Alcohol and young people: What do we know about the goals, content and impact of school-based interventions programs?

School-based alcohol use prevention programs can increase knowledge and change attitudes toward alcohol, tobacco and drug use, yet the effectiveness of many of these programs on reducing the use of substances is in general not proven. However the conclusion of recent review studies (Foxcroft & Tsertsvadze) is that several programs show small but significant effects.

Types of programs
There are knowledge-based programs providing students with mainly knowledge of alcohol, media influences and peer influences, as opposed to more comprehensive programs that include alcohol-related information combined with training of refusal skills, self-management skills and social-skills. Some programs are combined with family-based interventions.

Involving the broader environment is more effective
Babor et al. point out that many school-based alcohol prevention programs are effective in increasing knowledge and sometimes alcohol-related attitudes, but less programmes are capable in changing actual drinking behaviour (Alcohol and Public Policy Group, 2010).
To enhance the likelihood of effectiveness, the broader environment (policy, pricing, modifying the drinking context, regulating the physical availability of alcohol, drink-driving prevention restrictions on marketing and early intervention services) should also be involved.

Cost-effectiveness: not much evidence
- There is a paucity of evidence on cost effectiveness regarding school-based alcohol prevention programs (Jones et al., 2007; Cairns et al., 2009).

Positive results
- A large systematic Cochrane review in which 53 studies were included, identified studies that showed no effects on alcohol use, as well as studies that demonstrated significant effects (Foxcroft & Tsertsvadze, 2011b).
- Alcohol prevention programs facilitated by computers or the Internet showed some significant effects on average alcohol consumption and binge drinking (Champion et al., 2013).
- A systematic review of Australian programs demonstrated significant reductions in alcohol use (and other substances) for five of the seven intervention programs. Effects were mostly small (Teesson et al., 2012). Most of the programs were based on social learning principles or cognitive behaviour therapy. Two programs also focused on changing the school environment (whole-school approach).
- There is some evidence that supports the idea that early stage universal intervention (that is before alcohol consumption behaviours have become established), thus delaying the onset of alcohol use, may have the potential to be more effective than universal interventions targeting older youth (Jones et al., 2007; Cairns et al., 2009). For older age groups (grade 8 and further), to restrict availability of alcohol and indicated brief interventions are more effective instruments (Alcohol and Public Policy Group, 2010).

Effective ingredients: no clear pattern

- There was no clear pattern recognizable that could distinguish studies with no effect from studies with significant effects (Foxcroft & Tsertsvadze, 2011b). The evidence suggests that more generic psychosocial and developmental prevention programs can be effective, such as Life Skills Training Program (general life skills), the Unplugged program (social skills and norms), and the Good Behaviour Game (development of behaviour norms and peer affiliation).
- There is little evidence that interventions with multiple components are more effective than interventions with single components (Foxcroft & Tsertsvadze, 2011a).
- A comprehensive systematic review of reviews (Peters et al., 2009) identified five elements for effective school health education (among others: alcohol education): 1) use of theory, 2) addressing social influences, especially social norms, 3) addressing cognitive-behavioral skills, 4) training of facilitators, 5) multiple components (a finding which is contrary to Foxcroft & Tsertsvadze (2011a).

School based programs; advice of the WHO

A school-based alcohol educational programme should be proportionate (in terms of not requiring too much financial investment) and part of the holistic approach envisaged in the concept of the health-promoting school. It should also be based on educational practices that have proven effective, e.g. by targeting a relevant period in young people's development, talking to young people from the target group during the development phase, testing the intervention with both teachers and members of the target group, ensuring the programme is interactive and based on skill development, setting behaviour change goals that are relevant for all participants, returning to conduct booster sessions in subsequent years, incorporating information that is of immediate practical use to young people, conducting appropriate teacher training for delivering the material interactively, making any programme that proves to be effective widely available and marketing it to increase exposure.

School and community interventions may be usefully combined, in part because community efforts can help restrict young people's access to alcohol. Communities with better enforcement of minimum purchase ages have lower rates of alcohol use and heavy episodic drinking (WHO, 2009)

Finally it can be stated that every student from a certain age has the right to be well informed about the risks of alcohol, although the impact of this is unsecure. Ideally is a challenge for parents as well as teachers to make young people aware of this easy available substance.

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