CHSS
University of Kent

Centre for Health Services Studies
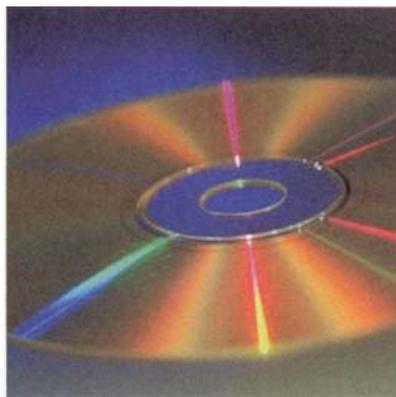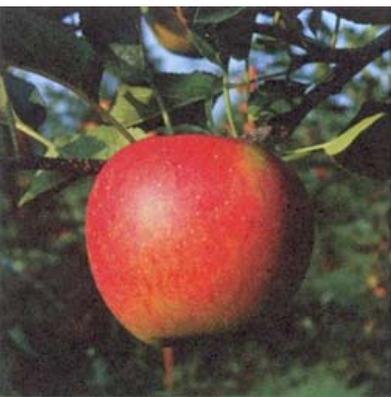
The Health and Europe Centre

NHS

Tackling Alcohol Misuse in Teenagers: What Works and How Can Practice Develop?

Executive Summary
September 2009

Commissioned by The Health and Europe Centre

Funded by NHS Eastern and Coastal Kent Social Marketing Committee.

Jenny Billings, Senior Research Fellow
University of Kent

Foreword

The Health and Europe Centre is a Social Enterprise Company working in partnership with the Kent and Medway Primary Care Trusts; The Kent and Medway NHS and Social Care Partnership Trust and NHS South East Coast;

The aim of the Health and Europe Centre is to add value to the work of the stakeholders by creating relationships within Europe and EU institutions. Such relationships provide the health and social care sector in Kent and Medway with opportunities to improve the health and wellbeing of the local population by:

- Becoming involved in a range of European health initiatives, including participation in EU-funded programmes, exchange of good practice and collaboration with colleagues in other European countries;
- Engaging with EU-focused workforce development opportunities.
- Providing practical examples of different ways of working from across the European Union

In February 2009, the Health and Europe Centre commissioned an international literature review to identify effective interventions in relation to the issue of young people and alcohol. This piece of research has been funded through the NHS Eastern and Coastal Kent Social Marketing Committee and its primary purpose has been to inform the content of 'WASTED: An International Conference on Alcohol and Young People' which is taking place on 20th November 2009 in Ashford, Kent. The conference aims to highlight effective interventions which can be used to redesign services and target existing resources more effectively, leading to a longer-term reduction in underage drinking.

Another specific aim of the literature review has been to identify successful or promising interventions which have used social marketing techniques to prevent, reduce or delay the onset of drinking amongst adolescents and to disseminate the results of these findings to local policy makers and practitioners.

Additional copies of this report may be found on the Health and Europe Centre's website: www.healthandeuropecentre.nhs.uk

Introduction

The main focus of this literature review was to identify those studies that looked specifically at effectiveness in tackling teenage alcohol consumption and preventing or reducing alcohol use/abuse amongst young people, with the purpose of identifying elements of good practice that can inform practice interventions in Kent and Medway. This review also included identification of those interventions that had used a social marketing approach as defined by Andreason[1].

Aims

The aims of the literature review were to:
- undertake a search of the international literature to identify effective interventions to tackle alcohol misuse in young people;
- identify those interventions that have used social marketing techniques;
- describe elements of good practice and identify elements that are transferable.

Method

Selection criteria: The age range was 11-19, the literature was selected from the year 2000 to present, and all teenagers irrespective of gender, ethnic and socioeconomic background, degree of vulnerability or risk were included to be as inclusive as possible. Three main study types were also selected and reviewed. These were clinical trials, multi-method studies and multi-intervention studies

Search Strategy: An extensive range of databases were searched including the Cochrane database, Kent Academic Search Complete, PubMed, ScienceDirect, Ingenta, Medline, and journals dedicated to the subject area were searched in detail.

Key words: Alcohol, drugs, teenager, adolescent, young people, family, community, intervention, programme.

Analysis Framework: This consisted of three elements:
- a thematic classification separating literature into five main intervention areas – school, university, community, media/IT and hospital;
- the development of an analytical inventory;
- an analysis of social marketing elements.

Key Findings

- A total of 54 studies were reviewed from 6 countries. The majority of studies were from the USA (n=38). Six were from the UK, four from Australia, two from Sweden, two from an EU collaborative, and one from the Netherlands and Iceland. Most studies were school-based. Twenty-eight were retrieved from reviews (systematic, meta- analysis and others) and 26 from original articles.

