



Education

EVIDENCE

Education

2011 - 2014 Review Date - 2017



Education

Contents

Education.....	1
Intervention programme evaluations.....	2
Approaches focusing on risk and protective factors.....	2
Other intervention approaches.....	6
Using drama and roleplay.....	8
Interventions with limited success.....	9
EU-Dap study (European Drug Addiction Prevention trial).....	11
Education approaches for college students using new mediums.....	13
Combined approaches.....	13
Implications for Practice.....	15
Link to other chapters.....	16





Education

Education

Alcohol misuse in young people is a cause of concern for health services, policy makers, prevention workers, the criminal justice system, youth workers, teachers, and parents. Much of the prevention work in relation to alcohol and drugs has been conducted in schools or educational establishments, with school-based drug and alcohol prevention curricula arguably constituting the nation's primary strategy for preventing adolescent drug use. Key reasons for intervention work concern the prevalence of substance use in the general population, with its social, health, and economic consequences, and the influence of factors originating in school environments on substance use. Schools are considered an ideal setting for programmes aimed at decreasing the prevalence of health risk behaviours as: they provide access to young people at a time when they are vulnerable to emotional problems and risk taking behaviour; young people spend half their waking hours at school; and the quality of experiences with teachers and peers can have a positive impact on young people's health and emotional well-being.

Studies in the United States, Australia, and Europe have indicated that early onset of alcohol use is a predictor of substance abuse and alcohol dependence in adulthood. The implementation of effective prevention programmes is a potential powerful tool to lower the prevalence of substance use in early adolescents and to delay the age of onset of substance use. Research has shown that a developmental window of opportunity exists to intervene with adolescents who have not yet initiated or have recently initiated substance use; substantial public health benefits might be gained if appropriately-timed interventions are applied to delay onset or, following initiation, to delay transition to more serious use (Anthony, 2003).

In the past, many school-based prevention programmes have been developed and implemented. In general, three major types of school-based interventions have been used:

- 1) Knowledge programmes aim to enhance students' knowledge on biological and psychological aspects of substance use in order to accomplish a more negative attitude towards substance use, which will deter actual use.
- 2) Cognitive-affective programmes argue that psychological factors place students in vulnerable positions and therefore aim to improve students' self-confidence and self-awareness.
- 3) Social influence programmes aim to improve social and/or life skills in order to prevent peer pressure leading to substance use.

There is general consensus in the literature that social influence programmes seem to be most effective, in that they more often show positive effects compared to knowledge and affective programmes (Paglia and Room, 1999).





Education

Education

Despite schools theoretically being an ideal setting for accessing adolescents and preventing initiation of substance use, there is limited evidence of effective interventions in this setting. Stigler et al (2011) concluded that school interventions that are most effective are theory driven, address social norms around alcohol use, build personal and social skills helping students resist pressure to use alcohol, involve interactive teaching approaches, use peer leaders, integrate other segments of the population into the programme, be delivered over several sessions and years, provide training and support to facilitators, and be culturally and developmentally appropriate.

Intervention programme evaluations

Approaches focusing on risk and protective factors

A World Health Organisation review of school health promotion interventions concluded that programmes promoting young people's mental well-being were the most likely to be effective, recommending such an approach to be the focus of future studies targeting adolescent substance use (Stewart-Brown, 2006). In general, many preventative programmes have focused on increasing resilience, social skills, communication skills and other factors among young people as a means of preventing or reducing substance misuse.





Education

Special Interest Article - Lennox and Cecchini (2008)

Lennox and Cecchini (2008) reviewed the NARCONON™ drug education curriculum for high school pupils. The curriculum was developed in 2004 and consists of a multi-module, universal prevention curriculum for high school ages based on drug abuse aetiology, programme quality management data, prevention theory and best practice.

The eight module education curriculum incorporates a combination of prevention strategies with content addressing tobacco, alcohol, marijuana and common “hard drugs.” Health motivation, social skills, social influence recognition and knowledge-developing activities address a number of risk and protective factors relating to substance abuse and addiction.

