



EFFECTIVE DRUG EDUCATION FOR YOUNG PEOPLE



**AN OVERVIEW OF THE
LITERATURE REVIEW & ANALYSIS**

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INTRODUCTION

As part of the Government's Action Plan on Alcohol and Illicit Drugs, the former Ministry of Youth Affairs in 2003 commissioned an international and national literature review on drug education for young people (12-24 years inclusive), families and communities. The purpose of the literature review was to identify and encourage evidence-based best practice for drug education.

This publication has been produced to provide an overview of the literature review outcomes by reproducing the executive summary and the recommendations.

The Ministry of Youth Development (MYD) strongly recommends that the full literature review is utilised to inform policy for, research on, and practice of drug education.

Allen & Clarke Policy and Regulatory Specialists Ltd produced the literature review for the Ministry of Youth Affairs, and MYD has subsequently published it. The full report *Effective Drug Education for Young People: A Literature Review and Analysis* is available on the MYD website www.myd.govt.nz



THE PROJECT

The Ministry of Youth Development is leading and coordinating a review to identify and encourage best practice in alcohol and drug education. This project is being undertaken in consultation with the Ministries of Education, Health and Justice, and the Alcohol Advisory Council of New Zealand (ALAC). The purpose of the project is to contribute to the following outcomes:

- Reduced alcohol and drug use, particularly by young people.
- Increased understanding about what constitutes effective drug education.
- Increased uptake of effective drug education by schools and communities.
- Increased understanding about drugs and their economic and social costs.
- Identification of gaps in service delivery and research.

The project consists of three phases:

1. 2002/03: Information gathering and analysis

- Undertake a national/international literature review identifying evidence-based best practice and key messages for drug education for young people (in and out of schools), families and communities that not only raise awareness, but also result in sustained behaviour change.

2. 2003/04: Resource development

- Develop standards for effective drug education.
- Develop guidelines for evaluation of drug education.
- Develop criteria for purchasers of drug education to use when deciding which programmes best meet their needs.

3. 2004/05: Publish standards and guidelines and develop options for community pilots

- Publish guidelines, standards and criteria developed during 2003/04.
- Develop options for pilots in selected communities to develop and introduce appropriate key messages and initiatives for their young people, families and the wider community.

This review is part of the first phase of the project: Information gathering and analysis. The terms of reference for this review are:

To complete a national/international literature review and analysis identifying evidence-based best practice and key messages for drug education for young people (in and out of schools), families and communities that not only raise awareness, but also result in sustained behaviour change.



EXECUTIVE SUMMARY

Overview of findings of the literature review

The literature on drug education shows the following:

- Young people's drug use is shaped by social, cultural and economic contexts. These contexts are also important in developing effective education about drugs for young people. Effective drug education requires the coordination of messages, and active support, by all levels of government and community.
- Young people are more at risk of drug-related harm if they have poor relationships with their families, communities, school or peers. Improving these relationships is one element in effective drug education.
- The development of young people's strengths is likely to reduce their chances of suffering drug-related harm. Development of strengths is one element in effective drug education.
- Drug education is most effective when it reflects the needs and attitudes of young people, and when it is delivered in an interactive manner. Young people should also be involved in the development of drug education programmes to ensure the programmes' relevance.
- Information about young people's drug use is essential for developing effective drug education programmes. Effective drug education sometimes involves the provision of factual and relevant information about drugs and drug use.

These findings are generally consistent with the *Youth Development Strategy Aotearoa* (Ministry of Youth Affairs 2002).



Summary of key findings of the literature review

Objectives of drug education

The overall objective of any drug education programme should be a net reduction of drug-related harm. This means that a harm minimisation approach should be adopted for drug education. Harm minimisation can include a number of objectives, including abstinence or reduction in use. However, harm minimisation also emphasises realistic, evidence-based strategies, and there is evidence that “drug education programmes having [the goal of abstinence] consistently fail to produce behavioural effects” (WHO 2002). While abstinence should be available as an option for young people, drug education programmes should have other harm minimisation objectives as their focus.