---

[1] Andreason A (1994) Social marketing: its definition and domain. *Journal of Public Policy and Marketing* 13 (1) 108-114.

- There is considerable scientific uncertainty surrounding what constitutes effectiveness in alcohol misuse prevention among young people and evidence is currently unable to provide definitive markers for practitioners. Explanations for this point to a complicated interconnection between adolescent development, demography, psychology, sociology and research methodology.

- These impediments should not however be a barrier to action, and Foxcroft[2] reviews an idea termed the 'precautionary principle' in relation to alcohol misuse prevention, that lends weight to the continuation of interventions in the absence of clear guidance.

- Some studies were promising. Interactive CD-ROM studies in the school setting seem to be effective, as do community interventions with multiple stakeholders which had sizeable effects on large populations over a period of time. Also, brief motivational interviews in a variety of settings would appear to be encouraging and cost-effective. Additionally, the Strengthening Families Programme and other life skills training that involved parents continue to be viewed with optimism.

- With reference to social marketing components, none of the studies appeared to clearly indicate their use but the principles were apparent in some form. This was particularly so in the community-based interventions, where there were some good examples. There also did not seem to be any clear connection between social marketing methods and intervention effectiveness.

Elements for Practice

1   General Points
- Effective alcohol prevention programmes must be well organised and co-ordinated with a central project manager.

- Programmes must be constructed and costed in a realistic and achievable way within the allocated resources. It is reasonable to seek funding from multiple agencies as interventions can result in multiple outcomes, not just in health.

- The goals of the programme must be acceptable and relevant to young people, and delivered by competent and knowledgeable facilitators. Appropriate training should be provided if necessary.

- Ideally young people and other stakeholders (such as parents, teachers, and community representatives) should be consulted about the content of the programme to ensure relevance and the programme should be piloted before rolling out. This is particularly important if using material developed in another country. Technological approaches have an engagement advantage and

---

[2] Foxcroft D (2006) *Alcohol Misuse Prevention for Young People: a Rapid Review of Recent Evidence*. WHO Technical Report. WHO: Geneva.

appeal. The interpersonal 'behind the scenes' engagement work is vital to ensure success and sustainability.

- Comprehensive prevention policies must include elements that have universal applicability to young people such as pricing and availability.

2   The School Environment

- The programme content must be clear and oriented towards life skills building with psychosocial components. Information giving in the classroom should be creative, using interactive techniques, discussion, role play and videos. Life skills training should contain aspects such as:
  - o developing cognitive behavioural abilities to raise self-esteem;
  - o resistance to pressure and assertiveness;
  - o anxiety management and communication skills.

- Age and gender should be considered when planning programmes. Older teenagers are able to process more complicated tasks such as weighing up the pros and cons of unhealthy behaviour and can learn more sophisticated approaches for resisting alcohol. Younger teenagers will however need to be taught simpler more concrete strategies. Separating genders may be important in life skills training for self-esteem building, assertiveness skills, sexuality and health education.

- Booster sessions should be provided at relevant periods in young people's development and specifically tailored to their changing needs. Information should also be of immediate practical use to young people.

- Interactive CD-ROM prevention programmes seem to be effective. The programme should cover aspects such as goal setting, coping, peer pressure, refusal skills, self-efficacy and effective communication. Skills of problem-solving and alcohol avoidance are best developed when material is age appropriate and related to gender and ethnic-racial differences.

- Content should also include harm minimisation strategies – drinking safely - in recognition that teenagers will not respond to abstinence programmes and will at some stage experiment with alcohol.

- Interventions should not be too time-consuming or elaborate, as this will disengage teachers as well as students.

3   Involving the Family

- The Strengthening Families Programme (SFP) is a promising way forward:
  - o the duration of the programme needs to be over a number of weeks (ideally half-day weekly sessions for 14 weeks) and use a combination of parent and young person only classes with some mixed;
  - o it needs to be designed to develop specific protective or 'resilience' factors and to reduce risky behaviours by improving aspects such as

communication styles, school involvement, and a more nurturing parenting manner;
- o personal and family goals for the future must be developed, alongside ways to improve family relationships, manage stress and develop skills for dealing with peer pressure;
- o translation of the US based programme to the UK setting is required to ensure acceptability and engagement.

- Family interventions that are underpinned by family psychology and the development of resistance skills are more likely to succeed:
  - o interventions that help co-ordinate parents, teachers and young people in supporting and praising positive behaviour as opposed to threat of negative sanctions are of use, especially with girls;
  - o interventions that have a strong focus on parents, helping them to learn consistent communication skills for giving effective anti-alcohol messages and reducing family conflict are also promising;
  - o interventions that draw upon social networks and social support systems involving the family either centrally or peripherally will result in a more effective preventive programme;
  - o prevention programmes that harness the family in ways that strengthen it (like the SFP) serve to increase the likelihood of preventing or decreasing substance misuse.

