

AlcoholNZ article

Title

Secondary school students and alcohol – Multiple levels of intervention can make a difference

At a glance

- This article was published in print form in HPA's January 2015 *AlcoholNZ* magazine (available on alcohol.org.nz/alcoholnz).
- Ben Birks Ang, a national youth services adviser, is the author. He draws on his expertise, experience and knowledge of the evidence to discuss:
 - the challenges of supporting adolescents to make changes to prevent and reduce their harm from drinking alcohol
 - the role schools play in educating about alcohol and making good choices and in responding to their students' needs
 - a whole-school approach to reducing alcohol-related harm that:
 - creates positive school environments
 - delivers effective education about alcohol
 - provides school-based support interventions
 - involves professional treatment interventions.

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Secondary school students and alcohol

Multiple levels of intervention can make a difference

*The following article has been prepared by **Ben Birks Ang**.*

Ben is the National Youth Services Adviser for the New Zealand Drug Foundation and Odyssey (a large addiction treatment provider). He has worked with Odyssey and youth organisations for a number of years across both residential and community treatment services. One of his key areas of work is leading the development of school-based alcohol and other drug treatment services.

Young people and alcohol

Whether or not alcohol is considered to be a rite of passage for New Zealand youth is debatable, but we do know that, statistically, alcohol use is commonplace among New Zealand youth. Fifty-seven percent of New Zealand secondary school students surveyed in 2012 reported having drunk alcohol at some point, and 45% reported currently drinking alcohol (Adolescent Health Research Group, 2013).

As a country, we can do more to help young people and reduce alcohol-related harm. Half of the people in New Zealand who experience alcohol dependence would have developed it by the time they were 19 years of age (Wells, Baxter, & Schaaf, 2007). Supporting those young people to make changes now would make a significant difference in the coming years.

The challenge is that during adolescence some of the more noticeable health and social harms associated with problematic alcohol use can be masked among a backdrop of typical adolescent changes. This makes it difficult for young people to identify when they need support for their alcohol use, let alone seek it out. Adolescence is a life stage when rapid changes in behaviour are expected, and bodies are designed to rejuvenate and repair at fast rates. It is also a life stage where taking risks and learning new skills is a daily occurrence. Choosing whether or not to drink alcohol is just one of the many choices that every teenager makes. Understanding and working with youth development philosophies to build young people's strengths and equip them with the knowledge, connections and skills to have a positive life trajectory are crucial to reducing alcohol-related harm.

One effective solution is termed a 'whole-school approach'. This involves creative, multi-level interventions at school that can proactively engage young people as part of their usual school routine, and provide them with support that matches their level of need.

But is this a school or a community issue?

Reducing alcohol-related harm for young people is both a school and a community issue. This is supported by the Ministry of Education, who state that the responsibility for reducing alcohol-related harm for young people is collectively held by young people, their parents and whānau, their schools, and the wider community (Ministry of Education, 2009).

The bigger picture is that alcohol use by young people is an issue that sits within the wider community. However, schools are a place where large numbers of young people spend time, which means they are the settings where wider issues in their lives can be the most visible.

There are two areas where schools clearly have a role to play. The first area is educating about alcohol and making good choices, which is part of the New Zealand Curriculum (Ministry of Education, 1999). The second area is responding to their students' needs as they arise, or as incidents occur. To be able to respond, each school needs to have prepared in advance and be resourced to support students with alcohol problems. Schools that have not prepared will have limited options when an incident occurs.

One of these options is removing the young person from school. However, this should only be the last resort. Unfortunately the most common reason for a young person being expelled from a New Zealand secondary school during 2013 was "drugs (including substance abuse)"; with just over a third of expulsions being for this reason (Ministry of Education, 2014). Removing a student from school can have a large negative impact on a young person's life trajectory, because there are multiple benefits associated with remaining engaged with education. Educational attainment is associated with higher employment rates (Organisation for Economic Co-operation and Development [OECD], 2013a), longer life expectancy, and enhanced skills (OECD, 2013b). It can also compensate for the effects of risk-taking on alcohol use for adolescents (Fergus & Zimmerman, 2005).

While responsibility for reducing alcohol-related harm is collectively held, there is more that can be done to help schools do this effectively.

