School-based alcohol and drug education and prevention – what works?

This briefing paper is **part of a series** produced by Mentor-ADEPIS to support the delivery of effective alcohol and drug education and prevention in schools and other settings.

About Mentor

Mentor promotes best practice around building young people's resilience in order to prevent alcohol and drug misuse.

About ADEPIS

The Alcohol and Drug Education and Prevention Information Service (ADEPIS) is a platform for sharing information and resources aimed at schools and other professionals working in drug and alcohol prevention.

For more information, please contact:

Mentor-ADEPIS
CAN-Mezzanine
49-51 East Road
London N1 6AH

T: 020 7553 9920
E: adepis@mentoruk.org

mentor-adepis.org

This briefing paper intends to equip and guide those working in educational settings when considering which alcohol and drug education and prevention programme they should run. It outlines some approaches that evidence shows work and cautions on some that don't. The briefing paper aims to enable educationalists to make a more informed decision when selecting an approach that will ensure maximum impact and ensure young people receive the most appropriate education and prevention programme that will enable them to build their resilience to risks.

This briefing paper is for:

- Teachers
- PSHE coordinators
- Head teachers
- Headmasters
- Governors
- Staff in education settings

Mentor

mentor-ADEPIS.org Alcohol and Drug Education and Prevention Information Service
CAYT

The reason for alcohol and drug education and prevention in schools

In Under 18s …

- There is an ongoing downward trend in alcohol consumption among those aged under 16. However, by the age of 17, half of all girls and almost two thirds of boys report drinking alcohol every week
- Young White populations are much more likely to drink than those from a black and minority ethnic group background
- Young people in the least deprived areas are more likely to drink and more likely to drink regularly at the age of 15
- Hospital admissions for alcohol-specific conditions, particularly intoxication, are declining among the under 18s
- Girls are more likely to be admitted to hospital for alcohol-specific reasons than boys, and are admitted at younger ages
- The number of young people accessing specialist substance misuse services for alcohol problems is at its lowest level, following a peak in 2008-09. However these young people have a range of related risk factors and vulnerabilities that should be addressed in tandem with their substance misuse
- There is some evidence that the alcohol-harm paradox seen among adults is also present for young people living in the most deprived areas.
- There is a strong relationship between smoking and drinking, with current smokers much more likely to drink alcohol frequently than non-smokers

Source: Public Health England (2016) Data intelligence summary: alcohol consumption and harm among under 18 year olds

According to Public Health England's Data Intelligence Summary (2016),[1] evidence from multiple sources shows that risk-taking behaviour among young people is declining at a population level.[2] [3] Teenagers are less likely to take drugs, smoke, drink alcohol or become pregnant than the generation before them.[4]

Research now indicates that 8% of children aged 11 to 15 in England drank alcohol in the last week; this was the lowest level recorded since a peak of 27% in 1996. The proportion of pupils in this age group who have never consumed alcohol has risen in recent years, from 38% in 2003 to 66% in 2014.[5] The most recent statistics show that by age 15, 38% of young people have tried alcohol at least once; less than 18% have tried smoking; 15% have ever taken illegal drugs.[6] The more risk factors young people have in their lives, the more likely they are to misuse alcohol, tobacco and other legal and illegal substances.[7]

However, despite this recent decline, the proportion of children in the UK drinking alcohol remains well above the European average.[8] The UK continues to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries.[9]

Adolescence is a critical time for prevention. At a time when British teenagers are among the least satisfied in the Western world[10], schools have a moral and statutory responsibility to promote health and wellbeing. There are strong links between the health and wellbeing of children and young people and their educational attainment[11]. Research has found drinking before the age of 15 has a strong association with future problematic drinking and drug use[12] and a recent UK study suggests that pre-teen drinking behaviours are particularly important.[13]

The aim of alcohol and drug education and prevention in schools

In 2009 the Department for Education and Skills provided guidance on all matters relating to alcohol and drug education, the management of incidents within the school community and supporting the needs of pupils with regard to alcohol and drugs and policy development.[14] The guidance outlines the important role schools can play in tackling alcohol and drug misuse in England, by providing effective alcohol and drug education and pastoral support to all pupils as well as identifying those vulnerable to misuse so that pupils who need extra help either receive it in school or through referral to other services. Research shows that young people who truant or have been excluded from school, are much more likely to experiment with substances.[15] This substantiates the findings that show schools offer the most efficient way to reduce the number of young people using alcohol and drugs, and prevent the transition from experimental use to addiction.[16] [17]

The main aim of school-based alcohol and drug education should not simply be to increase knowledge and understanding of the issue, but also to delay the onset of substance use by providing all pupils with appropriate information and skills development.[18]

What doesn't work in school-based alcohol and drug education and prevention?

