Final Report

Talk About Alcohol: an Evaluation of the Alcohol Education Trust's Intervention in Secondary Schools

National Foundation for Educational Research (NFER)

Talk About Alcohol: an Evaluation of the Alcohol Education Trust's Intervention in Secondary Schools

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Executive summary

The Alcohol Education Trust (AET) provides peer reviewed and piloted resources for teachers, young people aged 11-18 and their parents. Their *Talk About Alcohol* interventions take a harm minimisation approach and give teachers free tools to encourage students to make informed decisions, and tactics to help them manage difficult situations. The resources include: a teacher workbook of lesson plans and DVD; a 500 page website www.talkaboutalcohol.com 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 for teachers via: www.alcoholeducationtrust.org. The key aims of the interventions are to:

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

A rigorous and independent evaluation

The AET commissioned the National Foundation for Educational Research (NFER) to conduct an independent evaluation of the impact of the interventions, by comparing the knowledge, awareness, attitudes and behaviour of students age 11-16 who use the AET resources (the 'intervention group') with a group of similar students who do not (a 'comparison group' statistically matched on the basis of observable characteristics). The evaluation investigated change over time for the two groups by carrying out a self-report questionnaire survey of students at three time points across the school years 2011-12 and 2012-13. The table below summarises the number of schools and students taking part in each group at each time point.

	Intervention		Comparison		
	N of schools	N of students	N of schools	N of students	Timing
Baseline	16	2142	17	2268	Age 12-13 (Year 8) November 2011-January 2012
Round 2	16	2203	17	2095	Age 12-13 (Year 8) May 2012-June 2012
Round 3	15	2015	15	1904	Age 13-14 (Year 9) May 2013-July 2013

Surveys were sent to the same classes at each time point. There was some variation in each responding sample, as some students will have been present or absent at different times, although there was **a core group of 1924 in the intervention group and 1741 in the comparison group who responded to *all three* surveys**; still more than the 1500 students

at each time point that were calculated as required for robust analysis of change in outcomes over time. The positive response rate and very minor attrition over the course of the evaluation indicates programme loyalty in schools.

Statistical modelling was used to examine three areas: **onset of drinking, knowledge of alcohol and its effects; and frequency of drinking**. This statistical method provided robust comparisons between the two groups, allowing for any differences among them. The findings should be considered within the context that as *any* young person grows older we might expect an increase in knowledge of alcohol and/or a change in alcohol-related behaviour. Therefore, the evaluation explored any difference in *rates* of change between the intervention and comparison groups

This summary provides key findings from the evaluation, based on an exploration of any change over time in key outcomes for students in intervention and comparison groups between the baseline and round 3 survey at least 16 months later.

Key findings

- **Onset of drinking:** there was evidence of statistically significant impact on the age at which teenagers start to drink – significantly fewer students in the intervention group than in the comparison had ever had an alcoholic drink by the time of the third survey

- **Knowledge of alcohol and its effects**: there was significant association between the Talk About Alcohol intervention and increased knowledge of alcohol and its effects – while knowledge scores increased for students in both groups, evidence reveals a *significantly greater increase* for students in the intervention group

- **Antisocial consequences of drinking**: very small proportions of students in either group reported experiencing negative consequences of drinking alcohol

- **Sources of information on alcohol**: students receiving the Talk About Alcohol lessons were more likely than those in the comparison group to report having received helpful information about alcohol from PSHE lessons

- **Frequent drinking** (defined as once a month or more): although levels of frequency of drinking and binge drinking were lower among intervention schools, there was no evidence of a *statistically significant difference* in frequency of drinking (amongst those who drank alcohol) or in terms of prevalence of drinking to get drunk at this stage. These are arguably longer term impacts that may be achieved when students are older and more likely to drink alcohol more frequently, as levels of frequent and binge drinking at this stage were low.

The context of drinking behaviour

At age 13-14, at the round 3 survey, just under half (49 per cent/992 students) of the intervention group and around three-fifths (63 per cent/1209 students) of the comparison group reported that they had ever had an alcoholic drink. Half of these students were either age 12 or 13 when they first had a drink.

Of those who had ever drunk, they had most usually only drunk a few times a year/on special occasions (59 per cent in the intervention group and 64 per cent in the comparison group). Similar proportions of both groups drank once a month or more (30 per cent of the

intervention group and 29 per cent of the comparison group). At the time of the third survey, when they were age 13-14, a total of 882 of the 2015 intervention students (44 per cent) and 1114 of the 1904 comparison students (58 per cent) still sometimes drank alcohol. Of these, seven out of ten in both intervention and comparison groups usually drank at home when their parents or carers were there, and three quarters said their parents did not mind them drinking alcohol as long as they did not drink too much.

The following diagram summarises the proportions of students in the intervention and comparison groups who had ever had an alcoholic drink and who said they still sometimes drank at the time of the round 3 survey.

Intervention group

2015 students in sample	992 students had ever had an alcoholic drink	882 students still drank	293 students drink once a month or more

Comparison group

1904 students in sample	1209 students had ever had an alcoholic drink	1114 students still drank	346 students drink once a month or more

Students who still sometimes drank were most likely to drink alcopops/pre-mixed drinks (54 per cent of the intervention group and 45 per cent of the comparison group), followed by beer/lager (35 per cent and 40 per cent) and cider (34 per cent in both groups). Only 72 intervention students and 93 comparison students had ever tried to purchase alcohol. Of those who had, only 38 and 62 students respectively had been successful in purchasing alcohol (most often from an off licence or 'a friend').

Students who still sometimes drank alcohol most often did so because it was a special occasion or celebration (nine out of ten) or because they liked the taste (almost seven out of ten). Four to five per cent across both groups of students who still sometimes drank reported being tempted when they saw alcohol in shops or supermarkets. Encouragingly, it was least likely for students to drink because they wanted to impress other girls/boys or because they felt pressured by their friends (two to three per cent across the groups).

Experiences of alcohol and staying safe

Students who still sometimes drank alcohol were most likely to have felt 'relaxed and outgoing' when drinking (28 per cent of all intervention and 37 per cent of all comparison students reported that they felt like this 'often' or 'sometimes/ at least once') or to have 'forgotten about my problems' (20 and 25 per cent respectively). Proportions experiencing negative consequences were relatively small (one-15 per cent of the whole sample), but were most likely to: have experienced a hangover; got sick; been in trouble with their parents; done something they regretted; or got into a fight or argument. Around 70 per cent

of both groups were confident to stay safe around alcohol (based on answers to a number of questions). There was a gap in students' understanding about what to do to help someone who had drunk too much (only half of students reported that they knew what to do)

Knowledge of alcohol and its effects

All students, regardless of whether they had ever had an alcoholic drink, were asked nine 'true or false' questions which tested their knowledge of alcohol and its effects. In both round 2 and 3 surveys the intervention group scored *significantly* higher than the comparison group in the knowledge questions. Knowledge scores increased for both groups, but it was a *significantly greater increase* for students in the intervention group. The difference in the increased knowledge between intervention and comparison groups equated to 0.3 of a point at both round 2 and 3 surveys. Impact in terms of effect size was 0.17 at the round 2 survey and 0.15 at the round 3 survey. There were some gaps in knowledge of alcohol and its effects still, particularly in relation to a lack of understanding of the proportion of young people who drink alcohol (social norms; young people often overestimate the numbers of their peers who drink alcohol).

Onset of drinking – have you ever had an alcoholic drink?

There was an increase over time in the proportion of students in both groups who said they had ever had an alcoholic drink (an eight per cent increase amongst the intervention group, compared with a 20 per cent increase in the comparison group). This difference between the groups resulted in students in the intervention group being statistically significantly less likely than those in the comparison group to have ever had an alcoholic drink at round 3, when background characteristics were controlled. This shows an association between the intervention and a delay in the onset of drinking.

Frequency of drinking, being drunk and binge drinking

There was an increase in frequent drinking (once a month or more) over time for *all* students. At the third survey, 14 per cent of the whole intervention sample and 18 per cent of the comparison sample drank once a month or more. Students in the intervention group were *not* statistically less likely than those in the comparison group to be frequent drinkers at this stage.

In both groups, there was an increase over time in students reporting that they had ever been drunk or had experienced binge drinking (16-20 per cent of the whole samples of students at round 3, compared with nine-10 per cent at baseline). Ten per cent of the whole intervention sample and 12 per cent in the whole comparison group had been drunk *more than once* by the time of the round 3 survey when they were age 13-14. There was little difference between the intervention and comparison groups, but this must be considered in the context of relatively small proportions overall engaging in these risky behaviours, which makes it more difficult to detect the impact of an intervention.

Helpful information on alcohol

Students in the intervention group were most likely to report that they had received helpful information about alcohol from Personal, Social and Health Education (PSHE) lessons (85 per cent compared with 64 per cent in the comparison group). Students' preferred sources of information on alcohol were PSHE lessons (59 per cent and 41 per cent respectively) and

parents (53 per cent and 57 per cent). Written materials and films, television and/or radio were also helpful sources.

The following messages for school leaders and teachers, parents, and policy-makers are evident from the evaluation findings:

Messages for school leaders and teachers

- **Making a difference to young people:** the evidence shows that participation in six Talk About Alcohol lessons over two academic years brought an increase in students' knowledge of alcohol and its effects, and decreased their likelihood of ever having had an alcoholic drink.

- **Adopting a flexible approach:** the Talk About Alcohol materials offer a free, flexible 'pick and mix' approach, which teachers appreciated. Teachers reported that lessons were straightforward and manageable to deliver, and that using them had saved time as they did not have to identify and pull together resources from a number of sources.

- **Programme loyalty:** over the two years of the evaluation, only one of 16 intervention schools dropped out, and the small number of teachers interviewed all said they would continue to deliver the lessons. This emphasises programme loyalty.

- **Filling gaps identified by Ofsted:** in a recent evaluation of PSHE, Ofsted identified gaps in students' understanding of damage associated by alcohol and recommended that schools ensure appropriate learning about these issues. Given the evidence of increased knowledge of alcohol and its effects in the intervention group, Talk About Alcohol is a useful resource in helping to fill such gaps.

- **The importance of PSHE**: students receiving the Talk About Alcohol lessons were more likely than those in the comparison group to report having received helpful information about alcohol from PSHE lessons. Intervention students also responded that they preferred to receive information about alcohol from PSHE lessons. Although PSHE is a non-compulsory subject, these findings clearly emphasise its value and importance to young people. The effects of drugs (including alcohol) on behaviour, health and life processes do have to be taught in national curriculum science. In addition, the role of PSHE is not just fact based but encourages informed decision-making, enables pupils to recognise risky situations and how to avoid them, and builds life-skills to facilitate good decision-making and risk avoidance. This programme, delivered in PSHE lessons, has been shown to significantly add value and deliver behaviour change in the delay in the onset on drinking. These are important findings for all schools, but particularly for Academy schools (which have curriculum freedom) to reflect on as these results show that students in Academy schools had lower alcohol knowledge scores. This could suggest that Academy schools are giving alcohol education lower priority compared to comprehensive schools. Although Academy schools have curriculum freedom, it is important for them to fulfil their legal requirement (as set out in the Education Act 2002 and the Academies Act 2010) (England and Wales. Statutes, 2010a and b) to teach a balanced and broad curriculum, which promotes the spiritual, moral, cultural, mental, and physical development of students, and prepares them for the opportunities, responsibilities and experiences of later life. The influence of the headteacher/senior

leadership team and the value that is placed on PSHE is likely to be crucial in all schools.

- **Continuing professional development of teachers:** School leaders should consider the value of incorporating the Talk About Alcohol materials into any PSHE/alcohol education training for staff.

- **Engaging parents:** Evidence suggests that parents are an important part of the intervention. Findings show that students are more likely to drink alcohol if their parents let them drink, or if parents drink alcohol in the home. Students also value information from parents. Thus, informing and supporting parents could be preventative. Sessions for parents form part of the Talk About Alcohol intervention, although feedback from teachers suggested that there was often a lack of interest from parents in attending pastoral information sessions, or that time pressures prevented schools from offering sessions. There may be other ways to engage parents, including distributing written information, although not all schools had sent the 'Talking to Kids About Alcohol' leaflet home to parents. Schools should consider the important issue of how to engage parents and work with parents on alcohol education.

- **Work in partnership with other schools:** school leaders should consider the benefits of working in partnership with other schools in their locality, in sharing expertise and resources in addressing alcohol education.

Messages for parents

- **Parents as a source of information:** the findings show that students had received helpful information about alcohol from their parents, and that parents were one of their preferred sources of information. Students who lived with anyone who usually drank alcohol in the home had greater knowledge of alcohol and its effects, which could suggest they were more open to talking about alcohol. As drinking in the home was also associated with more negative findings, such as more frequent drinking among students, we are not advocating drinking in the home, although this finding does suggest that all parents should be open to talking about alcohol, given students' reliance on parents/carers as a source of information.

- **Parents as role models:** the evidence revealed that students who lived with someone who drank alcohol, or had parents who did not mind if their child drank alcohol, were more likely to drink frequently (once a month or more).

- **Engaging parents:** teachers reported that it can often be difficult to engage parents in school-based meetings/events, particularly related to pastoral topics. Although the pressures on parents must be acknowledged, in light of the influence of parents over their children, evident from this evaluation, they should consider how best to equip themselves with the knowledge and understanding about alcohol in order to be able to support their child. Parents should consider how to work in partnership with schools to achieve a coordinated approach to educating young people about alcohol.

Messages for policy-makers

- **Impact:** The conclusions in this report relating to the impact of Talk About Alcohol on knowledge of alcohol and its effects and delaying onset of drinking, clearly show that the materials can support the Public Health agenda and policy priorities around alcohol. Feedback from a small sample of teachers also concludes that the materials are flexible to deliver and are engaging.

- **Dissemination:** Key messages from this evaluation would benefit from being disseminated widely, including to health and wellbeing boards which make decisions about local priorities.

- **Promoting high quality PSHE:** The findings emphasise the value and importance of PSHE, indicating that high quality PSHE should be promoted. Policy-makers should consider the importance of PSHE training for trainee and existing teachers and the value of building the Talk About Alcohol materials into any such training.

Conclusion

The evidence suggests that the increase in knowledge of alcohol and its effects resulting from involvement in Talk About Alcohol has helped to improve the decision-making amongst the young people in the intervention group, which has translated into a statistically significant delay in the onset of drinking. This research will support the Public Health England priority of having evidence of what works in helping young people to live healthy lifestyles and make healthy choices. It also highlights that the materials can help to fill a gap identified by Ofsted in young people's understanding of the damages associated with alcohol, and that school leaders, teachers and parents can successfully work in partnership to help to address this gap both through the school curriculum and at home. The findings have been submitted to the Centre for the Analysis of Youth Transitions repository of evidence; an information service for drug and alcohol education, which can be viewed via: http://www.ifs.org.uk/centres/caytRepPublications.

1 Introduction and background

This report details the findings of a two-year independent evaluation of the Alcohol Education Trust's (AET's) resources for teenagers in school, which aim to foster responsible attitudes and behaviours around alcohol. This report summarises change in outcomes of interest for an intervention and comparison group over three time points (a 'before and after approach').

1.1 Background and policy context

In England, the Health and Social Care Information Centre (2012) statistics highlight the concerning monetary, personal and societal costs of alcohol misuse. These statistics include the estimate that in 2008 the cost of alcohol-related harm to the NHS in England was £2.7 billion. According to the 2012 survey of smoking, drinking and drug use among 7,589 young people aged 11-15 in England (Fuller, 2013) there has been a downward trend in consumption of alcohol in recent years, although 43 per cent of this age group had still drunk a whole alcoholic drink *at least once*; ten per cent of whom had done so *in the last week*; and six per cent of whom said they usually drank alcohol *once a week*.

One of Public Health England's[1] priorities is 'helping people to live longer by reducing preventable deaths from conditions such as heart disease, stroke, cancer and liver disease' (Hoskins, 2013), for which alcohol consumption can contribute. Central to its outcomes framework are improvements against wider factors which affect health and wellbeing and health inequalities and helping people to live healthy lifestyles and make healthy choices. To make a difference, they are keen to reach young people in various contexts, including schools, and want to promote evidence and learning from practice about what works. Moreover, The National Institute for Health and Care Excellence (NICE), working with experts from Public Health England, will develop new quality standards related to preventing harmful alcohol use. These standards will consist of a prioritised set of statements that should contribute to improving the effectiveness, quality, safety and experience of care for people. Clearly alcohol consumption is a societal issue that is of concern and needs to be addressed, and preventative education can play a key role in doing so.

The Department for Education (DfE) has the education policy lead across Government for young people and alcohol, aiming to reduce the levels of alcohol consumption and the harms of drinking. The current Drug Strategy, launched on 8 December 2010 (Home Office, 2010), sets out the Government's approach to addressing the damage that drug and alcohol dependence cause to society. The strategy also outlines measures to prevent alcohol misuse among young people and to intervene early with those who need support. The DfE acknowledges that effective drug and alcohol education is essential to tackling the problem of drug and alcohol misuse, and that education plays an important role in helping to ensure that young people are equipped with the information and skills they need to make informed, healthy decisions.

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[1]Public Health England is the national agency for protecting and improving the nation's health and wellbeing and tackling health inequalities.

Following the national curriculum review, science remains a compulsory national curriculum subject at all four key stages. New statutory programmes of study will be introduced from September 2014 for key stages 1 to 3[2], and September 2014 for key stage 4 (programmes of study will follow after consultation). Drug education (including alcohol) features in the new statutory programmes of study for primary students age 10-11 (key stage 2 Year 6), including how to recognise the impact of drugs on the way their bodies function and how some drugs and other substances can be harmful to the human body. For students age 11-14 (key stage 3), the programmes of study include teaching about the effects of recreational drugs on behaviour, health and life processes (taught in biology).

In March 2013, the DfE published outcomes of their internal review of PSHE (DfE, 2013a), which emphasised the expectation for schools to use their PSHE education programme to equip students with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions. The DfE has also very recently (September 2013) published guidance on PSHE (DfE, 2013b), which states that all schools should make provision for PSHE, drawing on good practice. They expect schools to use their PSHE education programme to equip students with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions. Yet PSHE remains a non-compulsory subject, giving schools the choice to opt out or at least minimise its coverage.

Following the PSHE review, and mentioned in the PSHE guidance, is the DfE announcement that it has launched a new evidence-based information service for drug and alcohol education, which will provide practical advice and tools based on the best international evidence via The Alcohol and Drug Education and Prevention Information Service (ADEPIS). The Centre for the Analysis of Youth Transitions (CAYT) is being funded to develop a database of evaluations of programmes aimed at improving outcomes for young people.

A recent Ofsted (2013) report, evaluating the strengths and weaknesses of PSHE in primary and secondary schools, identified gaps in understanding of the physical and social damage associated with alcohol misuse, including personal safety, and recommended that schools should ensure appropriate learning about these issues. It concluded that PSHE was 'not yet good enough'

The remit of the Alcohol Education Trust (AET) is to provide alcohol education in different ways, to students age 11-18 and their parents via schools. This report provides background on their Talk About Alcohol resources and presents findings from an independent evaluation of their impact.

1.2 Talk About Alcohol materials

To support alcohol education, the AET provides peer reviewed and piloted resources for teachers, young people age 11-18 and their parents via schools. Their *Talk About Alcohol* interventions take a harm minimisation approach and give teachers free tools to encourage students to make informed decisions and tactics to help them manage difficult situations.

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[2] See Key Stage 1-3 programmes of study for science:
https://www.gov.uk/government/publications/national-curriculum-in-england-science-programmes-of-study

The interventions are evidence-based and were piloted in 10 schools across the UK before roll out. They draw on the findings from several studies conducted in the UK and overseas, especially the Schools Alcohol Harm Reduction Programme (SHAHRP) outreach in Australia (see McBride *et al.*, 2004 and 2006)[3] and the European Drug Addiction Prevention (EU-dap) trial of Unplugged[4] piloted in many EU countries (see for example Faggiano *et al.*, 2010).

The free resources, created by teachers and PSHE specialists, include:

- a 100-page teacher work book of lesson plans, 'Quick fix' worksheets, information sheets, games and ideas and a DVD for PSHE teachers (the purpose of this workbook is to provide adaptable 'pick and mix' materials to suit the knowledge and experience of students by key topic)

- a 500 page website www.talkaboutalcohol.com with games, quizzes, and dedicated areas for teachers, students and their parents

- booklets to send home to parents and an opportunity to host a 'talkaboutalcohol' parents talk in school (delivered by the AET specialists free of charge)

- resources set out by subject for teachers via: www.alcoholeducationtrust.org with 'conversation starter' film clips, links to useful sites and portable resources.

The key aims of the AET interventions are to:

Delay the age at which teenagers start drinking (a whole drink)

Help ensure that if they choose to drink, they do so responsibly; reduce risk taking and encourage good personal decision-making and responsibility

Reduce the prevalence and acceptability of drinking to get drunk and the antisocial consequences of drunkenness.

