

'The monster of the month': Teachers' views about alcohol within personal, social and health education (PSHE) in schools

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Abstract

Purpose: There is a lack of evidence for effective school based prevention programmes to reduce alcohol misuse in adolescents. This study sought to explore teacher's views about alcohol education in secondary schools in order to inform the subsequent development of new educational and intervention measures.

Methodology: Semi structured interviews were conducted with nine female teachers from a range of schools who had responsibility for designing and delivering Personal Social and Health Education (PSHE).

Findings: Three main themes were identified in a thematic analysis of the interview transcripts. The themes demonstrated the importance of PSHE to these teachers, who faced challenges in delivering a comprehensive enough curriculum. Alcohol unit knowledge and responsible drinking were priorities for the teachers. However, given the many pressures faced by young people, alcohol could be viewed as just one challenge amongst many.

Research Implications: Interventions may be seen as too compartmentalised by teachers if they fail to address the wider concerns of adolescents. Intervention developers should consider gaining input from teachers on the content of their programmes prior to running a trial to enhance feasibility and acceptability.

Originality/Value: There are few studies that have explored what teachers think about alcohol education in general or about the content of specific interventions prior to their implementation. This study adds their voice to the literature, and highlights the importance of considering the views and first hand experiences when developing new alcohol interventions aimed at adolescents.

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Introduction

In the United Kingdom (UK), young people under the age of 18 are not permitted to purchase alcohol and, in 2009, the Chief Medical Officer advised that under 15s should avoid alcohol altogether (Donaldson, 2009). However, by the age of 16, 90% of adolescents in the UK have tried alcohol, and many are drinking with the intention of getting drunk (Hibell et al., 2012). Drinking during adolescence is associated with numerous harmful consequences, such as accidents and unprotected sex, and may result in alcohol related problems later life (Newbury-Birch et al., 2009). Currently there is a lack of evidence for effective and cost effective school based alcohol education (Foxcroft and Tsertsvadze, 2011).

Alcohol education falls under the category of Personal, Social, Health, and Economic Education (PSHE) and is currently a non-statutory part of the state curriculum in England. The government provides funding for organisations such as the PSHE Association and Mentor-ADEPIS, but it appears that the non-statutory status of PSHE means that there is often wide variation in how and what young people learn about alcohol in schools. Indeed a recent Ofsted report concluded that PSHE is 'not yet good enough' in 40% of schools (Ofsted, 2013).

Schools have an important role in contributing to research into new programmes for use in PSHE, and a review of effective drug education pinpoints the classroom teacher as a key component (Midford et al., 2002). However in UK, schools report being under considerable pressures in terms of the statutory curriculum and as a consequence may feel unable to take part in additional activities, such as trialling new interventions (Alibali and Nathan, 2010). These time pressures may

influence programme fidelity in school settings, which can impact on effectiveness (Durlak and DuPre, 2008). One study in the United States examined teacher delivery of 'keepin' it REAL'. Teachers reported adapting the programme in some way in 68% of lessons, however independent observers suggested that there were adaptations in 97% of the lessons (Miller-Day et al., 2013). Some changes were made for time reasons, but in other cases teachers reported being uncomfortable with the content of the programme or even disagreeing with it. Individual teacher characteristics are also related to the adoption and ongoing delivery of preventive interventions. For example, evidence suggests that confidence and enthusiasm for a particular programme are important factors (Dusenbury et al., 2003). These findings are in line with those from clinical and therapeutic settings which demonstrate that the therapist's personal traits are important in determining treatment success (Ackerman and Hilsenroth, 2003).

Given their important influence, it is somewhat surprising that there are only a few published studies that explore teachers' views on the topic of alcohol education, or their views about the development or acceptability of new interventions. One study that explored teachers' views was conducted by the PSHE Association and Mentor-ADEPIS (Boddington et al., 2013). This survey of 288 teachers revealed constraints in terms of time, resource and expertise that influenced the perceived quality and effectiveness of drug and alcohol education. Furthermore, it highlighted that teachers are reliant on a range of resources where there is no evidence of their effectiveness in reducing risky drinking or drug taking, such as the Talk to Frank website, a government information site about alcohol and drugs aimed at young people (Boddington et al., 2013).

