

Interventions in secondary schools and further education to prevent alcohol misuse

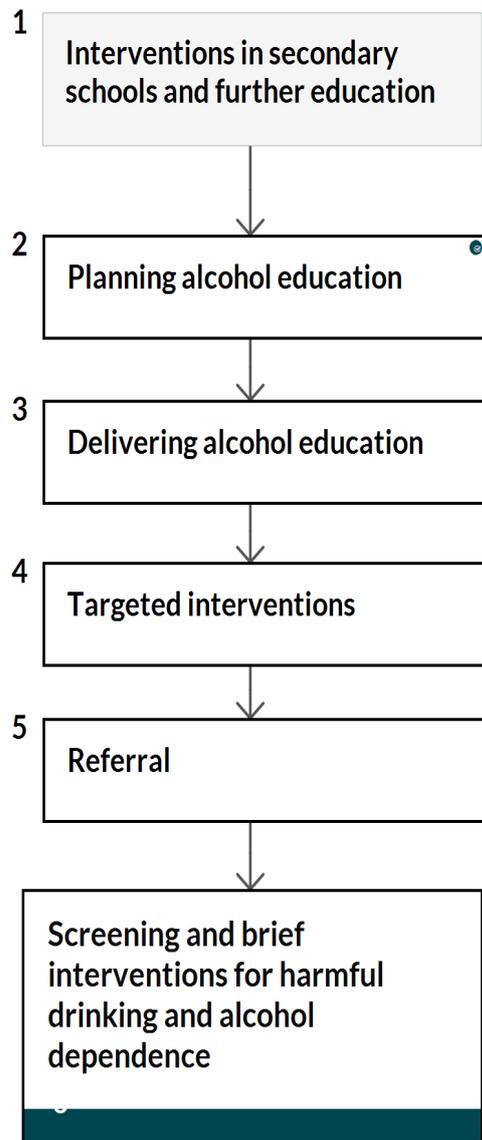
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/alcohol-use-disorders>

NICE Pathway last updated: 12 May 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Interventions in secondary schools and further education

No additional information

2 Planning alcohol education

Organising alcohol education

Plan and deliver alcohol education ([universal and targeted interventions \[See page 9\]](#)) as part of a [whole-school approach \[See page 9\]](#) to relationships education, RSE and health education or PSHE. Do this by using, for example:

- classroom curriculum activities
- pastoral support, school policies (including school ethos) and other actions to support pupils in the wider [school \[See page 9\]](#) environment
- activities that involve parents or carers, families and communities (see [make it as easy as possible for people to get involved in the NICE Pathway on community engagement](#)).

Ensure those planning and delivering relationships education, RSE, health education or PSHE have the materials, planning time and training they need to support, promote and provide alcohol education. Be aware that there are resources available that can be used for planning and delivering alcohol education (see the [Department for Education's guidance on relationships education, RSE and health education](#)).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Planning alcohol education content

Use a spiral curriculum when planning and delivering alcohol education.

When planning alcohol education:

- ensure it is appropriate for age and maturity and aims to minimise the risk of any unintended adverse consequences (see also the recommendation on structuring alcohol education in [delivering alcohol education \[See page 5\]](#))
- 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

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

Think about how to adapt alcohol education for pupils with special educational needs and disabilities so that it is tailored to the pupil's learning needs, abilities and maturity (see chapter 6 of the [Department for Education's SEND code of practice: 0 to 25 years](#)).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Using external providers

If using external providers to supplement alcohol education:

- use providers offering content that is consistent with the school's planned alcohol education
- follow guidance on quality assurance and delivery (see the section on working with external agencies in the [Department for Education's guidance on relationships education, RSE and health education](#)).

See also the recommendation on using additional support in [delivering alcohol education](#) [See [page 5](#)].

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Confidentiality

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
- how disclosures will be handled if there are safeguarding concerns.

Use existing school policies to deal with problems (such as bullying) that may arise if a pupil's disclosures are inappropriately shared by other pupils.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Referral pathways

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.

See also the [recommendations on referral \[See page 7\]](#).

