

## **EVIDENCE TABLES**

**A review of the effectiveness and cost effectiveness of personal, social and health education in primary schools focusing on sex and relationships and alcohol education for young people aged 5 to 11 years**

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### Systematic reviews and meta-analyses

Study details	Review parameters	Outcomes	Notes
<p><b>Gottfredson &amp; Wilson, 2003</b></p> <p><b>Systematic review ++</b></p> <p><b>Objective:</b> To perform meta-analysis in order to 'determine what features of school-based substance abuse prevention programs are related to variability in the size of program effects'</p> <p><b>Databases searched:</b> Bibliographic databases including Digital Dissertations Online, PsychLit, ERIC, and Sociological Abstracts. In addition, references of recent reviews and additional studies already known to the authors.</p> <p><b>Years:</b> NR</p>	<p><b>Inclusion:</b> Studies had to meet the following criteria: a) evaluated an intervention to reduce problem behaviours among children/youth; b) school-based intervention; c) included a comparison group and the comparison group was a no-treatment or minimal-treatment condition; d) measured alcohol or other drug use</p> <p><b>Exclusion:</b> Studies that did not report sufficient information to determine the direction of the effect for an AOD outcome.</p> <p><b>Number of studies included:</b> 94</p> <p><b>Data extraction:</b> A code was developed to capture information regarding the specific nature of the intervention, characteristics of the student population, research methodology, measures of AOD use, and observed effects on these measures at all measurement points.</p> <p><b>Synthesis:</b> Standardised mean difference calculated for each outcome. Further details of meta-analysis not reported.</p> <p><b>Details of heterogeneity:</b> NR</p>	<p><b>Knowledge and understanding</b> NR</p> <p><b>Attitudes and values</b> NR</p> <p><b>Personal and social skills</b> NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b> This review found that although in general programs targeting high risk populations are about as effective as those provided universally, cognitive-behaviourally based prevention programs were more effective at reducing substance use when delivered to high-risk (<math>d = 0.20</math>) than general school population studies (<math>d = 0.05</math>). This finding was based on only a handful of studies (<math>n = 5</math>), and the difference was non-significant.</p>	<p><b>Strengths and/or weaknesses of the evidence presented:</b> None highlighted</p> <p><b>Evidence gaps and/or recommendations for future research:</b> Additional research required on early intervention programmes</p>

Study details	Review parameters	Outcomes	Notes
<p><b>Spoth et al., 2008</b></p> <p><b>Systematic review ++</b></p> <p><b>Objective:</b></p> <p><b>Databases searched:</b> Science Citation Index Expanded, PsychINFO, Medline, Social Science Citation Index; books and book chapters; literature reviews and meta-analyses; Internet sources</p> <p><b>Years:</b> 1999-2006</p>	<p><b>Inclusion:</b> 1) Design: either a randomized trial or quasi-experimental design with adequate comparison group. 2) The sample's behavioural and social characteristics must have been assessed and outcomes measured. 3) Pre-test, post-test and follow-up findings &gt; 6 months must be included. 4) Effects observed: a measurable difference in alcohol or alcohol-related outcomes in statistical significance testing; 5) 7 quality of evidence criteria consistent with the National Registry of Evidenced-based Programs and Practices were met.</p> <p><b>Exclusion:</b> Interventions that entailed treatment for those showing an alcohol-related disorders</p> <p><b>Number of studies included:</b> 41 studies (18&lt;10 years; 13&lt;10-15 years; 10 &gt;16 years)</p> <p><b>Data extraction:</b> No details reported</p> <p><b>Synthesis:</b> NA</p> <p><b>Details of heterogeneity:</b> NA</p>	<p><b>Knowledge and understanding</b> NR</p> <p><b>Attitudes and values</b> NR</p> <p><b>Personal and social skills</b> A number of interventions showed significant reductions in aggression and disruption. Effective interventions typically addressed the following: the use of role-play, a broad focus on life skills, improvement of emotional regulation, positive peer relationships, provision of accurate norms for alcohol and substance use and peer refusal skills.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b> Few elementary school interventions followed up long enough to test their effect on alcohol use</p>	<p><b>Strengths and/or weaknesses of the evidence presented:</b> Programs that might be effective could not be reviewed because measures were too broad and not specific to alcohol; studies contained small sample sizes; studies failed to include important information needed for them to be evaluated</p> <p><b>Evidence gaps and/or recommendations for future research:</b> A need for longitudinal data; for more replication studies; for improved reporting standards</p>

**Primary studies**

Study details	Intervention and population details	Analyses	Results
<p><b>Abbey et al., 1990</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To evaluate the short-term effectiveness of the BABES programme designed to positively impact on psychosocial skills and increase knowledge relating to alcohol and drugs.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> All second graders at one suburban public grade school</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 55</p> <p><b>Intervention,</b> n= 31 (55%)</p> <p><b>Comparator,</b> n= 24 (43%)</p> <p><b>Male</b> n (%) = 50%</p> <p><b>Mean age (range):</b> 6-8 years</p> <p><b>Ethnicity:</b> 54 (96%) White, 1 (4%) Hispanic</p> <p><b>Other baseline</b></p> <p>18 (34%) had tried at least a sip of alcohol (median number of drinking occasions for these students was 2 [range 1-30])</p> <p><b>Intervention details</b></p> <p><b>Name:</b> BABES (Beginning Alcohol and Addiction Basic Education) Program</p> <p><b>Focus/aim:</b> Psychosocial skills and alcohol and drugs</p> <p><b>Programme type:</b> Skill based substance abuse prevention</p> <p><b>Theoretical base:</b> Social competency, responsibility and help-seeking training, reduction of positive stereotypes about drugs and alcohol</p> <p><b>Key components:</b> Storytelling, group discussion, role play</p> <p><b>Providers/delivers:</b> External</p> <p><b>Length, duration, intensity:</b> 1 hour lessons over 7 weeks (1 lesson per week)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> ANCOVA</p> <p><b>Unit of allocation:</b> Three classrooms</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> 1 month following final BABES class</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> Experimental group mentioned less negative implications of decisions</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 55 (98%)</p> <p><b>Reasons for non-completion:</b> Student moved between pre-test and post-test</p>	<p><b>Knowledge and understanding</b></p> <p>Intervention group scored significantly higher on the knowledge test based directly on BABES material (p &lt;0 .01) but there were no significant differences between groups on the knowledge test applying BABES material to different situations.</p> <p>Mean [SD] (Intervention; Control)</p> <p>BABES Picture Test: 18.87 [3.09]; 15.84 [3.96]**</p> <p>Application of Course Material: 14.52 [3.62]; 14.24 [3.52]</p> <p>**p&lt;0.01</p> <p><b>Attitudes and values</b></p> <p>Intervention group had significantly more negative attitudes about alcohol's effects than the control group (p &lt;0 .05).</p> <p>Mean [SD] (Intervention; Control)</p> <p>Attitudes About Alcohol: 0.31 [0.16]; 0.23 [0.22]; p&lt;0.05</p> <p><b>Personal and social skills</b></p> <p>There were no significant differences at post-test between the intervention and control groups on measures of coping, decision making, help seeking, peer pressure resistance, responsibility taking or self esteem. However, control group members demonstrated more active coping skills on one of the three coping scenarios.</p> <p><b>Health and social outcomes related to alcohol and</b></p>

	<b>Other details:</b> <b>Comparator:</b> No programme, but received BABES following the post-test		<b>sexual health</b> NR
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Study details	Intervention and population details	Analyses	Results
<p><b>Abel &amp; Greco, 2008</b></p> <p>UBA -</p> <p><b>Objective:</b> To assess the effectiveness of a youth empowerment programme in reducing risks associated with teenage pregnancy</p> <p><b>Setting:</b> School + other Includes parent education workshop (not reported on)</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in grades 5 to 9</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 130</p> <p><b>Intervention, n=</b> 123</p> <p><b>Comparator, n=</b> NA</p> <p><b>Male n (%) =</b> 72 (55%)</p> <p><b>Mean age (range):</b> mean 11.39 (SD 0.83)</p> <p><b>Ethnicity:</b> (n=) African American 4; Asian American 2; American Indian 3; European American 11; Haitian etc 2; Hispanic 47; Pacific Islander 1; Puerto Rican 43; Other 13, NR 4</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> FAME (Family Action Model for Empowerment)</p> <p><b>Focus/aim:</b> Teenage pregnancy prevention</p> <p><b>Programme type:</b></p> <p><b>Theoretical base:</b> 40 development assets model of the Search Institute; psychoeducational approach to behaviour change</p> <p><b>Key components:</b> Promoting and strengthening healthy family functioning and increasing the awareness of sexual abstinence as a positive choice for youth</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 1 hour sessions; 8 week school curriculum</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> NR</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Paired sample t-test</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> immediate posttest</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 94 (72%)</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Item (n=) Mean (SD) Pretest; Posttest; effect size</p> <p>Overall, matter to mother (n=93): 45.41 (10.12); 50.77 (15.8); 0.28*</p> <p>Overall, matter to father (n=91): 42.26 (13.6); 49.79 (18.56); 0.23*</p> <p>Overall communication with mother (n=90): 15.6 (4.16); 19.84 (19.49); 0.15*</p> <p>Overall communication with father (n=90): 14.57 (4.36); 20.92 (23.2); 0.19*</p> <p>*Change from pretest p &lt;0.05</p> <p><b>Personal and social skills</b></p> <p>Item (n=) Mean (SD) Pretest; Posttest</p> <p>Abstain from sex (n=86) 0.767 (0.43); 0.896 (0.31); 0.16*</p> <p>Overall self-esteem (n=94): 12.02 (2.9); 17.06 (19.7); 0.17*</p> <p>Overall ability to resist (n=93): 3.91 (2.02); 9.67 (21.5); 0.18*</p> <p>*Change from pretest p &lt;0.05</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Allison et al., 1990</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> Examines the effects of different teacher training on drug use including alcohol</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Not reported</p>	<p><b><u>Population details</u></b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 12 classes (266 students)</p> <p><b>Intervention,</b> Intensive n= 4 classes (92 students); in-service n= 5 classes (107 students)</p> <p><b>Comparator,</b> n= 3 classes (67 students)</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> grade 5</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b><u>Intervention details</u></b></p> <p><b>Name:</b> D.A.P.P.E.R</p> <p><b>Focus/aim:</b> To increase knowledge and reduce drug use.</p> <p><b>Programme type:</b> Teacher training programme based on knowledge and resistance skills training</p> <p><b>Theoretical base:</b> Not reported (based on Botvin's LST)</p> <p><b>Key components:</b> (1) Intensive staff development programme focusing on knowledge, attitudes and implementing skills; (2) in-service training on use of the DAPPER curriculum.</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length:</b> 5 sessions</p> <p><b>Duration:</b> 3 hours each</p> <p><b>Intensity:</b> NR</p> <p><b>Other details:</b> Each teacher was asked to hold a 1 to 2 hour in-service workshop in their school following training.</p> <p><b>Comparator:</b> Teachers received curriculum guidelines but no staff development</p>	<p><b><u>Process details</u></b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Multiple regression, <i>F</i>-test</p> <p><b>Unit of allocation:</b> Organisation/ institution (23 schools)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> End of school year</p> <p><b>Other details:</b> None</p> <p><b><u>Baseline comparability</u></b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> More students in the intensive groups reported intentions to drink alcohol at baseline.</p> <p><b><u>Attrition</u></b></p> <p><b>Number of participants completing study:</b> n= 217 students (82%)</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b><u>Knowledge and understanding</u></b></p> <p>Knowledge, problem solving, coping and attitude decision making failed to reach significance in group comparisons.</p> <p><b><u>Attitudes and values</u></b></p> <p>NR</p> <p><b><u>Personal and social skills</u></b></p> <p>NR</p> <p><b><u>Health and social outcomes related to alcohol and sexual health</u></b></p> <p>No difference between groups on any of the measures of alcohol use at post-test.</p> <p>Differences in percent drinking alcohol (Intensive; in-service; control)</p> <p>Sip of alcohol</p> <p>Pre-test: 58; 65; 64</p> <p>Post test: 58; 63; 67</p> <p>Wine (with parents):</p> <p>Pre- test: 33; 29; 25</p> <p>Post test: 41; 39; 36</p> <p>Intention to drink alcohol</p> <p>Pre- test: 7; 4; 0</p> <p>Post test: 0; 5; 4</p> <p>Wine or beer (without parents)</p> <p>Pre- test: 1; 3; 2</p> <p>Post test: 0; 3; 2</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Ambtman et al., 1990</b></p> <p>NRCT +</p> <p><b>Objective:</b> To assess changes in student knowledge following receiving "Tuning In To Health: Alcohol and Other Drug Decisions", a programme aimed at reducing the future incidence of problems associated with drugs.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> Canada</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in grades 2 to 6 in public schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 2,406 students</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> 2nd - 6th Grade</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Tuning In To Health: Alcohol and Other Drug Decisions</p> <p><b>Focus/aim:</b> Drug effects, decision-making, alternatives to drug use, healthy lifestyle promotion</p> <p><b>Programme type:</b> Drug abuse prevention program</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Rural and urban schools were analysed separately. Different grades received different units of the program.</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> Under 2 months, 16 - 40 minute lessons</p> <p><b>Other details:</b> Length/intensity of units varied between schools.</p> <p><b>Comparator:</b> Schools not using the Tuning In To Health program</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> t-tests; ANCOVA</p> <p><b>Unit of allocation:</b> 31 schools</p> <p><b>Unit of analysis:</b> School</p> <p><b>Time to follow-up:</b> Unclear</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Baseline demographic data not reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 2,092 (87%)</p> <p><b>Reasons for non-completion:</b> Unclear/missing identifiers, student absenteeism. One school dropped out and one class in one school also dropped out.</p>	<p><b>Knowledge and understanding</b></p> <p>The experimental schools improved more than control schools on knowledge of essential elements of the program. There were significant differences between effects of the program for the intervention and control groups in urban schools in all grades (p&lt;0.01 or better). All change occurred in a positive direction. In rural schools only grades 3,4 and 5 showed significant differences in this effect of the program between intervention and control groups (p&lt;0.01 or better)</p> <p><b>Attitudes and values</b></p> <p>Not reported</p> <p><b>Personal and social skills</b></p> <p>Not reported</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Not reported</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Andrews et al., 1992</b></p> <p>CBA -</p> <p><b>Objective:</b> To examine the impact of a school health curriculum</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> American Lung Association</p>	<p><b><u>Population details</u></b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> NR</p> <p><b>Intervention, n=</b> NR</p> <p><b>Comparator, n=</b> NR</p> <p><b>Male n (%) =</b> NR</p> <p><b>Mean age (range):</b> Kindergarten upwards</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b><u>Intervention details</u></b></p> <p><b>Name:</b> Growing Healthy (GH) curriculum</p> <p><b>Focus/aim:</b> Knowledge levels, attitudes towards good health practices and health behaviour</p> <p><b>Programme type:</b> Health curriculum</p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> Three groups: one received Growing Healthy from K-6th grade; one from 3rd-6th grades (standard textbook approach from K-3rd grade) and one did not receive Growing Healthy.</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> Grades K-6</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Standard textbook approach</p>	<p><b><u>Process details</u></b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> NR</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> Students tested every year between 6<sup>th</sup> and 12<sup>th</sup> grade</p> <p><b>Other details:</b> NR</p> <p><b><u>Baseline comparability</u></b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> No baseline measures reported</p> <p><b><u>Attrition</u></b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b></p>	<p><b>Knowledge and understanding</b></p> <p><b>Attitudes and values</b></p> <p><b>Personal and social skills</b></p> <p>Students in the 5th and 9th grades who received GH from K-6th grade were significantly less likely to think they would drink as adults (p &lt;0.05)</p> <p>Percentage of students who think they will drink as adults by grade (received GH in K-6th Grade; received GH in 3rd-6th Grade; control):</p> <p>3: 11; 19; -</p> <p>5: 30; 27; 27</p> <p>6: 48; 37; 45</p> <p>7: 37; 39; 40</p> <p>9: 44; 58; 64</p> <p>10: 66; 61; 66</p> <p>11: 71; 60; 66</p> <p>12: 69; 60; 65</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>There were no differences between groups for the percentage of students who had tried alcohol. However, students who received the GH curriculum from K-6th grade were significantly more likely to drink on a regular basis in 3rd, 5th, 6th and 9th grades (p &lt;0.05). Students in the third grade only who received GH from K-6th grade were significantly more likely to have friends that had tried drinking (p &lt;0.05).</p>

			<p>Percentages of students by grade who have tried alcohol (received GH in K-6th Grade; received GH in 3rd-6th Grade; control)</p> <p>3: 56; 65; -                      5: 80; 75; 73                      6: 88; 84; 76                      7: 92; 86; 89                      9: 93; 90; 96                      10: 92; 90; 92                      11: 94; 89; 96                      12: 90; 93; 92</p> <p>Percentages of students by grade who drank regularly (received GH in K-6th Grade; received GH in 3rd-6th Grade; control)</p> <p>3: 10; 23; -                      5: 4; 4; 12                      6: 4; 6; 15                      7: 34; 23; 36                      9: 31; 35; 40                      10: 38; 39; 49                      11: 65; 60; 66                      12: 70; 71; 72</p> <p>Percentages of students by grade who had friends who had tried drinking (received GH in K-6th Grade; received GH in 3rd-6th Grade; control)</p> <p>3: 31; 44; -                      5: 30; 37; 27                      6: 63; 60; 58                      7: 80; 73; 78</p>
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			9: 31; 35; 40 10: 95; 89; 92 11: 94; 89; 93 12: 91; 95; 91
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Study details	Intervention and population details	Analyses	Results
<p><b>Austin &amp; Johnson, 1995</b></p> <p>RCT (individual) –</p> <p><b>Objective:</b> To help children develop resistance skills towards media portrayal of alcohol</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Convenience sample of third graders</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 246</p> <p><b>Intervention, n=</b> NR</p> <p><b>Comparator, n=</b> NR</p> <p><b>Male n (%) =</b> NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> to enhance resistance skills toward media portrayals of alcohol</p> <p><b>Programme type:</b> Media literacy training</p> <p><b>Theoretical base:</b> Television interpretation process model, family communication and the media</p> <p><b>Key components:</b> video, adverts handouts and discussion</p> <p><b>Providers/delivers:</b> External</p> <p><b>Length, duration, intensity:</b> 1 session</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Did not receive the intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> One way ANOVA, within subject repeated measures MANOVA, hierarchical multiple regression</p> <p><b>Unit of allocation:</b> Individual</p> <p><b>Unit of analysis:</b> Individual, Group</p> <p><b>Time to follow-up:</b> At one month and three months</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> NR</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 109 (44%) at 3 months</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>At immediate posttest, there were significant differences between treatment and non-treatment groups in understanding of persuasive intent (<math>p &lt; 0.001</math>), perceptions of realism (<math>p &lt; 0.001</math>), and perceptions of social norms for alcohol use (<math>p &lt; 0.01</math>). Results bordered on the significance for desirability (<math>p &lt; 0.10</math>). At delayed post-test, only perceptions of realism remained significant (<math>p &lt; 0.01</math>).</p> <p><b>Attitudes and values</b></p> <p><b>Personal and social skills</b></p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>There were significant differences between predrinking behaviour at post-test for treatment and non-treatment groups (<math>p &lt; 0.001</math>).</p> <p>The authors also tested the hypothesis that critical attitudes toward television portrayals of alcohol would predict less identification, lower expectancies for alcohol use and a lower likelihood for choosing an alcohol-related toy. The results of the post-test supported this hypothesis, but at delayed posttest the authors noted differences. Instead of social norms predicting perceived similarity, perceived realism predicted perceived similarity and there was a lack of a relationship between identification and expectancies.</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Baker, 2004</b></p> <p>CBA –</p> <p><b>Objective:</b> To evaluate Preventing Alcohol and Drug Abuse Through Primary Education (PADAPE), an alcohol and drug prevention programme</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Second to fifth grade students in two public elementary school districts (3 schools)</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 1,521 students</p> <p><b>Intervention</b>, n= 712 students (209 2<sup>nd</sup> grade; 210 3<sup>rd</sup> grade; 203 4<sup>th</sup> grade; 108 5<sup>th</sup> grade)</p> <p><b>Comparator</b>, n= 795 students (206 2<sup>nd</sup> grade; 228 3<sup>rd</sup> grade; 250 4<sup>th</sup> grade; 107 5<sup>th</sup> grade)</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Preventing Alcohol and Drug Abuse Through Primary Education (PADAPE)</p> <p><b>Focus/aim:</b> Knowledge about drugs, skills for refusing drugs, social skills</p> <p><b>Programme type:</b> Alcohol and drug prevention</p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> Incorporated lessons from two programmes: Here's Looking At You and Get Real About Tobacco.</p> <p><b>Providers/delivers:</b> External</p> <p><b>Length, duration, intensity:</b> Six lessons in 2<sup>nd</sup> grade, and eight lessons in 3<sup>rd</sup>-5<sup>th</sup> grade</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Students who had not received the curriculum in the previous year (historical control)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> 1 year</p> <p><b>Other details:</b> Two phases reported on, details presented here are for phase two.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> No baseline measures reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>In a before and after study (n=615 2<sup>nd</sup>-5<sup>th</sup> grade students) there were significant overall increase in performance from pre-test to post-test at all grades (p&lt;0.001); these findings were maintained at follow up. However, in grades 2 and 5, the number of correct responses related to alcohol did not significantly improve.</p> <p>In the second phase of the study, students in second, third, and fourth grades who had not received the intervention programme in the previous year performed better than students who had received the PADAPE programme, with the exception of one group. A comparison of fifth grade students revealed no significant differences between groups.</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Battistich et al., 2000; 2004</b></p> <p>NRCT +</p> <p><b>Objective:</b> To examine the effectiveness of the Child Development Project programme at reducing student involvement in drug use and other problem behaviours</p> <p><b>Setting:</b> School and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA, CSAP, US, William and Flora Hewlett Foundation, San Francisco Foundation, Robert Wood Johnson Foundation, Danforth Foundation, Stuart Foundation, Pew Charitable Trust, etc.</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students and teachers at 24 elementary schools from six school districts.</p> <p><b>Exclusion:</b></p> <p><b>Total</b> n= 24 schools</p> <p><b>Intervention</b>, n= 12 schools</p> <p><b>Comparator</b>, n= 12 schools</p> <p><b>Male</b> n (%) =</p> <p><b>Mean age (range):</b> limited to students in top three grades</p> <p><b>Ethnicity:</b></p> <p><b>Other baseline:</b> Gender and ethnicity</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Child Development Project</p> <p><b>Focus/aim:</b> To help schools become 'caring communities of learners'</p> <p><b>Programme type:</b> whole school approach</p> <p><b>Theoretical base:</b> socialisation, learning and motivation, and prosocial development</p> <p><b>Key components:</b> Cooperative learning, literature-based reading and language arts curriculum, developmental discipline, school-wide activities, family involvement activities</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> Three years</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> No intervention control</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> MANOVA</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> School</p> <p><b>Time to follow-up:</b> Four years from baseline</p> <p><b>Other details:</b> *A different cohort of students provided information about their involvement with problem behaviours during each of the four years</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b></p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> All schools completed evaluation*</p> <p><b>Reasons for non-completion:</b> NA</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Students at five "high change" programme schools increased in their sense of community scores during the three intervention years. In control schools, sense of community scores declined (<math>p &lt; 0.001</math>, ES 0.47). Among students at seven "low change" schools, sense of community scores declined more than in the control group (<math>p &lt; 0.05</math>, ES -0.09). In a follow-up of students in middle school, intervention students scored higher than comparison students in sense of school community (<math>p &lt; 0.06</math>), positive teacher relations (<math>p &lt; 0.04</math>), liking for school (<math>p &lt; 0.04</math>), and task orientation towards learning (<math>p &lt; 0.06</math>).</p> <p><b>Personal and social skills</b></p> <p>There was no difference between intervention and comparison students with respect to academic performance. During middle school, intervention students scored higher than comparison students in sense of efficacy (<math>p &lt; 0.01</math>) and global self-esteem (<math>p &lt; 0.10</math>).</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Alcohol use among programme students declined from baseline, whereas comparison students showed a small increase (<math>p &lt; 0.10</math>, ES 0.15). Among five "high change" schools, intervention students declined over time in their use of alcohol, whereas control students increased their</p>

