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Centre for Mental Health
& Community Research

Evaluation of Drinkaware's Junior Cycle Alcohol Education Programme (JC AEP) 2018-2020

Summary Report

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DRINKAWARE

This is a Summary Report of Maynooth University's Evaluation of Drinkaware's Junior Cycle Alcohol Education Programme (2018-2020). The Full Evaluation Report, Tables, Appendices and References will be available on www.drinkaware.ie Contact research@drinkaware.ie for further details.

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Professor Sinéad McGilloway

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Foreword

Foreword and commentary by Drinkaware CEO

Sheena Horgan

“ ...the earlier substance use begins, the more likely that negative immediate consequences and long term impact will occur

(iii) (UNESCO 2017, Good Policy and Practice in Health Education Booklet 10, “Education sector responses to use of alcohol”)

Alcohol has no place in childhood and the prevalence of underage drinking is an unacceptable blot on Ireland's social landscape.

Delaying the age of the first drink is a key focus for Drinkaware and our in-school programme is designed to prevent the start of underage drinking, and to reduce the number of young people who drink, through effective alcohol education. We also actively support parents to, in turn support their children not to drink underage.

Underage drinking is a complex and difficult issue to address. This is the context in which Maynooth University's Centre for Mental Health and Community Research undertook this independent evaluation of the Junior Cycle Alcohol Education Programme, assessing 1st to 3rd year students' experiences, knowledge and attitudes regarding alcohol, and the effectiveness of the Programme itself.

The timing of the evaluation is also noteworthy: It commenced in 2018 and

the final set of data was collected as COVID-19 took hold in Spring 2020. What is clear across multiple studies, is that for many people alcohol consumption increased during this period (ii), and was happening in the home. It is therefore likely, that for some of this study's participating students, their exposure and access to alcohol will have increased along that timeline. And both are contributing factors to underage drinking as per this report's analysis.

Furthermore, the widely reported pandemic-induced increase in stress and uncertainty in Irish society, juxtaposed with the reduction in socialising and connectedness, have negatively impacted on some people's coping abilities. There is a known link between alcohol consumption and coping amongst adults, and now there is some evidence in this report to suggest a similar (pre-pandemic) motivation for students. For example 1 in 5 of those who were drinking in 3rd year, agreed with the statement: “I feel less pressure on me when I have a beer or two.”

The value of evidence

The frequent refrain in public health is 'evidence'. Evidence-informed programmes use the best available research and practice knowledge to guide their design and implementation. This informed practice allows for innovation while incorporating lessons learned from the research literature.

Drinkaware's Alcohol Education Programme for Junior Cycle, is based on and informed by evidence.

The Junior Cycle Alcohol Education Programme was originally informed and shaped by evidence on best practice in alcohol education (Morgan 2016) and also by research conducted amongst parents and students themselves (Drinkaware 2016). It was aligned with the curriculum and designed to incorporate innovative learning methodologies, and concepts such as a whole school approach.

The programme's research-based credentials are augmented by the findings from the longitudinal evaluation reported here. Importantly, the programme has been further adapted and enhanced by the findings and feedback from the students and teachers at each stage throughout the lifetime of the research.

The Programme has many of the key elements that are known contributing factors to the effectiveness of alcohol education:

- » It is a manualised programme that supports positive resilient mental health and life skills acquisition
- » It involves experiential learning
- » It focuses on the development of personal, social and coping skills, specific knowledge and attitudes, and spiral learning
- » It takes a balanced approach: challenging perceptions of risk and beliefs on how common use is; discussing expectations and social influences on use; and supporting the development of personal and coping skills to analyse and minimize their impact
- » It includes real-time training of the educators: "It is very important that whoever delivers the curriculum, receives training and support on instructional methods and on addressing sensitive topics. Everyone who is engaged in the delivery of skills-based education must receive training on their role and how it contributes to curriculum aims."

Importantly evidence-based prevention programmes have been consistently found to be cost-effective

(Lemon et al 2014)

The significance of this report cannot be underestimated. Whilst the Programme is now established - over 13,000 students and 134 schools have participated across the country – the value of critical assessment and rigorous objective evaluation is vital to its ongoing development and effectiveness. As a longitudinal evaluation, this research involved a careful assessment of the

Programme during a three-year period. The research was closely scrutinised and approved by the Maynooth University (MU) Social Research Ethics Committee and was conducted by an independent research team led by Professor Sinéad McGilloway, Founder Director of the Centre for Mental Health and Community Research (MU Department of Psychology and Social Sciences Institute).

Primary prevention & protective factors

Prevention is better than cure, and as substance abuse can begin in adolescence, so it follows that prevention needs to begin in adolescence and especially in 'critical transition periods'; this was the main impetus behind the design and delivery of Drinkaware's Alcohol Education Programme to 12-15 year olds during the first three years of post-primary school.

This Programme is about primary prevention, supporting education prior to first drink, the average age of which in Ireland is 15 years. As this report reveals there is a tipping point at 2nd year marked by the documented shift in attitudes and experiences regarding alcohol: For instance, those who were drinking, and said they had consumed alcohol in the last month, increased by 53% between 1st

and 2nd year, and 26% between 2nd and 3rd year; and by 2nd year, students agreeing with the statement "I enjoy having a drink with friends" and "I feel less pressure on me when I have a beer or two" had almost doubled (14% to 27% and 5% to 12% respectively).

Alcohol education needs to empower young people to harness protective factors such as, developing social and emotional competence, knowledge of the consequences and harms of drinking and strategies to resist peer pressure. The Alcohol Education Programme is specifically designed to support these and other protective factors – including, most importantly, coping skills and alternatives to drinking.

Available evidence indicates that prevention is most effective when it starts early; covers all age-groups; targets the critical transition periods eg primary to secondary

(iii) (UNESCO 2017, Good Policy and Practice in Health Education Booklet 10, "Education sector responses to use of alcohol")

The Programme adopts a positive-development and strengths-based approach. As reported by the students themselves, the Programme had a positive impact on their ability to make informed choices and decisions in relation to alcohol, and their levels of confidence and assertiveness.