It provides an opportunity for young people to inspect positive, negative and often conflicting messages (which often include incorrect information) regarding drugs and their effects. The programme teaches about the often subtle pro-drug advertising and other environmental messages aimed at increasing tobacco, alcohol and other drug consumption; contrasting these messages with scientific facts about drug effects on the body, mind, emotions, and enjoyment. Facilitators encourage students to arrive at their own conclusions, based on their observation of the topic. Competency enhancement activities focus on the media, family, peer and other environmental influences. Other activities include after-school practicals, group discussion, home assignments and classroom activities which are also aimed at developing broader personal and social skills with peers, family and community members.

The review tested the programmes ability to change drug use behaviour, perceptions of risk/benefits, and general knowledge. A randomised controlled trial was conducted in 14 schools: intervention schools introduced the curriculum between the baseline and one-month follow-up test; control schools received drug education after the six-month follow-up. Around 1,000 high school students completed questionnaires at baseline, one month later, and six month follow-up.

At six month follow-up, respondents who received the Narconon drug education curriculum showed reduced drug use compared with controls across all drug categories tested. The strongest effects were seen in all tobacco products and cigarette frequency followed by marijuana. There were also significant reductions measured for alcohol and amphetamines. The programme also produced changes in knowledge, attitudes and perception of risk, and resistance to peer pressure.





Education

Intervention programme evaluations (continued)

Kimber and Sandell (2009) examined the impact of an intervention for social and emotional learning in Swedish schools on the use of drugs, alcohol and tobacco using a randomised controlled trial. Results were positive and indicated a significant impact of the intervention on students' use of substances. Thus, it was concluded that even though the programme was not targeted at substance use, such programmes which run over at least a two year period may halt increases in substance use and discourage early onset.

Wenzel et al (2009) investigated the impact of the life skills programme for the prevention of adolescent substance misuse: IPSY (Information+Psychosocial Competence=Protection) on school context and on school bonding. IPSY was implemented over a 3-year period via specially trained teachers and evaluated by means of a quasi-experimental design (intervention/control). Respondents were pupils aged 10 years old (n = 952). Results indicated that IPSY was well implemented and highly accepted by teachers and students, with there being positive programme effects on alcohol use and school bonding.

Stephens et al (2009) examined the relationships between social influences and competence enhancement prevention curricula in relation to cigarette, alcohol and marijuana use outcomes and concluded that prevention curricula may need to target specific drugs. In addition to normative beliefs, perceptions of harm, and refusal and decision-making skills, they also recommended that prevention programmes should directly target attitudes and intentions.

Hodder et al (2011) examined the potential effectiveness of a resilience intervention approach in reducing the prevalence of adolescent tobacco, alcohol and marijuana use in three high schools using a non-controlled before and after study. The intervention was multi-strategic and included:

- the implementation of various curriculum materials and programmes designed to enhance student resilience and protective characteristics including enhancing student communication, connectedness, empathy and self-awareness;
- the development and modification of school policies and programmes relating to bullying to increase school connectedness, enhancement of peer support programme to increase school connection and self-esteem, and student recognition programmes to enhance student autonomy, goals and aspirations via acknowledgement of student achievements;
- schools forming formal partnerships with local services to provide youth services access within school hours to enhance help seeking, initiatives to promote greater parent involvement via active engagement in school-initiated activities and promotion of links with community organisations with the school; and
- core staff participating in annual training programmes to increase their capacity to address student resilience, communication, connectedness, empathy and self-awareness.





Education

Intervention programme evaluations (continued)

Positive substance use results were achieved across all grades, schools and both genders. Thus, the results were said to confirm the feasibility, and suggest the potential, of a resilience based intervention approach in reducing the unacceptably high tobacco, alcohol and marijuana use among adolescents.