			<p>use (<math>p &lt; 0.05</math>, ES 0.18).                  Intervention and comparison students did not differ with respect to their use of alcohol in middle school. (Also no difference among intervention students from the high implementation group)</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Bell et al., 2005a</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> Second year evaluation of Protecting You/Protecting Me taught by peer leaders</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Texas State Governor's Office</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in third to fifth grade in eight schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 717 students took pretest; 612 students completed pre- and post-test surveys</p> <p><b>Intervention,</b> n= 235 (38%)</p> <p><b>Comparator,</b> n= 377 (62%)</p> <p><b>Male</b> n (%) = 47%</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> 47% White, 30% Hispanic, 13% African American, 3% Native American, 2% Asian, 5% Other</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Protecting You/ Protecting Me</p> <p><b>Focus/aim:</b> Enhance knowledge and skills to prevent underage alcohol consumption or riding with an impaired driver</p> <p><b>Programme type:</b> Peer led alcohol prevention and vehicle safety program</p> <p><b>Theoretical base:</b> risk reduction, resiliency</p> <p><b>Key components:</b> High school students led classes around social skills, media awareness, the brain, law</p> <p><b>Providers/delivers:</b> Peer led, high school students</p> <p><b>Length, duration, intensity:</b> Grades 1-5, 8 lessons per grade, one hour lessons</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Classes that did not receive PY/PM</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Repeated measures ANOVA, t-tests</p> <p><b>Unit of allocation:</b> Classrooms</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest, six week follow-up (intervention group only)</p> <p><b>Other details:</b> Analyses were performed controlling for the clustering in classrooms</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> differences in ethnicity and class size led to responses being weighted in analysis</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 612 (85%). Unclear how many students were lost from each group</p> <p><b>Reasons for non-completion:</b> questionnaires with stereotyped response patterns or more than 20% missing data were removed, absenteeism, students moved</p>	<p><b>Knowledge and understanding</b></p> <p>Significant gains in two areas (media literacy and vehicle safety skills) in the intervention group compared to control at posttest:</p> <p>Mean difference (posttest): intervention; control</p> <p>Media Literacy: 0.45; 0.23; p&lt;0.05.</p> <p>Vehicle Safety Skills: 0.48; 0.17; p&lt;0.01.</p> <p>No other significant changes in mean knowledge scores in tested areas.</p> <p>Mean difference (posttest): intervention; control</p> <p>Riding with Impaired Driver: 0.05; -0.05</p> <p>Knowledge about Brain Development: 0.70; 0.38</p> <p>Importance of Brain: 0.93; 0.09</p> <p>Second year PY/PM students made higher gains than the comparison group on Importance of the Brain; both first and second year PY/PM students made higher gains than the comparison group on Vehicle Safety Skills; and first year PY/PM students made higher gains than both groups on media literacy.</p> <p><b>Attitudes and values</b></p> <p>No significant changes in mean skill scores at posttest or mean scores relating to attitudes to drinking.</p> <p>Mean difference (posttest): intervention; control</p> <p>Stress Management Skills: 0.15; 0.00</p> <p>Decision Making Skills: -0.21; -0.18</p> <p>Use of Rules: -0.04; -0.06</p> <p>Social Skills: -0.07; -0.04</p> <p>Drinking attitudes: 0.00; 0.02</p>

			<b>Personal and social skills</b> NR  <b>Health and social outcomes related to alcohol and sexual health</b> NR
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Study details	Intervention and population details	Analyses	Results
<p><b>Bell et al., 2005b</b></p> <p>CBA –</p> <p><b>Objective:</b> Evaluation of the fourth year effects of teacher led Protecting You/Protecting Me</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> US Department of Justice Office of Justice Programs</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in first to fifth grade in four schools and matched comparison schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 848 students</p> <p><b>Intervention,</b> n= approx 468 students</p> <p><b>Comparator,</b> n= approx 378 students</p> <p><b>Male</b> n (%) = 49%</p> <p><b>Mean age (range):</b> 4th - 5th Grade</p> <p><b>Ethnicity:</b> 56% white, 22% Hispanic, 10% African American, 9% Native American, 1% Asian, 2% Other</p> <p><b>Other baseline:</b></p> <p><b>Intervention details</b></p> <p><b>Name:</b> Protecting You/Protecting Me</p> <p><b>Focus/aim:</b> Enhance knowledge and skills to prevent underage alcohol consumption or riding with an impaired driver</p> <p><b>Programme type:</b> Alcohol prevention and vehicle safety</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Teaching children about their brains, vehicle safety and life skills</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 4 years, 40 lessons (1 lesson per week for 8 weeks in grades 1-5)</p> <p><b>Other details:</b> Teachers attended 1-day training in the first year and booster training sessions before year 4</p> <p><b>Comparator:</b> Did not receive PY/PM</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Regression analyses (posttest data from fourth and fifth grade students)</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest, 12 months follow up</p> <p><b>Other details:</b> Analyses adjusted for students clustering within schools</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Differences in ethnicity between groups, the intervention group included more Hispanics than the comparison group (30% vs. 12%), more African Americans (14% vs. 5%), and fewer Whites (45% vs. 69%). Adjusted for in analyses.</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 722 students (85%)</p> <p><b>Reasons for non-completion:</b> NR, attrition analyses showed no difference in racial composition or gender and no significant differences in scores on pretest measures</p>	<p>Based on posttest data from fourth and fifth grade students, a significant impact of PY/PM was found for six out of eight outcome measures.</p> <p><b>Knowledge and understanding</b></p> <p>No significant impact of PY/PM found for media literacy, and there was no relationship found between number of years of exposure to PY/PM and media literacy</p> <p><b>Attitudes and values</b></p> <p>Significant impact of PY/PM found for stress-management and decision-making skills (p&lt;0.05) and for vehicle safety skills (p=0.00). In addition, there was a significant relationship between higher number of years exposure to PY/PM and greater stress management skills (p&lt;0.05) and greater decision-making and vehicle safety skills (p=0.00)</p> <p><b>Personal and social skills</b></p> <p>Significant impact of PY/PM found on perceived harm of alcohol (p=0.00) and underage drinking attitudes (P&lt;0.05), but no significant impact of PY/PM found on drinking and safety intentions.</p> <p>Significant relationship between higher number of years exposure to PY/PM and greater perceived harm of alcohol (p=0.00) and underage drinking attitudes (p&lt;0.05), but again no relationships to drinking and safety intentions.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Bell et al., 2007</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> To evaluate the effects of Protecting You/ Protecting Me on first and second grade students during three years of the program</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> US Department of Justice Office of Justice Programs</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in grades 1 and 2 in elementary/intermediate schools which were nearby to 11 high schools with PAL® programmes</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 858 students</p> <p><b>Intervention,</b> n= 449 (52%)</p> <p><b>Comparator,</b> n= 409 (48%)</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> Caucasian 44%, Hispanic 35%, African American 15%, Other 3%, Missing 4%</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Protecting You/ Protecting Me</p> <p><b>Focus/aim:</b> Enhance knowledge and skills to prevent underage alcohol consumption or riding with an impaired driver</p> <p><b>Programme type:</b> Alcohol prevention and vehicle safety program</p> <p><b>Theoretical base:</b> Life Skills, media literacy training</p> <p><b>Key components:</b> Peer led lessons on brain development, decision-making skills, media literacy</p> <p><b>Providers/delivers:</b> Peer led by students from nearby high schools (n=121)</p> <p><b>Length, duration, intensity:</b> 1 school year</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Ordinal Logistic Regression</p> <p><b>Unit of allocation:</b> 44 classrooms</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> The analyses were adjusted for clustering</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> Only examined ethnicity for matching</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 742 students (87%; 385 intervention and 357 control)</p> <p><b>Reasons for non-completion:</b> Surveys that were unable to be matched due to missing or incorrect codes, absence during data collection</p>	<p><b>Knowledge and understanding</b></p> <p>There were significant programme effects for one measure of knowledge about the brain (p=0.04), but not a second. There were significant programme effects for three out of four measures (all p&lt;0.05) relating to vehicle safety, and there were significant programme effects for one out of two media awareness questions (p=0.00).</p> <p><b>Attitudes and values</b></p> <p>There were no significant effects of the programme on questions referring to decision making.</p> <p><b>Personal and social skills</b></p> <p>There were no significant effects of the programme on use of rules.</p> <p>There were significant effects of the programme on attitudes towards the harm of teenage drinking (p=0.05), but not on attitudes towards drinking in non-driving teenagers.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Bohman et al., 2004</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To assess whether students receiving the Protecting You/ Protecting Me curriculum were positively affected</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (Texas)</p> <p><b>Funding source:</b> Criminal Justice Division of the Texas Governor's Office</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in 3rd to 5th grade classrooms in elementary/intermediate schools within four sites</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 321 students</p> <p><b>Intervention,</b> n= 162 students (30% 3rd graders, 34% 4th graders, 36% 5th graders)</p> <p><b>Comparator,</b> n= 159 students (35% 3rd graders, 31% 4th graders, 34% 5th graders)</p> <p><b>Male</b> n (%) = Intervention 47% ; Control 49%</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> White 54%, African American 15%, Hispanic 20%, Other 12%</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Protecting You/Protecting Me</p> <p><b>Focus/aim:</b> Enhance knowledge and skills to prevent underage alcohol consumption or riding with an impaired driver</p> <p><b>Programme type:</b> Alcohol prevention and vehicle safety</p> <p><b>Theoretical base:</b> Risk reduction and protective factor enhancement</p> <p><b>Key components:</b> Peer led curriculum on risk, social competence, autonomy, problem-solving and resistance skills, pro-social attitudes, and vehicle safety skills</p> <p><b>Providers/delivers:</b> Peer led, high school students (n=44)</p> <p><b>Length, duration, intensity:</b> One lesson (20 min to 1 hour) every week for 8-10 weeks. Overall programme is 42 lessons (eight lessons each in grades 1-4 and ten lessons in grade 5).</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> ANCOVA</p> <p><b>Unit of allocation:</b> Classroom</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> Immediate posttest, 5 week follow-up (intervention group only)</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> There were no statistically significant differences between groups on grade, gender, ethnic background</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n=259 at posttest (81%; 128 intervention and 131 control), n=121 at 5 weeks follow up (intervention group only)</p> <p><b>Reasons for non-completion:</b> missing data preventing matches, absence from school during survey administrations</p> <p><b>Other details:</b> 372 students provided parental consent (193 intervention, 179 control)</p>	<p><b>Knowledge and understanding</b></p> <p>Significant effect of programme on media literacy (p&lt;0.05) and knowledge of brain development (p&lt;0.001) at post-test and follow up. There was no significant effect found on knowledge of brain importance.</p> <p>Posttest (intervention mean; control mean; ES)</p> <p>Brain importance: 2.55; 2.37; 0.15</p> <p>Brain development: 3.08; 2.50; 0.48***</p> <p>Media Literacy: 3.50; 3.24; 0.44*</p> <p>Follow-up (intervention mean; ES)</p> <p>Brain importance: 2.53; 0.14</p> <p>Brain development: 3.28; 0.71***</p> <p>Media Literacy: 3.48; 0.38*</p> <p>*p&lt;0.05; **p&lt;0.01; ***p&lt;0.001</p> <p><b>Attitudes and values</b></p> <p>Significant gains made in vehicle safety skills; the intervention group reported a greater increase in vehicle safety skills relative to the control group at post-test and follow up. Significant effect of programme on intentions to ride with an alcohol impaired driver (p&lt;.05) at post-test and follow up. There was no significant effect on attitudes to drinking and driving, underage drinking or rules.</p> <p>Posttest (intervention mean; control mean; ES)</p> <p>Vehicle Safety: 1.68; 1.44; 0.68*</p> <p>Riding with an Alcohol Impaired Driver: 3.40; 3.07; 0.39*</p> <p>Drinking and Driving: 3.42; 3.28; 0.21</p> <p>Underage Drinking: 3.45; 3.34; 0.15</p> <p>Rules: 2.52; 2.49; 0.03</p>

	<p><b>Other details:</b>  <b>Comparator:</b> No intervention</p>		<p>Follow-up (intervention mean; ES)            Vehicle Safety: 1.67; 0.65*            Riding with an Alcohol Impaired Driver: 3.36; 0.34*            Drinking and Driving: 3.35; 0.11            Underage Drinking: 3.42; 0.11            Rules: 2.55; 0.00            *p&lt;0.05; **p&lt;0.01; ***p&lt;0.001</p> <p><b>Personal and social skills</b>            No significant effect was found on stress management, social skills or decision making.</p> <p>Posttest (intervention mean; control mean; ES)            Social Skills: 3.04; 2.87; 0.25            Stress: 2.76; 2.66; 0.14            Decision Making: 2.97; 2.88; 0.15            Follow-up (intervention mean; ES)            Social Skills: 3.01; 0.20            Stress: 2.81; 0.20            Decision Making: 2.80; -0.11            *p&lt;0.05; **p&lt;0.01; ***p&lt;0.001</p> <p><b>Health and social outcomes related to alcohol and sexual health</b>            NR</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Botvin et al., 2003</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> To determine the effectiveness of a competence enhancement approach to substance misuse prevention with elementary school students.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 1,954 pre-test (1,090 matched)</p> <p><b>Intervention,</b> n= 426</p> <p><b>Comparator,</b> n= 664</p> <p><b>Male</b> n (%) = 52% male</p> <p><b>Mean age (range):</b> 23% 3rd, 40% 4th; 32% 5th; 5% 6th</p> <p><b>Ethnicity:</b> 48% White, 26% Hispanic, 13% African-American, 3% Asian and 10% other/mixed ethnicity</p> <p><b>Other baseline</b></p> <p>Alcohol use prevalence (intervention; control):</p> <p>Lifetime: 34.3%; 34.9%</p> <p>Annual: 1.6%; 0.3%</p> <p>Month: 0.7%; 0.2%</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Life skills training</p> <p><b>Focus/aim:</b> Alcohol and tobacco use</p> <p><b>Programme type:</b> drug resistance skills, personal self-management, social skills training</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Facilitation and group discussion, cognitive-behavioural skills, modelling and practice</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length:</b> 24 classes</p> <p><b>Duration:</b> 30-45 minutes each</p> <p><b>Intensity:</b> 8 classes per year for 3 years</p> <p><b>Other details:</b> Student-teacher ratio of 25:1 used.</p> <p><b>Comparator:</b> NR</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Generalised linear modelling ANCOVA.</p> <p><b>Unit of allocation:</b> Organisation/ institution (20 elementary schools)</p> <p><b>Unit of analysis:</b> Organisation/ institution</p> <p><b>Time to follow-up:</b> Post-test</p> <p><b>Other details:</b> Individual analyses also undertaken.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> Matched on drinking behaviours</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 1090 (56%)</p> <p><b>Reasons for non-completion:</b> Absence, transfer and missing data</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Intervention students reported higher anti-drinking attitudes [mean 2.790 (SE 0.014) vs. mean 2.760 (SE 0.011); p=0.044 (also significant at the school level analyses, p=0.051)] and increased substance use knowledge [5.351 (0.091) vs. 5.139 (0.068); p=0.031] relative to control students. Intervention students also reported lower normative expectations for peer alcohol use [1.241 (0.035) vs. 1.402 (0.028); p=0.000] as well as higher self-esteem [2.633 (0.022) vs. 2.562 (0.018); p=0.06 (also significant at the school level analyses, p=0.013)] than control students.</p> <p><b>Personal and social skills</b></p> <p>No significant difference on other measures: advertising knowledge, social skills knowledge, refusal skills knowledge, teen or adult drinking norms, and risk-taking.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Adjusted mean (SE) alcohol use (intervention; control)</p> <p>Drinking frequency: 0.442 (0.040); 0.413 (0.033)</p> <p>Drink in past year: 0.149 (0.016); 0.168 (0.013)</p> <p>School-level mean (SE) for alcohol use (intervention; control)</p> <p>Drinking frequency: 0.436 (0.057); 0.520 (0.051)</p> <p>Drink in past year: 0.134 (0.019); 0.178 (0.017)</p>

			<p>There was no difference between intervention and control students in terms of drinking frequency (<math>p=0.287</math>) or the proportion drinking in the past year (<math>p=0.172</math>). However analysis at the school level found that intervention schools had significantly lower drinking prevalence (<math>p=0.054</math>).</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Brown et al., 2005</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To report on the 2-year analysis of the Raising Healthy Children programme</p> <p><b>Setting:</b> School and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Children had to remain in school for entire year, have a parent who spoke English, Spanish, Korean, or Vietnamese</p> <p><b>Exclusion:</b></p> <p><b>Total</b> n= 1,040 students (959 available for analyses)</p> <p><b>Intervention,</b> n= 5 schools</p> <p><b>Comparator,</b> n= 5 schools</p> <p><b>Male:</b> 54%</p> <p><b>Mean age (range):</b> 7.7 (SD 0.6)</p> <p><b>Ethnicity:</b> 82% European American, 7% Asian; 4% African American; 4% Hispanic; 3% Native American</p> <p><b>Other baseline:</b> Not reported</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Raising Healthy Children programme</p> <p><b>Focus/aim:</b> Promote development by targeting appropriate risk factors</p> <p><b>Programme type:</b> Multi-component - curriculum, skills, refusal skills</p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> (1) Teacher and staff development workshops; (2) after-school tutoring sessions and study clubs (Grades 4-6), booster sessions; and (3) parenting workshops and in-home services for selected families (Grades 1-8).</p> <p><b>Providers/delivers:</b> Teachers, other</p> <p><b>Length:</b> 2 years (workshops); 8 years (family)</p> <p><b>Duration:</b> Not clear</p> <p><b>Intensity:</b> Not clear</p> <p><b>Other details:</b> Teachers in Grades 1-7 had to receive at</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Latent Growth Model</p> <p><b>Unit of allocation:</b> Organisation/ institution (10 elementary schools)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 2 years</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No or not reported</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Not reported, but retention rate reported as &gt; 88% during project years 6-10.</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Prevalence* of annual alcohol use (intervention; controls)</p> <p>Grade 6: 0.29; 0.30</p> <p>Grade 7: 0.33; 0.29</p> <p>Grade 8: 0.37; 0.40</p> <p>Grade 9: 0.46; 0.48</p> <p>Grade 10: 0.52; 0.50</p> <p>*Proportion of students having used alcohol within the previous 12 months</p> <p>The results of the model showed that there was no significant difference between groups in terms of change in alcohol use over 5 years. However, there was a significant intervention effect on alcohol use frequency. There was a significantly greater rate of linear decline in alcohol frequency in the intervention group during Grades 8-10 relative to the control group (adjusted mean frequency ES = 0.40; p &lt; 0.05).</p>

	least 6 staff development workshop sessions during the year prior to implementation. <b>Comparator:</b> NR		
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Study details	Intervention and population details	Analyses	Results
<p><b>Bühler et al., 2008</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To test whether a programme aimed at general competence enhancement is effective due to its promotion of life skills.</p> <p><b>Setting:</b> Schools</p> <p><b>Country:</b> Germany</p> <p><b>Funding source:</b> German Science Foundation, German National Academic Foundation</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fifth grade students from 22 classes in seven schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 643 students</p> <p><b>Intervention,</b> n= 256 students (57%)</p> <p><b>Comparator,</b> n= 192 students (43%)</p> <p><b>Male</b> n (%) = 225 (50.2%)</p> <p><b>Mean age (range):</b> 10.8 years (SD 0.63)</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> 53 (11.9%) students (33 intervention and 20 control) were classified as ‘abusing’ alcohol (defined as any use beyond experimentation)</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Allgemeine Lebenskompetenzen und Fertigkeiten (general life competencies and skills)</p> <p><b>Focus/aim:</b> Promotion of knowledge about life skills and enhanced related behaviours</p> <p><b>Programme type:</b> Life skills</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> General life skills training (communication, interpersonal relationships, critical thinking, self-awareness, problem-solving, coping with stress and emotions) and substance related issues (effects of substances, motivation behind substance use, media and social influences, resistance skills training)</p> <p><b>Providers/delivers:</b> Teachers (supervised throughout)</p> <p><b>Length, duration, intensity:</b> 12 lessons</p> <p><b>Other details:</b> Teachers were trained during a 2 day workshop</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p>Life skills behaviour scales was developed by the authors.</p> <p>A bogus pipeline procedure was used to increase the validity of self-reported substance use.</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA; regression; Z values</p> <p><b>Unit of allocation:</b> 22 classrooms</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 1 year after baseline (immediate posttest)</p> <p><b>Other details:</b> Unit of analysis was not the same as unit of randomisation, however intraclass correlation taken into account through adjustment of the standard estimate error of the regression coefficient.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> Baseline differences were limited to age and school achievement; mean age and school achievement higher in the control group</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 448 students (70%) completed pre- and post-test</p> <p><b>Reasons for non-completion:</b> Absence at one or more measurement points. Attrition was more prominent among boys and for students with lower school achievement.</p>	<p><b>Knowledge and understanding</b></p> <p>There were significant programme effects on knowledge about skilled behaviour and life skill resources (P&lt;0.001). No programme effects were found concerning knowledge about unskilled behaviour and life skills deficits.</p> <p>Life skills: Mean (SD) pretest, posttest</p> <p>Knowledge skilled behaviour:</p> <p>Intervention: 0.91 (0.15), 0.93 (0.16): (p&lt;0.01)</p> <p>Control: 0.90 (0.15), 0.88 (0.21)</p> <p>Knowledge unskilled behaviour:</p> <p>Intervention: 0.54 (0.25), 0.59 (0.30): ns</p> <p>Control: 0.56 (0.24), 0.59 (0.28)</p> <p>Resources:</p> <p>Intervention: 36.7 (11.5), 37.7 (12.8): (p&lt;0.001)</p> <p>Control: 37.8 (11.5), 34.9 (11.6)</p> <p>Deficits:</p> <p>Intervention: 15.8 (5.1), 15.5 (5.4): ns</p> <p>Control: 16.7 (5.1), 16.0 (5.2)</p> <p>Knowledge about skilled behaviour significantly mediated the effect of the programme ALF on all outcome variables including nicotine abuse (p&lt;0.001), tobacco affinity (p&lt;0.01) and alcohol affinity (p&lt;0.01). Life skills resources did not significantly mediate programme effects on tobacco and alcohol affinity, but there was an inconsistent mediating effect on nicotine abuse (p&lt;0.10).</p> <p><b>Attitudes and values</b></p> <p>Students in the intervention group developed a more critical view against alcohol consumption compared to</p>

