

Intervention: Social influence model for school-based prevention

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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|---|--|
| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input checked="" type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Academic literature that examines school-based substance abuse prevention programs divides these programs into the following four categories: (1) Knowledge-based programs; (2) Affective programs; (3) Programs based on the social influence model; and (4) Programs based on the comprehensive life skills model. This page focuses on programs based on the social influence model and the comprehensive life skills model.

The social influence model is based on the idea that inoculation in the classroom against active or indirect social pressure to use drugs will help prevent substance abuse. This model generally includes three key elements: basic information (e.g., describing the physical consequences of drug use), resistance skills training, and normative information (e.g., establishing conservative norms—or a realistic understanding—about prevalence). Its curriculum typically includes 5-20 themed lessons that can be integrated into a semester-long education class or clinic.

The comprehensive life skills model supplements the social influence approach with training in additional generic life skills such as assertiveness, coping, and communication.

Findings from the systematic reviews:

Existing research indicates that programs based on the social influence model have the most significant impact on adolescent drug and alcohol use. Recent reviews of comprehensive life skills programs have provided mixed evidence of effectiveness above and beyond the social influence model. Similarly, reviewers indicate that resistance skills training alone has little influence on drug and alcohol use.

Limitations/Comments:

Although these four program categories are frequently found in the academic literature on school-based substance abuse prevention programs, they are also occasionally listed under other terms (e.g., "social influence approach") or incorporated in specific program models. In addition, there are other methods of categorizing programs; some analyses combine program categories--knowledge-based and affective, for example. Other analyses categorize programs by their leadership (e.g., "peer based") or area of focus (e.g., "skills focused").

References:

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