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Alcohol: preventing harmful alcohol use in the community

3. Alcohol education
4. Schools and colleges involve parents, carers, children and young people

3 Delivering alcohol education

Structuring alcohol education

When delivering alcohol education, aim to:

- use a positive approach to help pupils to make informed, safe, healthy choices
- encourage pupils to take part in discussions
- avoid unintended consequences (for example the pupil becoming curious about alcohol and wanting to try it, or substituting it with another substance)
- avoid using scare tactics
- avoid only giving out information, for example by lectures or leaflets.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Using additional support

Use school nurses, local public health officers and drug and alcohol services or other external providers to provide additional support for alcohol education.

See also the recommendation on using external providers in [planning alcohol education](#) [See [page 3](#)].

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

4 Targeted interventions

Selecting pupils

When selecting pupils to offer a targeted intervention to, avoid treating them in a way that could:

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

When using targeted interventions, always seek to involve the pupils in decisions about them and the interventions offered to them.

Seek consent to include a pupil in a targeted intervention. This should be from the pupil themselves, or the pupil's parent or carer, as appropriate to the situation.

Offer a targeted individual or group intervention (for example counselling or a brief intervention) to pupils who are assessed as [vulnerable to alcohol misuse](#) [See [page 9](#)].

Ensure a targeted group intervention is appropriate for the age and maturity of the pupils and aims to minimise the risk of any unintended adverse consequences and stigma (see the recommendation below on avoiding unintended consequences of group interventions).

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

Tailoring

For each person or group offered an intervention, identify their specific risk factors, vulnerabilities and any concerns about their behaviour so that the intervention can be tailored to their needs. Use, for example:

- formal sources of information about risk factors (for example information provided by a [level of needs assessment \[See page 9\]](#), children's services [including children's social care] or through the [whole-school approach \[See page 9\]](#))
- informal sources of information about pupils' behaviour (for example reports from the local community informing the school after witnessing pupils drinking alcohol).

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Avoiding unintended consequences of group interventions

Avoid normalising unhealthy drinking behaviours when delivering targeted group interventions (for example by not mixing different age groups).

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

5 Referral

Use safeguarding arrangements to refer pupils for extra support if they have:

- raised concerns, for example about alcohol-related harm **or**
- had concerns raised about them (see the [Department for Education's keeping children safe in education](#)).

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Involve the pupil and their parents or carers, as appropriate, in any consultation and referral to external services.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

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Screening and brief interventions for harmful drinking and alcohol dependence

See Alcohol-use disorders/Screening and brief interventions for harmful drinking and alcohol dependence

An agreed threshold document from the LSCB or safeguarding partnership that sets out risk factors and considerations for what to do when worried about a child. (From September 2019, all local authority areas in England should have completed their transition from LSCBs to safeguarding partnerships.)

For the purposes of this guidance, all schools (including academies, free schools and alternative provision academies) and pupil referral units (see the Department for Education's [explanation of types of school](#)) and further education and sixth-form colleges as set out under the Further and Higher Education Act 1992 (see the Department for Education's [keeping children safe in education](#)).

Universal alcohol education addresses all pupils in the school and is delivered to groups of pupils without assessing for risk. Targeted interventions are for children and young people who are not necessarily seeking help but are identified as being vulnerable to alcohol misuse because of risk factors that they have.

This may include children and young people:

- whose personal circumstances put them at increased risk
- who may already be drinking alcohol
- who may already be regularly using another harmful substance, such as cannabis.

An ethos and environment that supports learning and promotes the health and wellbeing of everyone in the school community. The aim is to ensure pupils feel safe, happy and prepared for life in and beyond school. It covers:

- curriculum subjects
- general school policies on social, moral and spiritual wellbeing
- cultural awareness.

It also promotes a proactive relationship between the school, children, young people and their parents or carers, outside agencies and the wider community.

Glossary

PSHE

Personal, Social and Health Education

RSE

relationships and sex education

Spiral curriculum

(a course of study in which pupils study the same topics in ever-increasing complexity throughout their time at school to reinforce previous lessons)

Targeted intervention

(intervention for children and young people who are not necessarily seeking help but who have risk factors that make them vulnerable to alcohol misuse)

Sources

[Alcohol interventions in secondary and further education](#) (2019) NICE guideline NG135

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in

their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.