Drug education programmes must be developed carefully to ensure that they result in a net reduction of harm. Drug education strategies should, therefore, be based on a thorough assessment of the evidence about the likely effects of the strategy.

Particular harm reduction objectives for drug education programmes should be realistic, achievable and measurable. These objectives will vary depending on the nature of the programme, its setting and the needs of the group undergoing intervention. Those who are participating in the programme should be involved in developing its

objectives, and those objectives should reflect the needs of the target group, including the needs as the target group perceives them.

Effectiveness of drug education

The term “effective” can be used to describe different aspects of drug education programmes or their implementation. A programme can be effective in one way, but ineffective in others. For example, a programme that is effectively delivered in the classroom may not be effective at producing any changes in behaviour among the programme participants. It is not possible to define indicators of effectiveness for a drug education programme without first knowing its objectives.

Evaluation of drug education

The purpose of this report was not to evaluate New Zealand drug education programmes, but to identify best practice. However, in the course of the research, it was noted that there has been little reliable evaluation of drug education in New Zealand, and the report recommends that a framework for evaluation be developed to improve the evaluation of New Zealand drug education programmes.





There are three main types of evaluation that are applicable to drug education:

- **Formative evaluation**, which is evaluation activity directed at optimising a programme.
- **Process evaluation**, which describes and documents what happens in the context and course of a programme to assist in understanding a programme and interpreting programme outcomes, and/or to allow others to replicate the programme in the future.
- **Outcome (and impact) evaluation**, which assesses the positive and negative results of a programme.

To know whether a drug education programme achieves sustained effects, it is necessary to undertake an outcome evaluation, which is usually highly complex and expensive. It is unrealistic to expect all New Zealand drug education

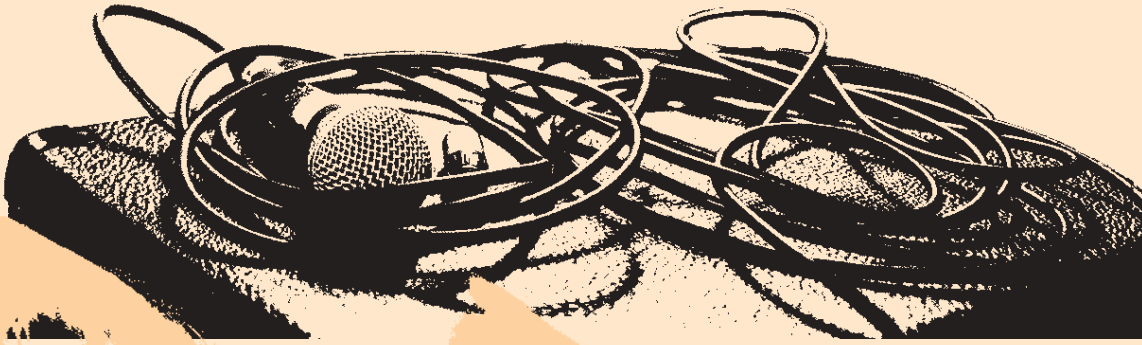
programmes to be subjected to outcome evaluations of the rigour necessary to establish their effectiveness at achieving sustained behaviour change.

Instead, this report recommends a three-tier framework for evaluation. Best practice would be established from overseas and New Zealand research, including outcome evaluations. Formative and process evaluations would allow New Zealand drug education programmes to be compared with best practice and developed or modified accordingly. These programmes would then be implemented, and process evaluation would be used to monitor how well the implementation was proceeding.

A subsequent stage of the MYD project is to develop standards for drug education based on current knowledge about best practice. Drug education programmes should be evaluated according to whether they implement best practice.

