

School-Based Education on Alcohol and Drugs

Literature review

Evidence of Effective Strategies/
Policies in the Wider Social Contexts

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Alcohol and Drugs

Minimising harm to young people from alcohol

There is a wide consensus among independent alcohol researchers that cost effective prevention efforts and public action strategies need to address factors that affect patterns of alcohol use across populations, not just 'at risk' groups or those drinking at 'at risk' levels. Targeting individuals is not cost effective and it does not acknowledge the reality that alcohol and drug use is generally a social behaviour. Particularly for young drinkers, the concern is not just for heavy drinkers but the risk that all young drinkers are exposed to in 'normal' socialising. While public and school based programmes have a limited role, various environmental strategies including regulation can provide the most cost effective use of resources with longer term benefits.

Babor et al in their book *Alcohol: No Ordinary Commodity* reviewed all the evidence for effectiveness of a wide range of strategies to reduce alcohol related harm. Strategies were rated in terms of effectiveness in reducing harm, breadth of research support, cross cultural testing and cost to implement. A scale of 0 to +++ was used with 0 meaning no or little support and +++ meaning strong support.

Alcohol education in schools received a zero rating for effectiveness, +++ for breadth of support for this finding and ++ for cross cultural testing. The ineffectiveness of this strategy is even more starkly contrasted when compared with some of the more effective population based strategies. While there are over thirty strategies assessed, the following have been selected as having some direct relevance to young people.

Strategy/intervention	Effectiveness	Breadth of research support	Cross cultural testing	Cost to implement
Taxation and pricing	+++	+++	+++	Low
Minimum legal purchase age	+++	+++	++	Low
Low blood alcohol levels for young drivers	+++	++	+	Low
Restriction on density of liquor outlets	++	+++	++	Low
Brief intervention with at risk drinkers	++	+++	+++	Moderate
Community mobilisation to alter drinking context	++	++	+	High
Promoting alcohol free activities and events	0	++	+	High
Media campaigns to educate and persuade	0	+++	++	Moderate
School based education	0	+++	++	High

As demonstrated by the evidence tables above, to effectively reduce harm from alcohol, a much wider multi-component environmental approach to the reduction of misuse and harm is needed. The degree of ineffectiveness of school based education is starkly contrasted when considered next to the range of strategies above where investment would result in much greater reduction of harm to young

people. However, the education of individuals to drink responsibly is a very popular approach to reducing harm from alcohol and one that is strongly advocated by the alcohol industry (along with other individually targeted approaches (Anderson, 2002). However, clearly the evidence table above points to the ineffectiveness of investment in alcohol education, especially if this is at the expense of a strong emphasis on comprehensive environmental strategies which while unpopular with industry and other interests, are much more effective.

Schools have a responsibility to provide young people with alcohol and drug education as part of the Health and Physical Activity Curriculum. This education needs to be based on the best evidence and delivered in a way that engages, respects and responds to the needs and realities of young people (Stanley, 2003, Skager, 2005). However, it is imperative that the ability of educational approaches to reduce use or harm is not over-estimated and that in the allocation of scarce resources by other sectors, strategies that will make the most difference to young people's health and wellbeing are prioritised over less effective but perhaps more popular approaches. Stanley (2003) highlights some of the key issues with drug education in schools:

"we need to acknowledge the inherent limitations of drug education and the false hopes that often exist for it...It is unrealistic to expect more (than small gains) when we consider the array of influences that students are exposed to..(young people) occupy multiple environments and each of these contests for behavioural control. It is perhaps naïve to think we can change the out of school behaviour of large numbers of children and youth.....Our schoolsseem hesitant to ask the critical questions about the extent of the durability of behavior change" (pp.72-73).

Drug Education

Systematic reviews clearly highlight that compared to other approaches, interventions that were environmentally focused were more effective in reducing drug use. (Tobler, 2000, Flay, 2000, Gottfredson, 2003). Both Flay (2000) and Tobler (2000) emphasised the inability of school based prevention programmes to have any lasting effect and the need for the wider social environment to support and reinforce new attitudes or behaviours, to prevent these decaying over time through the influence of wider social and familial factors. As Tobler (2000) says:

"Youth receive a myriad of pro-drug influences... and try to come to grips with the norms of their community. Single 'silver bullet' approaches not supported by concomitant changes in the community and family will not be able to counter these influences" (p 319).

