



The danger of warnings

Barely out of the '60s and 'scare them' was the dominant response to the upsurge in youth drug use. Two young Dutch health educators put it to the test. Their seminal study caused a rethink of national policy here and in the Netherlands, but the lessons still need to be relearnt.

by **Mike Ashton**

Editor, Drug and Alcohol Findings

When we asked two of Britain's leading drug educators¹ to nominate what for them was the most influential evaluation from drug education history, both unhesitatingly fingered a study initiated nearly 30 years ago and published in 1975.² One recalled for us how, entering the field in the mid-80s, it still profoundly influenced his thinking (► *Are you the Willy de Haes?*, p. 24). The study which had lodged in their memories wasn't a US blockbuster but a Dutch comparison of the impact of three approaches to drug education. Then (and now) the lead author was working for Rotterdam's health department. His personal reflections on the study (► *Business as usual*) provide an object lesson in how fresh minds afforded the resources to mount what even now would be an unusually comprehensive study can fundamentally affect practice.

1035 schoolchildren break the mould

In de Haes's study schools attended by the sample of 1035 14–16-year-old Rotterdam schoolchildren were allocated to one of four drug education regimes. Three typified regimes prevalent at the time in the Netherlands. The fourth set of schools formed the all-important control group whose pupils received no specific programme; changes in their knowledge, attitudes to and use of drugs formed the baseline against which the three programmes were measured.

Two of the programmes were "one-shot" attempts to inoculate pupils against illegal drug use. The first (de Haes called it the "warning" or "mild horror approach") stressed the dangers and moral dimensions; the second ("factual") aimed to remedy knowledge deficiencies presumed to underlie drug use.

The third ("personal") was an approach few would have bet on. It did not focus on drugs at all but consisted of 10 weekly one-hour classes giving pupils the opportunity to discuss the problems of adolescence. (In the event, few of the discussions concerned drugs.) To support teachers a booklet was produced giving information on these problems and advice on running small group discussions.³ Unlike the first two approaches (delivered by outside experts), these discussions were led by the pupils' usual teachers.

Various measures including self-reported drug use were taken before the programmes started, two weeks after completion of the one-shot programmes, and again three months after their completion.⁴

In some respects the results of the personal approach were alarming. At the three-month measure pupils had failed to retain any net knowledge gain; the other two pro-

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grammes in some respects did better. Personal group pupils also developed rather liberal attitudes, moving more than the other groups to the opinion that drug use is not deviant, towards endorsing 'alternative' values, and towards seeing cannabis users as 'just like them'. They also failed to evidence even the short-term reinforcement of the belief that drug use is harmful seen in the warning group (this did not last).

Scary findings

In their 1975 paper de Haes and Schuurman left the crunch results to the end. None of the approaches deterred the few regular drug (mostly cannabis) users, but there *was* a significant difference in impacts on the *non-users* (► *chart*).

Over time there was the expected increase in drug experimentation (again, mostly cannabis). In the control group 3.6% more pupils tried drugs between the baseline and later measures, a figure taken to approximate the 'natural' rate of increase. How had the lessons affected this progression? Despite their lessons, in the warning group *twice* the proportion of pupils went on to try drugs (7.3%). Those given 'just the facts' also showed an elevated incidence of drug use compared to the controls (4.6%). *Only in the unfocused personal group did fewer pupils go on to try drugs* (2.6%) than might have been expected if nothing had been done.

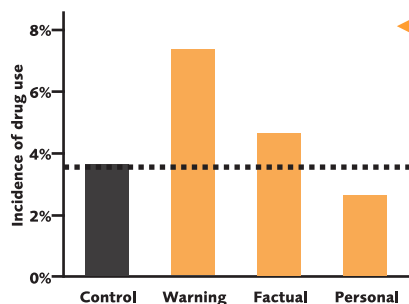
The unprecedented rigour of the study made these findings hard to dismiss. Even today, most studies lack a 'no treatment' control group coupled with before-and-after measures and an opportunity to compare the effectiveness of different approaches.

