



# Helena Conibear

## CEO and Founder

### Alcohol Education Trust

**Drug and alcohol education: Evidenced, practical approaches that build knowledge, safer decision making and life skills**

# The Alcohol Education Trust

A national charity that works with schools, parents, carers, health workers, youth outreach teams, and young people aged 11-25 to prevent underage drinking, reduce drunkenness and its associated harms and help keep young people safer around alcohol

**Drug and alcohol education: Evidenced, practical approaches that build knowledge, safer decision making and life skills**

**Helena Conibear, CEO, The Alcohol Education Trust**

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EARLY  
INTERVENTION  
FOUNDATION



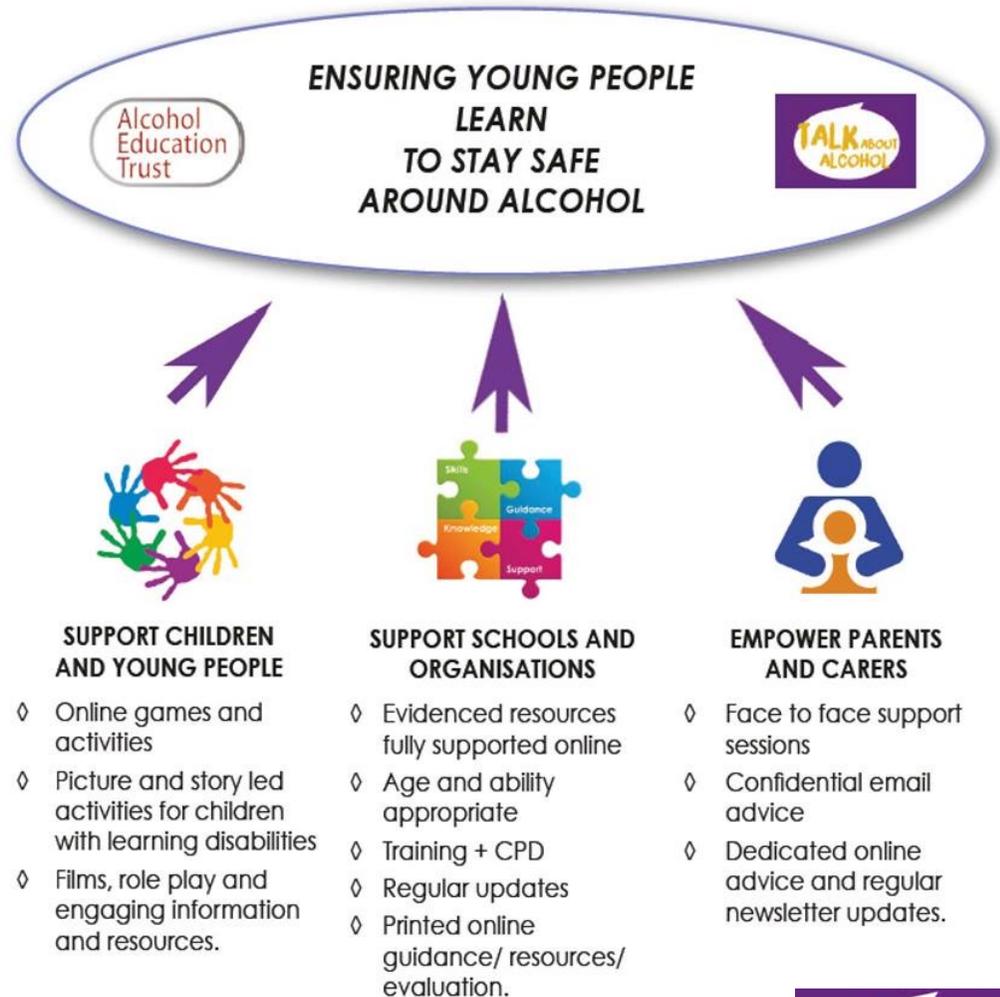
**Alcohol  
Education Trust**  
Keeping young people  
safe around alcohol