The programme also delivers sustained and progressive awareness and understanding of the negative aspects of alcohol, addressing risk factors such as the perceptions that underage drinking is a rite of passage and other permissive social norms.

In addition to individual and peer-to-peer knowledge, awareness and attitudes, there are multiple other determinants of alcohol misuse and as a societal issue it needs a co-ordinated society-wide response. Multi-agency collaboration has been shown in other areas such as mental health, to be important in preventions and interventions. A collective approach means there is a role for all actors within the ecosystem - individuals, family, school, community and society. For this reason, the Junior Cycle Alcohol Education Programme is consistent with a whole school approach.

Drinkaware also actively supports parents' participation and involvement in their children's alcohol education via programme-related homework exercises and separate workshops that encourage conversation, boundary setting and positive role modelling.

One recurring theme identified within the report, is that of parents' role in underage drinking, one on which Drinkaware has been increasingly focusing as part of its 2019-2021 Strategic Plan. Parental permissiveness – perceived or actual – their role modelling, and the ease with which alcohol can be accessed in the home setting, are all either deterrents or facilitators of underage drinking and are subjects included in our extensive and growing engagement with parents. As well as being a focus for Drinkaware in 2021 this will also feature in our Strategic Plan 2022-2024.

Building the capacity of young people to take charge of their own physical and mental health and wellbeing is at the heart of a whole-school health promotion approach to substance misuse

(“Better Outcomes, Brighter Futures, the national policy framework for children and young people”, 2014-2020)

The consequences of inaction

The consequences of little or ineffective alcohol education are far-reaching.

For Irish society, a youth population that is uneducated on the facts regarding alcohol and its misuse, will mean the continuation and likely escalation of an unhealthy drinking culture, the perpetuation of negative social norms, and the increase of alcohol-related harm to self and others.

In terms of educational consequences, substance use can diminish the education sector's mission through poor educational performance and even drop-outs. Education also has a defined role in the social determinants of health and as alcohol consumption is a determinant of health and wellbeing, effective and evidence-based/informed educational interventions and preventions are critical. Schools and the school environment provide an appropriate setting for the delivery of preventative interventions.

At an individual level, the findings in this report that almost four in ten had already experienced at least one negative effect of drinking, is a disturbing statistic. The potential to counter this through increased knowledge and understanding of the 'impact of alcohol on overall health' and 'the consequences of underage drinking', is at least a step in the right direction.

Adolescence is a period of vital importance in the prevention of alcohol use. Early initiation and heavy alcohol use in adolescence is associated with increased risk of alcohol-related harm (Yuen et al 2020). At Drinkaware, our strategic priority is to change that trajectory. And this starts with the Alcohol Education Programme for Junior Cycle, which to date, is **the only nationally available primary prevention alcohol education programme for younger students.**

“...high/very high-risk' drinking behaviour at 17/18 years of age was significantly more prevalent among those who had tried alcohol by age 13, compared to those who had not” (10% versus 4%) (p.73) (McNamara et al.)

(Growing Up In Ireland, 2020)

What next for the Alcohol Education Programme?

There are three actions Drinkaware will be taking from this report:-

1. Sustaining & scaling the programme.

Drinkaware is committed to strengthening and sustaining the Junior Cycle Alcohol Education Programme. The findings from this evaluation provide us with a useful basis for reflective learning as well as important evidence to inform the future development of the programme - and specifically what works and what doesn't. Going forward, Drinkaware will actively work to scale the programme to engage more students and school communities and expand the programme to additional student cohorts. Drinkaware will also look to education leaders and stakeholders to support this necessary scaling.

2. Further co-operation & collaboration

Early primary preventions need a co-ordinated response. Drinkaware will continue to offer shared and open access to our research and education resources. This will maximise the impact of the findings in this report, to make a meaningful contribution to further the effectiveness of alcohol education, and to minimise duplication. Drinkaware will also pro-actively seek co-operative and collaborative opportunities within the wider education ecosystem.

3. Call for leadership commitment

One of public policy's stated aims – in both the Public Health (Alcohol) Act 2018 and the Healthy Ireland framework – is to delay the initiation of consumption among children and young people. As the national charity working to prevent and reduce the misuse of alcohol and tackle underage drinking (with an evidence-informed primary prevention education programme), Drinkaware will call on Ireland's education leaders to formally acknowledge the valuable role alcohol education plays in primary prevention, and to commit to actively supporting an evidence-informed response to prevent and delay alcohol use amongst children and young people.

There is an urgent need to implement and scale up evidence-based substance use prevention policies and programmes

(iii) (UNESCO 2017, Good Policy and Practice in Health Education Booklet 10, "Education sector responses to use of alcohol")

A Note of Thanks

Drinkaware is hugely appreciative of all the schools – their principals, teachers and students – who participated in this important evaluation study, and also the thousands of additional students and teachers who have engaged with the Junior Cycle Alcohol Education Programme since 2016.

The charity is also grateful to Maynooth University's Centre for Mental Health and Community Research (www.cmhcr.eu) for undertaking this important study, and to its Founder/Director, Professor Sinéad McGilloway and Dr John Weafer for their diligence and probity throughout the project.

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Drinkaware also appreciates the Board's support for its ongoing commitment to, and investment in, independent research that furthers the learning, the efficacy and the overall impact of the charity's work and the delivery of its mission to prevent and reduce the misuse of alcohol.

More education and public awareness campaigns are needed and information should be provided through schools, parents, communities, television, internet, social media and mobile phone apps.

(Dept of Health "Reducing Harm, Supporting Recovery - A health-led response to drug and alcohol use in Ireland 2017-2025")



Executive Summary

1. Introduction

This is the third and final report on a three-year evaluation of Drinkaware's Junior Cycle Alcohol Education Programme (JC AEP).

The aims of this manualised and evidence-informed programme are to:

- a. promote understanding of the effects of alcohol;
- b. support the development of personal and social skills to encourage independent decision-making about alcohol; and
- c. empower young people to develop strategies to resist peer pressure, change behaviours and engage in alternatives to alcohol use.

