



Where next with theory and research on how the school environment influences young people's substance use?



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ABSTRACT

Substance use (smoking, drinking and illicit drug use) remains, a serious problem for young people living in industrialised countries. There is increasing interest in interventions to modify the school, environment, addressing the multiple upstream determinants of young, people's health. This article provides an overview of current theory, about how secondary school environments influence young people's, substance use before focusing on the Theory of Human Functioning and, School Organisation. It critically examines the extent to which this, theory is substantiated by quantitative and qualitative evidence and, considers how the theory might be elaborated to better inform future, empirical research.

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1. Introduction

This article reviews current theory, and in particular the Theory of Human Functioning and School Organisation (Markham and Aveyard, 2003), and empirical research about how secondary school environments influence young people's substance use (smoking, drinking and illicit drug use). It goes on to propose key areas for further theoretical and empirical work.

Despite some recent declines in prevalence in some countries, substance use remains a serious problem for young people living in industrialised countries. More than 40% of adult smokers start smoking while at secondary school (Dunstan, 2012) and early initiation is associated with heavier and more enduring smoking and greater mortality (Fuller, 2011, Department of Health, 1998). Smoking in adolescence is subject to social stratification and is a major source of health inequalities later in the life course (Dunstan, 2012). There is less evidence for adolescent alcohol and drug use than for smoking being social stratified (Fuller, 2011). However, in terms of alcohol, harms are increasingly concentrated in a sub-group of heavy drinking young people (Health and Social Care Information Centre, 2013). Early initiation of alcohol use and excessive drinking are linked to later alcohol-related harms (Hingson

et al., 2006; Viner and Taylor, 2007). Alcohol use among young people is associated with truancy, exclusion, and poor attainment, unsafe sexual behaviour, unintended pregnancies, trouble with police and/or parents, accidents/injuries, and violence (Masterman and Kelly, 2003). Adolescent drug use is also associated with accidental injury, self-harm, suicide (Charlton et al., 1993; Beautrais et al., 1999; Thomas et al., 2007) and other 'problem' behaviours, such as unprotected sex, youth offending and traffic risk behaviours (Jessor et al., 1991; Home Office, 2002; Jayakody et al., 2005; Calafat et al., 2009). Early initiation and frequent use of cannabis is a risk factor for later problematic drug use (Ferguson et al., 2006). Drugs such as cannabis and ecstasy are also associated with increased risk of mental health problems (Hall, 2006; Moore et al., 2007; Parrott et al., 1998).

Schools are an important site for public health intervention because of their near universal coverage of young people at a critical stage in the life course (Bonell et al., 2007; Rutter et al., 1979). While health education delivered in classrooms is effective in improving knowledge and attitudes, effects on behaviour are inconsistent and often unsustainable (Faggiano et al., 2008; Foxcroft and Tsertsvadze, 2011; Thomas et al., 2013). Hence there is increasing interest in interventions to modify the school environment, addressing some of the multiple upstream determinants of young people's health, with emerging evidence that such interventions can be effective (Langford et al., 2014b).

This paper begins with a brief overview of theory about how

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the school environment influences young people's health behaviours before examining in depth the Theory of Human Functioning and School Organisation because this theory considers how specific features of the school environment might promote healthy behaviours including the avoidance of harmful substance use. Building on a recent systematic review (Bonell et al., 2013a), it then examines quantitative research that is pertinent to assessing the empirical validity of the Theory of Human Functioning and School Organisation and the implications of this evidence. It then reviews qualitative research on the processes by which schools might shape substance use behaviours and what this suggests about the validity of existing theories, before finishing with recommendations for future theory development and empirical work.

2. Theory about how the school environment impacts on substance use

The Theory of Human Functioning and School Organisation (Markham and Aveyard, 2003) is one of the few theories which proposes how specific aspects of the school environment might influence student health behaviours and outcomes including substance use (Bonell et al., 2013a). In contrast, most theories about schools and health, such as the Social Development Model or Social Control Theory (Gottfredson and Hirschi, 1990; Hawkins and Weiss, 1985), merely stress the importance of a positive connection to school as supportive of health promoting behaviour (Bonell et al., 2013a). The Social Development Model (Hawkins and Weiss, 1985) goes somewhat further in suggesting that young people can learn *anti-social* and *pro-social* behaviours from the school environment through the provision of: opportunities for *involvement*; opportunities to *develop skills*; and *reinforcements* for actions. However, the Theory of Human Functioning and School

Organisation is the only theory which engages with how institutional processes in schools influence student health behaviours, including but not limited to substance use (Fig. 1).