# The AET charity

## Our mission and goals

A joined up approach to reduce alcohol related harm

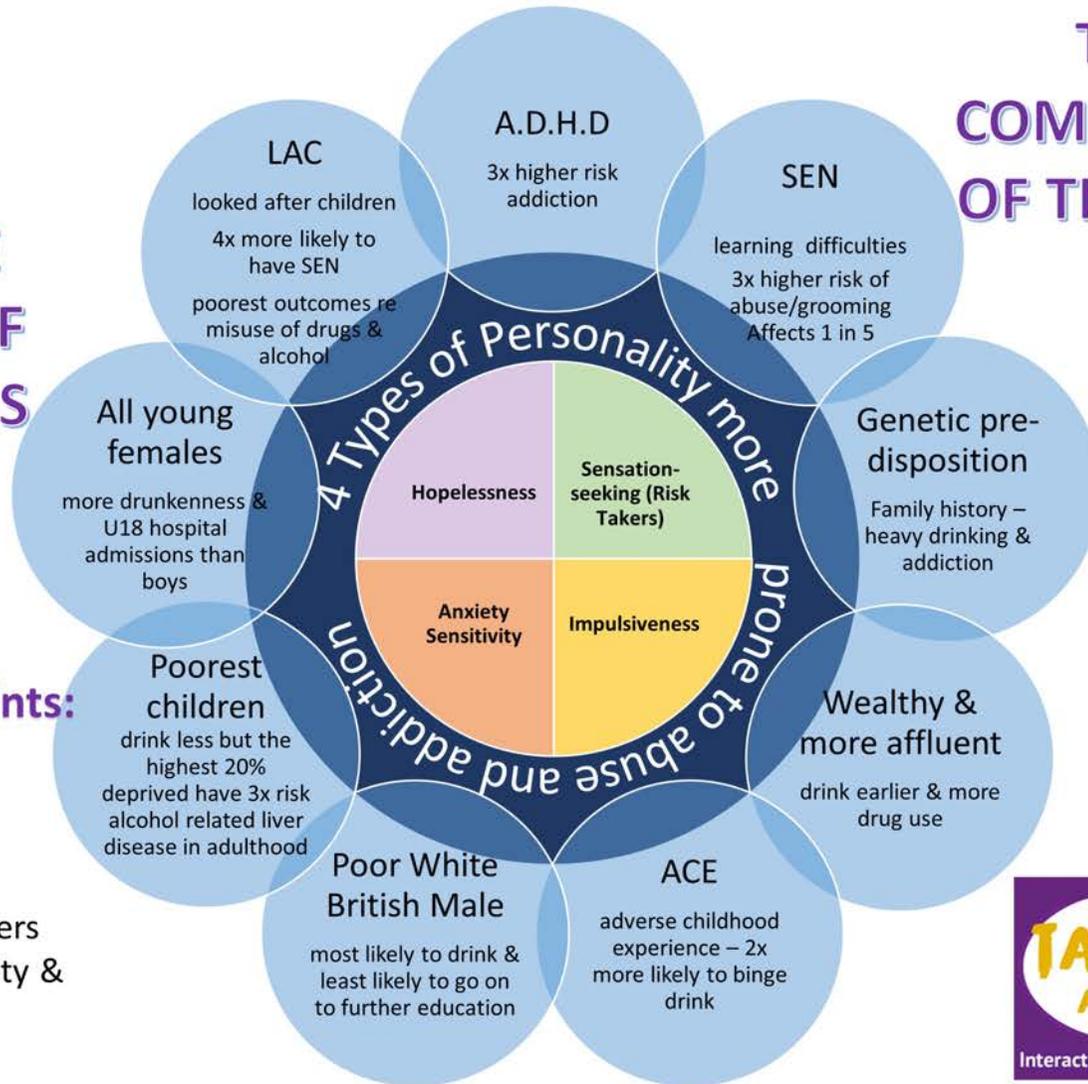


- Raise the age of onset of drinking whole drinks from the current age of 13
- Reduce the prevalence and social acceptability of binge drinking and drunkenness
- Ensure the life chances of young people most vulnerable to alcohol harm and abuse are improved
- Reduce the accidents, violence, assault and harm caused by excess alcohol to young people and the community
- Encourage diversionary activities for young people that reduce anti-social behaviour crime and onset of drinking



# THE COMPLEXITY OF THE TASK

## YOUNG PEOPLE MOST AT RISK OF ALCOHOL HARM



### Key AET Intervention points:

- ➔ Transition from Primary to Secondary school
- ➔ Tipping point Age 13  
Ave. age 1<sup>st</sup> whole drink
- ➔ Look away from family to peers
- ➔ Transition to college/university & leaving home