The programme involves 8 to 10 40-minute lesson plans delivered by teachers to Junior Cycle students (First to Third year) on a weekly or fortnightly basis as part of the Social Personal and Health Education (SPHE) curriculum.

The principal aim of this pre-post, mixed methods, longitudinal study, was to investigate the effectiveness, acceptability and implementation of the JC AEP over its three-year delivery period (2018-2020).

The specific objectives of the evaluation were to:

1

Monitor and assess, in real time, the nature, extent and experience of alcohol use amongst a sample of Junior Cycle students during their first three years in post-primary school;

2

Investigate students' attitudes and beliefs toward, and knowledge of, alcohol - and how these might have changed following delivery of the JC AEP from Year One of the evaluation (i.e. First Year of post -primary school) to Year Three (i.e. Third Year of post-primary school).

3

Assess the perceived effectiveness, experience, acceptability and implementation of the JC AEP across all three years of its delivery in participating schools.

2. Why research/evaluation

It is important, when developing and implementing any new programme or intervention, that it is independently evaluated in parallel, not only to assess its overall effectiveness, but also to identify facilitators and barriers to implementation.

The findings should then be used (ideally) to inform future programme development and to generate key lessons, not only for programme developers and implementers in a local/ national context, but also for those who would wish to deliver the same or similar programmes elsewhere.

Best practice suggests that a good evaluation should be independent, transparent, accountable, confidential, and capable of discerning what works and what does not work (Stufflebeam. and Shinkfield, 2007).

It is critical that any evaluation is conducted ethically, taking into account issues such as confidentiality, informed consent and participant vulnerability.

The current study was conducted in line with the ethical code of conduct of the Psychological Society of Ireland and the Social Research Association. Formal ethical approval was sought for each phase/ year of the project and was granted by Maynooth University Social Research Ethics Committee.

3. Evaluation methodology

Quantitative data: Student and Teacher Surveys

The first phase of this three-year study (**Year 1**) involved an **in-class pre-programme survey**, conducted in March 2018. This involved administering a detailed and specially designed Student Experience Survey to First Year students in 19 schools throughout Ireland where the JC AEP was due to be delivered, including Dublin, Galway, Tipperary, Longford, Roscommon, Limerick, Laois, Leitrim and Mayo. This took place prior to JC AEP delivery. The same students completed a follow-up survey in May 2018, the aim of which was to assess the extent to which their knowledge/awareness, attitudes and behaviours had changed immediately following completion of the programme in its first year of delivery. A total of 574 students participated in this phase of the study.

The second phase of the study (**Year 2**) involved **re-administering the same survey approximately one year later** (in April 2019) to the same students to monitor any changes in their attitudes and behaviour following delivery of Year Two of the programme, and also to assess their views and experiences of Year Two of the JC AEP. A total of 493 students from the same schools (or 86% of the original Year 1 sample) completed the survey.

The third and final phase of the study (**Year 3**) involved assessing all student participants in their third year of secondary school, at which stage they had taken

part in all three years of the JC AEP. Thus, an **adapted version of the survey was administered** approximately one year later (this time in March 2020) to the same students (now in their Third Year) to monitor and assess any further changes in attitudes and behaviour, and also to assess their views and experiences of Year Three of the JC AEP. A total of 351 students from the same schools (or 61% of the original Year One sample) took part in this final stage of the study.

Thus, four student surveys were conducted during phases one to three of the JC AEP delivery in participating schools. Unfortunately, 8 of the 19 schools were unable to participate in the final year of the study in Year 3 (2020) following the unexpected closure of schools in March 2020 due to the COVID-19 pandemic.

All of the teachers who had participated in the one-day training provided by Drinkaware - and who subsequently delivered the programme in participating schools - were also invited to take part in an **online survey** during each phase of the evaluation. A total of 132 teachers responded to the survey.

Qualitative data: students, teachers and key stakeholders

Eighty-eight students from 9 schools also agreed¹ to take part in a series of **in-class focus group discussions** conducted across all three phases/years of the research. In addition, 22 teachers (from 10 schools also participated in **focus group discussions** during the same three-year period. Ten key informants or 'interested contributors' also agreed to participate in **one-to-one interviews** during Year 3 of the evaluation, including six educationalists in managerial roles, two parents (none associated with the programme or the evaluation), and two Drinkaware senior staff/programme developers.

¹The recruitment for the qualitative element of the research was coordinated by Drinkaware's Education Programme Manager, in consultation with the research team. Each of the pupils, parents/guardians and teachers provided their written informed consent to participate.



Key Findings

4. Key Findings

The full set of findings and all the tables in bold referred to in this section are available within the Evaluation of Drinkaware's Junior Cycle Alcohol Education Programme (JC AEP) 2018 - 2020 - Full Report.

4.1 Usage, attitudes & knowledge of alcohol amongst Junior Cycle students

- » Forty per cent of students **prior to AEP delivery** and when typically aged 13 (i.e. 5 years under the legal drinking age of 18) reported that they had, at some stage, taken alcohol, whether as a few sips or as a full drink (ref **Table 3.3**). This proportion - which is higher than figures from previous research in Ireland (ESPAD 2020, DCYA, 2016) - suggests that young people may be taking/being introduced to alcohol for the first time at an increasingly younger age. However, this should be interpreted with caution because 'drinking' and the 'age of the first drink' are often defined in different ways across studies, thereby making like-with-like comparisons difficult.
- » The proportion of students who indicated that they had **never drunk alcohol** remained fairly stable from pre-JC AEP delivery (60%) to Year 2 (59%) of the programme (ref **Table 3.5**), suggesting the JC AEP may have had some effect in terms of delaying the first drink during this period. Notably though, there was a sharp decrease of 17% from Year 2 to Year 3, whereby the largest proportion of students reported having at some stage consumed alcohol, albeit mainly on special occasions, or rarely. These findings indicate a significant 'tipping point' at the age of 14 going on 15 years in terms of the likelihood of most young teenagers taking their first drink.
- » One possible contributory factor here, may be that students in Year 3 were more likely to socialise with friends both during the week and at the weekend. However, further research is needed in this regard. Whilst three-quarters of the **203 students who were drinking in Year 3**, described themselves as 'light drinkers' or 'barely drinking at all' (Table A), a key issue here is that they appear to have already started to drink. However, these findings should be interpreted cautiously due to the subjective nature of self-report and differing interpretations of the language used (e.g. what constitutes 'light drinking'). Furthermore, a substantial proportion of students at some stage, had already tasted or consumed alcohol prior to delivery of the JC AEP.

