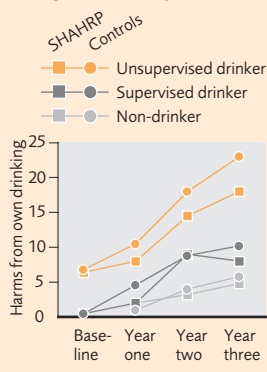


## 10.11 School lessons reduce alcohol-related harm

**Findings** A rare trial of harm reduction education for younger teenagers has shown that it can safeguard pupils at both ends of the alcohol risk spectrum.

The Australian SHAHRP curriculum aims to reduce alcohol-related harm through eight lessons at age 12–13 and seven the following year. 14 schools were randomly assigned to SHAHRP or to normal lessons, which in the second year included some on alcohol. Pupils were surveyed before the intervention, at the end of each year, and the following year aged 14–15, 17 months after SHAHRP had ended.

Closest to the programme's aims are trends in negative consequences from the pupils' drinking, including physical ill-effects, trouble with authorities, family or friends, and anti-social or risky behaviour. In the full sample (report 1), the number of consequences experienced by SHAHRP pupils over the past 12 months was substantially and significantly less throughout than for controls, remaining 23% less at the last follow-up. Report 2 shows that this effect was significant only among pupils who before the lessons had already drunk beyond adult supervision. Among the full sample, the proportion of SHAHRP pupils engaging in risky drinking (for boys, over five UK units at one sitting, for girls half this, at least once a month) was a quarter and a third less after the lessons but just 4% less at the last follow-up. This time, only among former non-drinkers was the effect consistently significant. After the lessons SHAHRP led to large comparative reductions in total alcohol intake which faded by the last follow-up. Though very much in the minority, by the last follow up there were a third more abstainers among SHAHRP than control pupils.



**In context** In a UK-like youth drinking context, the study has shown that a well-delivered, fairly intensive, state-of-the-art curriculum focused on alcohol harm reduction can achieve its objectives and sustain this effect over the next year and a half, whilst also reducing drinking per se during the life of the intervention. Pupils who benefited most were those at greatest risk. This outcome profile suggest that the intervention's content had the intended effect. However, it was not just different from the comparison lessons but better resourced, started earlier, and more extensive. Had these dimensions been equalised, SHAHRP's advantages might have been eroded. A quarter of the pupils could not be included in the analysis and they tended to be the heavier drinkers. Their results might have affected the outcomes, but probably in such a way as to have increased the gap between SHAHRP and normal lessons.

In a more conservative youth drinking environment, a US curriculum targeting alcohol problems has produced similar results, achieving problem reduction but *only* among pupils who had already drunk unsupervised ▶ [Nugget 4.14](#). The finding was later replicated using a major revision of the programme. Parallel findings across [LINKS](#) [Nuggets 8.12 7.9 4.14 2.13 1.11](#) cultures and curricula suggest a real and transferable effect.

**Practice implications** In Britain over 60% of 13-year-olds have drunk alcohol and a fifth have done so in the past week, suggesting an important role for alcohol harm reduction education from the early teens. Guidance for English schools strongly endorses this approach and schools can now offer it with the reassurance that, done well, it can limit the harms experienced by the most at-risk pupils and reduce drinking and risk overall. SHAHRP-type lessons require skills in interactive teaching, but the study achieved results with the schools' own teachers given two days' training. Timing lessons to coincide with the advent of significant drinking and adopting harm reduction aims will both be easier if education about alcohol and illicit drug are not entirely merged. However, it may take a national policy drive matching that on illegal drugs before schools are prepared to devote as much time to alcohol as envisaged in SHAHRP.

**Featured studies** 1 McBride N. *et al.* "Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project (SHAHRP)." *Addiction*: 2004, 99, p. 278–291 2 McBride N. *et al.* "Early unsupervised drinking – reducing the risks. The School Health and Alcohol Harm Reduction Project." *Drug and Alcohol Review*: 2003, 22, p. 263–276. Copies: for both apply Alcohol Concern.

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