# What issues are we facing with Under 25's

## General

- 11,610 alcohol-specific **hospital admissions for under 18's** between 2016-18 .The UK is one of the few countries in the world, where more girls are admitted than boys. That's 10 young people a day
- **Age 13 age of first WHOLE** drink overwhelmingly supplied by parents
- **Poly use ( with cannabis)** - There were a **record number of exclusions from school for drugs and or alcohol**, more than 9000 in 2016/17 . **88% of young people in specialist services primarily there for cannabis**, more than all other substances put together (Public Health England 2017)
- Social media: glamorization and FOMO – hard to regulate or monitor

## COVID specific

Anxiety and loneliness

Social Media: House party and virtual challenges

Isolation and lack of other things to do at University

Unregulated and unsupervised house parties and raves

**Post lockdown** – Summer of celebration/Euros/festivals



# What issues are we facing with Under 25's

Emphasis on personal safety, consent, unintended consequences

**Biggest risks for young adults are:**

- Emergency admissions
- Violence/property crime
- High risk intercourse



Alcohol: School-based interventions - University of York/ York Health Economics Consortium 2018

Among 16 to 24-year-olds, more than **40% of girls and 31% of boys reported having had unprotected sex after binge drinking.**

British Medical Journal, 2016

**Early regular alcohol use** linked to increased risk of cannabis use and **other negative risk taking** as well as a **drop in academic attainment** and an increased long term risk of alcohol dependency.



# Framework for RSHE from DfE

To embrace the challenges of creating a happy and successful adult life, pupils need knowledge that will enable them to **make informed decisions about their wellbeing, health and relationships and to build their self-efficacy**. Pupils can also put this knowledge into practice as they develop the capacity to **make sound decisions when facing risks, challenges and complex contexts**.

These subjects can support young people **to develop resilience, to know how and when to ask for help, and to know where to access support**.

High quality, **evidence-based** and **age-appropriate** teaching of these subjects can help prepare pupils for the opportunities, responsibilities and experiences of adult life. They can also enable schools to promote the spiritual, moral, social, cultural, mental and physical development of pupils, at school and in society.

*At the heart of these subjects there is a focus on keeping children safe, and schools can play an important role in preventative education*

It is important for schools to **promote pupils' self-control** and ability to self-regulate, and **strategies for doing so**.

**This integrated, whole-school approach** to the teaching and promotion of health and wellbeing has a potential **positive impact on behaviour and attainment**.

- Effective teaching should aim to **reduce stigma attached to health issues**. Schools should engender an atmosphere that **encourages openness**. This will mean that pupils feel they can **check their understanding** and **seek any necessary help** and advice as they gain knowledge about how to promote good health and wellbeing.
- Emphasis should continue to be given to steps pupils can take to **protect and support their own health and wellbeing**. They should know that there is a relationship between good physical health and good mental wellbeing and that this can also influence their ability to learn.

# Framework for PSHE from DfE - Drugs alcohol and tobacco

*At the heart of these subjects there is a **focus on keeping children safe**, and schools can play an important role in **preventative education**.*

## **Pupils should know**

- the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.
- the law relating to the supply and possession of illegal substances.
- the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.
- the physical and psychological consequences of addiction, including alcohol dependency.
- awareness of the dangers of drugs which are prescribed but still present serious health risks.
- the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.

***All of these subjects should be set in the context of a wider whole-school approach to supporting pupils to be safe, happy and prepared for life beyond school.***

Schools will retain freedom to determine an **age-appropriate, developmental curriculum** which meets the needs of young people, is developed **in consultation with parents** and the local community.

## What is the evidence base mentioned?

### National Institute for Clinical Excellence Alcohol Education (NICE 2019)

Use a [spiral curriculum](#) when planning and delivering alcohol education.  
use **positive approaches** to help pupils to make informed, safe, healthy choices

Encourage pupils **to take part in discussions. Active skills-based learning**

**Avoid unintended consequences** (for example the pupil becoming curious about alcohol)

**Avoid using scare tactics**

**Avoid only giving out information**, for example by lectures or leaflets.

**Ensure it is appropriate for age and maturity** and aims to minimise the risk of any unintended adverse consequences

**Tailor it to take account of each pupil's learning needs and abilities**

**Tailor it to the group's knowledge and perceptions** of alcohol and alcohol use and is **socio-culturally relevant**

Take into account that those aged 18 and over can legally buy alcohol.

