

Assessment Two

Effectiveness of School-Based Education Programs on Alcohol-related Behaviours

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for

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AOD201 Alcohol and Other Drugs Studies

Word Count: 1997

Effectiveness of School-Based Education Programs on Alcohol-related Behaviours

The education programs within schooling and other educational institutions provide the knowledge that aid citizens in making informed healthy decisions when considering alcohol consumption. They also provide skills in affecting one's behaviour and actions in response to other actions around alcohol consumption. Whilst the education programs can and do provide quantifiable benefits to young people and subsequently, through to adult life. The programs, however, are not the only method to reduce the harm incurred through the consumption and dangerous consumption of alcohol. Further, not all programs are created equal. Several programs are yet to show evidence that they are beneficial to their recipients and, worse still, evidence shows a negative impact on their consumption of alcohol.

The School Health and Alcohol Harm Reduction Project (SHAHRP) aims to reduce alcohol related harms in secondary school students. A study into the successfulness and efficacy of SHAHRP showed 17 months after the completion of the program, and at the conclusion of the study at a 32 month follow up, students within the intervention group, that is, receiving the project's education, had reported 22.9% less harm related to personal alcohol use than the non-intervention group. Whilst it is agreed that it is difficult to change behaviour, evidence suggested that SHAHRP had an influence on four of five behaviours measured. (McBride, et al, 2004)

Further research into SHAHRP, conducted in the United Kingdom, revealed that the standard education as usual was received negatively by students and SHAHRP was considered a success. This was concluded as the program was perceived by students as "enjoyable and worthwhile." Further, students felt more comfortable in discussing alcohol

related issues with teachers, where SHAHRP was facilitated. A stated reason for this, was that the teachers received additional training in the program delivery and its content. Also, the change in delivery method from previous years are likely to have contributed to the positive reactions by students. This however did not affect the students' willingness to discuss their own or their peers' alcohol consumption and habits. The student-teacher relationship is an important consideration for the selection of the individual to deliver the program content.

(Harvey, et al, 2016)

Education programs within schools vary between countries and states, without and within. There are often varying programs between schools within the same geographic location and demographic groups. Whilst the previous study reviewed only SHAHRP, in 2019, a systematic review was conducted to analyse and examine approximately 40 school-based alcohol programs. The study reviewed programs and other studies reviewing the same or similar programs. This study graded programs based on evidence available and the outcomes of the programs. Of the 40 programs that were assessed, three had a high level of evidence of positive effect, two showed a negative outcome and 30 were inconclusive, due to insufficient evidence, in either quantity or quality. The high rate of inconclusive evidence is concerning due to the limited evidence for a positive effect. Schools, as with all education practices, should be based on evidence-based research where possible. The education programs at schools can be very effective to reduce harmful behaviours toward alcohol consumption; however, they can also be ineffective, inconclusive and provide a negative effect. (Lee, et al, 2016; De Cock, et al, 2017)

Further evidence of the efficacy of school-based alcohol education programs was reported through a study reviewing Victorian Schools. Consumption levels increased by far

less in groups that received education, 84%, versus control groups, that is receiving no education about the effects of alcohol and risky drinking behaviours, 331%. This was also consistent with increased seen, when only risky drinkers were considered. Whilst the rise in alcohol consumption was seen for all study participants, at a three-year follow-up, the alcohol consumption of risky drinkers reduced by 10%, compared with the control group that increased consumption by 107%. Consistently, the intervention group either increased at a lower rate or decreased, whilst the control increased, the amount consumed and frequency of consumption. (Midford, et al, 2018)

Programs that do not solely focus on non-use or delayed use, are more effective and produce greater reduction in alcohol consumption and risky alcohol related behaviour. The inference is that programs that only recommend the non-use or delayed use of alcohol, receive little or no reception from recipients that already consume alcohol, at any level or frequency. Additionally, these programs provide no avenues to harm minimisation and reduction to students that participate in the programs that are already consuming alcohol and are unwilling to cease. (McBride, et, al, 2004)

Fortunately, the majority of these abstinence style programs originate from the United States of America (USA) and, in contrast, Australian public policy is through harm minimisation.

Without long-term effects analysis or evidence of benefits from the school-based education programs to establish the efficacy of the education delivery into a person's later life, these programs are only providing a minimal risk mitigation over a fixed or limited period. To ensure that these education programs are effective, it is pertinent to review the

data on participants into adulthood, to determine the viability and efficacy of the programs. Whilst evidence is clear, in the relative short-term, there is currently no data to inform the participants, educators, research or policy on the efficacy in the long-term, five years or more. Newton, et al, (2018) began a long-term review of the Climate and Preventure school-based education programs around alcohol use and risky behaviours. This was initiated in 2011 and initially established baseline data from students at commencement of the study and follow up data at 6, 12, 24 and 36 months. Further data will be received and analysed at five and seven years to determine the efficacy of the program.

