School Prevention Programmes and Alcohol: Summary

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This report is based on the research literature relating to the rationale, implementation and outcomes of school programmes designed to address problems with alcohol among young people. The report examines four main areas: (i) the rationale of programmes, (ii) the overall success of prevention interventions of this kind, (iii) factors enhancing the success of programmes and (iv) recommendations on programmes for the contemporary Irish context.

With regard to **the rationale for programmes**, a major influence is the finding in scientific research that behaviour is a major factor in health outcomes. Many of the topics arising from these findings are formally included in social Personal and Health Education (SPHE) programme at primary and post-primary levels. Given the evidence on the age at which young people begin to drink alcohol together with the findings regarding the amount consumed on occasions, the need for a suitable programme addressing alcohol consumption has been agreed widely.

The first attempts at school interventions were based exclusively on information and knowledge, together with an emphasis on the negative outcomes that can happen as a result of consumption. If students knew about then negative consequences of alcohol use they would change their beliefs and attitudes and this in turn would modify their drinking or even prevent them from involvement with alcohol. However, while accurate information is important, its effect on behaviour is limited. Furthermore, emphasis on scare tactics is entirely inappropriate. An approach that underpins a great many programme in recent years centres on social influence, i.e. young people's drinking is based to a great extent on social pressures from peers, the family and media. This approach is central to the programme launched in post-primary schools 'On My Two Feet' and also in a great many of the programmes aggregated by the European Monitoring Centre for Drugs and Drug Abuse (and EU institution).

The **outcomes of prevention programmes** relating to alcohol can divided into the following broad categories: (i) knowledge, beliefs and attitudes regarding alcohol, (ii) competencies and skills relating to decisions on drinking and (iii) actual behaviour pertaining to alcohol, focusing especially on frequency and amount of consumption as well as consequences of these behaviours. Overall the evaluations have suggested that it is relatively easier to pinpoint positive effects regarding knowledge and attitudes regarding alcohol and rather more difficult to change actual behaviour. A crucial question concerns the proportion of interventions that actually reduce drinking. The indications are that about half of the programmes brought about a statistically significant reduction in consumption compared with control group. Furthermore the duration effects of the intervention studies ranged from immediately after the intervention to two years. With regard to generic programmes (focusing on other behaviours as well as alcohol consumption), in comparison to approaches that targeted alcohol consumption only, their outcomes have been less satisfactory in terms of changes in behaviour related to drinking.

Based on these outcomes it was possible to identify a large number of studies that were quite effective in reducing drinking among students while other studies gave disappointing results. The most convincing demonstrations of success is found in rigorous evaluations which have utilised randomised control group designs. While some studies have failed to show effects, such mixed results are frequently found in evaluations of interventions. The very important question then arises as to what factors differentiate those with successful outcomes and those with a lower level of success.

There are a number of **guidelines regarding effectiveness** that can be gleaned from the available evaluations of prevention programmes. With regard to the underlying principles, there is a consensus that approaches should be guided by the relevant cultural norms and by the specific behaviour that is being targeted. Thus, in Ireland programmes are more likely to be effective if they follow a harm-reduction rather than abstinence orientation and if they take positive approach rather than a punitive-deterrence perspective. As regards the approach to changing behaviour the most effective technique is a balance of various strategies, including imparting knowledge, social skills and beliefs and building a sense of self-efficacy.

With regard to teaching style there is now a consensus that an interactive style of teaching involving student input is much more effective than approaches that involve passive and didactic approaches. The correction of misperception of norms regarding drinking among same-aged peers is especially influential since many young people overestimate the quantity and frequency of peers' consumption. Organizational features of the school have a major influence on the implementation of prevention programmes. As in the case of other initiatives, a whole school approach has a much greater chance of success than isolated lessons. This is not to imply that all classes should have the same programme but rather that the school community should have an involvement and input into the initiative. A major reason for the importance of a whole school approach is the greater likelihood that the programme will be implemented as intended.

Finally, an important feature the organization of prevention programmes is their integration with an existing subject domain. In the Irish context this will normally be the SPHE programme. Related to this point is the necessity for teachers to have the relevant training and expertise to deliver the programme as planned. This planning will normally involve an understanding of the rationale on which the programme is based but also consultation with the school community including parents.