# What is the evidence base mentioned?

## National Institute for Clinical Excellence Alcohol Education (NICE 2019)

Ensure all involved in giving the alcohol education sessions are aware of the school's process for handling confidential disclosures.

**Ensure pupils understand: how they can raise any concerns** and how they will be supported  
That any information or concerns they disclose will be dealt with at an appropriate level of confidentiality

**Use clear referral pathways**, for example into school nursing, school counselling, early help services, voluntary sector services, young people's drugs and alcohol services or to a youth worker, as needed

**Make clear how disclosures will be handled** if there are safeguarding concerns. Involve the pupil and their parents or carers, as appropriate, in any consultation and referral to external services.

**Avoid treating pupils in a way that could:**

**stigmatise them** or encourage them to see themselves as likely to **use alcohol** or have a **negative impact on their self-esteem.**

**Avoid normalising unhealthy drinking behaviours**

**Clear goals and outcomes, and effective monitoring and evaluation**

# What does this translate to in the classroom? Are we asking too much of PSHE leads, tutors and non-specialists expected to teach specific topics?



- Know children best after parents and carers
- Whole school ethos committed to improving health and wellbeing.  
*'Safe guarding cannot be good or outstanding if PSHE is poor and not part of a whole school ethos' OFSTED*
- Outstanding PSHE ( pupils feeling valued) linked to higher attainment
- The importance of PSHE cpd and training - A good trained lead can cascade knowledge and skills
- Allow enough time – PSHE provision survey shows lesson time allowed had fallen by 32% in 4 years – outstanding OFSTED closely linked to outstanding PSHE
- Sharing best practice and good resources through PSHE hubs and regional groups

# Building spirals of learning – knowledge alone doesn't change behaviour

- Avoiding lecture or scare mongering
- Avoiding repeating information – build on knowledge and skills year on year (pupils cite boring and repetitive)
- No more than 15 minutes facts in a lesson –built through active learning such as 4 hoops or 4 corner methods followed by a 20 minute activity and discussion
- Avoiding focusing on extremes of behaviour



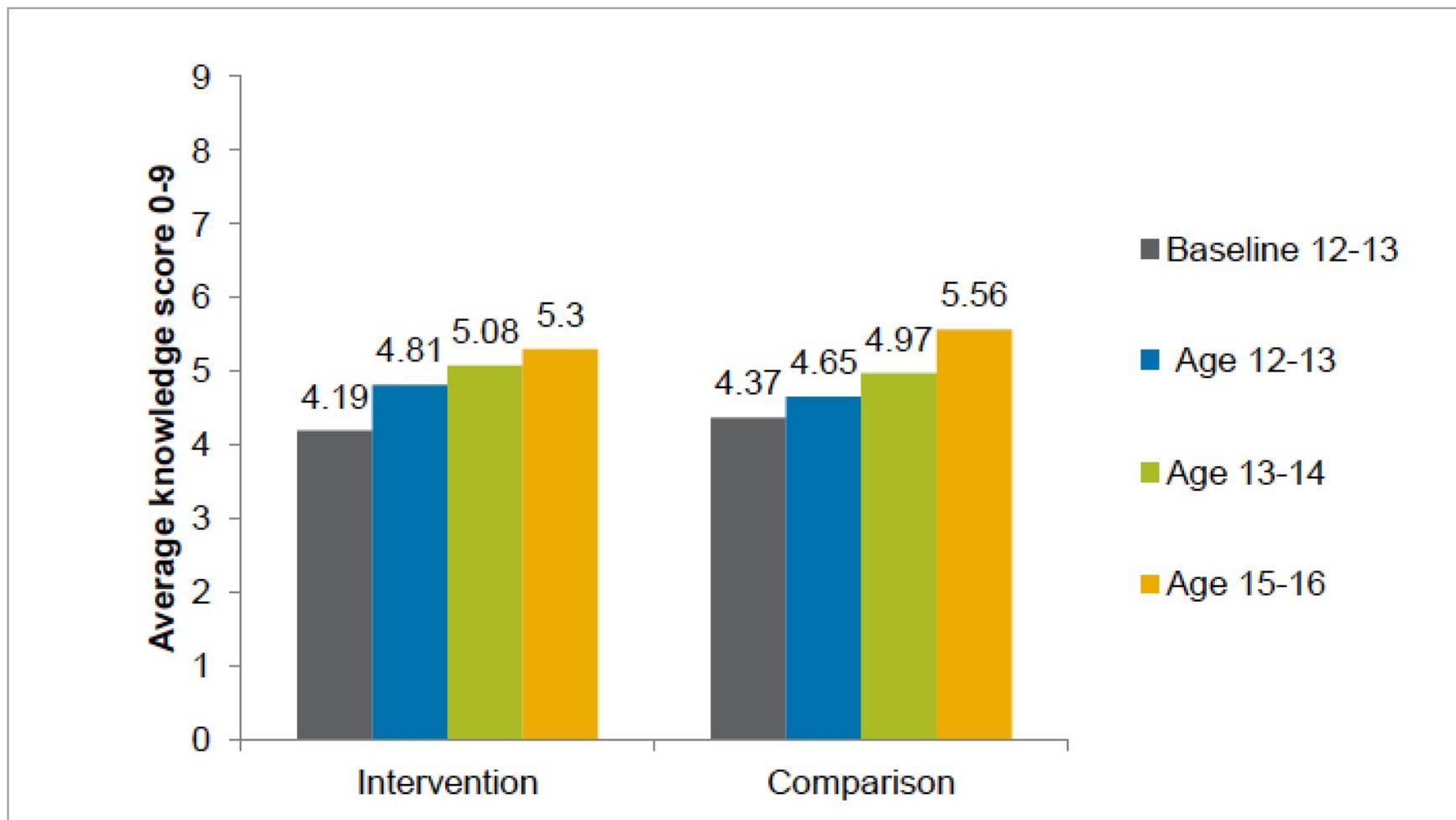
# Knowledge alone doesn't lead to behaviour change