Many of the life skill elements of the lesson plans and worksheets cover issues that are relevant to risk taking and the importance of taking personal responsibility in general.

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[3] SHAHRP is a harm minimisation study originating in Australia. It combined thirteen harm minimisation classroom lessons, over a two year period, with longitudinal measures of alcohol-related harm to assess change in the study students' alcohol-related experiences. Evaluation showed statistically significant impact on alcohol use, risky alcohol use, and exposure to alcohol-related harms. See the National Drug Research Institute: http://ndri.curtin.edu.au/research/shahrp/index.cfm. Programme replicated in Northern Ireland and evaluated by the University of Liverpool, also showing significant, positive results in raising awareness of alcohol misuse and reducing alcohol-related harm. See: http://informahealthcare.com/doi/abs/10.3109/14659891.2011.615884
[4] EU-Dap programme is a drug prevention programme (lesson plans and student workbook) aimed at 12-14 year olds, used across a number of European countries. Evaluation evidence suggests an impact of the programme on incidents of drunkenness. See: http://www.eudap.net/Home.aspx
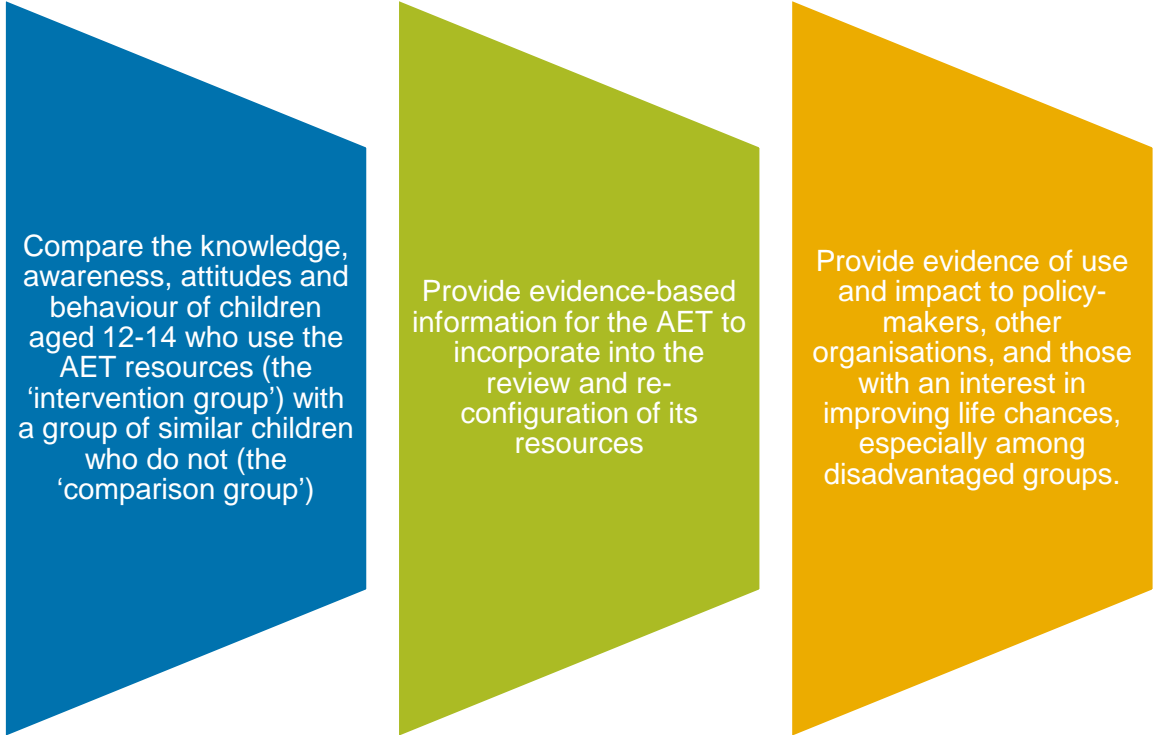
The AET commissioned the National Foundation for Educational Research (NFER) to conduct an independent evaluation, in England, of the impact of the interventions on young people over the short and medium term. Evidence-based school prevention programmes have been the subject of a recent Cochrane review (Foxcroft and Tsertsvadze, 2011), of which only 11 of the 53 programs reviewed worldwide focussed solely on alcohol, highlighting the importance of this evaluation.

1.3 A rigorous and independent evaluation

Specifically, the aims of the evaluation were to:

Compare the knowledge, awareness, attitudes and behaviour of children aged 12-14 who use the AET resources (the 'intervention group') with a group of similar children who do not (the 'comparison group')

Provide evidence-based information for the AET to incorporate into the review and re-configuration of its resources

Provide evidence of use and impact to policy-makers, other organisations, and those with an interest in improving life chances, especially among disadvantaged groups.

To meet these aims we:

Adopted a design comparing intervention and a statistically generated comparison group (selected on the basis of matching them with the characteristics of the intervention group as closely as possible; see below)

Investigated the distance travelled over time by carrying out a survey of students at **three time points** (a 'before and after approach') in both intervention and comparison groups; one baseline survey (pre-use of resources amongst intervention group) November 2011-January 2012; round 2 survey in May-June 2012 (between four and six months later) and round 3 survey in May-June 2013 (at least 16 months since baseline and 12 months since the first follow-up)

Carried out statistical modelling to provide robust comparisons between the two groups, allowing for any differences among the groups (note that characteristics used for matching the samples of schools were used in the statistical modelling; see below for details).

Students were age 12-13 (Year 8) at the time of the baseline and first follow-up surveys and age 13-14 (Year 9) at the time of final survey – these age groups were selected because research has shown this to be a key age for the onset of drinking in the UK, and prior to an increase in frequency of drinking (Fuller, 2013).

In order to provide consistency, intervention schools were asked not to use the resources until after the baseline survey, and were given *minimum* requirements in terms of the use of specific sections of the teacher workbook between the baseline and follow-up surveys, to ensure some consistency across the intervention group. The topics covered in these minimum requirements between baseline and first follow-up were for age 12-13 (Year 8):

- assessing knowledge of alcohol and its effects: How much do you know about alcohol?

- the decision whether to drink or not

- alcohol units and guidelines

- alcohol and its effects (physical and social)

- an hour on the www.talkaboutalcohol.com website.

In the second year of the evaluation (age 13-14/ in Year 9), intervention schools were asked to use the following two sections of the teacher workbook prior to the final survey in:

- alcohol and the law

- staying safe and risk taking.

In addition to student surveys, a small sample of teachers gave feedback on their views of the materials (see Appendix D). During these interviews, teachers reported that they had been able to deliver all of the sessions requested in the minimum requirements.

1.4 The sample

The study was designed with the aim of providing reliable evidence of any statistically significant impacts of the intervention, in terms of effect size[5]. We undertook a number of effect size calculations based on our previous studies of this kind in schools in England. As a result, we originally aimed to include 15 intervention schools and 15 comparison schools, with up to 100 students surveyed in each school (1500 in each group). Technically, this would offer a high probability that an effect size of 0.2 would be detected by the study.

A list of all schools which had expressed an interest in the Alcohol Education Trust's materials, but which had not yet received them, were identified as possible intervention schools from which to sample. Once the intervention sample had been selected, these were matched to schools with similar observable characteristics; these acted as a comparison group. These matched comparison schools were selected outside of the group of schools which had expressed an interest in the materials. Before selecting the comparison sample, the following schools were removed from the population:

- schools that were receiving the intervention, including those that were not part of the study

- schools that had ordered AET materials in the past

- schools that were known to have been part of the Community Alcohol Partnership (and thus delivering a more substantial alcohol education package based on the Talk About Alcohol materials).

The research design recognised the real-world situation in which certain schools had expressed an interest in delivering the AET intervention and a willingness to commit themselves to the requirements of the evaluation. Thus the selection of intervention schools was not random. When it is not possible to run a randomised controlled trial, comparing outcomes between intervention and comparison groups yields differences that cannot necessarily be attributed to the intervention itself. Rather they could be due to systematic differences between the two groups. At the sampling stage, we employed propensity score matching when selecting the comparison schools to minimise these systematic differences based on observable school characteristics. This technique ensures that, on the basis of a set of critical variables (region, percentage of students eligible for free school meals, urban/rural and Ofsted school effectiveness) comparison schools are at least as likely to be in the intervention group as intervention schools. It also guarantees that the comparison

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[5] The effect size is the standardised mean difference between groups; 0.2 is considered to be a small effect.

schools are selected to be representative of the intervention schools for the set of critical variables.

Once selected, representatives from all schools were interviewed in order to identify what alcohol education materials had been used, and if comparison schools referred to the Alcohol Education Trust's materials, this could be controlled for in the analysis or they could be removed from the comparison sample. None referred to the materials and therefore none were removed.

Table 1.1 shows the number of schools and students taking part in each group at each time point (see Appendix A for further details on the profile of the schools), and illustrates that greater numbers of students than required for robust analysis completed surveys at all three time points.

Table 1:   Numbers of respondents

	Intervention		Comparison		
	N of schools	**N of students**	**N of schools**	**N of students**	**Timing**
Baseline	16	2142	17	2268	Age 12-13 (Year 8) November 2011- January 2012
Round 2	16	2203	17	2095	Age 12-13 (Year 8) May 2012-June 2012
Round 3	15	2015	15	1904	Age 13-14 (Year 9) May 2013-July 2013

Surveys were sent to the same classes at each time point. There was some variation in each responding sample, as some students will have been present or absent at different times, although there was a core group of **1924 in the intervention group and 1741 in the comparison group who responded to *all three* surveys**; still more than calculated as required for robust analysis of change in outcomes over time. The positive response rate and very minor attrition over the course of the evaluation indicates programme loyalty in schools.

1.5 The survey

The survey questionnaire was originally designed by alcohol education experts at the Alcohol Education Trust using a variety of standardised measures/questions that had been adopted in a variety of the case-study contexts, notably in France (*ESPACE -Education, Sensibilisation et Prévention Alcool au Collège avec l'appui de l'Environnement*) and Spain (*Programa Pedagógico 'Adolescencia y Alcohol*). It was then modified by evaluators at the NFER to ensure independence but also to include questions tried and tested in an English context. The survey instrument was then piloted with students age 12-13 (Year 8) in local secondary schools and amended slightly on the basis of discussion with students about how they had interpreted questions. The final instrument consisted of closed questions, where respondents selected a response or entered a number. The use of closed questions that have been piloted maximises the reliability of the survey findings. Only one change was made to the round 3 survey; a question was added which explored students' views on staying safe around alcohol (lessons on this topic had been taught in intervention schools prior to this survey). Otherwise, the surveys remained the same at each time point.

The survey was a self-completion tool administered in a PSHE lesson without conferring. The survey delivery will have taken place at different times during the survey period, rather than occurring simultaneously in each school. This is due to the fact that the education interventions in each school are not set to the same timetable. A major benefit of conducting classroom and school-based surveys is that the sample is 'captive', i.e., students are required to attend school for the whole duration of the intervention, which will help to counter drop out/attrition rates (Table 1 above gives numbers of respondents).

Students were reassured on the front cover of the survey that their answers would be treated confidentially by the research team to encourage honest response. Questions considered to be particularly sensitive had a 'prefer not to say' option, but only small proportions selected this option.

1.6 Analysis

Simple descriptive analysis was initially carried out and tables of descriptive data, for both groups at all three survey time points, can be found in Appendix B.

Since this evaluation measures the same students at baseline and two follow-ups, and compares an intervention group with a comparison group, simple statistical analysis using cross-tabulations will not tell the whole story. Therefore, we used statistical models (see Appendix C for technical details), to look at changes in outcomes over the three time points and control for measured differences between intervention and comparison groups. Outcome differences revealed in cross-tabulations would have been considerably more vulnerable to challenge, as they might have been due to something other than the intervention. The model results, by contrast, take account of background factors and are therefore more robust.

Despite employing both propensity score weighting and multi-level modelling, systematic differences will still exist between intervention and comparison groups since they were not assigned randomly. This is why any differences between outcomes across the two groups are treated as associations rather than causal relationships.

Three **main outcomes of interest**, related to the aims of the AET resources, were explored using statistical modelling (explained in Appendix C):

- Knowledge of alcohol and its effects

- onset of drinking – have you ever had an alcoholic drink?

- frequency of drinking.

The main aim of this report is to compare outcomes for students at least 16 months after the baseline survey[6] - after intervention students will have received at least the minimum requirements of Talk About Alcohol sessions. We were aware from telephone interviews in comparison schools that their students were receiving some lessons on alcohol, but not the Talk About Alcohol sessions. Therefore, it was not the case that students in the comparison schools received no lessons on alcohol, rather that the evaluation was measuring the added value of the Talk About Alcohol lessons in comparison to 'the typical school'. The findings should be considered within the context that as *any* young person grows older we might expect an increase in knowledge of alcohol and/or a change in alcohol-related behaviour (see evidence below). Therefore, the evaluation explored any difference in *rates* of change between the intervention and comparison groups.

1.7 Structure of the report

The chapters in this report focus on the following themes:

- chapter 2: the context of young people's drinking behaviour

- chapter 3: young people's experiences of drinking alcohol and staying safe around alcohol

- chapters 4, 5, and 6: the *impact* of the Talk About Alcohol materials on knowledge of alcohol and its effects; whether young people start to drink alcohol; frequency of drinking alcohol; and being drunk and binge drinking

- chapter 7: sources of helpful information for young people on alcohol

- chapter 8: conclusions and messages for school leaders and teachers, parents, and policy-makers.

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[6] The latest students could have completed the baseline survey was January 2012 and the earliest they could have completed the round 3 survey was 16 months later in May 2013.

2 The context of drinking behaviour

Key findings

- Just under half (49 per cent) of the intervention group and 63 per cent of the comparison group had *ever* had an alcoholic drink by the third survey when they were age 13-14.

- Most students who had ever had an alcoholic drink had first done so at age 12 or 13.

- Six out of ten of students who had ever had a drink only drank a few times a year/on special occasions.

- Among the students who still sometimes drank (44 per cent of the intervention group/882 students and 58 per cent of the comparison group/1114 students), around seven out of ten did so at home when their parents/carers were there, and around half did so at an event, such as a wedding or party.

- Three quarters of students in both groups who still drank alcohol sometimes said their parents did not mind as long as they did not drink too much.

- Fewer than 100 students across both groups had ever tried to purchase alcohol, and only 38 students in the intervention group and 62 students in the comparison group had been successful in purchasing alcohol (most often from an off licence or 'a friend').

- Students who still sometimes drank alcohol most often did so because it was a special occasion or celebration (nine out of ten) or because they liked the taste (almost seven out of ten).

- Only four to five per cent across both groups of students who still sometimes drank reported being tempted when they saw alcohol in shops or supermarkets.

- It was least likely for students to drink because they wanted to impress other girls/boys (two per cent of the intervention group and three per cent of the comparison group) or because they felt pressured by their friends (three per cent and two per cent respectively.

Throughout this report, the findings should be considered within the overall context of general drinking behaviour amongst the sample. As shown in Figure 1, at the time of the final follow-up when students were age 13-14, **just under half (49 per cent/992 students) of the intervention group and around three-fifths (63 per cent/1209 students) of the comparison group reported that they had *ever* had an alcoholic drink** (more than just a sip or taste). This is compared with 41 per cent and 43 per cent respectively at baseline when age 12-13 (note that change over time amongst both groups is compared in detail in Chapter 5). Just under half (49 per cent) of the intervention group and just over a third (35 per cent) of the comparison group had *never* had a drink by the final follow-up, compared with 57 per cent and 59 per cent at baseline.

Figure 1: Have you ever had a whole alcoholic drink?
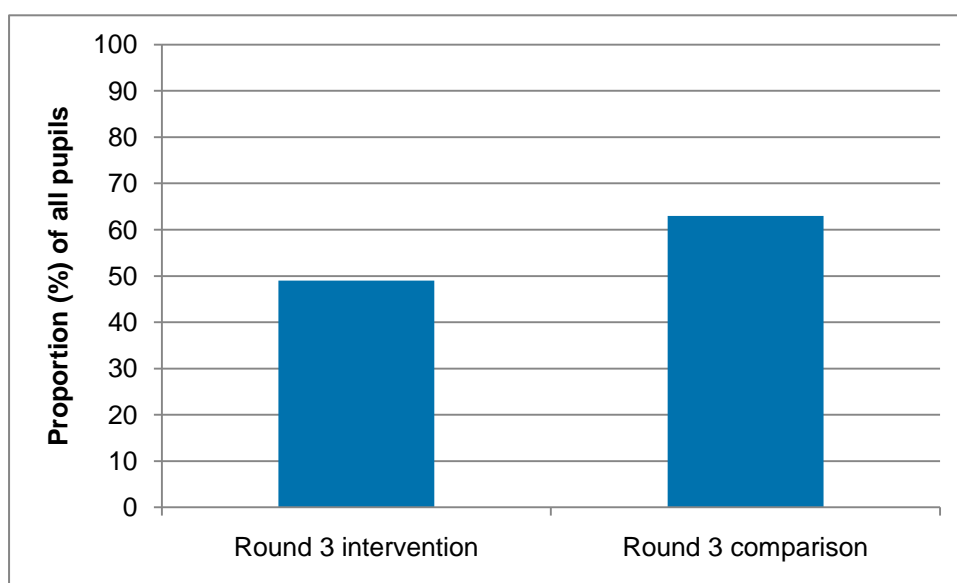
A single response question
All students were asked this question: N= 2015 intervention, 1904 comparison
Source: NFER survey May to June 2013 (round 3 survey)

These findings can be compared with the 2012 annual survey of smoking, drinking and drug use among young people age 11-15 (Fuller, 2013) which found that 37 per cent of students age 13 and 58 per cent age 14 had ever had an alcoholic drink. Figure 2 shows that most students who had ever had an alcoholic drink had first done so at age 12 or 13, although 22 per cent in the intervention group and 22 per cent in the comparison group had done so aged ten or under.

Figure 2:   Age of first alcoholic drink
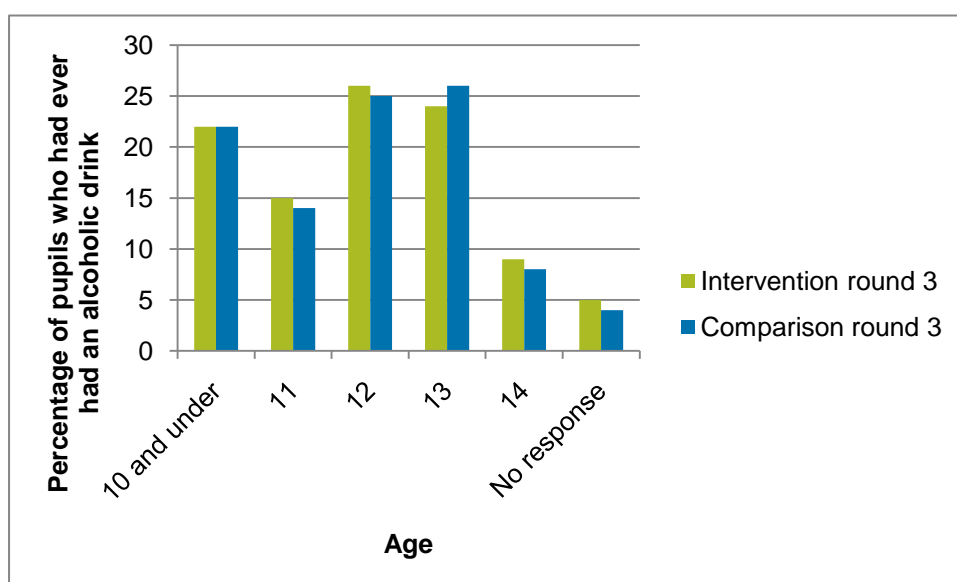
A single response quantity question
All students were asked this question: N= 2015 intervention, 1904 comparison
Source: NFER survey May to June 2013 (round 3 survey)

Amongst those who had ever had a whole alcoholic drink (992 students in the intervention group and 1209 in the comparison group), **most usually only drank a few times a year/on special occasions** (59 per cent in the intervention group and 64 per cent in the comparison group, when age 13-14). Only small proportions usually drank once a week or more (seven per cent in the intervention and comparison groups at the final survey, age 13-14). Given the small proportions of students in the sample drinking alcohol this often, further analysis of 'frequent drinking' (see Chapter 7) has been based on students who drink *once a month or more* – 22 per cent of the intervention group and 23 per cent of the comparison group at the second survey when age 12-13, and 30 per cent and 29 per cent respectively at the final survey when age 13-14. As a point of comparison, the 2012 survey of smoking, drinking and drug use among young people aged 11-15 (Fuller, 2013) found that the proportion of students who drank alcohol once a month or more increased substantially from four per cent at age 12, to 14 per cent at age 13 and 25 per cent at age 14, to 44 per cent at age 15.