	<p><b>Comparator:</b> Treatment-as-usual</p>		<p>those in the control group.                  Alcohol affinity: mean (SD), baseline; posttest                  Intervention: 1.80 (0.70); 1.98 (0.74)*                  Control: 1.65 (0.67); 1.81 (0.70)                  *p&lt;0.001 vs. control</p> <p><b>Personal and social skills</b>                  NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b>                  Non-significant effects on alcohol use between baseline and T2.                  Alcohol abuse: % (n), pretest; posttest                  Intervention: 13.1 (33); 10.8 (27); p&lt;0.05                  Control: 10.4 (20); 10.5 (20)</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Catalano et al., 2003</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> The study examined the results of a comprehensive, multifaceted longitudinal school-based prevention programme, Raising Healthy Children</p> <p><b>Setting:</b> School and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 938</p> <p><b>Intervention</b>, n= 497</p> <p><b>Comparator</b>, n= 441</p> <p><b>Male</b> n (%) = 55% I; 51.5% C</p> <p><b>Mean age (range):</b> mean 7.43 (SD 0.62)</p> <p><b>Ethnicity:</b> European American: 82% I; 80.3% / Asian: 8.5% I; 5.9% C / African American: 4% I; 5% C / Hispanic: 3% I; 5.2% C / Native American: 2.4% I; 3.6% C</p> <p><b>Other baseline:</b> Qualified for free lunch and/or free/reduced lunch programme: 32.6% I; 44% C</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Raising Healthy Children programme</p> <p><b>Focus/aim:</b> Promote development by targeting appropriate risk factors</p> <p><b>Programme type:</b> Multi-component - curriculum, skills, refusal skills</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> (1) Teacher and staff development workshops; (2) after-school tutoring sessions and study clubs (Grades 4-6), booster sessions; and (3) parenting workshops and in-home services for selected families (Grades 1-8).</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 2 years (workshops); 8 years (family)</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> "Treatment as usual"</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Growth curve analysis with hierarchical linear models, regression analysis</p> <p><b>Unit of allocation:</b> 10 schools</p> <p><b>Unit of analysis:</b> Group</p> <p><b>Time to follow-up:</b> 18 months from baseline</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 100% in Year 1 and 98.1% in Year 2</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Teacher-rated: The level of student commitment to school and academic performance showed a significant difference by condition, with intervention students having a higher level of academic commitment and of teacher-rated academic performance than control students. Programme students showed an increasing growth rate in their level of social competency, compared to a decrease among control students. Control students had a higher level of antisocial behaviour and an increasing growth rate, compared to a lower level and decreasing growth rate in intervention students.</p> <p>Parent-reported: Controlling for gender, low income and baseline scores, intervention students had higher academic performance than control students, and a higher rating of commitment to school. Programme condition was not a significant predictor of social competency.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Corbin et al., 1993</b></p> <p>RCT (individual) –</p> <p><b>Objective:</b> To examine the impact of two treatment strategies on children's drug refusal skills and drug-related information</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (Virginia)</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Third grade children from one elementary school</p> <p><b>Exclusion:</b> High correct number of behavioural responses at pretest</p> <p><b>Total</b> n= 74 children</p> <p><b>Intervention</b>, n= R+ 24 (32%); GI 24 (32%)</p> <p><b>Comparator</b>, n= 26 (35%)</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> 8-10 years</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> General knowledge, drug knowledge, assertiveness, decision-making and rationale</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Rehearsal-plus (R+) or general information (GI)</p> <p><b>Focus/aim:</b> Improvement in drug refusal behaviour using skills and information based treatment</p> <p><b>Programme type:</b> Drug refusal skills and drug-related information.</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Training in classroom using flashcards, storybooks and role plays, to teach about drug knowledge, assertiveness, decision making, behaviour and rationale</p> <p><b>Providers/delivers:</b> Psychology majors</p> <p><b>Length, duration, intensity:</b> Training for both interventions was conducted over three days (45 minutes per day)</p> <p><b>Other details:</b> Students who received the GI programme were taught an additional component on general</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA; MANOVA; Student-Newman-Keuls test;</p> <p><b>Unit of allocation:</b> Individual</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest and 4 weeks later (intervention groups only)</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b></p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 57 children (77%; 22 R+, 16 GI and 19 control)</p> <p><b>Reasons for non-completion:</b> One or more absences during training</p>	<p><b>Knowledge and understanding</b></p> <p>R+ remained about the same post-test to follow-up in General Knowledge scores, the GI group decreased (<math>P&lt;0.015</math>). For drug knowledge both R+ and GI had higher means than the control group (<math>P&lt;0.001</math>) but no difference between the two intervention groups.</p> <p>Group: M (SD), pretest, posttest, follow up General knowledge: R+: 7.91 (1.85), 9.05 (1.46), 9.00 (1.46) GI: 8.94 (1.39), 10.69 (0.79), 9.77 (1.01) Control: 8.47 (2.52), 9.26 (1.56)</p> <p>Drug knowledge: R+: 14.45 (4.16), 18.23 (1.19), 16.78 (2.05) GI: 13.50 (4.26), 17.06 (2.86), 16.62 (2.57) Control: 12.68 (4.35), 12.63 (4.57)</p> <p><b>Attitudes and values</b></p> <p>There were no differences between intervention and control groups for assertiveness. Decision-making showed that the R+ group had higher mean at posttest than the GI and control groups (<math>p&lt;0.001</math>), the GI and control groups did not differ.</p> <p>For rationale, the R+ group had higher posttest mean than the GI and control groups (<math>P&lt;0.001</math>), although there was no difference between the GI and control groups.</p> <p>Group: M (SD), pretest, posttest, follow up Decision making: R+: 5.68 (1.94), 8.18 (1.14), 7.72 (1.64) GI: 5.88 (1.89), 5.81 (1.68), 5.23 (2.35)</p>

	<p>knowledge  <b>Comparator:</b> Drug education only</p>		<p>Control: 6.11 (1.70), 6.26 (1.73)  Rationale:  R+: 1.82 (1.89), 5.27 (2.89), 3.22 (1.77)  GI: 2.00 (1.41), 2.06 (1.75), 2.46 (1.90)  Control: 1.95 (1.56), 2.26 (1.57)  Assertiveness:  R+: 23.22 (4.23), 24.91 (2.43), 24.44 (2.83)  GI: 24.63 (2.25), 24.63 (2.22), 24.85 (1.34)  Control: 23.74 (3.41), 24.84 (1.50)</p> <p><b>Personal and social skills</b>  NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b>  There were no differences between the R+ and GI groups for the sequence behaviours. However, the group differences were significant between the R+ and GI groups when averaged across posttest and follow-up times, with the R+ group performing better. The R+ group showed significantly more refusal behaviours (in or out of sequence) than either the GI or control groups (P&lt;0.001). There was no difference between GI and control groups.  Group: M (SD), pretest, posttest, follow up  Sequence behaviour:  R+: 1.24 (0.88), 6.21 (2.79), 4.64 (3.20)  GI: 1.53 (0.76), 2.08 (1.87), 2.37 (1.91)  Control: 0.96 (0.68), 2.06 (1.90)  Occurrence behaviour:  R+: 4.22 (1.87), 8.08 (0.93), 7.46 (1.07)  GI: 4.71 (2.42), 5.53 (2.35), 5.88 (2.26)  Control: 4.49 (2.18), 5.25 (2.16)</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Cruz &amp; Dunn, 2003</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> Lower risk and alter alcohol expectancies in primary school children</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (Florida)</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fourth grade students from two public elementary schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 216 students</p> <p><b>Intervention,</b> Expectancy modification (EM) n= 74 (34%); Traditional alcohol information (TAI) n=72 (33%)</p> <p><b>Comparator,</b> n= 70 (32%)</p> <p><b>Male</b> n (%) = 110 (51%)</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> 70% White, 13% Hispanic, 5% African American, 2% Asian/American, 9% Other/mixed</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> To reduce expectancies and use of alcohol</p> <p><b>Programme type:</b> Early alcohol use prevention</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> The EM intervention was designed to increase participants' attention to the sedating effects of alcohol and undermine the anticipation of arousing effects. TAI included a presentation on the negative and harmful effects of alcohol.</p> <p><b>Providers/delivers:</b> Researchers</p> <p><b>Length, duration, intensity:</b> One-off session</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Individual differences scaling (INDSCAL)</p> <p><b>Unit of allocation:</b> Classroom</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> One week</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> There were no differences between groups on alcohol consumption, age, gender or ethnicity at baseline</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 87% (n=216) completed pre- and post-test measures</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>The expectancy modification group exhibited the greatest amount of change in alcohol expectancies. Children participating in the expectancy modification intervention were less likely to express positive or arousing expectancies after the intervention.</p> <p>Those participating in the traditional alcohol information interventions were also less likely to express positive expectancies but this represented a smaller amount of change. Emphasis on the positive–negative and arousal–sedation dimensions did not change noticeably in the assessment-only group.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Denny et al., 1999; Denny &amp; Young, 2006</b></p> <p>NRCT -</p> <p><b>Objective:</b> To examine the results from an 18 month follow-up evaluation of an abstinence education curriculum series</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students from 15 school districts</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 376</p> <p><b>Intervention,</b> n= 278</p> <p><b>Comparator,</b> n= 98</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Sex Can Wait curriculum</p> <p><b>Focus/aim:</b> Abstinence education</p> <p><b>Programme type:</b> SRE</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> self-esteem, reproductive anatomy and physiology, changes associated with puberty, values and decision-making skills, development and enhancement of communication skills, goal setting and life planning</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> Five weeks, 25 lessons (upper elementary)</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Health education with a sex education component</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Logistic regression</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> post-test, 18 months</p> <p><b>Other details:</b> Curriculum series was implemented by teachers who had participated in a 3.5-day training workshop; process evaluation involved using teacher reaction sheets and teacher checklists</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Not clear</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 301 (80%) at post-test; 196 (52%) at follow-up</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>At post-test and 18-month follow-up, students in the intervention group had a significantly higher level of knowledge compared to control students (p&lt;0.05)</p> <p>Knowledge (mean [SD]: % correct) (pre; post; FU)                      Comparison: 41% [14%]; 43% [17%]; 50% [15%]                      Intervention: 50% [17%]; 62% [15%]; 62% [15%]</p> <p><b>Attitudes and values</b></p> <p>At post-test, students in the intervention group reported greater self-efficacy than did the comparison group (p&lt;0.05). There was no difference between groups in terms of decision making. At the 18-month follow-up, there was no significant difference between the groups on the self-efficacy or decision making measures.</p> <p>Self efficacy (mean [SD]: 1=low, 5=high) (pre; post; FU)                      Comparison: 3.60 [0.70]; 3.64 [0.65]; 3.64 [0.71]                      Intervention: 3.81 [0.70]; 3.93 [0.66]; 3.87 [0.74]</p> <p>Decision making (mean [SD]: 1=low, 5=high) (pre; post; FU)                      Comparison: 3.34 [0.62]; 3.42 [0.76]; 3.34 [0.51]                      Intervention: 3.49 [0.64]; 3.39 [0.62]; 3.33 [0.51]</p> <p><b>Personal and social skills</b></p> <p>At post-test, students in the intervention group indicated more hopefulness for the future than control students (p&lt;0.05). There was no difference between groups on the measure of attitude. At the 18-month follow-up, there was no significant difference between the groups on the</p>

			<p>measures of attitude, or hopelessness.</p> <p>Attitude (mean [SD]: 1=low, 5=high) (pre; post; FU)          Comparison: 3.84 [0.64]; 3.94 [0.63]; 3.47 [0.59]          Intervention: 4.10 [0.61]; 4.20 [0.64]; 3.49 [0.51]</p> <p>Hopelessness (mean [SD] % favourable) (pre; post; FU)          Comparison: 74% [14%]; 74% [13%]; 73% [19%]          Intervention: 73% [15%]; 78% [12%]; 73% [19%]</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>At posttest there were no differences between the intervention and control groups on behavioural outcomes: intent to remain abstinent, ever had sexual intercourse, and had sex in last 30 days. At the 18 month follow-up, students in the intervention group were less likely to report that they had had sexual intercourse in the last 30 days.</p> <p>Intent to remain abstinent (mean [SD]: 1 = low, 5 = high)          Comparison: 3.00 [1.34]; 3.33 [1.17]; 2.70 [1.28]          Intervention: 3.55 [1.17]; 3.66 [1.19]; 3.30 [1.27]</p> <p>Ever had sexual intercourse? (mean [SD]: % yes) (pre; post; FU)          Comparison: 16% [37%]; 36 [48%]; 22% [42%]          Intervention: 5% [22%]; 20% [40%]; 14% [34%]</p> <p>Had sex last 30 days? (mean [SD]: % yes) (pre; post; FU)          Comparison: 16% [37%]; 31% [47%]; 22% [42%]          Intervention: 3% [36%]; 12% [47%]; 7% [25%]</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Donaldson et al., 1995</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> To assess the Adolescent Alcohol Prevention (AAPT) Trial</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> National Institute on Alcohol Abuse and Alcoholism</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in schools receiving AAPT</p> <p><b>Exclusion:</b> Not reported</p> <p><b>Total</b> n= 11,995</p> <p><b>Intervention,</b> n= Not reported</p> <p><b>Comparator,</b> n= Not reported</p> <p><b>Male</b> n (%) = 47%</p> <p><b>Mean age (range):</b></p> <p><b>Ethnicity:</b> 45.3% European American, 37.4% Hispanic, 12.6% Asian, 3% African American and 1.7% other ethnic groups.</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Adolescent Alcohol Prevention</p> <p><b>Focus/aim:</b> Alcohol</p> <p><b>Programme type:</b> Social influence</p> <p><b>Theoretical base:</b> Social influence</p> <p><b>Key components:</b> School units were randomly assigned to one of four conditions: (1) Resistance skills training + ICU; (2) Normative education + ICU; (3) Resistance skills training + normative education + ICU; (4) ICU only.</p> <p><b>Providers/delivers:</b> Project staff</p> <p><b>Length:</b> (1) 8 lessons; (2) 8 lessons; (3) 10 lessons; (4) 4 lessons</p> <p><b>Duration:</b> all 45 minutes</p> <p><b>Intensity:</b> 1 year (eighth grade)</p> <p><b>Other details:</b> A follow-up booster was conducted in the seventh grade consisting of a condensed version of the original program in the fifth grade.</p> <p><b>Comparator:</b> ICU only</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> ANCOVA</p> <p><b>Unit of allocation:</b> Organisation/ institution (130 school units)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Posttest at 1 year</p> <p><b>Other details:</b> Participants were analysed according to whether they received the interventions in fifth grade followed by a booster programme in seventh grade, or in seventh grade only.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> None</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Not reported</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Fifth grade interventions: There was a significant relationship between seventh grade refusal skills and eighth grade alcohol use (<math>p &lt; 0.05</math>) for adolescents who believed it was not acceptable to drink alcohol. The same analysis for adolescents who believed that it was acceptable to drink revealed a positive but nonsignificant relationship between seventh grade refusal skills and eighth grade alcohol use.</p> <p>Seventh grade interventions: There was a significant inverse relationship between 7th grade refusal skills and 8th grade alcohol use (<math>p &lt; 0.01</math>) for those who believed that it was not acceptable to drink. For adolescents who believed it was acceptable to drink there was not a significant relationship between seven grade refusal skills and eighth grade alcohol use.</p> <p>The authors report that resistance training can effectively delay the onset of alcohol use when adolescents believe it is not acceptable to drink. For adolescents who believe it</p>

			is acceptable to drink refusal skills did not predict subsequent alcohol use.
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Study details	Intervention and population details	Analyses	Results								
<p><b>Donaldson et al., 2000</b></p> <p>RCT (cluster) –</p> <p><b>Objective:</b> To assess the effects of normative education on alcohol and cigarette consumption using self-report and reciprocal best friend reports of substance use.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIAAA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Data collected as part of the AAPT</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 11,995</p> <p><b>Intervention,</b> n= Not reported</p> <p><b>Comparator,</b> n= Not reported</p> <p><b>Male</b> n (%) = 47%</p> <p><b>Mean age (range):</b> 5th grade</p> <p><b>Ethnicity:</b> 45% European American students, 37% Hispanic students, 13% Asian students, 3% African American students, 2% other</p> <p><b>Other baseline:</b> Not reported</p> <p><b>Intervention details</b></p> <p>For intervention details see Donaldson et al., 1995)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Chi-square, logistic regression</p> <p><b>Unit of allocation:</b></p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 8th, 9th and 10th grades</p> <p><b>Other details:</b> Reciprocal best friend reports were collected by asking participants how many of their 3 best friends ever drank alcohol, ever used alcohol in the past 30 days, and had ever been drunk. For each item, response categories were 1 = none", 2 ="one friend", 3 ="two friends" and 4 ="three friends"</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Not reported</p> <p><b>Comments:</b> Not reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Not reported</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Public schools: Significantly fewer students who received normative education used alcohol in the eighth, ninth and tenth grades than public schools receiving comparison interventions. With two exceptions, 30-day alcohol use at 9<sup>th</sup> grade and drunkenness at 10<sup>th</sup> grade, this finding was similar across the individual alcohol use items. For the majority of outcomes, students who received resistance skills training reported using alcohol more than students not receiving resistance skills training.</p> <p>Private schools: There were no significant effects on alcohol use of normative education or resistance skills training.</p> <p>Verified reports of alcohol use as a function of normative education and resistance training - % of users (Norm, Other*; RT, Other*)</p> <p><i>Alcohol index</i></p> <table border="0"> <tr> <td>Public school</td> <td>Private school</td> </tr> <tr> <td>8th Grade (n=842): 54.0,</td> <td>8th Grade (n=587): 65.1,</td> </tr> <tr> <td>63.2**;</td> <td>58.9, 57.6</td> </tr> <tr> <td></td> <td>70.3; 65.7, 69.3</td> </tr> </table>	Public school	Private school	8th Grade (n=842): 54.0,	8th Grade (n=587): 65.1,	63.2**;	58.9, 57.6		70.3; 65.7, 69.3
Public school	Private school										
8th Grade (n=842): 54.0,	8th Grade (n=587): 65.1,										
63.2**;	58.9, 57.6										
	70.3; 65.7, 69.3										

