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Good practice in school based alcohol education programmes

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ABSTRACT

Objective: To identify elements of good practice in designing and delivering alcohol education programmes in schools.
Methods: Literature reviews and published programme evaluations were used to identify key elements of good practice.
Results: Principles of good practive are identified and discussed. Five main issues are highlighted: choosing a universal or targetted approach, the need for theoretical frameworks, adopting a stand-alone or multi-component approach; issues of delivery and programme fidelity, and balancing programme fidelity and cultural relevance.
Conclusions: Programme objectives, programme fidelity and cultural context are important factors in designing programmes and will influence outcomes and evaluation of success.
Practice implications: In developing alcohol education programmes, there is a need to draw on the evidence and experience accrued from previous efforts. Programme development and implementation can draw on results from evaluated programmes to design alcohol education programmes suited to specific contexts, the availability of resources, the perceived needs of the target group and the problem to be addressed.

1. Introduction

1.1. Aims and key questions

The conclusion emerging from past reviews and emphasised by many public health advocates, is that alcohol education is ineffective as a means of preventing or changing young people's alcohol consumption [36,2]. However, later reviews have challenged the claim that these programmes are ineffective (e.g. [31,25,17].

This paper aims to:

- consider the role of education and, in particular, how 'success' is defined in assessing alcohol education programmes,
- raise questions regarding what constitutes 'good practice' in alcohol education,
- identify core principles of 'good practice' to inform the development and implementation of school-based alcohol education.

Key questions such as 'what can be expected of alcohol education', 'what is *effective* alcohol education', 'how is it measured', and 'what do we mean by good practice', are considered before presenting insights from the published literature and concluding with suggestions for principles of 'good practice' in developing and implementing alcohol education programmes in schools.

1.2. The role of education and the measurement of success of alcohol education

'Education' about alcohol can occur in many ways—through observation of parents and peers from an early age, through exposure to media representation, through public awareness campaigns, and in schools—learning about alcohol is no different than learning about anything else [34]. This paper concentrates on learning through formal educational activities in schools. As one of the four main pillars if socialisation (along with the family, the media and the wider community) there is a clear rationale for delivering alcohol education in schools both to prevent the onset of harmful drinking patterns and to identify and respond to harmful drinking when it occurs.

Expectations about alcohol education in schools are often based on the assumption that it is the role of alcohol education to influence (and change) behaviour in a particular, desired direction. This assumption lies at the heart of disagreements about the effectiveness of alcohol education and emphasises the

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socialisation function of education. But education is not solely concerned with socialisation. In discussing the role of education [3,4], reminds us of its different functions—qualification, socialisation, individuation (i.e. the ways in which education contributes to human freedom) and notes that the weight accorded to the three functions is important. His work highlights the risk that although the three functions overlap, socialisation may become the dominant function with the emphasis on the kind of person that education should 'produce' at the expense of providing opportunity to question, challenge or pose alternatives and enhance individuation. This broader framework of educational theory and philosophy is important in considering more specific forms of education. In the case of alcohol education, it could be argued that the socialisation function is uppermost and that this influences programme aims and outcomes and how outcomes are measured.

Alcohol education for young people has largely been concerned with targeting behaviour. Outcomes of intervention vary between programmes but behaviour change is generally measured as: no use, delayed onset of use, or significant reductions in use. Impact (effectiveness) is measured soon after the intervention ends and at variable periods thereafter [17]. Programme outcomes other than behavioural—such as knowledge and skills acquisition or preventing harm (defined in a variety of ways)—are usually seen as secondary and achievement of such goals as less successful outcomes of educational effort than the achievement of the intended drinking (or non-drinking) behaviour (e.g. see [18,16:10]) illustrate this point, 'Ineffective interventions were regarded as those that had no statistically significant influence on subsequent self-reported drinking behaviour'.

Recent research suggests the need for analyses that can disentangle the complexities of alcohol education approaches and distinguish between the range of outcomes which might be expected from alcohol education activities. As ([25]:103) comment,

> . . . school drug education has generally not been that successful at reducing alcohol or other drug use . . . . . (which) . . . raises the question as to whether the effectiveness of school drug education should be measured by abstinence or reduced use, or whether harm reduction is a more realistic and useful measure of success.

At the same time, even where a goal of harm reduction is accepted, only successful socialisation is seen as an effective result, ignoring any gains made in the spheres of qualification and individuation. Clearly, the socialisation function—influencing, changing or modifying behaviour—lies at the heart of alcohol education programmes. However, the approaches and methods needed to achieve the desired behavioural outcome often depend on paying attention to the qualification and individuation functions of education, for instance, by ensuring that children have adequate and appropriate knowledge and skills to resist or make informed choices about drinking.

1.3. What is 'good practice'?

What is meant by the term 'good practice'? If we equate 'good practice' with 'best practice', the definition developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is applicable to intervention in alcohol consumption. The definition states that,

Best practice is the best application of available evidence to current activities in the drugs field.

- underlying evidence should be relevant to the problems and issues affecting those involved(professionals, policymakers, drug users, their families);
- methods should be transparent, reliable and transferable and all appropriate evidence should be considered in the classification process;
- experience in implementation, adaptation and training should be systematically collected and made available;
- contextual factors should be studied by modelling different prevalence levels so as to assess the impact of an intervention on the population; and
- evidence of effectiveness and feasibility of implementation should both be considered for the broader decision-making process.' http://www.emcdda.europa.eu/best-practice/about

Translated to alcohol education, 'best practice' would entail a number of development and implementation steps: conducting formative research to assess the problem, the environmental and situational context and the resources available and needed to respond to the problem; developing initiatives which use the available evidence and assess its relevance to the problem and the target group(s); taking account of the realities (experience) of implementing educational interventions; considering the effects of an intervention on different social groups and the cultural relevance of the programme; considering the effectiveness of the intervention.

2. Methods

There is a large body of literature on school based alcohol education programmes. Evaluation studies come mainly from the USA with some research stemming from the UK, Australia and Europe and very little from elsewhere.

The following sections of the paper are based on an overview of the issues emerging from systematic and thematic reviews of alcohol education programmes published in English since 2000. In addition, the paper draws on themes emerging from primary studies reviewed for the development of the IARF Alcohol Education Guide (http://www.alcoholedguide.org/intro). As part of the IARF project, the review team drew up selection criteria for inclusion on the website of programmes which provided examples of 'good practice'—or which illustrated some aspects of good practice. To be included programmes had to have: a longitudinal or repeated cross-sectional design that included experimental, quasi-experimental or structured single-group designs with pre- and post- test assessments; outcome evaluation to test changes in knowledge/attitudes/beliefs/intentions/behaviours; measurable impact showing change in the desired direction (distinguishing statistically significant from non-statistically significant change); good documentation.

3. Results

The following sections consider five key elements of good practice and provide illustrative examples.

3.1. A universal or targetted programme?

Delivery of prevention programmes has been characterised as universal (delivered to everyone in the target group), selective (aimed at vulnerable or 'at risk' population groups, such as people living in deprived communities) or indicated (individuals showing signs of engaging in high risk behaviours such as truancy or trouble with the law). Decisions about whether to develop a universal or targetted programme depend on many factors: available resources, perceptions of the problem, the situational context, the extent to which schools or pupils may feel stigmatised. The integration of alcohol issues into wider health or lifestyle programmes is one possible solution, especially to the problems of stigmatisation and

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