

## **Investigating the Effectiveness of Education in Relation to Alcohol: A Systematic Investigation of Critical Elements for Optimum Effectiveness of Promising Approaches and Delivery Methods in School and Family Linked Alcohol Education.**

### **Background**

This review examined evidence for school and family linked alcohol education programmes to reduce or prevent the misuse of alcohol by young people. The review aimed to identify critical programme or contextual elements positively associated with evidence of effectiveness. The review paid particular attention to, but was not confined to programmes that included social norms education and/or life skills training and/or the Good Behaviour Game and/or peer-to-peer delivery components.

The review was conducted by the Institute for Social Marketing, a joint initiative of the University of Stirling and the Open University. It was commissioned by the Alcohol Education and Research Council (AERC) on behalf of the Drinkaware Trust (DAT) who provided the funding. The original stated purpose of the study was 'to collate evidence that would help to inform how best DAT could approach and be involved in school-based alcohol education across the UK'.

### **Methods**

Systematic literature search methods were used, along with a combined quality appraisal and evidence weighting assessment to identify 'promising' interventions. Promising interventions were defined as any intervention where study design was assessed as sound. Weight of evidence for aggregated evaluation results for each intervention was classified as equivocal or convincing. Any intervention reporting adverse effects on substance misuse was excluded.

### **Results**

After all relevance and quality screening was completed, the review identified 39 studies collectively reporting on 25 interventions. The results were analysed thematically and with reference to pre-specified research questions.

The main findings were as follows:

- The most effective social norms interventions targeted peer alcohol use. Social norm change objectives in both school-based and family components were common and associated with effectiveness. Most of the evidence of effectiveness was derived from mass marketed (not personalised) social norms and did not appear to be informed by dedicated formative research.
- Life Skills Training (LST) was also a popular approach, often combined with approaches intended to strengthen protective family factors. Most of the evidence derived from the USA, so cultural transferability remains unclear and requires further piloting.
- There was evidence that peer-to-peer delivery is more effective when combined with peer driven planning and other techniques aimed at deeper engagement with target audiences and genuine

participatory change.

- Reducing environmental availability of alcohol to young people as well as community tolerance of young people's consumption of alcohol appears to enhance the effectiveness of school and family linked alcohol education programmes.
- The evidence indicates that a range of education approaches and delivery methods can make a small positive contribution to harm reduction, but there are many examples of interventions which are ineffective or harmful.
- Neither knowledge and attitude change, nor acceptability of an intervention is predictive of positive behaviour change.
- Involving external specialists can enhance acceptability and effectiveness, but is not critical to effectiveness.
- Interventions perceived by target audiences as personally relevant achieve higher retention rates and are more effective than interventions that do not resonate with day to day concerns and circumstances of target audiences.
- There is evidence that programme effects, can be sustained up to six years after intervention completion. However, for most interventions positive effects decline fairly rapidly over time and therefore some type(s) of reinforcement intervention are required to maintain positive effects.
- Short duration, low-involvement interventions can achieve similar short-term effects to more intensive and longer term interventions. Most combined family and school-based interventions appear to lack a holistic perspective or any explanation for how the two components integrated and/or complemented one another within the overall programme design and its aims.

## Discussion and Conclusions

Combined school and family based alcohol education interventions will be most effective when integrated with broader based environmental interventions. Integration with community interventions can also help to build community ownership and improve intervention acceptability. Explicit linkage of educational interventions with environmental intervention is therefore recommended.

Clear conceptual rationale for both the individual content and the integration of school and family components may strengthen efficacy and cost effectiveness. Research in the future on which elements are best delivered via school and which via family programme components would be helpful to future programme design and planning.

An overarching strategy grounded in a theoretical model with clear goals and rationale will help guide consistency of messages, priorities and credibility of intervention agents and harm reduction/prevention objectives. This may be especially critical if multiple programmes and target audiences are supported by an intervention organisation.

Bottom up/participatory planning and delivery of current practice could be strengthened significantly and the use of specialists in participatory research, development and evaluation are recommended.

Consistent, systematic and pre-planned evaluation of future interventions would make a valuable contribution to the scientific evidence base and development of better practice and is therefore recommended. Restricting funding of all future intervention proposals to those which provide a detailed (including dedicated budget) evaluation plan would help to generate reliable and credible practice based evidence.

Research into the cost-effectiveness and efficacy of a planned series of short duration, age appropriate interventions would be a useful contribution to the evidence base and development of better practice.

Behaviour change must be the definitive measure of effectiveness. It is recommended that scaling up investment should be restricted to approaches and methods that have previously demonstrated measurable (albeit probably small) reductions in alcohol use/misuse, and report comprehensive implementation details.

### **Research Team**

Georgina Cairns, Richard Purves, Stuart Bryce, Jennifer McKell, Ross Gordon and Kathryn Angus of the Institute for Social Marketing, University of Stirling and the Open University.

### **Acknowledgments**

We are grateful to the Drinkaware Trust for providing the funding for this research and to the AERC for managing the process.

### **Downloads**

[The Final Report](#)