In terms of testing specific interventions, a paper on the Kids, Adults, Together (KAT) Programme (Rothwell and Segrott, 2011) included interviews with teachers. However, there was relatively little attention given to the findings from these interviews compared with those with parents and children. Another study sought some feedback from teachers during the Australian adaptation of

'Preventure', a personality targeting intervention to reduce substance misuse (Barrett et al., 2015). However, while 69 adolescents' views were sought in order to modify the content, only six teachers were surveyed for their opinions on whether the programme was appropriate within the new context (Barrett et al., 2015).

It also appears to be uncommon to get feedback from teachers on the content of an intervention at the development stage. One identified study conducted focus groups to determine what teachers in the United States (US) thought about a new method of delivering sex education (Haignere et al., 1996). This study identified barriers, such as lack of time, which prevented teachers from implementing new methods. A survey of US teachers views about adolescent health found that they were aware of their important influence on young people's well-being (Cohall et al., 2007). This study showed that teachers wanted additional training on teaching health related topics to support their students. In a UK study, interviews were conducted with ten teachers to explore their views about implementing drug education (Fletcher et al., 2010). A common theme was that while teachers thought that drug education was important, insufficient time was spent on this topic because it was not measured in terms of exam results or league table success.

Because of its non-statutory status, low priority is given to PSHE topics in the teacher training curriculum. From 2004 -2010, the Government funded a national certificate for PSHE continuing professional development, as part of the National Healthy Schools Programme, with the intention of having an accredited PHSE teacher in every school (Willis and Wolstenholme, 2016). However, funding was withdrawn for this training in 2010, and although it is still available, it now costs each participant £700. Subsequently there was been a fall in the numbers of teachers completing the course (Willis and Wolstenholme, 2016). This is worrying because the importance of teacher training has been highlighted in the United Nations Office on Drugs and Crime International Standards on Drug Use Prevention, as a key influence on positive outcomes in prevention

programmes (UNODC, 2015). Furthermore, it is possible schools may be concerned with their reputation if they are seen to be taking part in alcohol and drug intervention studies. If alcohol is seen as a controversial topic, and training is limited, this could then limit teacher confidence in discussing the issue.

Overall, there appears to be little research into what teachers think about alcohol education in general or about the content of specific interventions prior to their implementation. The objective of the study was to address this gap and explore secondary school teachers' views on the quality and content of alcohol education delivered in PSHE, in order to inform the development of subsequent interventions.

Method

Semi-structured interviews

Interviews were conducted as part of a larger study designed to obtain feedback on the content of a new intervention. Participants were asked their overall opinions about alcohol education; what they did in their school on the topic of alcohol; what they thought that young people need to know about alcohol and what the young people in their school thought about alcohol. Various prompts were used to ask participants to expand on specific incidents.

Participants and procedure

Study advertisements were emailed to school contacts in three English counties. Nine female participants took part in the interviews; one participant was a school nurse, who had responsibility for teaching health topics; five participants were head of PSHE or wellbeing at their school and the remaining three were responsible for talking about PSHE topics, including alcohol, with tutor groups. Interviews lasted between 24-40 minutes. The study received ethical approval from Oxford Brookes University Ethics Committee (reference number 140870).

Analysis

The analytic procedure was completed applying the six phases of thematic analysis outlined by Braun and Clarke (2006). The transcripts were read and re-read a number of times during the familiarisation phase. Notes were made about what appeared to be important to each participant. Once all of the interviews with teachers had been coded there were 158 separate codes. This was reduced to 78 once duplicates were identified and others were merged. During the search for themes, all transcripts were re-read and the set of codes was gradually combined into groups that could comprise potential themes. These ideas for themes were then reviewed, looking across the coded transcripts and the entire data set to ensure that they gave a coherent voice to the body of data. The naming of themes and their interpretation continued during the write up phase, until the researcher was content that the analysis reported here was a faithful representation of the data.