O'Neill et al (2011) conducted a randomised control study of the Michigan Model for Health which is a comprehensive and sequential health education curriculum that aims to give school-aged children (aged 5-19 years) the knowledge and skills needed to practice and maintain healthy behaviours and lifestyles. It provides age-appropriate lessons addressing the most serious health challenges facing school-aged children, including social and emotional health; and alcohol, tobacco and other drugs. Various approaches are used including interactive teaching and learning techniques, with skill development being undertaken through demonstration and guided practice. Fifty two schools were randomly assigned to intervention and control conditions. Participants received 52 lessons across grades 4 and 5 including material focusing on social and emotional health, interpersonal communication, social pressure resistance skills, drug use prevention, and conflict resolution skills. Self-report survey data were collected from the fourth-grade students (n = 2,512) at baseline and various follow up stages. The results indicated that intervention students had better drug refusal skills, interpersonal communication skills, and social and emotional skills than the control group. They also reported lower intentions to use alcohol and tobacco, and less alcohol and tobacco use initiated during the study. The authors suggested the need for integrated prevention strategies that begin early and target multiple risk behaviours.

Huber et al (2009) reported on the evaluation of the Prevention through Alternative Learning Styles programme (PALS): a two-year Alcohol, Tobacco and Other Drug (ATOD) intervention targeting both teachers and pupils. In this programme, teachers were taught to recognise pupils' unique learning styles in the context of the ATOD curriculum and adapt the ATOD messages to these learning styles. The student curriculum consisted of 5 topic areas with two lessons per topic area. The aims included enhancing pupils' knowledge of the effects of ATOD, promoting pupils' use of refusal skills and decreasing pupils' intentions to use ATOD. In both years, the intervention was shown to be effective with pupils having an increased knowledge of ATOD topic areas and a decrease in their intentions to use ATOD's.

In an English study, Bonell et al (2010) hypothesised that interventions to improve school ethos can reduce substance use due to "upstream" causal pathways relating to implementation and school-level changes. They conducted a pilot study of the Healthy School Ethos intervention in two schools (with the evaluation involving two intervention and two comparison schools). The evaluation consisted of semi-structured interviews with facilitators, staff, and students; and baseline and follow-up surveys with students aged 11 to 12 years. The results indicated that students who took part in peer-mediation or motivational sessions reported benefits such as improved safety and relationships. There was also some evidence of improved self-regard and relationships linking with increased engagement and aspirations, and reduced substance use. The authors concluded that school-ethos interventions may reduce substance use through upstream pathways.





Education

Intervention programme evaluations (continued)

In a related vein, Li et al (2011) conducted a longitudinal study of adolescents to examine the effects of school engagement on risky behaviour in adolescence. Results indicated that, controlling for demographic variables, higher degrees of behavioural and emotional school engagement predicted a significantly lower risk of substance use and involvement in delinquency. Thus, they recommended that substance use prevention programmes should include these components (i.e., adolescents' participation in and emotional attachment to the school) to capitalise on the protective role of the school context against youth risk behaviour.

Fletcher et al (2008) conducted a review of school effects on young people's drug use. Results indicated that changes to the school social environment that increase student participation, improve relationships and promote a positive school ethos may be associated with reduced drug use. Disengagement and poor teacher-student relationships were associated with drug use and other risky health behaviours. Thus, it was suggested that interventions that promote a positive school ethos and reduce student disaffection may be an effective complement to drug prevention interventions addressing individual knowledge, skills, and peer norms.

Other intervention approaches

Resnicow et al (2008) conducted a randomised control trial to test two contrasting approaches to school-based smoking prevention in South African young people compared to the standard health education programme. One experimental programme was based on a skills training/peer resistance model and the other on a harm minimisation model. Thirty six schools (n = 4,686) took part in the research. The results indicated that two prevention programmes both produced similar overall reductions in smoking prevalence that were not significantly different from each other or the control group. However, the impact differed by gender, with the harm minimisation intervention being effective for males, whereas the life skills intervention was more effective for females. Thus, it was suggested that there is a need to tailor tobacco and drug use prevention programmes to different gender groups.

