

7.11 Involving parents as well as children may improve drug prevention outcomes

Findings A [British study](#) found some evidence that supplementing school and youth activities with community and parental components might curb or reverse progression to more serious forms of drug use. The *NE Choices* interventions took place in six schools in Northumbria over school years 9, 10 and 11. Three schools largely confined themselves to targeting young people. Major activities included annual drama workshops run by a theatre company with classroom follow up and peer education led by the company or by youth workers. The three 'full' intervention schools added information and events for the pupils' parents. Four schools outside the *NE Choices* area acted as controls.

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Surveys tracked changes in the drug use of 1036 pupils from before (roughly age 13) to after (age 16) the intervention. There was some indication that pupils in full programme schools gained extra benefits but none that the partial programme bettered the more routine approaches in control schools. Proportions of drug users or regular users (taken or taken frequently in the past six months and intending to take again) had remained roughly stable in full implementation schools but at least tripled in the remainder. Numbers of pupils represented in these findings were very small and differences were not statistically significant. However, there was a significant difference favouring full intervention schools (4% v 1%) in the proportion of pupils who de-escalated drugtaking by changing from 'harder' drugs to cannabis, solvents or nitrites or to non-use.

In context The *NE Choices* evaluation is one of the few worldwide to enable an assessment of whether extending drug prevention beyond the school augments outcomes. Findings have been mixed and most apparent in reductions in heavy use. The most positive came from a US study which found that community/parent extensions helped halve the incidence of regular cannabis use. Achieving this entailed a long-term commitment to parental training and community mobilisation. British work has stressed the need to involve parents in planning parent-focused drug prevention, and that drugs should be dealt with as just one of several issues of concern to parents.

Methodological problems in the featured study severely reduced the chances of finding significant effects and cast doubt over the generalisability of the findings across the full range of young people. The drug use of half the sample could not be individually tracked. Missing pupils were the ones most likely to have progressed to drug use, among whom preventive gains from community/parental extensions would have been most evident. That these still tentatively emerged is all the more notable. The active ingredients (if any) are unclear. Few parents attended events to which they were invited, particularly parents of high-risk pupils. Potentially more important were the dozen parent support groups proactively organised in homes and community venues. Though young people did find these to be more enjoyable, credible and acceptable, drug use outcomes lend no support to the argument that independently provided drama and youth work activities are more effective than normal school lessons.

Practice implications Well structured and long-term school programmes which develop knowledge and skills through highly interactive pupil-to-pupil and pupil-to-teacher activities ([▶ Links](#)) probably remain the most cost-effective way to tackle across-the-board drug prevention among young people. Heavy and problematic use can be further reduced by targeting the parents of the children involved. Unless sensitively but proactively organised through local networks, these can fail to reach families most in need. Addressing drugs within the range of parenting concerns overcomes fears about admitting to a drug problem and widens the potential funding base to agencies interested in working with parents to reduce truancy, school exclusions and juvenile crime, themselves risk factors for drug misuse.

Featured studies MacKintosh A.M. *et al.* [NE Choices: the results of a multi-component drug prevention programme for adolescents](#). Drugs Prevention Advisory Service (DPAS), 2001. Copies: download from [www.drugs.gov.uk](#) or order from Home Office, phone 0870 2414680.

Additional reading Velleman R. *et al.* [Taking the message home: involving parents in drugs prevention](#). DPAS, 2000. Copies: [▶ above](#).

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