Proposed three-tier framework for evaluation of drug education		
What is evaluated	Where evaluation takes place	What the evaluation shows
Programme elements	In experimental test sites (formative, process and outcome evaluations)	Whether elements of drug education achieve changes in knowledge, attitudes or behaviour
Programme design	During programme development, in test sites and through evaluation of materials (formative, process and impact evaluations)	Whether the programme is consistent with best practice and likely to achieve harm minimisation
Programme implementation	Classrooms, communities and other settings (process and impact evaluations)	Whether the drug education programme is being implemented properly as designed





Cultural issues

For drug education programmes to work, they must be accepted by and appropriate to their target communities. Therefore, it is important for drug education programmes to be developed in partnership with target communities, which include Māori, Pacific and Asian communities. Drug education programmes should recognise varying concepts of health, family and community that are associated with different target groups.

Causes of drug use – risk and protective factors

It is important to understand how drug education works in order to design effective drug education programmes. Most research in this area focuses on risk and protective factors – it is believed that risk and protective factors are measures of a young person's potential vulnerability or resistance to drug-related harm. For example, an important risk factor is early onset of drug use: the earlier young people are exposed to drugs, the more likely that they will experience later drug-related harm. However, the links between risk and protective factors and drug-related harm are complex and uncertain. Also, there is little research into the way that drug education acts upon risk and protective factors.

There are also functional reasons for drug use beyond risk and protective factors. Some young people may use drugs for functional purposes, such as to achieve excitement or to relax. There are also developmental pathways of drug use – patterns of progression from one drug to the next – though this does not mean that use of

one drug causes use of another. These issues in young people's drug use require more research.

It is clear that drug use is not simply about an individual's risk and protective factors, but is also determined by social and environmental factors, such as how a drug is regarded and used in the community. In fact, many risk and protective factors have social and environmental causes. If drug education alters risk and protective factors at the level of the individual, it is likely that the social and environmental causes of drug use may continue to exert their influence on the individual, and gradually erode any beneficial effects of drug education. For drug education to achieve lasting effects, it is important to have coordinated drug education support in the community, society and media.

Targeting populations

Targeted programmes are necessary for dealing with young people who are particularly at risk, who are not likely to benefit from universal programmes (eg, because they have left school). There appears to be a special need for programmes targeted at young people who have finished school or have dropped out of school. Programmes should also be targeted at young people who are subject to a high degree of risk, including homeless young people, young offenders, those in special care or those with mental illnesses. Population-wide programmes should be adaptable to account for differences between groups participating in the programmes.



School-based drug education

There is more evidence and literature about drug education in schools than there is about community-based or family-based drug education. It is possible to identify a number of features of effective drug education in schools, and there is growing international consensus about what those features are.

The evidence from international literature suggests that the following elements contribute to the success of drug education programmes in schools:

- relevance to the needs of young people, including the needs as young people perceive them
- interactive and activity-oriented design
- follow-up and ongoing education
- provision of factual information
- social influence approaches (factual information, normative information and resistance skills training).

There is also some evidence for the importance of:

- training for those who deliver the programme
- family-based components
- consistency of the message throughout the school and community.

One of the challenges facing school-based drug education in New Zealand is the autonomy schools have been given in their approach to drug issues. A drug education



programme is likely to be less effective if it is provided in a school that has inconsistent policies on drug issues.