Faggiano et al (2008) conducted a review of school-based interventions in preventing or reducing drug use (consisting of 29 randomised control trials). Results indicated that compared with usual curricula, skills-based interventions significantly reduced marijuana use and hard drug use and improved decision-making skills, self-esteem, peer pressure resistance and drug knowledge. Compared with usual curricula, affective interventions (i.e. those with a social or emotional focus) improved decision-making skills and drug knowledge, and knowledge-focused programmes improved drug knowledge. Skills-based interventions were better than affective ones in improved self-efficacy, whereas affective interventions improved decision-making skills and drug knowledge to a higher degree than knowledge-focused programmes





Education

Special Interest Article - Ringwalt et al (2009)

Drawing on attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978), much research has suggested that students' attitudes toward and perceptions of their teachers' skills, and other characteristics of the student-teacher relationship play an essential role in students' ability to learn. Ringwalt et al

(2009) examined the All Stars drug prevention curriculum, in relation to changes in substance use and students' engagement in and enjoyment of the curriculum, their attitudes toward their teachers, and their perceptions of their teachers' skills.

All Stars is an evidence-based prevention programme designed to reduce adolescent substance use through changes in normative beliefs, personal commitments not to use substances, perceptions that substance use may interfere with personal values and lifestyles, school bonding, and parental attentiveness. The curriculum consists of 24 sessions and includes interactive and cooperative learning activities such as debates, games, and general discussion. Students complete an "Opinion Poll" survey at the beginning of the programme and their answers are revealed to students as part of a game. In nearly all instances, students' attitudes about, and use of substances support a positive norm, which is then reinforced through guided discussion. All Stars has been extensively implemented and evaluated, and has repeatedly yielded evidence of effectiveness (Hansen & Dusenbury, 2004).

In the current study, 48 school staff administered at least one All Stars class, for up to three consecutive years, to seventh grade students. A sample of students completed a pre and post-test (n = 2428). Results indicated that students' engagement in and enjoyment of the curriculum, their attitudes toward their teachers, and their perceptions of their teachers' skill were all associated with positive changes in the curriculum's five mediators, but not with changes in students' substance use per se. Thus, study findings suggested the importance of these three attributes to the achievement of the objectives of prevention curricula. The authors linked to results of other studies which now suggest that even if facilitators follow instructions concerning curriculum content and teaching methods, their efforts may still fail to achieve effects if they lack the skills, including the ability to build positive relationships with their students. Thus, it was suggested that schools should screen teachers carefully for the personal attributes and skills required if desired prevention programme effects are to be achieved.





Education

Other intervention approaches (continued)

Newton et al. published two studies to examine the Climate Schools: Alcohol and Cannabis Course which is a universal internet-based alcohol and cannabis prevention programme in schools. The course is evidence and curriculum based, focuses on harm reduction and consists of 12 lessons delivered over 6 months. Both studies reported on a cluster-randomised controlled trial involving 13 year old pupils from 10 Australian secondary schools (n = 764). Respondents were allocated randomly to the internet-based prevention programme or to their usual health classes, and were assessed at baseline and various follow up points. Newton et al. (2009) reported significant improvements in knowledge regarding alcohol use at immediate and 6 month follow up, with average weekly alcohol consumption being reduced immediately after the intervention. At the 12-month follow-up, intervention students compared with controls showed significant improvements in alcohol and cannabis knowledge, a reduction in average weekly alcohol consumption and a reduction in frequency of drinking to excess (Newton, 2010). The course was found to be acceptable by teachers and students as a means of delivering drug education in schools. Thus, it was concluded that Climate Schools was an effective intervention in increasing alcohol knowledge and reducing alcohol use.

O'Leary-Barrett et al (2010) conducted an English study examining teacher-delivered personality-targeted interventions for alcohol-misuse using a randomised controlled trial. Eighteen schools were randomly assigned to intervention or control conditions, and 696 adolescents (who had personality risk factors for substance misuse: sensation-seeking, impulsivity, anxiety sensitivity, and hopelessness) were invited to participate in interventions, with 463 being assigned to the control condition. Results were positive and indicated that the intervention programme was associated with significantly lower drinking rates and lower frequency of alcohol use and drinking related problems at 6-month follow-up. Thus, it was concluded that targeted interventions can be successfully delivered by teachers.

