

Alcohol

and PSHE Education

Professionals' Pack

2023

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TABLE OF CONTENTS

- 03** Introduction
- 04** Safe Learning Environment
- 05** Best practice principles
- 07** Links to PSHE Curriculum - Primary
- 08** Links to PSHE Curriculum - Secondary
- 10** Links to PSHE Curriculum - Youth Work
- 11** Useful Resources
- 12** Developing Subject Knowledge
- 14** Alcohol Guidelines
- 15** The Law
- 17** National Statistics
- 18** The Local Picture
- 19** Useful Contacts
- 20** Further Reading

INTRODUCTION

This pack aims to support education providers to deliver quality PSHE education around alcohol through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- Should be addressed sensitively and clearly

Education providers can help raise awareness of drugs, substances and alcohol, by discussing choices and consequences, developing skills and strategies for managing risks.



SAFE LEARNING ENVIRONMENT

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently. We have created a guidance document to support professionals to create this safe in their own setting.



No. 01 — Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



No. 02 — Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



No. 03 — Staff Confidence

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



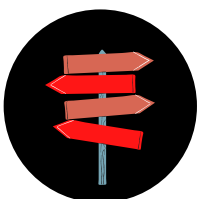
No. 04 — Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



No. 05 — Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 — Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision. The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices.

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Knowledge, Skills and Values

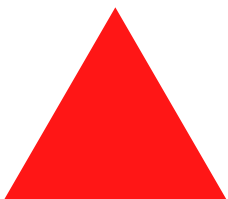
Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:



Knowledge: gaining new information on a topic

Skills: gaining new skills on a topic

Values: reflecting on, and potentially altering, your own values in relation to a topic

NICE support the use of a spiral curriculum in the delivery of alcohol education. This can be defined as a course of study in which students will see the same topics throughout their school career, with each encounter increasing in complexity and reinforcing previous learning.

When planning alcohol education NICE state that schools should:

- ensure it is appropriate for age and maturity and aims to minimise the risk of any unintended adverse consequences
- tailor it to take account:
 - each pupil's learning needs and abilities
 - the group's knowledge and perceptions of alcohol and its use
 - consider that those aged 18 and over can legally buy alcohol

As with all curriculum considerations, best practice requires the differentiation of content and delivery for pupils with special educational needs and disabilities (SEND) where necessary.

LINKS TO PSHE CURRICULUM⁷

The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Drugs, Substances & Alcohol.

Primary

PSHE Association:

Key Stage Two

H46.	about the risks and effects of legal drugs common to everyday life (e.g. cigarettes, e-cigarettes/vaping, alcohol and medicines) and their impact on health; recognise that drug use can become a habit which can be difficult to break
H48.	about why people choose to use or not use drugs (including nicotine, alcohol and medicines);
H49.	about the mixed messages in the media about drugs, including alcohol and smoking/vaping
H50.	about the organisations that can support people concerning alcohol, tobacco and nicotine or other drug use; people they can talk to if they have concerns

DfE Statutory Guidance:

By the end of Primary pupils will know:

DAT1	the facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.
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PSHE Association:

Key Stage Three

H24	to evaluate myths, misconceptions, social norms and cultural values relating to drug, alcohol and tobacco use
H25	strategies to manage a range of influences on drug, alcohol and tobacco use, including peers
H26	information about alcohol, nicotine and other legal and illegal substances, including the short-term and long-term health risks associated with their use

Key Stage Four

H23	strategies for identifying risky and emergency situations, including online; ways to manage these and get appropriate help, including where there may be legal consequences (e.g. drugs and alcohol, violent crime and gangs)
R20	to recognise the impact of drugs and alcohol on choices and sexual behaviour

Key Stage Five

H17	to perform first aid and evaluate when to summon emergency services, irrespective of any potential legal implications, for example, when the situation involves alcohol, drugs, gangs or violent crime
H21	to manage alcohol and drug use in relation to immediate and long-term health

H22	to understand how alcohol and drug use can affect decision making and personal safety, including looking out for friends, safe travel and drink-spiking
H23	the impact of alcohol and drug use on road safety, work-place safety, reputation and career
H24	the risks of being a passenger with an intoxicated driver and ways to manage this

DfE Statutory Guidance:

By the end of Secondary pupils will know:

DAT1	the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions.
DAT3	the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood
DAT4	the physical and psychological consequences of addiction, including alcohol dependency
I13	how the use of alcohol and drugs can lead to risky sexual behaviour
I1	the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, forced marriage, honour-based violence and FGM, and how these can affect current and future relationships
IS2	how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.

NYA Youth Work Curriculum:

HW1	Promoting the positive physical, social, emotional and mental health of young people
HW2	Helping young people make informed choices about how they live, approach risk and take responsibility for their own behaviour in relation to thier lifestyle



Please check all resources are suitable for your settings and children.