			<p>9th Grade (n=666): 77.5, 85.7**; 84.9, 76.7**</p> <p>10th Grade (n=520): 84.2, 91.1*; 90.1, 84.0*</p> <p><i>Alcohol, 30-day</i></p> <p>Public school</p> <p>8th Grade (n=1333): 9.2, 15.1***; 12.7, 10.7</p> <p>9th Grade (n=871): 23.9, 29.7; 28.3, 23.6</p> <p>10th Grade (n=580): 30.4, 37.9*; 37.7, 29.5*</p> <p><i>Alcohol lifetime</i></p> <p>Public</p> <p>8th Grade (n=791): 47.1, 57.3**; 53.0, 50.7</p> <p>9th Grade (n=572): 72.3, 82.9**; 81.4, 71.2**</p> <p>10th Grade (n=464): 81.5, 89.0*; 88.9, 80.1**</p> <p><i>Drunkenness</i></p> <p>Public</p> <p>8th Grade (n=1278): 4.2, 7.7**; 6.1, 5.2</p> <p>9th Grade (n=772): 14.0, 21.6**; 18.2, 15.1</p> <p>10th Grade (n=500): 28.3, 34.1; 35.1, 26.1*</p> <p>(*p&lt;.05; **p&lt;.01; ***p&lt;.001)</p> <p>*Two groups were created from the original four intervention conditions. Other = Norm vs. RT + Control or RT vs. Norm + Control</p> <p>9th Grade (n=503): 85.8, 83.0; 82.8, 86.2</p> <p>10th Grade (n=249): 94.9, 92.0; 92.7, 94.4</p> <p>Private school</p> <p>8th Grade (n=966): 13.4, 12.1; 10.2, 15.8**</p> <p>9th Grade (n=607): 32.5, 29.4; 30.0, 31.9</p> <p>10th Grade (n=229): 55.7, 44.7; 41.5, 60.4**</p> <p>Private</p> <p>8th Grade (n=511): 59.3, 63.3; 60.2, 62.0</p> <p>9th Grade (n=445): 82.0, 79.6; 77.6, 84.2</p> <p>10th Grade (n=219): 92.5, 89.9; 89.7, 92.9</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Eddy et al., 2003; Reid et al., 1999</b></p> <p>RCT (cluster) –</p> <p><b>Objective:</b> To evaluate the effectiveness of the Linking the Interests of Families and Teachers (LIFT) intervention in decreasing substance use amongst children with conduct problems</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> National Institute for Mental Health</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Schools at or above the median of 9% of households with at least one juvenile arrest were eligible for participation.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 671</p> <p><b>Intervention,</b> n= 382</p> <p><b>Comparator,</b> n= 289</p> <p><b>Male</b> n (%) = ~50%</p> <p><b>Mean age (range):</b> 10.4 yrs</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Linking the Interests of Families and Teachers</p> <p><b>Focus/aim:</b> Conduct problems including substance use</p> <p><b>Programme type:</b> social and problem-solving skills training, parent management training</p> <p><b>Theoretical base:</b> Oregon Social Learning Centre's developmental model of anti-social behaviour</p> <p><b>Key components:</b> (1) classroom-based programme, (2) playground behaviour intervention, (3) parent management training programme, (4) ongoing access to a classroom-based telephone answering machine and (5) weekly newsletters to parents</p> <p><b>Providers/delivers:</b> Other, Teacher and LIFT classroom instructors</p> <p><b>Length:</b> (1) 20 classroom sessions;</p> <p><b>Duration:</b> (1) 10 weeks; (3) 6 weeks</p> <p><b>Intensity:</b> (1) 1 hour twice a week</p> <p><b>Other details:</b></p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> One on one interviews (self report)</p> <p><b>Statistical method(s) used to analyse data:</b> Survival analysis</p> <p><b>Unit of allocation:</b> Organisation/ institution (6 schools)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 4 years</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Groups differed in terms of self-identified mother, father, and child ethnicity, control parents more likely to identify as ethnic and have more years of formal education</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Not clearly reported</p> <p><b>Reasons for non-completion:</b> 2.8% of participants dropped out by the 4<sup>th</sup> year</p>	<p><b>Knowledge and understanding</b></p> <p><b>Attitudes and values</b></p> <p><b>Personal and social skills</b></p> <p>Teacher rated social skills in the intervention group were significantly higher than in the control group (p&lt;0.05) at PT.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Significant differences were found in hazard rates between the conditions for self-reports of patterned alcohol use during middle school (alcohol use at least once every 2 or 3 months); youth in the control group were 1.49 times more likely to report patterned alcohol use during middle school than youth in the intervention group.</p>

	<b>Comparator:</b> Paid \$2,000 in unrestricted funds		
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Study details	Intervention and population details	Analyses	Results
<p><b>Flay et al., 2003</b></p> <p>CBA +</p> <p><b>Objective:</b> To report on the long-term effectiveness of the Positive Action programme</p> <p><b>Setting:</b> School + other community and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> School that had archival data on student performance.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 36 schools</p> <p><b>Intervention,</b> n= 24</p> <p><b>Comparator,</b> n= 12</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> 1993: 22% PA; 28% non PA / matched 42% PA; 42% Control</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Positive Action programme</p> <p><b>Focus/aim:</b> To address student character development, behaviour, school involvement and learning</p> <p><b>Programme type:</b> Multicomponent, including self-concept development, school-wide environmental change and parental and community involvement</p> <p><b>Theoretical base:</b> Self-concept, educational theories of brain development, higher level thinking skills, multiple intelligences and social and emotional learning; Flay's theory of triadic influence</p> <p><b>Key components:</b> Six programme units: (1) self concept; (2) positive actions for one's mind and body; (3) managing oneself responsibility; (4) getting along with others; (5) being honest with oneself and others; and (6) improving oneself continuously</p> <p><b>Providers/delivers:</b> Other</p> <p><b>Length, duration, intensity:</b> 140 lessons per grade (15-</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> School level archival data on achievement and behaviour</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA, ANCOVA, multivariate general linear modelling (GLM)</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> School</p> <p><b>Time to follow-up:</b> 4 years</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Partially</p> <p><b>Comments:</b> Matched schools were balanced, but in overall sample PA schools were lower risk than control schools</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NA; retrospective study at school level</p> <p><b>Reasons for non-completion:</b> NA</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>At elementary school level, students in PA schools scored an average of 45% better on the Florida Reading Test than students in control schools, but Florida Comprehensive Aptitude Test (FCAT) scores were only 4.5% better. The percentage of students who reported being absent for 21 or more days was 12.7% less in PA schools compared to control schools (NS).</p> <p>Middle schools with more PA graduates scored better on reading and maths achievement than schools with fewer PA graduates.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>In middle and high schools with a higher number of PA graduates there were less problem behaviours (including substance use) than among students in schools with a low number of PA students.</p>

	20 min) <b>Other details:</b> <b>Comparator:</b> Schools which had never used PA or had stopped using it		
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Study details	Intervention and population details	Analyses	Results
<p><b>Furr Holden et al., 2004</b></p> <p>RCT (cluster) –</p> <p><b>Objective:</b> To assess the effects of a developmental (i.e. during early development) intervention programme on later approach to drugs.</p> <p><b>Setting:</b> School,</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Public, National Institutes for Drug Abuse and for Mental Health</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b></p> <p><b>Exclusion:</b> No parental consent.</p> <p><b>Total</b> n= 678 (566 at 8 grade follow up)</p> <p><b>Intervention,</b> n= 192 + 196</p> <p><b>Comparator,</b> n= 178</p> <p><b>Male</b> n (%) = "Slightly more than 50%", actually 54% or 306/566</p> <p><b>Mean age (range):</b> 6.2 years (SD 0.3)</p> <p><b>Ethnicity:</b> 85-90% African American and the rest almost all Caucasians</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Class Room Centred Intervention (CC); Family School Partnership (FSP)</p> <p><b>Focus/aim:</b> All substances, including alcohol</p> <p><b>Programme type:</b></p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> Two intervention conditions (1) CC: curriculum enhancements (e.g. journal writing and critique of the week); improved classroom behaviour management practices (sub class groups and good behaviour game); supplementary strategies for underperforming children (individual or small group tutoring, address of individual learning styles); interactive read-aloud component; and (2) FSP: training of school staff in parent-school communication and partnership building; weekly home-school communication activities; 9 workshops for parents x 7 weeks + 2 boosters in the spring plus voice mail and communication sheets</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> One on one interviews (0)</p> <p><b>Statistical method(s) used to analyse data:</b></p> <p>Generalised estimating equations</p> <p><b>Unit of allocation:</b> Group (27 classrooms)</p> <p><b>Unit of analysis:</b> Group</p> <p><b>Time to follow-up:</b> Grades 1 to 8</p> <p><b>Other details:</b> Regression models and generalised estimating equations used</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Not reported</p> <p><b>Comments:</b> No data on baseline. High percentage low-socio economic group. Two interventions and one control arm.</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n= 566 (84%); 501 completed all assessments</p> <p><b>Reasons for non-completion:</b> Reasons unrelated to allocation and lost participants did not differ from those who had complete data. ITT principle used in analysis.</p>	<p><b>Knowledge and understanding</b></p> <p><b>Attitudes and values</b></p> <p><b>Personal and social skills</b></p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Among the 566 youths who completed follow-up assessment 190 (34%) had started to drink alcoholic beverages without parental permission (52 control students, 65 CC intervention students and 73 FSP intervention students). Therefore little impact on the onset of alcohol use.</p>

	<p><b>Providers/delivers:</b> Teachers,  <b>Length:</b> FSP 9 weeks, CC unclear  <b>Duration:</b> 1 year  <b>Intensity:</b> See description  <b>Other details:</b> Intervention provided in first grade year followed up to 7 years post randomisation (mean age 13 years)  <b>Comparator:</b> Standard education</p>		
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Study details	Intervention and population details	Analyses	Results
<p><b>Gamble &amp; Burgess, 1994</b></p> <p>UBA -</p> <p><b>Objective:</b> To develop an awareness programme among elementary age students that drinking alcohol has consequences that can negatively affect both their lives and the lives of others</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><u>Population details</u></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 65</p> <p><b>Intervention,</b> n= 65</p> <p><b>Comparator,</b> NA</p> <p><b>Male</b> n (%) = 30 (46%)</p> <p><b>Mean age (range):</b> mean 10.9 years</p> <p><b>Ethnicity:</b> 60% Hispanic</p> <p><b>Other baseline:</b> 8% offered alcohol; 88% received alcohol education in school; 40% received alcohol education at home</p> <p><u>Intervention details</u></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> Alcohol awareness</p> <p><b>Programme type:</b> Alcohol education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Lessons covered effects of alcohol on mind and body, decision making skills, media influence and problems associated with alcohol</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 8 lessons, 10 weeks</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> None</p>	<p><u>Process details</u></p> <p><b>Data collection method(s):</b> Not clear</p> <p><b>Statistical method(s) used to analyse data:</b> NR</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b></p> <p><u>Baseline comparability</u></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><u>Attrition</u></p> <p><b>Number of participants completing study:</b> 65</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>Several of the items tested indicated no change between pre and posttest scores. Students showed improvements of 50% or more on four items: the concept that alcohol is a drug, all alcoholic beverages have equivalent amounts of alcohol, the effects of alcohol on the body and that alcoholics can be anyone. Girls showed more of an overall improvement than boys.</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Gaskins et al., 2002</b></p> <p>UBA -</p> <p><b>Objective:</b> To report on the evaluation of an AIDS awareness programme and its impact on attitudes and knowledge</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><u>Population details</u></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 363</p> <p><b>Intervention,</b> n= 363</p> <p><b>Comparator,</b> NA</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> Kindergarten to 5th grader; age not reported</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><u>Intervention details</u></p> <p><b>Name:</b> NA</p> <p><b>Focus/aim:</b> AIDS awareness</p> <p><b>Programme type:</b> AIDS awareness programme</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> AIDS as a disease, terms and concepts related to AIDS, learning about transmission</p> <p><b>Providers/delivers:</b> Other</p> <p><b>Length, duration, intensity:</b> K-1st: 1-2 hrs; 2-3th:3-4 hrs; 4-5th: 4-5 hrs</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> None</p>	<p><u>Process details</u></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> t-tests</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> immediate posttest</p> <p><b>Other details:</b> None</p> <p><u>Baseline comparability</u></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><u>Attrition</u></p> <p><b>Number of participants completing study:</b> 358</p> <p><b>Reasons for non-completion:</b> NA</p>	<p><b>Knowledge and understanding</b></p> <p>The percentage of correct scores on the knowledge test increased between pre- and post-test on 11 of 12 items for students in the 4th/5th grade, scores declined on one item. In 2nd/3rd grade students, there was a significant increase in knowledge scores between pre- and post-test (<math>p&lt;0.001</math>). Kindergarten and 1st grade students had a significantly lower total knowledge score at posttest (<math>p=0.001</math>)</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>The authors reported that there was a significant increase in comfort in being around or interacting with a person with AIDS in all grades (<math>p&lt;0.001</math>), although the change was smaller in kindergarten/first grade students (<math>p=0.001</math>).</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Godbold, 1998</b></p> <p>RCT (individual) –</p> <p><b>Objective:</b> Aims to discourage alcohol use amongst grade 6 pupils and reduce peer pressure.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (Wisconsin)</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Sixth grade students from three middle schools</p> <p><b>Exclusion:</b> Students classified as drinkers and those with missing data</p> <p><b>Total</b> n= 417 students</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = 331 (51%)</p> <p><b>Mean age (range):</b> 11 years</p> <p><b>Ethnicity:</b> White 70%; Hispanic 14%; Asian American 4%; Black 3%; Mixed 3%; Other/missing 6%.</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> To discourage alcohol use and succumbing to peer pressure</p> <p><b>Programme type:</b> Alcohol prevention</p> <p><b>Theoretical base:</b> Inoculation theory</p> <p><b>Key components:</b> Normative vs information video (and immediate vs. delayed attack video) messages in advert form</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> several minutes of video</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Neutral public service announcement (PSA)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> 3x2 ANCOVA; message type by timing of attack section; Scheffe test; structural equation modelling</p> <p><b>Unit of allocation:</b> Individual</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> Students classified as drinkers were excluded from the analyses (n=140)</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> NR</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>The interaction between message type or timing of attack session and self-esteem was not significant.</p> <p><b>Personal and social skills</b></p> <p>Peer acceptance at time two: there was a significant difference between the normative (intervention) group and the information and control group (p&lt;0.05).</p> <p>At measurement time two there was a main effect of message type F (2,411)=5.07, P&lt;0.01.</p> <p>Participants who received the attack section immediately after the Initial advert showed significantly less favourable attitudes/behavioural intentions towards alcohol use at time two but only approaching significance at time three.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Hahn et al., 2007</b></p> <p>NRCT +</p> <p><b>Objective:</b> To test the effect of a school- and home-based alcohol, tobacco and other drug (ATOD) prevention programme on reducing environmental, parent and child risk factors for ATOD use</p> <p><b>Setting:</b> School and home-based</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> National Institute of Nursing Research, National Institutes of Health</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> High risk elementary schools in Kentucky</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 126</p> <p><b>Intervention, n=</b> NR</p> <p><b>Comparator, n=</b> NR</p> <p><b>Male n (%) =</b> 44%</p> <p><b>Mean age (range):</b> 5.8 years (SD 0.4)</p> <p><b>Ethnicity:</b> African American 22%; Hispanic/Mexican American 7%</p> <p><b>Other baseline:</b> 43% qualified for free or reduced lunch</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Beginning Alcohol and Addictions Basic Education Studies (BABES)</p> <p><b>Focus/aim:</b> Designed to prevent ATOD use</p> <p><b>Programme type:</b> Drug prevention curriculum</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Puppets are used to introduce young children to concepts of self-image, feelings, decision making, ATOD information, peer pressure, coping skills, getting help, and conflict resolution.</p> <p><b>Providers/delivers:</b> School counsellors</p> <p><b>Length, duration, intensity:</b> 7 lessons (40–50 minutes)</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> BABES only or no intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> ANCOVA</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 1 and 6 months post-intervention</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Differed with respect to ethnic distribution</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>BABES Plus parents rated their children as having less anxiety/withdrawal than did the BABES Only parents after the intervention (p=0.01). Parents in the BABES Plus group also rated their children as more socially competent following the intervention than did parents in both the BABES Only (p=0.03) and control groups (p=0.03). For the Aggression scale, neither of the main effects nor their interaction was significant.</p> <p>Outcome/Time mean [SD] BABES plus; BABES only; Control</p> <p>Child adjustment: Anxiety/withdrawal</p> <p>Baseline: (n=50) 41.1 [5.2]; (n=45) 43.1 [3.8]; (n=30) 40.6 [5.6]</p> <p>1 month: (n=45) 42.1 [3.7]; (n=40) 42.2 [4.3]; (n=28) 41.8 [5.6]</p> <p>6 months: (n=39) 42.6 [4.2]; (n=34) 40.8 [5.9]; (n=25) 41.6 [5.9]</p> <p>Child adjustment: Social competence</p> <p>Baseline: (n=50) 31.9 [6.2]; (n=45) 35.6 [6.5]; (n=30) 34.1 [6.7]</p> <p>1 month: (n=45) 35.8 [7.0]; (n=40) 36.3 [7.5]; (n=28) 35.6 [6.7]</p> <p>6 months: (n=39) 35.2 [7.8]; (n=34) 35.9 [6.1]; (n=25) 34.7 [7.8]</p>

			<p>Child adjustment: Aggression                      Baseline: (n=50) 34.2 [7.2]; (n=45) 38.4 [7.4]; (n=30) 35.5 [6.5]                      1 month: (n=45) 34.7 [7.2]; (n=40) 37.8 [6.6]; (n=28) 37.4 [6.2]                      6 months: (n=39) 36.2 [6.8]; (n=34) 37.1 [7.4]; (n=25) 35.7 [9.2]</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Hall-Long and Dishop, 1999</b></p> <p>UBA -</p> <p><b>Objective:</b> To determine what are the evaluative indicators following implementation of a pilot drug education programme for first and third graders</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Johnson &amp; Johnson</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in first and third grade</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 263</p> <p><b>Intervention,</b> n= 263 (100%)</p> <p><b>Comparator,</b> NA</p> <p><b>Male</b> n (%) = 44%</p> <p><b>Mean age (range):</b> 1st and 3rd grade</p> <p><b>Ethnicity:</b> Black 37%, White 54%, Hispanic 8%, Other 1%</p> <p><b>Other baseline:</b> 20% of students had ever tasted beer; 75% knew someone who drank; 60% had seen someone drunk</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> Increase knowledge about medicines, alcohol, tobacco, illegal drugs</p> <p><b>Programme type:</b> Drug Education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> How the body works; how to be healthy; how to say 'no'; how foods, poisons, medicines and illicit drugs differ; and what school and community rules are applicable for all children regarding the use of alcohol, tobacco and drugs.</p> <p><b>Providers/delivers:</b> Senior nursing students</p> <p><b>Length, duration, intensity:</b> Two, 30-45 minutes lessons per week over 8 weeks,</p> <p><b>Other details:</b> Students nurses were trained by school nurse and community health nurse</p> <p><b>Comparator:</b> NA</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> None, frequencies only</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>There was an average increase in knowledge test scores by 30% compared to pre-test scores and increases on every area of knowledge examined.</p> <p>% correct (pretest; posttest)</p> <p>How do medicines help you? 40; 90</p> <p>How do tobacco and alcohol hurt you? 30; 85</p> <p>What is alcohol? 80; 85</p> <p>What do you do if you find a pill? 20; 80</p> <p>What do you say when offered drugs? 40; 75</p> <p>How do the lungs work? 20; 70</p> <p>What is medicine? 60; 70</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Hawkins et al., 1999</b></p> <p>NRCT +</p> <p><b>Objective:</b> To examine the long-term effects of an intervention combining teacher training, parent education, and social competence training for children during the elementary grades on adolescent health-risk behaviour at age 18 years.</p> <p><b>Setting:</b> School + community,</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fifth-grade children with parental consent</p> <p><b>Exclusion:</b> Not reported</p> <p><b>Total</b> n= 643 (at baseline)</p> <p><b>Intervention,</b> Full n=156, Late n= 267</p> <p><b>Comparator,</b> n= 220</p> <p><b>Male:</b> 51%</p> <p><b>Mean age (range):</b> 5<sup>th</sup> grade</p> <p><b>Ethnicity:</b> 44% white, 26% African Americans, 22% Asian Americans, 5% Native Americans, 3% other</p> <p><b>Other baseline:</b> Not reported</p> <p><b>Intervention details</b></p> <p><b>Name:</b> SSDP</p> <p><b>Focus/aim:</b> Increase bonding to school and academic success and to prevent a health risk behaviours</p> <p><b>Programme type:</b> Social development</p> <p><b>Theoretical base:</b> Social development model</p> <p><b>Key components:</b> Two intervention conditions (1) Full, intervention package from grade 1 to grade 6; and (2) Late, intervention package in grade 5 and grade 6 only. Intervention components were classroom instruction and management, child skill development, and parent training (offered on a voluntary basis).</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length:</b> Not reported</p> <p><b>Duration:</b> Full = 6 years; Late = 2 years</p> <p><b>Intensity:</b> Not reported</p> <p><b>Other details:</b> Teachers received 5 days of training.</p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> mean squared, logistic and linear regressions</p> <p><b>Unit of allocation:</b> Individual</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 6 years</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> None</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n= 598 (93%)</p> <p><b>Reasons for non-completion:</b></p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Students in the full intervention condition reported significantly stronger commitment (p=0.006) and attachment to school (p=0.03) at age 18 years.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>(% Control, Late, Full)</p> <p>Lifetime alcohol use: 72.8, 72.0, 71.8 (No significant effects)</p> <p>Control vs. Full: Difference -1.0 (95% CI: -9.9, 9.0)</p> <p>Control vs. Late: Difference -0.8 (95% CI: -8.6, 7.9)</p> <p>Significant differences found between control and full intervention groups for heavy alcohol use in the past year (drunk alcohol 10 or more times); 25% of controls compared with 15.4% of full intervention participants reported heavy drinking in the past year (p= 0.04).</p> <p>Lifetime sexually active: 83.0, 76.1, 72.1</p> <p>Control vs. Full: Difference -10.9 (-19.2, -1.4)</p> <p>Control vs. Late: Difference -6.9 (-14.0, 1.0)</p> <p>Lifetime multiple sexual partners: 61.5, 59.1, 49.7</p> <p>Control vs. Full: Difference -11.8 (-21.7, -0.7)</p> <p>Control vs. Late: Difference -2.4 (-11.1, 7.2)</p> <p>Lifetime been pregnant or gotten a women pregnant: 26.4,</p>