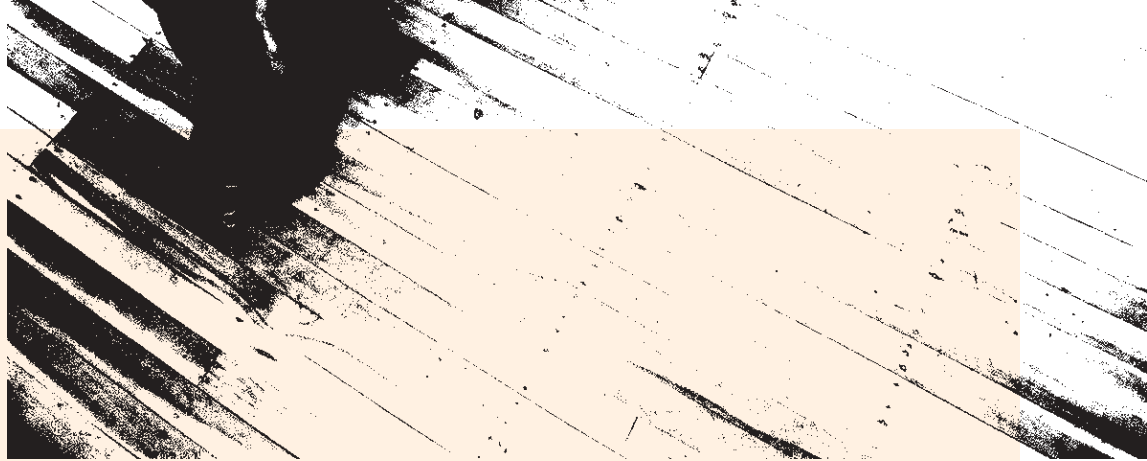
Another issue is how to support drug education in the classroom with coordinated policies of government agencies, drug education providers and communities.

New Zealand best practice guidelines or standards should be developed after consultation with stakeholders, and should take into account local needs, attitudes and cultures.

Family-based drug education

Compared with school-based education, there is less evidence about the effectiveness of family-based drug education, but the evidence is positive. Targeted family-based drug education programmes have been shown to be effective in the short term. Although family-based programmes may involve considerable resources, they are an important strategy for reducing drug-related harm among high-risk populations. There is also a small amount of evidence that school-based programmes involving family components can be successful.

Programmes that involve parents and children together appear to be more effective than those that do not. Evaluations of family-based programmes in the United States show the importance of including components that deal with parent-child communications and dynamics.



Community-based drug education

Community-based projects are also promising, although they involve the expenditure of considerable resources and require long-term support to be effective. New Zealand projects are small, and are often based in very small communities. Projects have had most success when they are based on cross-sectoral, collaborative action by groups and agencies that have an existing interest in and responsibility for reducing drug-related harm.

Funding for a coordinator has been a key factor in successful projects and in sustaining community efforts over time. Community ownership has been identified as a key factor in success, and this is particularly important with Māori communities, with whom health promotion has been less effective than with the general population. Māori communities are, however, responsive to involvement in their own projects based on Māori tikanga.

It is important that community action projects be sustained over a reasonable period of time. Social change takes time, and short-term or pilot projects may be working but will not allow for sufficient change to be captured in evaluations or local harm data. Recent community action projects have set realistic objectives related to community capacity building and activities affecting risk-and-protective

factors that are known to influence drug use by young people and drug-related harm.

Mass media and other interventions

A final means of providing drug education is through mass media and product labelling. These strategies may have cumulative effects that are not captured by evaluation over short periods. Cumulative effects may contribute to slow change in the social cultures around tobacco, alcohol and other drugs that influence individual behaviour, and reinforce messages provided through community action, family-based or school-based education.

Industry sponsorship

There has been recent controversy over tobacco and alcohol industry sponsorship of drug education programmes. To avoid such controversy in the future, and to identify if/when such involvement may be appropriate, it is recommended that guidelines be prepared to provide guidance for drug education providers. There are international precedents for this in Canada and the United States.





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RECOMMENDATIONS

This section sets out recommendations, contained in the literature review, for best practice for drug education in New Zealand. The recommendations are grouped in the following headings:

- Best practice for drug education
 - Harm minimisation
 - Relevance to New Zealand communities
 - Programme design
 - Coordination
 - Targeting
 - School-based drug education
 - Family-based drug education
 - Community action on drugs
 - Mass media and other strategies
- Evaluation
- Further research
- Policy context
- Further work

Best practice for drug education

Harm minimisation

- ◉ Drug education programmes in New Zealand should have harm minimisation as their overall objective.
- ◉ The objectives of drug education programmes should be realistic, achievable and measurable, and should lead to an overall reduction in drug-related harm.
- ◉ Decisions about which drug education strategies to use in any given situation should be based on an evidence-based assessment of the net harm reduction that is likely to be brought about by the strategies in that situation, having regard to the likely harms involved in drug use, cultural issues, patterns of use, and the likely effects of drug education interventions.