Matching school-based interventions to need – a whole-school approach

A whole-school approach involves every member of a school community sharing the same philosophy and using many different levels of intervention to match each student's needs. One way to conceptualise different types of need is as follows:

Every young person will make a decision about whether or not they will consume alcohol. For some, this will be an easy decision, and, for many, a decision that they will repeatedly make as different situations arise.

Many students will try using alcohol.

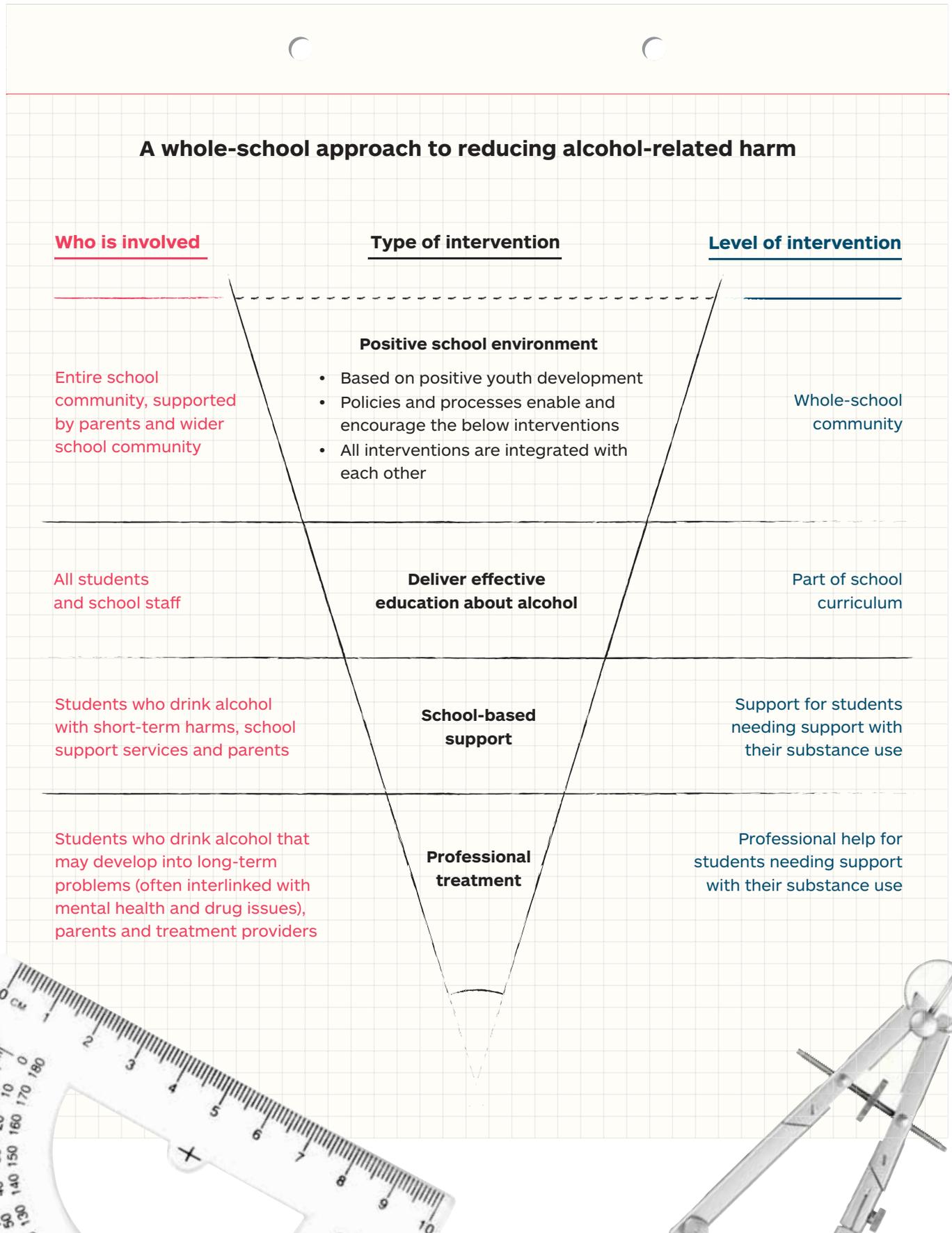
Some of these will have some short-term harms.

A few of these will develop longer-term problems.