Table A: Student descriptions of their own drinking behaviour

	PRE- PROGRAMME March 2018 (N=230)	YEAR 2 ² April 2019 (N=202)	YEAR 3 March 2020 (N=203)
	%	%	%
I barely drink at all	83	68	49
I am a light drinker	5	14	26
I am a moderate drinker	2	7	19
I am a heavy drinker	-	3	4
Don't Know/ No Reply	10	8	2
Total	100%	100%	100%

Note: Figures may not always sum to 100% due to rounding.

- » When asked why they felt that **young people in general** might drink alcohol, there were some interesting changes in student perceptions over the three-year period. For instance, almost half (46%) in Year 3 said that young people drink 'for fun/to relieve boredom' (23%) or to 'feel better/happy/good' (23%) compared (respectively) to 21% and 1% in Year 2 and 11% and 1% in Year 1 prior to programme delivery. Likewise, peer pressure, as a reason to drink, was highlighted by one third or more students in both Years 2 and 3 compared to only one fifth in Year 1 (see Table 3.20). These perceptions appear to reflect reality, in that they were the same three reasons cited by those students who were already drinking (ref Table 3.21).
- » When the students were asked **for their own reasons for not drinking**, the largest proportions across each year, indicated that they had no interest in drinking/no intention to start and, notably, this proportion increased from 30% in Year 1 to 54% in Year 3. It is likely that the JC AEP played an important role in this respect, although it is difficult to be precise about the true effect in the absence of a comparison group of students who did not receive the programme (ref Table 3.22). Substantial proportions also alluded to their age (too young) or the negative impact of alcohol on health, both of which are key messages within the JC AEP.

²As indicated earlier, four surveys were carried out in this study, and, for the most part, similar questions were used in each phase of the research. However, in order to accommodate the inclusion of new questions as the study evolved, some questions originally included in the 'Pre-programme' phase were excluded from Year 1 and subsequently included in the final two phases of the research. Additional questions, relating to the Junior Cycle Alcohol Education Programme (JC AEP) were added in Years 2 and 3.

- » With regard to expectations around starting to drink into the future, almost four in ten Year 3 students (37%) said that they either intended to 'delay for as long as possible' (22%) or to 'never' drink (15%) whilst most of the remainder were unsure (24%) or said that they would start 'when they feel like it' (18%) (ref **Table 3.23**).
- » Substantial proportions of Year 3 students, including those who drank and those who did not, thought that teenagers did not drink largely due to the negative impact on their physical and mental health (46%), because they lacked interest in alcohol (35%), or because they did not wish to get into trouble with their parents (21%) (ref **Table 3.19**). Further findings on the role of parents are presented below.
- » Overall, the findings across all three years indicate that a substantial minority of those who have, at some stage, consumed alcohol, are drinking more frequently as they get older (ref **Table 3.15**), are consuming more drinks in one sitting and are more likely to get drunk (ref **Table 3.17**). For example, 16% (32/203) of those Year 3 students **who were drinking** reported being 'quite'(10%) or 'very' drunk (6%) on the last occasion that they had drunk alcohol compared to 10% in Year 2 and 2% prior to JC AEP delivery in Year 1.
- » The proportion of 'student drinkers' who described themselves as 'moderate' or 'heavy' consumers of alcohol increased from 2% pre-programme (Year 1) to 10% in Year 2 and 23% in Year 3 (ref **Table 3.5**). One third of the students in Year 3 **who were already drinking** indicated that they had at some stage been drunk, albeit not severely so (i.e., 'very drunk' 6%; 'quite drunk' 10%; or 'a little drunk' 17%) (ref **Table 3.17**). However, these findings should be interpreted cautiously due to the subjective nature of self-report and differing interpretations of the language used (e.g. what constitutes 'moderate' or heavy'). A comparison by gender showed that boys were twice as likely as girls to consume five or more drinks in one sitting (34% v 15%); proportionately more girls were consuming one to two drinks (58% v 43%) (ref **Table 3.8**).
- » Almost four in ten (38%) of the **Year 3 students who were drinking** had also experienced one or more negative effects of alcohol consumption, such as physical fights, arguments, accidents/injury, and/or feeling physically sick/vomiting (ref **Table 3.18**). This highlights the progressive nature of alcohol harm and an urgent need to delay the age of the first drink. It also raises concerns about the impact of alcohol on the developing brain.

4.2 Perceived effectiveness of the Junior Cycle Alcohol Education Programme

The findings regarding the Programme's effectiveness in this section, are presented in line with each of the three main aims of the JC AEP.

4.2.1 Promote understanding of the effects of alcohol

The findings across the three years suggest that the JC AEP programme led to substantial and sustained improvements in students' self-reported knowledge and understanding of alcohol when compared with the survey undertaken prior to the JC AEP delivery. For example,

there was almost a fourfold increase from pre-programme delivery (early 2018) to Year 3 follow-up (2020) with regard to the proportion of students who reported knowing 'a lot' about the facts of alcohol. Notably, this figure, in most cases, continued to increase marginally from Year 2 to Year 3 of the evaluation, indicating that the JC AEP was continuing to have some impact as students matured and moved toward the critical 'tipping point' age of first drink (Table B). Some illustrative quotes from students across all years (and one teacher) are also provided below.

Table B: Students who reported 'knowing a lot' about aspects of alcohol

I KNOW A LOT ABOUT*	BASELINE March 2018 (N=574)	Year 1 May 2018 (N=574)	Year 2 April 2019 (N=493)	YEAR 3 March 2020 (N=351)	Baseline to Year 3
	%	%	%	%	%
The facts about alcohol	10	28	30	38	+28
The impact of alcohol on the overall health and wellbeing of an individual	22	43	42	50	+28
The impact of alcohol on an individual's mental health	23	44	43	46	+23
The impact of alcohol on an individual's physical health	29	43	44	49	+20
The consequences of drinking too much	46	54	53	61	+15
The consequences of underage drinking	38	50	50	52	+14
Healthy alternatives to drinking alcohol	27	42	34	41	+14

*Other response options (not reported here) were 'knowing a fair amount', 'knowing a small amount', 'knowing very little/nothing' and 'don't know'.