Of the 49 per cent of the intervention group who said they had ever had an alcoholic drink, by the time of the final survey, ten per cent said they 'never drink alcohol *now*'. Therefore, a total of **882 of the 2015 intervention students who responded to the survey still drank** (44 per cent). Among the 63 per cent of the comparison group who had ever had an alcoholic drink, seven per cent no longer drank, meaning **1114 of the 1904 responding comparison students still drank** (58 per cent). Any difference in the frequency of drinking between the intervention and comparison groups is explored fully in Chapter 7. Note that many of the questions in the survey which related to drinking behaviour were only asked of this sub-group who sometimes still drank alcohol.

The following diagram summarises the proportions of students in the intervention and comparison groups who had ever had an alcoholic drink and who said they still sometimes drank at the time of the round 3 survey.

Intervention group

2015 students in sample → 992 students had ever had an alcoholic drink → 882 students still drank → 293 students drink once a month or more

Comparison group

1904 students in sample → 1209 students had ever had an alcoholic drink → 1114 students still drank → 346 students drink once a month or more

Amongst those who still sometimes drank, around seven out of ten in both intervention and comparison groups **usually drank at home when their parents or carers were there** – either there or at an event outside the home, such as a wedding or party (around half).

These were also the most likely locations for 'first alcoholic drink'. Just over a third of students who still sometimes drank alcohol did so with their siblings or other relatives, which is not surprising given that they most often drink at home or at special events. A small minority drank alone (two per cent in the intervention group and four per cent in the comparison group). Moreover, small proportions usually drank in locations such as a pub, bar, nightclub or disco (six per cent and five per cent respectively) or outdoors in a park or street corner (five per cent in both groups). Three quarters of students who still drank sometimes said their **parents did not mind as long as they did not drink too much**. Four per cent in the intervention group and five per cent in the comparison group said their parents did not like them drinking alcohol at all. These findings suggests that **any drinking is usually with parents' or carer's knowledge and under supervision**.

Students who still sometimes drank most often *usually* drank alcopops/pre-mixed drinks (54 per cent of the intervention group and 45 per cent of the comparison group), followed by beer/lager (35 per cent and 40 per cent) and cider (34 per cent in both groups).

Among those who had *ever* had an alcoholic drink by the time of the final survey, eight per cent of the intervention group (72 students) and eight per cent of the comparison group (93 students) had ever tried to purchase alcohol. Of those who had tried, **only 38 students in the intervention group and 62 in the comparison group had been successful in purchasing alcohol** (most often from an off licence or 'a friend').[7]

The overall picture from this survey, summarised in this context section, is that drinking alcohol among this age range (12-14) is not universal, tends to be infrequent and, when it does take place, tends to be supervised.

2.1 Reasons for drinking

To add to this context, students who still sometimes drank alcohol were asked further questions to explore their reasons. They most often did so because it was a special occasion or celebration (with around nine out of ten students strongly agreeing or agreeing with this reason - see Figure 3 below). The second most prevalent reason was that students like the taste of alcohol (68 per cent of the intervention group and 67 per cent of the comparison group, although these students were more likely to agree than strongly agree). The proportion liking the taste of alcohol had increased in both groups over time. Although at baseline the third most prevalent reason was 'because my family drink alcohol', at the time of the final survey this had changed to 'because it is relaxing and sociable' (33 per cent of both groups agreed with this reason for drinking alcohol, while five per cent of the intervention group and six per cent of the comparison group strongly agreed).

There was an increase over time in the proportion of students in both groups who said they drank alcohol because 'it is fun', 'I like how I feel when I drink alcohol', and 'my friends drink alcohol' (although they were more likely to agree than strongly agree). These increases are likely to be because students were older (age 13-14) by the third survey and social drinking is likely to increase with age.

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[7]It is illegal to sell alcohol to young people under the age of 18, to buy alcohol on behalf of someone under 18, or for anyone under the age of 18 to attempt to buy alcohol (The Licensing Act, 2003).

Small proportions reported negative reasons for drinking. For example, five to six per cent across both groups said they drank alcohol because they were bored and had nothing else to do. Four to five per cent across both groups reported being tempted when they see alcohol in shops or supermarkets. Encouragingly, it was least likely for students to drink because they wanted to impress other girls/boys (two per cent of the intervention group and three per cent of the comparison group) or because they felt pressured by their friends (three per cent and two per cent respectively).

Figure 3: Reasons for drinking alcohol, among those who still sometimes drank alcohol
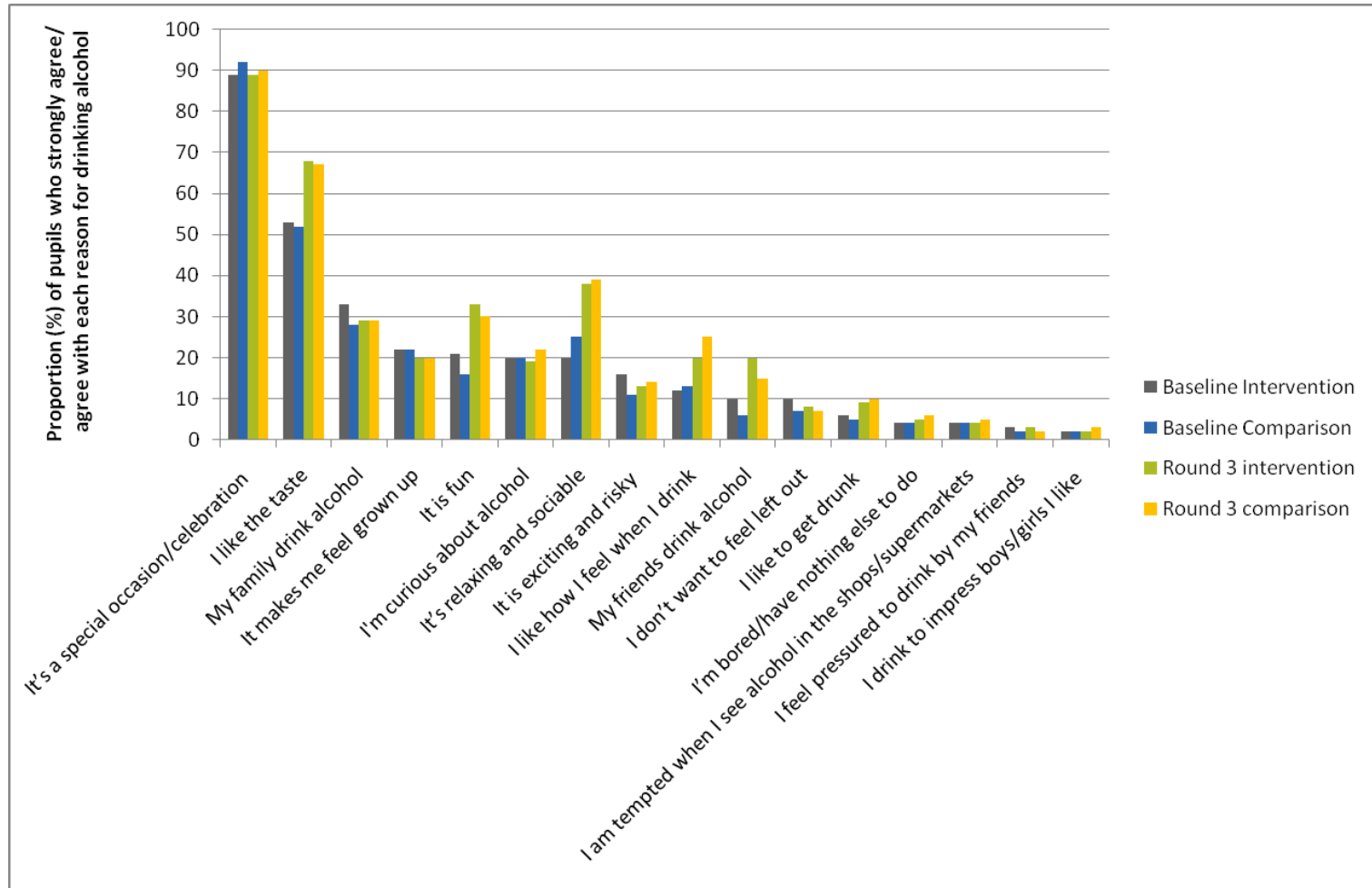
A series of single response questions. A filter question: all students who had ever had a whole alcoholic drink and still sometimes drank
N=771 baseline intervention, 882 round 3 intervention, 874 baseline comparison, 1114 round 3 comparison.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

3 Experiences of drinking and staying safe around alcohol

Key findings

- Students who still sometimes drank were most likely to have felt *'relaxed and outgoing'* or to have '*forgotten about my problems*' when drinking alcohol.

- Proportions experiencing negative consequences were relatively small (one-15 per cent of the whole sample), but were most likely to:

  - have experienced a hangover
  - got sick
  - been in trouble with their parents
  - done something they regretted
  - got into a fight or argument

- Around 70 per cent of both groups were confident to stay safe around alcohol.

- There was a gap in students' understanding about what to do to help someone who had drunk too much (only half of students reported that they knew what to do).

Students were asked about a range of different reactions they could have had when drinking alcohol (if they still sometimes drank). Because only low numbers of students still sometimes drank and reported the different reactions, the following percentages are reported of the whole sample (including those who have never had a drink and never drank now) as a reflection of young people in general. Students' experiences when drinking alcohol remained largely unchanged from previous surveys. **The most common experiences were feeling relaxed and outgoing** (28 per cent of all intervention and 37 per cent of all comparison students reported that they felt like this 'often' or 'sometimes/ at least once'), **this was followed by students feeling they had forgotten about their problems for a while** (20 per cent of all intervention and 25 per cent of all comparison students reported that they felt like this 'often' or 'sometimes/ at least once').

Relatively small proportions of students reported negative consequences of drinking alcohol (one-15 per cent of all students, see Figure 4) in any of the three surveys. However, the percentage of students reporting that they had experienced a hangover had increased and 11 per cent of all intervention students and 15 per cent of all comparison students reported 'often' or sometimes/ at least once' to this question. The other most frequently experienced negative consequences were:

- Got sick (eight per cent intervention, 10 per cent comparison students)

- Got in a fight or argument (six per cent intervention, eight per cent comparison students)

- Done something they regretted (seven per cent intervention, nine per cent comparison students)

- Been in trouble with their parents (six per cent intervention, seven per cent comparison students)

However, for these and the other negative consequences questions, there were particularly low numbers of students reporting 'often'. Therefore, it still seems a large majority of students are not engaging in risky or negative behaviours[8].

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[8] It is important to consider that the numbers reporting that they had ever had a drink and still drank at this time point were still very low- less than half of the intervention sample and less than two thirds of the comparison sample had ever had a drink and less than a third of those who had ever had a drink, drink about once a month or more.

Figure 4: Percentage of students experiencing negative consequences of drinking of the whole sample
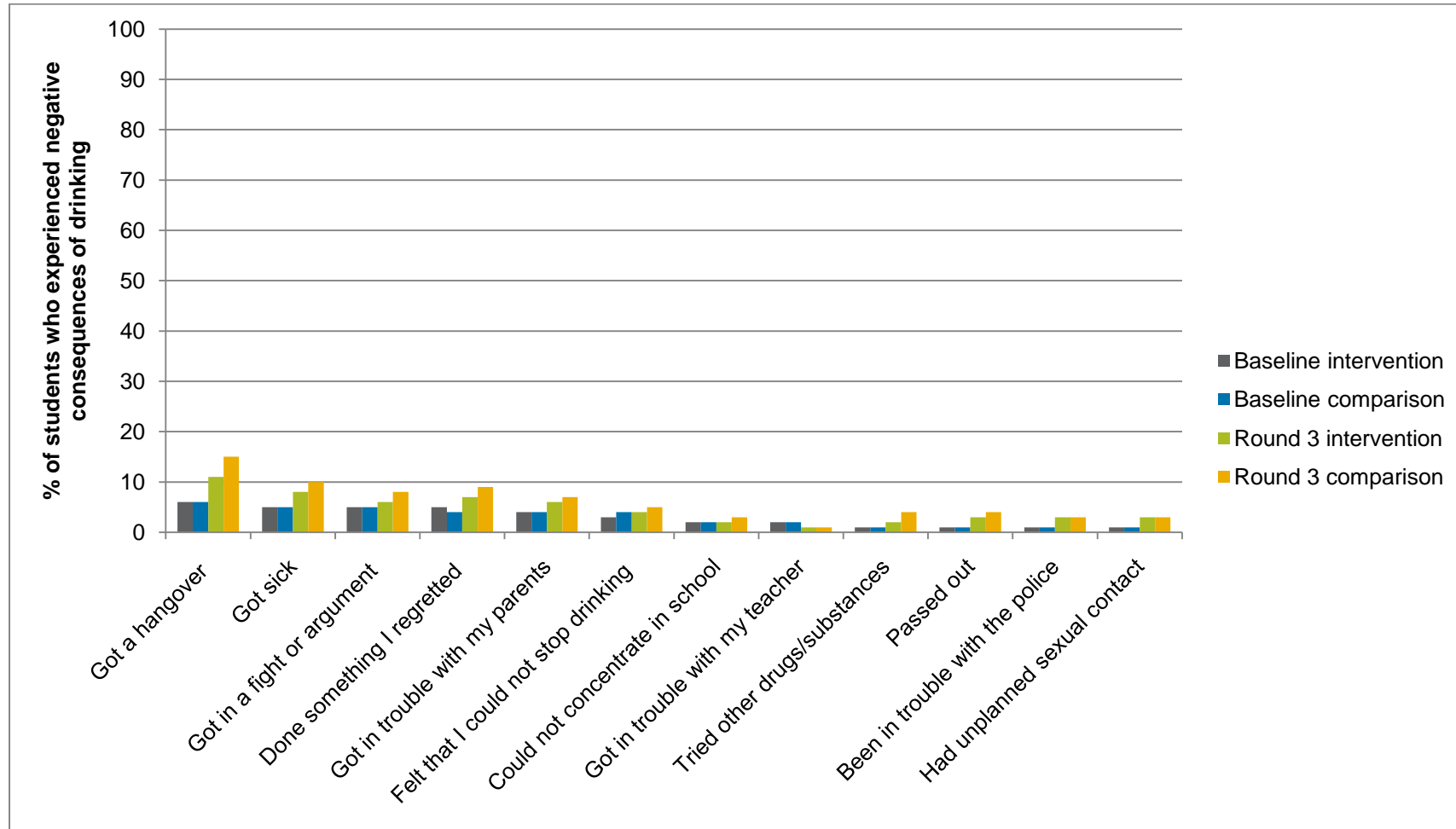
A series of single response questions. All students were included in these analyses to get a percentage of all students experiencing negative consequences.
Source: NFER surveys November 2011-January 2012 and May to June 2013

NFER added a new series of questions about students' risk taking and staying safe around alcohol at round 3. These included items about standing up to peer pressure and making risky choices. **Similar percentages of intervention and comparison students reported that they were confident to deal with staying safe around alcohol.** Over 70 per cent of students 'strongly agreed' or 'agreed' to five of the six items in this area[9] (see Appendix B for list of items). However, **only around half of intervention and comparison students said that they would know what to do to help someone who had drunk too much alcohol.** Therefore, future alcohol education programmes need to consider incorporating information about how to help drunk people, both physically and mentally for students in this age group.

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[9] Or 'disagreed' or 'strongly disagreed' to the negatively worded item ''I often do what my friends do even if I think it might involve some risk'.

4 Impact on knowledge of alcohol and its effects

Key findings:

- In both round 2 and 3 surveys the intervention group scored *significantly* higher than the comparison group in the knowledge questions about alcohol and its effects.

- Knowledge scores increased for both groups over time, but it was a *significantly greater increase* for students in the intervention group.

- The difference in the increased knowledge of alcohol and its effects between intervention and comparison groups equated to 0.3 of a point at both round 2 and 3 surveys.

- There were some gaps in knowledge still, particularly in relation to a lack of understanding of the proportion of young people who drink alcohol (social norms).

All students, regardless of whether they had ever had an alcoholic drink, were asked nine 'true or false' questions which tested their knowledge of alcohol and its effects (listed below in Figure 5). Each student was awarded a score of between zero and nine; one point for each correct answer. Overall, some questions proved easier for students to answer correctly and achieved a very high correct response rate. For example 82 per cent of both intervention and comparison students answered correctly that the statement 'Police can take alcohol from under 18s drinking in a public place' was true. However, students found other questions more difficult, with under a fifth of students answering the questions correctly. For example, **only 20 per cent of intervention and 16 per cent of comparison students answered correctly that the statement 'In 2010, 55 per cent of 11 - 15 year olds in England had never drunk alcohol' was true** (young people often overestimate the numbers of their peers who drink alcohol). There was also a gap in knowledge surrounding how alcohol was broken down in the body ('the liver breaks down most of the alcohol in your body, but if you drink coffee or water you can speed up the process'). Larger numbers of students answered 'not sure' rather than answering incorrectly to all of the questions. This suggests that future alcohol education courses need to focus on these gaps in knowledge to ensure a full coverage. In particular knowing about social norms of alcohol should help to delay onset of drinking if young people are aware of others' drinking habits.

In regards to change over time, looking at average scores overall (Figure 6), the comparison group scored highest on average at baseline (an average score of 4.37, compared with 4.19 for the intervention group), whereas **at both rounds 2 and 3 of the surveys the intervention group scored significantly higher than the comparison group.**

Figure 5: Knowledge of alcohol and its effects (correct answers among all students)
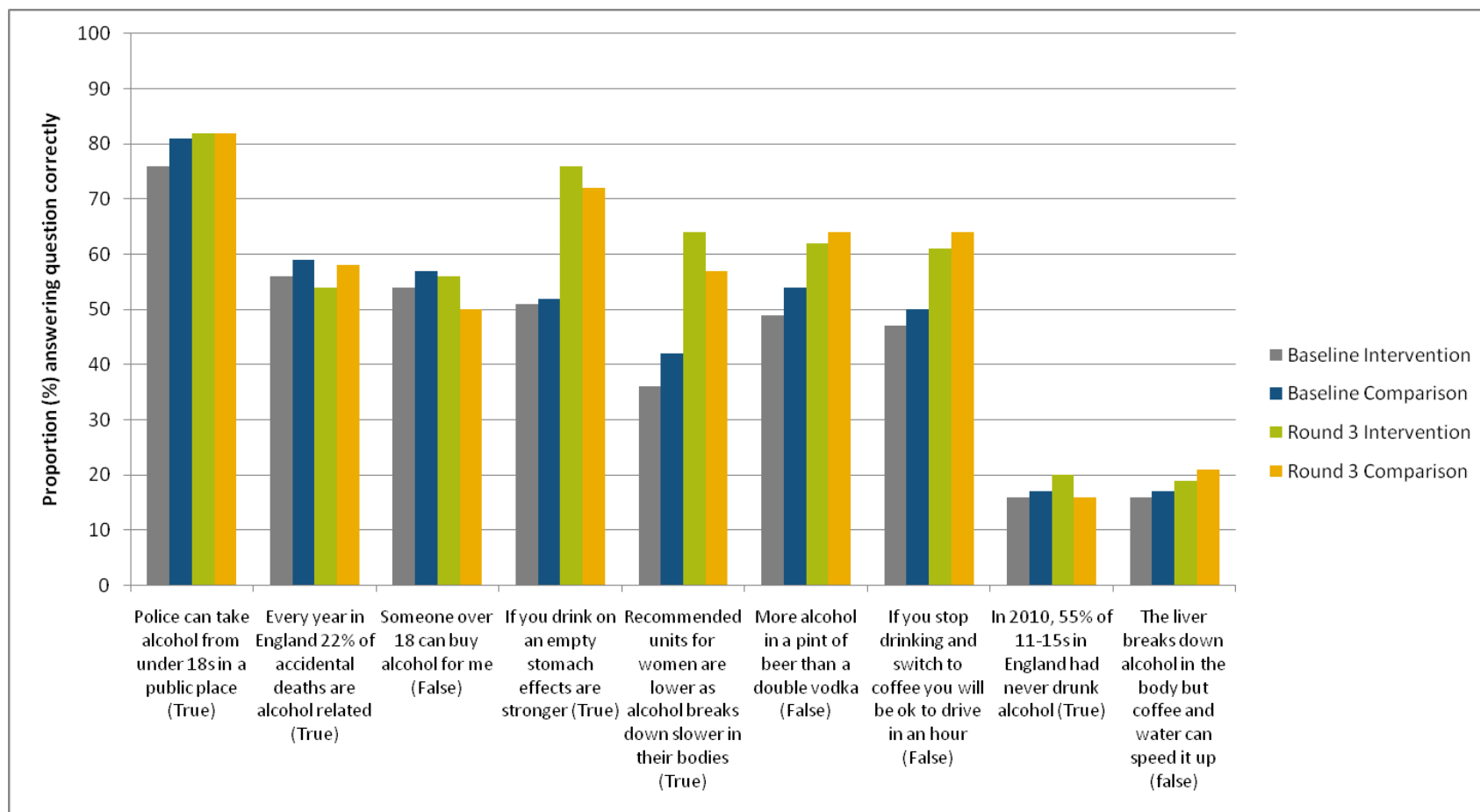
A series of single response questions.
All students were asked this question: N= 2142 baseline intervention, 2015 round 3 intervention, 2268 baseline comparison, 1904 round 3 comparison.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Figure 6: Average knowledge score (0-9) across all students
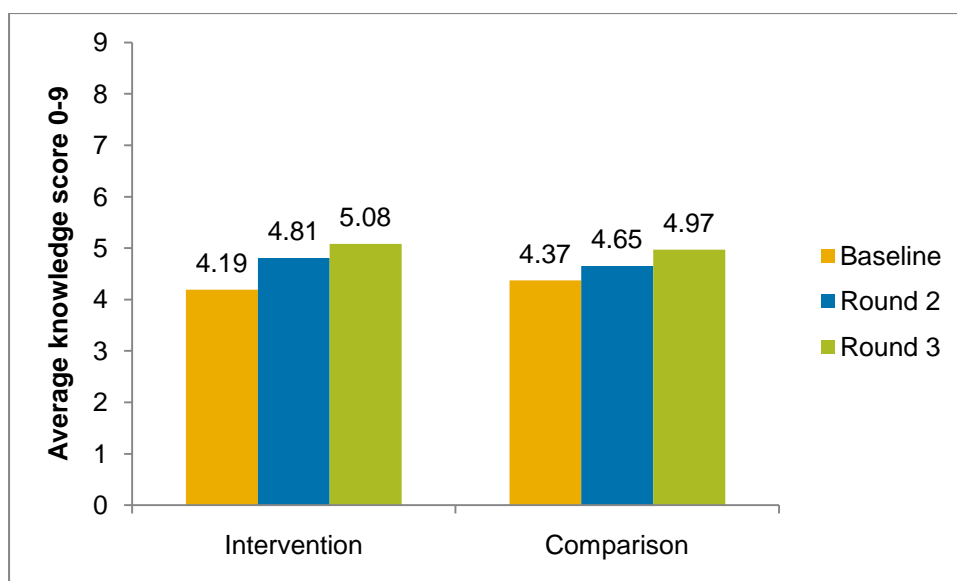
Average knowledge scores across all students

N=2142 intervention baseline, 2203 intervention round 2, 1965 intervention round 3, 2268 comparison baseline, 2095 comparison round 2 and 1852 comparison round 3.
The chart shows model predictions for students with default values for confounders. The knowledge measure has a possible 0-9 points.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Multilevel modelling (see Appendix C) was then carried out to explore whether the intervention had an impact on knowledge score once you controlled for background characteristics such as ethnicity. The findings replicate what was found at round 2 and shows that there was a significant association between receiving the Talk about Alcohol intervention and knowledge of alcohol and its effects; **average knowledge scores increased for both intervention and comparison groups but the increase was significantly greater for students in the intervention group**. Figure 7 shows the change in knowledge for both groups controlling for the confounding factors.