Secondary

Public Health England and Rise Above have produced a [lesson plan](#), [PowerPoint with accompanying videos](#) to explore with your class the reasons why some young people choose to drink alcohol, and the impact this can have on their health, wellbeing and overall lifestyle. Suitable for KS3/4

The Youth & Policing Education Hub with Avon & Somerset Constabulary have coproduced a [Lesson Package "Alcohol, Drugs and Staying Safe"](#) aimed at 11-15 year olds, exploring how alcohol and drugs can put young people at risk and how to stay safe

The [Talk About Alcohol website](#) is designed to be used by young people in a classroom setting as part of PSHE lessons on alcohol. It is designed mainly for Key stage 3 and complements the Talk About Alcohol teacher workbook, which contains lesson plans, games and worksheets – It can be downloaded [here](#).

SEND

The Alcohol Education Trust offer a [downloadable SEND workbook of picture and story led activities](#) on their website. This workbook aims to support building knowledge and resilience strategies around Alcohol with four readymade lesson plans specifically for students with special educational needs

Videos

The Alcohol Education Trust link to a series of [short film clips](#) to use as ice breakers or to promote discussion.

Training

The DfE provide a [training module](#) which supports the physical health and mental wellbeing section of the statutory relationships, sex and health education curriculum.

The module contains key knowledge and facts to help teachers understand what they must teach. It includes information on:

- legal and illegal harmful substances and associated risks
- laws relating to these substances

DEVELOPING SUBJECT KNOWLEDGE



ALCOHOL

*with thanks to Staffordshire Police EIPU, multi-agency partners
through the Staffordshire Drugs & Alcohol Education working
group and Alcohol Education Trust*

Alcohol

Alcohol is defined as *a chemical substance found in drinks such as beer, wine, and spirits. It is also found in some medicines, mouthwashes, household products, and essential oils (scented liquid taken from certain plants). It is made by a chemical process called fermentation that uses sugars and yeast. There are different types of alcohol. The type used to make alcoholic drinks is called ethyl alcohol (ethanol).*

Alcohol is by far the most widely-used recreational drug in the UK.

Recommendations published by the National Institute for Health and Care Excellence (NICE) support the Department for Education's (DfE) plan to make alcohol education a compulsory component of personal, social and health education (PSHE) in all state-funded schools in England from September 2020.

The guideline, developed with Public Health England, advises a positive approach to alcohol education; inviting classroom discussion and wider school policies to embed a 'whole-school approach' to PSHE.

Data suggests that alcohol consumption among young people has reduced in recent years.^[i] However, NICE's independent guideline committee recognised that risky drinking can still be an issue for young people and that some pupils may be more vulnerable to alcohol misuse.

Alcohol and Health

Alcohol is a causal factor in more than 60 medical conditions.

Alcohol can have both short-term and long-term effects on mental health. How we're affected when we drink can differ depending on lots of factors such as what type of alcohol we're drinking, how much we drink, how long we drink for and our mental state at the time. While moderate use is not usually a problem, drinking regularly or heavily over an extended period can have a longer-term impact on our mental health..

Alcohol and Families

Children living with parents who drink excessively or take drugs often have to adopt a caring role. This means they are at risk of abuse and neglect. This is known as **hidden harm**.

FASD (Foetal Alcohol Spectrum Disorder) occurs when a foetus is exposed to alcohol. The alcohol affects the development of the foetus and creates a lifelong disorder with effects that can include physical, mental, behavioural and learning disabilities. These disabilities can vary from mild to severe. More information can be found at: www.nationalfasd.org.uk.

The UK's Chief Medical Officers have published guidelines on the **14** maximum amount of alcohol adults should drink across a week to keep health risks to a low level. See here:

Alcohol guidelines

ALCOHOL
CHANGE^{UK}

14
units
per week



For men
and women

To keep health risks from drinking alcohol to a low level, men and women should not exceed 14 units per week and it is advisable to **spread your drinking over three days or more.***

This is what 14 units looks like...



14

single measures of spirit
(25ml) 40% ABV

or



6

glasses of wine
(175ml) 13% ABV

or




6

**pints of ordinary strength
beer/lager/cider**
(568ml) 4% ABV

ABV = Alcohol by volume

Remember the drinks you pour at home may be **larger** than the measures used in pubs.

If you are **pregnant**, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.





The law on alcohol and under-18s

It is illegal to knowingly buy alcohol for someone under 18 (buying by proxy).

In England, Scotland and Wales, it's not illegal for someone between the ages of five and 17 to drink alcohol at home or on other private premises. But this does not mean it is recommended.

UK Chief Medical Officers (CMOs) recommend that an alcohol-free childhood is the healthiest and best option.

DrinkAware state that if children do drink alcohol (even though it's not recommended), it shouldn't be until at least 15 years of age.