Evidence shows that, while some programmes and strategies are better than others, some approaches are unlikely to be helpful while others clearly don't work; for example, scare tactics and moralistic appeals.

Ineffective Programmes and Strategies

Ineffective prevention strategies include:

- Standalone school-based curricula relying solely on facts about illegal drugs and their dangers, designed only to increase knowledge.[19] [20]

- One-time assemblies, events or testimonials. Former users engaged as visiting speakers are likely to have a negative impact on the beliefs, attitudes and behaviour of young people and children[21] if not used in the context of a broader curriculum and within a life skills-based approach to education.

- Programmes relying on scare tactics to prevent children and adolescents from engaging in risky behaviours are not only ineffective, but may have damaging effects. When exaggerated dangers, false information or biased presentations are delivered, teens tend to disbelieve the message and discredit the messenger.[22] Golub and Johnson (2001)[23] indicate exaggerated messages and failure to offer truthful information often backfire when youth have access to contrary information and experience.

- A 'zero tolerance' approach to substance misuse. If young people know school policy includes a punitive approach to disclosure it will prevent the creation of an environment which is conducive to discussion.[24]

- 'Health terrorism' (including '*Scared Straight'* approaches).[25] Petrosino, Turpin-Petrosino and Finckenauer (2000)[26] found these well-meaning programmes can have harmful effects. *Scared Straight* and other prison or parole programmes which bring together prisoners and students have resulted in higher rates of re-arrest and delinquent behaviour than youths not involved in the intervention.

- Use of competition incentives to prevent tobacco use in school children.[27]

- The use of 'sniffer dogs' in schools.[28] Policy should not create a climate of fear and mistrust.

- Alcohol and drug testing in schools[29] can give high levels of false positives; non-invasive tests are unlikely to be admissible in a court case and testing can only be conducted with explicit and informed parental consent for under 16s. Targeted support for individuals as part of a broader treatment programme may be considered as a voluntary collaboration to manage risk and to support a vulnerable young person to re-enter school as part of a broader treatment programme.

What does work in school-based alcohol and drug education and prevention?

There is little definitive evidence of 'what works' in alcohol and drug education, although recent advances in preventative science are likely to generate better evidence. [30]

There are several known activities schools can do to improve alcohol and drug education and help reduce the impact of substance misuse among children and young people.

Prevention approaches for young people are not always specific to alcohol and drugs but are focused more on reducing risks and building resilience.[31] School programmes based on a combination of social competence and social influence approaches have shown, small but consistent effects in preventing alcohol and drug use.[32]

Factors known to reduce the prevalence of substance misuse include the following:19

- Providing a series of structured sessions (typically 10-15) once a week, with booster sessions over several years and provided by trained facilitators and including trained peer educators.

- Using interactive, participatory teaching.

- Providing opportunities to learn and practice a range of personal and social skills, including coping, decision-making and resistance skills.

- Emphasising the immediate consequences and perceptions of risks.

- Social norms approaches – correcting 'myth-understandings' about how common or acceptable substance use is among young people.

- Programme fidelity – whether a programme is facilitated as intended, is critical to successfully translate evidence-based interventions into practice. [33]
All schools should develop policies that involve young people and are supported by the community.[34] The alcohol and drug education policy, including responding to drug-related incidents, should encourage young people to talk openly and safely about substance misuse.

Schools should also have agreed a range of responses and procedures for managing drug incidents, which are understood by all members of the school community and documented within the drug policy.[35]

Effective programmes and strategies

Many evidence-based programmes have not yet been trialled in the UK. Mentor is working to introduce programmes which have been shown to be effective in other countries. In a review of 30 international studies published in 2002[36], Pim Cuijpers of the Netherlands Institute of Mental Health and Addiction attempted to pinpoint the common elements of successful prevention programmes. Cuijpers reported the most effective ones involve substantial amounts of interaction between instructors and pupils. They teach pupils the social skills they need to refuse drugs and give them opportunities to practice these skills with other pupils—for example, by asking pupils to play roles on both sides of a

conversation about drugs, while instructors coach them about what to say and do.

