Executive summary

The Alcohol Education Trust (AET) provides evidence–based and peer-reviewed resources for teachers, young people aged 11-18 and their parents. Their Talk about Alcohol intervention aims to:

- delay the age at which teenagers start drinking
- help ensure that if they choose to drink, they do so responsibly
- reduce the prevalence of drinking to get drunk and the antisocial consequences of drunkenness.

Talk about Alcohol gives teachers free printed and online tools to encourage students to make informed decisions and to help them reduce risk concerning alcohol consumption. It takes an early intervention and harm minimisation approach, aiming to build resilience using rehearsal strategies and role-play. The intervention was piloted in ten schools across the UK before roll out. The intervention includes: a 100-page teacher workbook of lesson plans which are fully-supported online; the www.alcoholeducationtrust.org website with areas for teachers, students and their parents; information booklets for parents and young people; an opportunity to host a '*talkaboutalcohol'* parents event in school; and resources set out by subject and year group for teachers via the website.

This summary reports the findings from a long-term evaluation of the Talk about Alcohol intervention. The focus is on the fourth student survey in a series (carried out two years after students received their last intervention sessions).

A rigorous and independent evaluation

The National Foundation for Educational Research has investigated the impact of the Talk about Alcohol intervention. The study, which commenced in 2011, has compared change in outcomes for an intervention group (which used the intervention) and a statistically matched comparison group over four time points, using a self-completion student survey. Students were age 12-13 (Year 8) at the time of the first (baseline) survey and 15-16 (Year 11) at the point of the fourth survey carried out in January- March 2015. As a minimum requirement for the evaluation, intervention schools were asked to deliver four sessions from the teacher workbook, and spend an hour looking at the intervention website, when students were age 12-13 in Year 8 (between the baseline and second survey). They were then asked to deliver two further sessions when students were age 13-14 in Year 9 (prior to the third survey). At the time of the fourth survey (at age 15-16 in Year 11), students were in a pressured GCSE examination year, so schools were not *required* to deliver any additional sessions. Therefore, the fourth survey was administered two years after the students had had their last intervention sessions. Statistical multilevel modelling was carried out to analyse the survey data, as it provides robust comparisons between the intervention and comparison groups, allowing for any differences among them that are not related to the intervention.

Table A summarises the main research questions addressed by the fourth survey and the key findings (more detail is given below).

Table A: Aims and key findings

Intervention aims to have an impact on…..	Research question	Key finding	Comparison versus intervention students in whole sample (% at age 15-16/Year 11)	Percentage difference between the comparison and intervention students at age 15-16/Year 11
onset of drinking/ ever had a whole alcoholic drink?	Is the proportion of students in the intervention group who had ever had a whole alcoholic drink still significantly lower than that in the comparison group when students are age 15-16?	There is evidence of an association between the intervention and a delay in the age at which some teenagers start to drink. Students in the intervention group were still significantly less likely to have ever had a drink by the time they were age 15-16.	Intervention schools: 64% ever had a drink Comparison schools: 79% ever had a drink	15% less students in the intervention group had ever had a whole alcoholic drink After multilevel modelling, intervention group had significantly lower odds than comparison group of ever having had a drink; odds became lower at each survey time point
knowledge of alcohol and its effect	Does the significant difference in knowledge still exist between the intervention and comparison groups once students are age 15-16?	Knowledge scores had increased for both groups. Knowledge amongst the comparison group had caught up with the intervention group (there was no significant difference between them at age 15-16).	Intervention schools: Average score (0-9) of 5.3 Comparison schools: Average score (0-9) of 5.5	No significance difference in knowledge between the comparison and intervention schools After multilevel modelling, no significant difference at final follow up
frequent drinking	Is there a significant difference in how regularly students in each group drink alcohol, now students are age 15-16 and at an age when young people are	The increase in the proportion of frequent drinkers was less among the intervention group, although the difference between	Intervention schools: 29%	8% less students in intervention group drank once a month or more

(a whole drink once a month or more)	more likely to drink alcohol more frequently?	groups was not statistically significant.	Comparison schools: 37%	However, when just including students currently drinking in multilevel modelling this was not statistically significant
drinking to get drunk/experiencing binge drinking	Is there a difference in the proportion of students who have ever been drunk/experienced binge drinking now that they are age 15-16 and evidently more likely to engage in this kind of behaviour?	Overall, fewer students in the intervention group than in the comparison group had ever been drunk or experienced binge drinking, which is likely to be because more students in the comparison group had ever drunk alcohol. When restricting analysis to those who had ever had an alcoholic drink, there was no statistically significant difference between the groups in prevalence of drinking to get drunk.	Intervention schools: 33% Comparison schools: 44%	11% less students in intervention group drinking to get drunk or binge drinking However, when just including students currently drinking in multilevel modelling this was not statistically significant

Table B: Number of participants at each survey time point

	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

Table B shows that there was attrition at the fourth survey. While the number of schools and students responding was lower than previously predicted necessary to detect a difference between groups, the difference in onset of drinking was found to be *relatively large* in previous rounds of the survey and, therefore, the numbers were sufficient to be confident in our ability to detect whether this difference was sustained.