Using drama and roleplay

Wolfe et al (2011) conducted a Canadian study which examined peer resistance skills following a 21-lesson classroom-based intervention to build healthy relationships and decrease abusive and health-risk behaviours among adolescents. The Fourth R instructs students in positive relationship skills to help with challenging peer and dating scenarios. Observational data from 196 grade 9 students participating in a larger cluster randomised controlled trial were used to evaluate post-intervention acquisition of peer resistance skills. Pairs of students engaged in role play with older student actors, where they were subjected to increasing pressure to comply with peer requests related to drugs and alcohol, bullying, and sexual behaviour. Students who received the intervention were more likely to demonstrate negotiation skills and less likely to yield to negative pressure relative to controls.





Education

Other intervention approaches (continued)

Haleem and Winters (2011) reported on a sociodrama which aimed to engage college students to learn and self-reflect about alcohol use. The specific aims of the drama were to foster a discussion, to aid in student understanding concerning college drinking, to have students consider and commit to use harm reduction techniques, to access resources, and to correct misperceptions about drinking. The sociodrama format was said to help address communication challenges, problem solving, and self-awareness. Pre- and post-surveys indicated that students significantly increased their commitment to use harm reduction techniques. Thus, it was concluded that a sociodrama is an effective method of involving students in discussions about college drinking and engaging them in conversation and self-reflection.

Vogl et al (2009) examined an Australian computerised harm minimisation intervention delivered in schools which aimed to reduce alcohol misuse and related harms in adolescents. The intervention was delivered over 6 sessions by computer in the form of a teenage drama, which provided education through alcohol-related scenarios to which young people could relate. The study consisted of a randomised controlled trial with 13 year old pupils (n = 1466). Results were positive, indicating that the intervention was more effective than usual classes in increasing alcohol-related knowledge of facts that would inform safer drinking choices and decreasing pupil's alcohol related positive social expectations. In terms of behavioural effects, results were only significant for females with the intervention decreasing average alcohol consumption, alcohol-related harms and the frequency of drinking to excess. The authors concluded that the intervention was effective in reducing risky drinking and harms among girls, whereas reduction of problems among boys remains a challenge.

Interventions with limited success

As well as research indicating the positive impact of various intervention programmes, studies have also shown interventions to be ineffective or to have limited success. Two such programmes are Project SUCCESS and Project ALERT.

Project SUCCESS (based both on the Theory of Reasoned Action and on Cognitive Behaviour Theory) is a school-based substance use prevention programme that targets high-risk students aged 12-18 years old in secondary school settings. Clark et al (2010) evaluated the effects of Project SUCCESS on adolescents' substance use immediately following programme implementation, and again one year later. High school students were randomly assigned to an intervention or control group. The only outcome effect was students in control schools reporting significantly less use of illegal drugs excluding marijuana than those intervention students at the first post-test; however, this effect did not persist one year later. The authors postulated that the initiative may perform better in schools with higher and more regular rates of attendance. Clark et al (2011) used a longitudinal randomised controlled trial to examine Project SUCCESS. Results were mixed and indicated that although participation in Project SUCCESS significantly increased students' perceptions of harm resulting from alcohol and marijuana use, students in the control group reported greater increases in peer support.





