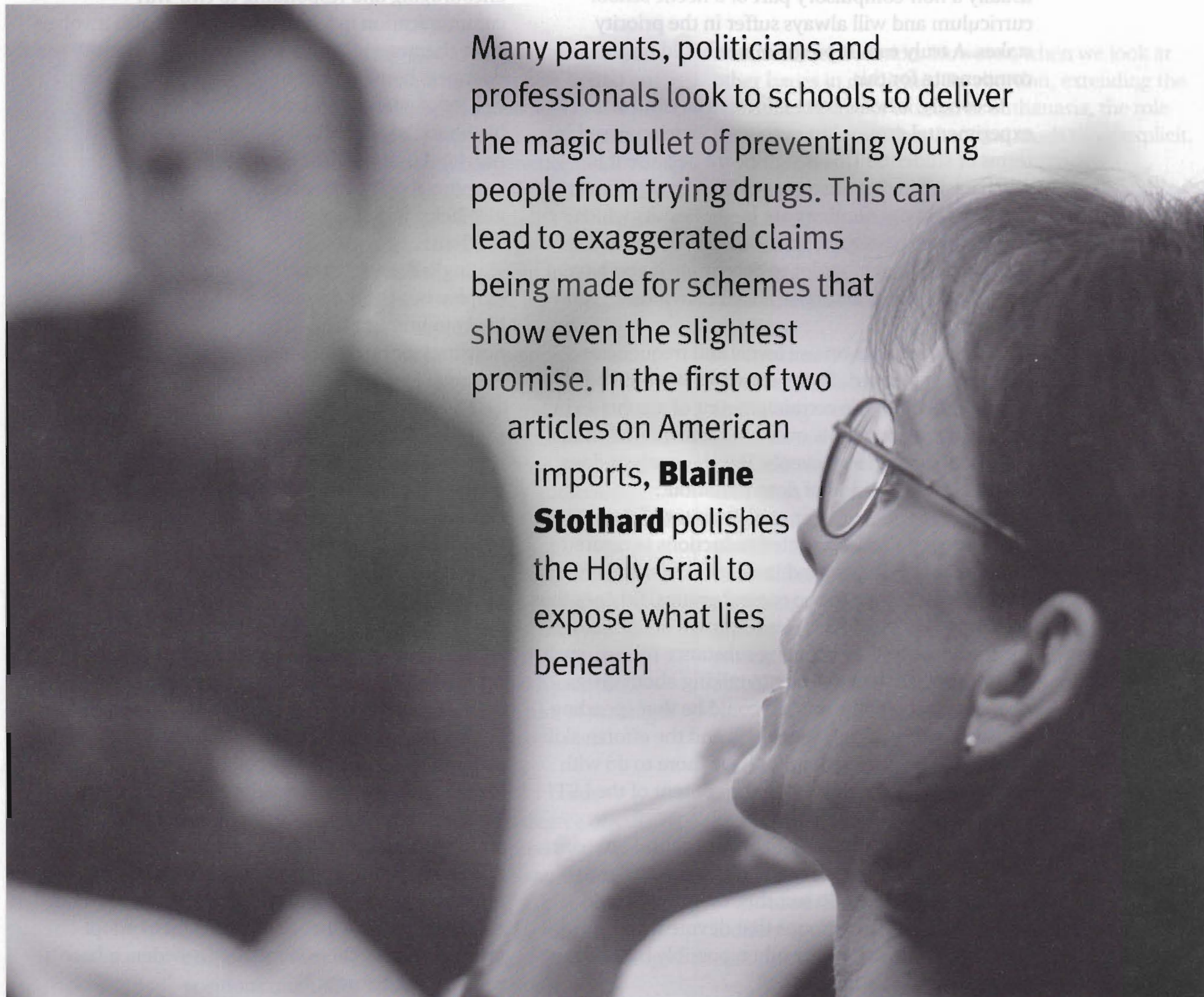
Lies, damned lies and research
does lifeskills training work?



Many parents, politicians and professionals look to schools to deliver the magic bullet of preventing young people from trying drugs. This can lead to exaggerated claims being made for schemes that show even the slightest promise. In the first of two articles on American imports, **Blaine Stothard** polishes the Holy Grail to expose what lies beneath

As drug problems escalate, so does the despair that anything can be done to turn young people away from drugs. Under these circumstances, belief in the promise of drug prevention programmes to deliver abstinence becomes almost religious. But at the same time, there is an insistence on 'evidence-based' practice. The danger then is that notions of robust evidence which stand up to scrutiny are sacrificed at the high altar of political imperatives.

In this climate, programme designers are tempted to claim results they can't deliver especially when large amounts of money are involved and only those programmes that claim abstinence outcomes are purchased. The role and relevance of reduced use, responsible use and harm-minimisation as both the basis for interventions and performance-indicators for interventions are similarly reduced and minimized.

Blaine Stothard is an independent consultant in health education specialising in drug education and prevention

LST

Life Skills Training (LST) is a 'substance abuse prevention/competency enhancement programme designed to focus primarily on the major social and psychological factors promoting substance use/abuse'.[1] It is taught in fifteen 45-minute lessons for 11 to 12-year-olds, with ten booster sessions for 12 to 13-year-olds and five for 13 to 14-year-olds. Teachers can get training on a one-day workshop with follow-up support, or through a two-hour video with written instructions.