Reasons for attrition are likely to be because the focus was on Year 11, which is a pressured GCSE examination year in schools. Earlier positive feedback from teachers about the intervention suggests that drop-out was not likely to be due to the programme itself.

A more detailed summary of the key findings from the fourth survey is given below.

The context of drinking behaviour

The findings should be considered within the overall context of the attitudes of the young people across the whole the sample (towards school and their life in general) and their current drinking behaviour. The majority of the sample said their health was good (83 per cent in each group) and that life was going well (85 per cent of the intervention group; 83 per cent of the comparison group). Most enjoyed learning (74 per cent and 77 per cent respectively) and liked going to school (68 per cent and 71 per cent).

By the fourth survey, when students were age 15-16, the proportion who had ever had a whole alcoholic drink had increased from 41 per cent to 64 per cent of the intervention group and from 43 per cent to 79 per cent of the comparison group (see Table C).

Table C:Have you ever had a whole alcoholic drink - more than just a sip/taste?

	Baseline Age 12-13 Intervention	Baseline Age 12-13 Comparison	Survey 4 Age 15-16 Intervention	Survey 4 Age 15-16 Comparison
	%	%	%	%
Yes	41	43	64	79
No	57	55	35	21
No response	2	2	2	1
N =	**2142**	**2268**	**900**	**1146**

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012 and January to March 2015

Across *all* students in the sample at age 15-16, 29 per cent of the intervention group and 37 per cent of the comparison group drank frequently (one a month or more); see Table D.

Table D: How often do you usually drink alcohol? (Among the whole sample)

How often do you usually have an alcoholic drink?	Baseline Age 12-13 Intervention	Baseline Age 12-13 Comparison	Survey 4 Age 15-16 Intervention	Survey 4 Age 15-16 Comparison
	%	%	%	%
Only a few times a year/ special occasions	29	32	30	38
Once a month or more *(frequently)*	7	8	29	37
I never drink alcohol now	5	4	5	3
Never had a drink	57	55	35	21
No response	2	2	1	1
N =	**2142**	**2268**	**900**	**1146**

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012 and January to March 2015

Restricting analysis to those who had ever drunk alcohol, there was no significant difference between the groups; similar percentages drank once a month or more (46 per cent of the intervention group and 47 per cent of the comparison group).

The following diagram summarises the proportions of students in the intervention and comparison groups who had ever had an alcoholic drink at age 15-16 and who said they still sometimes drank.

Intervention group

Comparison group

The most common reason for drinking remained the same over time i.e. because it was a special occasion or celebration. But, students were more likely to report drinking because they find it relaxing and sociable (63 per cent and 66 per cent) and because it is fun (53 per cent of both groups) now that they were age 15-16.

As before, only small proportions (between three and five per cent) of students in both groups reported negative reasons for drinking, such as being bored, feeling pressured, or because they were trying to impress others. This does not suggest risky behaviour, although just under a quarter of students in both groups (23 per cent and 24 per cent) reported that they drink because they like to get drunk, which is risky behaviour (this was a noticeable increase from previous surveys).

The most common experiences when drinking alcohol were still feeling relaxed and outgoing (48 per cent of all intervention students and 65 per cent of all comparison students) and forgetting about problems for a while (34 per cent and 49 per cent). There were noticeable increases in the proportions of students who had experienced some negative consequences of drinking alcohol. For example, 25 per cent of the intervention group compared with 32 per cent of the comparison group had ever had a hangover. Eighteen per cent compared with 24 per cent respectively had ever got sick, while 17 per cent compared with 21 per cent had ever done something they regretted. The proportions of students across the whole sample having these experiences were greater in the comparison group (possibly because more young people in the comparison group drank alcohol overall).