While these major features remain sound, compared to modern methodologies the study lacked important refinements. It allocated *schools* to its approaches while analysing results in terms of the pupils – the unit of analysis problems (► *Glossary*).⁵ Lacking are the sophisticated factor-analytic techniques which modern computing has made routine in the attempt (usually far from complete) to exclude other causes of the outcomes. More detail in the published article would have been welcome. While teachers rated their hourly chats as helping resolve difficult behaviour, the measure meant to show improved maturity in the personal group failed to do so. Was it really fair to compare outcomes of a 10-week programme with 'one-shot' alternatives? Finally, the issue of replicability: would similarly unstructured chats with different pupils and teachers have had different effects? That seems a distinct possibility given the lack of control over content. None of these deficiencies detracted from the study's key finding.

Opening minds

To appreciate the study's impact one has to recall the atmosphere of the times. For most adults youth drug use was alien and frightening. Wildly exaggerated (or simply untrue) stories about the damage inflicted by these unfamiliar substances were believed and repeated. Themselves frightened, adults could not believe that young people would try drugs if they understood the dangers. It was a logic few questioned and which at the time dominated UK drug education.⁶ De Haes and Schuurman showed the logic was wrong – and worse, that acting on it might stimulate the very thing its supporters aimed to deter.

A single positive result, no matter how perfect the study, could not have proved the value of any approach. But a single *negative* result can open faultlines in what till then seemed certainties, paving the way for new approaches. De Haes and Schuurman's study



◀ **Shocking but true: after lessons warning of the dangers there was *more* drug use than among the controls. Only non-drug focused discussion of 'personal' problems reduced drug use relative to doing nothing.**

undermined faith in the 'tell them the (awful) facts' orthodoxy. Adherents had to face the possibility that warning of dangers could *itself* be 'dangerous'. It was a shock which has yet to be fully assimilated. The gravitational attraction of 'tell them the awful facts' continues to reassert itself for adults and youngsters alike,⁷ but in informed circles the approach has lost all credibility.

Test of time

De Haes and Schuurman's endorsement of person- rather than drug-focused education

has been one of the few findings in drug education to have survived rigorous examination. Later research has codified their conclusions into a new orthodoxy: developing youngsters' 'lifeskills' is now seen as the core task and the key active ingredient, not promulgating scare stories.⁸

Since the '70s the approach has moved beyond the free-form version tested in the Netherlands, most notably in Dr Gilbert Botvin's Life Skills Training, the only school programme known to have an impact into young adulthood (▶ *Nuggets*, 1.12, p. 14).⁹

Though (perhaps inevitably in the US context) touted as "anti-drug", like de Haes's personal option, most of Dr Botvin's programme aims to foster general adolescent maturation. One major component homes in on drugs in a way typical of US drug edu-

cation, but, unlike less proven programmes, this is presented "in a large context of social skills kids need to navigate the minefield of adolescence".¹⁰ The other two major components tackle general self-management skills and social skills;¹¹ cannabis is not mentioned until lesson three.

Further confirmation comes from the most sophisticated analysis to date of the impact of secondary school drug education programmes. This provided impressive support for the interactive style of teaching which de Haes found most effective. Broad programmes were at least as effective as those focused on drug-related social and personal skills (▶ *Nuggets*, 1.11, p. 13).¹²

There are signs of cracks opening in this new orthodoxy; improving skills may not always prevent drug *experimentation* though it might reduce problem or less normative drug use. If this proves the case, de Haes and Schuurman's work will have helped pave the way, both through its findings and through its demonstration of the potential for these to impact on policy. 🍊

HINDSIGHT

Business as usual

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by **Willy de Haes**

It was the start of the '70s. Cannabis-smoking 'flower power' youngsters were of growing concern to parents and politicians. Fresh from university, I joined Rotterdam's Health Education Unit, where Jo Schuurman and I were asked to organise drug education in schools. We protested that no one knew which approaches had the desired effect, questioning the widespread assumption that all drug education reduces drug use. Instead we sought backing to evaluate current programmes. The proposal was accepted and the Ministry of Health agreed to fund it.

