

Re-direct the investment of educational programmes

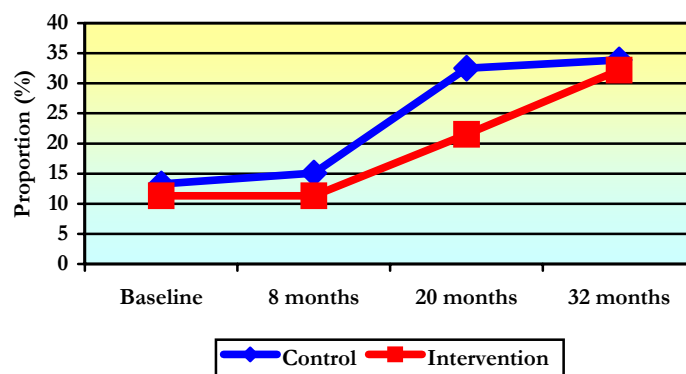
A variety of educational approaches have been used in an attempt to reduce the harm done by alcohol, including: education of younger people in classroom settings; information campaigns using mass media, including the use of drinking guidelines; school based activity carried out as part of school plus family initiatives and as part of community action projects; and community initiatives aimed to challenge norms around alcohol consumption and distribution. In addition, educational approaches have been used to reinforce community awareness of the problems created by alcohol use and to prepare the ground for specific interventions¹.

Whilst the provision of information and persuasion to reduce alcohol related harm might seem appealing, particularly in relation to younger people, it is unlikely to achieve sustained behavioural change in an environment in which many competing messages are received in the form of marketing and social norms supporting drinking, and in which alcohol is readily available. Many careful systematic reviews have evaluated school based education which aimed to reduce alcohol related harm, and found that classroom based education is not an effective intervention to reduce alcohol related harm; although there is evidence of positive effects on increased knowledge about alcohol and in improved attitudes, there is no evidence for a sustained effect on behaviour.

Effectiveness of primary prevention programmes for young people²

Follow-up:	Partially effective	Ineffective	“Negative” effect
Short-term (1 year or less)	14	23	3
Medium-term (1-3 years)	13	19	2
Long-term (over 3 years)	3	6	0

A good example of a well-designed study is the School Health and Alcohol Harm Reduction Project (SHAHRP study) from Australia, which aimed to reduce alcohol-related harm in secondary school students. The study found that the intervention group (which received eight to ten 40 to 60 minute lessons on skill-based activities to minimize harm at age 13 years, and twelve further skills based activities delivered over 5-7 weeks at age 14 years) consumed significantly less alcohol at 8-month follow-up (31% difference), and were less likely to consume to risky levels (26% difference), by 17 months after the intervention, the total amount of alcohol consumed by intervention and comparison groups had lessened to a 9% difference and the difference in risky drinking to 4%.



SHAHRP study. Differences in risky drinking between control and intervention groups³

In general, public information campaigns are also an ineffective antidote to the high quality, pro-drinking messages that appear far more frequently in the media. Further, counter advertising, a variant of public information campaigns which provides information about a product, its effects and the industry that promotes it, in order to decrease its appeal and use has inconclusive effects. The exception to these rather negative effects is the evidence for the impact of mass media campaigns to reduce drinking and driving, particularly in jurisdictions with strong policies in place concerning drinking and driving.

Whilst drinking guidelines have been used in a number of countries, there have been no evaluations that find an impact of these guidelines on alcohol related harm. The United Kingdom's 'sensible drinking guidelines' when relied upon as a key prevention strategy in a liberalizing policy environment failed to deter increases in alcohol consumption.

In a number of countries, the alcohol industry has engaged in 'responsibility advertising'. However, these advertisements are often ambiguous, and young people's evaluative responses about the brewers who placed the advertisements are predominantly favourable, while interpretations taken from the advertisement are mostly pro-drinking.

In contrast to the rather negative picture of the impact of educational approaches, there is evidence that supports combining school and community interventions, in part because the community interventions may be successful in restricting access to alcohol by young people. An important component of community action programmes which has been shown to impact on young peoples' drinking and alcohol related harm such as traffic crashes and violence is media advocacy, which can educate the public and key stakeholders within the community by increasing the status of alcohol on the political and public agenda and reframing the solution to alcohol related problems to include a co-ordinated approach by relevant sectors such as health, enforcement, non-governmental organizations, and municipal authorities. Thus, education and public information approaches can be used to mobilise public support for prevention approaches that have demonstrated effectiveness and media advocacy can also be used to support a shift in public opinion for policy changes.

In summary, although there are individual examples of the beneficial impact of school-based education, systematic reviews find that the majority of well-evaluated studies show no impact even in the short-term. A policy that fails more often than not cannot be considered an effective policy option. There is considerable experience of what might be best practice in school-based education programmes, but currently unconvincing evidence for their effectiveness. This is not to imply that education programmes should not be delivered, since all people do need to be informed about the use of alcohol and the harm done by it, but school based education should not be seen as the only and simple answer to reduce the harm done by alcohol. Thus, educational programmes should not be implemented in isolation as an alcohol policy measure, or with the sole purpose of reducing the harm done by alcohol, but rather as a measure to reinforce awareness of the problems created by alcohol and to prepare the ground for specific interventions and policy changes.

¹ Anderson, P. & Baumberg, B. (2006). Alcohol in Europe: a public health perspective. http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

² Foxcroft DR, Ireland D, Lister-Sharp DJ, Lowe G, Breen R. (2003). Longer-term primary prevention for alcohol misuse in young people: a systematic review. *Addiction*; 98: 397-411.

³ McBride, N., Farrington, F., Midford, R., Meulners, L. and Phillips, M. (2004). Harm minimization in school drug education: final results of the School Health and Alcohol Harm Reduction Project (SHAHRP). *Addiction* 99 278-291.