Whole-school approaches focus on supporting student wellbeing for all these groupings of students, with approaches that:

- create **positive school environments** that promote wellbeing and positive social interactions
- deliver effective **education** as part of the curriculum
- provide **school-based support interventions** for students experiencing short-term alcohol-related harms
- involve **professional treatment interventions** for the few young people that need more extensive support (Dickinson, 2001).

The following diagram outlines how these approaches look within a secondary school context.



Positive school environments

Positive school environments, based on positive youth development philosophies, are the broadest level of intervention for all members of the school community. These environments focus on student wellbeing, promoting positive relationships, and encouraging the development of social, emotional and intellectual skills. The culture of a school is driven by school management and boards of trustees, *and* it is role-modelled by all staff and students at the school. The importance of role-modelling from everyone in a school community cannot be underestimated, as, in a school environment, “values are mostly learned through students’ experience of the total environment, rather than through direct instruction” (Ministry of Education, 1993, p. 21).

There is New Zealand evidence that reinforces the benefits of positive school environments. One recent Education Review Office review found that all the schools where students were very well supported had a “strong ethos of care and shared understanding around the approach to guidance and counselling” (Education Review Office, 2014a). A second report found that a focus on the wellbeing of each student underpinned how schools with good engagement and achievement levels were able to keep their students engaged and at school (Education Review Office, 2014b).

In Australia, an evaluation of the Gatehouse Project took this even further. This project used multi-level, school-based interventions to address students’ emotional wellbeing and health risk behaviours. An evaluation of its effectiveness stated that a focus on school climate and student connectedness “may be equally, if not more effective in addressing health and problem behaviours than specific, single issue focused education packages” (Bond et al., 2004, p. 1002).

Despite this strong evidence, the challenge with changing a school environment is that a long-term commitment is needed to see significant outcomes and it is difficult to measure incremental change. From what I have seen in my work within schools, changing a school environment takes at least a five-year commitment. This is because it takes five years for a Year 9 student to become a Year 13 student, and these older students role-model the school climate for others. Short-term or drop-in interventions often do not have the sustained changes needed to make an impact on a school environment.

A positive school environment, driven by school management and actively role-modelled by everyone in the school community, is the foundation for the whole-school approach. In practice, I have noticed the environment considerably influences how much effort a young person needs to put in to change their alcohol use. Those who were students at a school that encouraged accessing support and had a holistic wellbeing and development focus appeared to find it much easier to make changes than those who were at a school that did not. In addition, the young people at these schools commonly reported that they saw their school management as key support people in their lives. This foundation sets up a school for the next three tiers of interventions.

Deliver effective education

Delivering effective education is the next tier of interventions, which targets all students and staff at a school. New Zealand secondary schools actively work in this area by teaching the New Zealand Curriculum, which requires that all students receive education in health and physical education up until they complete Year 10. This includes learning about alcohol, and developing skills to think critically and self-manage (Ministry of Education, 1999).

The type of education is important in how effective it will be. Approaches that attempt to scare young people away from using substances by emphasising their risks have not been shown to be effective (Tobler & Stratton, 1997). Successful approaches build on strengths; take into account the contexts that young people live in; and use a social influence approach that provides factual information, normative information, and skills training (Ministry of Youth Affairs, 2003).

While education about alcohol is a very important component, education *on its own* has been shown to have limited effects on changing alcohol consumption (Cresswell, Liggins, & Dickinson, 2008). Therefore, robust and proven interventions are needed in addition to effective education.

School-based support

The last tiers of interventions are about providing additional support for those young people who are already developing problematic patterns of alcohol consumption. These work best when they are strongly aligned with the school, and are seen as an essential component of support for students.

The first contact for a young person and school-based support varies between schools. This could be a school counsellor, nurse or dean. In addition, some schools also have full-time social workers and youth workers. Many schools have wellbeing and prevention programmes, which encourage self-awareness and skill development. These programmes can help student wellbeing when they are aligned with a positive school environment (Education Review Office, 2014a; Education Review Office, 2014b). These programmes can also work well for the young people who are experiencing short-term harms from their alcohol use.

One of the ideas around school-based support is that bringing services to young people can minimise some of the key barriers to accessing help. The main barriers to accessing health care for young people are hoping that the problem would go away, not wanting to make a fuss, and having no transport (Clark et al., 2013). It makes sense that integrating support services with an adolescent's daily routine would help to increase their access.

