2.15 Community mobilisation cuts drinking and drug use, but implementation complex and costly

Findings Community programmes seek to create a prevention-friendly environment outside as well as inside school by engaging the support of parents and community leaders. Two major US studies found such programmes delayed onset of alcohol and drug use among younger adolescents.

LINKS *Nuggets* **2.13**, **2.14**

Project Northland (study 1) aimed to prevent underage (in the USA, under 21) drinking through classroom lessons, peer-led activities, support for parents, and community mobilisation. It began at age 11–12 and outcomes have been reported up to age 13–14. 20 communities were randomised to the intervention or to act as controls. Children were surveyed before the programme and then each year for three years, by when 19% had been lost to the study, leaving 1901. Between baseline and age 13–14 the rise in past-week drinking had been nearly twice as steep among controls as among intervention children. Further analysis revealed that significant outcomes were confined to the 62% of pupils who at baseline had not yet tried alcohol, including fewer drinking or smoking cannabis or tobacco, less susceptibility to drug problems, and better relations with school and family.

Project STAR (study 2) also started at age 11–12. Its impact persisted for at least five years; fewer teenagers reported regular drunkenness or frequent use of cannabis or tobacco, and fewer among themselves or their families sought help with drug problems. Compared to conventional drug education, STAR cost-effectively contained health and treatment costs. In its review of research, study 2 concluded that community extensions to educational interventions prevent more serious forms of drug use.

In context Both curricula have been authoritatively judged among the best and best proven of their kind. However, the STAR study suffered from non-random allocation of schools and a blurring of the distinction between control and experimental conditions. In another US city (where randomisation was more thorough) STAR recorded less impressive results. Both Northland (because these operated in control schools) and STAR (in the cost-effectiveness calculations) were compared with programmes with minor if any known impact on drug use. Set against more effective curricula (◤ *Nuggets* 1.11), community approaches might seem less attractive, though presumably the benefits are spread wider.

In the UK a programme like Northland aimed at abstinence and of no proven impact on early drinkers (twice as common here as in the Northland communities) would be less relevant and less likely to gain support. Northland's communities were mainly rural, middle class and white. Though adjustments were made, matching of control and intervention districts was imperfect and the study randomised school districts but analysed outcomes among pupils.

Practice implications Though promising, adding community enhancements to *effective* drug education has yet to be proved cost-effective. Implementation is costly, complex and unpredictable though more feasible in identifiable (by residents as well as health educators) communities which recognise their drug problem but in which it not yet out of control. Unless sensitively planned, the attempt to involve parents can fail to reach families most in need. The Home Office recommends community anti-drug interventions (◤ *Secondary sources*) and has funded the first comprehensive evaluation of a such a project in the UK.

Main sources 1 Perry C.L., *et al*. "Project Northland: outcomes of a communitywide alcohol use prevention program during early adolescence." *American Journal of Public Health*: 1996, 86, p. 956–965. Copies: apply Alcohol Concern 2 Pentz M.A. "Costs, benefits, and cost-effectiveness of comprehensive drug abuse prevention." In: *Cost-benefit/cost-effectiveness research on drug abuse prevention*. Research Monograph 176. US National Institute on Drug Abuse, 1998, p. 111–129. Download from http://www.nida.nih.gov.

Secondary sources Home Office Drugs Prevention Initiative. *Developing local drugs prevention strategies: overview guidance to drug action teams*. HMSO, 1998. Copies: apply DPAS ◤ *Nuggets* 2.10, *Main sources*.

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