	
Always do homework			$t = -1.85$
Strongly Agree	37	31	
Agree	41	43	
Neither Agree nor Disagree	16	17	
Disagree	4	5	
Strongly Disagree	2	3	
School work worth doing			$t = -1.38$
Strongly Agree	46	43	
Agree	44	41	
Neither Agree nor Disagree	8	14	
Disagree	1	1	
Strongly Disagree	1	1	
Always behave in school			$t = -.19$
Strongly Agree	34	33	
Agree	44	45	
Neither Agree nor Disagree	18	19	
Disagree	3	3	
Strongly Disagree	1	0	
Enjoy learning			$t = -.61$
Strongly Agree	17	22	
Agree	52	37	
Neither Agree nor Disagree	23	32	
Disagree	6	6	
Strongly Disagree	2	2	
School work waste of time			$t = 2.08^*$
Strongly Agree	1	1	
Agree	2	5	
Neither Agree nor Disagree	17	23	
Disagree	48	39	

Strongly Disagree	32	32	
Often late for school/lessons			$t = -.45$
Strongly Agree	2	1	
Agree	4	4	
Neither Agree nor Disagree	9	7	
Disagree	32	36	
Strongly Disagree	53	52	
Skip school/lessons			$t = -.33$
Strongly Agree	1	1	
Agree	1	1	
Neither Agree nor Disagree	1	1	
Disagree	14	14	
Strongly Disagree	83	83	
Life going well			$t = -2.27^*$
Strongly Agree	52	47	
Agree	37	40	
Neither Agree nor Disagree	10	10	
Disagree	1	2	
Strongly Disagree	0	1	
Unhappy/depressed			$t = -.06$
Strongly Agree	1	2	
Agree	5	3	
Neither Agree nor Disagree	14	15	
Disagree	34	32	
Strongly Disagree	46	47	
Health is good			$t = -.75$
Strongly Agree	49	43	
Agree	39	46	
Neither Agree nor Disagree	10	10	
Disagree	1	0	
Strongly Disagree	1	1	
When worried, have people to talk to			$t = -1.40$
Strongly Agree	50	50	
Agree	37	32	
Neither Agree nor Disagree	7	12	
Disagree	5	2	
Strongly Disagree	1	5	
Can't concentrate			$t = -1.08$
Strongly Agree	8	5	
Agree	16	10	
Neither Agree nor Disagree	21	24	
Disagree	34	40	
Strongly Agree	21	21	
Feel confident			$t = -1.10$
Strongly Agree	25	20	
Agree	45	46	
Neither Agree nor Disagree	20	28	
Disagree	9	4	
Strongly Agree	1	2	

Note. $*p < .05$