▶ ▶ ▶ *the Scottish minister announced: "We have to change our view. I will follow your advice"*

From the start there was a link with the UK. In 1970 Ron Wiener's *Drugs and Schoolchildren*¹³ was published, exemplifying the type of research we wanted to do. He agreed to advise us on the research design and questionnaire. The following year his journal article described the research proposal.¹⁴

Putting the proposal into practice was a complex task, involving 20 schools, 50 classes, 1035 children, and administration of a one-hour questionnaire at three time periods in two different school years. Data analysis at the university (no personal computers!) took over a year.

Such complexity was required to convincingly test the competing claims of theorists and practitioners who argued (or assumed) that each of the programmes produced positive results. For ourselves, we had no specific predictions but did suspect that the 'factual' and 'personal' approaches might prove slightly superior to 'mild horror'. Even so, we were surprised and excited at how clearly the initial findings confirmed our hunches.

National policy changes

Three years after the project's start our report was finalised – a 275-page document we called our 'telephone book'. It had taken a long time but we were satisfied with the clarity of the outcomes, as was the ministry. The results were quickly adopted as the basis for local and national drug education policy. Support was transferred from drug-focused, moralistic education programmes to pupil-centred programmes with a broad focus on youth problems, which also dealt broadly with dependence by encompassing tobacco and alcohol as well as 'drugs'.

As young professionals, until then we'd seen the study as 'business as usual'. That others saw it as anything but 'usual' became clear at international conferences in 1973 in Montreux and in 1974 in Jerusalem. An enthusiastic reception at the latter triggered publication in the *International Journal of Health Education* in 1975. Though forthcoming issues were fully booked, and the article was longer than they usually accepted, the edi-

tors created a special supplement to fast-track publication of our results.

UK government needed persuading

Awareness of our work in the UK was boosted when in January 1977 Donald Reid of the (then) Health Education Council arranged for us to address health educators from across Britain. News of the 1975 article spread widely to their colleagues and to drug education specialists, while health education curricula and policy documents began to draw on its results.

Almost 10 years after the article was published, Stanley Mitchell, director of the

Major sources

De Haes W. and Schuurman J. "Results of an evaluation study of three drug education methods." *International Journal of Health Education*: 1975, 28(4), suppl., p. 1–16. The first formally published report on de Haes's study.

De Haes W. "Looking for effective drug education programmes: fifteen years' exploration of the effects of different drug education programmes." *Health Education Research*: 1987, 2(4), p. 433–438. Places the 1975 study in the context of later drug education research, concluding that programmes dealing with adolescent development generally had the greatest promise.



Are you the Willy de Haes?

by Julian Cohen

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Entering the drug education field in 1986 already I felt very dubious about the effectiveness of primary prevention programmes for young people. A literature survey of relevant research soon turned up de Haes and Schuurman's work. Here was a professional study with practical lessons for drug education.

The first was that drug education had little impact on whether young people took drugs – no surprise to anyone who took the trouble to listen to them. The second lesson was that fear-arousal was not only ineffective but sometimes counterproductive. 'War on drugs' warriors were abetting escalation in experimentation by young people; deviancy amplification was their game, even if they didn't know it. The third was that accurate drug information is not enough: drug education also needs to address attitudes and skills. The fourth lesson was about the need to work *with* young people, to listen to and respect them, rather than to tell them

what to think and do.

De Haes and Schuurman's study had considerable influence on the harm reduction approaches to drug education developed by myself and my colleagues in the late 1980s; it is as relevant today as it was then. The shame is that many influential people in drug education seem ignorant of the relevant research or ignore its implications if these do not fit their preconceptions. 'Just Say No' is not so explicit these days, but scratch the surface of the government's new strategy and of many local programmes, and there it is still.