Similar pre-post intervention increases (ranging from +14% to +28%) were observed and sustained in relation to knowledge around other aspects of alcohol (Table A), including:

- » impact on overall health and wellbeing
- » impact on mental health
- » impact on physical health
- » the consequences of underage drinking
- » the consequences of drinking too much
- » healthy alternatives to drinking alcohol



'If we didn't do this course, we would never know about the effects of alcohol. It is so important to know about peer pressure and alcohol'. *(Student, Year 2)*

'There is a huge lack of awareness amongst teenagers regarding the effects of alcohol. Many parents do not engage with their children in relation to the issue. Therefore, schools are the only place that some students hear factual information about alcohol'.
(Teacher, Year 2)

'I am more aware of the long-term and short-term effects of drinking alcohol and what can happen e.g., liver damage, mental health issues, damage to relationships, academic achievements where you can't concentrate fully, possibly become an alcoholic, and mess up friendships'. *(Student, Year 2)*

'It was very informative. I didn't think I would learn new things this year, but I did, like the physical effects and social effects on your brain. It can impair your driving and your academic performance'. *(Student, Year 3)*



4.2.2 Developing personal and social skills to encourage independent decision-making about alcohol

The vast majority of students (82%) thought that the programme in its entirety had (to a greater or lesser extent) helped them to make informed choices and decisions in relation to consuming alcohol. Approximately two-thirds (67%) felt that the impact of the programme in this respect, had been moderate to large (Table C). Almost three-quarters also indicated that the programme had positively

impacted their levels of confidence and assertiveness with regard to their alcohol consumption, with over half in each case, indicating a moderate to large impact (52% and 53%, respectively).

An analysis by gender showed that boys were more likely to view the programme positively; for example, 67% of boys and 52% of girls rated the JC AEP as 'good', 'very good' or 'excellent' in 2020. The corresponding figures for 2019 were 70% of boys and 58% of girls (ref **Figure 4.1**). Some illustrative quotes from both students and teachers (across all years) are provided below.

Table C: The Perceived Impact of the JC AEP on Drinking Behaviour (Year 3, N=351)

Impact of the Programme	Significant/ large impact	Moderate/ some impact	Little impact	No impact	D/K
	%	%	%	%	%
Making informed choices and decisions in relation to alcohol	23	44	15	13	5
Your levels of confidence	16	36	20	22	6
Your levels of assertiveness	17	36	21	18	8
It helped/ would help to reduce the number of times you are drunk	12	20	12	38	18

'I would definitely recommend it to other schools because it is very informative about the facts of drinking and it is not boring. It will help them [students] to make better decisions about drinking.' (Teacher, Year 2)

'It opened up discussion on mental health and making the right decisions' (Student, Year 2)

'I knew that drinking alcohol was bad for you and that most people can't say no to alcohol if all their friends are drinking, but this year, I felt it brought more attention to the fact that you can say no'. (Student, Year 3)

'It develops the social and personal skills to help students resist alcohol.' (Teacher, Year 2)

4.2.3 Empowering young people to develop strategies to resist peer pressure, change behaviours and engage in alternatives to alcohol use

- » The above findings were more mixed with regard to the extent to which students (whether or not they were drinking) felt the JC AEP had helped, or would help, to reduce the frequency of drunkenness; here, 44% reported some impact with approximately one third believing this to be of a moderate to large extent. Notably, almost one in five responded 'don't know' to this question, perhaps at least in part because they were not yet drinking and therefore, were unsure as to the impact of the JC AEP in this respect.
- » Almost two-thirds (62%) of teachers believed that the programme had some impact on the behaviour of their students towards alcohol, whilst almost three-quarters (72%) thought the programme had some impact on the attitudes of their students towards alcohol.
- » 'Healthy alternatives to drinking' is a key theme within the JC AEP and when asked if there were any alternative

ways of socialising without alcohol, the students identified a number of activities, including most commonly, sports and hobbies, watching TV/ cinema and 'just talking/having sleepovers or attending events' (ref **Table 3.28**). The pattern of responses seen in Year 3 was similar to Years 1 and 2, although proportionately more mentioned eating out as a socialising option as well as watching movies/ cinema.

- » Almost all of the students who took part in this research, were actively engaged in sport/athletics and/or were taking regular exercise. Consistently high proportions of students across the three phases of the evaluation (and with some small positive changes over time) were aware of, and in agreement with, the fact that 'drinking alcohol while playing in sports and games may lead to serious injury' and that alcohol can negatively impact both academic and sports performance in school. This may, at least in some cases, serve as a key motivator to abstain from, or reduce, drinking and especially during the first two years of school before the all-important 'tipping point' is reached.

'You can say no, but it takes someone strong to say no. Just because your friends drink doesn't mean you have to drink. That can be difficult. So many people drink underage because of peer pressure, or you see other members of your family drinking'. (Student, Year 3)

'It can affect your performance in sport. You won't play as well, and it makes you lose interest in sport'. (Student, Year 2)

4.3 Experience and acceptability of the JC AEP amongst students

- » Consistently high proportions of students in each year of the evaluation, rated the JC AEP highly. For example, more than six in ten (63%) students in Year 3, rated the AEP as 'excellent' (10%), 'very good' (22%), or 'good' (31%). A similar proportion (60%) said that they would recommend the AEP to other students/schools.
- » Likewise, large proportions of students in Year 3 (as in previous years), rated the presentation (80%), delivery (82%), materials (78%) and content (77%) of the programme as 'good', 'very good', or 'excellent'. The programme duration was rated relatively less well, although over half (57%) still provided positive ratings in this regard (Table D).

