

11.8 Early teaching boost pays off six years later

Findings Over six years later, children from poor black families were less likely to have tried heroin or cocaine after a targeted teaching boost in their first year at primary school. The aim was to prevent underachievement and bad behaviour spiralling via the negative reactions of peers and adults into later social isolation and deviancy. In each of nine Baltimore schools, 678 new pupils averaging six years of age were randomly allocated to three classes. A control class continued as normal while an additional intervention was implemented in the other two. In one, teachers used advanced classroom methods to boost communication (verbal and written), critical thinking and mathematics skills, and to improve class behaviour, especially staying focused on the task in hand. In the other, the aim was to engage parents in teaching numeracy and communication skills at home, to improve parenting, and to foster home-school collaboration via parent-child homework assignments and parent workshops. After dispersing to higher schools, 566 children completed at least one of three annual outcome assessments, the last at average age 13. Over 10% fewer intervention children had started to smoke (34% and 36% versus 47%) and, after the classroom intervention, half as many (3% versus 6% and 7%) had tried cocaine (including crack) or heroin. Adjusting for other factors, intervention children were nearly half as likely to have smoked and, after the classroom intervention, under a third as likely to have tried heroin or cocaine. Drinking without permission and cannabis and volatile substance use were unaffected.

In context Few studies have started educational interventions this early and followed up long enough for the effects to be visible in adolescent experimentation with illegal drugs. Like some others, it recorded substantial drug prevention 'side-effects' from addressing general developmental issues rather than drugs as such. Earlier studies had shown that the classroom-based interventions improved behaviour and academic achievement, and reduced initiation of smoking. The featured study reinforced these findings, found them stronger after the classroom than the home-school intervention, and suggested that the benefits might (only further time will tell) extend to the most damaging and deviant forms of drug use.

Parents generally participated well in the home-school intervention, but those with children at greatest risk participated least, a common finding. In contrast, teachers dealt with whole classes, and children with resistant learning or behaviour problems received individual attention, the ones most likely to be among the few later to engage in the most deviant forms of drug use. Perhaps this was why the classroom intervention inter-

LINKS Nuggets **11.9 3.15** • *Doing it together strengthens families*, issue 10 • *Teaching in the tender years*, issue 1

cepted this progression while the home-school option did not. The main question marks are over the children who did not complete follow-up assessments. Given the small numbers initiating heroin/cocaine use, their outcomes could have affected the balance of benefit from the interventions, though there was no indication that they were specially vulnerable. Bringing parents and children together to practise and receive feedback on separately learnt family skills may have improved outcomes from the home-school intervention.

Practice implications The classroom intervention seems particularly worth considering given not just the substance use but also the potential behavioural and learning benefits. It is also easier to implement than parenting programmes and could be undertaken by the schools' normal teachers. However, for both interventions teachers were given 60 hours of training. In Britain numeracy and literacy programmes are already in place, so the focus could be on the study's classroom management techniques, presumably shortening training times. The project's detailed manuals should help.

There seems a case for combining classroom approaches with parent training targeted at the families of high-risk children. Focusing effort this way should make it possible to involve more of the high-risk families who do not participate in across-the-board programmes.

Featured studies Furr-Holden C.D.M. *et al.* "Developmentally inspired drug prevention: middle school outcomes in a school-based randomized prevention trial." *Drug and Alcohol Dependence*: 2004, 73, p. 149–158. **DS**

Contacts Nicholas S. Ialongo, Bloomberg School of Public Health, 615 N. Wolfe Street, Baltimore, MD 21205-2179, USA, nialongo@jhsph.edu.

Thanks to health education consultant Blaine Stothard for his comments.