Informed by Bernstein (1975) the theory suggests that healthier school environments are those which promote student commitment to the school's 'instructional' and 'regulatory' orders (Markham and Aveyard, 2003). The instructional order is the way in which a school enables students to learn, formally and informally. The regulatory order is the way in which a school encourages norms of behaviour and belonging. If students do not become committed to the instructional order they are said to have become '*estranged*', and where they are uncommitted to the regulatory order they are deemed to have become '*detached*'. If committed to neither they are said to be '*alienated*'.

The theory asserts that commitment to school can protect students' health. Commitment in particular to the instructional order enables students to develop '*practical reasoning*' and commitment to the regulatory order in particular enables development of '*affiliation*'. Practical reasoning is said to involve an ability to understand and manage one's own feelings, and weigh options when deciding how to behave (Nussbaum, 1990). Affiliation is related to a person's values and her/his capacity for developing mutually beneficial relationships. Practical reasoning and affiliation provide students with the cognitive and social supports required to develop autonomy and thus make decisions which will promote that individual's interests and thereby flourish, which would include avoiding health-harming behaviours. The theory does not explicitly address whether risk behaviours such as substance use arises because of deficits in practical reasoning and affiliation or rather because students' affiliation and practical reasoning are redirected respectively from school towards anti-school peer groups and from participation in pro-school to anti-school activities such as substance use.

The theory further suggests that whether schools can instil

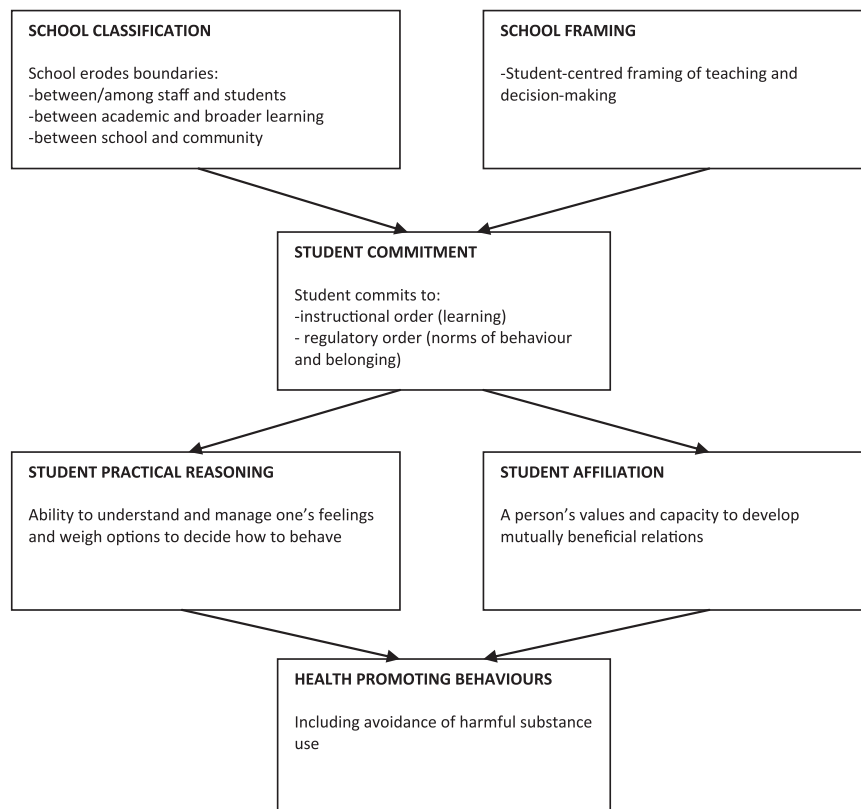


Fig. 1. The theory of human functioning and school organisation.

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