Figure 7:   Change in knowledge of alcohol and its effects, controlling for background measures
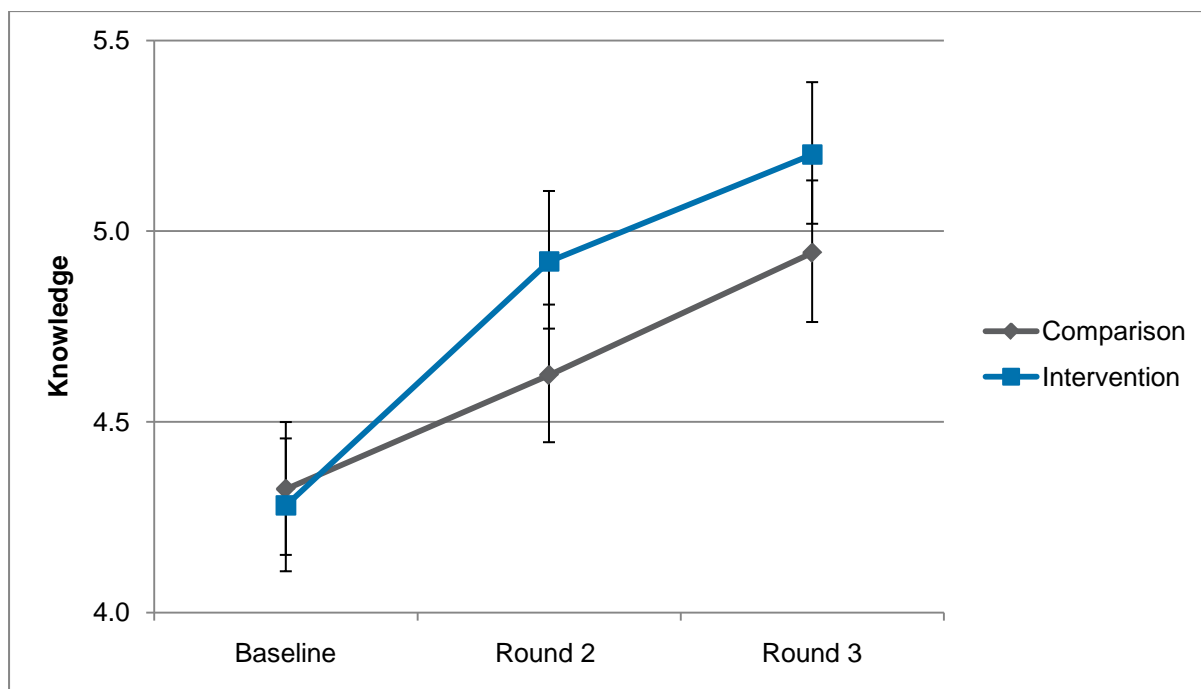
All students were asked the knowledge questions: N= 1965 intervention round 3, 2268 comparison baseline, 2095 comparison round 2 and 1852 comparison round 3.
The chart shows model predictions for students with default values for confounders. The knowledge measure has a possible 0-9 points. Error bars are 95 per cent confidence intervals.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

The difference in the increased knowledge of alcohol and its effects and its effects between intervention and comparison groups equated to 0.3 of a point at both rounds 2 and 3. Impact in terms of effect size was 0.17 at the round 2 survey and 0.15 at the round 3 survey. The Australian SHAHRP project (see above), on which we drew in the design of this study, detected early impact on knowledge, which was also sustained over a longer period.

Figure 8 below illustrates the factors found in the model to be associated with either higher or lower knowledge scores. Some factors cannot be influenced by any intervention, such as a person's ethnic background which cannot change, although intervention materials can incorporate lessons which aim to have an impact on changeable factors, such as self-esteem or attitudes towards school.

Figure 8: change in knowledge scores

- Variables associated with higher knowledge scores:

Having more books in the home	Having a poor relationship with their father	Having a positive attitude to school

Scoring higher on a self-esteem scale	Living with anyone who usually drinks alcohol in the home

- Variables associated with lower knowledge scores:

Living in larger households	Attending an academy school

Asian, Black or describing ethnicity as 'any other not listed' or preferring not to report ethnicity

5 Impact on onset of drinking

Key findings

- Students in the intervention group were significantly less likely than those in the comparison group to have ever had an alcoholic drink at round 3 when you controlled for background characteristics, indicating an association between the intervention and a delay in the onset of drinking.

- Receiving the Talk About Alcohol intervention had a significantly stronger impact on non-white students than white students.

There was an increase over time in the proportion of students in both groups who said they had ever had an alcoholic drink (see Figure 9). This is expected given that research shows that drinking increases with age (Fuller, 2013). Between baseline (age 12-13) and the round 3 survey at least 16 months afterwards (when age 13-14), there was an eight per cent increase in the proportion of students ever having an alcoholic drink amongst the intervention group, compared with a 20 per cent increase in the comparison group. At the round 3 survey, 49 per cent in the intervention group and 63 per cent in the comparison group said they had ever had a whole alcoholic drink.

Figure 9: Have you ever had a whole alcoholic drink?
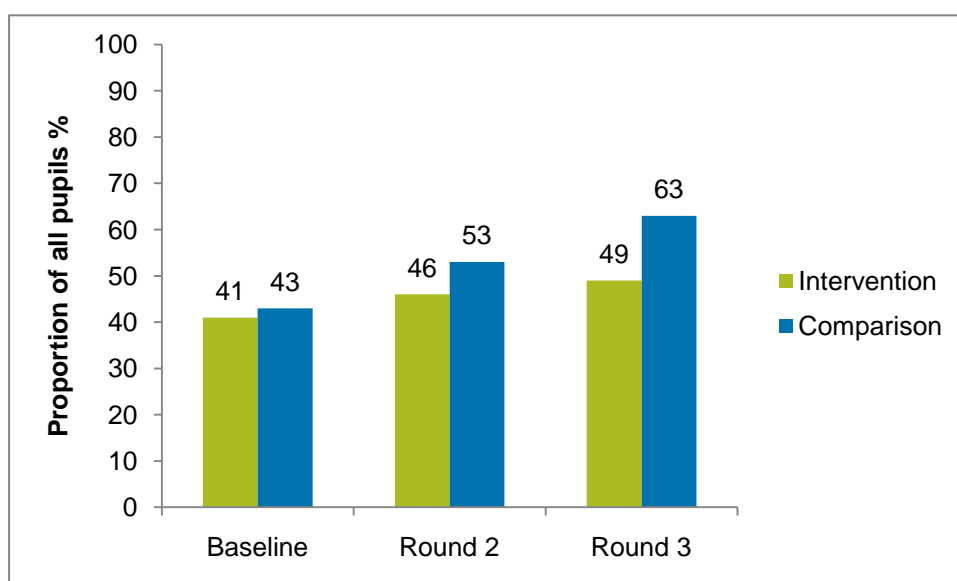
A single response question
All students were asked this question: N= 2142 baseline intervention, 2203 round 2 baseline, 2015 round 3 baseline, 2268 baseline comparison, 2095 round 2 comparison, 1904 round 3 comparison.
Source: *NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.*

Multilevel modelling analysis (see Appendix C) was carried out to explore whether this difference between the groups was statistically significant after taking into account background characteristics.

The results confirm a statistically significant association between receiving the Talk About Alcohol intervention and a delay in the onset of drinking, showing that **the intervention group were significantly less likely than the comparison group to have ever had an alcoholic drink at round 3 when you controlled for background characteristics** (see Figure 10).

Figure 10: Changes in onset of drinking controlling for background factors
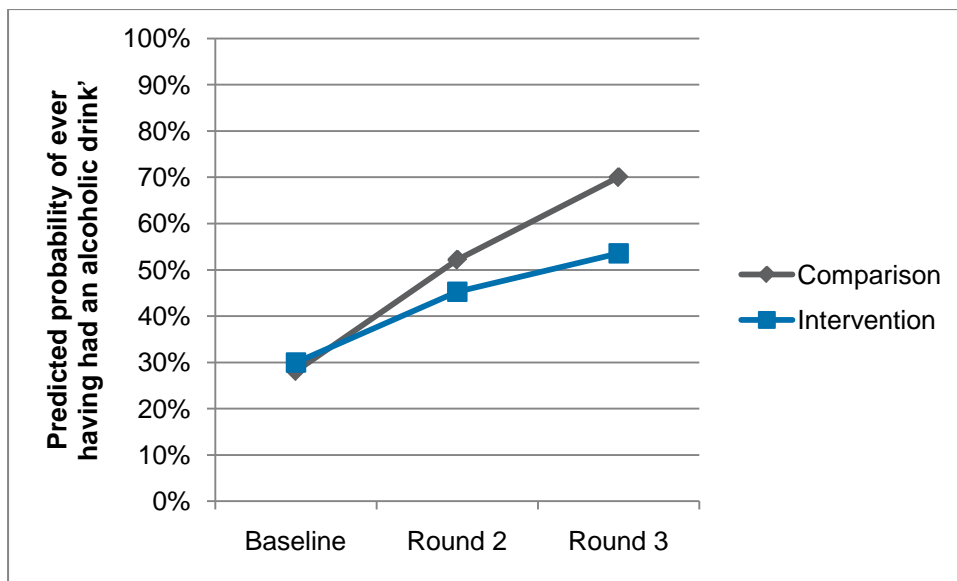
A single response question
All students were asked this question: N= 2142 baseline intervention, 2203 round 2 baseline, 2015 round 3 baseline, 2268 baseline comparison, 2095 round 2 comparison, 1904 round 3 comparison.
Source: *NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.*

Figure 11 shows the variables linked to increased or decreased probability of onset of drinking. Again, some of the factors can be influenced by intervention such as self- esteem or attitudes towards school.

Figure 11: Probability of onset of drinking

- Variables with increased odds of onset of drinking:

Having greater number of siblings

Having a poor relationship with their father

Living with anyone who usually drinks in the home or those who have not answered this question

- Variables with decreased odds of onset of drinking:

Asian, mixed race, Black students, 'other' ethnic group;	Having a positive attitude to school	Scoring higher on a self-esteem scale

Self-reported free school meals
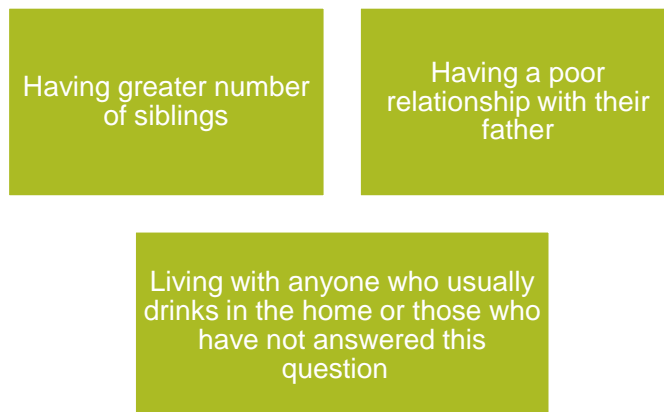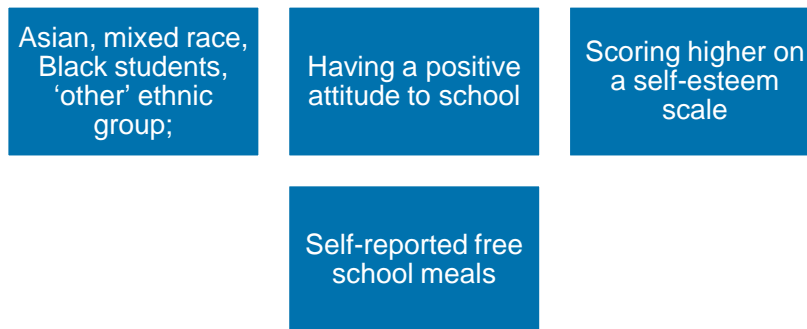
Because of the differences in odds based on ethnic background, we ran another multilevel model to explore the differences of receiving the Talk About Alcohol intervention between white and non-white (all other ethnic groups) students on onset of drinking. Examining the results for white students, onset of drinking is significantly later for white students in the intervention group than the comparison group at round 2 and 3 surveys. In addition, when examining the results for non- white students, onset of drinking is significantly later for non-white students in the intervention group than the comparison groups at round 2 and round 3 surveys. However, **receiving the Talk About Alcohol intervention has a significantly stronger impact on non- white students than white students.** This means that the gap between intervention and comparison students is greater for non- white rather than white students. The variables linked to increased or decreased probability of onset of drinking for the model examining ethnicity were the same as those listed in Figure 11.

Figure 12: Changes in onset of drinking controlling for background factors by ethnicity
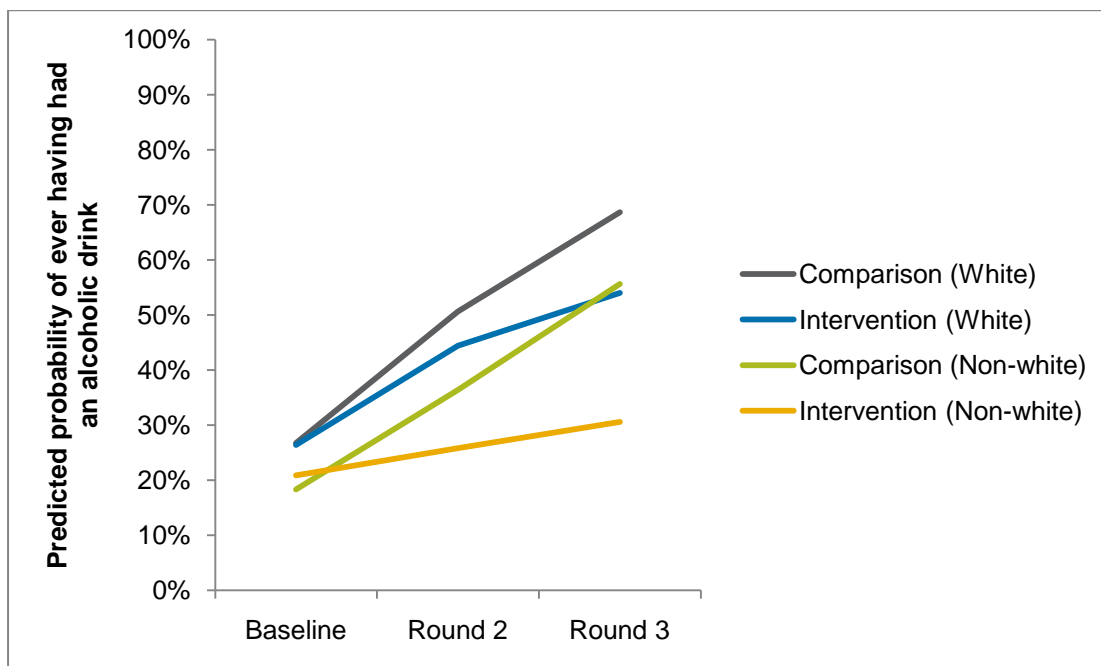
All students were asked this question: N= 2142 baseline intervention, 2203 round 2 baseline, 2015 round 3 baseline, 2268 baseline comparison, 2095 round 2 comparison, 1904 round 3 comparison.
Source: *NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.*

6 Impact on frequency of drinking and being drunk and binge drinking

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Key findings

- Most students who drank alcohol only drank a few times a year/on special occasions.

- There was an increase in frequent drinking over time for *all* students who drank alcohol.

- The intervention group was *not* statistically less likely than those in the comparison group to be frequent drinkers at this stage – but, overall few students are frequent drinkers.

- In both groups, there was an increase over time in students reporting that they had ever been drunk or had experienced binge drinking (16-20 per cent of the whole samples of students at round 3, compared with nine-10 per cent at baseline).

- There was little difference between the intervention and comparison groups in the proportion who had ever been drunk or had experienced binge drinking, but this must be considered in the context of relatively small proportions overall engaging in these risky behaviours, which makes it more difficult to detect the impact of an intervention.

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6.1 Impact on frequency of drinking

As discussed in chapter 2, most students across both groups and time points who reported ever having had a whole alcoholic drink, and who still sometimes drank alcohol, said the reason they drank was on special occasions or a celebration, suggesting that they do not drink frequently. Only small proportions of students across the whole sample drank *more than once a month* (six per cent in the intervention group and nine per cent in the comparison group). Therefore analysis of 'frequent drinking' has been based on students who drink *once a month or more* (14 per cent in the intervention group and 18 per cent in the comparison group) to allow for a sufficiently large group for robust analysis. Figure 13 shows the proportion of students across the whole sample that drank once a month or more, compared to those who drink only a few times a year, those who never drink now and those who have never had a drink. The results show that **most students who drank alcohol only drank a few times a year or on special occasions**. In addition, the proportion of those frequently drinking has increased over time for both groups (at both round 2 and round 3 surveys) and that the proportion of frequent drinkers is at a similar level *between* groups at the round 3 survey.

