'What works' in drug education and prevention?

Summary of Findings – What works?

1. The most recent Cochrane review on universal schools-based prevention for illicit drug use shows that a **combination of social competence and social influence approaches** are most likely to be effective in preventing drug use.

2. Prevention programmes for young people are more likely to be effective if they combine social and personal development, resistance skills and normative education techniques (which correct misconceptions of their peers' substance use and behaviours). Programmes that provide an opportunity to practise and learn a range of personal and social skills, specifically coping, decision making and resistance skills are more likely to be effective[1].

3. However, not all programmes that use these combined approaches are guaranteed to be successful and some programmes show more positive results than others. It is difficult to disentangle to key elements of an effective approach (see 11 below).

4. Programmes need to be of **sufficient intensity and duration to influence change** and no reviews suggest the use of a one off single session. The UNODC recommend a series of structured sessions (10-15) once a week, with boosters sessions over multiple years[2].

5. The method of delivery is integral to the success of a drug education or prevention programme. The use of **interactive learning and practising skills** (include all participants, participation between peers, with active learning - discussion, brainstorming and skills practice) are more effective at influencing drug use behaviour than non-interactive (passive and didactic) programmes[3].

6. Prevention programmes are more likely to be effective if they are delivered by **trained facilitators**, including also trained peers.

7. **Multisectoral programmes with multiple components (including the school and community)** that include a school curricula as well as other components (e.g. a media campaign, parent programme or policy activity) or those which target a young person's environment (school, family or community) are more likely to be effective than single component programmes that target just the individual.

8. The timing of interventions is important and need to be **age appropriate.** The timing of drug education should be influenced by drug prevalence data for the target student population.

9. Evidence suggests that wider and **more generic programmes** delivered in schools, which do not necessarily focus on drugs but target multiple risk behaviours, help build self-esteem and life skills are more likely to be effective in preventing drug use, as well as other risky behaviours. This suggests a departure from drug specific education.

10. Whilst the evidence suggests that drug prevention is better embedded in more holistic strategies that promote healthy development and wellbeing, drug-specific prevention interventions for those **young people most at risk of harm**, or already misusing drugs

[1] UNODC (2015)
[2] UNODC (2015)
[3] Stead and Angus (2004); MentorADEPIS (2015)

should be maintained. However, the evidence also suggests that young people at greater risk will also benefit from universal approaches.

11. There is evidence to support particular 'manualised' prevention programmes in schools, such as the Good Behaviour Game, 'PreVenture', 'Strengthening Families', 'Unplugged' and 'Life Skills Training'. However, many of these programmes do not go on to be successful when implemented in new places – a nation's social context, drug policies and the need for high quality supporting structures are all important in determining the success of a programme.

12. Evaluation is important to ensure that ineffective or potentially harmful approaches are not being delivered. Research funders and charities should support high-quality evaluation research, including economic evaluation.

Summary of Findings – What doesn't work?

There is more robust evidence that shows what is *ineffective* in preventing drug use amongst young people.

13. **Knowledge-focussed/information provision when used as a standalone activity and without reference to the wider context.** These approaches assume that providing information on the health risks, prevalence and incidence of substance use will alone lead to changes in behaviour[4]. The evidence shows that while it is important to have accurate and relevant information about health harm, simply giving young people information on the potential dangers of engaging in drug use without addressing wider social contexts, will not change their behaviour or reduce drug use. Giving information alone is not effective because it does not address the social and emotional basis of decision-making[5].

While there is no evidence to support information provision as effective for changing behaviour on its own, it is still important that accurate and relevant information is given, as part of effective drug education and prevention programmes[6].

14. **Fear arousal approaches.** There is robust evidence going back to the 1970s that discredits fear arousal approaches. Not only are they are ineffective[7], they can also have **an adverse impact** by enhancing the status of drug-taking[8] and triggering defensive responses[9]. Warnings that do not match young people's personal experiences or what they perceive amongst their friends will not be believed, and can also undermine the credibility of the person delivering the message.

15. **Using ex-drug users as testimonials in the classroom** - an approach anecdotally considered to be popular in secondary schools in the UK - is also associated with no or negative prevention outcomes. This approach has also been shown to be counterproductive, leading young people to think that the negative effects of drug addictions are just temporary while it can also enhance the status of drug taking as part of youth culture/rite of passage[10].

16. **Using non-interactive methods**, such as lecturing as the main method of delivery.

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[4] Faggiano et. al. (2014)
[5] MentorADEPIS (2015)
[6] PublicHealth England (2015)
[7] Tobler (2001)
[8] Cragg, 1994; Ashton, 1999
[9] MentorADEPIS (2015)
[10] MentorADEPIS (2015)

17. **Stand-alone mass media campaigns** – these should only be delivered as part of multiple component programmes to support school based prevention[11].

18. **Using police officers to deliver prevention programmes** – Using police officers to deliver substance misuse education/prevention programmes has been linked to no or negative prevention outcomes[12]. The evidence to support this comes largely from the USA DARE programmes (or recent updates) which have shown no positive effects (and adverse effects in some cases). While there is a role for the police in clarifying law and in fostering community relations, the evidence suggests that they should not be delivering health and social education.

[11] ACMC (2015)
[12] UNODC (2015)