During the process of interviewing the participants and analysing the data, the author sought advice from colleagues with expertise in qualitative data analysis and in young people's alcohol consumption. This was to try to reduce the risk of subjective bias and to get feedback on the interpretation of the themes. These colleagues agreed with the final set of themes presented here.

Results

There were three main themes identified during the analysis of the interview transcripts; 'The importance of PSHE'; 'Drinking responsibly'; and 'Young people under pressure'.

Theme one: The importance of PSHE

The theme 'the importance of PSHE' reflects the sense that the teachers in this study felt that PSHE was a critically important subject. Three sub-themes related to this were 'preparing adolescents for the real world'; 'challenges in delivering PSHE' and 'PSHE facilitation'. The teachers were sensitive to

the need for high quality PSHE because of the need for a fully rounded education, which would prepare their students, not only for the world of work, but for the challenges of all aspects of modern life. Despite the passion exhibited by these teachers, there was also evidence of some frustration with the way in which the topic was delivered, sometimes due to time pressure, but also possibly reflecting a lack of priority within the curriculum. There was also discussion of the benefits and limitations of using outside speakers or groups to deliver PSHE topics.

Preparing adolescents for the world

All of the participants talked about the need for high quality PSHE lessons, or schemes of work, with one head of PSHE describing it as the bedrock of her students' studies.

I realised that it was the only and most important subject really, I've been trying to say 35 minutes a week is not acceptable and we need more time (Ms Smith)

Another reason for PSHE being important was to fill any gaps that were left if parents were unable to broach difficult topics.

That's the message that we are getting from parents actually, is actually how hard it is for them to talk about these issues (Miss Fry)

Another teacher reported concern about the need to prepare students for their working lives, and the realities of growing up.

Challenges in delivering PSHE

Despite wide agreement about the importance of PSHE, the teachers reported many challenges in ensuring good quality provision. Some felt that they were not given enough time to cover important issues. Others felt that the topics within PSHE were too disjointed and dealt with as separate topics.

Schemes of work and lessons still kind of tend to lead to the sort of compartmentalising of PSHE and I'm very much in favour of it being positive, I just happen to think that alcohol is

one of those things that all sorts of young people get involved in, but I'm trying very hard to steer away from the 'monster of the month' approach (Ms Smith).

Another teacher acknowledged that both research and government funding were limiting factors in the development of a wide ranging curriculum. While some teachers felt supported by their head-teachers, they reported feeling that PSHE was a low priority in comparison to other subjects. There were also concerns about the training available for teachers to deliver PSHE. Most of the teachers who were interviewed for this project had received some training, but raised concerns that inexperienced colleagues may lack confidence or deliver inappropriate messages. Furthermore, some reported a challenge in knowing what exactly was taught to students about alcohol and other drugs, and where it might fit into the curriculum.

I suppose they probably do some in science, but I don't know when. I worry sometimes that there isn't someone with a master plan of all the actual knowledge that they need and the information. Sometimes, the different departments in this school are quite insular and there's no one with the overall view of the things they really need to know (Ms Day)

PSHE facilitation (outside speakers)

Many of the teachers reported a strong preference for inviting outside agencies or speakers to their school to talk to students about alcohol and drugs. They talked about the power of an external speaker to be engaging and interesting in contrast to a normal lesson.

That's why we tend to try and get so many external speakers because they seem to have more impact than what teachers would necessarily deliver in a lesson (Miss Fry)

However, it was acknowledged that the real impact of such speakers was unknown and could be detrimental.

I have been in really tricky situations where speakers have been organised for different things but they haven't been very good quality and if anything they have possibly done some damage to either the reputation of the children, by encouraging disclosures, or you know

actually giving out slightly inaccurate information or using shock and scare tactics which are not evidence-based, so yes I've seen some interesting things in my time (Ms Smith).

It appeared commonplace for these types of sessions to be delivered during special days of the year, rather than on a regular basis. While some of the teachers were positive about the opportunity to focus on PSHE topics at a specific time, others, like Ms Day, were concerned that this method of teaching meant there was a lack of time or opportunity to follow up important issues.

