

The SHAHRP program has a demonstrated ability to change 13-16 year olds' knowledge, attitudes, consumption of alcohol and harm associated with alcohol use.

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School Health and Alcohol Harm Reduction Project

Changing students alcohol-related behaviours through classroom lessons in Western Australia.

The School Health and Alcohol Harm Reduction Project (SHAHRP) is a new alcohol education program that has a demonstrated ability to change students knowledge, attitudes, consumption of alcohol (total and risky) and harm associated with alcohol use. In the past we have been told that behaviour change through classroom education can only occur after 30-40 hours of instruction.

The SHAHRP programs provided 13 hours of lessons over a two year period with additional booster phase of four lessons two years later. A well developed program that takes into account research evidence from past programs, incorporates student and teachers ideas and has an aim of harm reduction seems to be an important way of influencing students drug use experiences while meeting education goals and keeping classroom time and costs to a minimum.

Harm minimisation approach

The School Health and Alcohol Harm Reduction Project (SHAHRP) was primarily a research study, following students over several years, with aims to reduce alcohol related harms among secondary school students in Western Australia (age 13-17 years) (McBride et al: 2001; McBride et al: 2004). The study was conducted by the National Drug Research Institute and was funded by Healthway, the Western Australian Health Promotion Foundation. The study reflects the Australian National Drug Strategy by adopting a harm minimisation approach, in this case, by providing three phases of alcohol harm reduction lessons during secondary school and aiming to reduce the level of alcohol related harms in students.

Research evidence

The SHAHRP program is based on research evidence and draws on the findings from several studies conducted in Australia and overseas (Dielman: 1994; Dielman et al: 1989; Australian Drug Foundation: 1994; McLeod: 1997).

The SHAHRP study aimed to change young people's health behaviour through a classroom education approach. To do this effectively, the researchers incorporated research evidence and best practice approaches from the health and education fields.

Summary of the research basis

The following summary of the research basis of SHAHRP is based on a comprehensive systematic literature review of the area (McBride: 2002a; McBride: 2003), and will assist others in understanding the critical elements of the SHAHRP intervention and can also be used as a guide to assess the quality of other drug education resources. The summary contains the following sections: Timing and Programming, Content and Teaching Methodology and Teacher Training.

Timing and Programming

Inoculation: Inoculation requires that initial lessons be taught immediately prior to students initiating the behaviour of interest, in this case drinking alcohol. Lessons that provide knowledge and skills immediately prior to the behaviour can give students a solid basis as they enter into, for example, alcohol use situations. Prevalence of alcohol use data were used to define the placement of each phase of the SHAHRP program. The use of local prevalence data can also assist in defining the appropriate

timing of the initial phase of other health related programs.

Relevancy: Relevancy requires that an additional phase of lessons be taught at a time when the students are initiating the behaviour of interest. The immediate relevancy of practical knowledge and skills during this phase in the students development makes it more likely that students will apply new information and skills to their new behaviour. As with the above evidence based component, prevalence of alcohol use data were used to define the placement of phase two and three of SHAHRP program.

Transition period between primary and secondary school: Practical considerations play an important part in this component (particularly so for research studies in schools). Students are likely to remain in the same school for a number of years, teachers are more specialised in the delivery of alcohol education, programs can be easily administrated and in research terms an intervention in one setting helps to assist with follow-up for survey purposes.

Entry into secondary school also represents a milestone in the maturity of students, however, the prevalence of the behaviour of interest should be a stronger guide to the placement of an intervention.

In the context of developmentally appropriate school health curriculum: Drug education should be taught in the context of a developmentally appropriate curriculum, have a sound curriculum basis, be placed alongside other related health issues and have the flexibility to target drug issues as they become pertinent to students. Programs conducted in isolation, or ad hoc programs, have limitations and can potentially have a negative effect on student drug use behaviour.

Booster sessions over time: In the past, the research literature suggested that 30 to 40 hours of classroom lessons were required to impact on students health behaviours. More recent research suggests that booster sessions over a number of years, which develop and reinforce knowledge and skills, can lead to behaviour change. This means that less classroom time is

required to have an impact on behaviour.

However, the lessons need to incorporate the following content and teaching methodology components to be effective.