Impact on delaying the age at which teenagers start to drink

There was evidence of an association between the Talk about Alcohol intervention and a delay in the age at which some teenagers start to dink. Students in the intervention group were still significantly less likely to have ever had a drink by the time they were age 15-16 (see Table C above). **Multilevel modeling showed that the odds of students in the intervention group having had a drink were lower at each survey time point, compared with the odds for students in the comparison group (including at age 15-16).**

Students with greater numbers of siblings, who had a poor relationship with their father, and who lived with someone who usually drank alcohol in the home were more likely to have ever had a whole alcoholic drink.

Impact on knowledge of alcohol and its effects

Knowledge scores increased for both groups at each survey time point. While students in the intervention group had previously scored significantly higher than those in the comparison group, there was no statistically significant difference when students were age 15-16 (an average score of 5.56 for comparison students compared with 5.3 for intervention students in a test with nine questions and a score of 0-9). This could be because intervention schools had not been expected to deliver Talk about Alcohol lessons in the two years prior to the most recent survey (they had done so when students were in Years 8 and 9). Comparison schools could have been delivering lessons on alcohol more recently, resulting in knowledge catching up.

Impact on responsible drinking – frequent drinking and getting drunk

As shown in Table D, The proportion of students who drank frequently (once a month or more) had increased in both groups over time. The trend remained the same as in previous surveys – the increase was less among the intervention group although the difference between groups was not statistically significant once multilevel modelling had been carried out. **Being male, having negative reasons for drinking, if parents let their child drink, and if a student lives with someone who usually drinks in the home, were associated with increased likelihood of being a frequent drinker. Any alcohol intervention should take these issues into consideration.**

There was an increase in the proportion of *all* students in both groups who had ever been drunk or experienced binge drinking, although to a lesser extent among the intervention group (from 16 per cent of the whole intervention group at baseline to 33 per cent at the fourth survey, compared with from 20 per cent to 44 per cent for the comparison group).This is likely to be because students in the comparison group were more likely to have drunk alcohol at all than those in the intervention group. Restricting analysis to students who had ever had an alcoholic drink, there was less difference between the groups. Half (50 per cent) of the intervention group had ever been drunk/experienced binge drinking, compared with 55 per cent of the comparison group. There was no significant difference between the groups when multilevel modelling was carried out. Having negative experiences when drinking, and if their parents do not know they drink, increased the likelihood of a student ever having been drunk.

Conclusions

The Talk about Alcohol intervention continues to be effective in delaying the age at which teenagers start to drink – this is evidence of a consistent effect of this early intervention programme. It is interesting to note that the reasons for drinking changed now students were age 15-16; they were more likely than before to mention finding it sociable and fun to drink. Therefore, messages about responsible drinking are important at this age.

The findings highlight the influence of the family on the likelihood of drinking. This emphasises the importance of the AET information for parents, which aims to support them in making decisions about their own alcohol consumption, acting as role models for their children, setting boundaries and knowing where their children are and who they are with. Note that the evaluation has not explored the impact of information for parents

Although there was no significant difference in knowledge of alcohol between the groups, students in the intervention group were less likely to have ever had a drink. This could suggest that knowledge alone does not necessarily have an impact on behaviour, which supports the broader harm minimisation aim of the intervention, to help young people build resilience and understand how to manage risk. It could also suggest that the earlier higher knowledge scores among the intervention group influenced a sustained behaviour change.

The fact that the intervention group had not been asked to deliver any Talk about Alcohol sessions in the two years prior to the most recent survey *could* have restricted the impact on frequent drinking from becoming significant. With more intervention, might this group go on to drink significantly less often as adults?

Key messages for school leaders and teachers

- The impact on delaying the onset of drinking is evidence that the Talk about Alcohol intervention is effective as an early intervention programme.
- The evidence suggests the value in a harm minimisation approach and in re-visiting alcohol education at different stages – for example, via early intervention *before* they begin drinking (the average age of first drink is 13), before young people begin to drink more frequently (around age 15), and as they approach adulthood.
- Giving young people the facts about alcohol is not the only factor likely to influence behaviour – helping young people to develop resilience, rehearsal strategies, and self-management skills to manage risk is also important. Messages about *responsible drinking* are important at this age.
- The evidence highlights the influence of the family in drinking behaviour – schools should consider how to engage parents in alcohol education programmes.

Key messages for policy-makers

- There is evidence of impact of the Talk about Alcohol intervention, particularly in delaying the age at which teenagers start to drink. The materials can clearly support policy priorities concerning alcohol.
- The evidence suggests that knowledge alone is not likely to be sufficient to change behaviour and identifies that a broader skills-based approach is 'what works' – this information will support Public Health England in understanding how to address its priority to reduce harmful drinking and alcohol-related hospital admissions.