In addition, effective programmes consider the importance of behavioural norms: by emphasising to pupils that substance use is not especially common, these programmes attempt to counteract the misconception that abstaining from drugs makes a person unusual or peculiar. In a 2011 review of various substance abuse prevention programs[37], epidemiologist Melissa Stigler of the University of Texas School of Public Health and her colleagues reinforced these conclusions. They further observed programmes which unfold during many sessions – ideally over several years – achieve especially strong results, probably because they provide pupils with lessons that are reinforced over time, as children mature and encounter different environments.[38]

Certain alcohol and drugs education approaches are more likely to be effective:

- Interactive approaches, which incorporate active learning and pupil-to-pupil interaction, are more likely to reduce drug use.[39]

- Social competence approaches offering information but also allow pupils to model and practice giving feedback and positive reinforcement. These approaches teach personal and social skills such as generic self-management, target-setting, problem-solving and decision-making, as well as cognitive skills to be able to resist media and interpersonal influences. They also increase assertiveness skills and competence and to interact with others.[40] This can help them better manage relationships and situations where drugs may be present.

- Integrated information – children and young people cannot make the healthy, pro-social decisions, without accurate information. But information on its own is insufficient to enable (young) people to make informed decisions.[41]

- Normative approaches – correcting the 'myth-understandings' which need to be based on local data including the results of anonymous in-school questionnaires and then to be followed up with teaching practical refusal skills.[42]

- Drug education needs to be deployed early enough to be preventative (before young people begin to experiment) but also to be relevant and age-appropriate.[43]

- Peer educators should be involved, although not necessarily lead drug education but trained teachers and health professionals can be effective.[44] [45] [46]

A 2016 report by Public Health England on alcohol consumption and harm among under 18-year olds concluded young people would be likely to benefit from integrated wellbeing services because there are often consequences of alcohol consumption such as regretted sexual activity, arguments, involvement in crime and violence which are more prevalent than hospital attendance. [47]

All the above can only be achieved with appropriate curriculum time and effective Staff CPD, which can be justified under the Ofsted expectations for 'Personal Development, Behaviour & Welfare'.

Finally, we still have a lot to learn about the brain, drugs and behaviour and the desire for us to gain a more profound understanding of which prevention approaches work and which don't work, highlight the importance of recording our successes and failures and of evidence-based practice.

References

[1] Public Health England (2016) Data intelligence summary: alcohol consumption and harm among under 18 year olds [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542889/Alcohol_consumption_and_harms_in_under_18s.pdf [Accessed 07.03.2017].

[2] Health and Social Care Information Centre (2015). Smoking, Drinking and Drug Use among Young People in England – 2014 [Online]. Available at: www.gov.uk/government/statistics/smoking-drinkingand-drug-use-among-young-people-in-england-2014 [Accessed 29.03.2016].

[3] Office for National Statistics (2016). Conceptions to women aged under 18 in England and Wales: Oct to Dec 2014 [Online]. Available at: www.gov.uk/government/statistics/conceptions-to-womenaged-under-18-in-england-and-wales-oct-to-dec-2014 [Accessed 29.03.2016].

[4] Public Health England (2016) Data intelligence summary: alcohol consumption and harm among under 18 year olds [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542889/Alcohol_consumption_and_harms_in_under_18s.pdf [Accessed 07.03.2017].

[5] Harker, R (2017) Statistics on Alcohol Briefing Paper - House of Commons Library (Number CBP7626, 30 January 2017) [Online]. Available at http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7626 [Accessed 07.03.2017].

[6] Public Health England (2016) Data intelligence summary: alcohol consumption and harm among under 18 year olds [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/542889/Alcohol_consumption_and_harms_in_under_18s.pdf [Accessed 07.03.2017].

[7] Young people – substance misuse JSNA support pack 2017-18: commissioning prompts Good practice prompts for planning comprehensive interventions 2016 Public Health England

[8] Hibell B, Guttormson U, Ahlstrom S et al. (2012). The 2011 ESPAD Report. Substance Use Among Students in 36 European Countries [Online]. Available at: www.espad.org/uploads/espad_reports/2011/the_2011_espad_report_full_2012_10_29.pdf [Accessed 30.03.2016].

[9] Harker, R (2017) Statistics on Alcohol Briefing Paper - House of Commons Library (Number CBP7626, 30 January 2017) [Online]. Available at http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7626 [Accessed 07.03.2017].

[10] World Health Organisation (2016) Growing up unequal. HBSC 2016 study [Online]. Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/303438/HSBC-No.7-Growing-up-unequal-Full-Report.pdf?ua=1 [Accessed 07.03.17]

[11] Public Health England / NAHT The Link Between pupil health and wellbeing and attainment (2014) PHE publications gateway number: 2014491

[12] Dryfoos JG (1990). Adolescents at risk: Prevalence and Prevention. Oxford University Press, New York.

[13] Kelly Y, Goisis A, Sacker A et al. (2016). What influences 11-year-olds to drink? Findings from the Millennium Cohort Study Yvonne. BMC Public Health 16 (1); 169.

