



School-based drug and alcohol prevention: What works?



Evidence ratings:



This resource has undergone expert review. See our Help/Q&A section for more details.

Year: Foundation Year, Year 1–2, Year 3–4, Year 5–6, Year 7–8, Year 9–10, Year 11–12

Targeted Drugs: Alcohol, Drugs (General)

Tags: review, evidence

Origin: Australian

Cost:

Free

School-based drug prevention: What works?

When selecting resources or programs to use in your classroom, it is important to consider the “evidence base” (e.g. research) that informed development of the resources and shows whether they will be effective. To guide your resource selection, we have provided an overview of what the current evidence tells us about what works, and what doesn't work.

What works?

- School-based interventions based on social influence and/or skills development (e.g. refusal skills, problem-solving) are helpful for reducing alcohol and drug use.
- There are a number of multi-component programs that have been developed and tested in the Australian context and shown to reduce alcohol and/or drug use (e.g., **OurFutures** & **SHAHRP**). In our **Recommended Programs** section, you will find a full list of programs that have been tested in schools and found to be effective in preventing alcohol and/or drug use.
- There is some evidence that interactive teaching is more effective than passive teaching methods, although additional research to investigate this question is needed.

What doesn't work?

- There is no evidence that scare-tactics or presentations by speakers with lived experience of drug and alcohol dependence are effective.
- There is no evidence that unstructured, dialogue-based sessions are effective.

How long do the effects last?

Evidence shows that the benefits of some programs are sustained for up to 7 years after the program was delivered. Two recent Australian studies found that students who received the OurFutures alcohol and cannabis module and Preventure in Year 8 continued to benefit seven years later at age 20. These benefits included lower hazardous alcohol use and related harms for up to seven years.

Some international prevention programs have demonstrated long-term effectiveness as well. For example students who completed the Botvin Life Skills Training were found to have reduced rates of cannabis use 13 years after receiving the program, in a US-based study.

What does evidence-based mean?

To say that a resource is “evidence-based” is to say that it is informed or supported by evidence. The evidence that supports a particular resource may take different forms.

Factsheets

In the case of the factsheets listed on Positive Choices, “evidence-based” means that the information provided in these factsheets comes from a reliable information source and is backed by research studies. For example, the **"Party Drugs"/MDMA/Ecstasy factsheet** was developed by a leading research institute (National Drug and Alcohol Research Centre). To develop the factsheet, researchers conducted a review of published research studies reporting on the patterns of use, effects and harms associated with the drug ecstasy. This means we can be confident that the information is fact-based and accurate.

School-based prevention programs

In the case of a school-based prevention programs, “evidence-based” means that the benefits of the program have been tested in a research study. For example, the OurFutures Alcohol & Cannabis module is an evidence-based prevention program, because it has been tested and shown to have benefits in a randomised controlled trial. A randomised controlled trial is a study in which roughly half of the participants are randomly allocated to receive the program being tested (in this case, OurFutures), and the others are randomly allocated to receive a comparison program (in this case, standard drug education for NSW schools). By randomly allocating participants and comparing different approaches, this type of study design provides strong evidence. In this example we can say OurFutures is an evidence-based program because students who received the program drank less and used cannabis less over the follow-up period compared to students who received standard drug education.

The evidence-base for resources is important, as this helps us to judge how reliable and effective the resource is. To help you evaluate the resources listed on the Positive Choices portal, we provide information about who developed the resources (under "Developers"), and the evidence that supports the resource (under "Evidence Base"). We also provide an “Evidence Rating” as a shortcut to help users assess the strength of the evidence supporting each resource.

Evidence Base

This factsheet was developed following expert review by researchers at the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney, the National Drug & Alcohol Research Centre at the University of New South Wales, and the National Drug Research Institute at Curtin University.

Part 3: School based prevention- choosing resources