

## Some school-based programs curb alcohol misuse

## May 11 2011, By Milly Dawso

School prevention programs aimed at curbing alcohol misuse in children are somewhat helpful, enough so to deserve consideration for widespread use, according to a large, international systematic review.

The most significant program effects were reductions in episodes of <u>drunkenness</u> and <u>binge drinking</u>, reviewers found.

"School-based <u>prevention programs</u> that take a social skills-oriented approach or that focus on classroom behavior management can work to reduce alcohol problems in young people," said David Foxcroft, lead review author. "However, there is good evidence that these sorts of approaches are not always effective."

The reasons for inconsistent results with these programs are unclear, said Foxcroft, at Oxford Brookes University, in England.

Foxcroft and co-author Alexander Tsertsvadze, at the University of Ottawa Evidence-Based Practice Center, in Canada, analyzed 53 randomized controlled trials done in a wide range of countries with youth ages 5 to 18 when studies began.

Forty-one studies took place in North America, six in Europe and six in Australia. One was conducted in India and one in Swaziland. Two studies transpired in multiple locations.

Most studies assessed generic prevention programs that targeted several



risky behaviors, such as <u>drinking</u>, smoking and drug abuse, while the rest focused on alcohol-specific programs.

The researchers compared drinking among the youngsters who took part in various school-based programs to the drinking done by students who were not. The youngsters in the comparison groups might have participated in other alcohol-prevention programs, such as family-based ones, or they might have just experienced the ordinary school curriculum.

The authors concluded that their evidence supported the use of certain generic prevention programs over alcohol-specific ones. They cited the Life Skills Training Program, the Unplugged Program and the Good Behavior Game as particularly effective interventions.

The review appears in the May 2011 issue of *The Cochrane Library*, a publication of The Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic.

"These findings are important," said David Jernigan, Ph.D., director of the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health. "Efforts to reduce young people's drinking through school-based programs are legion. A \$300 million federal program supporting school-based prevention ended last year, partly based on research findings that these programs do not work. This review does not find that. Instead it indicates that there is something in certain school-based programs that in fact can work."

Jernigan and the two review authors emphasized that even if such programs have small effects in preventing or delaying youthful drinking, societies that use them widely could realize major costs savings. The



savings would accrue through reduced costs for health care, social services and other costs such as those associated with the juvenile justice system.

In the United Kingdom, the National Institute for Health and Clinical Excellences estimated that a program aimed at preventing youthful misuse of alcohol would be cost effective if it cost 75 million Euros -- about \$108 million -- and achieved at least a 1.4 percent reduction in alcohol consumption among the young.

Although that is a modest overall reduction, because the problem of youthful drinking is so large, the benefits to society would make such programs a worthwhile investment, the authors say.

Foxcroft and Jernigan agree that figuring out what differentiates effective school-based prevention programs from ineffective ones is tricky, but that both the content of the interventions and the context in which they are used can matter.

"Some interventions might be more effective in a rural setting with limited alcohol availability but not so effective in a big city with lots of alcohol and drug availability," Jernigan said.

The review looked at a wide range of possible effects that programs might have, such as participants developing a greater awareness of the benefits, consequences and risks of drinking and more resilient behavior. Researchers also assessed the degree to which students changed in their beliefs and attitudes about drinking, self-esteem, social-networking abilities and ability to resist peer pressure, solve problems and make sound decisions.

Jernigan emphasizes that "school-based programs are so often expected to do the whole job of prevention, and this is an unfair expectation." He



describes school-based programs functioning as "lonely voices" in an environment saturated with marketing messages promoting youthful drinking. The amount of drinking in a youngster's home and community and the price of alcohol are other major influences that need addressing, he said. Until then, "we can't expect large effects from school-based programs alone."

**More information:** Foxcroft DR, Tsertsvadze A. Universal school-based prevention programs for alcohol misuse in young people. *Cochrane Database of Systematic Reviews* 2011, Issue 5.

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