Content and Teaching Methodology

Based on the experiences of young people/young people involved in the development of the intervention: It is very important that the content, scenarios and style of an intervention be based on the experiences and interest of the young people that it is trying to influence. The SHAHRP and SHAHRP 2000 study conducted focus groups with young people and piloted the draft intervention with young people to ensure that their experiences were reflected in the classroom lessons. The involvement of young people in the development of a program helps to increase its relevancy as well as students' interest and involvement in the program.

Provides accurate normative information: Research suggests that presenting age related usage norms helps students to attain realistic understanding of usage rates among peers. Findings suggest that young people often have exaggerated notions of usage rates and presenting accurate normative information can assist in modifying behaviour if these norms are relatively low. In the first phase of SHAHRP the use of normative information was particularly useful.

Adopts a harm minimisation approach rather than being based solely on non-use goals: This issue is particularly relevant for alcohol, when initiation of use occurs at a young age, when large amounts of alcohol are consumed during drinking occasions and when social rewards are gained from drinking.

Risks and harms associated with the

use of alcohol can be linked to the students own use or other peoples use of alcohol. A goal of harm minimisation provides both drinkers and non drinkers with strategies for reducing the chances of harm occurring, and in reducing the potential impact of harm after the event, as well as incorporating important non-use and delayed use strategies.

Programs should be skills based and interactive: Skills based teaching which involves students in practical activities increases students interest and learning. Teaching methods that allow students to practice behaviours that are relevant to their experience, in a low risk situation, using realistic scenarios, provide young people with important practice that they can take with them to real life situations. Programs that are interactive and provide a high level of activity in proportion to other aspects, such as lecture-style teaching, are more effective in gaining students interest and promoting student learning and subsequent behaviour change.

Programs should incorporate utility knowledge: Past studies provide strong evidence that knowledge and attitude based programs have little effect on behaviour change. Nevertheless, the delivery of knowledge as part of a skills-training approach is an important aspect of a program. The type of knowledge provided, however, needs to be relevant to the students, needs to be applicable to their life experiences and needs to be of immediate practical use to them (thus the importance of talking to students prior to and during the development of a teaching program).

Teacher training

Teachers should be training to teach drug education: Research suggests that teachers of health and drug education often lack adequate training and confidence when teaching drug education and other controversial health issues. However, teachers are best placed to know their students needs and developmental level and are best placed to incorporate drug education at an appropriate time and

level for the students.

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Teacher training should involve interactive modelling of activities: Research suggests that teacher training that involves the interactive modelling of a program's activities increases teachers confidence and ability to teach the program. This type of training allows teachers to experience and identify classroom management and practical issues associated with the program as well as providing them with a model of good practice particularly in relation to debriefing and discussion around key issues.

Research Issues

Although less important in the context of classroom teaching, the following research considerations were adopted as part of the SHAHRP and SHAHRP 2000 research studies: fidelity of implementation (how well and how much of the program was taught) was measured and incorporated into analysis and understanding of change; measures of program success were based on realistic student experiences; the research was conducted over a long time period to allow for delays in behaviour change; and analysis incorporated stratification for previous use.

The Alcohol Program

In addition to the research evidence, the SHAHRP researchers conducted a series of focus groups with secondary school students to identify young people's alcohol use experiences, alcohol related harms that are of particular concern to young people, harm reduction strategies used by young people and educational approaches likely to be effective with young people.

Therefore the SHAHRP program materials have a basis in situations experienced by young people. Health education teachers from a variety of schools were also involved in the development of program activities and in modifying activities based on their teaching of the program. This has helped refine the program so that it is a useable and acceptable resource for teachers and students.

Three phases

The SHAHRP lessons are conducted in three phases with eight

lessons in the first year of the secondary school (13 years), five booster lessons in the following year during phase two, and four additional booster lessons in phase three, two years later (16 years). Phase one of the program is targeted immediately prior to students initial experiences with drinking. This placement allows the students to gain alcohol harm reduction skills and strategies immediately prior to the adoption of a new behaviour. Phase two provides reinforcement of

knowledge and skills during a time when most students are experimenting with alcohol, ensuring that information is immediately relevant. This period of experimentation often exposes teenagers to a higher level of risk due to the type of drinking generally undertaken (bingeing) and their relative inexperience in handling the changes brought about by alcohol in themselves and in others (Room: 1998; Lang et al: 1996; Australian Drug Foundation: 1994; Saunders & Bailly: 1993).

The third and final phase of the program is conducted when prevalence data indicates a steep rise in alcohol use in later teenage years. During this age, drink driving and drinking at licensed premises are additional issue for consideration.