Relevance to New Zealand communities

- ⦿ Drug education programmes in New Zealand should take into account the principles of the Treaty of Waitangi.
- ⦿ The process of developing best practice guidelines should involve consultation with educators, programme providers, students, relevant community organisations, Māori and Pacific Island groups with expertise in education and drug education.
- ⦿ Programmes should be established in consultation with the programme participants to ensure that their needs are reflected in the programme objectives.

Programme design

- ⦿ Best practice should include a requirement that the programme demonstrate a clear conceptual relationship, based on sound evidence, between the programme as intended to be delivered, and the harm reduction outcomes intended to be achieved.
- ⦿ Standards should be developed for peer-led education, including ethical guidelines and training requirements.
- ⦿ Drug education best practice guidelines for New Zealand should take account of efficiency, effectiveness, programme coverage, cultural relevance or relevance to the particular harms and risks faced by young people in New Zealand.
- ⦿ Drug education programmes should be based on an holistic view of mental health, taking into account spiritual and community well-being. A strengths-based approach to drug education is preferable to a deficit-based approach.



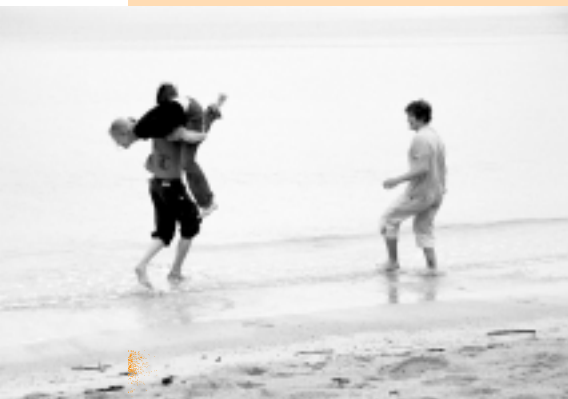


Coordination

- ⦿ There should be coordination of messages about drugs and drug use throughout and across communities. This means that:
 - Laws about drugs and drug use should be realistic, evidence-based and consistently and fairly enforced, and consistent with the messages being delivered through education.
 - Messages in the media (including film, television and advertising) should be consistent with the messages delivered through education.
 - Communities should be encouraged and supported to work together to set examples that are consistent with the messages delivered through education.
 - Families should be encouraged and supported to model behaviour consistent with the educational messages.
- ⦿ Drug education programmes should contribute to the resiliency of communities, and an aspect of effective drug education is likely to be the strengthening of links between communities and government institutions.

Targeting

- ⦿ Drug education should be provided to young people at an early stage in order to help prevent the early onset of drug use, which is a predictor of later drug abuse.
- ⦿ Programmes should be targeted to meet the needs of particular groups. Some programmes should be targeted at young people who are subject to a high degree of risk and those who are not in school. There is also a need for programmes to be targeted to different cultures where there are linguistic, cultural or other reasons why universal programmes might not be suitable.
- ⦿ Solvents (and possibly other readily available drugs that, despite their availability, are used by small proportions of the population) should be excluded from universal or general drug education programmes. Education about these drugs should be targeted to current users.





School-based drug education

- ⊙ Effective drug education in schools is likely to include the following features:
 - relevance to the needs of young people
 - interactive and activity-oriented design
 - peer-led education
 - follow-up and ongoing education
 - provision of factual information
 - social influence approaches.

Family-based drug education

- ⊙ Family-based programmes should involve parents and children together, and should include components that deal with parent-child communications and family dynamics.

