While the conditions under which TND was implemented in this study were closer to the ‘real world’ than is typical in efficacy studies, nonetheless schools and

Though lesson observations indicated that teachers who received enhanced training did more adequately implement the programme, still

use drugs. Possibly effects are less noticeable among pupils in mainstream schools – the great majority in the featured study.

substantially altered, and the local infrastructure may not be ready to support high-quality implementation.

‘scaled up’ from small efficacy trials, often the target population is broader, the quality of implementation lower, the programme may be

These findings are consistent with several replication studies which have found previously efficacious prevention programmes have weaker or

the impacts suggest that as the programme is more widely implemented in real-world mainstream school settings rather than highly controlled

While the conditions under which TND was implemented in this study were closer to the ‘real world’ than is typical in efficacy studies, nonetheless schools and
teachers were participating in an evaluation study and being monitored, which may have motivated them to implement the programme more adequately than usual. Also, the findings may apply only to schools with teachers willing to implement evidence-based prevention curricula.

**FINDINGS** This is not the first time that a prevention programme found effective in small studies in selected schools with highly trained and supervised (often by the programme's developers) teachers or external specialists has not maintained its promise when extended to the general run of schools. Project ALERT, a programme considered promising by US government assessors, offers another example. It leaves the general verdict on drug education unchanged – that however valuable in purely educational terms, internationally and specifically in major UK and European trials, it has proved an inconsistent and usually at best minor contributor to the prevention of unhealthy substance use.

As the authors point out, the reasons why programmes fail when widely disseminated may include the common and sometimes substantial alterations teachers prefer to make or have to make due to the classroom situation and time pressures, a process another study observed in respect of TND and a second curriculum. A common variation was to replace individual with group work and vice versa, variations which could mean the programme is ineffective, effective, or for some pupils, counterproductive. Taught by selected, monitored, and highly motivated health education teachers from the schools, the programme can be almost as well delivered as by TND specialists, and have similar impacts on substance use, but other teachers might struggle with its interactive methods (or conversely, introduce unintended interactivity) and to complete the curriculum as intended.

Also, youngsters who are relatively likely to use substances offer greater scope for prevention programmes to prove their worth. TND in particular proved itself among high-risk pupils removed from or refused mainstream education. Apart from the featured study, the other test of TND in general schools involved just three schools, over a third of the pupils could not be followed up, and the research project's health educators did the teaching, not the schools' own teachers, weakening generalisability to the general run of pupils, schools and teachers. No impacts were found on cannabis or tobacco use a year later and nor were there any on the majority of pupils who had not drunk relatively frequently before the lessons. As baseline drinking increased to unusually high levels, the programme did curb further increases. At the start of the study over 90% of pupils had not tried any of the mixed bag of 'hard drugs', and on these the programme had a small impact which grew to be substantial among what must have been the very few pupils who had used these substances relatively frequently before the lessons. It was unclear from the report whether across all the students there were any statistically significant gains from the programme.

Together with the featured study, these results provide only slim support for the use of the curriculum across the general run of schools and by the general run of teachers. In its favour is that in these schools and in non-mainstream schools, impacts seem greatest and most consistent for the 'hard drugs' society is most concerned to stop its children using (1 2 3). However, hopes for a long-term impact on use of these substances rest on a study of special California schools for pupils diverted from mainstream education, in which fewer than half the pupils could be re-assessed four or five years after the programme had been implemented. More were assessed about two years earlier when no such impact was seen, raising the possibility that the later results were an artefact of loss to follow-up.

Thanks for their comments on this entry in draft to research author Luanne Rohrbach of the University of Southern California in Los Angeles, USA. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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