Table D: How students rated different aspects of the AEP in Year 3, (Base: All students, Year 3, N= 351)

	Presentation	Delivery	Materials	Content	Duration
	%	%	%	%	%
Excellent	9	12	5	14	6
Very Good	22	26	22	22	14
Good	49	44	51	41	37
Poor	9	9	10	12	24
Very Poor	5	5	4	5	14
Don't Know	6	4	8	5	5
Total	100%	100%	100%	100%	100%

- » Seventy per cent of students in Year 3 mentioned (when asked) at least one thing that they liked about the JC AEP, a figure that was consistent with the responses given in Year 1 (68%) and Year 2 (72%). The most commonly mentioned positive aspects included, the amount of information given on the effects and consequences of alcohol consumption, the group interactive activities (e.g., the Walking Debates) and the use of films/videos.
- » Conversely, two thirds of the students in Year 3, when asked, mentioned one thing which they disliked about the JC AEP (compared with 37% in Year 1 and 55% in Year 2) including, for example, its repetitive and lengthy nature, and the lack of sufficient visual content. It is important, to note however, that the programme is designed to reinforce and build on key themes/topics in each successive year, taking into account the age/developmental stage of the students. In addition, the findings from this evaluation have been/are being used to help inform the ongoing development of the programme.

4.4 Experience amongst teachers of the acceptability and delivery/implementation of the Junior Cycle Alcohol Education Programme

- » The vast majority of teachers (94%) and all of the interested contributors agreed that underage drinking is a serious problem in Ireland and that there is a high level of need for a programme, such as the JC AEP, in Irish second level schools. The teachers consistently cited, during the three-year evaluation, a number of reasons to support this view, including Ireland's harmful underage drinking culture, low levels of drink awareness amongst young people, peer pressure and the need to educate young people about the impact of alcohol.
- » More than three-quarters of teachers also indicated their belief that an alcohol education programme can meaningfully contribute to a reduction in underage drinking amongst young people.
- » The teachers were overwhelmingly positive about the JC AEP across all three years of the evaluation. For example, 94% in Year 3 thought that the programme was 'excellent', 'very good' or 'good' (compared with 98% in Year 2 and 96% in Year 1). Likewise, the vast majority enjoyed delivering the programme (94% in year 3, 89% in Year 2, and 86% in year 1). They also consistently highly rated the programme content and attendant resources during each year of programme delivery.
- » More than three-quarters (77%) of teachers said they would recommend this programme to other schools 'without any hesitation'.

'It is practical, experiential, targeted, evidence based, and age appropriate' (Teacher, Year 2).

'It is very well researched and it has very diversified approach in methodologies. It is fun, frank and interactive. Superb' (Teacher, Year 3).

'It is comprehensive, interactive and it provides students with the facts, consequences and alternatives' (Teacher, Year 3).

- » Teachers were consistently positive - across all three phases of the evaluation - about the training that they had received prior to delivering the programme and which they described as “very comprehensive”, “well thought-out” and “expert and energetic”. For example, in Year 3, 93% said that the training provided to teachers was ‘excellent’, ‘very good’ or ‘good’, compared with 96% in Year 2 and a similar figure in Year 1.
- » Approximately one quarter of teachers in Year 3 indicated that they would like additional training³ (e.g. more interactive IT training, more innovative ways to teach students, more training for senior level classes, more updated statistics, and a refresher course).
- » With regard to perceived barriers to the future delivery/implementation and potential roll-out of the programme, teachers highlighted a number of factors including: the time required for delivery; views relating to the lack of governmental endorsement of the programme; the perception that alcohol education is not prioritised in schools; and the lack of school champions (ref Box 6.5). When asked if they could make one possible change to the programme, the responses related mainly to a perceived need for the JC AEP to be delivered as part of Junior Cycle programmes across all schools.

‘It has excellent resources that can easily be used by any teacher without having to do too much prep themselves and I was very surprised about how stimulated the students were with the programme’ (Teacher, Year 1).

‘It is very suited to the age group and it has fab active learning methodologies’ (Teacher, Year 2).

³This question was only asked in Year 3.

4.5 The role of parents/guardians

The role of parents/guardians in their children's drinking was a recurring and important theme across all three phases of the evaluation. It was evident in the students' own responses and the views of the teachers who took part in the online survey and focus groups, as well as the other key interested contributors (including two parents) who agreed to take part in one-to-one interviews in Year 3. A selection of illustrative quotes from the interested contributors, is provided here.

The findings raise questions about the role of parents (and possibly also the wider family circle), not only in protecting and educating their teenagers, but also in how they themselves portray/'model', think about, and fully understand the drinking of alcohol (and attendant guidelines) in the home and elsewhere. Indeed, the importance and complexity of these kinds of contextual factors cannot be underestimated in terms of the many potential influences on teenage drinking.

» The largest proportion of students across each year (e.g. 48%-49% in

Years 1 and 3; 57% in Year 2), had first consumed alcohol either in their own home or at someone else's home (ref Table 3.12). Most reported that they had no difficulty in gaining access to alcohol and especially as they got older. Only one in four of those who were drinking in Year 3, reported that they got into trouble with their parents for drinking, although typically on one occasion only (ref Table 3.25).

» The findings suggest further that a substantial proportion of students (44% in Year 3) consider their parents to have relatively tolerant views of their drinking behaviour provided that they "don't drink too much". However, it would be important to assess the extent to which parents are in agreement with this view. Furthermore, approximately one quarter (26%) of Year 3 students who were drinking, reported that their parents were unaware of their drinking, suggesting a 'culture of secrecy' amongst some students.

'No one group will succeed in reducing underage drinking; it requires a collaborative approach with different sections of society taking responsibility. Many parents are reluctant to attend workshops on alcohol education...Some parents see alcohol education as something which is done in school rather than a joint endeavour'. (*Educationalist*)

'Education is arguably the most important primary intervention for underage drinking. It has a greater chance of delaying the age of their first drink. Alcohol misuse...impacts on individuals, families, communities and Irish society as a whole. As such, it needs a multi-faceted approach, with as many actors as possible. Parents have the most influence on their children, but most parents wrongly assume that their children's peers have greater influence than they have.'