Dr Gilbert Botvin, who originated the concept of LST, conducted a six-year longitudinal study with an initial sample of nearly 6000 12 to 13-year-olds.[2] His study showed that pupils who received the LST programme in their schools (experimental groups) had lower rates of cigarette smoking, drunkenness (but not drinking itself) and cannabis use than those not in the programme (control groups).

Similar results were found where LST was used with groups of socially and economically disadvantaged urban black and Latino students. Rates of drinking and drunkenness were reduced, although cannabis use and intentions to use were not. The programme had no impact on

self-esteem and self-efficacy.[3]

In both studies there were some methodological inconsistencies. Firstly, a quarter of the original sample was excluded from the study because they had received less than 60% of the LST programme. On the face of it, it seems reasonable. But in the real world, students will be absent from school. Drug education is usually a non-compulsory part of a hectic school curriculum and will always suffer in the priority stakes. A truly robust programme should be able to compensate for this.

Secondly, schools were allocated to control and experimental groups but outcomes were analysed in terms of students. This is significant because it is much easier to demonstrate statistically significant results when the numbers are large. Results which might show up from the analysis of 6000 individual students, are much harder to determine if you have only 10 schools to demonstrate a behavioural difference.

Also the impacts on use levels and frequencies have been conflated. So for example, it would be far more damaging for a certain amount of alcohol to be drunk in binge amounts over a set time period than if it was consumed more evenly. But the analysis does not allow for that kind of determination.

> "... belief in the promise of drug prevention programmes to deliver abstinence becomes almost religious"

A later study,[4] however, took account of these inconsistencies and replicated reductions in cigarette smoking, cannabis use and incidences of drunkenness at age 18 compared to the control groups. So does this prove it works? Only if it can be shown other factors were not involved in reducing substance misuse, such as devoting curriculum time to talking about drugs – no matter what the format. It could be that spending time discussing drugs, awareness and the efforts, skill and personality of the teacher have more to do with reductions in use, rather than the content of the LST programme.

There is, therefore, still no proven causal link between LST programmes and processes and the measured outcomes. To test this, the study would need to have control groups that devote the same amount of time delivering other, possibly basic drugs awareness, interventions.

THE ACID TEST

For many, these inconsistencies cast doubt on the links Botvin and his colleagues attempt to establish.

What these studies demonstrate, however, is that the underlying principles of LST – discussing and promoting the lifeskills of personal attitudes and abilities rather than a concentration on drug-specific information and messages are applicable to young people in general. They are psychologically and socially universal. What remains problematic is that long-term sustainability of changed behaviours has not been consistently demonstrated.

The recent review of LST commissioned by the Effectiveness Interventions Unit of the Scottish Executive[5] concludes that the impact of the programme on young people's substance use is 'relatively modest in scale'. It notes, as others have, that the requirements of the programme make heavy demands on timetables and other school resources, particularly teachers' time.

This review also questions the research methodology and results produced by LST; and reinforces findings of other independent evaluations that LST does not appear to work in the way that it is intended- for example, by influencing mediating lifeskill factors.[6]

The importance of interactive attitude and behaviour change to education or prevention intervention is becoming clearer. Interactivity includes encouraging and responding to two-way communication in learning settings. It also involves such characteristics as trust, exchange, mutuality and openness between and among teachers and students.

Use of peers as educators can increase the likelihood of attitudinal and behaviour changes – provided that the peer educators are well trained, supported and supervised by adult professionals. It also helps if they are slightly older than their 'students'.

English governmental guidance for schools emphasises the methodological characteristics most likely to be successful in drug education. These are now incorporated into guidance produced by the National Healthy School Standard.

These understandings are not universally practised. This is in part because of pressures on the time and skills of teachers and schools, compounded by the general absence of social and communication skills training for teachers at initial professional training level.

MAKE THE GRADE

For drug education interventions to be effective schools need to be aware of best practices and principles and value the programme's need and aims. School practice and ethos need to be supportive. Schools should look after pupil's well-being and be aware of teachers' careers by providing things like inspection reports and good training.

LST has helped establish two essential requirements for drug education: interactive teaching and learning and a holistic approach. Government responses need to support and realise, rather than claim and impose these principle and to adopt practices where there is a genuine evidence-base regarding outcomes. ■

This article contains the main arguments contained in the article of the same title published in Findings: Issue 3, Summer 2000, written by Blaine Stothard and Mike Ashton, and additional commentary.

references

1 From the publisher's description of the Life Skills Training programme: April 2000. See: http://www.lifeskillsstraining.com/LST1.htl

2 Botvin et al: Preventing adolescent cigarette smoking: resistance skills training and the development of life skills: Special Services in the Schools: 1990: 6 (1/2) pp. 37-61.

3 Botvin et al: Effectiveness of culturally-focused and generic skills training approaches to alcohol and drug abuse prevention among minority youths: Psychology of Addictive Behaviours: 1994: pp. 116 – 127.

4 Botvin et al: Long-term follow-up results of a randomized drug abuse prevention trial in a white middle class population: Journal of the American Medical Association: 1995: 273 (14), pp. 1106 – 1112.

5 The Life Skills Training Drug Education Programme: A review of research: December 2002: Coggans et. al: University of Strathclyde. See http://www.drugmisuse.isdscotland.org/eiu/

6 Acknowledgements for these comments to Niall Coggans: January 2003 e-mail exchange with author.