It was kind of like a one man show where he talked about himself as entering secondary school and then went through all these pitfalls and one of them was getting horribly drunk and how that upset his friend because her dad was an alcoholic, and his good friend then didn't speak to him for ages, and he'd made idiot of her and you know so it was a talking point I suppose. So they were kind of exposed to it, but I don't know that they particularly then got to think it over with someone directing their discussion at all (Ms Day)

Theme two: Drinking responsibly

The theme 'drinking responsibly' encapsulates the teachers' apparent acceptance of drinking during adolescence, and their subsequent hope to impart a sensible approach to alcohol consumption to their students. There appeared to be two aspects to responsible drinking reflected in two sub themes; 'units and quantity' and 'making decisions'. The first was related to knowledge about units of alcohol and what would be an appropriate quantity to consume. The second aspect of this was about encouraging adolescents to make 'good' decisions about alcohol.

Units and quantity

Most of the teachers talked about alcohol units as important knowledge for adolescents.

I think they need to understand what the units and measures are and how it can affect people differently (Ms Smith)

There was a feeling that this was important because of changes in how alcohol is consumed as well as the increase in drinking at home, rather than in a pub where a specific measure of alcohol would be served.

We talk about the strengths of alcohol and what a unit is because that is a misnomer amongst adults, a glass of wine is not one unit anymore because people drink with great big fishbowls don't they (Mrs Rowe)

However, as Mrs Rowe highlights, this means that many people are unaware of what they are actually drinking. When talking to students about units of alcohol and the UK guidelines, many of the teachers reported that this was something engaging for their students.

It doesn't mean a thing, they don't know what a unit is, they're quite shocked really about the units and amounts, they're quite interested about the male and female bit about bodies and what we can take and what we can't take (Ms Fox).

Making decisions

The teachers' apparent aim within alcohol education was to equip their students with the skills to make the decisions that they felt were sensible and would reduce the most risk. There were a number of variations on this, but in general, they were about reducing the harms that might occur as a result of drinking alcohol.

We do look at the dangers of drugs and alcohol but it's more about the choices that young people make cause it's about choices and consequences more than the actual substance itself (Ms Fox)

When pressed to give specific examples that students might be taught, or that would be discussed in class, there was a lack of concrete examples. The notion of responsibility could apply to both the amount that was consumed (although this was not defined), and to looking after yourself and your friends.

It's like saying 'no' yourself maybe helping, looking out for, your friends and trying to encourage them and say 'maybe you've had a little too much here, why don't we just walk outside' (Mrs Jones)

Theme three: Young people under pressure

The final theme, about 'young people under pressure' describes the teachers' talk of the myriad of challenges that the young people that they taught were faced with. Sub themes were about 'social groups and pressure' and 'drinking and culture'.

Social groups and pressure

Teachers described how their students felt under pressure to conform to a range of social behaviours. Being bullied for not being part of the crowd appeared to be a common concern.

They were just saying how it would literally be if their mates are doing it they feel like they have to because they're going to get bullied picked on (Miss Edwards)

Although the teachers acknowledged that it was important for adolescents to feel like they belonged within their peer group, they were frustrated that this might mean that their students undertook risky or unhealthy behaviours purely for this reason.

I mean a lot of it is quite upsetting when you hear it 'oh my friends were doing it so I felt like I should be joining them, I felt left out' there'll be the instance where oh you know 'they said I couldn't be part of that group if I didn't do something' (Ms Sherlock)

However, some of the teachers felt that it would be possible to harness the power of the need to belong for good. For example, by encouraging the group norm to be sensible drinking, or by targeting the popular students. However, it was acknowledged that it would be quite challenging to understand the complex hierarchy within adolescent social groups.

There's a social scene and there, everyone tries to find their place in it, there are definitely

*people who are considered to be cooler in the year and that kind of thing. How they get there
I'm not entirely sure (Ms Day)*

Drinking and culture

Teachers talked about adolescent alcohol consumption in the context of the wider drinking culture in the UK. Many of the teachers suggested that adolescents viewed excessive drinking as normative behaviour.