(*Educationalist*)

- » Conversely, approximately one in five of the students who reported drinking in Year 3 (19%, 39/203) and around one third (32%, 184/574) in Year 1, indicated that their parents do not like to see them drinking at all (ref Table 3.24). On a related point, students' perceptions of their parents' responses to drinking may be a facilitative or inhibitive factor in terms of their decision to drink or not. For example, 17% of students in Year 3 who had not yet started drinking, indicated that they had not done so due to concerns about how their parents would react (e.g. anger, disappointment, loss of trust) (ref Table 3.22).
- » Almost two-thirds (63%) of teachers believed that parents/guardians should be primarily responsible for the delivery of alcohol education to young people. There was a broad consensus among teachers (and other stakeholders) that parents/guardians were not appropriately fulfilling their responsibilities in this regard, and needed more help and support to do so. This was also reflected in the views of the 'non-parent' interested contributors who participated in interviews during Year 3 of the evaluation.
- » The interested contributors were very positive about the JC AEP - referring to its hands-on approach, giving the students a voice, its age-appropriateness and its incremental year-by-year approach to delivery across the Junior Cycle. Most also expressed the view that the JC AEP can contribute to a reduction in underage drinking, particularly if delivered as part of a whole-school approach (see below). For the most part, they believed that the programme is innovative, impactful and likely to create awareness and knowledge of underage drinking.

I believe parents have a very important role in the education of their children around the use of alcohol. Role modelling is crucial. Consistently, the best programmes in school ensure similar messages from home and school. This is why I believe the presentation for parents through Drinkaware is very valuable.' (*Programme developer*)

'I feel most parents would want to address underage drinking issues in theory, but they may feel that they only need to address issues as or after they arise. Often this relates to the consumption of alcohol and other issues are ignored, e.g., self-esteem, confidence, social pressure etc'. (*Educationalist*)

'I have become very conscious of my own drinking habits and I try to use my drinking as an example of responsible drinking for my children. If they see my drinking as normal to drink at home, I hope it will influence them in a positive way. I believe that parental attitudes to alcohol in the home and at events where teenagers are present, can impact on whether a child develops a positive relationship with alcohol.' (*Parent*)

4.6 A whole-school approach

- » The need for a co-ordinated 'whole-school' approach⁴ to alcohol education (and therefore to the implementation of the JC AEP), was considered to be important by 9 out of 10 teachers as well as all of the 'non-parent' interested contributors who were interviewed in Year 3.
- » A number of factors were considered important in facilitating whole-school buy-in to the programme (and therefore, wider implementation), including 'consistent messaging', harnessing the support of individual teachers, school management and parents, as well as securing governmental endorsement and more funding/investment.
- » Teacher training and buy-in, or the lack thereof, was also seen as an important facilitator/barrier to successful programme implementation.
- » Four of the five educationalists who participated in the final phase of the evaluation - and who were familiar with the JC AEP - suggested that any new programme such as the JC AEP, should be mandatory within the SPHE, but also that any such programmes should be endorsed by the Department of Education and Skills to ensure wider acceptance and roll-out.

A whole-school approach allows consistent messaging for students. We are using the Drinkaware JC AEP resources for First to Third Year and these are appropriately planned'.

(Teacher)

'We should all be saying the same thing'. *(Teacher)*

'The JCAEP needs to be conducted by all SPHE teachers, or teachers teaching in that capacity. Ideally, this should be done at the same time of the year, so that there can be a whole-school approach e.g., visiting speakers etc'. *(Teacher)*

'A whole-school approach, with all stakeholders supporting it [the JC AEP], including BoM and parents' associations.' *(Teacher)*

⁴A 'whole-school approach' describes an approach involving collaborative action by the total school community in consultation with parents and pupils, to improve pupil learning, behaviour and well-being.



Conclusion

5. Conclusion

The collective findings presented in this report provide important insights into changes in 'real time', in the use of, attitudes toward, and understanding the effect of, alcohol amongst teenagers as they grew and matured during the first three years of post-primary school in Ireland. The results also provide important evidence on the perceived impact, acceptability and delivery of the JC AEP across all three years of the Junior Curriculum.