Figure 13: Frequency of drinking
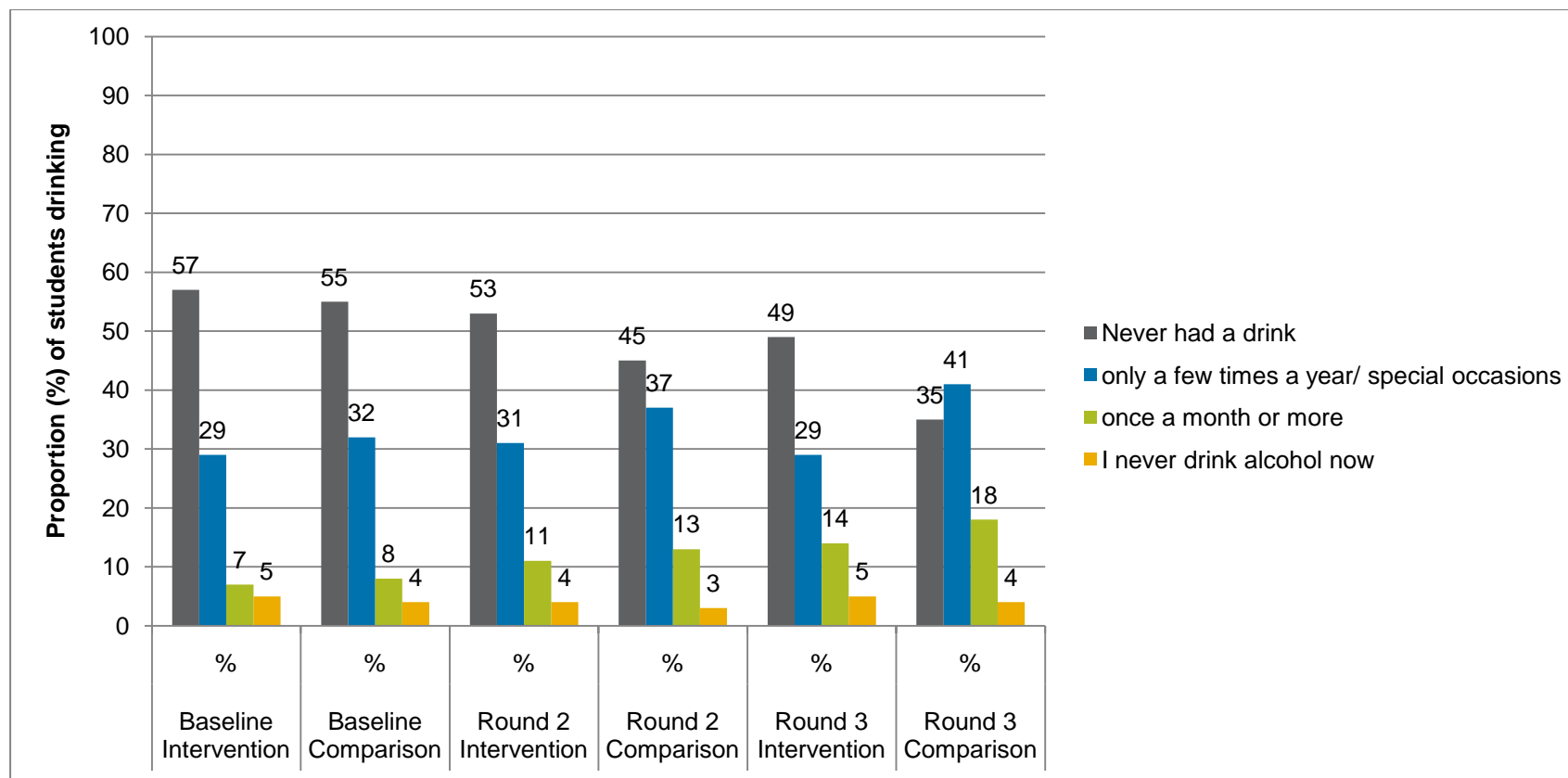
A single response question.

All students: *N= 2142 intervention baseline, 2203 intervention round 2, 2015 intervention round 3, 2268 comparison baseline, 2095 comparison round 2 and 1904 comparison round 3.*

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Multilevel modelling investigated the background characteristics which might be associated with frequency of drinking, including the impact of belonging to the intervention group. The analysis included all students, in both groups, who said they had ever drunk alcohol at either survey time point. This analysis allows for a more robust investigation of any statistically significant difference in proportions of frequent drinkers in the intervention and comparison groups.

The analysis confirmed that **there was an increase in frequency of drinking at both round 2 and 3 surveys for both groups**. However, there was not a statistically significant difference between intervention and comparison groups for any of the surveys. **Those who had Talk About Alcohol sessions were not statistically less likely than those in the comparison group to be frequent drinkers at follow-up. But, this should be considered in the context that small proportions of young people of this age are frequent drinkers overall**. Evidence from the survey of smoking, drinking and drug use among young people aged 11-15 (Fuller, 2013) suggests that the proportion of students drinking once a month or more increases considerably with age, from 14 per cent at age 13, to 25 per cent at age 14 and then to 44 per cent at age 15.

Interestingly, the multilevel modelling revealed that students who had experienced more negative consequences of drinking alcohol[10] had *lower* odds of being a frequent drinker (i.e. drinking once a month or more), suggesting that such experiences had discouraged them from drinking frequently (see Figure 14). Other variables that increase or decrease the probability of frequent drinking are shown in Figure 14. Delaying the onset of drinking also decreases the odds of frequent drinking and therefore this highlights the importance of students starting to drink at an older age.

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[10] Items in question 19, about how students who drank alcohol had felt when drinking, included negative experiences, such as getting sick, having a hangover, getting into trouble with parents, a teacher or the police. Students were then given a score for experiencing 'negative consequences'.

Figure 14: Probability of frequent drinking

- Variables with decreased odds of frequent drinking:

Attending a school with higher proportions of students eligible for FSM	**Attending a school with higher average total point scores for 'best 8' GCSEs**	**Asian, black or 'Other ethnic background'**
Having higher self esteem	**Having a positive attitude to school**	**Having their first alcoholic drink at an older age**
Drinking alcohol for reasons of enjoyment	**Having negative experiences when drinking**	**If their parents do not like them to drink**

- Variables with increased odds of frequent drinking:

Being male	**Having 'negative' reasons for drinking at all**	**If parents let students drink or don't know they drink**
Living with anyone who usually drinks alcohol in the home	**Attending a grammar or comprehensive up to 16 school**	

6.2 Impact on being drunk or binge drinking

The intervention materials were designed drawing on evidence-based programmes, such as EU-Dap programme (referred to above), which has been found to reduce incidents of drunkenness amongst 12-14 year olds. The results from round 3 show that **there has been an increase in the number of students across the whole sample in both groups reporting that they had ever been drunk or that they had experienced binge drinking from baseline and round 2** (from nine-10 per cent *of the whole sample* at baseline to 16-20 per cent at round 3); see Table 2. However, a large proportion of students overall had still not ever had an alcoholic drink (49 per cent of intervention and 35 per cent of comparison students, as shown in Table 2) and so could not have experienced being drunk or binge drinking.

Of the whole sample, 30 per cent of the intervention group (609 students) and 39 per cent in the comparison group (741 students) reported having *never* been drunk. Restricting this analysis to those who had ever had an alcoholic drink (992 students in the intervention group and 1209 in the comparison group), 30 per cent and 39 per cent respectively reported that they had *never* been drunk or experienced binge drinking at round 3.

Across the whole sample, including those who had and *had not* ever had a drink, **only around a tenth of students in both groups had ever been drunk or experienced binge drinking more than once** (10 per cent in the intervention group and 12 per cent in the comparison group). There was little difference between the intervention and comparison groups, but this must be considered in the context of relatively small proportions overall engaging in these risky behaviours, which makes it more difficult to detect the impact of an intervention.

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Table 2: Frequency of being drunk/binge drinking (whole sample)

How many times have you ever been drunk or experienced binge drinking?	Baseline Intervention	Baseline Intervention	Baseline Comparison	Baseline Comparison	Round 3 Intervention	Round 3 Intervention	Round 3 Comparison	Round 3 Comparison
	%	N	%	N	%	N	%	N
Never had an alcoholic drink	57	1214	55	1249	49	996	35	660
Never been drunk	29	611	31	705	30	609	39	741
Once	5	105	5	111	6	116	8	149
More than once	4	96	5	119	10	196	12	235
Ever been drunk	*9*	*201*	*10*	*230*	*16*	*312*	*20*	*174*
I don't know	2	36	1	26	3	51	4	71
No response	4	80	3	58	2	47	3	48
N =	2142	2142	2268	2268	2015	2015	1904	1904

A single response question.

Due to rounding, percentages may not sum to 100.

Includes all students Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

7 Sources of helpful information on alcohol

Key findings

- Students in the intervention group were most likely to report that they had received helpful information about alcohol from PSHE lessons.

- Parents, written materials and films, television and/or radio were also helpful sources.

- Preferred sources of information on alcohol were PSHE lessons and parents.

Students in the intervention group were most likely to report having received helpful information about alcohol from Personal, Social and Health Education (PSHE) lessons. Although this was the case at baseline, suggesting that intervention schools might have been more engaged with PSHE prior to involvement with the intervention, knowledge scores between the two groups were not significantly different at baseline. However, over time, intervention students were still most likely to report having received helpful information about alcohol from PSHE and their knowledge scores were also significantly higher. This suggests that their learning from PSHE (including the intervention lessons) had an impact on knowledge of alcohol and its effects. However, **students in the comparison group were most likely to report having received helpful information from their parents/ carers followed by their PSHE lessons** (see Figure 15). Amongst both groups, there was an increase over time in the percentage of students reporting that they had received useful information about alcohol in PSHE. Other frequently mentioned places students said they had received helpful information were:

- Films, television, radio

- Written materials

- A teacher at school.

Interestingly, there was almost a 50 per cent increase in students responding that social media was a source of useful information between baseline and round 3 (though the proportion of students identifying social media as helpful was still under 30 per cent for both groups). This may be because the legal age of joining Facebook is currently 13 and therefore more students might have been using this medium in the round 3 survey as they were age 13-14.

Figure 15: Sources of helpful information on alcohol
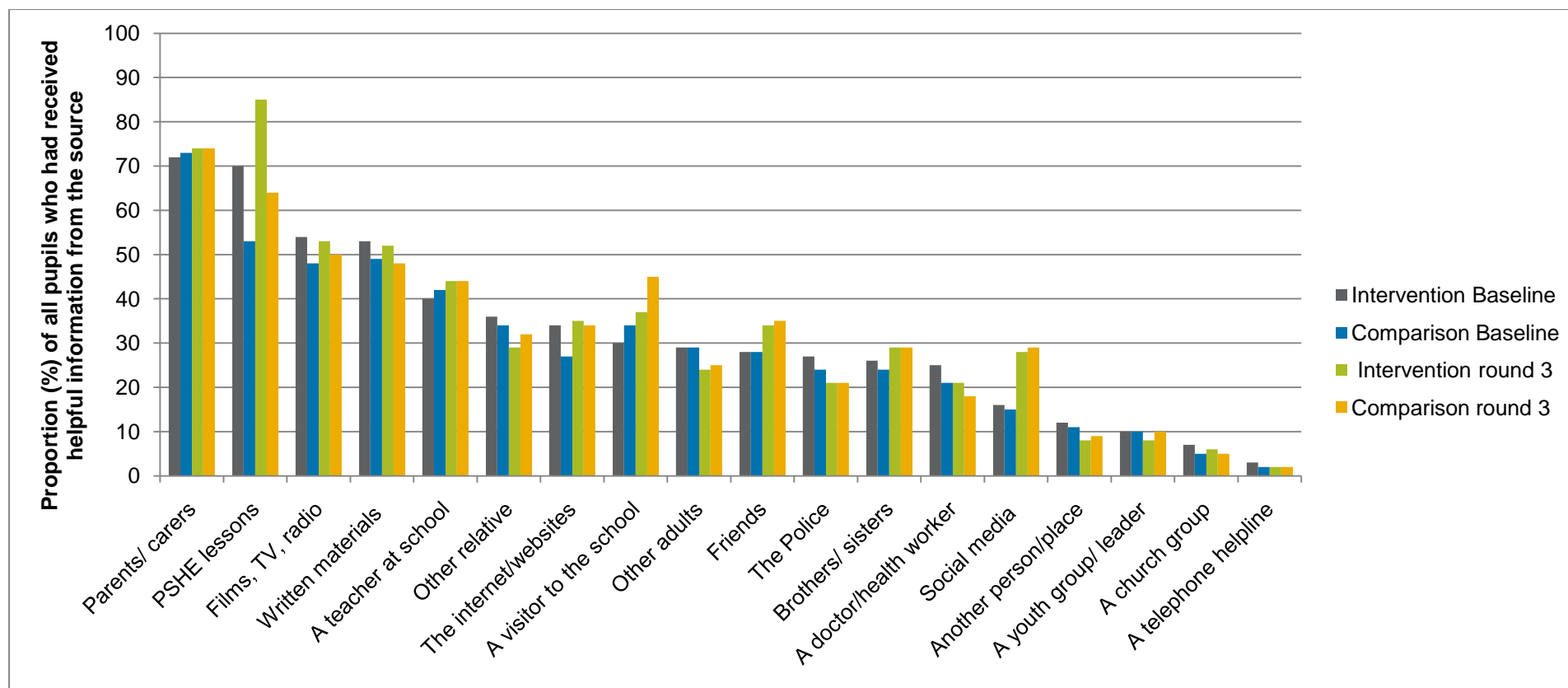
More than once answer could be given.
All students were asked this question: N= 2142 intervention baseline, 2203 intervention round 2, 2015 intervention round 3, 2268 comparison baseline, 2095 comparison round 2 and 1904 comparison round 3.
Source: NFER surveys November 2011- January 2012, May- June 2012 and May- June 2013.

When students were asked which source they *most liked* to get information on alcohol from, the same pattern emerged as to where they had received the information (see Table 3 below for the highest responses and Appendix B for the full table). **Intervention students responded that they preferred to receive information about alcohol from PSHE lessons followed by parents and comparison students responded parents/ carers followed by PSHE lessons**. Films, television, radio, leaflets, magazine, newspaper and booklets and visitors to the schools were also popular choices for both groups of students. PSHE lessons have become more popular with both groups over the time points.

Figure 16: Students' preferred source of information about alcohol (per cent of students selecting source in their top three sources)
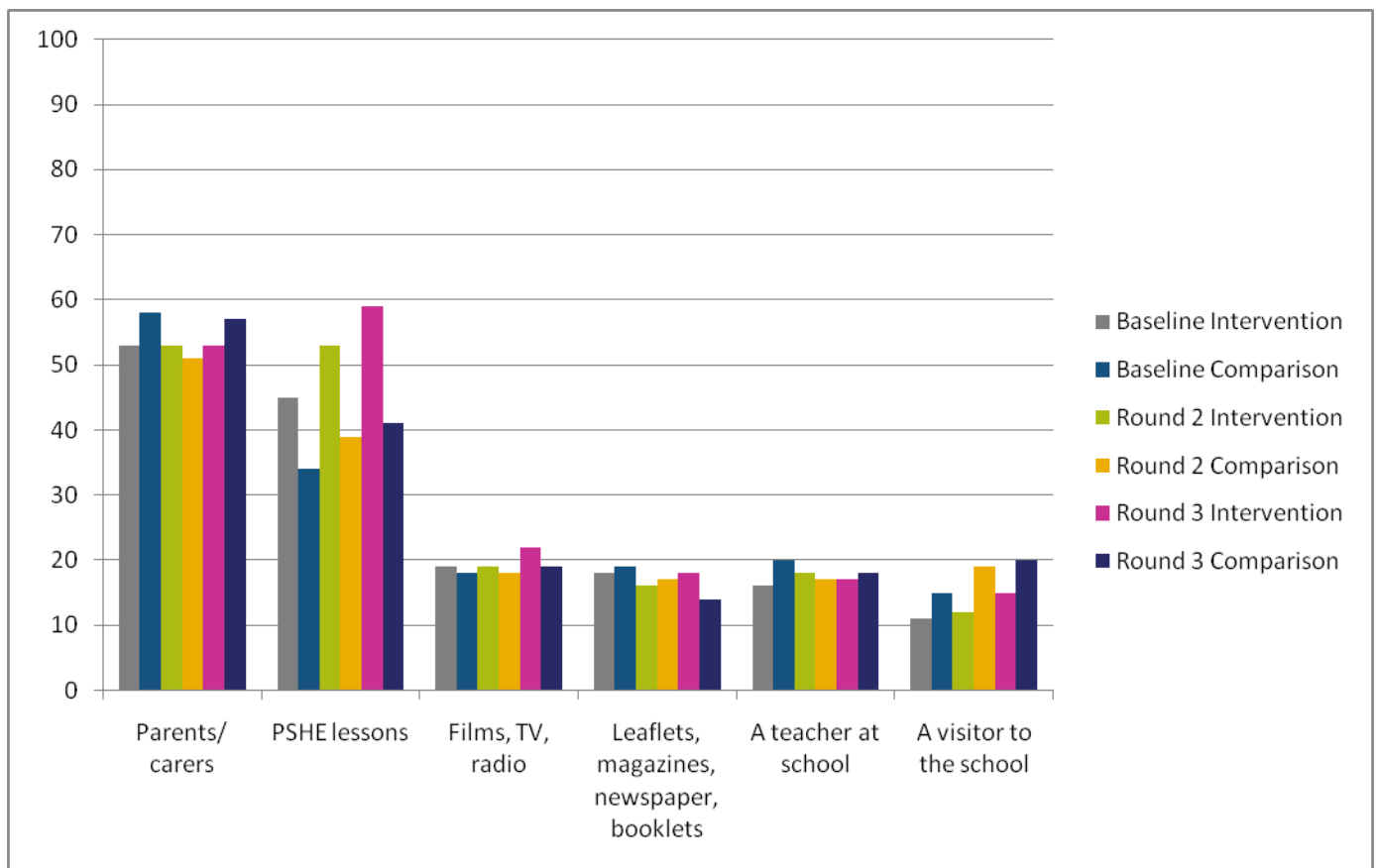
More than one answer could be put forward so percentages may sum to more than 100. Top answers shown.
A filter question: all those who answered that they had received helpful information about alcohol from one of the listed places/ people.
A total of 1653 respondents gave at least one response to this question.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

8 Conclusions and implications

8.1 Conclusions

The evidence from the evaluation of the Talk About Alcohol intervention confirms its success amongst students aged 12-14 in relation to the following key aims:

Onset of drinking: there was evidence of impact on the age at which teenagers start to drink – significantly fewer students in the intervention group than in the comparison had ever had an alcoholic drink by the third survey

Knowledge of alcohol and its effects: there was significant association between the Talk About Alcohol intervention and increased knowledge of alcohol and its effects– while knowledge scores increased for students in both groups, evidence reveals a *significantly greater increase* for students in the intervention group:

Antisocial consequences of drinking: very small proportions of students in either group reported experiencing negative consequences of drinking alcohol

The evidence suggests that the increase in knowledge of alcohol and its effects has helped to inform the decision-making amongst the young people in the intervention group, which has translated into a statistically significant delay in the onset of drinking. **This research will support the Public Health England priority of having evidence of what works in helping young people to live healthy lifestyles and make healthy choices**. It also highlights that the materials can help to fill a gap, identified by Ofsted, (2013) in young people's understanding of the damages associated with alcohol, and that school leaders, teachers and parents can successfully work in partnership to help to address this gap both through the school curriculum and at home. The findings have been submitted to the CAYT repository of evidence, an information service for drug and alcohol education, which can be viewed via: http://www.ifs.org.uk/centres/caytRepPublications,

Moreover, students receiving the Talk About Alcohol lessons were more likely than those in the comparison group to report having **received helpful information about alcohol from PSHE lessons** (according to telephone interviews with teachers this is where the sessions were likely to have been delivered). A small sample of teachers interviewed all gave very positive feedback on the materials and reported that they will continue to use them (see Appendix D).

Although levels of frequency of drinking and binge drinking were lower among intervention schools, there was no evidence of a *statistically significant difference* in **frequency of drinking** (amongst those who drink) or in terms of **prevalence of drinking to get drunk** at this stage. These are arguably longer term impacts that may be achieved at a point beyond the lifetime of the evaluation, when students are older and likely to drink alcohol more frequently as levels at this stage were very low. One hypothesis could be that the increase in knowledge will help to prevent more frequent drinking/binge drinking in the longer-term future, when it might otherwise occur.

The findings draw attention to certain student background characteristics associated with lower knowledge scores, increased probability of ever having an alcoholic drink, and increased probability of being a frequent drinker. Some of these characteristics could not be influenced by any alcohol intervention, such as gender, ethnic background, receipt of free school meals, or the number of siblings in a household. However, some factors can be influenced by intervention, namely having high self esteem, which in turn can act as a protective element against alcohol consumption, having an alcoholic drink for the first time at an older age, and having a positive attitude towards school (again, having a positive outlook could act as a protection against more negative behaviours). Moreover, the association between having increased probability of drinking if parents let their child drink, or if they drink alcohol in the home, can be addressed via parental engagement in an intervention, which Talk About Alcohol builds in to help parents set an example and talk to their children about alcohol.

Although the findings were positive in terms of an increase in knowledge of alcohol and its effects overall, the evidence highlighted some uncertainty in students' understanding of the proportion of young people who drink alcohol (social norms; young people often overestimate the numbers of their peers who drink alcohol) and about how alcohol is broken down in the body, which the intervention could review. Note that larger numbers of students answered 'not sure' rather than answering incorrectly.

8.2 Messages from the evaluation

The report concludes by presenting messages for school leaders and teachers, parents, and policy-makers.

Messages for school leaders and teachers

- **Making a difference to young people:** the evidence shows that participation in six Talk About Alcohol lessons over two academic years brought an increase in students' knowledge of alcohol and its effects, and decreased their likelihood of ever having had an alcoholic drink.

- **Adopting a flexible approach:** the Talk About Alcohol materials offer a free, flexible 'pick and mix' approach, which teachers appreciated (see feedback from a small sample in Appendix D). Teachers reported that lessons were straightforward and manageable to deliver, and that using them had saved time as they did not have to identify and pull together resources from a number of sources.

- **Programme loyalty:** over the two years of the evaluation, only one of 16 intervention schools dropped out, and the small number of teachers interviewed all said they would continue to deliver the lessons. This emphasises programme loyalty.