16 and 17 year-olds

Someone aged 16 or 17 and accompanied by an adult, can drink (but not buy) beer, wine or cider with a meal at a licensed premises (except in Northern Ireland). But it's illegal for people this age to drink spirits in a pub anywhere in the UK, even with a meal.

16 and 17 year-olds who work in a licensed bar, restaurant or shop can serve alcohol, as long as the licence holder or bar manager has approved the sale and it's in line with any other restrictions set out in the license.

Under-16s

Young people under 16 may be able to go to a pub (or premises primarily used to sell alcohol) if they're accompanied by an adult. However, this isn't always the case. It can also depend on:

- The specific conditions for that premises - for example, young people may only be allowed in certain areas, or at certain times
- The licensable activities taking place there

The Misuse of Drugs Act 1971 states that:

Giving a child under 5 alcohol, unless in an emergency or under medical supervision (Children and Young Persons Act 1933) is an offence. It is also an offence for a vendor to knowingly sell alcohol to an under 18 year old and to buy alcohol when under 18.

A 16 year old can consume beer or wine (but not spirits) in a pub if having a meal in an area set aside for this purpose with an over 18 year old present.

In some areas there are by laws restricting drinking of alcohol on the streets at any age. Police also have powers to confiscate alcohol from under 18s who drink in public places.



Drinking in public

Throughout the UK young people can be stopped, fined or arrested by police if they're under 18 and drinking alcohol in any public place (not just places with council restrictions). The police also have powers to confiscate alcohol, or move people on.

Local councils can put measures in place to stop drinking in certain areas where they believe alcohol could contribute to anti-social behaviour.

- In England and Wales, councils can use a 'Public Space Protection Order' (PSPO) to stop drinking in public in defined locations.

Drinking alcohol somewhere it's been banned, or refusing to comply with a police officer's request, can lead to a fine or an even being arrested.



Alcohol and Public Transport

Drinking alcohol is banned on many public transport services in the UK. It's an offence to be drunk on a train in the UK – you could be given a Penalty Notice for Disorder (PND) and fined. You can also be refused permission to travel if you're drunk.

Being drunk in public

Across the UK, it can be an offence to be drunk in a public place – for example if you're causing a disturbance, or unable to look after yourself. Police have powers to issue fines, or make an arrest depending on the severity of the offence.

In England and Wales, if you commit an alcohol-related offence, you could also be given a Drinking Banning Order (DBO), which can mean you may not be allowed to drink or possess alcohol in public for a period of up to two years.

NATIONAL STATISTICS



35% of all Accident & Emergency (A&E) attendance and ambulance costs may be alcohol related in England. £3.5 BILLION is the cost of alcohol to the NHS each year in England alone.

There were 12,180 exclusions for drug and alcohol offences in English schools in 2018/19 – 17% up on the year before and the highest since records began in 2006-07



60% of 11 – 15 year-olds have never drunk alcohol (up from 41% in 2000). The proportion of pupils who have had an alcoholic drink increases from 13% of 11 year-olds to 65% of 15 year-olds

200,000

children in England live with an alcohol dependent parent

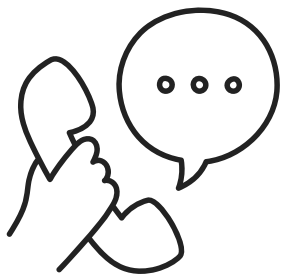
552

people died from alcohol poisoning in the UK in 2020

[Click here for more Facts & Figures collated by the AET relating to alcohol and young people](#)



Useful Contacts:



If you would like more information or support about Alcohol please contact:

For one to one support or targeted group work for young people refer to:

Staffordshire

T3 stars Young Person's Drug and Alcohol

Tel - 01785 241393

Email – t3stars.stafford@humankindcharity.org.uk

Stoke-on-Trent

Stoke Drug and Alcohol Service

Tel - 01782 221090

Website - www.scdas.org.uk

If a referral to Children's Social Care is required, please contact:

Staffordshire

Staffordshire Children's Advice Service - 0300 111 8007

Monday - Thursday 8.30am -5pm and Friday 8.30-4.30pm

Out of Hours - 0345 604 2886 / 07815 492613

Stoke-on-Trent

CHAD - 01782 235 100

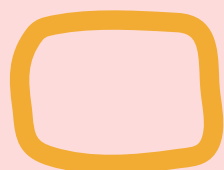
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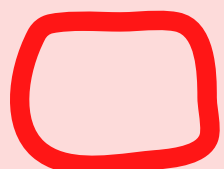
Further Reading:



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



[Office for Health Improvement and Disparities \(OHID\). Alcohol: applying All Our Health](#)



[PSHE Association: Drug and alcohol education](#)



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With thanks to our Partners

