

2.13 Harm reduction education works – but only with current drinkers

Findings Two school curricula aiming to prevent alcohol-related harm had positive outcomes, but only among children who had already drunk alcohol.

The US curriculum (study ①) for 11–12-year-olds aimed to boost resistance to peer pressure and reinforce reasons not to use/misuse alcohol. 49 matched schools were randomly assigned so that twice as many pupils received the intervention as did not. Subjects were surveyed beforehand and in follow ups over four years. Nearly 1 in 5 pupils missed too many data points, leaving 971 in the analysis. Consumption and attitudes to drinking were unaffected but among pupils who had already drunk without adult supervision, the lessons did retard growth in alcohol problems, such as getting very drunk or in trouble with parents.

The Australian curriculum (study ②) was delivered to pupils over the first two years of secondary school (12–14 years of age) who were surveyed beforehand and at the end of each year. Random assignment of 14 schools yielded (in the first year) usable results from 855 intervention pupils and 872 controls, three-quarters of the sample. Compared to equivalent controls, after year one intervention pupils who had drunk *but only under adult supervision* increased consumption by less than half and experienced nearly three times fewer harms from their drinking. These and other intervention pupils also gained in knowledge and support for safer drinking and in the second year continued to show greater improvements in knowledge, attitudes and harms.

In context Both studies benefited from long-term follow up and individual tracking of children, but attrition was high enough to have affected outcomes. What the curricula were tested against is generally unclear. Though study ② compensated for this, both randomised *schools* but measured outcomes for *pupils*, a mismatch likely to inflate the significance of the intervention.

As well as being more focused on harm, the Australian intervention occupied 8–10 lessons over the first year against four in the USA. Nevertheless, costs were just over £1000 per school including initial training and a modest £235 per year thereafter. The US curriculum has now been extended to 13 sessions over three years and is considered among the best of its kind ▶ *Secondary sources*.

Existing drinkers benefited most probably because the education was more relevant and (since they continued to drink more than their peers) they had more scope for putting it into practice. In Australia the greater age of the pupils (and a more liberal attitude to young drinkers) may have meant that youngsters already drinking beyond adult supervision were also beyond educational influence. In the USA this smaller (and more deviant) group were perhaps nudged back towards mainstream drinking by the intervention. Overlaps in these findings from different cultures increase confidence in their generalisability to the UK.

Practice implications Harm reduction education has most impact on pupils who already drink, but should not be delayed to the point where unsupervised drinking has become the norm. In societies and at ages where unsupervised drinking is atypical, even a few lessons can curb the growth of alcohol-related problems. Alcohol-specific teaching permits a more consistent harm reduction orientation than substance abuse education, but it may take official guidance on alcohol matching that on illegal drugs before schools devote the required time.

LINKS Nugget 2.15

Main sources ① Maggs J.L., *et al.* "Reasons to drink and not to drink: altering trajectories of drinking through an alcohol misuse prevention program." *Applied Developmental Science*: 1998, 2(1), p. 48–60. Copies: apply Alcohol Concern ② McBride N., *et al.* *Early results from a school alcohol harm minimisation study*. National Centre for Research into the Prevention of Drug Abuse, 1999. Draft submitted for publication.

Secondary sources *Making the grade*. Washington DC: Drug Strategies, 1999. Copies: apply Drug Strategies, fax 00 1 202 414 6199, e-mail dspolicy@aol.com.

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