Education

Interventions with limited success (continued)

Project ALERT is a manualised classroom-based substance use prevention curriculum for the middle grades. Ringwalt et al (2009) evaluated the effects of Project ALERT on adolescents' lifetime and 30-day use of cigarettes, alcohol, marijuana, and inhalants using a cluster randomised trial involving 34 schools (n = 5,883). However, Project ALERT was not effective when delivered to the sixth grade population. Ringwalt et al (2010) evaluated the effects of Project ALERT on adolescent substance use using a randomised controlled trial involving 34 schools. Results indicated an effect on 30-day alcohol use, but this did not persist. Furthermore, there were no effects for lifetime alcohol use and both the lifetime and 30-day use of cigarettes, marijuana, and inhalants. Thus, findings did not support the long-term effectiveness of Project ALERT, when delivered to sixth graders. Kovach Clark et al (2010) conducted a randomised controlled trial with 6th – 8th graders and found no evidence to suggest that Project ALERT had a positive impact on any alcohol, cigarette, or marijuana pro-drug beliefs. Furthermore, Clark et al (2011) provided preliminary evidence that Project ALERT may not work as well in poorer performing schools.

Other interventions have been shown to just have short term impacts. Morgenstern et al (2009) examined the effects of a German brief school-based alcohol education intervention using a cluster-randomised controlled trial with 30 schools (n = 1,686 7th graders). The intervention consisted of four interactive lessons conducted by teachers, and booklets for students and parents. The intervention was associated with more general knowledge about alcohol and lower levels of life-time binge drinking, however no effects were found with students' self-reported attitudes, intentions to drink, life-time alcohol use and past-month alcohol use. Thus, the results indicated that this intervention had a small short-term preventive effect on alcohol misuse.

Paschall et al (2011) conducted an evaluation of AlcoholEdu for College (a 2- to 3-hour online alcohol misuse prevention programme) which all incoming university students are required to complete, thus constituting a campus-level strategy to reduce student alcohol misuse. The study consisted of a randomised control trial with 30 universities: 15 receiving the online course and 15 being controls. The online course includes five modules; the first four (Part I) which were typically offered in the late summer before matriculation, and the fifth (Part II) in semester 1. Course content included defining a standard drink, physiological effects of alcohol, the need to monitor blood alcohol level, social influences on alcohol use, alcohol laws, personalised normative feedback, and alcohol harm-reduction strategies. Results indicated significant reductions in the frequency of past-30-day alcohol use and binge drinking during the autumn semester immediately after completion of the course. However, these effects did not persist to the spring semester. Thus, the prevention course was seen to offer beneficial short-term effects on hazardous drinking behaviour among first-year college students, which should be reinforced through effective environmental prevention strategies.





Education

EU-Dap study (EUropean Drug Addiction Prevention trial)

Many research studies have reported on the EU-Dap study (EUropean Drug Addiction Prevention trial). The trial took place in seven European countries, with schools being randomly assigned to either a control group or a 12-session standardised curriculum (UNPLUGGED) based on a comprehensive social influence model. UNPLUGGED aims to delay tobacco, alcohol and drug initiation among adolescents based on the like skills approach. The model aims to develop the adolescent's life skills by increasing knowledge on alcohol, drugs and tobacco as well as methods to solve problems, enhance critical thinking, decision making and coping with emotions, communication and goal setting. Methods include group work and role play.

Caria et al (2011) evaluated the effect of the prevention programme on the frequency of alcohol consumption and alcohol-related problem behaviours. Students aged 12-14 years from 143 schools in seven European countries participated in the cluster randomised controlled trial (n = 7,079). Alcohol use and frequency of alcohol-related problem behaviours were investigated through a self-completion questionnaire at baseline and 18 months later. Results indicated that in the intervention group, non-drinkers and occasional drinkers at baseline progressed toward frequent drinking less often than in the control group. Thus, it was concluded that school curricula based on the comprehensive social-influence model can delay progression to frequent drinking and reduce occurrence of alcohol-related behavioural problems in students. Faggiano et al (2010) reported that persisting beneficial programme effects were found for episodes of drunkenness and for frequent cannabis use in the past 30 days, whereas daily cigarette smoking was not affected by the programme as it was at the short-term follow-up.

