

8.12 UK-style school drug prevention programme helps prevent regular drinking

Findings A programme routinely implemented in Dutch secondary schools reduced drinking and had some impact on smoking. The study indicates that programmes of the intensity and type normally implemented may have a modest beneficial impact.

The Healthy School and Drugs programme starts at age 12 with three lessons about tobacco then over the next two years three each about alcohol and cannabis (plus ecstasy and gambling). Aims are to improve knowledge, decision-making and drug refusal skills, and to develop a healthy attitude to drug use. Other strands help schools identify and support pupils with drug problems, establish school rules about substance use, and involve parents. Each school has a coordinating committee of school and health officials and parents.

1156 pupils from nine programme schools were interviewed before the lessons and then annually for three years. They were compared with 774 from three schools in the same areas which agreed not to implement the programme. By year three (age 15), only with respect to alcohol had substance use consistently and substantially risen less in programme than control schools. The effect was apparent in year one and maintained through to year three when, for example, 33% were drinking weekly compared to 46% of controls. After the year one tobacco lessons significantly fewer programme pupils had tried smoking (9% v 13%) but this gap later narrowed. However, by year three there were slightly fewer daily smokers in programme schools. Impacts on cannabis use were inconsistent and minor. After the year in which the drug was covered (for tobacco, also in the other years) programme pupils were more aware of that drug's impact on health.

In context Though impacts in this study were modest, they were comparable to those from 'state-of-the-art' intensive programmes implemented with the help of research teams. Most disappointing is the lack of impact on smoking, where other projects have recorded their greatest potential health gains. Perhaps one reason is that the programme (as described) lacked a focus on how (un)common drug use is among the pupils' peer group. Perhaps too the tobacco lessons should have been reinforced in year two, when the greatest escalation in use occurred. The most intensive cannabis use level reported on meant pupils might have used just once a month. In the Dutch context, the programme's aim to foster 'healthy attitudes' to drugs is unlikely to have translated into a stress on absolute non-use.

The main methodological flaw is that schools were not randomly assigned. Programme schools may have prioritised drug prevention more than the controls, which were prepared to wait another three years to implement the programme. This is compounded by the fact that there is no description of what was happening in the control schools, leaving it unclear what the programme was being compared against. Follow-up rates were high but in the last year a programme school dropped out. This does not seem to have seriously biased outcomes. Since schools were allocated to the programme there is an argument for analysing the results in terms of schools; this would probably have rendered the benefits insignificant.

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Practice implications Though the confidence we can have in the findings is limited, they are a rare indication that a real-world, school-based drug prevention programme occupying just a few lessons a year can retard growth in substance use, especially regular drinking and to a lesser extent regular smoking. The components were similar to those called for in British national policies. Unfortunately, there is no way of telling which were the active ingredients, but in a similar US programme the lessons seemed the major factor. The message of the study seems to be that less intensive programmes can create worthwhile prevention gains if they take a whole-school approach, pick up on individual problems as well as providing universal education, are well-structured but flexible, based on research, and aim for realistic objectives.

Featured studies Cuijpers P. *et al.* "The effects of drug abuse prevention at school: the 'Healthy School and Drugs' project." *Addiction*: 2002, 97, p. 67–73. Copies: apply DrugScope.

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