- **Filling gaps identified by Ofsted:** in a recent evaluation of PSHE, Ofsted identified gaps in students' understanding of damage associated by alcohol and recommended that schools ensure appropriate learning about these issues. Given the evidence of increased knowledge of alcohol and its effects in the intervention group, Talk About Alcohol could be a useful resource in helping to fill that gap.

- **The importance of PSHE:** students receiving the Talk About Alcohol lessons were more likely than those in the comparison group to report having received helpful information about alcohol from PSHE lessons. Intervention students also responded that they preferred to receive information about alcohol from PSHE lessons. Although PSHE is a non-compulsory subject, these findings clearly emphasise its value and importance to young people. The effects of drugs (including alcohol) on behaviour, health and life processes do have to be taught in national curriculum science. In addition, the role of PSHE is not just fact based but encourages informed decision-making, enables pupils to recognise risky situations and how to avoid them, and builds life-skills to facilitate good decision-making and risk avoidance. This programme, delivered in PSHE lessons, has been shown to significantly add value and deliver behaviour change in the delay in the onset on drinking. These are important findings for Academy schools (which have curriculum freedom) to reflect on as these results show that students in Academy schools had lower alcohol knowledge scores. This could suggest that Academy schools are giving alcohol education lower priority compared to comprehensive schools. Although Academy schools have curriculum freedom, it is important for them to fulfil their legal requirement (as set out in the Education Act 2002 and the Academies Act 2010) (England and Wales. Statutes, 2010a and b) to teach a balanced and broad curriculum, which promotes the spiritual, moral, cultural, mental, and physical development of students, and prepares them for the opportunities, responsibilities and experiences of later life. The influence of the headteacher/senior leadership team and the value that is placed on PSHE is likely to be crucial in all schools.

- **Continuing professional development of teachers:** School leaders should consider the value of incorporating the Talk About Alcohol materials into any PSHE/alcohol education training for staff.

- **Engaging parents:** Evidence suggests that parents are an important part of the intervention. Findings show that students are more likely to drink alcohol if their parents let them drink, or if parents drink alcohol in the home. Students also value information from parents. Thus, informing and supporting parents could be preventative. Sessions for parents form part of the Talk About Alcohol intervention, although feedback from teachers suggested that there was often a lack of interest from parents in attending pastoral information sessions, or that time pressures prevented schools from offering sessions. There may be other ways to engage parents, including distributing written information, although not all schools had sent the 'Talking to Kids About Alcohol' leaflet home to parents (see Appendix D). Schools should consider the important issue of how

to engage parents. Schools should consider the important issue of how to engage parents and work with parents on alcohol education.

- **Work in partnership with other schools:** School leaders should consider the benefits of working in partnership with other schools in their locality, in sharing expertise and resources in addressing alcohol education.

Messages for parents

- **Parents as a source of information:** the findings show that students had received helpful information about alcohol from their parents, and that parents were one of their preferred sources of information. Students who lived with anyone who usually drank alcohol in the home had greater knowledge of alcohol and its effects, which could suggest they were more open to talking about alcohol. As drinking in the home was also associated with more negative findings, such as more frequent drinking among students, we are not advocating drinking in the home, although this finding does suggest that all parents should be open to talking about alcohol, given students' reliance on parents/carers as a source of information.

- **Parents as role models:** the evidence revealed that students who lived with someone who drank alcohol, or had parents who did not mind if their child drank alcohol, were more likely to drink frequently (once a month or more).

- **Engaging parents:** teachers reported that it can often be difficult to engage parents in school-based meetings/events, particularly related to pastoral topics. Although the pressures on parents must be acknowledged, in light of the influence of parents over their children, evident from this evaluation, they should consider how best to equip themselves with the knowledge and understanding about alcohol in order to be able to support their child. Parents should consider how to work in partnership with schools to achieve a coordinated approach to educating young people about alcohol.

Messages for policy-makers

- **Impact:** The conclusions in this report relating to the impact of Talk About Alcohol on knowledge of alcohol and its effects and delaying onset of drinking, clearly show that the materials can support the Public Health agenda and policy priorities around alcohol. Feedback from a small sample of teachers also concludes that the materials are flexible to deliver and are engaging.

- **Dissemination:** Key messages from this evaluation would benefit from being disseminated widely, including to health and wellbeing boards which make decisions about local priorities.

- **Promoting high quality PSHE:** The findings emphasise the value and importance of PSHE, indicating that high quality PSHE should be promoted. Policy-makers should consider the importance of PSHE training for trainee and existing teachers and the value of building the Talk About Alcohol materials into such training.

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Appendix A   Sample information

A total of 16 schools were in the intervention group for the first two surveys; one school did not take part in the final survey. Amongst the comparison group, 17 schools participated in the first two surveys, with two not taking part in the final survey. The profile of the schools is illustrated below. Information on the profile of the responding students can be found in Appendix B.

		Intervention (participating)		Comparison		All possible intervention schools approached		Intervention final follow up (participating)		Comparison final follow up	
		Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Government Office Region	Yorkshire & The Humber					3	3	0	0	0	0
	East Midlands					1	1	0	0	0	0
	West Midlands	4	25	3	18	15	15	4	26.7	3	20
	Eastern					1	1	0	0	0	0
	London	6	37	3	18	44	44	6	40	3	20
	South East	4	25	7	41	18	18	4	26.7	5	33.3
	South West	2	13	4	23	17	17	1	6.7	4	26.7
Total		16	100	17	100	99	100.0	15	100	15	100
School type	Infant & Junior (Primary)					1	1	0	0	0	0
	Middle deemed Secondary					1	1	0	0	0	0
	Secondary Modern	1	6	2	12	7	7	1	6.7	2	13.3
	Comprehensive to 16	4	25	2	12	23	23	4	26.7	2	13.3
	Comprehensive to 18	8	50	8	47	45	45	7	46.7	7	46.7
	Grammar	3	19	5	29	12	12	3	20	4	26.7
	Independent school					2	2	0	0	0	0
	Academy					8	8	0	0	0	0
Total		16	100	17	100	99	100	15	100	15	100

		Intervention (participating)		Comparison		All possible intervention schools approached		Intervention final follow up (participating)		Comparison final follow up	
		Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
% students eligible for FSM 2009	Lowest 20%	5	31	7	41	18	19	4	26.7	6	40
	2nd lowest 20%	6	37	4	23.5	23	24	6	40	4	26.7
	Middle 20%	4	25	4	23.5	22	23	4	26.7	3	20
	2nd highest 20%	1	6	2	12	17	18	1	6.7	2	13.3
	Highest 20%					16	17	0	0	0	0
Total		16	100	17	100	96	100	15	100	15	100
Urban/Rural	Rural	3	19	4	23	12	12	2	13.3	4	26.7
	Non-rural	13	81	13	76	86	88	13	86.7	11	73.3
Total		16	100	17	100	98	100	15	100	15	100
Ofsted rating of overall effectiveness of the school	Excellent	8	50	10	59	42	44	8	53.3	9	60
	Good	7	44	4	23	34	36	6	40	4	26.7
	Satisfactory	1	6	2	12	13	14	1	6.7	2	13.3
	Poor			1	6	6	6	0	0	0	0
Total		16	100	17	100	95	100	15	100	15	100
Ofsted rating of the extent to which students adopt healthy lifestyles	Excellent	8	50	9	53	50	53	7	46.7	8	53.3
	Good	7	44	7	41	37	39	7	46.7	6	40
	Satisfactory	1	6	1	6	8	8	1	6.7	1	6.7
Total		16	100	17	100	95	100	15	100	15	100

Appendix B Descriptive frequency data

Surveys were sent to the same classes at each of the three time points (aged 12-13 (in Year 8) at baseline and first follow-up and aged 13-14 (in Year 9) at final follow-up). There was some variation in each responding sample, as some students will have been present or absent at different times, although there was **a core group of 1924 in the intervention group and 1741 in the comparison group who responded to all three surveys**.

Table 1:   Numbers of respondents

	Intervention		Comparison		Timing
	N of schools	N of students	N of schools	N of students	
Baseline	16	2142	17	2268	age 12-13 (Year 8)
					November 2011-January 2012
Follow-up one	16	2203	17	2095	age 12-13 (Year 8)
					May 2012-June 2012
Final survey	15	2015	15	1904	age 13-14 (Year 9)
					May 2013-July 2013

Table Q1 Gender

Are you	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Male	49	50	49	49	50	49
Female	50	50	51	51	50	51
Missing	1	0	0	0	0	0
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Note: Q2 asked for respondent's date of birth, so no table displayed.

Table Q3: Number of people in household

Number of people live with	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
1	4	3	4	3	4	4
2	14	15	15	15	17	15
3	41	43	41	43	41	42
4	25	25	25	25	25	24
5	10	9	9	9	9	10
6 or more	5	5	6	5	4	5
No response	1	1	1	1	0	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q4: Number of siblings

How many brothers and sisters do you have?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
0	8	7	8	7	8	7
1	40	41	39	42	40	40
2	28	25	28	24	28	25
3	13	13	13	13	13	13
4	5	6	5	6	6	6
5	2	3	3	3	3	4
6 or more	3	4	3	4	3	4
No response	1	1	1	1	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q5A: Relationship with Father

Father	Baseline Intervention %	Baseline Comparison %	Round 2 Intervention %	Round 2 Comparison %	Round 3 Intervention %	Round 3 Comparison %
We have a very good relationship	70	69	68	67	66	64
We have an okay relationship	18	20	20	21	22	23
We have a poor relationship	3	3	4	4	4	6
Would rather not answer	6	5	6	5	5	5
No response	3	2	2	2	2	2
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2103.

Table Q5B: Relationship with Mother

Mother	Baseline Intervention %	Baseline Comparison %	Round 2 Intervention %	Round 2 Comparison %	Round 3 Intervention %	Round 3 Comparison %
We have a very good relationship	82	83	79	79	80	77
We have an okay relationship	13	13	15	17	16	17
We have a poor relationship	1	1	2	1	2	3
Would rather not answer	2	2	2	2	1	2
No response	2	1	2	1	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2103.

Table Q5C: Relationship with other carers

Other carers who look after you	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
We have a very good relationship	24	23	27	23	25	21
We have an okay relationship	9	9	12	10	10	11
We have a poor relationship	1	1	1	1	1	2
Would rather not answer	3	3	2	3	2	3
No response	62	64	58	63	62	63
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question. Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2103.

Table Q6: Ethnicity

Ethnic group	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
White	65	79	63	77	62	80
Any other white	5	5	5	6	5	5
Mixed	6	4	5	4	6	4
Asian	13	5	13	6	15	5
Black	7	2	8	3	8	3
Other	2	1	3	2	3	1
Unknown	2	2	2	3	2	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q7: Number of books in the home

How many books are there in your home?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
None	1	2	1	2	1	2
Very few (1-10 books)	7	7	8	8	9	8
Enough to fill one shelf (11-50 books)	22	18	22	16	22	18
Enough to fill one bookcase (51-100)	26	21	24	21	24	20
Enough to fill two bookcases (101-200)	19	21	19	19	17	19
Enough to fill three or more bookcases (more than 200 books)	24	29	25	32	26	31
Missing	1	1	1	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q8: Free school meals eligibility

Do you have free school meals or vouchers for free school meals?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Yes	10	8	9	8	8	7
No	84	86	86	86	87	88
Don't know	4	5	3	4	3	3
Missing	2	1	1	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

A single response question.
Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9A: Attitude towards school

Most of the time I like going to school	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	18	18	19	19	17	17
Agree	51	56	53	53	55	55
Not sure	18	14	15	15	14	13
Disagree	9	9	9	8	10	10
Strongly disagree	3	3	3	3	3	4
No response	1	1	1	1	0	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9B: Attitude towards school continued... (homework/coursework)

I always do my homework/coursework	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	33	33	32	27	27	24
Agree	46	44	48	43	48	46
Not sure	12	14	11	16	14	13
Disagree	7	7	8	9	10	13
Strongly disagree	1	2	1	4	1	3
No response	1	1	1	1	0	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9C: Attitude towards school continued... (school work)

School work is worth doing	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	40	38	40	35	39	35
Agree	43	45	46	47	47	47
Not sure	12	12	10	12	11	12
Disagree	2	3	2	3	2	3
Strongly disagree	2	2	1	2	1	2
No response	1	1	1	1	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9D: Attitude towards school continued... (behaviour)

I am well behaved in school	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	29	28	30	27	31	26
Agree	47	49	49	48	50	52
Not sure	19	18	17	18	15	16
Disagree	3	3	3	4	3	3
Strongly disagree	1	1	1	2	1	1
No response	1	1	1	1	0	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9E: Attitude towards school continued... (learning)

I enjoy learning	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	20	22	19	19	19	17
Agree	44	46	48	46	50	51
Not sure	25	22	22	22	22	21
Disagree	7	7	7	8	6	6
Strongly disagree	2	2	2	3	2	2
No response	2	2	2	2	1	2
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9F: Attitude towards school continued... (work in lessons)

The work I do in lessons is a waste of time	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	1	2	1	2	1	2
Agree	4	4	4	4	4	4
Not sure	17	15	16	16	18	18
Disagree	45	44	48	46	50	49
Strongly disagree	32	33	30	29	27	25
No response	2	1	1	2	1	2
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9G: Attitude towards school continued... (punctuality)

I am often late for school or lessons	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	1	2	1	2	1	2
Agree	4	5	5	5	5	5
Not sure	8	9	8	9	7	8
Disagree	35	35	34	35	36	36
Strongly disagree	50	47	50	47	50	47
No response	2	2	2	2	1	2
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q9H: Attitude towards school continued... (truancy)

I sometimes skip school or lessons/play truant from school	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	1	0	1
Agree	1	1	1	1	1	2
Not sure	3	3	2	3	2	3
Disagree	14	12	14	13	14	14
Strongly disagree	80	82	82	81	81	79
No response	1	1	1	1	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q10A: Attitude towards life/self

My life is going well	Baseline Intervention %	Baseline Comparison %	Round 2 Intervention %	Round 2 Comparison %	Round 3 Intervention %	Round 3 Comparison %
Strongly agree	45	45	41	43	37	37
Agree	41	42	44	42	48	47
Not sure	10	9	10	10	10	11
Disagree	3	2	3	2	3	3
Strongly disagree	1	0	1	1	0	1
No response	1	1	1	1	0	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q10B: Attitude towards life/self continued... (depression)

I feel unhappy or depressed	Baseline Intervention %	Baseline Comparison %	Round 2 Intervention %	Round 2 Comparison %	Round 3 Intervention %	Round 3 Comparison %
Strongly agree	1	1	2	2	2	3
Agree	6	6	6	5	6	8
Not sure	16	14	15	14	15	15
Disagree	35	33	34	36	36	35
Strongly disagree	40	44	41	41	40	38
No response	2	2	2	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q10C: Attitude towards life/self continued... (health)

My health is good	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	42	45	40	42	36	37
Agree	43	42	46	44	47	48
Not sure	11	9	11	10	13	11
Disagree	2	1	2	1	3	3
Strongly disagree	0	0	1	1	0	1
No response	2	2	1	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q10D: Attitude towards life/self continued... (people to talk to)

When I'm worried about something, I have people I can talk to	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	46	48	45	45	39	39
Agree	35	33	35	36	42	39
Not sure	11	11	12	12	12	13
Disagree	4	3	4	4	4	5
Strongly disagree	3	2	2	2	2	2
No response	1	2	2	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q10E: Attitude towards life/self continued... (concentration)

I can't concentrate on what I'm doing	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	8	7	7	6	6	6
Agree	15	13	15	14	15	16
Not sure	19	19	19	19	21	17
Disagree	37	36	35	38	38	39
Strongly disagree	20	23	21	21	20	21
No response	2	2	2	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q10F: Attitude towards life/self continued... (confidence)

I feel confident in myself	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	25	25	24	23	20	20
Agree	46	46	45	45	43	43
Not sure	21	20	18	20	23	21
Disagree	5	6	8	8	9	11
Strongly disagree	2	2	3	3	4	5
No response	2	2	2	2	1	1
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q11: Ever had an alcoholic drink

Have you ever had an alcoholic drink - more than just a sip/taste? (e.g a whole drink)	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Yes	41	43	46	53	49	63
No	57	55	53	45	49	35
No response	2	2	2	2	1	2
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q12: Age of first alcoholic drink

How old were you when you had your first alcoholic drink?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
3	0	0	0	1	0	0
4	1	0	1	1	1	0
5	2	1	1	1	1	1
6	1	1	2	1	1	0
7	3	4	3	2	2	2
8	3	4	4	4	3	3
9	8	8	5	5	4	4
10	18	20	16	16	10	12
11	28	26	23	22	15	14
12	28	28	31	29	26	25
13	3	3	12	13	24	26
14	0	0	0	0	9	8
No response	4	4	3	5	5	4
Total %	100	100	100	100	100	100
N =	888	984	1006	1104	992	1209

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q13: Location of first alcoholic drink

Where did you have your first alcoholic drink?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
At home, when my parents/carers were there	56	66	59	59	59	65
At home, when my parents/carers were out	2	1	1	1	2	1
At my friend's house	5	3	5	4	7	6
Outdoors, in a park, square, street corner	1	1	1	1	1	1
In a bar, pub, nightclub or disco	2	2	1	2	3	1
At an event outside the home e.g. a wedding or party	25	19	25	24	23	21
Other place	6	6	4	5	3	3
No response	4	3	3	3	2	2
Total %	100	100	100	100	100	100
N =	888	984	1006	1104	992	1209

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q14: Frequency of drinking alcohol

How often do you usually have an alcoholic drink?	Baseline Intervention %	Baseline Comparison %	Round 2 Intervention %	Round 2 Comparison %	Round 3 Intervention %	Round 3 Comparison %
Every day or almost every day	0	0	0	1	1	0
About twice a week	1	2	1	2	2	3
About once a week	2	3	2	3	4	4
About once every two weeks	5	4	5	6	6	8
About once a month	9	8	14	11	17	14
Only a few times a year/ special occasions	70	72	67	68	59	64
I never drink alcohol now	11	9	9	6	10	7
No response	2	2	2	1	1	1
Total %	100	100	100	100	100	100
N =	888	984	1006	1104	992	1209

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q15: Who students are with when they drink alcohol

	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
On my own	2	1	3	3	2	4
With my girlfriend or boyfriend	1	2	2	2	3	2
With friends of the same sex as me	9	9	12	10	15	16
With friends of the opposite sex	2	3	4	3	7	5
With a group of friends of both sexes	13	9	19	13	30	22
With my parents or carers	74	78	71	73	68	71
With my brother, sister, or other relatives	34	33	36	36	38	36
With other people	11	10	10	9	11	11
No response	1	1	0	1	0	0
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

More than one answer could be given so percentages may sum to more than 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q16: Types of alcohol consumed

	Baseline Intervention %	Baseline Comparison %	Round 2 Intervention %	Round 2 Comparison %	Round 3 Intervention %	Round 3 Comparison %
Beer/lager	30	31	34	33	35	40
Shandy (mix of beer/lager and lemonade)	38	40	38	38	31	32
Wine	31	33	33	29	25	29
Alcopops/pre-mixed drinks (e.g. Bacardi Breezer, Reef, Smirnoff Ice, WKD)	39	34	49	39	54	45
Spirits (e.g. vodka, gin)	14	13	19	14	23	21
Cider	24	24	27	27	34	34
Other type of drink	26	28	22	27	17	23
No response	1	1	1	1	1	1
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

More than one answer could be given so percentages may sum to more than 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q17: Usual location of alcohol consumption

	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
At home, when my parents/carers are there	68	76	69	70	66	74
At home, when my parents/carers are out	3	2	5	4	4	5
At my friend's house	11	8	15	13	23	21
Outdoors, in a park, square, street corner	2	2	5	4	5	5
In a bar, pub, nightclub or disco	6	3	5	5	6	5
At an event outside home e.g. a wedding or party	43	40	54	45	51	45
Other place	10	9	8	10	7	7
No response	2	1	1	1	1	1
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

More than one answer could be given so percentages may sum to more than 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

Table Q18A: Reasons for drinking alcohol

My friends drink alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	1	1	2	2	4	2
Agree	9	5	13	8	16	13
Not sure	18	13	15	16	17	13
Disagree	24	25	29	29	36	35
Strongly disagree*	43	50	37	42	25	33
No response	5	5	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

A single response question

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

*Note that there was a print error in the round 3 survey and 'strongly disagree' appeared as 'strongly agree'; we have not reported the 'strongly disagree' findings and 'tested' the impact on the multi-level model analysis by including and excluding this variable and there was no difference in results. This applies for all of Q18.

Table Q18B: Reasons for drinking alcohol continued... (family)

My family drink alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	6	5	5	5	4	3
Agree	27	23	24	26	25	26
Not sure	19	20	17	14	17	16
Disagree	22	22	28	27	31	31
Strongly disagree*	21	25	24	25	18	21
No response	5	5	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013.

