

Dear Parent/Carer,

The NHS National Institute for Health Research has agreed to fund a large piece of research (The STAMPP Trial) to examine, among other things, the impact of an alcohol education programme in Northern Irish and Scottish schools called SHAHRP. SHAHRP stands for School Health and Alcohol Harm Reduction Project, and is delivered to children in two consecutive academic years. In short, the programme aims to improve young people's knowledge about alcohol and attitudes towards alcohol. Additionally it aims to impact both young people's own drinking behaviour (or intentions to become involved with drinking behaviour), and the possible harms that result from that behaviour. SHAHRP also supports the decisions of all those young people who have decided not to drink. Over 10,000 children will be taking part in this research.

I have already been in contact with your child's school regarding this and they have agreed to participate in the programme. This programme has recently been in use in over 70 other schools in Northern Ireland, and there have been no harmful effects. However, because we are intending to evaluate the programme, we need your consent (permission) for your child to take part in 4 surveys, over the next 4 academic years. Because we are beginning with year 8 children we are anticipating that many of them will not be drinking alcohol at this stage. The surveys will be **anonymous** and **confidential**. In other words, when the data are being analysed your child's name will **NOT** be on the forms and will **NOT** be available to anyone who might seek it, including teachers. This is important for your peace of mind and for your child's. At each survey point we will gather information on:

\*Knowledge about alcohol

\*Attitudes towards alcohol

\*Their use of alcohol (if any)  
drinking

\*Harms to them or their friends from

\*and a range of other personality and behavioural measures which scientific research has found to be related to young people's alcohol drinking.

**If you are happy for your child to participate then you do not need to do anything else.** If you would like further information please contact me on X or at: X  
If you are not happy with your child's participation then please complete the slip below and return it to school as soon as possible.

Many thanks

Dr Michael McKay (Trial Manager)

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I would like to request that my child \_\_\_\_\_ does not take part in this research.

Signed \_\_\_\_\_

Date \_\_\_\_\_