

DRUG AND ALCOHOL FINDINGS Your selected document

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► [Universal school-based prevention programs for alcohol misuse in young people.](#)

Foxcroft D.R., Tsertsvadze A.

Cochrane Database of Systematic Reviews: 2011, 5, Art. No.: CD009113.



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This authoritative review says that school programmes which work best at preventing youth drinking problems are not specifically about alcohol at all, but instead target problem behaviour more generally.

Summary This review updates a [more wide ranging review](#) of alcohol prevention published in 2002 but focuses on school-based programmes. It searched for studies published up to mid-2010 which addressed all the relevant grades or ages in the school population (hence 'universal') rather than selecting pupils based on their risk levels or actual drinking. The aim was to find trials which randomly assigned pupils (whether individually, as classes, schools or some other 'unit of analysis') to a psychosocial intervention expected to affect drinking versus an alternative school and/or non-school-based programme, or just the standard curriculum. The intervention might be targeted specifically at drinking, or a more generic programme intended to affect this among other outcomes such as healthy and pro-social lifestyles.

The analysts found 53 such studies of which 41 were conducted in the USA and none in the UK. Most (39) tested a generic intervention intended to affect drinking along with other non-substance use behaviours. In 85% of studies the focal intervention was compared to a standard curriculum. It was considered inappropriate to pool the results from the 53 trials because they differed too much in the types of population sampled, the nature of the interventions, and in their measures of drinking outcomes.

Main findings

Of the 11 trials of alcohol-specific interventions, five found no statistically significant impacts relative to a standard curriculum and six found some differences which were statistically significant. However, in most of these six studies significant impacts were confined to certain subgroups such as pupils who had (or had not) already drunk alcohol

or girls rather than boys, and in some not all drinking measures were significantly affected.

Another 39 studies tested more generic programmes. Of these, 24 found no statistically significant impacts on drinking relative to a standard curriculum or to a no-intervention **control** group and one found a negative impact. The remaining 14 studies found some statistically significant reductions in drink-related outcomes relative to a standard curriculum, though in three these were confined to certain subgroups of pupils, and some drinking measures were not significantly affected.

In terms of identified programmes, it was noted that in all the relevant studies the **Life Skills Training** social and personal skills curriculum yielded positive results, as in two of three trials did the early years classroom management strategy known as the **Good Behaviour Game**. Also with a relatively good record was the **Unplugged** European drug education curriculum. In contrast, there were no statistically significant positive effects in trials which evaluated the **Project ALERT** substance use prevention curriculum or **Drug Abuse Resistance Education** (DARE) classes typically delivered by police officers.

The authors' conclusions

One interpretation of the overall picture – some studies showing some effects and others none – is that school-based alcohol prevention does not work, and that such statistically significant impacts as there are arise purely by chance. However, this seems unlikely given the proportion and sample size of studies which found statistically significant effects, coupled with the likelihood that many studies were too small for relatively modest effects to register as statistically significant. More likely is that some school-based psychosocial and developmental prevention interventions truly are effective in particular settings for reducing alcohol misuse among young people, while others are not. What accounts for this difference is unclear, hampering the effort to translate the findings in to specific recommendations for practice.

Overall, the evidence is more convincing for certain generic rather than alcohol-specific programmes. Among the generic programmes, those based on psychosocial or developmental approaches (life skills in Life Skills Training; social skills and norms in Unplugged; behaviour norms and peer affiliation in the Good Behaviour Game) were most likely to report statistically significant effects over several years (in the case of the Good Behaviour Game, up to 12 years) when compared to standard school curricula or other types of interventions. The impacts were small but, across a population, potentially important. Generic programmes offer the additional advantage of potentially impacting on a broader set of problem behaviours, for example antisocial behaviour or the use of cannabis, tobacco, or harder drugs. Such programmes could be considered as policy and practice options, though variability in outcomes means their effectiveness should be tested in different settings.

Certain common methodological shortcomings limit confidence in the findings. Caution should be exercised in accepting statistically significant findings among certain **subgroups**, especially if these arise from tests not planned in advance. Poor follow-up rates remain a challenge. Beyond the first follow-up, few studies met the 80% standard expected of good trials, yet few used more advanced statistical techniques to adjust for these shortfalls.



Not specifically in relation to drinking but substance use in general, Findings [has also highlighted](#) the effectiveness of generic prevention programmes. Some do not mention substance use at all, but instead target parenting or school affiliation and classroom management techniques which affect vulnerability to developmental problems. UK national policy is also leaning in this direction. Breaking with previous versions, the [2010 English national drug strategy](#) and also [public health plans](#) have focused attention on early years parenting, particularly in vulnerable families. Though it was unable to statistically establish their superiority, its conclusions had to be hedged due to methodological concerns, and there remained a mystery over why some programmes worked and others did not, the featured review offers authoritative backing to this policy trend. It remains the case however that in respect of preventing harmful drinking, no type of psychosocial intervention has attracted as much scientific support as [population-wide changes](#) like price rises and outlet restrictions which affect everyone, independent of the choices they make.

Thanks for their comments on this entry in draft to David Foxcroft of Oxford Brookes University in England. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

Last revised 30 September 2011

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