[14] Drugs: Guidance for Schools [Online].Available at: http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DfES%200112%20200MIG619.pdf [Accessed 07.03.17]

[15] Chowdry, H., Kelly, E. & Rasul, I. (2013) Reducing risky behaviour through the provision of information DfE

[16] Faggiano et al (2014) School-based prevention for illicit drug use Cochrane Review

[17] DfE and ACPO Drug Advice for schools; Advice for local authorities, headteachers, school staff and governing bodies 2012

[18] Prevention of drug and alcohol dependence Advisory Council on the Misuse of Drugs (ACMD) 2015 Public Health England 2017

[19] World Drug Report (2015) UNODC

[20] Stead, M. & Angus, K. (2004) Literature review into the effectiveness of school drug education Scottish Executive Education Department

[21] Early Intervention and Prevention Alcohol and Drug Prevention Briefing Paper Mentor / ADEPIS 2014

[22] Beck, J. (1998) 100 Years of 'just say no' versus 'just say know': Re-Evaluating Drug Education Goals for the Coming Century. Evaluation Review 22 (1): 15-45

[23] Golub, A., & Johnson, B. D. (2001b). Variation in youthful risk of progression from alcohol/tobacco to marijuana and hard drugs across generations. American Journal of Public Health, 91(2), 225-232.

[24] Drug Education: An Entitlement For All A report to Government by the Advisory Group on Drug and Alcohol Education (2008)

[25] Perkins, H. Wesley (Editor). 2003. The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians. San Francisco: Jossey-Bass.

[26] Petrosino, A.J., Turpin-Petrosino, C. and Finkenauer, J.O. (2000). Well-meaning programs can have harmful effects: Lessons from the "Scared Straight" experiments. Crime and Delinquency, 46 (3), 354-379

[27] Johnston *et al* (2012), Incentives for preventing smoking in children and adolescents. Cochrane Database Syst Rev. 2012 Oct 17;10:CD008645. doi: 10.1002/14651858.CD008645.pub2.

[28] O'Hara M (2009)Police sniffer dogs used for illegal searches on public, The Guardian https://www.theguardian.com/society/2009/aug/11/police-sniffer-dogs-human-rights say campaigners

[29] Stead, M. & Angus, K. (2004) Literature review into the effectiveness of school drug education Scottish Executive Education Department

[30] Prevention of drug and alcohol dependence Advisory Council on the Misuse of Drugs (ACMD) 2015 Public Health England 2017

[31] Drug prevention programmes in schools: What is the evidence? - Mentor / ADEPIS

[32] Faggiano et al (2014) School-based prevention for illicit drug use Cochrane Review

[33] Faggiano et al (2014) School-based prevention for illicit drug use Cochrane Review

[34] Quality standards for effective alcohol and drug education (2014) Mentor / ADEPIS.

[35] Drugs: Guidance for Schools (2004) DfES DfES/0112/2004

[36] Effective ingredients of school-based drug prevention programs: A systematic review
P Cuijpers - Addictive behaviors, 2002

[37] Stigler, M. H., Neusel, E., & Perry, C. L. (2011). School-based programs to prevent and reduce alcohol use among youth. *Alcohol Research and Health*, *34*(2), 157.

[38] Scott O. Lilienfeld, & Hal Arkowitz (01.01.14) Why 'Just Say No' Doesn't Work Available at: https://www.scientificamerican.com/article/why-just-say-no-doesnt-work/ [Accessed 07.03.17]

[39] Stead, M. & Angus, K. (2004) Literature review into the effectiveness of school drug education Scottish Executive Education Department

[40] Stead, M. & Angus, K. (2004) Literature review into the effectiveness of school drug education Scottish Executive Education Department

[41] Bandura, A. (1977). Social Learning Theory. Englewood Cliffs, NJ: Prentice Hall, 1977

[42] Faggiano et al (2014) School-based prevention for illicit drug use Cochrane Review

[43] Chowdry, H., Kelly, E. & Rasul, I. (2013) Reducing risky behaviour through the provision of information DfE

[44] Kelly Y, Goisis A, Sacker A et al. (2016). What influences 11-year-olds to drink? Findings from the Millennium Cohort Study Yvonne. BMC Public Health 16 (1); 169.

[45] Faggiano et al (2014) School-based prevention for illicit drug use Cochrane Review

[46] EMCDDA Best Practice Portal - Prevention interventions for school students: http://www.emcdda.europa.eu/best-practice/prevention/school-children_18s.pdf [Accessed 07.03.2017].