Evaluation of *Talk about alcohol* programme among 4000 children in 30 matched schools by NFER 2011- 15

**Table 1: Numbers of respondents**

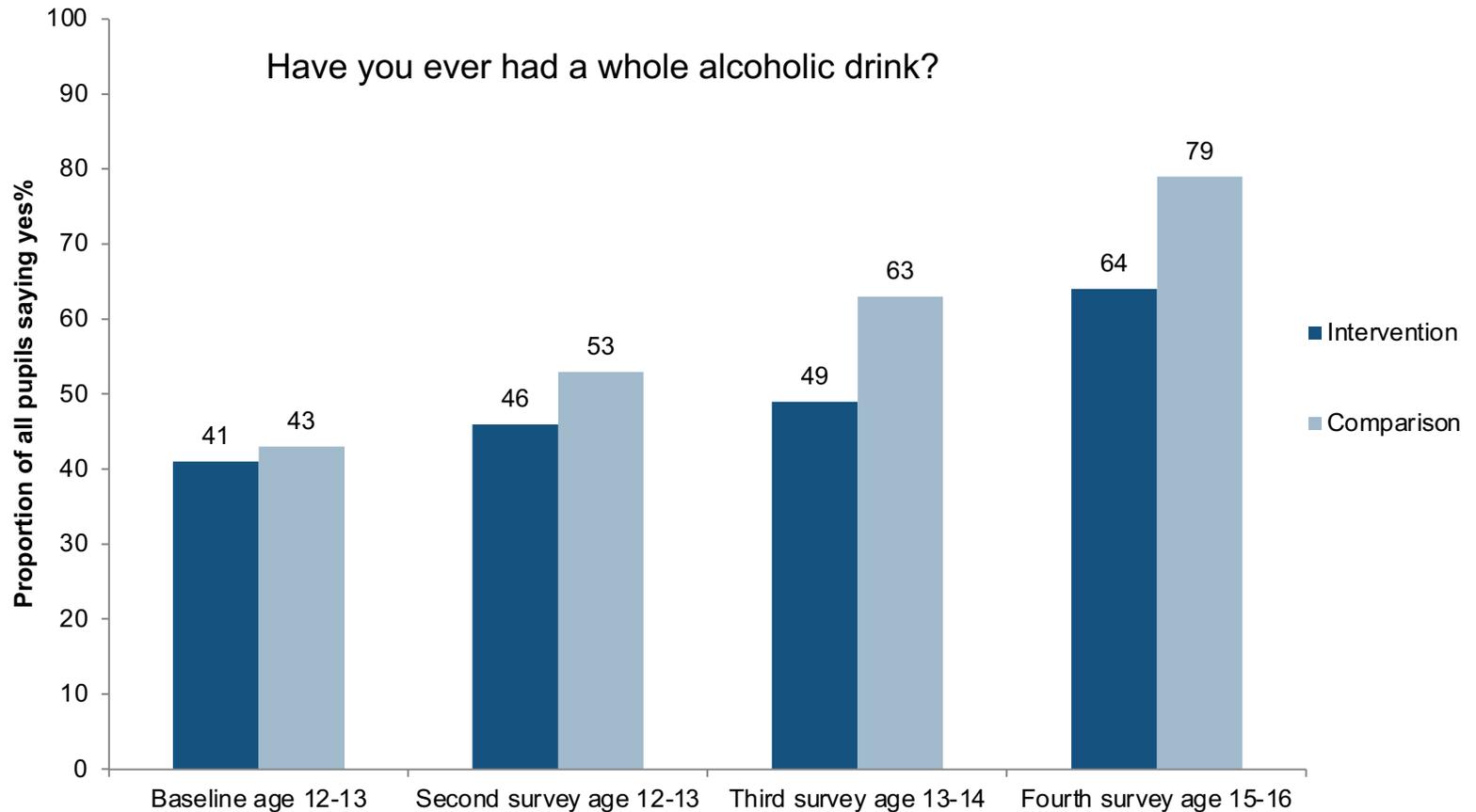
	Intervention		Comparison		Timing
	N of schools	N of students	N of schools	N of students	
Baseline (age 12-13)	16	2142	17	2268	(Year 8) November 2011- January 2012
Second survey (age 12-13)	16	2203	17	2095	(Year 8) May 2012-June 2012
Third survey (age 13-14)	15	2015	15	1904	(Year 9) May 2013-July 2013
Fourth survey (age 15-16)	8	900	10	1146	(Year 11) January–March 2015