Community action on drugs

- ⊙ Community action projects on drugs should:
 - involve cross-sectoral collaborative action by groups and agencies that have an existing interest in and responsibility for reducing drug-related harm
 - be supported over long-term timeframes, including provision of a coordinator
 - set realistic and measurable objectives.
- ⊙ Communities should be given ownership of community-based drug education projects.

Mass media and other strategies

- ⊙ Mass media campaigns are more likely to be effective when provided in conjunction with a high-profile policy package including enforcement and community action.
- ⊙ Factual information about drug effects and health and safety risks may be most effective when targeted to the groups to whom it is most relevant, and/or to individuals who are at a stage of readiness for change.



Evaluation

- ⦿ Drug education programmes in New Zealand should be evaluated according to whether they effectively implement current best practice.
- ⦿ A three-tier framework for evaluation of drug education programmes should be developed.
- ⦿ Evaluations should use a variety of methodologies (including formative, process and outcome evaluations) and data collection methods to ensure that there is no reliance on a single source of data.
- ⦿ The following initiatives should be encouraged:
 - A greater emphasis on formative and process evaluation against what is known about best practice for drug education.
 - More use of formative evaluations during programme design.
 - Acknowledgement of the limitations of evaluations that have been undertaken to date.
- ⦿ A basic resource on evaluation should be developed to assist programme providers and purchasers in their understanding of the implications and uses of evaluations.
- ⦿ Indicators of programme effectiveness should measure aspects of harm minimisation, such as reductions in risk-taking behaviour, as well as consumption of different drugs. Indicators should include appropriateness or acceptability of the programme (including cultural acceptability), but should also be designed to measure changes in knowledge, attitudes and behaviour of the programme participants.
- ⦿ Indicators should take account of cultural issues and should be developed in consultation with the relevant communities.
- ⦿ Indicators of programme effectiveness should be explicitly related to the objectives of the programme and reflect the programme logic (the steps by which the drug education intervention is believed to effect change in the participants).



Further research

- ⦿ There should be ongoing research into current drug use trends to ensure that trends are identified early and programmes are developed or adapted to address them.
- ⦿ There should be ongoing research into developmental pathways of substance abuse, and the settings and experiences that increase the risk of further drug use among New Zealand young people to ensure that patterns of use in New Zealand are understood.
- ⦿ There should be ongoing research into the ways in which drug education can act upon risk and protective factors to reduce the risk of drug-related harm.
- ⦿ Further research is warranted into patterns of drug use among Asian young people, and also about attitudes towards drugs among all minority communities.
- ⦿ There should be further research into the functional reasons for drug use among young people in New Zealand.
- ⦿ The results of the meta-analysis of 10 New Zealand community action projects being undertaken by the SHORE Research Centre, Massey University, should be taken into account in developing guidelines for community-based drug education in New Zealand.





Policy context

- ⦿ Greater coordination between school-based drug education and other drug-related measures is required, and school-based drug education needs adequate support.
- ⦿ Strategies should be investigated for overcoming the challenges for family-based programmes (cost of implementation, identification and targeting of high-risk families, and maximising participation rates).
- ⦿ A review of industry involvement in drug education in New Zealand is needed, with a view to developing guidelines similar to Health Canada's Guidelines for Effective Collaboration.

Further work

The next stage of the MYD project will involve the development of three resources:

1. Standards or principles for effective drug education.
2. Guidelines for effective evaluation of drug education.
3. Criteria for purchasers of drug education to use when deciding which programmes best meet their needs.

It is recommended that stakeholders be consulted in the course of developing the standards, and that draft best practice principles be circulated as part of the consultation process.





Disclaimer

This overview document is based on the report *Effective Drug Education for Young People: A Literature Review and Analysis* by Allen & Clarke Policy and Regulatory Specialists Ltd, Ministry of Youth Development, 2003.

The purpose of the literature review is to inform future work in this area. Therefore the opinions and recommendations expressed in the literature review and reproduced here do not necessarily represent the official views of the Ministry of Youth Development.

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