*See note in Table 18A

Table Q18C: Reasons for drinking alcohol continued... (curiosity)

I'm curious about alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	2	2	3	2	2	3
Agree	18	18	20	16	17	19
Not sure	25	22	23	23	22	20
Disagree	25	22	30	28	36	34
Strongly disagree*	25	31	22	28	19	21
No response	6	5	3	4	3	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 18A

Table Q18D: Reasons for drinking alcohol continued... (feeling part of a group)

I don't want to feel left out	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	2	1	2	1	1	1
Agree	8	6	8	7	7	6
Not sure	12	10	11	10	11	10
Disagree	29	25	33	33	45	41
Strongly disagree*	45	51	42	45	32	38
No response	5	6	3	4	3	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013. *See note in Table 18A

Table Q18E: Reasons for drinking alcohol continued... (fun)

It is fun	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	5	4	5	5	6	8
Agree	16	12	19	18	27	22
Not sure	22	22	27	22	27	23
Disagree	22	22	20	24	22	24
Strongly disagree*	30	36	26	27	16	19
No response	5	5	3	3	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18F: Reasons for drinking alcohol continued... (excitement)

It is exciting and risky to drink alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	3	3	2	3	2	3
Agree	13	8	12	8	11	11
Not sure	15	16	20	18	21	17
Disagree	28	23	27	30	37	35
Strongly disagree*	36	43	35	37	25	30
No response	5	6	4	4	3	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 18A

Table Q18G: Reason for drinking alcohol continued... (taste)

I like the taste of the alcohol I drink	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	11	12	9	14	12	15
Agree	42	40	50	45	56	51
Not sure	22	19	18	18	15	15
Disagree	8	10	9	8	7	9
Strongly disagree*	11	15	11	11	7	7
No response	5	5	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18H: Reason for drinking alcohol continued... (like the feeling)

I like how I feel when I drink alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	3	3	3	5	3	5
Agree	9	10	14	12	17	20
Not sure	30	28	32	29	36	31
Disagree	24	21	24	23	26	23
Strongly disagree*	28	33	24	26	14	19
No response	6	5	4	5	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18I: Reason for drinking alcohol continued... (sociable)

It's relaxing and sociable to drink alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	3	4	3	5	5	6
Agree	17	21	22	22	33	33
Not sure	28	24	28	25	27	26
Disagree	22	17	21	22	19	18
Strongly disagree*	25	29	22	22	13	15
No response	6	5	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18J: Reason for drinking alcohol continued... (pressured)

I feel pressured to drink by my friends	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	1	0	1	1	1	0
Agree	2	2	2	2	2	2
Not sure	6	8	9	8	7	7
Disagree	24	18	25	25	35	28
Strongly disagree*	61	66	60	61	51	60
No response	6	5	3	5	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18K: Reasons for drinking alcohol continued... (tempted in shops)

I am tempted when I see alcohol in shops/supermarkets	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	1	1	1	2	1	1
Agree	3	3	2	3	3	4
Not sure	7	5	10	6	8	7
Disagree	25	19	26	25	35	29
Strongly disagree*	58	66	57	60	50	55
No response	6	6	4	5	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18L: Reason for drinking alcohol continued... (feel grown up)

It makes me feel more grown up	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	3	4	3	3	2	3
Agree	19	18	19	19	18	17
Not sure	19	16	19	15	17	18
Disagree	25	25	26	26	32	30
Strongly disagree*	29	33	30	32	27	28
No response	5	4	3	4	4	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18M: Reason for drinking alcohol continued... (to impress others)

I drink alcohol to impress girls/boys I like	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	1	0	1
Agree	2	2	1	1	2	2
Not sure	8	6	9	7	7	6
Disagree	28	23	31	26	38	33
Strongly disagree*	57	64	55	59	50	55
No response	5	5	4	5	4	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18N: Reason for drinking alcohol continued... (to get drunk)

I like to get drunk	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	3	1	2	3	2	2
Agree	3	4	5	5	7	8
Not sure	12	10	12	12	17	14
Disagree	21	17	25	21	30	26
Strongly disagree*	56	63	53	54	40	46
No response	5	6	4	5	3	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q18O: Reason for drinking alcohol continued... (boredom)

I'm bored/have nothing else to do	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	1	1	0	1	1	2
Agree	3	3	4	4	4	4
Not sure	9	6	9	8	8	8
Disagree	24	21	27	25	37	29
Strongly disagree*	57	63	56	57	46	53
No response	5	6	4	5	4	4
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 18A

Table Q18P: Reason for drinking alcohol continued... (special occasion)

It is a special occasion e.g. Christmas, birthday, other celebration	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	45	54	47	54	42	47
Agree	44	38	45	36	47	43
Not sure	5	4	4	5	5	4
Disagree	1	1	1	2	2	2
Strongly disagree*	2	1	1	1	1	1
No response	3	3	3	2	2	2
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013
*See note in Table 18A

Table Q19A: Pupils' reaction to drinking alcohol (relaxed)

Felt relaxed and outgoing	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	8	11	16	13	18	20
Sometimes/at least once	37	39	37	39	45	42
Never	50	48	44	45	34	35
No response	5	2	2	4	2	2
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19B: Pupils' reaction to drinking alcohol continued... (forget problems)

Forgotten about my problems for a while	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	10	10	15	13	15	17
Sometimes/at least once	23	25	25	25	29	26
Never	62	63	57	59	53	54
No response	5	3	3	3	2	2
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19C: Pupils' reaction to drinking alcohol continued... (could not stop)

Felt that I could not stop drinking	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	2	2	2	2	2	2
Sometimes/at least once	6	6	7	6	8	7
Never	86	89	88	88	87	88
No response	5	3	3	4	2	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19D: Pupils' reaction to drinking alcohol continued... (got a hangover)

Got a hangover in the morning	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	4	3	3	5	5	5
Sometimes/at least once	13	14	16	15	21	21
Never	78	81	78	77	72	71
No response	5	2	3	4	2	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19E: Pupils' reaction to drinking alcohol continued... (tried other substances)

Tried other drugs/substances	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	1	1	0	1	1	1
Sometimes/at least once	3	2	4	2	5	4
Never	90	91	93	87	91	85
No response	6	6	3	10	2	10
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19F: Pupils' reaction to drinking alcohol continued... (got sick)

Got sick	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	3	2	3	3	4	3
Sometimes/at least once	11	10	11	13	14	13
Never	81	86	83	81	80	81
No response	5	2	3	4	2	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19G: Pupils' reaction to drinking alcohol continued... (regretted actions)

Done something I regretted	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	2	2	3	3	5	4
Sometimes/at least once	10	7	10	8	10	10
Never	83	89	85	85	83	83
No response	6	2	3	4	2	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19H: Pupils' reaction to drinking alcohol continued... (passed out)

Passed out	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	1	1	1	1	1	2
Sometimes/at least once	3	2	3	4	5	4
Never	91	95	93	91	91	91
No response	5	2	3	4	2	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19I: Pupils' reaction to drinking alcohol continued... (affected schoolwork)

Could not concentrate in school/ affected my schoolwork	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	1	1	0	1	0	1
Sometimes/at least once	5	2	5	3	4	3
Never	89	94	92	92	93	93
No response	5	2	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19J: Pupils' reaction to drinking alcohol continued... (in trouble with police)

Been in trouble with the police	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	1	1	1	2	1	1
Sometimes/at least once	2	2	3	3	4	3
Never	91	95	93	92	92	93
No response	6	2	3	4	2	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19K: Pupils' reaction to drinking alcohol continued... (unplanned sexual activity)

Had unplanned sexual contact/activity	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	0	0	1	2	1	1
Sometimes/at least once	3	2	3	2	5	4
Never	92	91	93	86	91	85
No response	5	6	3	9	3	10
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19L: Pupils' reaction to drinking alcohol continued... (in trouble with parents)

Got in trouble with my parents	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	2	2	2	2	1	2
Sometimes/at least once	9	8	11	10	12	9
Never	83	87	84	84	83	85
No response	6	3	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19M: Pupils' reaction to drinking alcohol continued... (in trouble with teacher)

Got in trouble with my teacher	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	2	1	1	1	1	0
Sometimes/at least once	2	2	2	1	2	1
Never	91	95	93	94	94	96
No response	6	3	3	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q19N: Pupils' reaction to drinking alcohol continued... (fight or argument)

Been in a fight or argument	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Often	3	3	2	3	3	4
Sometimes/at least once	11	10	9	10	12	11
Never	81	85	85	83	83	83
No response	6	2	4	4	3	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q20: Parents' reaction to pupil drinking alcohol

How do your parents/carers feel about you drinking alcohol?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
They don't like me drinking alcohol at all	5	4	5	4	4	5
They don't mind as long as I don't drink too much	74	77	76	75	76	77
They let me drink as much as I like	0	1	1	1	1	1
They don't know I drink	3	2	4	3	4	4
Don't know	11	14	10	12	11	9
No response	8	4	3	5	4	3
Total %	100	100	100	100	100	100
N =	771	874	902	1020	882	1114

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes' and not q14 'never drink alcohol now'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q21: Frequency of being drunk/binge drinking

How many times have you ever been drunk or experienced binge drinking?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Never	68	71	66	66	61	61
Once	12	11	13	12	12	12
2-5 times	8	10	11	9	13	14
6-10 times	2	1	2	2	4	3
More than ten times	1	1	1	2	2	2
I don't know	4	3	4	6	5	6
No response	6	3	3	4	2	2
Total %	100	100	100	100	100	100
N =	888	984	1006	1104	992	1209

Due to rounding, percentages may not sum to 100.

A filter question: all those who answered [q11='yes'].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q22: Purchasing alcohol

Have you ever bought or tried to buy any alcohol? This includes buying alcohol for someone else.	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
No, never	89	92	92	90	90	90
Yes, in the last four weeks	1	1	1	1	2	2
Yes, between 1 month and 6 months ago	2	2	2	2	4	3
Yes, but more than 6 months ago	2	2	3	2	2	3
No response	6	3	3	5	3	2
Total %	100	100	100	100	100	100
N =	888	984	1006	1104	992	1209

Due to rounding, percentages may not sum to 100.
A filter question: all those who answered [q11='yes'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Note that in Tables Q23 and Q24, numbers rather than percentages are presented, as the questions were filter questions with small numbers of respondents.

Table Q23: Reactions when tried to purchase alcohol

What happened the last time you tried to buy alcohol?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	N	N	N	N	N	N
I bought some alcohol	27	24	41	33	38	62
They refused to sell me alcohol	9	13	10	19	25	21
No response	6	6	7	9	9	10
N =	42	43	58	61	72	93

The table presents numbers rather than percentages.
A single response question.
A filter question: all those who answered [q11='yes' and q22 'yes'].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q24: Where alcohol was purchased

If you have bought alcohol, where/who have you bought it from?	Intervention Baseline	Comparison Baseline	Intervention Round 2	Comparison Round 2	Round 3 Intervention	Round 3 Comparison
	N	N	N	N	N	N
In a pub, bar, nightclub or disco	8	0	7	10	3	16
From an off licence	9	6	20	15	20	30
From a shop or supermarket	6	6	11	11	11	15
From a garage	1	2	1	13	5	9
From a friend	10	9	18	14	16	25
From parents/carers	4	1	2	5	4	10
From another member of the family	5	3	6	7	3	10
From someone else, outside the family	5	4	11	13	5	15
Off the street (e.g. from a van/someone's house or garage)	5	0	5	9	6	11
No response	2	0	0	0	0	0
N =	27	24	41	33	38	62

The table presents numbers rather than percentages.
More than one answer could be given.
A filter question: all those who answered [q11='yes' and q22 'yes' and q23 'I bought some alcohol)].
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q25: Reasons for never drinking alcohol

	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
It is dangerous and bad for your health	67	64	65	67	57	58
I have learned about the negative aspects about alcohol	56	53	57	61	45	52
I am really into sport and working out, so I don't drink	18	21	18	21	15	14
Alcohol is too expensive	6	5	5	7	5	5
I don't like the taste	31	37	31	41	29	40
I am allergic	1	0	1	1	0	1
My friends do not drink	16	15	17	18	10	16
I don't want to get in trouble with my parents or teachers	38	35	38	40	33	34
Religious reasons	16	5	18	7	18	7
It's against the law to buy alcohol if you're under 18	59	60	57	59	42	50
It is too difficult to get alcohol	5	4	4	5	5	5
Other reasons	17	18	17	16	13	16
No response	6	6	6	7	6	6
Total %	100	100	100	100	100	100
N =	1214	1249	1157	950	996	660

More than one answer could be given so percentages may sum to more than 100.

A filter question: all those who answered [q11=no].

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q26: Drinking inside the home

Does anyone you live with usually drink alcohol inside your home?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Yes	55	57	55	57	54	58
No	40	32	41	31	42	28
No response	5	10	4	13	4	13
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Tables Q27A-I display responses to a knowledge question. Correct answers are shaded

Table Q27A: Knowledge question

Someone over 18 can buy alcohol for me as long as I don't buy it myself	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	22	22	26	26	26	29
False	54	57	54	53	56	50
Not sure	19	18	17	17	15	17
No response	5	3	3	4	3	3
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27B: Knowledge question

There is more alcohol in a pint of beer (normal strength) than a double vodka	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	7	6	6	6	5	6
False	49	54	58	57	62	64
Not sure	39	37	33	33	30	27
No response	5	3	3	4	3	3
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27C: Knowledge question

If you stop drinking alcohol and switch to soft drinks or coffee you will be OK to drive after an hour	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	15	16	14	12	10	10
False	47	50	53	56	61	64
Not sure	33	32	29	28	25	23
No response	5	3	3	4	3	4
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27D: Knowledge question

If you drink on an empty stomach the effects are stronger	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	51	52	67	61	76	72
False	4	6	5	4	3	3
Not sure	40	40	25	30	17	21
No response	5	3	3	5	3	3
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27E: Knowledge question

Recommended alcohol units for women are lower because alcohol breaks down slower in their bodies and they have less body water than men	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	36	42	58	49	64	57
False	9	8	7	8	7	8
Not sure	50	48	31	37	27	31
No response	6	3	4	5	3	4
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27F: Knowledge question

In 2010, 55% of 11 - 15 year olds in England had never drunk alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	16	17	21	17	20	16
False	27	33	28	31	28	36
Not sure	51	47	47	46	48	44
No response	6	3	4	5	4	4
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27G: Knowledge question

Police can take alcohol from under 18s drinking in a public place e.g. park or street	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	76	81	81	80	82	82
False	4	3	3	3	3	3
Not sure	15	13	11	11	12	11
No response	6	3	5	6	4	4
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27H: Knowledge question

Every year in England 22% of accidental deaths are alcohol related	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	56	59	57	58	54	58
False	4	5	4	5	5	6
Not sure	34	33	33	32	37	33
No response	6	3	5	6	4	4
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q27I: Knowledge question

The liver breaks down most of the alcohol in your body, but if you drink coffee or water you can speed up the process	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
True	25	24	31	30	36	32
False	16	17	20	18	19	21
Not sure	53	56	44	47	41	43
No response	6	3	5	5	4	4
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q28A: Sources of helpful information

	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
PSHE lessons	70	53	85	62	85	64
A teacher at school	40	42	49	44	44	44
A visitor to the school	30	34	35	42	37	45
A doctor/health worker	25	21	26	20	21	18
The Police	27	24	26	25	21	21
Leaflets, magazines, newspaper, booklets	53	49	54	49	52	48
Films, TV, radio	54	48	55	50	53	50
Social media (e.g. Facebook, Twitter)	16	15	21	21	28	29
The internet/websites	34	27	36	32	35	34
A telephone helpline	3	2	3	2	2	2
Friends	28	28	33	31	34	35
Parents/ carers	72	73	74	71	74	74
Brothers/ sisters	26	24	28	25	29	29
Other relative	36	34	35	32	29	32
Other adults	29	29	30	27	24	25
A church group	7	5	7	5	6	5
A youth group/ leader	10	10	10	12	8	10
Another person/place	12	11	11	10	8	9
No response	7	6	5	8	4	6
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

More than one answer could be given so percentages may sum to more than 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q28B: Pupils' preferred source of information about alcohol (% of students selecting source in their top three sources)

Which of the people/places in Q28a do you most like to get information about alcohol from?	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
PSHE lessons	45	34	53	39	59	41
A teacher at school	16	20	18	17	17	18
A visitor to the school	11	15	12	19	15	20
A doctor/health worker	14	13	12	9	9	7
The Police	15	15	12	14	9	11
Leaflets, magazines, newspaper, booklets	18	19	16	17	18	14
Films, TV, radio	19	18	19	18	22	19
Social media (e.g. Facebook, Twitter)	4	3	4	5	7	8
The internet/websites	9	7	8	8	11	9
A telephone helpline	1	2	1	0	0	1
Friends	7	8	8	10	11	12
Parents/ carers	53	58	53	51	53	57
Brothers/ sisters	11	12	11	11	15	15
Other relative	11	13	10	10	8	11
Other adults	4	5	5	4	4	5
A church group	1	1	3	2	2	1
A youth group/ leader	2	4	3	4	3	3
Another person/place	2	2	2	1	1	2
No response	17	15	16	18	10	13
N =	2142	2268	2203	2095	2015	1904

More than one answer could be put forward so percentages may sum to more than 100.

A filter question: all those who answered [Q28a].

A total of 1653 respondents gave at least one response to this question.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Table Q29A: Risk taking-Helping a friend

I would try to help a friend if I thought they were taking risks by using alcohol and could get into trouble	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	0	47	48
Agree	0	0	0	0	36	36
Not sure	0	0	0	0	9	8
Disagree	0	0	0	0	2	2
Strongly disagree*	0	0	0	0	1	1
No response	100	100	100	100	4	5
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*Note that there was a printing error and 'strongly disagree' appeared as 'strongly agree'. As a result, we have not reported the 'strongly disagree' findings

Table Q29B: Risk taking- helping someone who has drunk too much

I would know what to do to help someone who had drunk too much alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	0	18	17
Agree	0	0	0	0	33	32
Not sure	0	0	0	0	33	33
Disagree	0	0	0	0	10	11
Strongly disagree*	0	0	0	0	2	2
No response	100	100	100	100	5	5
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 29A

Table Q29C: Risk taking- confidence to say no

I am confident to say no if I don't want to do something involving alcohol that is risky	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	0	51	49
Agree	0	0	0	0	32	33
Not sure	0	0	0	0	9	10
Disagree	0	0	0	0	2	2
Strongly disagree*	0	0	0	0	1	1
No response	100	100	100	100	5	5
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 29A

Table Q29D: Risk taking- following friends

I often do what my friends do even if I think it might involve some risk	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	0	2	2
Agree	0	0	0	0	7	8
Not sure	0	0	0	0	16	16
Disagree	0	0	0	0	45	46
Strongly disagree*	0	0	0	0	25	23
No response	100	100	100	100	4	5
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 29A

Table Q29E: Risk taking- wise choices about alcohol

I make choices about my use of alcohol that help me to stay safer	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	0	34	33
Agree	0	0	0	0	42	42
Not sure	0	0	0	0	15	15
Disagree	0	0	0	0	2	2
Strongly disagree*	0	0	0	0	1	2
No response	100	100	100	100	5	5
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 29A

Table Q29F: Risk taking- staying safe

I would feel confident to stay away from risky and unsafe situations involving alcohol	Baseline Intervention	Baseline Comparison	Round 2 Intervention	Round 2 Comparison	Round 3 Intervention	Round 3 Comparison
	%	%	%	%	%	%
Strongly agree	0	0	0	0	45	44
Agree	0	0	0	0	34	35
Not sure	0	0	0	0	12	12
Disagree	0	0	0	0	2	3
Strongly disagree*	0	0	0	0	2	2
No response	100	100	100	100	5	5
Total %	100	100	100	100	100	100
N =	2142	2268	2203	2095	2015	1904

Due to rounding, percentages may not sum to 100.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

*See note in Table 29A

Appendix C   Analysis and technical detail

Assembling scales

Questions 9, 10 and 19 of the survey consisted of items that were amenable to the generation of attitude scores. Rather than include all items from each question, the reliability of each scale was explored first using Cronbach's Alpha (a measure of internal consistency). Items whose removal resulted in an increase in reliability for the scale in question were excluded from the final calculation of attitude scores. The following attitude scores were generated:

- Question 9: attitude to school score

- Question 10: self esteem score

- Question 19: how students felt when they drank alcohol (items were scored and each pupil had an average score for their experience of 'negative consequences').

Question 18 of the survey addressed reasons for drinking and consisted of items that were amenable to factor analysis. Factor analysis is a statistical technique for identifying patterns in responses. The object of factor analysis is to reduce the number of variables required to explain the data from the original large number to a smaller set of underlying 'factors' which can be related to the original variables. In the present study, once the items that constitute each factor were identified, a reliability check was performed on each factor to ensure it was measuring a particular trait well. The following factors described reasons for drinking[11]: 'to join in with others'; 'for enjoyment'; and 'for negative reasons'.

The resulting scales were included in the models described below in an attempt to control for systematic differences between intervention and comparison groups.