			<p>27.4, 17.1</p> <p>Control vs. Full: Difference -9.3 (-17.3, 0.0)</p> <p>Control vs. Late: Difference 1.0 (-7.8, 8.9)</p> <p>Lifetime had or fathered a baby: 14.7, 14.3, 9.5</p> <p>Control vs. Full: Difference -5.2 (-11.4, 2.2)</p> <p>Control vs. Late: Difference -0.4 (-6.6, 6.6)</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Hawkins et al., 2005</b></p> <p>NRCT +</p> <p><b>Objective:</b> To examine the long-term effects of the Seattle Social Development Project intervention in promoting positive adult functioning and preventing mental health problems, crime and substance use at 21 years</p> <p><b>Setting:</b> School and community</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><u>Population details</u></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 643</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = 302</p> <p><b>Mean age (range):</b></p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><u>Intervention details</u></p> <p><b>Name:</b> Seattle Social Development Project, see Hawkins et al., 1999</p> <p><b>Focus/aim:</b></p> <p><b>Programme type:</b></p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b></p> <p><b>Providers/delivers:</b></p> <p><b>Length, duration, intensity:</b></p> <p><b>Other details:</b></p> <p><b>Comparator:</b></p>	<p><u>Process details</u></p> <p><b>Data collection method(s):</b> Questionnaire/Survey court records</p> <p><b>Statistical method(s) used to analyse data:</b></p> <p>MANCOVA</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 9 years</p> <p><b>Other details:</b></p> <p><u>Baseline comparability</u></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b></p> <p><u>Attrition</u></p> <p><b>Number of participants completing study:</b> 605 (94%); 144 full; 256 late; 205 control</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>(% Control; Late; Full / difference [95% CI] Control vs. full; control vs. late)</p> <p>High school graduate (n=605): 0.81; 0.86; 0.91 / 0.10 [0.02, 0.17]; 0.04 [-0.03, 0.11]</p> <p>Emotional and mental health</p> <p>Poor emotional regulation (n=605): 2.34; 2.31; 2.19 / -0.15 [-0.25 to -0.05]; -0.03 [-0.12 to 0.05]</p> <p>Anxiety symptom count (n=605): 1.56; 1.50; 1.22 / -0.35 [-0.79 to 0.10]; -0.06 [-0.46 to 0.33]</p> <p>Social phobia symptom count (n=605): 1.06; 1.00; 0.76 / -0.30 [-0.54 to -0.06]; -0.06 [-0.28 to 0.15]</p> <p>Depressive symptom count (n=605): 2.93; 2.58; 2.31; / -0.63 [-1.33 to 0.07]; -0.35 [-0.95 to 0.25]</p> <p>Suicide thoughts (n=605): 0.67; 0.42; 0.38 / -0.30 [-0.48 to -0.11]; -0.25 [-0.41 to -0.09]</p> <p>Anxiety diagnostic criteria met (n=605): 0.07; 0.06; 0.06 / -0.02 [-0.07 to 0.04]; -0.01 [-0.06 to 0.03]</p> <p>Social phobia diagnostic criteria met (n=605): 0.19; 0.18; 0.13 / -0.06 [-0.14 to 0.02]; -0.01 [-0.09 to 0.06]</p> <p>Depressive diagnostic criteria met (n=604): 0.26; 0.18; 0.19 / -0.08 [-0.17 to 0.01]; -0.08 [-0.16 to -0.002]</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p>

			There were no significant effects of the full- or the late-intervention condition, compared with controls, for past month alcohol use.
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Study details	Intervention and population details	Analyses	Results
<p><b>Hawthorne et al., 1995</b></p> <p>CBA -</p> <p><b>Objective:</b> To examine the short-term public health effects of a life education drug programme on 3,000 11-12 year old students.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> Australia</p> <p><b>Funding source:</b> NR</p>	<p><b><u>Population details</u></b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 3,019</p> <p><b>Intervention,</b> n= 1,721</p> <p><b>Comparator,</b> n= 1,298</p> <p><b>Male:</b> NR</p> <p><b>Mean age (range):</b> Year 6</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b><u>Intervention details</u></b></p> <p><b>Name:</b> Life Education (LE)</p> <p><b>Focus/aim:</b> Delay initiation of smoking and reduce unsupervised drinking</p> <p><b>Programme type:</b> Skills and knowledge training</p> <p><b>Theoretical base:</b> Self efficacy</p> <p><b>Key components:</b> preparatory classroom work, Life Education presentation and follow-up work.</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length:</b> 5 years</p> <p><b>Duration:</b> NR</p> <p><b>Intensity:</b> NR</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Schools delivered normal drug education curriculum</p>	<p><b><u>Process details</u></b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Logistic regression</p> <p><b>Unit of allocation:</b> Organisation/ institution (schools)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> PT</p> <p><b>Other details:</b> also analysed at school level</p> <p><b><u>Baseline comparability</u></b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Differences between groups in age, birthplace, language spoken at home, occupational status of parents, literacy, parents' smoking and drinking behaviour, parent/doctor administration of analgesics No indication of direction of difference</p> <p><b><u>Attrition</u></b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b></p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>12% of LE students reported drinking a glass or more compared to 8% of NLE students. This finding remained significant using the school effects model (OR=1.3, 95%CI=1.0-1.6)</p> <p>LE boys were more likely to have ever drunk than were NLE boys (OR=1.3, 95%CI=1.1-2.1), this was not the case with LE girls ((OR=1.1, 95%CI=0.7-1.9).</p> <p>8% of LE students reported having drunk a glass or more in the previous month compared with 6% of NLE students. After controlling for independent variables both the student level and the school effect model analysis showed there were no significant effects (student level analysis OR=1.3, 95% CI=0.9-1.8; school level analysis OR=1.2, 95% CI=0.9-1.6).</p> <p>Analysis by gender revealed that LE boys were more likely to have drunk in the previous month than NLE boys (OR=1.7, 95%CI=1.1-2.4). The difference between girls</p>

			<p>was not significant.</p> <p>9% of LE students reported usually drinking two or more glasses compared to 7% of NLE students, the difference was significant at the student level analysis (OR=1.6, 95%CI=1.2-2.2) but not at a school effects level (OR=1.2, 95% CI=0.9-1.6). Gender analysis showed LE boys to be significantly more likely to have drunk two or more glasses than were NLE boys. (OR = 1.4, 95% CI=1.0-1.9). Girls were no more likely to have drunk two or more glasses. (OR=1.1, 95%CI=0.6-2.1).</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Hawthorne et al., 1996</b></p> <p>CBA –</p> <p><b>Objective:</b> To re-analyse data from a Life Education Programme evaluation.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> Australia</p> <p><b>Funding source:</b> NR</p>	<p><b><u>Population details</u></b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 3019 (86 schools)</p> <p><b>Intervention,</b> n= 1721</p> <p><b>Comparator,</b> n= 1298</p> <p><b>Male:</b> NR</p> <p><b>Mean age (range):</b> year 6 at baseline</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b><u>Intervention details</u></b></p> <p><b>Name:</b> Life Education (LE) Programme.</p> <p><b>Focus/aim:</b> Smoking, drinking and unnecessary analgesic use</p> <p><b>Programme type:</b> Life skills</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Preparatory classroom work, life education presentation, follow-up work</p> <p><b>Providers/delivers:</b> Teachers/External</p> <p><b>Length:</b> NR</p> <p><b>Duration:</b> NR</p> <p><b>Intensity:</b> NR</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Conventional, school-based drug education</p>	<p><b><u>Process details</u></b></p> <p><b>Data collection method(s):</b></p> <p><b>Statistical method(s) used to analyse data:</b> logistic regressions</p> <p><b>Unit of allocation:</b> Individual</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> NR</p> <p><b>Other details:</b></p> <p><b><u>Baseline comparability</u></b></p> <p><b>Groups balanced at baseline:</b> Not reported</p> <p><b>Comments:</b> More participants in the control group also no demographic data was provided.</p> <p><b><u>Attrition</u></b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Population Prevalence estimates: LE was associated with 29% of lifetime drinking (ever drunk). For girls there was significant association. 34% of boys drinking could be attributed to the LE Programme.</p> <p>The estimated statewide prevalence for lifetime drinking was 10% of all students; 6% for girls and 13% for boys. The statewide impact of LE showed that 15% of all drinking was associated with participation in the LE programme. However, for girls there was no effect. For boys 18% of state wide drinking was associated with the LE programme.</p> <p>Drinking in the past month; 21% did not show a significant association with LE. There was no effect for girls, but 40% of boy’s drinking was associated with the programme.</p> <p>The estimated population prevalence showed that 7% of all Year 6 students had drunk in the past month, as had 5% of girls and 9% of boys.</p>

			<p>Of those drinking 2+ glasses of alcohol. 275 of this drinking could have been associated with the LE. 36% of boy's drinking was associated with the LE, whereas there was no difference for girls.</p> <p>The state wide prevalence showed that an estimated 8% of students misused alcohol. Among girls it was 5% and boys 11%. Of state wide alcohol misuse, 14% was associated with LE. There was no significant difference for girls, whereas for boys the LE was 20%.</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Hecht et al., 2008</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To assess the immediate and short-term outcomes of adapting a culturally-ground middle school programme for elementary school students</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b></p> <p><b>Exclusion:</b></p> <p><b>Total</b> n= 23 schools (1,566 students)</p> <p><b>Intervention</b>, n= 10 schools (768 students)</p> <p><b>Comparator</b>, n= 13 schools (798 students)</p> <p><b>Male</b> n (%) = 50%</p> <p><b>Mean age (range):</b> mean 10.4 yrs (SE 0.024)</p> <p><b>Ethnicity:</b> 74% Latino; 9% Black; 5% White; 3% Native Am; 0.3% Asian Am/Pacific Islander; 2% Other; [8% Missing]</p> <p><b>Other baseline:</b> 71% free lunch; 15% reduced lunch</p> <p><b>Intervention details</b></p> <p><b>Name:</b> keepin' it REAL (5th grade version)</p> <p><b>Focus/aim:</b> enhancing anti-drug expectancies, normative beliefs, and refusal self-efficacy and facilitating the development of decision making and resistance skills</p> <p><b>Programme type:</b> substance use prevention programme</p> <p><b>Theoretical base:</b> Ecological risk and resiliency approach, communication competence theory</p> <p><b>Key components:</b> resistance skills training</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 12 lessons</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Implemented existing substance use prevention curriculum (included Project ALERT in 7 schools, Gonzo's 20 Ground Rules, and Red Ribbon week)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Random coefficients model (with fixed effects for study condition)</p> <p><b>Unit of allocation:</b> 23 schools</p> <p><b>Unit of analysis:</b> Organisation/institution</p> <p><b>Time to follow-up:</b> immediate posttest, 12 months</p> <p><b>Other details:</b> Analyses accounted for the intraclass correlation of students within schools</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> None</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 72% of those who participated at baseline (wave 3)</p> <p><b>Reasons for non-completion:</b> Student transfer accounted for much of the attrition</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>By the follow-up assessment, students who received the intervention reported greater increases in their quantity of resistance strategies used (<math>p &lt; 0.001</math>).</p> <p><b>Personal and social skills</b></p> <p>At the follow-up assessment, intervention students perceived that relatively more of his or her peers were using substances than control students (<math>p &lt; 0.001</math>). The linear trends associated with student's substance use intentions, parents' and friends' anti-drug injunctive norms, personal anti drug norms and substance use expectancies, did not differ significantly between intervention and control students.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>The linear trends associated with student's lifetime and recent substance use did not differ significantly between intervention and control students (<math>p = 0.80</math> and <math>p = 0.10</math>, respectively).</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Holtz &amp; Twombly, 2007</b></p> <p>NRCT –</p> <p><b>Objective:</b> To examine the effect of a curriculum on drug and science knowledge and attitudes.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (Atlanta, Georgia)</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fourth and fifth grade students from two schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 112 students</p> <p><b>Intervention,</b> n= 93 students (83%)</p> <p><b>Comparator,</b> n= 19 students (17%)</p> <p><b>Male</b> n (%) = 50 (45%)</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b></p> <p>Intervention: 58% White, 31% Black, 11% Other</p> <p>Control: 0% White, 79% Black, 21% Other</p> <p><b>Other baseline:</b> 60% grade 4 and 40% grade 5 students in intervention group; 100% of control students were in grade 5</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Brain Power!</p> <p><b>Focus/aim:</b> To prevent uptake of alcohol use and illegal drug use through science and drug related education</p> <p><b>Programme type:</b> Drug use prevention programme</p> <p><b>Theoretical base:</b> Theory of reasoned action</p> <p><b>Key components:</b> Tailored programme of education on legal and illegal drugs for each age group.</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 1 lesson per week for 6 weeks</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> No intervention (no other details reported)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Ordinary least squares</p> <p><b>Unit of allocation:</b> Classroom</p> <p><b>Unit of analysis:</b> Group</p> <p><b>Time to follow-up:</b> Immediate post-test</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Intervention and control population varied significantly in terms of racial and grade composition, and the two groups scored differently in terms of attitudes and values. Addressed in the analysis to compensate</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>Intervention group showed statistically significant improvements in knowledge about drugs at post-test (<math>p \leq 0.01</math>). This was also significantly higher than the control group (<math>P \leq 0.01</math>).</p> <p>Older age and positive pre-existing attitude towards science were predictors for knowledge acquisition.</p> <p>Mean, pretest (%), posttest (%), Measure of total knowledge: Treatment: 6.7 (37.5), 9.8 (41.8), Control: 7.5 (41.8), 6.9 (38.3)</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Hurry and McGurk, 1997</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> Evaluation of Project Charlie</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> UK</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 140</p> <p><b>Intervention,</b> n= 65 (54.2)</p> <p><b>Comparator,</b> n= 55 (45.8)</p> <p><b>Male:</b> Intervention 52%; control 49%</p> <p><b>Mean age (range):</b> Years 3, 4 and 5 (7-10 years) mean 10 years at PT</p> <p><b>Ethnicity:</b> White I=43%, C=38% Afro-Caribbean I=21%, C=24%; African I=10%, C=6%; other I=26%, C=32%</p> <p><b>Other baseline:</b> Have drunk alcohol - I=23% C=29%</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Project Charlie</p> <p><b>Focus/aim:</b> Life skills</p> <p><b>Programme type:</b> Life skills</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Life skills curriculum</p> <p><b>Providers/delivers:</b> Teacher, who had previously received training</p> <p><b>Length:</b> 1 yr</p> <p><b>Duration:</b> 30 minutes</p> <p><b>Intensity:</b> Weekly</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Chi square</p> <p><b>Unit of allocation:</b> Group (classroom)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> PT</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> None</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n= 120 (86%)</p> <p><b>Reasons for non-completion:</b> Left the school (8 intervention and 12 control students)</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>No significant difference in self-esteem, intention to drink alcohol or peer pressure. (Knowledge data not reported)</p> <p><b>Personal and social skills</b></p> <p>Intervention students had significantly higher decision-making skills than control students at PT.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>N (%) Intervention; control</p> <p>LTP alcohol 17(26); 18(33), NS</p>

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<p><b>Hurry et al., 2000</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> Evaluation of Project Charlie</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> UK</p> <p><b>Funding source:</b> Not reported</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Not reported</p> <p><b>Exclusion:</b> Not reported</p> <p><b>Total:</b> n= 44</p> <p><b>Intervention,</b> n= 23</p> <p><b>Comparator,</b> n= 21</p> <p><b>Male:</b> intervention 45%; control 50%</p> <p><b>Mean age (range):</b> 13 years</p> <p><b>Ethnicity:</b> White I=25% C=14%; African/Afro-Caribbean I=40% C=57%; other I=35%, C=29%</p> <p><b>Other baseline:</b> Ever drunk alcohol I=30%; C=36%</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Project Charlie</p> <p><b>Focus/aim:</b> Life skills</p> <p><b>Programme type:</b> Life Skills</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Curriculum</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length:</b> 30 minutes</p> <p><b>Duration:</b> 1 year</p> <p><b>Intensity:</b> Weekly</p> <p><b>Other details:</b> None</p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Chi square</p> <p><b>Unit of allocation:</b> Group (Classroom)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 3 years</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Not reported</p> <p><b>Comments:</b> No details reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n= 34 (77%) (n= 20 intervention students and n=14 control students)</p> <p><b>Reasons for non-completion:</b> Not traced at follow-up</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Children who received Project Charlie expressed more negative attitudes towards drugs than control children [mean 3.8 (SD 0.41) vs. mean 3.5 (SD 0.35), respectively, p=0.05].</p> <p><b>Personal and social skills</b></p> <p>No difference between groups in terms of decision-making skills, peer pressure resistance, drug knowledge.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>% Project Charlie (post; 5 yrs); Control Subset 1</p> <p>LTP alcohol (35; 80); (43; 79), NS</p>

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<p><b>lalongo et al., 1999</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To assess the immediate effects of two universal, first-grade preventive interventions on the proximal targets of poor achievement, concentration problems, aggression, and shy behaviours, known early risk behaviours for later substance use/abuse, affective disorder, and conduct disorder</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> National Institute of Mental Health</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> First graders in nine Baltimore City public elementary schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 678 consented (653 entered study)</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = 53.2%</p> <p><b>Mean age (range):</b> 5 to 8 years</p> <p><b>Ethnicity:</b> African American 86.8%; European-American 13.2%</p> <p><b>Other baseline:</b> Receiving free or reduced-price school meals 62.3%.</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Classroom-Centered (CC) Intervention; Family-School Partnership (FSP)</p> <p><b>Focus/aim:</b> CC: reduce the early risk behaviours of poor achievement and aggressive and shy behaviours FSP: improve parent-teacher collaborations and enhance parent's teaching and behaviour management skills</p> <p><b>Programme type:</b> Universal preventive intervention</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> CC: (1) curriculum enhancements; (2) improved behaviour management practices; and (3) backup strategies for children who failed to respond adequately to the intervention FSP: (1) training for teachers and other staff members in parent-teacher communication and partnership building, (2) weekly home-school learning and communication activities, and (3) a series of nine workshops for parents</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Other</p> <p>a) Teacher Observation of Classroom Adaptation-Revised (TOCA-R) ("designed to assess the adequacy of each child's performance (i.e., their social adaptational status on the core task demands in the classroom as rated by the teacher"); b) Parent Observation of Child Adaptation (POCA) ("assesses the child's adaptation to the demands of the family social field") c) Peer Assessment Inventory (PAI) ("designed to assess the child's adaptation to the demands of the classroom peer group")</p> <p><b>Statistical method(s) used to analyse data:</b> Mixed model analysis of variance</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 1 year</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 597 (91.3%)</p> <p><b>Reasons for non-completion:</b> NR, but note: "There were no significant differences in rates of attrition, between the intervention conditions, nor were there any between-group differences with respect to the sociodemographic characteristics of the children with</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Reading achievement: The ITT analyses yielded a significant intervention by baseline interaction for the CC intervention boys in the Spring of first grade. No significant effects were found for CC girls in first grade, nor were any found for first CC girls or boys in the second grade. There was a significant FSP by baseline interaction effect for FSP boys in first grade and second grade. No significant intervention impact for FSP girls</p> <p>Math achievement: No significant effects were found in the first grade, but the CC by baseline interaction was significant in the Spring of second grade for boys. For CC girl's achievement, no main or intervention by baseline interactions in first or second grade were found. No significant intervention impact for FSP girls or boys.</p> <p>Teacher-rated total problems: Yielded significant CC main effects in the Spring of the first and second grade for boys and girls. Overall, CC boys and girls were rated as having significantly fewer problem behaviours than control boys (Boys: 1st grade Spring, CC Adjusted M=1.94 vs. Control Adjusted M=2.43; 2nd grade Spring, CC Adjusted M=2.01 vs. Control Adjusted M=2.56; Girls: 1st grade Spring, CC Adjusted M=1.66 vs. Control Adjusted M=1.96; 2nd grade Spring, CC Adjusted M=1.65 vs. Control Adjusted M=2.38). For FSP boys and girls, a significant main effect was found in the Spring of</p>

	<p>led by the first-grade teacher and the school psychologist or social worker.</p> <p><b>Providers/delivers:</b> Other</p> <p><b>Length, duration, intensity:</b> NR</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Standard setting</p>	<p>missing data. Finally, there were no between-group differences in pretest or baseline levels of academic achievement or in teacher and parent ratings of problem behaviours amongst the children with missing data in the Spring of first and second grades"</p>	<p>2nd grade. FSP boys and girls were rated as demonstrating fewer problem behaviours than controls in the Spring of 2nd grade (Boys: 2nd grade Spring, FSP Adjusted M=2.24 vs. Control Adjusted M=2.56; Girls: 2nd grade Spring, FSP Adjusted M=1.92 vs. Control Adjusted M=2.38).</p> <p>Parent rated total problems: No intervention impacts for boys or girls or either intervention (CC or FSP) were found.</p> <p>Peer-rated aggressive behaviour: CC boys had fewer peer nominations for aggression in the Spring of 1st grade compared to boys in the control group (1st grade Spring, CC Adjusted M=0.19 vs. Control Adjusted M=0.23). A significant baseline interaction was found in terms of FSP boys' peer nominated aggression. No effects were found for CC girls' or FSP girls' peer nominated aggression. No significant effects were found for social participation/shy behaviour for either gender or intervention (FSP or CC).</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>
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<p><b>Kellam et al., 2008; Poduska et al., 2008</b></p> <p>RCT (cluster) ++</p> <p><b>Objective:</b> To report on the impacts of the Good Behaviour Game on outcomes in adulthood</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> National Institutes for Mental Health, NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 922 children</p> <p><b>Intervention,</b> n= GBG 238</p> <p><b>Comparator,</b> n= internal 169; external 310; ML 205</p> <p><b>Male</b> n (%) = 462 (50%)</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> free/reduced school lunch: 426 (47%)</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Good Behavior Game (GBG)</p> <p><b>Focus/aim:</b> To create a classroom environment that conducive to learning, with a focus on the social context of the classroom</p> <p><b>Programme type:</b> Classroom behaviour management programme</p> <p><b>Theoretical base:</b> Life course/social field theory</p> <p><b>Key components:</b> Teacher training (40 hrs), intervention based on rewards for adhering to classroom rules during the 'game period'</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> Two years (1st/2nd grade). See process details</p> <p><b>Other details:</b></p> <p><b>Comparator:</b></p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Logistic regression models, Mantel-Haenszel statistics, paired t-test for log Ors</p> <p><b>Unit of allocation:</b> 41 classrooms</p> <p><b>Unit of analysis:</b> Classrooms</p> <p><b>Time to follow-up:</b> NR, in young adulthood</p> <p><b>Other details:</b> During the first weeks of the intervention, the GBG was played three times each week for a period of 10 min. The duration of the game increased approximately 10 min per game period every 3 weeks, up to a maximum of 3 h. Initially, the teacher announced game periods, later teachers initiated the game periods without announcement.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 689 (75%)</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>After adjusting for region and poverty, participation in the GBG did not have a significant effect on high school graduation compared with non-participation, or on lifetime major depressive disorder (p=0.30).</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Based on simple cross-tabulations, the authors found a reduction in lifetime alcohol abuse/dependence disorders in the GBG group compared with controls (13% for GBG versus 20% for internal GBG controls, p = 0.08; 29% for all controls, p = 0.03, unadjusted for baseline or classroom effects). The overall effects of the GBG appeared to be similar for both males and females. In further analyses, the authors found an overall significant reduction in the log odds of an alcohol diagnosis (log OR -0.70, S.E. 0.35, p = 0.05), which implied a 50% reduction in the OR of a lifetime alcohol abuse/dependence disorder diagnosis among GBG participants.</p>