The attitude to alcohol amongst young people is its absolutely fine to get hammered. It's interesting they don't think of it as a drug, they think it's funny and that everyone gets drunk and that these things happen and everyone drinks and that is the perception (Mrs Rowe)

As the above quotation suggests, alcohol was often contrasted with 'real' drugs, in other words those that were illegal and therefore less visibly used. By the time adolescents were in the sixth form, there appeared to be frequent events where alcohol was consumed. Teachers discussed the influence of older students on those younger.

I had a student come in yesterday, an 18 year old boy, he was completely drunk from the night before and he was still drunk so he slept on the table all day so I think the younger ones are actually seeing this (Miss Edwards)

Many were also concerned about the power of social media and the role that it might play in reinforcing drinking norms. Some of the teachers reported that their students had drunken photos displayed on social media sites, which they contrasted with their own experiences.

When we went out and got drunk when we were younger there was no real risk of anybody filming it and sending it on to anybody. You'd wake up the next day slightly embarrassed and that was it really! (Ms Fox)

Discussion

The aim of this study was to explore secondary school teachers' views on the quality and content of alcohol education delivered in PSHE. The study was conducted because of the important role that teachers play in the delivery of alcohol education in schools, which may have implications for intervention development. There were three main themes identified which were named 'the importance of PSHE'; 'drinking responsibly'; and 'Young people under pressure'.

There was evidence in the transcripts to demonstrate the participants' commitment to PSHE as a vital part of the curriculum. Despite the challenges, including funding and training issues, it was evident that the interviewees were passionate about preparing their students for adult life. While these teachers most likely self-selected into the study because of this passion, other research suggests that there are considerable knowledge and training gaps in health education (Van Hout et al., 2012). This means that PSHE teachers are often faced with the challenge of equipping other teachers in their school with materials and relying on untrained colleagues to deliver them. In this scenario, it is unsurprising that many of the teachers were positive about using outside speakers, such as recovered alcoholics, to deliver alcohol related sessions. However, as some of the teachers discussed, this could be counter-productive if adolescents were exposed to someone who has 'turned their life around' as this may convey the message that 'everything will be alright in the end'. Using outside speakers may be a way that schools defer responsibility for PSHE, although this is unsurprising given the limits on training and resources. There appears to be a lack of published evidence for the effectiveness of using outside speakers or theatre groups to deliver alcohol and drug education. Of further consideration is that such visitors may not be available for discussion or further questioning beyond their one off session. Such sessions may be in the format of a single presenter delivering their story as a lecture. Research has consistently emphasised the importance of an open communication style in the delivery of successful substance misuse education (Giles et al., 2012) alongside interactive discussions with both facilitators and students themselves (Cuijpers,

2002). Furthermore, within their principles for effective drug education, Midford et al., (2002) underscore the importance of the teacher's ongoing relationship with pupils in direct comparison to externally delivered programmes. Future research to explore the use and impact of such approaches is warranted, given their apparent popularity.

'Drinking responsibly' appeared to be a key message that the teachers in this study said they wanted to impart. There was discussion of the importance of knowing what a unit of alcohol was, in order to be aware of how much one was consuming. However, research with adolescents suggests that information about the unit content of alcohol may be less important than other factors, such as cost (Davies et al., 2013). The teachers talked about making sensible decisions, such as deciding how to get home, and looking after friends who had been drinking, in order to reduce the harms from drinking. Harm reduction focussed interventions are being trialled in the United Kingdom, with early signs pointing towards positive results (McKay et al., 2012).