Multilevel modelling

Multilevel modelling is a development of a common statistical technique known as 'regression analysis'. This is a technique for finding relationships between variables given the values of one or more related measures. Multi-level modelling takes account of data which is grouped into similar clusters at different levels. For example in the present study, individual students are grouped into schools. Students within a school will be more alike, on average, than students from different schools. Multilevel modelling allows us to take account of this hierarchical structure of the data and produce more reliable results.

Multilevel modelling has been used for the evaluation of AET because:

- it was necessary to control for systematic differences between intervention and comparison groups when trying to determine whether the intervention was effective

- students were clustered within schools

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[11] The reason 'it's a social occasion/celebration' did not seem to fit with the other factors and so was removed from this factor analysis.

- the intervention was administered at the school level

- students' responses to the questionnaire were recorded both before and after the intervention.

Multilevel modelling was run in R. A set of explanatory variables that might be expected to explain the outcome in each case were included (and are detailed below) and a backwards selection process determined which of the variables were statistically significant.

The **knowledge** model included all students with a valid score on the knowledge variable; a total of 12,263 observations[12]. It contained three levels: time, student and school. In addition to the time, group and interaction variables, the following potential confounders were included in the model. Where variables were significant in the model they have been marked with an asterisk:

> Male (*default=female*)
>
> *Number of people live with
>
> *Poor relationship with father (*default=relationship very good/OK*)
>
> Poor relationship with mother (*default=relationship very good/OK*)
>
> Poor relationship with other carers (*default=relationship very good/OK*)
>
> White – other (*default=White – British*)
>
> Mixed (*default=White – British*)
>
> *Asian (*default=White – British*)
>
> *Black (*default=White – British*)
>
> *Chinese/other (*default=White – British*)
>
> *Unknown ethnicity (*default=White – British*)
>
> *Number of books in the home
>
> Pupil receives free school meals
>
> *Attitude towards school
>
> *Self esteem
> *Others you live with usually drink in home (*default=…do not usually drink in home*)
>
> No response to 'others drink in home'
>
> Secondary modern school (*default=comprehensive to 18*)
>
> Comprehensive to 16 (*default=comprehensive to 18*)
>
> Grammar (*default=comprehensive to 18*)
>
> *Academy (*default=comprehensive to 18*)
>
> School % students eligible for free school meals
>
> School average total (best 8) points score per pupil 2011

Explanatory variables were centred (continuous variables each had a mean of zero) to enable ready interpretation of the intercept term. Table A1 displays the estimated model coefficients, standard errors and t- and p-values from the t-test of each coefficient's individual significance. In addition, the standard deviation for each of the continuous explanatory variables is reported in the last column.

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[12] Each pupil had three observations if they appeared at baseline and both follow-ups.

Table A1: Knowledge model coefficients

	Coefficient	St. error	t-value	p-value	St. dev.
Intercept	4.324	.091	47.737	.000	N/A
Number of people live with	-.076	.018	-4.180	.000	1.102
Poor relationship with father	.284	.090	3.139	.002	N/A
Asian	-.429	.082	-5.256	.000	N/A
Black	-.313	.104	-3.012	.003	N/A
Chinese/other	-.290	.139	-2.082	.037	N/A
Unknown ethnicity	-.450	.121	-3.718	.000	N/A
Number of books in the home	.102	.014	7.119	.000	1.413
Attitude towards school	.031	.005	5.796	.000	4.034
Self esteem	.016	.006	2.575	.010	3.252
Others you live with usually drink in home	.182	.039	4.638	.000	N/A
Academy	-.218	.109	-2.000	.055	N/A
Round 2	.299	.049	6.085	.000	N/A
Round 3	.619	.051	12.052	.000	N/A
Intervention	-.043	.116	-.372	.713	N/A
Intervention * Round 2	.341	.069	4.913	.000	N/A
Intervention * Round 3	.301	.072	4.172	.000	N/A

All coefficients are interpretable in terms of the dependent variable, knowledge points.

Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

The **onset of drinking model** included all students with a valid response to the question 'have you ever had an alcoholic drink'; a total of 12,409 observations. It was a logistic model containing three levels: time, student and school. As it is a logistic model, the coefficients represent the ratio of log odds of ever having had an alcoholic drink; the exponential of each coefficient yields the odds ratio. In addition to the time, group and interaction variables, the following potential confounders were included in the model. Where variables were significant in the model they have been marked with an asterisk:

> Male (*default=female*)
> *Number of siblings
> *Poor relationship with father (*default=relationship very good/OK*)
> Poor relationship with mother (*default=relationship very good/OK*)
> Poor relationship with other carers (*default=relationship very good/OK*)
> White – other (*default=White – British*)
> *Mixed (*default=White – British*)
> *Asian (*default=White – British*)
> *Black (*default=White – British*)
> *Chinese/other (*default=White – British*)
> *Unknown ethnicity (*default=White – British*)

Number of books in the home

*Pupil receives free school meals

*Attitude towards school

*Self esteem

*Others you live with usually drink in home (*default=…do not usually drink in home*)

*No response to 'others drink in home'

Secondary modern school (*default=comprehensive to 18*)

Comprehensive to 16 (*default=comprehensive to 18*)

Grammar (*default=comprehensive to 18*)

Academy (*default=comprehensive to 18*)

School % students eligible for free school meals

School average total (best 8) points score per pupil 2011

Variables were centred (continuous variables each had a mean of zero) to enable ready interpretation of the intercept term. Table A2 displays the estimated model coefficients, standard errors and t- and p-values from the t-test of each coefficient's individual significance. In addition, the standard deviation for each of the continuous explanatory variables is reported in the last column.

Table A2: Onset of drinking model coefficients

	Coefficient	St. error	t-value	p-value	St. dev.
Intercept	-.939	.233	-4.028	.000	N/A
Number of siblings	.145	.027	5.279	.000	1.363
Poor relationship with father	.309	.143	2.160	.031	N/A
Mixed ethnicity	-.447	.153	-2.928	.003	N/A
Asian	-1.678	.164	-10.202	.000	N/A
Black	-.729	.201	-3.623	.000	N/A
Chinese/other	-.700	.230	-3.049	.002	N/A
Unknown ethnicity	-1.152	.191	-6.043	.000	N/A
Pupil receives free school meals	-.292	.122	-2.388	.017	N/A
Attitude towards school	-.154	.009	-17.247	.000	4.068
Self esteem	-.047	.010	-4.693	.000	3.260
Others you live with usually drink in home	.647	.063	10.296	.000	N/A
No response to 'others drink in home'	.449	.135	3.320	.001	N/A
Round 2	1.026	.068	15.056	.000	N/A
Round 3	1.787	.074	24.081	.000	N/A
Intervention	.091	.329	.277	.784	N/A
Intervention * Round 2	-.368	.096	-3.813	.000	N/A
Intervention * Round 3	-.796	.103	-7.752	.000	N/A

All coefficients are interpretable in terms of the ratio of log odds of ever having had an alcoholic drink.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

An additional onset of drinking model was run in order to measure differential comparisons between white and non-white students in the intervention and control groups. In order to do this the individual ethnicity variables were replaced with a 'non-white' dummy variable (the default is white). Backwards selection was re-run and extra interactions included in the model to measure the differential effects. The results of the model are shown in Table A3.

Table A3: Onset of drinking model coefficients

	Coefficient	St. error	t-value	p-value	St. dev.
Intercept	-1.007	.253	-3.987	.000	N/A
Number of siblings	.147	.027	5.392	.000	1.363
Poor relationship with father	.331	.143	2.312	.021	N/A
Non-white	-.488	.165	-2.952	.003	N/A
Pupil receives free school meals	-.286	.122	-2.346	.019	N/A
Attitude towards school	-.155	.009	-17.392	.000	4.068
Self esteem	-.045	.010	-4.478	.000	3.260
Others you live with usually drink in home	.674	.063	10.733	.000	N/A
No response to 'others drink in home'	.488	.135	3.624	.000	N/A
Follow-up 1	1.033	.076	13.554	.000	N/A
Follow-up 2	1.791	.082	21.804	.000	N/A
Intervention	-.017	.359	-.047	.963	N/A
Intervention * Round 2	-.233	.111	-2.092	.037	N/A
Intervention * Round 3	-.606	.119	-5.096	.000	N/A
Non-white * Round 2	-.095	.177	-.541	.589	N/A
Non-white * Round 3	-.070	.195	-.361	.718	N/A
Non-white * Intervention	.182	.224	.811	.418	N/A
Non-white * Intervention * Round 2	-.428	.234	-1.830	.067	N/A
Non-white * Intervention * Round 3	-.604	.250	-2.412	.016	N/A

All coefficients are interpretable in terms of the ratio of log odds of ever having had an alcoholic drink.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

The **frequency of drinking model** included only those who had had a drink at baseline and/or either follow-up and who had responded to the question 'How often do you usually have an alcoholic drink?'; a total of 6,149 observations[13]. It was a logistic model containing three levels: time, student and school. As it is a logistic model, the coefficients represent the ratio of log odds of being a frequent drinker; the exponential of each coefficient yields the odds ratio. In addition to the time, group and interaction variables, the following potential confounders were included in the model. Where variables were significant in the model they have been marked with an asterisk:

*Male (*default=female*)
Number of siblings
Poor relationship with father (*default=relationship very good/OK*)
Poor relationship with mother (*default=relationship very good/OK*)
Poor relationship with other carers (*default=relationship very good/OK*)
White – other (*default=White – British*)
Mixed (*default=White – British*)
*Asian (*default=White – British*)

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[13] Each pupil had three observations if they appeared at both baseline and both follow-ups.

*Black (*default=White – British*)

*Chinese/other (*default=White – British*)

Unknown ethnicity (*default=White – British*)

Number of books in the home

Pupil receives free school meals

*Attitude towards school

*Self esteem

*Age when first had alcoholic drink

I drink alcohol to join in (factor)

*I drink alcohol because I enjoy it (factor)

*I drink alcohol for negative reasons (factor)

*Negative consequences of drinking (factor)

*Parents/carers do not like me drinking alcohol *(default=don't mind as long as not too much)*

*Parents/carers let me drink as much as I like *(default=don't mind as long as not too much)*

*Parents/carers do not know I drink *(default=don't mind as long as not too much)*

*Others you live with usually drink in home *(default=…do not usually drink in home)*

*No response to 'others drink in home'

Secondary modern school (*default=comprehensive to 18*)

*Comprehensive to 16 (*default=comprehensive to 18*)

*Grammar (*default=comprehensive to 18*)

Academy (*default=comprehensive to 18*)

*School % students eligible for free school meals

*School average total (best 8) points score per pupil 2011

Variables were centred (continuous variables each had a mean of zero) to enable ready interpretation of the intercept term. Table A4 displays the estimated model coefficients, standard errors and t- and p-values from the t-test of each coefficient's individual significance. In addition, the standard deviation for each of the continuous explanatory variables is reported in the last column.

Table A4: Frequency of drinking model coefficients

	Coeff.	St. error	t-value	p-value	St. dev.
Intercept	-3.832	.163	-23.507	.000	N/A
Male	.360	.113	3.199	.001	N/A
Asian	-1.369	.354	-3.865	.000	N/A
Black	-1.031	.377	-2.731	.006	N/A
Chinese/Other	-1.657	.553	-2.998	.003	N/A
Attitude towards school	-.085	.012	-7.152	.000	4.249
Self esteem	-.042	.014	-2.996	.003	3.378
Age when first had alcoholic drink	-.337	.022	-15.349	.000	1.893
I drink alcohol because I enjoy it	-.223	.012	-18.272	.000	4.511
I drink alcohol for negative reasons	.125	.016	7.603	.000	3.003
Negative consequences of drinking	-.141	.013	-10.716	.000	3.215
Parents/carers do not like me drinking alcohol	-.408	.195	-2.096	.036	N/A
Parents/carers let me drink as much as I like	1.132	.414	2.731	.006	N/A
Parents/carers do not know I drink	.454	.196	2.318	.021	N/A
Others you live with usually drink in home	.691	.103	6.704	.000	N/A
No response to 'others drink in home'	.505	.189	2.674	.008	N/A
Comprehensive to 16	.492	.172	2.859	.008	N/A
Grammar	.681	.251	2.714	.011	N/A
School % students eligible for free school meals	-.050	.012	-4.167	.000	6.432
School average total (best 8) points score per pupil 2011	-.013	.003	-4.527	.000	40.059
Round 2	.899	.113	7.934	.000	N/A
Round 3	1.332	.115	11.543	.000	N/A
Intervention	.014	.166	.082	.935	N/A
Intervention * Round 2	-.127	.160	-.792	.429	N/A
Intervention * Round 3	.169	.160	1.057	.290	N/A

All coefficients are interpretable in terms of the ratio of log odds of ever having had an alcoholic drink.
Source: NFER surveys November 2011-January 2012, May to June 2012 and May to June 2013

Some of the question responses included in this model are about drinking and potentially related to the frequency of drinking outcome. They may also have been influenced by the intervention. The frequency of drinking model was therefore rerun without these variables included. This did not change the main result i.e. that the interaction term was not significant.

The frequency of drinking model includes variables derived from Question 18, which had a printing error in the question (see note to Table Q18A in Appendix B). The frequency of drinking model was rerun without these variables included, but the main result that the interaction term was not significant was unchanged.

Appendix D   Teacher feedback

As part of the evaluation of the Talk About Alcohol resources, NFER interviewed five PSHE teachers delivering the lessons. As only a small number of teachers took this opportunity to give their feedback, their responses are not necessarily representative of all teachers' opinions. Nevertheless, this summary provides useful feedback to the Alcohol Education Trust on teachers' views on the resources, their perceptions of how students responded to the lessons, and their thoughts on how the materials could be improved.

Teachers' use of the resources

All teachers reported that they had delivered all of the lessons requested in the 'minimum requirements' for the evaluation in their school. One teacher reported using the resources slightly more widely with their students aged 12-13 (Year 8) than the minimum requirements, in that they had added an extra quiz (on page 92 of the teacher workbook). Another teacher had reviewed the whole teacher workbook and had included various elements in schemes of work across ages 11- 16 (year groups 7-11), as well as completing the minimum requirements with students aged 12-14 (Year 8 and 9 classes).

Overall impressions of the resources

Teachers fed back on their own and, where appropriate, colleagues' experiences of using the resources and session plans. Overall teachers were very positive about the resources. Specifically, they commented that the resources were a comprehensive, '*ready to go*' package, that the sessions worked well in series, and that the workbook, DVD and web resources offered a good range of items to select from.

> *They are really very good, they're excellent resources.*
>
> **(Head of PSHE)**

Teachers appreciated the flexibility of being able to select from a number of activities depending on the time available and on students' ability or interests. For instance, one teacher chose to use the teacher version of the 'Alcohol and the Law' resources with students aged 13-14 (Year 9) as she knew they would respond well to the greater challenge (she felt the student resources on this topic were pitched at too low a level for her students). Generally teachers felt the resources were accessible to the students, with an appropriate amount of text.

> *It's fantastic to get these free resources to pick and choose from.*
>
> **(Head of PSHE)**

Teachers commonly highlighted the following components of the resources as being particularly useful and engaging:

- video clips available via AET's website

- scenarios and role plays

- quizzes.

Views on the AET and Talk About Alcohol websites

Teachers generally had difficulty recalling which website had which content. However, all the teachers had accessed at least the AET website (if not the Talk About Alcohol website), most often to access the video clip links. Most had found the AET website easy to navigate, although one teacher said that it had taken some time to find the video clips. One teacher commented that there seemed to be quite a lot of overlap with the Talk About Alcohol website but that it was useful to have a choice of which to use.

Comparisons of the AET resources with other alcohol education resources

Teachers were asked how the AET resources compared with any others they may have used. Teachers were unanimous that the AET resources compared favourably, as illustrated by the following:

> *AET are clearly the leading agency for teachers to use because they have tailored resources.*
>
> **(Head of PSHE)**

For instance, two teachers felt these resources were better tailored for the target age range, compared with, for example, BBC or DrinkAware web resources. Other teachers had regularly used TACADE's 'Respect It' or the Department for Education's 'Understanding Drugs' resources, and thought the AET teacher workbook was more user-friendly (more clearly set out) and that the resources were more up to date and '*more innovative for teaching and learning'* (Head of PSHE), particularly in the references to websites. One teacher commented that she would continue to use resources from the local substance abuse team and Teachers' TV clips that had more of a 'shock' value, as she felt this was important, especially for older students.

Views on the ease of delivery of sessions

Overall teachers reported that the sessions were straightforward to deliver and manageable. Two teachers (heads of PSHE) commented that using these resources had saved them time, as they did not have to identify and pull together resources from a number of sources as they had previously when writing schemes of work. Two other teachers commented that the sessions had been manageable as they had protected time (as heads of PSHE) to navigate the resources and websites, and/or that the tutors who were delivering the sessions had a lot of PSHE experience. They thought that other teachers might not have so much time available or may need more guidance on some of activities (and the answers) if they were not PSHE specialists (for instance, the activity linking the effects of alcohol to parts of the body on page 35).

One teacher felt that there was too much content to cover in the sessions with students aged 12-13 (Year 8, (whereas another teacher in a different school had used an extra quiz and brought forward the 'Alcohol and the Law' session for students aged 12-13 (Year 8), with a recap the following year (Year 9)). This shows the importance of the resources being flexible so that teachers can set the pace of sessions to suit their students.

Views on what worked well

Teachers most commonly said that all of the sessions and activities had worked well and had engaged students. They highlighted the following as particularly engaging:

- session 2: Units and guidelines

- session 4: Alcohol and the Law

- sessions which incorporated video clips/scenarios as starter activities/discussion prompts, as students related to the featured young people (one teacher had used a clip in every session)

- quizzes, for instance the quiz featured on the DVD

Teachers did not identify any session as not working well. However, two of the teachers felt that some aspects of the resources were more appropriate for older teenagers (than aged 12-14 (Year 8 and 9 students)). These included the photographic images, which tended to feature older teenagers, and some scenarios (e.g. those featured in video clips) such as going on a night out, which they felt was not relevant to younger students whose first experience of alcohol was likely to be drinking in their own, or someone else's, home.

Student feedback and impact

Teachers who had themselves delivered the sessions reported that students seemed engaged and enthused by the activities, although they were unsure of the potential impact in terms of drinking behaviour. Just one teacher reported a slightly negative reaction from students, in that their students had found the sessions for students aged 12-13 (Year 8) overly repetitive. Two teachers mentioned that their school had conducted an end of unit review of the sessions and they reported one or more of the following among students:

- greater knowledge about alcohol and its effects on the body

- greater understanding of legal issues around alcohol e.g. buying alcohol by proxy

- greater awareness of drinking patterns among young people their age ('that not everyone is drinking')

- feeling more prepared to avoid drinking if they want to.

Teachers thought that the Alcohol and You booklet was a very useful reference point for students, and also a good starting point for conversations about what they would do in certain scenarios.

One teacher commented that their school had a significant number of Muslim students and that there was a need to be sensitive to the fact that some young people, for example those of faiths where it was expected they would abstain from alcohol, may feel uncomfortable with some of the material. However, the teacher also said that there was still much of relevance to these students in the 'staying safe' material, such as how to look after friends who had been drinking.

Parental involvement

Two teachers recalled having sent the 'Talking to Kids About Alcohol' leaflet home to parents. They had not had any feedback. Two teachers had not ordered the leaflets, and one had ordered them but not sent them home.

None of the schools had held an information session for parents so far in the school year, although one was planning to hold one in the summer term 2013. Sessions were most often not organised because it was difficult to find time for such a session in the school year, and teachers also thought there was usually a lack of interest from parents in attending pastoral information sessions. One teacher said that the local Community Alcohol Partnership already provided parent information. The teachers also said that, to their knowledge, the school did not communicate with parents about alcohol in other ways.

Teachers' future use of the resources

All the teachers indicated that they intend to use the resources in the future. Two said that they will adapt the sessions so that certain resources are used with older age groups, and one planned to condense the material that students aged 12-13 (Year 8) had indicated was too repetitive.

Suggestions to improve the resources

Teachers were very positive about the resources overall but had some suggestions for improvement. These were very individual comments and so should not be generalised, but included:

- improving the quality of the teacher workbook so that pages photocopied better

- substituting some of the images on the Alcohol and You booklet with photographs of young people aged 12-14 (Year 8/9)

- providing more interactive activities (e.g. for use with an interactive whiteboard) in preference to paper-based ones, to reduce the photocopying required

- giving answers to all the activities in the workbook, and more guidance on activities on the physical effects of alcohol (including those where students are asked to complete a table or match items) so non-specialists can more easily use them

- ideally, if copyright restrictions allowed, it would be possible for teachers to build up their own pages electronically, so that for instance if there are two activities on a page and they do not want students to be distracted by the second activity, they could cut out the second activity.

In terms of the content and structure of the sessions, most comments came from only one teacher, as most teachers did not feel that there was anything missing from the resources. The suggestions included:

- offering guidance on what content to use in a fast-paced session, and what could then be used as extension material if needed

- providing a list of all the resources in the workbook and websites along with an indication of which age range they are recommended for

- more focus on the social/emotional risks of drinking alcohol, and more of a 'shock' factor related to this

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- insights
- breadth
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