A teacher manual, and teacher training

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support the delivery of SHAHRP lessons and a colourful student workbook in phase one and two of the program support the practical activities conducted during the program.

Access local data

The prevalence of alcohol initiation and use often varies between localities and the researchers suggest that teachers who are interested in using the SHAHRP program target the different phases to meet the needs of their students (White & Pitts, 1997; Maggs, & Schulenberg, 1998; Shope et al, 2001; McBride et al, 2001). The best way of doing this is to access local alcohol use prevalence data from district or state health department.

Keep in mind that the first phase of the program should target students when the majority of them are not yet regular consumers of alcohol, the second phase should reach students when the majority have recently initiated alcohol use and the third phase when prevalence data indicates a rise in alcohol use (usually in the mid to late teens).

Students' awareness

The SHAHRP lessons provide utility knowledge sufficient to allow students to develop an awareness of situations with alcohol related risk, and skills training to enable students to make and implement

choices that minimise harms when in such situations.

The main SHAHRP study involved surveying students (n=2300) at regular periods during and after the program to determine changes in knowledge, attitudes, consumption of alcohol (total and risky), context of use, harm associated with own use of alcohol and

harm associated with other people's use of alcohol.

These result were compared to a group of control students who received regular alcohol education during phase two. Control schools provided a variety of alcohol education to their students including the following resources: Rethinking Drinking, How Will You Feel Tomorrow; WA K-10 syllabus and pilot lessons from the School Drug Education Project.

The results

The summary of results provided in Table 1 shows that the SHAHRP program had an impact on alcohol related knowledge, attitudes and behaviours early in the programs with some maintenance of impact one year after the second phase of the program had been completed (note that results for phase three and beyond are not yet available).

Although these results show the statistical difference between the two groups, the practical significance of the program is demonstrated through the percentage difference in support of the program.

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consumption; and lower levels of harm associated with alcohol use. Detailed analysis of results have been published elsewhere (McBride et al: 2001; McBride et al: 2002; McBride: 2002b; McBride et al: 2004).

How to obtain behaviour change in students

To maximise effectiveness when using the SHAHRP program it is important to teach the program as closely as possible to how it is documented in the teacher manual (McBride et al: 2002).

The student change that came about in the main study was based on teaching the program to at least 80% as documented. The study teachers also received training in the delivery of the program to students. Two days of training were conducted for phase one, one day of training for phase two, and one day of training for phase three. The training involved an overview of the research background and program development.

In addition, teachers participated in each activity to model how the activity should be done and allowed teachers to assess implementation and management requirements.

What others have said about SHAHRP

Over the years of the SHAHRP study many teachers and students have made comments about the program. Below is a sample of these comments.

Being able to experience the activities prior to teaching the program was invaluable (teacher).

I found it really great to teach because I remembered how you guys did it and tried to do it the same (teacher).

I was really impressed. I think my whole class has improved quite dramatically since going through this program. I knew what I was doing, the kids knew where they were at and it just improved their general behaviour and the whole class atmosphere (teacher).

From week one they all wanted to play the game. You can teach them a lot from that game and they really enjoy it; they learnt a lot too. They could probably play it every week or at the end of every lesson and they would still love it (teacher).

With a program like SHAHRP it was easy to say yes to involvement because we were getting benefits, the kids were getting benefits but with a lot of projects we don't get anything out of it. They expect you to find time to do survey etc. and don't even bother to give us any feedback. How unprofessional is that (teacher).

I liked the program because it involved learning through interesting and original activities (student).

I liked the way we were able to talk freely about our opinions in groups (student).

I enjoyed the program thoroughly, especially pouring the drinks. The book was good because I could add my thoughts about the subject (student).

Website

A SHAHRP study website - www.curtin.edu.au/curtin/centre/ndri/shahrp provides teachers and others interested in the program with further details of the program and research study.

It is possible for copies of the teacher manual and student workbooks to be down loaded free of charge from this site.

Figure 1 (below) shows an example from pages 36-37 of the teacher's manual 'Lesson 5 - Identifying Harms and Strategies.' It should be noted that both students and teachers in the main study commented that the manual and the colourful student workbooks were an element in increasing the status and motivation of the program.

In addition, research evidence and the SHAHRP study itself have identified teacher training as a critical part in program presentation and subsequent behaviour change in students.