The theme 'young people under pressure' reflected a range of challenging issues for adolescents, raised by the teachers in this study. The portrayal of alcohol in social media and the culture surrounding alcohol in the UK were among the participants' concerns. It is important that teachers feel able to assist their students in developing the skills needed to address such concerns. Positive prevention outcomes have been associated with life skills development programmes, which aim to equip young people with a range of coping and resistance skills, (UNODC, 2015) which could also assist young people with these kinds of pressures (Mentor Adepis, 2016). Evidence suggests that these kinds of programmes may be able to successfully target both attitudes and behaviours, but further robust evaluations are needed in a UK context (Foxcroft and Tsertsvadze, 2011). In addition other evidence suggests teachers may prioritise resources that are highly engaging or focus on attitudes and values, rather than life skills (Boddington et al., 2013).

The findings of this small study have some important implications for the development of new programmes to reduce alcohol misuse in schools. Incorporating teachers at the outset views may enable researchers to build more flexible programmes which may improve acceptability and effectiveness. Studies consistently report that adaptations are made when intervention programmes are implemented (Moore et al., 2013), but that such adaptations are not always detrimental to programme success. When practitioners are experienced, and have a good understanding of the underlying principles of a programme, adaptations can be positive, whereas inexperienced teachers who stick rigidly to protocol may negatively influence engagement and effectiveness (Søvik et al., 2016, Dusenbury et al., 2005). This further emphasizes the importance of continuing professional development and training for the success of teacher delivered drug and alcohol prevention programmes, which is at odds with the current level of funded training available. It also underscores the importance of building in some flexibility at the design stage, including programme adaptations that could then be delivered by those with different levels of experience (Harn et al., 2013).

Adaptations to planned interventions frequently occur due to lack of time, or because of the specific characteristics of different pupils or schools (Cooper et al., 2016). Given such constraints, reported by teachers, both here and in other studies (Boddington et al., 2013), it has been suggested that intervention developers should identify the critical components of a programme, which must be delivered, alongside content that may be used more flexibly to meet the needs of different settings and groups (Harn et al., 2013). Another approach would be to move away from large programmes and instead to focus on the development of brief interventions or evidence based components, which can then be selected by teachers, in order to meet their needs at different times. For example a report on the Healthy Schools Programme highlights that teachers were not always able to access materials that were appropriate for their school context (Arthur et al., 2011).

Alcohol interventions that include information about alcohol units and encourage adolescents to take care of themselves and friends to reduce harm, would be likely to be acceptable and relevant to the teachers in this study. As a caveat, however, it should be noted that teachers' (and indeed other potential recipients' views) should be taken into account whilst ensuring that evidence based intervention content prevails, and that the principles of effective prevention are maintained (Nation et al., 2003). When teachers' views are not in line with these principles, the intervention designer must strike a careful balance between acceptability and the need to deliver high quality, evidence based prevention. The study findings also point to the need to take a holistic approach to alcohol education, and incorporate health messages within other aspects of the curriculum, a message espoused by numerous other stakeholders. Furthermore, it is important to consider alcohol use in conjunction with other aspects of adolescents' lives, such as social media. In the words of one of the teachers, the 'monster of the month' approach, where PSHE is compartmentalised, should be discouraged.

These findings can also be related to the current context of PSHE in UK schools. The compartmentalisation referred to by teachers reflects the priority given to PSHE in the curriculum. As a non-statutory subject, it does not share the status of traditional academic subjects that students are examined in, and from which league tables are generated. By implication, this signals that young people's developmental and social needs are not high priority (Brown et al., 2011). This is reflected to the teacher training curriculum which focusses on academic achievement, while funded PSHE training has been withdrawn (Willis and Wolstenholme, 2016). While the teachers in this study reported that they sought to prepare young people for all aspects of the real world, as well as examinations and work, they may not have the time or resources to achieve this aim.

Although all of the participants were female, this appears to be reasonably reflective of PSHE teachers. However, it would be beneficial to recruit male PSHE teachers to attain their views in

further studies. Furthermore, the study was conducted and data was analysed by a sole researcher, which increases the risk of subjective bias. This was a small exploratory study and as such no claims are made for generalisability of these results, but nonetheless some salient issues have been revealed. To extend these findings, future research should explore the identified themes with a larger sample, perhaps employing a survey in order to gather a wide range of views, which could then be used to inform educational measures, and intervention design.