Figure 7: Average knowledge scores (0-9) across all students



# Ever had an alcoholic drink?

- 40% of 4000 Year 8 pupil sample had already had a whole alcoholic drink  
Knowledge levelled over time between the two groups
- Statistically significant difference in update of drinking between groups
- Impact on delaying first alcoholic drink got stronger over time among pupils having *6 talk about alcohol* lessons versus other alcohol education



# Age, experience and ability appropriate

- **Life skills approach** ( building general resilience and self esteem **to age 11**), research suggests too much information at an early age can trigger curiosity and experimentation
- Prevention is key and **Year 8/9 ‘tipping point’** before whole drinks and drinking out of family setting, **building of knowledge, correct norms, resilience and rehearsal strategies.**
- Moving to **harm minimisation** (how to stay safe, more practical and fact led, reflection on consequences of decisions) tailored for class experience Year 10 onwards
- **Differential scheme of work ( and age) for SEN**  
(colours/pictures/traffic lights/emojis/distancing techniques)
- **Sensitivity to pupil family context** - importance of trusted facilitator aware of culture, trauma and experience of young people
- **Depersonalise scenarios** used in group work /questions for discussion

## Achieving behaviour change around alcohol a complex task

### **Preventative approaches**

- Delaying age of initiation of drinking alcohol ( especially whole drinks) Currently age 13 in England and Scotland
- Parental attitudes to supply of alcohol to underage

### **Harm minimisation approaches**

- Prevalence and acceptability of binge drinking and getting drunk
- Reducing use of alcohol as a coping mechanism
- Reducing amount drunk and harms resulting from use
- Reducing stigma of asking for help and support

# Resilience and self-efficacy

- Role play (fudging and excuse building)
- Rehearsal strategies (conscience alley/alcohol clock)
- Categorising risk based on realistic scenarios (risk continuum **low medium high**)
- Remember to depersonalise
- Building self esteem and looking out for friends (what advice could you give/design a campaign)



# A holistic positive approach addressing peer influence, school, family and community

## **Protective factors that reduce negative risk taking**

- Strong family bonds
- Clear family rules and monitoring
- Family involvement in life of young person
- Successful school experiences
- Strong bonds with community or clubs/ activities
- A caring relationship with at least one adult

Parents/carers are also the key supplier of alcohol to underage drinkers (60 -70%). A permissive parenting approach makes drinking outside of the home more likely at a younger age