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<p><b>Kraus et al., 1994</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> To investigate early expectancy modification on alcohol expectancies</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> National Institute on Alcohol Abuse and Alcoholism</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Second, third and fourth grade students from two suburban elementary schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 292</p> <p><b>Intervention, n=</b> NR</p> <p><b>Comparator, n=</b> NR</p> <p><b>Male n (%) =</b> 53%</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> "91.4% of mothers and 90.2% of fathers reported being of European descent"</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> To produce expectancy reductions</p> <p><b>Programme type:</b> Alcohol education programme</p> <p><b>Theoretical base:</b> Alcohol expectancies</p> <p><b>Key components:</b> two groups received intervention videos: one puppet model condition and one adult model condition</p> <p><b>Providers/delivers:</b> NR</p> <p><b>Length, duration, intensity:</b> 1 x 10 minutes</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> One group saw a traditional alcohol prevention video and the other received no intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b></p> <p><b>Unit of allocation:</b> Classrooms were randomly assigned to two of the four conditions and children within the class were randomly assigned to one of these conditions</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> Immediate posttest and at 4 weeks</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> Tested through analysis of the assessment of children's alcohol-related expectancies (CARE) scores</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 268 (92%)</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>Children's alcohol expectancies were influenced by the intervention (<math>p &lt; 0.005</math>). The puppet-model video reduced expectancy endorsement but adult-model videos increased expectancy endorsement</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

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<p><b>Kreutter &amp; Gewirtz, 1991</b></p> <p>CBA -</p> <p><b>Objective:</b> To study the effects of a life skills training curriculum on 6 graders</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> State of Connecticut Department of Children and Youth Services</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Sixth grade students</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 216</p> <p><b>Intervention,</b> n= 152 (70%)</p> <p><b>Comparator,</b> n= 64 (30%)</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b></p> <p><b>Intervention details</b></p> <p><b>Name:</b> Botvin (1981) life skills training curriculum</p> <p><b>Focus/aim:</b> NR</p> <p><b>Programme type:</b> Drug and alcohol prevention</p> <p><b>Theoretical base:</b> Life skills training</p> <p><b>Key components:</b> Botvin's life skills curriculum</p> <p><b>Providers/delivers:</b> External trainer</p> <p><b>Length, duration, intensity:</b> 18 sessions</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> t-tests</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Group</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> Control participants selected from areas thought to be equivalent in demographics</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> NR</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>Intervention students gain in scores was significantly greater in terms of knowledge than control students (intervention 3.64 vs. control 0.05; p&lt;0.001).</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>Intervention students gain in scores was significantly greater at post-test than the control group for self-concept (intervention 5.41 vs. control 2.08; p&lt;0.008) and passivity (intervention 1.38 vs. - control 0.41; p&lt;0.003), but there was no difference on the measure of locus of control (intervention 0.41 vs. control 0.25; NS).</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Lonczak et al., 2002</b></p> <p>NRCT +</p> <p><b>Objective:</b> To examine the long-term effects of the full Seattle Social Development Project intervention on sexual behaviour and associated outcomes assessed at age 21 years.</p> <p><b>Setting:</b> School and community</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> 5<sup>th</sup> grade students in 18 public schools serving high crime areas of Seattle.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 376</p> <p><b>Intervention,</b> n= 156</p> <p><b>Comparator,</b> n= 220</p> <p><b>Male</b> n (%) = 54% C; 51% I</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> white 45% C; 47% I</p> <p><b>Other baseline:</b> poverty 43% C; 41% I</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Seattle Social Development Project</p> <p><b>Focus/aim:</b> Social development to prevent sexual risk-taking.</p> <p><b>Programme type:</b> Already extracted see Hawkins et al 1999</p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> full intervention group only</p> <p><b>Providers/delivers:</b></p> <p><b>Length, duration, intensity:</b></p> <p><b>Other details:</b></p> <p><b>Comparator:</b></p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Logistic regression (dichotomous), linear regression (continuous) and survival analysis. Cox regression analysis</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 9 years</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 349 (93%) (144 full and 205 control only)</p> <p><b>Reasons for non-completion:</b></p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>(Full intervention; control)</p> <p>Mean age (SD) at first sexual experience, yrs: 16.32 (2.34) [n = 131]; 15.75 (2.35) [n = 188]; mean difference -0.57 (95% CI 1.09 to -0.09)*</p> <p>Mean (SD) frequency of condom use in past year among single individuals, No. of uses: 3.28 (1.37) [n = 81]; 3.12 (1.45) [n = 142]; mean difference -0.16 (95% CI -0.55 to 0.23)</p> <p>Mean (SD) no. of lifetime sexual partners: 3.58 (2.20) [n = 144]; 4.13 (2.05) [n = 205]; mean difference 0.55 (95% CI 0.10 to 1.0)*</p> <p>Condom use during first intercourse, % used condoms: 73 (n=131); 66 (n=192); OR 1.42 (95%, CI 0.87-2.30)</p> <p>Condom use during last intercourse among single individuals. % used condoms: 60 (n=89); 44 (n=154); OR 1.88 (95% CI 1.11-3.19)*</p> <p>Lifetime STD, % reported STD: 13 (n=144); 18 (n=205); OR 0.67 (95% CI 0.38-1.27)</p> <p>Females (full intervention n = 71; control n = 99)</p>

			<p>Reported a lifetime pregnancy (%): 38; 56; OR 0.50 (95% CI 0.27-0.93)*</p> <p>Reported a lifetime birth (%): 23; 40; OR 0.42 (95% CI 0.21-0.84)*</p> <p>Males (full intervention n = 73; control n =106)</p> <p>Reported causing pregnancy (%): 34; 36; OR 0.95 (95% CI 0.51-1.78)</p> <p>Reported fathering a child (%): 23; 20; OR 1.22 (95% CI 0.59-2.53)</p> <p>*p&lt;0.05</p> <p>Participants in the full intervention group had, on average, their first sexual experience significantly later than those in the control group (p&lt;0.05). Survival analyses indicated that the full intervention produced a marginally significant effect in reducing the overall relative risk for engaging in sexual intercourse for the first time before age 21 yrs. On average, participants in the full-intervention group reported significantly fewer sexual partners in their lifetimes than did those in the control group (p&lt;0.05).</p> <p>There was no significant main effect of the intervention on past-year condom use frequency among single participants or on condom use during first intercourse. However, those in the full-intervention group were significantly more likely to report condom use during last intercourse than those in the control group (60% vs. 44%; p&lt;0.05). There was not a significant main effect of treatment group on STD diagnosis.</p> <p>Females in the full intervention group were significantly</p>
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			less likely both to become pregnant ( $p < 0.05$ ) and to have a baby ( $p < 0.05$ ) by age 21 years than were females in the control group. The proportion of males in each group who reported causing a pregnancy or birth did not differ significantly.
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Study details	Intervention and population details	Analyses	Results
<p><b>Masterpasqua et al., 1992</b></p> <p>NRCT –</p> <p><b>Objective:</b> To evaluate a school-based curriculum to improve children's knowledge and ability to solve problems about parenting and care giving</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> 5th and 6th grade students in four school districts</p> <p><b>Exclusion:</b> NR</p> <p><b>Total,</b> n= 217</p> <p><b>Intervention,</b> n= 108</p> <p><b>Comparator,</b> n= 109</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b></p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Learning About Parenting/Learning to Care</p> <p><b>Focus/aim:</b> To enhance understanding of care giving and prevent the long-term impact of negative childhood experiences</p> <p><b>Programme type:</b> Parenting education for children</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Teaching about developmental milestones, individual differences, and how parents can provide care to children</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> Monthly over one school year</p> <p><b>Other details:</b> Parents and young children from the community made regular visits to the classroom</p> <p><b>Comparator:</b> Control children attended regular classes</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> MANOVA, MANCOVA</p> <p><b>Unit of allocation:</b> NR</p> <p><b>Unit of analysis:</b> Not clear</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> No baseline data reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>The programme had significant positive effects on the treatment group's parenting knowledge (p=0.000) and the number of total solutions (p=0.000) and positive solutions (p&lt;0.01) they were able to provide in comparison to the control. The programme did not have a significant effect on the number of punishing solutions provided.</p> <p>Mean [SD] (intervention; control)</p> <p>Parenting knowledge: 34.59 [3.63]; 32.97 [4.08]</p> <p>Total solutions: 18.85 [3.43]; 17.52 [3.53]</p> <p>Care solutions: 5.59 [1.80]; 5.03 [1.82]</p> <p>Punishing solutions: 0.80 [0.7]; 0.91 [0.88]</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>O'Donnell et al., 1995</b></p> <p>NRCT +</p> <p><b>Objective:</b> To evaluate a six-year, school based prevention program for its effects on school failure, drug abuse and delinquency among low income urban children.</p> <p><b>Setting:</b> School + community</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA, Office of Juvenile Justice and Delinquency Prevention, Burlington Northern Foundation</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students exposed to at least one semester of the combined intervention in grades 1-4 and to at least one semester of intervention in grades 5-6 included in intervention group.</p> <p><b>Exclusion:</b></p> <p><b>Total</b> n= 177 (High-risk sub sample)</p> <p><b>Intervention</b>, n= 75</p> <p><b>Comparator</b>, n= 102</p> <p><b>Male:</b> 46%</p> <p><b>Mean age (range):</b> Grade 1 (at baseline)</p> <p><b>Ethnicity:</b> 24% European American, 42% African American, 25% Asian American, 6% Native American, 3% other</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Seattle Social Development Project (SSDP)</p> <p><b>Focus/aim:</b> Tackling risk factors associated with academic failure, delinquency and drug abuse</p> <p><b>Programme type:</b> social development</p> <p><b>Theoretical base:</b> Social control theory</p> <p><b>Key components:</b> Classroom intervention: proactive classroom management, interactive teaching, And co-operative learning. Child intervention: Cognitive and social skills training. Parent Intervention: Parent training classes in child behaviour management, academic support, antisocial prevention, goals.</p> <p><b>Providers/delivers:</b> Teachers,</p> <p><b>Length:</b> NR</p> <p><b>Duration:</b> NR</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Not clearly reported</p> <p><b>Unit of allocation:</b> Organisation/ institution (schools)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> PT</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Only ethnic differences reported on.</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 106 (60%)</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Lifetime alcohol use low-income sample – mean (SD) (intervention; control)</p> <p>Girls: 0.19 (0.40); 0.39 (0.5)</p> <p>Boys: 0.24 (0.44); 0.23 (0.43)</p> <p>No significant differences between groups.</p>

	<p><b>Intensity:</b> NR</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Teachers of control students did not receive training in instructional skills.</p>		
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Study details	Intervention and population details	Analyses	Results
<p><b>Padget et al., 2006</b></p> <p>NRCT +</p> <p><b>Objective:</b> To assess the effectiveness of the PY/PM program.</p> <p><b>Setting:</b> School,</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Mothers Against Drink Driving (MADD) from the US Department of Justice Programs, Bureau of Justice Assistance</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fifth grade students attending schools that had implemented PY/PM every year since 1999/2000.</p> <p><b>Exclusion:</b></p> <p><b>Total</b> n= 493</p> <p><b>Intervention,</b> n= 322</p> <p><b>Comparator,</b> n= 171</p> <p><b>Male:</b> intervention 51%; control 43%</p> <p><b>Mean age (range):</b> 5th grade</p> <p><b>Ethnicity:</b> Intervention: 8% African American, 29% Hispanic, 44% white, 8% American Indian and 9% Asian/other. Control: 7% African American, 20% Hispanic, 51% White, 3% American Indian and 14% Asian/other.</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Protecting You/Protecting Me (PY/PM).</p> <p><b>Focus/aim:</b> Changing attitudes to alcohol, increasing knowledge and reducing use.</p> <p><b>Programme type:</b> Peer support</p> <p><b>Theoretical base:</b> Not reported</p> <p><b>Key components:</b> Classroom-based teaching (including interactive activities, role-play, group discussion/activities) about the brain, growth and development, health and life skills.</p> <p><b>Providers/delivers:</b> Teachers or high school students</p> <p><b>Length:</b> 40 lessons (8 each year)</p> <p><b>Duration:</b> 5 years</p> <p><b>Intensity:</b> One lesson per week for 8 weeks</p> <p><b>Other details:</b> Teachers attended a one-day training in brain development, alcohol prevention theory, and the</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Hierarchical Linear and Non-Linear Models,</p> <p><b>Unit of allocation:</b> Organisation/ institution (School)</p> <p><b>Unit of analysis:</b> Not clear</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> Analyses limited to those students for whom all data were available.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Similar in age and sex, but not racial composition. The intervention group scored higher on alcohol knowledge and perceived harm.</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n= 283 (88%) intervention students and n=151 (88%) control students</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>The PY/PM intervention had significant positive effects on knowledge about the brain and alcohol (p&lt;0.01); In addition, the programme had significant effects on increasing vehicle safety skills (p&lt;0.01) and reducing riding with a drinking driver (p&lt;0.05)</p> <p><b>Attitudes and values</b></p> <p>The PY/PM intervention had significant positive effects on the perceived harm of and attitudes towards underage alcohol use (both p&lt;0.05), and alcohol use intentions (p&lt;0.01).</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>PY/PM had a small, but non-significant effect on past 30-day drinking.</p> <p>Drinking in the past 30 days (current use) – mean (SD)                  PY/PM (pre; post): 0.60 (0.24); 0.09 (0.28)                  Comparison (pre; post): 0.11 (0.31); 0.15 (0.36).                  PY/PM vs. control: Effect size = 1.40</p>

	PY/PM curriculum. <b>Comparator:</b> No intervention		
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Study details	Intervention and population details	Analyses	Results
<p><b>Paxton et al., 1998</b></p> <p>UBA -</p> <p><b>Objective:</b> The purpose of the research was to help teachers to provide drug education programmes that are effective</p> <p><b>Setting:</b> School (included a parents evening)</p> <p><b>Country:</b> UK</p> <p><b>Funding source:</b> Northumberland Health Authority</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Schoolchildren aged 9-10 years in 18 schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 18 schools</p> <p><b>Intervention,</b> n= 1,428</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> 9-10 years</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NA</p> <p><b>Focus/aim:</b> Drug use</p> <p><b>Programme type:</b> NR</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> first aid, theatre in education, drug specific card game, alcohol module, photograph module, smoking, peer pressure, solvents, why use drugs, cartoon modules</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> four hourly periods, one per day over one week</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> NA</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> chi-squared</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> Not clear</p> <p><b>Other details:</b> Needs and concerns of year 5 pupils and their teachers and parents were assessed in each participating school</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>Following the drug education programme, more children said that they would take the drugs to the police (30% vs. 51%; p&lt;0.001), more also said that they would take drugs found to their parents (8% vs. 21%; p&lt;0.001), fewer said they would throw them away (23% vs. 18%; p&lt;0.001) or say no and run away (14% vs. 4%; p&lt;0.01). No significant change in the number that would give them to their mother (7% vs. 13%) or to 'Other' (2% vs. 12%). Following intervention fewer pupils would intend to talk to the police if offered or found drugs (56% vs. 17%; p&lt;0.001), and more would intend to talk to their family (43% vs. 62%; p&lt;0.001), teacher (7% vs. 13%; p&lt;0.001) or friends (4% vs. 12%; p&lt;0.01). There was no significant change in the number that would talk to their mother (17% vs. 17%) or to 'Other' (2% vs. 11%).</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Peterson &amp; Woodward, 1993</b></p> <p>NRCT -</p> <p><b>Objective:</b> To determine whether the CHOICE programme had a positive effect on the self concept and locus of control of sixth grade students</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Sixth grade students from two schools in West Texas.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 116</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> CHOICE programme</p> <p><b>Focus/aim:</b> Designed to teach children specific things they can learn to feel good, without using drugs or alcohol</p> <p><b>Programme type:</b> NR</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> "Videotext", cooperative learning techniques</p> <p><b>Providers/delivers:</b> Counsellors trained in the CHOICE programme</p> <p><b>Length, duration, intensity:</b> Once a week for 45 minutes over one semester</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Did not receive CHOICE programme</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Other Piers-Harris Self Concept Scale, Semantic Differential Scale</p> <p><b>Statistical method(s) used to analyse data:</b> Two-way ANOVA</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> Organisation/institution</p> <p><b>Time to follow-up:</b> Post intervention (8 months from pretest)</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>The authors report that although a consistent trend in the direction of increased levels of self-concept and greater internal locus of control was found for the intervention school compared to the control school, the only statistically significant difference was found on the Semantic Differential (<math>p=0.05</math>). That is, compared to students in the control group, students who received the CHOICE programme had a significantly higher self-concept as measured by Semantic Differential.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Pick et al., 2007</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To determine if a life skills programme targeting communication behaviours has a significant impact on five variables (attitudes, perceived sociocultural norms, self-efficacy, behaviours, and intentions) towards communication about difficult topics.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> Mexico</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fourth grade students from 45 schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 1,581 students</p> <p><b>Intervention,</b> n= 752 (48%)</p> <p><b>Comparator,</b> n= 829 (52%)</p> <p><b>Male</b> n (%) = 764 (48%)</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> I Want to, I Can...prevent HIV/AIDS</p> <p><b>Focus/aim:</b> Enhance children’s ability to take responsibility, make healthier choices, resist negative pressures, and avoid high risk behaviours.</p> <p><b>Programme type:</b> HIV/AIDS prevention programme</p> <p><b>Theoretical base:</b> Fishbein’s Theory of Reasoned Action</p> <p><b>Key components:</b> Life skills and health care</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 30 hours in total, 15-20 weeks, during school year</p> <p><b>Other details:</b> Teachers received 40 hours of training</p> <p><b>Comparator:</b> NR</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Principal component analysis, multilevel analysis, measurement of the fixed effects, regression analysis</p> <p><b>Unit of allocation:</b> School</p> <p><b>Unit of analysis:</b> School</p> <p><b>Time to follow-up:</b> 1 year</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Baseline details not reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 1,581 students (baseline numbers not reported)</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>The intervention had a positive effect on communication attitudes (p&lt;0.001), self-efficacy (p&lt;0.001), intentions (p&lt;0.001), behaviour (p&lt;0.01) and perceived sociocultural norms about communication (p&lt;0.001).</p> <p>Post intervention the intervention group were more likely to discuss behaviours on taboo topics (p&lt;0.001), behaviours on romantic topics (p&lt;0.001) and behaviours on threatening/ unpleasant topics (p&lt;0.05).</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Raybuck &amp; Hicks, 1994</b></p> <p>CBA -</p> <p><b>Objective:</b> To explore the effects of KIDS CARE</p> <p><b>Setting:</b> School + community</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Northwest Institute of Advanced Studies</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Third and fifth grade students from three schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 132 students (6 classrooms)</p> <p><b>Intervention</b>, n= 86 students (4 classrooms)</p> <p><b>Comparator</b>, n= 46 students (2 classrooms)</p> <p><b>Male</b> n (%) = 50%</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b></p> <p><b>Intervention details</b></p> <p><b>Name:</b> KIDS CARE</p> <p><b>Focus/aim:</b> To increase self esteem to reduce substance abuse.</p> <p><b>Programme type:</b> Substance abuse prevention</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> The programme was administered in a retreat format away from the school; parents, teachers and children engaged in activities, discussions and games designed to teach concepts and skills. The modules were age appropriate and focused on developing prosocial ways of bonding and building self esteem. Classes engaged in informal follow-up activities and discussion following the retreat.</p> <p><b>Providers/delivers:</b> Retreat facilitated by an external facilitator</p> <p><b>Length, duration, intensity:</b> Once every school year; retreat was a half day for K-2, and a full day for grades 3-6.</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> 1-2 weeks following intervention</p> <p><b>Other details:</b> High risk students compared to non-risk students on some measures</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Baseline measures not reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>No significant effect of intervention found on self-esteem on standardised measures. On "Circle Words" measure of self-esteem however, the experimental group significantly improved on the positive scale compared to the control group (p&lt;0.01). No significant change on the negative scale.</p> <p><b>Personal and social skills</b></p> <p>The intervention had a significant effect on the sociometric status of previously rejected or neglected children with high risk children in the intervention group more likely receive positive peer nominations (as children they like the most or whom they wish to spend more time with).</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