Vigna-Taglianti et al (2009) analysed gender differences in the effectiveness of the EU-Dap. The analytical sample consisted of students who completed a questionnaire administered at enrolment and 3 months after the end of the programme (n = 6359). Results indicated that at enrolment, boys were more likely than girls to have used cannabis and illicit drugs. At the follow-up survey, a significant association between the programme and a lower prevalence of all behavioural outcomes was found among boys, but not among girls. It was suggested that the social influence school curricula against substance misuse in adolescence may perform differently among girls and boys, owing to developmental and personality factors.





Education

EU-Dap study (EUropean Drug Addiction Prevention trial) (continued)

Caria et al (2011) also investigated whether the social deprivation level of the school area affected the effectiveness of preventative school curricula on alcohol use, using the EU-Dap. The results indicated a higher preventative impact of the curriculum on episodes of drunkenness and intention to get drunk among students attending schools in a socially deprived context, compared to students in medium or high social context. Various explanations were suggested for this including the curriculum being more relevant to schools with average low socioeconomic status; and that neighbourhood disadvantage is related to a lack of educational resources and of social and familial support to adolescents, therefore, the relative gain from school prevention would be higher in these under-privileged contexts. It was concluded therefore, that the innovative school curriculum seems to have a beneficial preventative effect on problem drinking, motivating its further dissemination in schools in lower socioeconomic levels.

Education approaches for college students using new mediums

Palfai et al (2011) conducted a randomised control trial with college students (n = 119) to investigate how individual differences in alcohol consequences influence outcomes of a computerised intervention. Results suggested that a feedback-based computerised intervention that includes normative information about alcohol use and consequences may be more effective for hazardous drinking students who are experiencing higher levels of alcohol-related consequences.

Ringwalt et al (2011) examined the relationship between colleges' alcohol abuse prevention strategies and students' alcohol abuse and related problems and found that the alcohol policy and enforcement domain was inversely associated with all positive student outcomes. Thus, they suggested that colleges should pay particular attention to strategies related to policy and enforcement.

Cremeens et al (2011) examined challenges and recommendations (identified by college administrators) to enforcing alcohol policies implemented at colleges. Common challenges included inconsistent enforcement, mixed messages received by students, and students' attitudes toward alcohol use. The most common recommendations were ensuring a comprehensive approach, collaboration with members of the community, and enhanced alcohol education.





Education

Combined approaches

Important components of most life course developmental models of youth problem behaviours are the social interactions between youth and their parent(s) and between youth and their peers.

Spoth et al (2008) discussed adolescent substance use outcomes of universal family and school preventative interventions which target a wide range of factors associated with adolescent substance use (e.g. family-, individual-, peer-, and school-related). The study was a randomised control trial involving 7th grade pupils from 36 schools randomly assigned to the school-based Life Skills Training (LST) plus the Strengthening Families Program (SFP), LST-alone, or a control condition (n = 1,677).

- LST is a universal preventative intervention programme based on social learning theory (Bandura, 1977) and problem behaviour theory (Jessor and Jessor, 1977). The primary goals of LST are to promote skill development (e.g., social resistance, self-management, general social skills) and to provide a knowledge base concerning the avoidance of substance use. Students are trained in the various LST skills through the use of interactive teaching techniques (e.g., coaching, facilitating, role modelling, feedback and reinforcement, plus homework exercises and out-of-class behavioural rehearsal).
- SFP targets empirically-based factors originating in the family environment that are associated with adolescent substance use (see Parenting chapter).

Self-reports were collected at baseline and various follow up points. For all substance initiation outcomes, one or both intervention groups showed significant, positive differences at 12th grade and/or significant growth trajectory outcomes when compared with the control group. Although no main effects for the more serious substance use outcomes were observed, a higher-risk subsample demonstrated significant, positive 12th grade outcomes for one or both intervention groups on all measures. The observed pattern of results was said to likely reflect a combination of predispositions of the higher-risk subsample, the timing of the interventions, and baseline differences between experimental conditions favouring the control group.





