



## Can drug education be a class act?

Recently drug campaigning groups have been petitioning for the government to make drug education compulsory in schools. *Findings* editor **Mike Ashton** looks at the evidence for effectiveness.

Across almost an entire age group, school-based drug education offers a way to divert the development of unhealthy substance use before it or its precursors have taken root. The promise is clear, the fulfilment less so. The issues can be divided into at least two possibly interrelated domains: contradictions in principle; shortfalls in practice.

Among the first is the contradiction between the objectives of education and prevention: the former seeks to empower children to think for themselves and open up new horizons, the latter to channel thoughts, attitudes and actions in ways pre-determined by programme developers and teachers. Then there are potential contradictions within prevention programmes themselves. Some aim to limit young people's autonomy in their choice of friends and substances by extending autonomy in decision-making; to encourage conformity to non-drug use values by discouraging conformity to other young people; to develop team work and social solidarity without accepting that youngsters may express this by going along with their peers, as well as deciding not to.

The practical issue is that (perhaps because of such contradictions) impacts of drug education on drug use are usually at best minor and short-lived. But perhaps the newer 'normative' approaches (core message: 'Everybody is not doing it'), a change in objective to harm reduction rather than absolute prevention, or some other innovation, will see drug education live up to its presumed potential.

Alternatively, we may see prevention steering away from drug education and towards general early-years character development. Child development and parenting programmes which mention substances not at all or only peripherally have recorded some of the most substantial prevention impacts ever seen. The most persuasive example is the Good Behaviour Game classroom management technique for the first years of primary schooling.<sup>1</sup> Well and consistently implemented, by age 19–21 it was estimated that this would have cut rates of alcohol use disorders from 20% to 13% and halve drug use disorders among the boys.

Pioneering this theme was the truly seminal Dutch drug education study of the early '70s which had a profound impact in Britain.<sup>2</sup> For the practitioners of the time, it was a warning about the dangers of the dominant 'scare them' approach, but it might as well have been a lesson about the approach which outperformed the warnings – classroom discussions which simply gave pupils a structured chance to discuss the problems of adolescence.

In contrast, recent disappointments for conventional drug education include two programmes which embodied the latest thinking – the seven-nation EU-Dap European drug education trial<sup>3</sup> and the English Blueprint trial.<sup>4</sup> The former's results were patchy, the latter's, if anything, in the wrong direction.

**Selected entries from the Drug and Alcohol Findings Effectiveness Bank project. For the full story with links visit: <http://findings.org.uk/count/downloads/download.php?file=DL3.php>**

### SOURCE STUDIES

#### 1 Good Behaviour Game

Kellam S.G., Brown C.H., Poduska J.M. et al. "Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes." *Drug and Alcohol Dependence: 2008*, 95(suppl. 1), p. S5–S28.

In their first years at school, Baltimore pupils formed teams which could earn prizes and praise for good behaviour; 14 years later many fewer young lives were marred by substance-related problems, threatened by smoking, or on track to cause serious social problems.

#### 2 Seminal Dutch study

De Haes W., Schuurman J. "Results of an evaluation study of three drug education methods." *International Journal of Health Education: 1975*, 28(4), suppl., p. 1–16.

Barely out of the '60s and 'scare them' was the dominant response to the upsurge in youth drug use. Two young Dutch health educators put it to the test. Their seminal study caused a rethink of national policy here and in the Netherlands, but the lessons still need to be re-learned.

#### 3 EU-Dap European drug education trial

Faggiano F., Vigna-Taglianti F., Burkhart G. et al. "The effectiveness of a school-based substance abuse prevention program: 18-month follow-up of the EU-Dap cluster randomized controlled trial." *Drug and Alcohol Dependence: 2010*, 108(1–2), p. 56–64.

The largest European drug education trial ever conducted tested whether US-style social influence programmes would prove effective in Europe. There were probably some real successes, but these were limited and may have been artefacts of the implementation and analysis of the study.

#### 4 UK Blueprint trial

Blueprint Evaluation Team. *Blueprint drugs education: the response of pupils and parents to the programme*. Blueprint Evaluation Team, 2009.

In the British context, it was expected to decide whether an evidence-based, well structured and well resourced drug education programme could contribute to reducing youth substance use, yet the multi-million pound Blueprint study never got near fulfilling its promise.