The New Zealand Government has developed a comprehensive intersectoral national drug strategy to minimise drug related harm (Ministry of Health, 1998). Strategies are divided into three main areas:

- Supply control
- Demand reduction and
- Problem limitation

Supply control is a particularly important component as it is very effective in reducing levels of harm. Police and customs take a central role in limiting drug supply through law enforcement. Demand reduction can be effective, especially when targeted

environmentally. For example, keeping the price of tobacco relatively high by the application of excise taxes, is an effective population policy in reducing demand and hence harm from tobacco (Ministry of Health, 2000). Demand reduction of illicit drugs is a little more challenging because the sector is largely underground. However, the evidence for effectiveness of community action initiatives in reducing alcohol related harm has been applied to reduction of harm from illicit drugs. New Zealand Ministry of Health has funded a ground breaking Community Action on Youth and Drugs (CAYAD) initiative across 28 metropolitan, provincial and rural communities. The national CAYAD project involves a multi component strategy that primarily aims to create systemic change at an environmental level. It has been designed on the basis of best evidence, both from the academic literature and also what is known about effective community action/ development in the context of New Zealand non-Maori and Maori communities. (Conway et al., 2000) The five evidence-based objectives for all CAYAD sites are:

- Increase informed community discussion and debate;
- Promote effective policies and practices to reduce harm by working in partnership with a range of community stakeholders and agencies;
- Develop local capacity in areas such as education, employment and recreation to support young people;
- Reduce supply of drugs to young people;
- Promote positive whanau responses to substances that threaten the well being of Maori youth.

While a number of the CAYAD sites work with schools, this is on developing intersectoral approaches for both school wide environmental change and support structures young people using drugs, and does not include CAYAD staff delivering drug education to students (Liggins et al., 2006). However, effective community action can include educating young people and other community members on which public policies reduce harm and how individuals, opinions leaders and NGOs can use media and other means to advocate for effective whole of population focused alcohol policies (Babor et al., 2003).

CAYAD has been implemented in three phases, with the formative and impact evaluations of phases one and two indicating some promising results (Butler and Conway, 2006, Liggins et al., 2006). Greater co-ordination and support infrastructure are needed to maximise the effectiveness of project nationally. However, this is a large project with good potential over time to impact drug related harm for young people.

Ideally, school based alcohol and drug education programmes need to be part of a whole school community approach to promoting well being. When a whole school approach is part of a wider comprehensive, integrated community action project to reduce harm from drugs, there may be more chance of positive impacts for young people. (Holder et al., 1997; Babor, 2003)

The dominant theme that emerges from the literature is that school based drug education by itself is of limited value but when systemically combined with a range of other community prevention strategies impacting on young people such as community action programmes involving environmental activities, parenting skills programmes, media awareness, alternative recreational opportunities, alcohol regulatory policies and law enforcement activities it is more likely that substantive sustainable reductions in drug-related harm for young people may be achieved

(Harachi et al., 1996, Perry et al., 1996, Kumpfer, 1997, Samarasinghe, 1997, Midford and Munroe, 2006).

Mental health

Both internationally and nationally, policy makers advocate for a broad and balanced approach to promoting mental health and preventing mental health concerns due to increasing recognition of the impact of social, environmental and personal factors on mental health and mental ill health. A population health approach involves a spectrum of initiatives and activities to promote and support mental health. Herman (2001) suggests that mental health promotion involves socio-political activities such as reducing unemployment, improving schooling and housing, improving social connectedness and the reduction of stigma and discrimination related to mental ill health. These factors are also quality of life issues.

Recent literature on happiness and what makes people happy highlights seven broad factors that impact on people's wellbeing and happiness: family relationships; work; community and friends; health; personal freedom; and personal values (Layard, 2005). The author cites a U.S. General Social Survey that asked people how happy they were generally and how satisfied they were with regard to different aspects of their lives. Findings indicated the following in descending order of importance: family relationships; financial situation; work; community and friends; and health, all factors known to influence mental health outcomes (Layard, 2005, p.63).

In the school setting, education policy specifically addresses the need for schools to be safe physical, social and emotional environments as stated in the National Education Goals and National Education Guidelines: From an education perspective, the Aotearoa/New Zealand government has recognised the fundamental importance of education and has set goals (the National Educational Goals –NEGs) (Ministry of Education, 2004)and guidelines (National Administration Guidelines – NAGs) for the education system (Ministry of Education, 2006).

Of particular relevance to the implementation of health initiatives in schools are the following education goals and administration guidelines:

- NEG2 equality and opportunity for all New Zealanders, by identifying and removing barriers to achievement;
- NAG5i provide a safe physical and emotional environment for students; and
- NAG5ii comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.

Suicide prevention

In conclusion, available evidence suggests that multi-faceted systemic approaches are needed to address mental health and suicide prevention with the aim being to promote mental health through the enhancement of personal and environmental protective factors as well as addressing known risk factors.