	<b>Other details:</b> <b>Comparator:</b> Not clear, assumed no intervention		
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Study details	Intervention and population details	Analyses	Results
<p><b>Rollin et al., 1993; 1995</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> To address drug prevention and health promotion strategies through the combination of parent education and involvement; community partnership and positive peer influence</p> <p><b>Setting:</b> School and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> US Department of Education</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Third grade students at one elementary school</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 62 students (4 classes)</p> <p><b>Intervention,</b> n= 34 students (55%)</p> <p><b>Comparator,</b> n= 28 students (45%)</p> <p><b>Male</b> n (%) = 47% intervention; 54% comparison</p> <p><b>Mean age (range):</b> 9.5 yrs intervention; 10.0 yrs comparison</p> <p><b>Ethnicity</b></p> <p>Intervention: 50% Caucasian, 48% African American, 2% Other</p> <p>Comparison: 83% Caucasian, 14% African American, 3% Other</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Project Kick</p> <p><b>Focus/aim:</b> drug awareness, drug refusal skills and self-esteem building activities</p> <p><b>Programme type:</b> Drug education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Peer modelling (drug awareness, drug refusal skills, and self-esteem building activities) and parent counselling/ education</p> <p><b>Providers/delivers:</b> Peer led, seventh grade students from local middle school (n=32)</p> <p><b>Length, duration, intensity:</b> Over 8 months, peer leaders served as a 'buddy' for two twenty minute sessions each week.</p> <p><b>Other details:</b> Peer leaders were trained by KICK staff</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> MANOVA, MANCOVA</p> <p><b>Unit of allocation:</b> Two classrooms</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> Large differences in ethnicity between intervention and control groups, there were also differences between the groups on the measure of coping resources of a child's family and on the supplemental survey.</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR, however children were lost to follow up as the authors note that sample sizes at posttest were different to those at pretest</p>	<p><b>Knowledge and understanding</b></p> <p>A significant effect of group x time was found on scores on the Drug Knowledge Survey (p&lt;0.005). The experimental group improved more than the control group on the Drug Knowledge Survey by the second post-test.</p> <p><b>Attitudes and values</b></p> <p>A significant effect of group x time was found on scores on the Supplemental Life Management and Decision Making Survey (p&lt;0.01) and Piers-Harris Self-Concept Scale (p&lt;0.01). The experimental group improved more than the control group on both measures by the second post-test.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

	utilising role playing, lecture, discussion, video tape presentation, and small group activities. <b>Comparator:</b> NR		
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Study details	Intervention and population details	Analyses	Results
<p><b>Schinke and Tepavac, 1995</b></p> <p>NRCT –</p> <p><b>Objective:</b> Evaluation of Million Dollar Machine curriculum</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 2475</p> <p><b>Intervention,</b> n= 1468 (59.3)</p> <p><b>Comparator,</b> n= 1007 (40.7)</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> Mean drinking scores: intervention 19.78; control 19.62</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Million dollar machine</p> <p><b>Focus/aim:</b> Increase decision making skills</p> <p><b>Programme type:</b> Knowledge and resistance skills training</p> <p><b>Theoretical base:</b> Social learning theory</p> <p><b>Key components:</b> Assembly, classroom lessons</p> <p><b>Providers/delivers:</b> Teachers,</p> <p><b>Length:</b> 8 weeks</p> <p><b>Duration:</b></p> <p><b>Intensity:</b></p> <p><b>Other details:</b></p> <p><b>Comparator:</b> no intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> t-test; ANOVA; RM-MANOVA</p> <p><b>Unit of allocation:</b> Group (Class)</p> <p><b>Unit of analysis:</b> Group</p> <p><b>Time to follow-up:</b> post test, 6 months</p> <p><b>Other details:</b></p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> None</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NA</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Fourth grade students in the intervention group reported significantly less actual and potential time spent drinking (p &lt; 0.05).</p> <p>Fourth graders: Mean drinking scores (intervention; control)</p> <p>Posttest: 19.61; 19.80</p> <p>6 months: 19.72; 20.00</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Schinke et al., 2000</b></p> <p>RCT (individual) +</p> <p><b>Objective:</b> RCT of skills and community based substance abuse prevention programme for Native American youth</p> <p><b>Setting:</b> School + community</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA; National Cancer Institute</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> NR</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 1396</p> <p><b>Intervention, n=</b> NR</p> <p><b>Comparator, n=</b> NR</p> <p><b>Male n (%) =</b> 51%</p> <p><b>Mean age (range):</b> 10.28</p> <p><b>Ethnicity:</b> 100% Native American</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b></p> <p><b>Programme type:</b> Skills and community based</p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> Knowledge, modelling, refusal skills</p> <p><b>Providers/delivers:</b> External, Community leaders</p> <p><b>Length:</b> 15 weeks</p> <p><b>Duration:</b> 50 minutes</p> <p><b>Intensity:</b> 1 session a week, 2 booster sessions semi annually</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> NR</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA</p> <p><b>Unit of allocation:</b> Organisation/institution (school)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 6 months, 18 months, 30 Months, 42 months</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n=1,199 (85.89%)</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>A significantly smaller percentage of participants in skills, and skills &amp; community conditions reported alcohol consumption at 30 and 42 months compared to control (p &lt; 0.01). Fewer participants in the skills only condition reported alcohol use at 30 and 42 months compared to other conditions.</p> <p>(% reporting alcohol &gt; 4 drinks/week pre-test; 6 months; 18 months; 30 months; 42 months)</p> <p>Skills 9.13; 7.65; 12.57; 15.89; 22.87</p> <p>skills + community 8.94; 7.32; 14.43; 17.18; 25.44</p> <p>control 8.72; 8.31; 15.55; 19.06; 30.17</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Schonfeld et al., 1995</b></p> <p>RCT (cluster) +</p> <p><b>Objective:</b> To examine whether AIDS education in elementary grades can advance young people's understanding.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (New Haven)</p> <p><b>Funding source:</b> National Institute of Mental Health, VA Merit Review Grant</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Children who attended regular classes in kindergarten to 6<sup>th</sup> grade in one public school and completed two interviews prior to the intervention</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 189 children</p> <p><b>Intervention,</b> n= 94 children</p> <p><b>Comparator,</b> n= 95 children</p> <p><b>Male</b> n (%) = 105 (56%)</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> Black 59%, Hispanic 26%, White 13%, Other 2%</p> <p><b>Other baseline:</b> School free lunch status 75%; reduced school lunch 13%</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> Understanding, knowledge and fears around AIDS</p> <p><b>Programme type:</b> AIDS education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Lessons covered concepts of illness, germ transmission, immune system and AIDS/HIV transmission. There were two versions of the curriculum; kindergarten to 3<sup>rd</sup> grade, and 4<sup>th</sup> to 6<sup>th</sup> grade</p> <p><b>Providers/delivers:</b> Researcher</p> <p><b>Length, duration, intensity:</b> 3 weeks, six lessons (45-60 minutes each)</p> <p><b>Other details:</b> All formal AIDS education lessons were withheld until the end of the study. Parents were asked to participate in homework assignments with their children</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Semi-structured interviews</p> <p><b>Statistical method(s) used to analyse data:</b> t-Tests, chi-square</p> <p><b>Unit of allocation:</b> Classrooms</p> <p><b>Unit of analysis:</b> Classrooms</p> <p><b>Time to follow-up:</b> Immediate posttest and at 2.5 months (kindergarten, 2<sup>nd</sup> and 4<sup>th</sup> grade only)</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> There were no differences between the intervention and control groups on any of the baseline measures</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 212 participants provided consent to participate, the final sample was 189 (89%).</p> <p><b>Reasons for non-completion:</b> Children transferred out of school or the class (n=20), or could not complete the interview due to a hearing impairment (n=2) or lack of proficiency in English (n=1)</p>	<p><b>Knowledge and understanding</b></p> <p>Children in the intervention group demonstrated significantly greater gains from pre to post-test scores for causality of AIDS and prevention of AIDS (p&lt;0.0001), causality and prevention of colds (p&lt;0.01) and causality of cancer (&lt;0.05) in comparison to the control group. No differences in knowledge of prevention of cancer between groups following the intervention. The intervention was equally effective across all grade levels.</p> <p>Significantly more of the intervention group identified germ/germ theory, mother-infant transmission, blood transmission and sexual transmission as causes of AIDS (p&lt;.001). Significantly fewer children in the intervention group mentioned drugs as a cause of AIDS (p=.005).</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

	and were provided with an educational brochure <b>Comparator:</b> No intervention		
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Study details	Intervention and population details	Analyses	Results
<p><b>Shope et al., 1992</b></p> <p>RCT (cluster) -</p> <p><b>Objective:</b> To design, implement and evaluate an elementary school-based alcohol misuse prevention programme.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIAAA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Parental consent.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 5356</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Alcohol Misuse Prevention Program</p> <p><b>Focus/aim:</b> Alcohol</p> <p><b>Programme type:</b> social pressures and resistance training</p> <p><b>Theoretical base:</b> social learning theory</p> <p><b>Key components:</b> AV materials, role playing, student activity sheets, handouts</p> <p><b>Providers/delivers:</b> Teachers,</p> <p><b>Length:</b> 4 sessions + 3 booster sessions in yr 2</p> <p><b>Duration:</b> 45 minutes</p> <p><b>Intensity:</b> One per week</p> <p><b>Other details:</b> Three weekly booster sessions delivered in the second year (sixth grade)</p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> Repeated measures ANOVA</p> <p><b>Unit of allocation:</b> Organisation/ institution (49 schools within 6 districts)</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 26 months</p> <p><b>Other details:</b> Alcohol use was measured according to frequency of use and usual quantity of use of beer, wine and spirits during the previous 12 months (both on 5-point scale). Alcohol frequency/quantity index created by multiplying frequency by quantity, adding the three and recoding the sum to reflect the total number of drinks per week on a 7-point scale.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No/Not reported</p> <p><b>Comments:</b> NR</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 3833 (72%)</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>The repeated measures ANOVA on the overall curriculum index scores of the 5th graders yielded significant main effects of treatment (<math>p &lt; 0.001</math>) and occasion (<math>p &lt; 0.001</math>). This finding remained significant after correction for design effects by class and by school. Post hoc comparisons showed that there were no differences among the groups at pretest, while at all 3 PTs the students in the intervention conditions scored, on average, significantly higher than controls.</p> <p><b>Personal and social skills</b></p> <p>From discussion: Among 6th grade students, internal locus of health of control showed a significant treatment by occasion interaction effect, with students who experienced the programme showing less decline in their mean internal health locus of control scores than did control students.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Means (SD) for alcohol use and misuse- 5th grade students</p> <p>Alcohol use (pretest; PT1; PT2; PT3)</p> <p>Curriculum+booster</p> <p>Pretest (n=210): 0.13 (0.55); 0.31 (0.72); 0.29 (0.72); 0.63 (1.13)</p> <p>No pre (n=196): -; 0.22 (0.61); 0.41 (0.98); 0.60 (0.94)</p>

			<p>Total (n=406): -; 0.27 (0.67); 0.35 (0.86); 0.62 (1.04)</p> <p>Curriculum</p> <p>Pretest (n=252): 0.15 (0.58); 0.23 (0.63); 0.30 (0.69); 0.61 (1.08)</p> <p>No pre (n=289): -; 0.28 (0.58); 0.30 (0.73); 0.58 (0.98)</p> <p>Total (n=541): -; 0.26 (0.60); 0.30 (0.71); 0.59 (1.03)</p> <p>Control</p> <p>Pretest (n=235): 0.22 (0.69); 0.32 (0.66); 0.39 (0.81); 0.78 (1.35)</p> <p>No pre (n=223): -; 0.33 (0.85); 0.24 (0.49); 0.57 (1.13)</p> <p>Total (n=458): -; 0.33 (0.76); 0.31 (0.67); 0.68 (1.25)</p> <p>Alcohol misuse (pretest; PT1; PT2; PT3)</p> <p>Curriculum+booster</p> <p>Pretest (n=215): 0.34 (0.86); 0.38 (0.82); 0.39 (1.03); 0.80 (1.52)</p> <p>No pre (n=201): -; 0.45 (1.21); 0.54 (1.28); 0.90 (1.48)</p> <p>Total (n=416): -; 0.42 (1.03); 0.46 (1.16); 0.85 (1.50)</p> <p>Curriculum</p> <p>Pretest (n=266): 0.32 (0.78); 0.37 (0.91); 0.39 (0.99); 0.75 (1.51)</p> <p>No pre (n=298): -; 0.55 (1.07); 0.45 (0.98); 0.84 (1.45)</p> <p>Total (n=564): -; 0.46 (1.00); 0.42 (0.98); 0.79 (1.47)</p> <p>Control</p> <p>Pretest (n=237): 0.46 (1.07); 0.49 (1.05); 0.43 (0.99); 0.89 (1.61)</p> <p>No pre (n=225): -; 0.51 (1.07); 0.42 (1.03); 0.70 (1.41)</p> <p>Total (n=462): -; 0.50 (1.06); 0.43 (1.01); 0.80 (1.52)</p> <p>Means (SD) for alcohol use and misuse- 6th grade students</p> <p>Alcohol use (pretest; PT1; PT2; PT3)</p>
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			<p>Curriculum                  Pretest (n=437): 0.20 (0.56); 0.35 (0.70); 0.54 (0.98); 0.82 (1.23)                  No pre (n=485): -; 0.33 (0.78); 0.57 (0.99); 0.95 (1.32)                  Total (n=922): -; 0.34 (0.74); 0.56 (0.98); 0.89 (1.28)</p> <p>Control                  Pretest (n=185): 0.21 (0.63); 0.37 (0.91); 0.66 (1.31); 0.89 (1.43)                  No pre (n=236): -; 0.50 (1.06); 0.67 (1.19); 0.97 (1.47)                  Total (n=421): -; 0.44 (1.00); 0.67 (1.24); 0.94 (1.45)</p> <p>Alcohol misuse (pretest; PT1; PT2; PT3)                  Curriculum                  Pretest (n=464): 0.36 (0.93); 0.46 (1.04); 0.66 (1.24); 1.05 (1.62)                  No pre (n=510): -; 0.59 (1.24); 0.82 (1.45); 1.28 (1.78)                  Total (n=974): -; 0.53 (1.15); 0.74 (1.35); 1.17 (1.71)</p> <p>Control                  Pretest (n=203): 0.40 (0.90); 0.49 (1.07); 0.69 (1.22); 1.25 (1.72)                  No pre (n=246): -; 0.63 (1.33); 0.92 (1.59); 1.30 (1.99)                  Total (n=449): -; 0.57 (1.22); 0.82 (1.44); 1.27 (1.87)</p> <p>The repeated ANOVA of the alcohol frequency/quantity index or the alcohol misuse index for the fifth grade and sixth grade students did not reveal any significant treatment or treatment by occasion interaction effects.</p> <p>Subgroup analyses: The authors report that, among 6th grade students, there was a significant treatment by occasion interaction in the analysis of alcohol misuse (<math>p &lt; 0.02</math>), with the control group showing a greater rate if</p>
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			<p>increase than the treatment group of PT2 to PT3. The authors also report that significant findings for 6th grade alcohol use. Students with prior drinking experience in the control group showing the highest levels of alcohol use and misuse. However, after correction for design effects by class and school, this finding was no longer significant.</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Sigelman et al., 2004</b></p> <p>RCT (individual) +</p> <p><b>Objective:</b> Evaluation of scientifically based alcohol and drug curriculum</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Schools chosen on the basis of their socioeconomic and racial diversity</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 327</p> <p><b>Intervention,</b> n= 110 (33.6%)</p> <p><b>Comparator,</b> n= 217 (66.4%)</p> <p><b>Male:</b> 45%</p> <p><b>Mean age (range):</b> 8.67 (grade3/4, aged 7-10); 10.69 (grade 5/6, aged 9-12).</p> <p><b>Ethnicity:</b> 47% white (non-Hispanic), 30% African American, 105 Hispanic and 12% other</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b></p> <p><b>Programme type:</b> Educational curriculum</p> <p><b>Theoretical base:</b></p> <p><b>Key components:</b> Scientific underpinnings of alcohol effects</p> <p><b>Providers/delivers:</b> Teachers,</p> <p><b>Length:</b> NR</p> <p><b>Duration:</b></p> <p><b>Intensity:</b></p> <p><b>Other details:</b></p> <p><b>Comparator:</b> Cocaine, disease control curriculum</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> MANCOVA</p> <p><b>Unit of allocation:</b> Individual</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 3 month post test; 1 year</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Yes</p> <p><b>Comments:</b> None</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n= 268 (82.0%)</p> <p><b>Reasons for non-completion:</b> Did not complete all 3 follow ups</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Drug curriculum 1;2; disease curriculum (mean(SD) post-test, follow up)</p> <p>Attitudes to alcohol use</p> <p>1.35(0.56), 1.47(0.59); 1.31(0.58), 1.50(0.55); 1.37(0.61), 1.54(0.58), NS</p> <p>Intentions to use alcohol</p> <p>1.05(0.68), 1.29(0.68); 0.97(0.71), 1.21(0.69); 1.05(0.69), 1.31(0.66), NS</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>No significant effects on alcohol use</p> <p>Drug curriculum 1;2; disease curriculum (mean(SD) post-test, follow up)</p> <p>Alcohol use in previous month</p> <p>0.60(0.49), 0.70 (0.46); 0.66(0.48), 0.74(0.44); 0.64(0.48), 0.75(0.43),</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Spear et al., 1997</b></p> <p>CBA –</p> <p><b>Objective:</b> To evaluate the impact of the Sex Can Wait curriculum on knowledge, attitudes and beliefs of upper elementary students</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Fifth and sixth grade students from eight elementary schools</p> <p><b>Exclusion:</b></p> <p><b>Total</b> n= 8 schools (287 students completed pre- and post-test)</p> <p><b>Intervention,</b> n= 5 schools</p> <p><b>Comparator,</b> n= 3 schools</p> <p><b>Male</b> n (%) = 122 (46%)</p> <p><b>Mean age (range):</b> 10-14 years old (mean 12 years)</p> <p><b>Ethnicity:</b> 93% Caucasian; 2% African American; 2% Hispanic Latino, 2% Native American, 0.3% Asian Americanerican, 0.7% Other</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Sex Can Wait</p> <p><b>Focus/aim:</b> Designed to present abstinence as the most positive lifestyle choice for adolescents</p> <p><b>Programme type:</b> Abstinence-based sexuality education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Lessons addressed self-esteem, communication, decision-making, goal setting and life planning education through role-play, cooperative learning groups, parent-child homework</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 5 weeks, 23 lessons</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> No intervention (current practice)</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> t-tests</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> immediate posttest</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Comparability of the sample was not examined</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Data only reported on for those completing pre- and post-testing</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>Experimental group had significantly higher overall knowledge scores (p&lt;.001) and the factors abstinence (p=0.001)and life skills (p&lt;0.05). No significant differences were found for the communication or parental communication factors.</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Starkey &amp; Orme, 2001</b></p> <p>UBA –</p> <p><b>Objective:</b> To evaluate the impact of a primary school drug drama project.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> UK</p> <p><b>Funding source:</b> Health Promotion Service Avon</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> 10-11 year old students from six schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> 'draw and write' exercise (1) n=297; problem solving (2) n=291</p> <p><b>Intervention,</b> n= as above</p> <p><b>Comparator,</b> n= NA</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> 10-11 years</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Primary Drug Drama Programme</p> <p><b>Focus/aim:</b> To improve knowledge, attitudes and decision-making skills</p> <p><b>Programme type:</b> Theatre in education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Interactive drama production and workshop day</p> <p><b>Providers/delivers:</b> Actors with teaching or workshop experience</p> <p><b>Length, duration, intensity:</b> One day</p> <p><b>Other details:</b> Performances in which the children were involved mainly focused on alcohol and cigarettes</p> <p><b>Comparator:</b> NR</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> z-tests; chi squared</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> 4 weeks after</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> (1) 253 (85%) (2) 285 (98%)</p> <p><b>Reasons for non-completion:</b> Absence or illness</p>	<p><b>Knowledge and understanding</b></p> <p>Significant increases were seen in children's ability to name specific drugs from 53% at pretest to 71% at posttest (P&lt;0.001).</p> <p>Legal drugs - knowledge of names increased for cigarettes (from 20% to 27%; for alcohol (from 3% to 10%); and solvents (from 2% to 8%). Children identified needles or syringes with drug use - from 35% pretest to 40% posttest.</p> <p><b>Attitudes and values</b></p> <p>Significant improvement in young people's response to seeking help when presented with a lost bag (potentially containing illegal drugs) with P&lt;0.05 saying that they would phone/tell police. Very few other responses differed from pre-test.</p> <p><b>Personal and social skills</b></p> <p>Showed change in attitudes towards drugs with the realisation that some drugs could be good for you for medical reasons (P&lt;0.01) and if you take the right amount (P&lt;0.01).</p> <p>Problem solving scenarios, by grade of solutions and difference from (n=) pre to (n=) post test, significant difference by grade of response - P value:</p> <p>Stealing tape scenario: (n=911), (n=891), P=0.286</p> <p>Pressure to drink alcohol scenario: (n=1005), (n=888), P=0.042</p> <p>Irritation in the classroom scenario: (n=1022), (n=1043), P=0.021</p>