In conclusion, this study presented teachers' views about alcohol education, which is important given their key role in assisting researchers and implementing new interventions. It should be recommended that intervention developers seek the views of and gain input from teachers from the very outset of the development of new interventions to reduce adolescent alcohol misuse.

References

- Ackerman, S. J. and Hilsenroth, M. J. (2003), "A review of therapist characteristics and techniques positively impacting the therapeutic alliance", *Clinical Psychology Review*, Vol. 23 No. 1, pp. 1-33.
- Alibali, M. W. and Nathan, M. J. (2010), "Conducting Research in Schools: A Practical Guide", *Journal of Cognition and Development*, Vol. 11 No. 4, pp. 397-407.
- Arthur, A., Barnard, M., Day, N., Ferguson, C., Gilby, N., Hussey, D., Morrell, G. and Purdon, S. (2011), "Evaluation of the National Healthy Schools Programme: Final Report", London, National Centre for Social Research.
- Barrett, E. L., Newton, N. C., Teesson, M., Slade, T. and Conrod, P. J. (2015), "Adapting the personality-targeted Preventure program to prevent substance use and associated harms among high-risk Australian adolescents", *Early intervention in psychiatry*, Vol. 9 No. 4, pp. 308-15.
- Boddington, N., McWhirter, J. and Stonehouse, A. (2013), "Drug and alcohol education in schools", London, ADEPIS/ PSHE Association.
- Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3 No. 2, pp. 77-101.
- Brown, J., Busfield, R., O'Shea, A. and Sibthorpe, J. (2011), "School ethos and personal, social, health education", *Pastoral Care in Education*, Vol. 29 No. 2, pp. 117-131.
- Cohall, A. T., Cohall, R., Dye, B., Dini, S., Vaughan, R. D. and Coots, S. (2007), "Overheard in the Halls: What Adolescents Are Saying, and What Teachers Are Hearing, About Health Issues", *Journal of School Health*, Vol. 77 No. 7, pp. 344-350.
- Cooper, B. R., Shrestha, G., Hyman, L. and Hill, L. (2016), "Adaptations in a Community-Based Family Intervention: Replication of Two Coding Schemes", *Journal of Primary Prevention*, Vol. 37 No. 1, pp. 33-52.
- Cuijpers, P. (2002), "Effective ingredients of school-based drug prevention programs - A systematic review", *Addictive Behaviors*, Vol. 27 No. 6, pp. 1009-1023.
- Davies, E. L., Martin, J. and Foxcroft, D. R. (2013), "Young people talking about alcohol: Focus groups exploring constructs in the Prototype Willingness Model", *Drugs: education, prevention and policy*, Vol. 20 No. 4, pp. 269-277.
- Donaldson, L. (2009), "Guidance on the Consumption of Alcohol by Children and Young People from The Chief Medical Officer", London, Department of Health Publications, .
- Durlak, J. and DuPre, E. (2008), "Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation", *American Journal of Community Psychology*, Vol. 41 No. 3-4, pp. 327-350.
- Dusenbury, L., Brannigan, R., Falco, M. and Hansen, W. B. (2003), "A review of research on fidelity of implementation: implications for drug abuse prevention in school settings", *Health Education Research*, Vol. 18 No. 2, pp. 237-256.
- Dusenbury, L., Brannigan, R., Hansen, W. B., Walsh, J. and Falco, M. (2005), "Quality of implementation: developing measures crucial to understanding the diffusion of preventive interventions", *Health Education Research*, Vol. 20 No. 3, pp. 308-313.
- Fletcher, A., Bonell, C. and Sorhaindo, A. (2010), ""We don't have no drugs education": The myth of universal drugs education in English secondary schools?", *International Journal of Drug Policy*, Vol. 21 No. 6, pp. 452-458.
- Foxcroft, D. R. and Tsertsvadze, A. (2011), "Universal school-based prevention programs for alcohol misuse in young people", *Cochrane Database of Systematic Reviews*, No. 5.
- Giles, S. M., Pankratz, M. M., Ringwalt, C., Jackson-Newsom, J., Hansen, W. B., Bishop, D., Dusenbury, L. and Gottfredson, N. (2012), "The role of teacher communicator style in the delivery of a middle school substance use prevention program", *Journal of Drug Education*, Vol. 42 No. 4, pp. 393-411.