This is similar for other alcohol and other drugs related education programs that seek to minimise the harm with young people. Specifically related to mental health of young people and how they are affected by depression, anxiety and substance use five to seven years after education cycles are completed relating to the use or abuse of alcohol and other drugs. (Birrell, et al, 2018)

Parents' roles within the education programs to reduce the harm by alcohol, whilst considered, is often a poorly overlooked resource. Newton, et al, (2017) found that nine out of ten programs that combined parents with the student alcohol programs showed a positive result in reducing or delaying the use of alcohol in the program recipients. The influence within a student's household can have a more profound effect than the schools educating them. Whilst the main aim is to delay or reduce the use of alcohol in most programs, the involvement of parents can increase the likelihood of success many times. This can involve the re-education of parents into parenting styles and their own responsible consumption of alcohol. Through more comprehensive education programs and the improvement of these programs, their efficacy will improve. (Hurley, et al, 2019)

The issue of social transition, that is, leaving school and into adulthood, cannot be underestimated. Typically, alcohol is used in a variety of social settings, particularly those which involve the transition into young adulthood. The initial transition into higher education regularly involves alcohol consumption at risky levels and for individuals that misused alcohol prior to this specific transition, are more likely to escalate the levels to which they drink and subsequently increase their risks. (Patrick, et al, 2018)

Further programs that target parents of young Australians are Parents, Young People and Alcohol 'I See' and 'I need you to say no'. Both these programs' primary targets are the parents of young people, aged 12 to 17 years old; secondary targets are the young people, of that age group. This additional directed effort, alongside the in-school education programs, gives greater weight to the common messaging delivered to young people. For example, if students are taught the risks of alcohol at school and their lived experience sees a regular consumption and risky consumption of alcohol, the individual exposed to this situation is more likely to adopt more risky behaviours. (Alcohol Think Again. a. 2018; Alcohol Think Again. b. 2018)

Other key stakeholders have a significant impact on the implementation and efficacy of these school-based education programs. Some of these stakeholders are school leaders, policy makers, the program designers and the teachers or delivery agents of the program. Without their active proliferation of the programs, they are likely to fail or be inadequately applied, however, as discussed earlier, even with the active implementation of a program or a group of programs, if the selection is ill advised or misinformed, typically the impact is negligible but can be negative on the students. (McKay, et al, 2018)

When teachers are delivering the in-school programs, training or the lack of training is a common issue that arises. Generally, teachers, particularly those in secondary schools where the majority of these programs are delivered, will be specialists in their field. The subject of alcohol awareness resides either in the Sciences or Health disciplines where the teachers may or may not be comfortable in discussing alcohol awareness. Alternatively, they may be comfortable teaching the material, yet are not specialists within it and poorly deliver the subject content due to a lack of training or professional development. Further their association with a specific program may result in an inability to see the evidence or lack of evidence regarding the efficacy of a given program. (McKay, et al, 2018)

The finding that school participants would continue the delivery of programs, namely SHAHRP, even if it was shown to be ineffective was not based on school participants referring to the findings by studies, but rather the use of different evaluation criteria. This specific finding did not adequately explore the possibility of negative outcomes of programs and whether school participants would continue to deliver them with this knowledge. It does raise concern for the relationship between the evidence-based efficacy of a program and whether its delivery is continued within a specific or broader context. Further, the alternate evaluation criteria should be investigated to assess its relevance and whether it should be included in future assessments of efficacy into the school-based programs. (McKay, et al, 2018)

The presumption for school-based education programs is that the early intervention through education will reduce the harm that young people and citizens encounter in their lives. Education about the risks associated with alcohol consumption will undoubtedly benefit

the majority of people, in this case young people. However, the specifics of a program must then be proven to be effective at educating and therefore, reducing the students' risk, associated with alcohol. The programs that are unable to produce sufficient evidence to prove this should make every effort to prove their efficacy, in an environment where the ability of teachers to influence future decisions is limited. Additionally, programs with negative effects on students should be reviewed and remodelled as soon as possible or replaced with proven programs.

The delivery of the programs is also an important factor in their success. The teachers' professional development and training in the conduct of the programs is essential to their success. The lack of training in the delivery agent is likely to result in the limiting of depth or avoidance of the topic, all together. Additionally, the selection of the individual to deliver the program should be considered, as the student-teacher relationship will heavily influence the receipt of the content and its messaging.

Whilst the short- to mid-term benefits of some of the programs is clearly evident, the long-term effects are yet to be studied. In hindsight, these studies should have been commenced as the programs did, to establish trends and provide evidence for their benefit or the changes required to improve these programs. Nevertheless, the critical studies into the efficacy of the programs into young adulthood have begun and should yield results in the next few years. This will better inform senior educators, administrators and policy makers into the best way to influence the future generations into making sound and informed decisions regarding alcohol and responsible consumption.

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