			Smoking in the park scenario: (n=953), (n=989), P=0.071  <b>Health and social outcomes related to alcohol and sexual health</b>  NR
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Study details	Intervention and population details	Analyses	Results
<p><b>Stevens et al., 1996</b></p> <p>CBA –</p> <p><b>Objective:</b> To follow up a three year substance abuse prevention programme.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (New Hampshire)</p> <p><b>Funding source:</b> NIDA</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> All public school children who were in elementary school, junior high school or in tenth grade in New Hampshire in 1987</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 4,406 students</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = 2,179 (49.5%)</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> (1) Here's looking at you, 2000; (2) Parent Communication Course and a community task force (Johnson Institute Model)</p> <p><b>Focus/aim:</b> To prevent uptake and misuse of substances</p> <p><b>Programme type:</b> Substance abuse prevention programme</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> NR</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> NR</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> Delayed intervention control group</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Proportional hazards model adjusted by variable logistic regression;</p> <p><b>Unit of allocation:</b> NR</p> <p><b>Unit of analysis:</b> School/ Individual</p> <p><b>Time to follow-up:</b> 36 months</p> <p><b>Other details:</b> school, individual and subgroup analysis</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Baseline data not reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 79% completed four years of follow-up</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>No effects on initiation or drinking for students in 4-6 grades at baseline.</p> <p>Grades 4-6: Risk ratio (95% CI)</p> <p>Initiation</p> <p>Curriculum vs. control: 1.05 (0.84, 1.42)</p> <p>Combination vs. control: 1.48 (1.22, 2.13)</p> <p>Drinking</p> <p>Curriculum vs. control: 1.21 (0.83, 1.39)</p> <p>Combination vs. control: 0.98 (0.79, 1.46)</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Tudor-Smith et al., 1995</b></p> <p>UBA –</p> <p><b>Objective:</b> To examine the short-term impact of the 'Decisions' programme of Life Education Centres (LECs) on pupil knowledge, beliefs and behaviour with regard to substance use.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> UK</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> 10-11 year old children who attended the programme during March-April 1993</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 509 students</p> <p><b>Intervention,</b> n= NA</p> <p><b>Comparator,</b> n= NA</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> 10-11 year olds</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> 62% had drank alcohol on three or more occasions</p> <p><b>Intervention details</b></p> <p><b>Name:</b> 'Decisions' programme</p> <p><b>Focus/aim:</b> Increase knowledge and influence health choices with regard to substance use</p> <p><b>Programme type:</b> Life education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Used audio-visual aids, games, films, and role play to teach about substance use prevention and peer pressure resistance</p> <p><b>Providers/delivers:</b> External</p> <p><b>Length, duration, intensity:</b> one-off lesson, lasting 30 mins-2hrs</p> <p><b>Other details:</b> NR</p> <p><b>Comparator:</b> NA</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Friedman test, Cochran's Q test</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 1 week, 2 months</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 339 (67%)</p> <p><b>Reasons for non-completion:</b> Time pressures, schools dropped out</p>	<p><b>Knowledge and understanding</b></p> <p>Significant improvement after two months in ability to recognise substances such as: heroin, pharmaceuticals, cigarettes, and alcoholic drinks as drugs (P&lt;0.05).</p> <p><b>Attitudes and values</b></p> <p>The majority of beliefs about drugs did not change after two months with the exception of: views on advertising, people's perceptions of smokers and drinkers (P&lt;0.05) all becoming better informed.</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>No statistically significant changes in substance use behaviours although proportions engaging with alcohol and cigarette had increased at follow-up.</p> <p>There was a statistically significant increase in the proportion of young people reporting friends had smoked or drank alcohol (P&lt;0.05).</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Utley et al., 2001</b></p> <p>UBA –</p> <p><b>Objective:</b> To determine the effectiveness of class wide peer tutoring upon the acquisition and comprehension of names of body parts, body functions, poisons, dangerous situations, and drugs and their effects in a health education curriculum.</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA (Minnesota)</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students with developmental disabilities in an elementary self contained classroom</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 5 students</p> <p><b>Intervention,</b> n= 5 (100%)</p> <p><b>Comparator,</b> NA</p> <p><b>Male</b> n (%) = 1 (20%)</p> <p><b>Mean age (range):</b> 7-9 years</p> <p><b>Ethnicity:</b> 3 African American, 2 White</p> <p><b>Other baseline:</b> IQ ranged from 56 to 57</p> <p><b>Intervention details</b></p> <p><b>Name:</b> NR</p> <p><b>Focus/aim:</b> Improve children's health knowledge</p> <p><b>Programme type:</b> Health promotion</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Body parts and their functions, poisons, drugs and their effects and dangerous situations.</p> <p><b>Providers/delivers:</b> Teacher and peers</p> <p><b>Length, duration, intensity:</b> 30 minutes, x3 per week for 5 weeks</p> <p><b>Other details:</b> Teachers and students received training</p> <p><b>Comparator:</b> NA</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Not used</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> Mean percentage scores presented only</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 5 (100%)</p> <p><b>Reasons for non-completion:</b> NA</p>	<p><b>Knowledge and understanding</b></p> <p>Results showed an increase in knowledge for all areas covered in the intervention: body parts, body functions, poisons, drugs and their effects, dangerous situations.</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>van Lier et al., 2009</b></p> <p>RCT (cluster) ++</p> <p><b>Objective:</b> To explore the distal impact of a school based universal preventive intervention targeting disruptive behaviour problems on tobacco and alcohol use from 10-13 years</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> The Netherlands</p> <p><b>Funding source:</b> Sophia Foundation for Medical Research, Ministry of Justice</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Children from 13 elementary schools in Rotterdam and Amsterdam.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 31 classrooms (666 children)</p> <p><b>Intervention</b>, n= 16 classrooms (363 children)</p> <p><b>Comparator</b>, n= 15 classrooms (303 children)</p> <p><b>Male</b> n (%) = 51%</p> <p><b>Mean age (range):</b> mean 6.9 years (SD 0.6)</p> <p><b>Ethnicity:</b> Caucasian 69%; Turkish 10%; Moroccan 9%; Surinam-Dutch Antilles 5%; Other 7%</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Good Behaviour Game</p> <p><b>Focus/aim:</b> Reducing disruptive behaviour</p> <p><b>Programme type:</b> Universal classroom behaviour management programme</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Teachers and students choose positively formulated class-rules; teachers assign children to one of three/four teams (containing an equal numbers of disruptive and non-disruptive children); teams with low violations are rewarded when at the end of the game</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 2 yrs; see other process details</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> No intervention</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Multilevel growth model</p> <p><b>Unit of allocation:</b> 31 classrooms in 13 schools</p> <p><b>Unit of analysis:</b> Classroom</p> <p><b>Time to follow-up:</b> 3-6 years</p> <p><b>Other details:</b> The GBG was implemented in three stages. In the introduction stage, the GBG was played for three times a week during 10 min. In the expansion stage, the GBG was expanded in time, settings, and behaviours targeted. Rewards were delayed till the end of the week and month. In the generalization phase, emphasis was on explaining children that the GBG rules always apply. Children received compliments for appropriate behaviour. GBG-sessions were used as a booster.</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> NR</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> 476 (72%)</p> <p><b>Reasons for non-completion:</b> Loss to follow-up was not related to intervention condition or gender, but was related to low SES (p &lt;0.01).</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Overall 54% of the children reported having used alcohol over the ages of 10–13 years. The authors found that participation in the GBG did not have a significant effect on past year or past month alcohol use among 10-13 year olds. However, a reduced rate in the growth of alcohol use from age 10 to 13 years was found among intervention students (p&lt;0.05).</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Wackett &amp; Evans, 2000</b></p> <p>UBA –</p> <p><b>Objective:</b> To improve sexual health knowledge, motivation and personal insight and skills</p> <p><b>Setting:</b> School and community</p> <p><b>Country:</b> Canada</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students in grades 4-7 who participated in the Choices and Changes programme in 1999/2000 and 2000/2001</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n = NR</p> <p><b>Intervention, NR</b></p> <p><b>Comparator, NA</b></p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Choices and Changes</p> <p><b>Focus/aim:</b> To improve sexual health knowledge, motivation and personal insight and skills</p> <p><b>Programme type:</b> Sexual health education</p> <p><b>Theoretical base:</b> Fisher's Information/Motivations/Behavioural skills approach</p> <p><b>Key components:</b> Individual activities in the programme focused on one or more component of sexual health including knowledge acquisition, development of motivation and personal insight, skill development, and creation of a social and family environment conducive to sexual health</p> <p><b>Providers/delivers:</b> Teachers</p> <p><b>Length, duration, intensity:</b> 8 x1 hr sessions, 2 per week for 4 weeks</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> NA</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> NR</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Group</p> <p><b>Time to follow-up:</b> immediate posttest, 1 month and 3-4 months after intervention.</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> No control</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> Reported a 10-15% decline in follow up because of poor attendance at school.</p>	<p><b>Knowledge and understanding</b></p> <p>Modest evidence of increases in sexual health knowledge.</p> <p><b>Attitudes and values</b></p> <p>Responses to assertiveness skills and supportive environments did not change between pre- and post-test. The majority reported being confident to resist pressure and around half stated they could talk easily with parents/guardian about puberty.</p> <p><b>Personal and social skills</b></p> <p>Pooled results showed that: Importance of family life education for me; Importance of family life education of peers; Ability to stick up for myself in an acceptable way - sustained high positive response at immediate post-test and at 3-4 month follow-up.</p> <p>Media put pressure on kids to be physically attractive and good in sports - maintained an average response. Important for students who are dating to talk about sexual limits beforehand - increased at immediate post test but remained high at 3-4 month follow-up.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Welham, 2007</b></p> <p>UBA -</p> <p><b>Objective:</b> To report on a study of the efficacy of drugs education delivered to children aged 7 to 11 years</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> UK</p> <p><b>Funding source:</b> NR</p>	<p><b><u>Population details</u></b></p> <p><b>Inclusion:</b> Year 8 pupils from 14 British primary schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 240 children</p> <p><b>Intervention, n=</b> 240</p> <p><b>Comparator, n=</b> NA</p> <p><b>Male n (%) =</b> NR</p> <p><b>Mean age (range):</b> 7-11 years</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b><u>Intervention details</u></b></p> <p><b>Name:</b> Enrichment programme</p> <p><b>Focus/aim:</b> Five themes: knowledge of body and body functions, taking care of the body, medicines and drugs, identifying and dealing with danger, identifying and managing emotions</p> <p><b>Programme type:</b> drugs education programme</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Comprehensive written curriculum, mobile classroom, and classroom-based activities</p> <p><b>Providers/delivers:</b> Specialist 'visitors'</p> <p><b>Length, duration, intensity:</b> Up to eight years</p> <p><b>Other details:</b></p> <p><b>Comparator:</b> NA</p>	<p><b><u>Process details</u></b></p> <p><b>Data collection method(s):</b> One on one interviews</p> <p><b>Statistical method(s) used to analyse data:</b> Statistical tests not used to analyse data, narrative</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> cross-sectional</p> <p><b>Other details:</b> NR</p> <p><b><u>Baseline comparability</u></b></p> <p><b>Groups balanced at baseline:</b> NA</p> <p><b>Comments:</b> NA</p> <p><b><u>Attrition</u></b></p> <p><b>Number of participants completing study:</b> NA</p> <p><b>Reasons for non-completion:</b> NA</p>	<p><b><u>Knowledge and understanding</u></b></p> <p>Outcomes indicated that the intervention with subsequent teacher support in-class affected positively children's knowledge of how to stay healthy and the likely impact of drugs, alcohol and smoking on the maintenance of health and wellbeing</p> <p><b><u>Attitudes and values</u></b></p> <p>NR</p> <p><b><u>Personal and social skills</u></b></p> <p>Pupils were overtly conscious of the likely future impact of older pupils on their ability to stay drug free on transferring to secondary school</p> <p><b><u>Health and social outcomes related to alcohol and sexual health</u></b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Witt &amp; Witt, 1995</b></p> <p>UBA -</p> <p><b>Objective:</b> To evaluate the effectiveness of the BABES programme</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> NR</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Children aged 7-9 years from one public school in Ohio.</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 132</p> <p><b>Intervention, n=</b> 132</p> <p><b>Comparator, n=</b> NA</p> <p><b>Male n (%) =</b> 71 (54%)</p> <p><b>Mean age (range):</b> 7-9 years</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> BABES programme</p> <p><b>Focus/aim:</b> NR</p> <p><b>Programme type:</b> Drug prevention programme</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Self image and feelings, peer pressure and decision making, anger and learning to cope, drug and alcohol information, asking for help, abuse within the home</p> <p><b>Providers/delivers:</b> Trained presenter/facilitator</p> <p><b>Length, duration, intensity:</b> 7 lessons, one hour once a week</p> <p><b>Other details:</b> None</p> <p><b>Comparator:</b> None</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> t-tests (pre vs. post)</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> NA</p> <p><b>Time to follow-up:</b> immediate posttest</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b></p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> n=132</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>The authors report that students consistently scored higher at post-test on the concepts set in each of the lessons, indicating significant gains in knowledge (with the exception of knowledge relating to the lesson on self-image and feelings)</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>NR</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Wright, 2007</b></p> <p>CBA –</p> <p><b>Objective:</b> To delay the first use of alcohol, tobacco and other drugs by reducing peer pressure and changing local peer group norms</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> Center for Substance Abuse Prevention</p>	<p><b><u>Population details</u></b></p> <p><b>Inclusion:</b> Fifth and sixth grade students in five schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total</b> n= 2,691 students</p> <p><b>Intervention,</b> n= NR</p> <p><b>Comparator,</b> n= NR</p> <p><b>Male</b> n (%) = NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> 57% Mexican American, 34% White, 4.5% African American, 4.5% Other</p> <p><b>Other baseline:</b></p> <p><b><u>Intervention details</u></b></p> <p><b>Name:</b> Drugs-At-Work (DAW)</p> <p><b>Focus/aim:</b> To prevent alcohol, tobacco and drug use</p> <p><b>Programme type:</b> Drugs prevention and ethics education</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Interactive, hands on activities. Including DAW simulation exercise, media resistance training, and resistance skills training.</p> <p><b>Providers/delivers:</b> External</p> <p><b>Length, duration, intensity:</b> Seven sessions in 5th and one 6th grade follow up session</p> <p><b>Other details:</b> Students were asked to sign a pledge saying that he/she planned to not smoke, not drink before the age of 21, and not use illegal drugs.</p> <p><b>Comparator:</b> Had not received DAW</p>	<p><b><u>Process details</u></b></p> <p><b>Data collection method(s):</b> Survey and one-on-one interview</p> <p><b>Statistical method(s) used to analyse data:</b> ANOVA, percentages agreeing with statements</p> <p><b>Unit of allocation:</b> NA</p> <p><b>Unit of analysis:</b> Classrooms</p> <p><b>Time to follow-up:</b> Surveys were conducted in 6th grade and the end of 7th grade</p> <p><b>Other details:</b> In the third year of the programme the local police department began implementing Project DARE for fifth grade students</p> <p><b><u>Baseline comparability</u></b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Baseline data not reported</p> <p><b><u>Attrition</u></b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>Compared to baseline data collected in 1990, participants (or their classmates) who received DAW (1991-1992) were significantly more likely to have negative attitudes to drinking alcohol at that age (p&lt;0.01) and smoking (p&lt;0.01), but not around illegal drug use.</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Compared to baseline data collected in 1990, participants (or their classmates) who received DAW (1991-1992) were significantly less likely to smoke (p&lt;0.01), have been drunk (p&lt;0.05), used illicit drugs (p&lt;0.05) and were significantly more likely to have friends who would stop them from getting drunk (p&lt;0.01).</p> <p>Analysis of all seven years of data collected indicated that the programme had less consistent effects on the use of alcohol than it did on smoking or illegal drug use.</p>

Study details	Intervention and population details	Analyses	Results
<p><b>Young et al., 1997</b></p> <p>CBA –</p> <p><b>Objective:</b> To assess the effects over a school term of selected life-skills modules for The Contemporary Health Series - Into Adolescence on scores for self-esteem, health (drug) attitudes, and behaviours</p> <p><b>Setting:</b> School</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> State Office of Alcohol and Drug Abuse Prevention</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Sixth grade students from six elementary schools</p> <p><b>Exclusion:</b> NR</p> <p><b>Total n=</b> 328 students</p> <p><b>Intervention, n=</b> NR</p> <p><b>Comparator, n=</b> NR</p> <p><b>Male n (%) =</b> NR</p> <p><b>Mean age (range):</b> NR</p> <p><b>Ethnicity:</b> NR</p> <p><b>Other baseline:</b> NR</p> <p><b>Intervention details</b></p> <p><b>Name:</b> The Contemporary Health Series</p> <p><b>Focus/aim:</b> Improving life skills to promote health</p> <p><b>Programme type:</b> Health promotion</p> <p><b>Theoretical base:</b> NR</p> <p><b>Key components:</b> Life skills</p> <p><b>Providers/delivers:</b> Teachers and counsellors</p> <p><b>Length, duration, intensity:</b> Programme included 16 modules; 3 compulsory life skills modules (making and keeping friends, enhancing self-esteem and communicating emotions) and 13 optional modules</p> <p><b>Other details:</b> Teachers and counsellors attended a week long summer training workshop</p> <p><b>Comparator:</b> NA</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey</p> <p><b>Statistical method(s) used to analyse data:</b> Two-way ANOVA</p> <p><b>Unit of allocation:</b> Classroom</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> Immediate posttest</p> <p><b>Other details:</b> NR</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> NR</p> <p><b>Comments:</b> Baseline data not reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> NR</p> <p><b>Reasons for non-completion:</b> NR</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>The intervention resulted in a positive change compared with control group in pupils' school (<math>p&lt;0.05</math>) and home self-esteem (<math>p&lt;0.001</math>), relationship/communication characteristics (<math>p&lt;0.001</math>), decision-making skills (<math>p&lt;0.05</math>), attitudes toward the use of alcohol, cigarettes and cannabis and practices and perceptions of peers' and parents' norms regarding drug use and other illegal drugs (All <math>p&lt;0.001</math>).</p> <p>Group, M (SD), pretest, posttest</p> <p>School self-esteem:</p> <p>Trained group: 2.9 (0.6), 2.9 (0.7)</p> <p>Control group: 3.0 (0.6), 2.7 (0.9)</p> <p>Home self-esteem:</p> <p>Trained group: 3.1 (0.8), 3.3 (0.7)</p> <p>Control group: 3.3 (0.5), 2.8 (1.0)</p> <p>Relationships:</p> <p>Trained group: 2.9 (0.7), 2.3 (0.7)</p> <p>Control group: 3.0 (0.5), 2.1 (0.7)</p> <p>Decision-making:</p> <p>Trained group: 2.9 (0.6), 2.5 (0.5)</p> <p>Control group: 3.0 (0.6), 2.6 (0.5)</p> <p>Self attitudes towards cigarettes:</p> <p>Trained group: 3.4 (0.9), 2.5 (1.1)</p> <p>Control group: 3.7 (0.5), 2.3 (1.0)</p> <p>Alcohol:</p> <p>Trained group: 3.4 (0.9), 2.5 (1.2)</p>

			<p>Control group: 3.7 (0.5), 2.2 (1.1)                  Marijuana:                  Trained group: 3.5 (0.9), 2.9 (0.9)                  Control group: 3.8 (0.4), 2.7 (0.8)</p> <p><b>Personal and social skills</b>                  NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b>                  NR</p>
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Study details	Intervention and population details	Analyses	Results
<p><b>Zavela et al., 1997</b></p> <p>CBA –</p> <p><b>Objective:</b> 5 year evaluation of Say Yes First, a rural multicomponent programme</p> <p><b>Setting:</b> School and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> US department of health and CSAP</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Not reported</p> <p><b>Exclusion:</b> Students without parental consent</p> <p><b>Total:</b> N/A</p> <p><b>Intervention,</b> n= 430</p> <p><b>Comparator,</b> 1992-1993 n= 401; 1993-1994 n= 370; 1994-1995 n=516</p> <p><b>Male:</b> 46.3%</p> <p><b>Mean age (range):</b> Not reported</p> <p><b>Ethnicity:</b> 67% European American, 33% Hispanic, 0.2% 'other'</p> <p><b>Other baseline:</b> Not reported</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Say Yes First</p> <p><b>Focus/aim:</b> Protective factors and resilience for tackling alcohol and drug use</p> <p><b>Programme type:</b> Multicomponent</p> <p><b>Theoretical base:</b> Social Learning Theory, Skinner's Behaviour Modification Theory</p> <p><b>Key components:</b> Curriculum, case management, diversion</p> <p><b>Providers/delivers:</b> School personnel</p> <p><b>Length:</b> Varied for each component, up to 3 years</p> <p><b>Duration:</b> NR</p> <p><b>Intensity:</b> 30-50 minutes twice a week for 10 weeks each quarter</p> <p><b>Other details:</b> Students were classified into three risk groups: low risk n=110; Moderate risk n=131, High risk n=154</p> <p><b>Comparator:</b> Students in the eighth grade during the</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> 3 x 3 ANCOVA. Analysed growth and association between participation and alcohol</p> <p><b>Unit of allocation:</b> Not applicable</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 4 years</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> Not reported</p> <p><b>Comments:</b> No details reported</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Not reported</p> <p><b>Reasons for non-completion:</b> No details reported. Sample sizes not clearly reported.</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>NR</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p> <p>Alcohol use (control 1; control 2; control 3; intervention)</p> <p>Ever used: 77%; 83%; 80%; 72%</p> <p>Use in the last 30 days: 32%; 39%; 47%; 34%</p> <p>Students in the intervention cohort reported lower prevalence of 'ever' use of alcohol than students in the 1993-1994 and 1994-1995 cohorts (p&lt;0.05). For 30-day use of alcohol, students in the intervention cohort reported lower prevalence than students in the 1994-1995 cohort (p&lt;0.02).</p>

	three preceding school years		
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Study details	Intervention and population details	Analyses	Results
<p><b>Zavela et al., 2004</b></p> <p>CBA –</p> <p><b>Objective:</b> Evaluation of Say Yes First</p> <p><b>Setting:</b> School and family</p> <p><b>Country:</b> USA</p> <p><b>Funding source:</b> CSAP</p>	<p><b>Population details</b></p> <p><b>Inclusion:</b> Students who had participated in Say Yes First in grades 4-8.</p> <p><b>Exclusion:</b> Not reported</p> <p><b>Total</b> n= 156</p> <p><b>Intervention</b>, n= 120 (76.9%)</p> <p><b>Comparator</b>, n= 136 (87.2%)</p> <p><b>Male:</b> 37%</p> <p><b>Mean age (range):</b> Not reported</p> <p><b>Ethnicity:</b> 79% White</p> <p><b>Other baseline:</b> Not reported</p> <p><b>Intervention details</b></p> <p><b>Name:</b> Say Yes First</p> <p>For full intervention details see Zavela et al., 1997</p> <p><b>Comparator:</b> No details reported</p>	<p><b>Process details</b></p> <p><b>Data collection method(s):</b> Questionnaire/Survey (self-report)</p> <p><b>Statistical method(s) used to analyse data:</b> ANCOVA, Cohen's d</p> <p><b>Unit of allocation:</b> Not applicable</p> <p><b>Unit of analysis:</b> Individual</p> <p><b>Time to follow-up:</b> 3 years (from end of 8<sup>th</sup> grade)</p> <p><b>Other details:</b> None</p> <p><b>Baseline comparability</b></p> <p><b>Groups balanced at baseline:</b> No</p> <p><b>Comments:</b> More intervention students reported receiving prevention programmes (other than Say Yes First) at school, and participating in extracurricular activities.</p> <p><b>Attrition</b></p> <p><b>Number of participants completing study:</b> Not reported</p> <p><b>Reasons for non-completion:</b> Not reported</p>	<p><b>Knowledge and understanding</b></p> <p>NR</p> <p><b>Attitudes and values</b></p> <p>Adjusted mean scores (comparison, SYF)</p> <p>Frequency of being in trouble at school (1.59, 1.42) NS</p> <p>Been depressed for two or more weeks in the last two months (.27, .27) NS</p> <p>Number of times arrested or threatened with arrest in the last two months (.20, .12) NS</p> <p>Frequency of disagreements or arguments with parents (3.25, 3.04) NS</p> <p>School performance and attendance course grades (2.70, 3.18) NS</p> <p>Days absent during the last four weeks (1.75, 1.26) NS</p> <p>Positive attitude towards school (3.22, 3.41) NS</p> <p>Negative attitude toward drugs (3.14, 3.21) NS</p> <p>Ability to resist peer pressure to use drugs (3.60, 3.66) NS</p> <p>Drug use by best friend (1.79, 1.72) NS</p> <p>Belief in conventional social values (3.44, 3.38) NS</p> <p>Pessimism and negative self-appraisal (1.94, 1.83) NS</p> <p>Perceived social competence (3.51, 3.55) NS</p> <p>Tendency towards aggression/acting out (1.95, 1.98) NS</p> <p>Communication and involvement with family members and other adults (3.41, 3.60) NS</p> <p><b>Personal and social skills</b></p> <p>NR</p> <p><b>Health and social outcomes related to alcohol and sexual health</b></p>

			<p>Adjusted mean scores (comparison, SYF)                  Lifetime alcohol (0.83; 0.89), NS                  Last 30 days alcohol (1.18; 1.03), NS</p> <p>Adjusted mean scores (comparison, SYF)                  Amount of alcohol used (2.50; 2.11)                  Frequency of heavy drinking in last 30 days (0.61, 0.51)                  NS                  Frequency of using alcohol before or during school (1.19;                  1.14)</p>
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