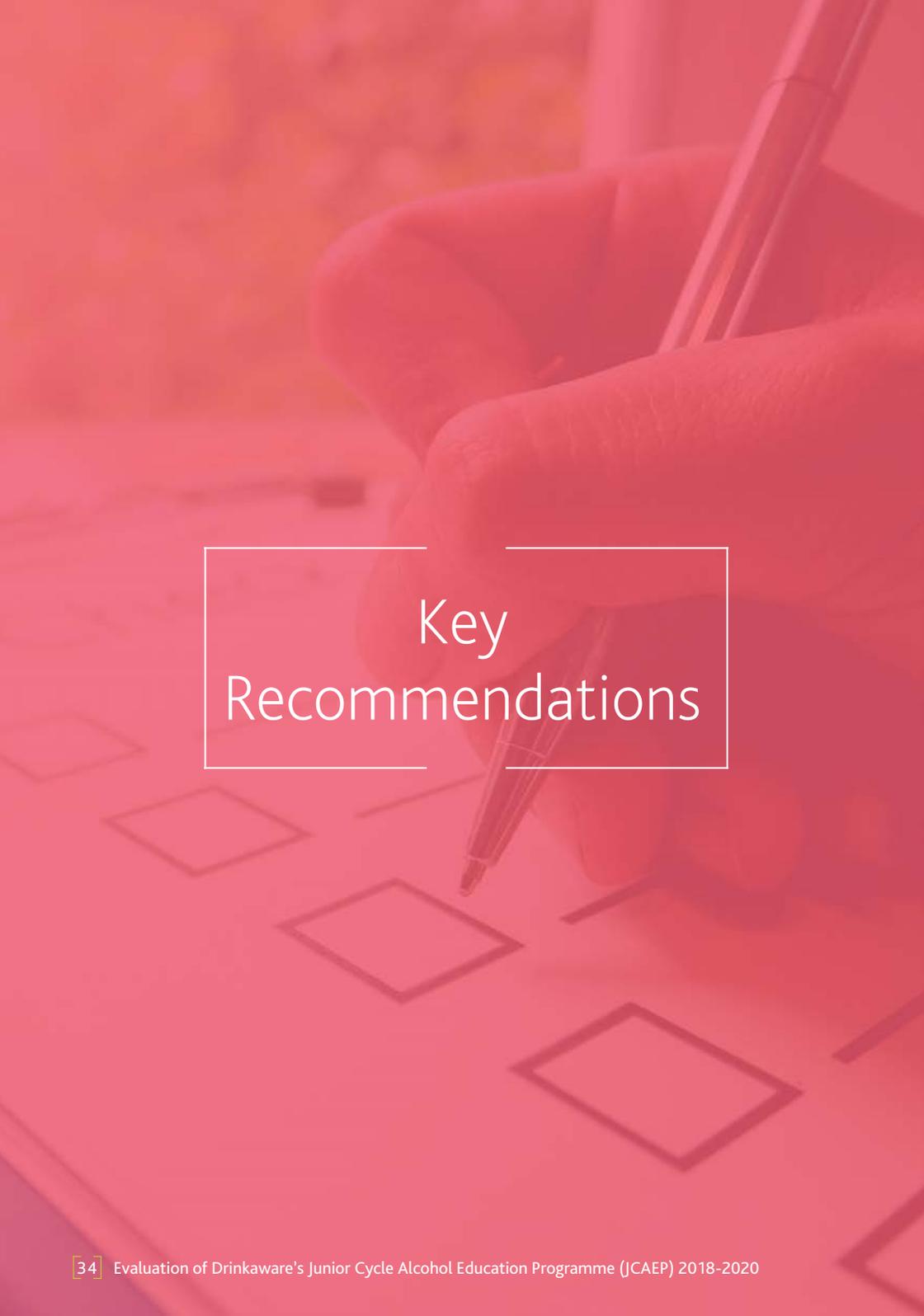
Whilst the problem of underage drinking is a difficult one to address (e.g. due to the challenges in designing and testing interventions by age and subgroup (e.g. Greenberg, 2004) and is likely to persist until such time as cultural and other changes take place in Ireland, international research suggests that appropriate school- (and home-) based alcohol education can play a significant role in reducing the progression of alcohol consumption in the teenage years. This is true, in particular, for those programmes which, like the Junior Cycle Alcohol Education Programme, involve a focus on maintaining positive peer relationships, relaying accurate norms and teaching peer refusal skills (i) (e.g. Spoth et al., 2008).

The teachers and stakeholders who participated in this research, were unanimous in their agreement on the importance of the need for alcohol education in schools and especially within the context of a whole-school approach.

There were also very positive views overall about the JC AEP and its practical delivery in participating schools.

The results indicate that the, albeit still evolving, JC AEP is a useful, feasible, high quality programme which is successfully addressing a high level of need for alcohol education. A central feature of this programme involves engaging and empowering young people to develop knowledge, understanding, confidence and appropriate decision-making skills to navigate more safely in a world where alcohol is widely available.

However, more work is clearly needed both at school and wider societal level (and especially in the home) to help reinforce the key messages of the JC AEP. Collectively, the large-scale implementation of the programme in order to reach more young people (and parents), would play an important role in shifting attitudes and knowledge (some of which may be deeply entrenched from a very young age) and most importantly, help change behaviour in the short, medium and longer term. A number of key recommendations for the future are outlined below.



Key Recommendations

6. Key recommendations

- » Alcohol education should begin (in some form) in the late primary school years. The Junior Cycle Alcohol Education Programme provides a robust model on which to develop a new primary level programme for 6th class students.
- » Alcohol education should continue throughout at least the first three years of post-primary school, but with a particular emphasis on Second Year as students advance toward the 'tipping point' age of 15 (in Third Year).
- » A number of suggested improvements to the JC AEP were indicated - some of which have already been addressed in the lifetime of the study – including: more interactive group activities and visual material (both of which the students enjoyed); less repetition; more information on the legal aspects of drinking and on alcohol content; careful consideration of the timetabling of the programme within the curriculum; and inviting guest speakers to school to complement programme content and delivery. Future research might explore the impact of these changes.
- » Future (enhanced) iterations of the JC AEP should be rolled out to more schools nationwide in order to extend programme reach and to make structured, evidence-informed easy-to-deliver, year-on-year alcohol education available to all 12-16 year-olds in Ireland, and in ways that make it accessible and enjoyable for all.
- » There is a need to promote and encourage greater engagement with, and support from, parents in their children's alcohol education from an early age and more consistent home-school messaging. This should include a review of the role of parents in preventing and delaying the age of the first drink, while youth perspectives on parental approaches to alcohol also merit exploration. Parent training and supports are an important element in this regard.⁵
- » Supplementary teacher training on alcohol education across the three-year Junior Cycle curriculum and at different time points, would further help to scaffold and support programme delivery and ensure sustainability. In addition, it would be helpful to implement a process of regular review involving the collation and assessment of student and teacher feedback on what works/does not work well during programme delivery.

⁵ Drinkaware delivers (virtual and face-to-face) parent workshops on a nation-wide level

- » There is a need to increase awareness of the importance of alcohol education in schools and, in particular, to implement a co-ordinated 'whole-school' approach, in line with the UK National Institute for Health and Clinical Excellence (NICE) guidelines (2007) on alcohol misuse in schoolchildren as well as other research conducted both in Ireland and elsewhere, on the merits of whole school preventative approaches. To this end, education leaders, policy makers, school management and all teachers in Ireland (and elsewhere) should endeavour to commit to delivering evidence-informed alcohol prevention education programmes/initiatives going forward, as part of their wellbeing curricula.

¹ Spoth RL, Greenberg MT. Toward a comprehensive strategy for effective practitioner-scientist partnerships and larger-scale community benefits. *Am J Community Psychol.* 2005;35(3/4):107–126

ⁱⁱ 25% increase in consumption amongst adults (Drinkaware Barometer, B&A, April 2020)

ⁱⁱⁱ UNESCO 2017, Good Policy and Practice in Health Education Booklet 10, "Education sector responses to use of alcohol"

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