

 **Drug and Alcohol FINDINGS** Your selected document

This entry is our account of a review or synthesis of research findings selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the UK. Unless indicated otherwise, permission is given to distribute this entry or incorporate passages in other documents as long as the source is acknowledged including the web address <http://findings.org.uk>. The original review was not published by Findings; click on the [Title](#) to obtain copies. Links to source documents are in [blue](#). Hover mouse over [orange](#) text for explanatory notes. The Summary is intended to convey the findings and views expressed in the review. Below are some comments from Drug and Alcohol Findings.

Open [home page](#). Get free [e-mail alerts](#) about new studies. Search studies by [topic](#) or [free text](#)

► **[A review of the effectiveness and cost-effectiveness of interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old.](#)**

Jones L., James M., Jefferson T. et al.

Liverpool: Centre for Public Health, Liverpool John Moores University, 2007.

The review which underpinned official UK guidance on alcohol education and advice in schools finds most programmes unsupported by adequate evidence and a dearth of analyses which would enable an assessment of whether the more successful programmes represent value for money.

Summary This review sought to determine which interventions delivered in primary and secondary schools are effective and cost-effective for preventing or reducing alcohol use in young people under the age of 18. The account below relied mainly on the 'evidence statements' drawing conclusions based on a review of the literature, which identified trials of 52 relevant programmes. Links to trials of the programmes mentioned are not necessarily to the particular trials cited in the review.

Main findings

There is evidence from a high-quality systematic review that three programmes ([Strengthening Families](#), Botvin's [Life Skills Training](#), and a culturally focused curriculum for Native Americans students) can produce long-term reductions (greater than three years) in alcohol use.

In respect of classroom-based programmes led by teachers, evidence from two programmes that targeted children between the ages of 12 and 13 suggests that interventions using the life skills approach (specifically, [Life Skills Training](#)) or focusing on harm reduction through skills-based activities (specifically, [SHAHRP](#)) can produce medium to long-term reductions in alcohol use and, in particular, risky drinking behaviours such as drunkenness and binge drinking. However, the applicability and transferability of these programmes requires further study.

In respect of classroom-based programmes led by external contributors, there is evidence to suggest that programmes taught by adult health educators (including [Project ALERT](#), [Project SMART](#), and [Project Towards No Drug Abuse](#)) and uniformed police officers, such as [DARE](#), have no medium- or long-term effects on alcohol use. There is inconsistent and insufficient evidence to determine the medium- to long-term effectiveness of [normative education](#) programmes led by external contributors. There is evidence to suggest that a culturally tailored skills training intervention for Native American students may have long-term effects on alcohol use. However, given the cultural specificity of this programme it has limited applicability to UK practice and policy.

Other in-school approaches delivered outside of the lesson format were identified, including brief intervention programmes, counselling, peer support and teacher training. In respect of these there is evidence to suggest that brief intervention programmes which target children aged 12–13 and involve nurse-led consultations regarding a young person's alcohol use, such as the [STARS for Families](#) programme, can produce short-, but not medium-term reductions in heavy drinking. In addition these types of programmes may have limited applicability to UK policy and practice as they are based on an abstinence approach. There is evidence to suggest that other in-school approaches to prevent or reduce alcohol use including counselling programmes, peer support and teacher training do not produce reductions in alcohol use.

Twelve multi-component programmes were identified which combined school-based intervention with family, community and/or media components. There is evidence to suggest that programmes which begin early in childhood and combine school-based curriculum intervention with parent education, such as the [Seattle Social Development Project](#) and [Linking in the Interests of Families and Teachers](#), which target a range of problem behaviours including alcohol use, can have long-term effects on heavy and patterned drinking behaviours. In addition, the [Healthy School and Drugs Project](#), which targeted secondary school students, had short-term effects on alcohol use. However, longer term effects of the programme have not been examined.


There is inconsistent and insufficient published evidence to determine the cost-effectiveness of school-based interventions that aim to prevent or reduce alcohol use in young people under 18 years old. Cost-effectiveness analysis of three programmes found that a brief intervention programme, [STARS for Families](#), and a classroom-based programme focusing on harm reduction through skills-based activities, [SHAHRP](#), were less costly and more beneficial than a classroom-based drug prevention programme, [Lions Quest Skills for Adolescence](#). Compared to STARS for Families, SHAHRP cost an additional £257.47 to prevent one additional case of hazardous/harmful drinking.

The authors' conclusions

Overall this review has highlighted the lack of clear, long-term evidence for the effectiveness of school-based interventions, and the applicability of the few programmes that have demonstrated partial effectiveness warrants further study before widespread implementation can be supported. Long-term follow-up data was not available for most programmes so it is difficult to determine the value of school-based intervention in the longer term. The review of published economic evaluations and further cost-effectiveness analyses has been limited by large and wide-ranging gaps in the evidence base and

consequently can contribute little to determining which programmes provide value for money. Of the 52 programmes identified for inclusion in the review of effectiveness, only two had been evaluated in terms of their cost-effectiveness; both studies had limitations and their findings should be interpreted with caution. In addition, methodological shortcomings and inadequate reporting severely hampered further efforts to determine the costs and ultimate benefits of these programmes.

Though a range of school-based intervention approaches to the prevention and/or reduction of alcohol use have been evaluated, it remains unclear which types of programmes are most effective. The diversity of the studies in terms of intervention content and outcomes presented meant that it was not possible to synthesise data across the types of programmes identified.

 The featured review informed [official guidance](#) for England on alcohol education and advice in schools. It recommended that alcohol education should be integral to national science and personal, social and health education curricula, but also said schools should go beyond this to develop a 'whole school' approach and partner with relevant non-education services and authorities. Where appropriate, the guidance also recommended that schools offer individual risky drinking pupils brief, one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support.

Last revised 13 June 2013. First uploaded 13 June 2013

- ▶ [Comment on this entry](#)
- ▶ [Give us your feedback on the site \(one-minute survey\)](#)
- ▶ Open [home page](#) and [enter e-mail address](#) to be alerted to new studies

Top 10 most closely related documents on this site. For more try a [subject or free text search](#)

- [Interventions in schools to prevent and reduce alcohol use among children and young people](#) DOCUMENT 2007
- [Alcohol-use disorders: Preventing the development of hazardous and harmful drinking](#) REVIEW 2010
- [Early intervention: the next steps. An independent report to Her Majesty's Government](#) REVIEW 2011
- [Drug education yet to fulfil its presumed potential](#) HOT TOPIC 2012
- [Project SUCCESS' effects on the substance use of alternative high school students](#) STUDY 2010
- [Drug testing in schools evidence, impacts and alternatives](#) REVIEW 2008
- [A preliminary study of the population-adjusted effectiveness of substance abuse prevention programming: towards making IOM program types comparable](#) REVIEW 2009
- [A brief image-based prevention intervention for adolescents](#) STUDY 2010
- [It's magic: prevent substance use problems without mentioning drugs](#) HOT TOPIC 2012
- [Blueprint drugs education: the response of pupils and parents to the programme](#) STUDY 2009