4   The Community Setting

- For community interventions to be effective and sustainable, project organisers must gain the support and involvement of the community at the beginning through the engagement of stakeholders, who must remain as advisors throughout. The mobilisation of community forces will create a more 'alcohol aware' community and simultaneously involving young people, parents, schools and other clubs/organisations increases success.

- Stakeholders can include:
  - o key policy officials and community members;
  - o school and local council representatives;
  - o the police;
  - o the leisure industry;
  - o health and social care professionals;
  - o parents/carers and young people.

- Successful interventions include the following characteristics:
  - o scoping the extent of the problem and involving stakeholders in developing realistic interventions;
  - o having achievable and different levels of action happening simultaneously. For example combining pro-active education in school with law and order responses, media coverage and parental information-giving appeared an effective, holistic approach;
  - o frequent reflecting and process evaluation to reveal strengths and weaknesses, and to pre-empt any difficulties;
  - o peer-led activity;

- o starting interventions at the critical age is 12-13 years and it is vital not to run interventions too late;
- o community interventions should be a long-term investment, therefore there should be sound financial backing.

5   Brief Motivational Interventions

- Brief motivational interventions are demonstrating increasing success. They should be directed at hazardous and harmful drinkers who are not typically complaining about or seeking help for an alcohol problem. The following aspects should be taken into consideration:
  - o they can be carried out in a variety of setting such as schools, universities, hospitals and other general community settings;
  - o they can be delivered by non-specialist personnel such as general medical practitioners and other primary healthcare staff, hospital physicians and nurses, and social workers, but interventions are only effective if carried out in accordance with good practice and by a competent practitioner;
  - o the target group can be identified by opportunistic screening or some other identification process, such as Casualty attendance;
  - o some studies using brief interventions to families have also been effective in sustaining reduced alcohol use.

- Brief interventions can be:
  - o *simple brief interventions* (or minimal interventions) - which are structured advice taking no more than a few minutes usually with health promotion literature;
  - o *extended brief interventions* – structured therapies taking perhaps 20 to 30 minutes and often involving one or more repeat sessions.

6   Social Marketing Approach

Social marketing approaches can be beneficial and effective in relation to alcohol misuse interventions, and should go beyond simply defining goals that change behaviour. The following provide some examples of noteworthy approaches.

- Having a clear goal is fundamental to programme success, but must be realistic and achievable:
  - o ideally it should be developed with the target groups;
  - o if interventions involve a number of stakeholders as in community-based ones, all must 'sign up' to the same goals such as changing the behaviour of different actors within the community, from vendors to families to other adults who might, for example, supply alcohol to young people.

- Consumer involvement approaches included the following:
  - o using local and wider research as a first step to better understand adolescents' attitudes, values and behaviours about substance use, and this should guide programme development;

- continuously getting feedback from those involved or external stakeholders and developing programmes accordingly; this is important for school-based 'booster sessions' and community interventions where there are many intervention layers to co-ordinate.

- Studies that were impressive with targeting their audience used a variety of approaches such as:
  - gradual tailoring of focused interventions through reflection and consumer involvement to ensure the right approach;
  - different mixes of components to appeal to their audience in the way messages were put across:
    - from family interventions: brief nurse-led individual consultations, letters and 'prevention postcards' to parents, family sessions with clinicians and family home packs;
    - from school-based interventions: a mix of peer-led classroom sessions with parental involvement, youth or teacher-led activities outside of the classroom, and community adult action teams;
    - from IT/Media: the use of a media-platform such as CD-ROM for home PCs allows tailoring to change substance use behaviour or intentions, especially when segmented not simply for age but also for gender.

- Strategies to promote programmes included the following:
  - knowing about what will attract young people, such as understanding their media preferences and using promotional images like rock-climbing that are appealing to risk-oriented, sensation-seeking youth;
  - understanding that adolescence is about becoming more independent and autonomous and that interventions should take into consideration teenagers' aspirations;
  - with CD-ROM interventions, using audience research to make the product as effective and attractive as possible, for example appropriate music, graphics and language;
  - injecting a creative novelty value to avoid boredom and distraction, such as getting young people to make films of their peers.

- While issues relating to other aspects of social marketing principles were not explicit within any of the articles reviewed, interventions would benefit from their inclusion. These 'missing' issues relate to:
  - *addressing competition*: this refers to considering 'risky' aspects of the project that will stop people from getting involved and becoming engaged. It necessitates that projects offer more attractive options to what alternatives may be, and examples might be coupling alcohol messages with other activities such as sport or creative arts;
  - *mutually beneficial exchange*: this refers to ensuring that people taking part in the interventions get some benefit out of attending, which will increase a sustained involvement. Examples might be giving something that will be of immediate practical use, or offering new skills as with above.