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Table 1: The results of the SHAHRP Study to date

	After phase one (13 year olds)	After phase two (14 year olds)	One year after phase two (no lessons) (15 year olds)	Phase three and beyond (16 and 17 year olds)
Knowledge	√ 21.5%	√ 9.2%	4.5%	Data not yet analysed
Attitudes	√	√	√	
Consumption Total	√ 31.4%	√ 31.7%	9.2%	
Consumption Risky	√ 25.7%	√ 33.8%	4.2%	
Context of use	√	√	√	
Harm associated with own use	√ 32.7%	√ 16.7%	√ 22.9%	
Harm associated with other's use		10%	12.8%	

√ significant statistical difference between control and SHAHRP students in favour of the SHAHRP program. The summary of results is based on analysis using multilevel modelling (McBride et al: 2004).

Figure 1. An example from pages 36-37 of the teacher's manual 'Lesson 5 - Identifying Harms and Strategies'

Lesson 5 IDENTIFYING HARMS AND STRATEGIES

Intention
It is intended that in this session students should:

- § Identify harms that can occur to young people as a result of their own or other's alcohol use
- § Predict and describe situations in which these harms are most likely to occur
- § Understand the varying effects of alcohol in relation to levels of use

Resources
Student workbook: pages 12-13, 22-23, 25
Brainstorm sheets (butchers paper)

ACTIVITY 1: IDENTIFYING HARMS (20 minutes)
A. Divide students into groups of four. Allocate each group a category from pages 22-23 of the student workbook (ie. Family, Feelings, Friends etc). Ask students to brainstorm any of the harms resulting from the use of alcohol that they can think of to put in their category and list them on the butchers paper.
B. Get groups to report back to the class, identifying the harms on their lists. (These could be placed on the floor in the middle of the circle or posted on the walls). Allow class members to add any other harms they can think of to each category as it is reported. There will be considerable cross over of harms between the groups. This can be noted during the reporting back.
C. Ask students to record some of the key harms from each category in the student workbook on pages 22-23.

ACTIVITY 2: MATCHING LIKELY HARMS TO LEVELS OF USE (15 minutes)
A. Young people are likely to come to harm as a result of the SHORT TERM EFFECTS of alcohol use, particularly in situations involving binge drinking.
B. Look at the chart on page 12 and 13 of the student workbook. Note that while the effects of alcohol vary from person to person, the more you drink, the more you are affected.

Recap
Set this lesson within the context of what has come before. Let students know about the aims of this lesson.

Paired Sharing
A technique of maximising involvement and participation. Complete prior to a whole class discussion so students have had time to think and speak before talking in front of the whole class.

Circle
When you sit the class in a circle, a powerful message is sent about who are the key players in the session and in the discussion - everyone!

Small Group Discussion
Best organised around clear tasks (eg. List 5 or more harms). Have the group appoint a scribe and a reporter.

2 - 4 Grouping
Have one pair join with another to compare responses or findings arising in a paired sharing prior to reporting to the class. 4's can join to make 8's to broaden the comparison of sharing. A useful strategy when you suspect not everyone will contribute if going straight into a large group.

ACTIVITY 3: HOW HARMS HAPPEN (20 minutes)
A1. Students should be in pairs for this activity
A2. Each student selects a "harm" from the brainstorm list and takes a minute to "invent" a story which would illustrate that harm. They can draw from real life, or invent a scenario in which a particular harm is likely to occur. Harms other than the one they select may appear in the story as well, but stress that what is required is a realistic scenario, not a soap opera. (If drawing from real life, remind them to protect privacy by changing or removing names etc.)
B. Some stories or examples can be shared with the class. The teacher facilitates the discussion of the stories with the following questions:
Do you think this kind of story would occur rarely, occasionally or often in real life?
What age group would most likely be in such a story?
What would a story involving some lesser harm be about?
What would a story involving younger people / children / 20's/40's/60's be about?
What could be done to prevent or minimise the key harms identified?
C. Students can write or draw their story (or someone else's story) in the section "It happened like this..." on page 25 of the student workbook.

Teacher Homework
1. Tape three or four advertisements to use in lesson 6. Select a variety of advertisement types. These advertisements do not have to involve alcohol, but can be for any product or service. It is an advantage to have an alcohol advertisement.
2) Arrange to buy or borrow dice and counters from Maths Faculty for "Party Pressure" game in lesson 7.
3) Photocopy the "Decider" cards, "Info" cards and "Strategies" cards required for Lesson 7. Organise for a pair of students to cut them out for you - a time-consuming task!

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