Education

Combined approaches (continued)

DeGarmo et al (2009) conducted a randomised controlled trial to evaluate Linking the Interests of Families and Teachers (LIFT): a school-based multimodal universal preventive intervention. The programme was designed to prevent the development of youth antisocial behaviours by positively influencing interactions between youth and parent(s) in the home, between youth and peers in the classroom and on the playground, and between parents and teachers about youth (Eddy et al., 2000). Positive interactions in these areas were hypothesised to decrease the chance that young people would progress to more serious forms of problem behaviour such as substance use. The programme includes: parent management training which improves parent skills in consistent and effective positive reinforcement, discipline, and monitoring; child social and problem solving skills training which improves child skills in listening, emotion recognition and management, group cooperation, and problem solving; and a school recess intervention, a version of the Good Behaviour Game (Dolan et al., 1993), which encourages the “real life” use of social and problem solving skills. Parent and teacher communication was encouraged through a variety of media.

Results indicated that the LIFT intervention had a significant effect on reducing the rate of growth in use of tobacco and illicit drugs, particularly for girls, and had an overall impact on average levels of use for tobacco, alcohol, and illicit drugs. The intervention was also associated with a 9% reduced risk in starting to drink alcohol and had a beneficial impact on reduced levels of use through increased effective family problem solving. The gender differences were said to have various implications that family predictors, home environment, and early child behaviour are even more important in the prevention of substance use for girls than for boys. The results also supported the association between family centered risk factors and deviant peer association as predictors of substance use growth, suggesting that multimodal efforts that include families, schools, agencies, and peers are more promising than single component efforts.





Education

Implications for Practice

School provides an opportunity for early intervention which can lead to a delay in the onset of alcohol and drug use

As has been mentioned previously, delaying the onset of alcohol use is an important strategy used to prevent alcohol misuse in the future. Research in relation to educational approaches also suggests that prevention work should begin early, when children are in primary school. School represents an opportunity to intervene with young people who have not yet initiated or have recently initiated substance use.

Focus on the range of risk and protective factors

What is evident from the literature and evaluation of interventions is that many interventions focus on encouraging positive behaviours and mindsets in young people, with it being assumed that this will lead to reduced alcohol and drug consumption. For example, interventions focus on improving a range of protective factors including mental health, resilience, social and emotional learning, social skills and social influence, interpersonal relations, self-esteem, communication skills etc. Alongside this, it is important to empower young people so they can make their own positive decisions, therefore effective programmes do not simply focus on drugs and alcohol but also on a young person's ability to resist pressures.

School protective factors

Some interventions also specifically involve focusing on school related protective factors including school ethos (which has been shown to impact on substance misuse through upstream pathways), behavioural and emotional school engagement, and school bonding. Much focus is placed on a whole school approach such as considering policies on bullying to improve school connectedness etc.

Multiple approaches are required to meet the needs of different target groups

Again, the research suggests the need for different approaches rather than a 'one size fits all' approach. For example, studies showed the varying impact of interventions on schools with different demographic characteristics and also on boys and girls. It has been emphasised that as boys' and girls' development varies considerably, targeted approaches would need to take this into account and mirror such differences to have the most impact.

In order to meet the needs of different groups, it would also appear necessary to use a range of different and innovative methods. One such method which has been used and shown to have positive results is the use of socio-drama or roleplay.

Another method is adapting the curriculum to different learning styles or personality styles of pupils (e.g. risk factors including sensation seeking etc.).





Education

Implications for Practice

Consider the role of the teacher/practitioner delivering session

Research has shown that the effectiveness of the intervention is partly dependent on the skills of the practitioner, and also the relationship between practitioner and young person. Thus, it would appear to be important to consider the personal attributes and skills of the person delivering a session to ensure it has maximum impact.

Involving partners

The research highlights the positive outcomes linked to involving partners in the prevention process, or using combined approaches such as involving the school, parents and local community. However, barriers to effective implementation are also highlighted such as the need for commitment from all parties involved and the potential solutions to this such as supporting an internal champion within the school setting.

Link to other chapters

Resilience and Protective Factors

Community Approaches

Parenting Programmes