# Scare Tactics and fear arousal?

- Avoid moralizing, lived experiences of addiction and scare tactics
- Facilitating young people coming up with better choices themselves through role play, rehearsal strategies and managed interaction
- Focus on issues relevant to the young peoples lives
- Prepare them for the challenges they may face ( peer pressure/parties)
- Practical strategies to stay safer as they get older
- Strategies to recognise and respond to risk



*Change their normative thinking – am I normal? The importance of fitting in*



## Guidance: avoid normalising unhealthy drinking behaviours

Most young people, parents/carers and professionals significantly over estimate the % of young people who binge drink and get drunk. Rephrasing of group work questions gently adjust norms for example:

- Why do 80% of young adults choose not to get drunk? /versus why do people binge drink?
- Why do you think 75% of under 16 year olds think it's unacceptable to drink weekly?
- Importance of understanding the pressures teenagers are facing wanting to be popular, fitting in and socialising. Just saying 'don't or using fear arousal shown to be ineffective

# monitoring and evaluation techniques

## Baseline assessment of knowledge and perceptions

( quiz/hot seat/cross the circle)

## Immediate last five minutes of lesson

- Roll the dice/blow up microphone/Beach ball
- What worked well/even better if
- Something that surprised you
- A new fact you learnt today

**End of topic** (revisit baseline questions/design a campaign/what advice could someone give a friend)

runzfon



# How can The Alcohol Education Trust support you?

- **6 ready to deliver power points mapped to DfE guidance for KS3**
- **100 page teacher workbook** by topic and by Year Group. Enrichment activities, games, quizzes which focus on building resilience, life skills, and positive approaches that engage young people in informed decision making and safer choices.
- **4 lessons for children with SEN** developed with SEN specialists Image in Action, using colours/emojis and pictures with a full activity box of resources
- **Fully supported on line via [www.alcholeducationtrust.org](http://www.alcholeducationtrust.org)**
- **Interactive on line learning zone [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)**
- **Training for teachers and health professional**
- **6<sup>th</sup> form assemblies and workshops (alcohol and cannabis)**
- **Workshops/on line for parents and carers** that engages the community and parents and carers who are the prime suppliers of alcohol to underage drinkers.
- **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.



- ✓ Widely used
- ✓ Easy to implement
- ✓ Full support package
- ✓ Key resources free to schools
- ✓ Proven to delay the onset of drinking



# Take away question: why is so little invested in early intervention and prevention?



“an ounce of prevention is worth a pound of cure” Benjamin Franklin

The free to access (including training) Talk About Alcohol schools programme, costs just 50p per child. Rated in top 70 programmes for impact by The Early Intervention Foundation international evidence review.



[Owen et al \(2011\)](#) summarised evidence relating to around 200 public health interventions, including smoking and alcohol prevention and physical activity. The research showed that the vast majority of these interventions are highly cost-effective, in most cases far below the typical NICE threshold of £20,000 per Quality-Adjusted Life Year (QALY).

# The importance of using resources that work evaluated to significantly delay drinking

- Talk about alcohol rated 3/3 for impact and 5/6 quality of evaluation by DfE commissioned Centre for Analysis for Youth Transitions
- Selected by The Early Intervention Foundation as one of the 70 best early intervention programmes worldwide <http://guidebook.eif.org.uk/>
- European Platform for Investment in Children (EPIC) selected as Promising practice
- For the evaluation reports see: [Evaluation & Case Studies | Alcohol Education Trust](#)
- [www.nfer.ac.uk/publications/AETE01/AETE01.pdf](http://www.nfer.ac.uk/publications/AETE01/AETE01.pdf)  
[www.tandfonline.com/doi/full/10.1080/14635240.2014.915759](http://www.tandfonline.com/doi/full/10.1080/14635240.2014.915759)



Evidence for  
Excellence in  
Education

• independent • insights • breadth • connections • outcomes



# The Alcohol Education Trust

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View all resources on line via [www.alcholeducationtrust.org](http://www.alcholeducationtrust.org) and [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com) to access resources and email [kate@alcholeducationtrust.org](mailto:kate@alcholeducationtrust.org) for model lesson plans and talk about alcohol programme

The Alcohol Education Trust is a charity dedicated to working with 11 – 25 year olds, schools and parents across the UK

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