The flip-side to this is that accessing a school-based service becomes a lot more visible to peers than going to a service outside of school. Receiving a note in class to attend an appointment can be quite embarrassing at the best of times. This is where the school climate of encouraging help-seeking behaviours comes into play. Reducing alcohol-related harm for secondary school students really does require a multi-level, whole-school approach.

Professional treatment interventions

The final tier in a whole-school approach is additional specialist support, including alcohol treatment, which can be brought into a school to complement its existing services. This can be on an as-needed basis, or through a regular arrangement. Whichever option is decided, the important aspect in a whole-school approach is that all the interventions need to operate with the same philosophies, and appear seamless and integrated to the young person.

One example of a specialist alcohol service integrated within secondary schools is Odyssey's Stand Up! programme, where two alcohol and other drug practitioners become part of the school support team for one day a week. An independent evaluation of this service found that most young people referred themselves for support, and 78% of those involved in the service were either completely abstinent from substances or actively minimising harm with reduced use when they left the service (Kinnect Group, 2013). Most of the young people who accessed the service had not thought much about their substance use, and did not want to change.

What enabled these young people to make changes was that the alcohol counsellors focused on engaging young people and working in active partnership with them. Every aspect of the programme was focused on building skills and an internal locus of control. This included building the young person's health literacy skills through collaboratively tailoring the intervention, to both build the young person's protective factors and teach them the skills needed to reduce their substance use. The focus on positive youth development also enabled young people to engage earlier than other specialist interventions, without first identifying that they needed to change their alcohol use. However, none of this would have been possible without integration within the school community.

What does integration look like?

Individually, all of these tiers of interventions can have some effects, but for a collective impact that reduces alcohol-related harm it is essential that they are linked together. Integration means that each intervention operates with the same philosophies and complements each other.

As an example, I remember working with a young man as his school drug and alcohol counsellor. One day he told me that he had run away from home, and asked for help to rebuild the relationship with his family so that he could return home. The first aspect that had enabled this conversation to even happen was that the school environment encouraged student wellbeing, and actively promoted help-seeking behaviours. The next aspect that enabled us to progress was that the school had put a lot of effort into helping all of its students and staff role-model helping each other out.

We identified a school dean who this young man trusted enough to bring into his support team. The dean helped co-facilitate a family meeting with me, and this led to not only rebuilding the relationship between the young man and his family but also strengthening the relationship between him and his school and between his family and the school. Family connection with school is a powerful protective factor (Fergus & Zimmerman, 2005), which in this case helped both that young man and his younger siblings.

In the previous example, the benefit of having a professional treatment intervention integrated as *part* of the school support team can be seen. Working as a wider support team meant the young man could feel confident that his school could provide a strong support network when he needed it. It also meant the underlying issues beneath his alcohol use could be addressed in a way that grew his protective factors. In this example, it strengthened his connection to school; his connection to trusted adults; and his family's connection to his school. All of these are powerful protective factors that promote positive youth development and have been shown to support reduction of alcohol-related harm (Fergus & Zimmerman, 2005).

There are also several additional benefits from integrating services. It helps to reduce the stigma associated with accessing support, and adds in specialist skills and knowledge to complement the existing skill set of the student support team. A more confident and skilled student support team means more young people can be supported and supported earlier. Several deputy principals have spoken to me about how having an integrated specialist service enables young people to return to school earlier following an incident, knowing that in a couple of days they will be seen for support.

With these benefits also come complexities that can be worked through. While health, education and social services all aim to develop competent, confident and connected people, their priorities can be different. In practice, it takes a long-term commitment to working together, and creating the ability to be flexible in the way things are done. One common concern is that restorative practices, which enable a student to remain in school following an incident, could be perceived as permitting student alcohol use. I have seen this tension overcome many times through the development of a shared

understanding of how the school and services can work together to provide appropriate boundaries and learning consequences for their students that take the young person's context into account. It takes time to develop a trusting partnership, but once it is established the pay-offs can be significant.

Where to next?

There is a large amount of evidence that whole-school approaches are effective at reducing alcohol-related harm for young people. While there are benefits from individual, targeted interventions, the collective impact from positive school environments that have effective alcohol education, support, and partnerships with specialist alcohol services can be significant.

We know what works. It is all about young people, whānau, communities, specialist services, and schools working together to reduce alcohol-related harm for Aotearoa's youth.

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