- Haignere, C. S., Culhane, J. F., Balsley, C. M. and Legos, P. (1996), "Teachers' Receptiveness and Comfort Teaching Sexuality Education and Using Non-Traditional Teaching Strategies", *Journal of School Health*, Vol. 66 No. 3, pp. 140-144.
- Harn, B., Parisi, D. and Stoolmiller, M. (2013), "Balancing Fidelity With Flexibility and Fit: What Do We Really Know About Fidelity of Implementation in Schools?", *Exceptional Children*, Vol. 79 No. 2, pp. 181-193.
- Hibell, B., Guttormsson, U., Ahlstrom, S., Balakireva, O., Bjarnason, T., Kokkevi, A. and Kraus, L. (2012), "The 2011 ESPAD Report. Substance Use Among Students in 36 European Countries", Stockholm, Sweden.
- McKay, M. T., McBride, N. T., Sumnall, H. R. and Cole, J. C. (2012), "Reducing the harm from adolescent alcohol consumption: results from an adapted version of SHAHRP in Northern Ireland", *Journal of Substance Use*, Vol. 17 No. 2, pp. 98-121.
- Mentor Adepis (2016), "Life-skills based education for alcohol and drug prevention", London, Mentor Adepis.
- Midford, R., Munro, G., McBride, N., Snow, P. and Ladzinski, U. (2002), "Principles that underpin effective school-based drug education", *Journal of Drug Education*, Vol. 32 No. 4, pp. 363-386.
- Miller-Day, M., Pettigrew, J., Hecht, M. L., Shin, Y., Graham, J. and Krieger, J. (2013), "How prevention curricular are taught under real-world conditions: Types and reasons for teacher curriculum adaptations", *Health Education*, Vol. 113 No. 4, pp. 324-344.
- Moore, J. E., Bumbarger, B. K. and Cooper, B. R. (2013), "Examining Adaptations of Evidence-Based Programs in Natural Contexts", *Journal of Primary Prevention*, Vol. 34 No. 3, pp. 147-161.
- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E. and Davino, K. (2003), "What works in prevention - Principles of effective prevention programs", *American Psychologist*, Vol. 58 No. 6-7, pp. 449-456.
- Newbury-Birch, D., Walker, J., Avery, L., Beyer, F., Brown, N., Jackson, K., Lock, C. A., McGovern, R., Kaner, E., Gilvarry, E., McArdle, P., Ramesh, V. and Stewart, S. (2009), "Impact of Alcohol Consumption on Young People: A Systematic Review of Published Reviews", Newcastle, Newcastle University.
- Ofsted (2013), "Not yet good enough: personal, social, health and economic education in schools", Manchester, Ofsted.
- Rothwell, H. and Segrott, J. (2011), "Preventing alcohol misuse in young people aged 9-11 years through promoting family communication: an exploratory evaluation of the Kids, Adults Together (KAT) Programme", *Bmc Public Health*, Vol. 11, p. 15.
- Søvik, M. L., Torill, L., Hege, T. and Oddrun, S. (2016), "Evaluating the implementation of the Empowering Coaching™ programme: Balancing fidelity and adaptation", *Health Education*, Vol. 116 No. 3, pp. 238-258.
- UNODC (2015), "International Standards on Drug Use Prevention", Vienna, Austria, United Nations Office on Drugs and Crime.
- Van Hout, M. C., Foley, M., McCormack, A. and Tardif, E. (2012), "Teachers' perspectives on their role in school-based alcohol and cannabis prevention", *International Journal of Health Promotion and Education*, Vol. 50 No. 6, pp. 328-341.
- Willis, B. and Wolstenholme, C. (2016), "Personal Social Health and Economic (PSHE) Education under the coalition government", Sheffield, Centre for Education and Inclusion Research Sheffield Institute of Education.