

3.15 Family skills programmes delay adolescent drinking but recruitment is a problem

Findings Two large-scale US evaluations suggest that adolescent alcohol use and problems can be reduced by intervening not just with high-risk families but with families in general.

A programme in Iowa targets rural families with children aged 11–12. Group leaders run seven weekly sessions attended by (in study ①) on average eight families, aiming to enhance family relationships and cohesion and improve parental rule-setting and disciplining. Children also learn social skills and how to refuse drug offers. 22 schools with 873 eligible families were randomly assigned to the programme or to act as controls; 446 agreed to participate and completed baseline measures. An earlier paper found the intervention fostered a parenting style thought to delay alcohol use among children. The current paper found that drinking had indeed been delayed. Over the next two years far fewer children from programme schools started to drink (26% v. 48%), drink without permission (17% v. 39%), or get drunk (8 v. 18%). However, only a third of eligible families could be included in this analysis. Families in programme schools were included whether or not they attended the sessions; about half attended at least once.

The Iowa study focused on *initiation* into drinking; study ② suggests family programmes affect users and non-users differently. Aims were similar to those in Iowa, but the project sought to reach more families by delivering the intervention in their homes and restricting it to three one-hour sessions when children were aged about 10 (with a booster two years later), tactics which met with only limited success. From a sample of 892, 428 children completed surveys before and after the intervention and for the next four years, but just 90 were from families who agreed to be assigned to the intervention. For children who had not already drunk alcohol (the vast majority), the programme substantially curbed increases in drinking and related problems, most clearly at the last follow-up. The reverse was the case for children who *had* drunk before, but there were so few that this could have been a chance finding. **LINKS** *Nuggets* 2.13 2.15

In context ▶ *Secondary sources* for a review of relevant research by an expert US panel. Both studies suffered badly from attrition. Results among the few families who made it through to the final analyses may be a poor guide to the programmes' appeal to and impact on other families, even those with children in the same schools. Generalising beyond white, intact mid-west families and rural locations to the rest of the USA is even more risky, still more so to the UK with its different approach to alcohol and under-age drinking. Effectively, both interventions demonstrated their effectiveness mainly among children who had not previously drunk, and virtually none of whom had drunk unsupervised. Interventions oriented more towards harm reduction may be more appropriate in cultures (such as Britain) and at ages where adolescent drinking is more common.

Practice implications ▶ *Secondary sources* for US guidelines. For non-selective family interventions the main problem is recruitment. Even cut-down, delivered-to-your-door interventions fail to attract, probably because they address potential problems most parents have yet to experience and few seriously anticipate. Making the time commitment and content acceptable to a variety of families at different risk levels encourages a 'lowest common denominator' approach which mitigates against effectiveness. Most parenting interventions instead target high-risk families where problems may already be apparent and the approach can be intensive and individually tailored. Despite these obstacles, results among families who do participate can be impressive. Especially where acceptable participation rates are possible and in relatively homogenous communities, such programmes can make a worthwhile contribution to drinking outcomes.

Main sources ① Spoth R., *et al.* "Alcohol initiation outcomes of universal family-focused preventive interventions: one- and two-year follow-ups of a controlled study." *Journal of Studies on Alcohol*: 1999, supp. 13, p. 103–111 ② Loveland-Cherry C.J., *et al.* "Effects of a home-based family intervention on adolescent alcohol use and misuse." [As ①], p. 94–102. Copies: for both apply Alcohol Concern.

Secondary sources *Preventing substance abuse among children and adolescents: family-centred approaches*. US Center for Substance Abuse Prevention, 1998.

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