PS In the late 1980s I bumped into Willy de Haes in Amsterdam. I greeted him with "Are you *the* Willy de Haes?" and embarrassed him by launching into how important his work was to me. I felt like an idiot, but he was very nice about it. I did not ask for his autograph; perhaps I should have.

Scottish Health Education Group, told me of his problems in persuading his ministry of health to adopt the approach supported by our research. In line with the preferences of the Thatcher Government, his minister wanted the Group to mount a hard-hitting campaign featuring frightening images on the theme that 'drug use leads to death'.

With some trepidation, Stanley asked me to explain the study and present my views to an audience including the minister and drug professionals from all over Scotland. Agreeing to a request from a good friend, only later did I realise that this too was far from 'business as usual'. Nervously I prepared a presentation based on our research and US reviews from the last decade.¹⁵ In the event, 23 November 1984 was my finest hour as a researcher. Following the presentation and in the presence of his advisers, the minister announced: "It is clear we have to change our view. I will follow your advice". In the rest of the UK our work continued to receive attention and some expert support (notably from Nicholas Dorn of the Institute for the Study of Drug Dependence) but Thatcher's Government went its own way.

The lasting relevance of our work clearly indicates that the convincing results available through well designed, 'big' studies can be worth the time and money they absorb. 'Quick and dirty' studies tend to produce equally muddy conclusions, quickly dismissed or forgotten. Hopefully our work is seen as demonstrating the value of the thorough research needed to build evidence-based health education and promotion. 🍷

1 Julian Cohen (► *Are you the Willy de Haes?*) and Ruth Joyce, then Head of Education and Prevention at the Standing Conference on Drug Abuse.

2 De Haes W. and Schuurman J. "Results of an evaluation study of three drug education methods." *International Journal of Health Education*: 1975, 28(4), suppl., p. 1–16.

3 Wiener R. "A report on an a drug education program." *Journal of Drug Education*: 1971, 1(4), p. 305–315.

4 A fourth set of measures was taken one year after the baseline measures but only pupils in the control and 'personal' groups were surveyed.

5 Palmer R. F., Graham J. W., et al. "Applying multilevel analytic strategies in adolescent substance use prevention research." *Preventive Medicine*: 1998, 27, p. 328–336.

6 Swift B., Dorn N., Thompson A. *Evaluation of drug education: findings of a national research study of effects on secondary school students of five types of lessons given by teachers*. ISDD, 1974, p. 29.

In this study of a sample of 27 secondary schools surveyed in 1971, 22 warned of the dangers of drugs. The next most prevalent approaches were moral education and improving understanding of reasons for drug use, each engaged in by eight of the schools.

7 Blackman S. "In yer face": the return of the anti-drug approach." *Images*: April 1996, p. 3–4.

8 Standing Conference on Drug Abuse and Drug Education Forum. *The right choice: guidance on selecting drug education materials for schools*. SCODA, 1998.

9 Dusenbury L., Falco M., Lake A. "A review of the evaluation of 47 drug abuse prevention curricula available nationally." *Journal of School Health*: 1997, 67 (4), p. 127–132.

10 Dr Botvin quoted by D. Van Biema in *Time*, 11 November 1996, p. 70.

11 Botvin G. J. "Life Skills Training and the prevention of adolescent drug abuse." In: Clark D. *Preparing youth for the 21st century. Third conference, February 16–19, 1996*. Washington, D.C.: The Aspen Institute, 1996.

12 Tobler N. S. "Meta-analysis of adolescent drug prevention programs: results of the 1993 meta-analysis." In: Bukoski W. J., ed. *Meta-analysis of drug abuse prevention programs*. NIDA, 1997.

13 Wiener R. *Drugs and schoolchildren*. London: Longman Group, 1970.

14 Wiener R. 1971, op cit.

15 De Haes W. "Looking for effective drug education programmes: fifteen years exploration of the effects of different drug education programmes." *Health Education Research*: 1987, 2(4), p. 433–438.