

# A HEALTHY SCHOOL AND STIMULANTS (Netherlands) Objectives/target groups /backgrounds

**Domain:** Alcohol

**Project classification:** Good practice by Trimbos

**Brief description:** *A healthy school and stimulants* is a prevention project by the *Trimbosinstituut* (Netherlands Institute of Mental Health and Addiction) for secondary education schools. Schools participating in the project lay down arrangements on smoking, drinking and drugs in various policy fields. In practice this implies that, for instance:

- schools have clear policies on the use of alcohol at school parties;
- pupils smoking cannabis on school premises are punished, but underlying problems will also be addressed where necessary;
- there is a clear task allocation in the event of drugs dealing in school;
- parents are informed about the school policy and receive information at parent's meetings regarding alcohol, drugs and raising children.

These schools have also reserved time in the school curriculum for lessons on tobacco, alcohol and cannabis in the lower classes. For the top classes there are lessons on party drugs (*Slik!*?) and on driving under the influence (*Onder invloed onderweg?*). These information packs make a connection with going out.

Violence in nightlife often takes place under the influence of alcohol and drugs. *The healthy school and stimulants* affects alcohol consumption on youngsters.

Pupils who have worked with the project drink less alcohol and start drinking at a later age. While *The healthy school and stimulants* was not specifically developed to prevent violence, this universal project does provide a sound basis for an integral approach to the prevention of violence.

In 1998 the project for secondary education was studied for its effectiveness, while it also looked at restricting and promoting factors in its implementation. The results of this survey are used to continue to improve the project.

*The healthy school and stimulants* has been introduced in about 50% of all secondary education schools. GGDs and institutes for addiction services support the implementation at schools.

**Problem/risk analysis:** Of all pupils in secondary education 85% has had alcohol at one stage or another. The group of pupils aged between 12 to 15 taking alcohol ever in their lives and in the last month in particular is growing. In other words, the age at which youngsters start to drink alcohol is falling. Postponing (raising the starting age) or adjusting the (excessive) use can contribute significantly to preventing problems. A recent review revealed that substantial alcohol abuse at a young age can cause brain damage. Also, youngsters have a higher chance of developing an addiction as they start drinking alcohol at an earlier age.

Also, more than 20,000 people die each year from smoking, mostly from (lung) cancer and cardiovascular diseases, while diseases like asthma and chronic bronchitis are also related to smoking. A favourable trend is that for the first time since 1988 the number of pupils who have ever smoked has fallen. In order to increase this trend prevention will remain significant in coming years.

**Objectives of the approach:** *A healthy school and stimulants* aims to reduce risky experimental behaviour amongst pupils by introducing a school healthcare policy focusing on stimulants. The project's objective focuses at the school level (influencing the school climate) and the pupil level (influencing the interpersonal and intrapersonal level).

The school introduces a coherent school healthcare policy with regard to smoking, alcohol and drugs in the following fields: teaching, signalling and coaching pupils with problems, regulating, and parent participation.

The pupils are aware of the risks of the use of stimulants and are prepared to behave responsibly in

respect of their own health and that of others. Attention is devoted to developing skills, enhancing knowledge and boosting reflection on individual behaviour.

**Target group(s):** The project *A healthy school and stimulants* in secondary education is aimed primarily at pupils in the lower classes in secondary education and to a lesser degree at pupils in higher classes. Secondary target groups are: the school management, teachers, teaching-supporting staff, care teams, pupils' parents.

Intermediary target groups: prevention workers at addiction services institutes (IVZ), municipalities, staff at GGDs (Municipal Health Services - Health Promotion and Youth Healthcare).

**Context:** All schools aiming to introduce or improve a stimulants policy can use *A healthy school and stimulants*. In most regions the schools can get support from the addiction services institutes and /or the GGD.

The project allows for what the school is already doing in the various policy aspects, tying in with what is available already. There are manuals and tools for all parts. Most of them apply to all school types. Teaching material is available at different levels: basic VMBO (pre-vocational secondary education), VMBO, Havo (senior general secondary education), VWO (pre-university education). Teaching material has also been developed for special secondary education.

*A healthy school and stimulants* is aimed particularly at schools that want to do more than just tackle and solve incidents. A structural policy will prevent many incidents and if a problem does occur, it will mostly be identified on time and be tackled adequately.

#### *Effectiveness and implementation*

A study by Rescon showed that *A healthy school and stimulants* impacts on a number of areas: positive effects are reported in the field of expertise, attitude and behaviour of pupils, mostly as regards smoking and alcohol. Pupils who took part in the project have a less positive attitude with regard to substance abuse, they think they are better able to refuse stimulants and are more aware of the social influences on their substance abuse. These youngsters drink less alcohol and their alcohol use starts at a later age.

The study also showed that schools value the project both as to content and as to implementation. Also, there appeared to be a relationship between the intensity and quality used to carry out the various project components and the effects at the pupil level.

Based on the study results and (inter)national literature about effectiveness, the teaching material is adapted five times a year while the implementation strategy is improved. No new studies into improvements have been carried out.

## Vision/accountability/method/operationalisation

**Basic principles/vision:** A healthy school and stimulants is based on the following basic principles:

- Youngsters are personally responsible.
- Activities reinforce each other if carried out in combination.
- Subject matter is presented when pupils start to be interested.
- Both the positive and negative aspects are dealt with. Not taking stimulants is an option.

**Scientific grounds:** The teaching material is based on the ASE model that aims to explain behavioural changes. According to this model the plan to demonstrate certain behaviour is determined by a combination of factors: attitude, social influence and expectations about personal effectiveness (will I manage to...). Whether somebody will actually behave as intended, depends on, among other things, a person's skills. The series of *A healthy school and stimulants* sessions touches upon all of these behaviour components.

The integral approach that characterises the project can be classified under a 'community approach', which integral approach has been scientifically determined as being more effective than implementing individual interventions.

**Method:** Schools that take part in *A healthy school and stimulants* are working systematically for three years on a coherent stimulants policy that is embedded in the school structure. A steering committee in school guides the introduction process that aims to realise the following results:

- In class 1, 2 and 3 mentors or biology or care teachers give three lessons a year on smoking, drinking and smoking cannabis respectively. Optionally, the school may also teach in the top classes using material from *The healthy school and stimulants*. There are two information packs. *On the road under the influence?* is about driving under the influence and *Take it!?* is about party drugs. These lessons take a personal approach, an approach that centres on the pupil. The pupil is given information about stimulants, practices skills and forms his own opinion about any future use.
- There are school rules concerning stimulants, clearly setting out what is and what isn't permitted in school and during out-of-school activities. Sanctions to violating these rules are clear, although attention will also focus on the fact that the violation may signal problems; this requires sound arrangements with members of the care team. There is a communication plan for the school regulations.
- The school team is aware of pupils with problems involving stimulants and arrangements are made with the care team concerning assistance and referral.
- The parents are informed about the project and stimulants in education and they are involved in the rules and care structure in school.

The steering committee has a broad basis that represents all school layers: board, teachers, care team, education-assistant staff, representatives for parents and pupils.

The regional GGD and/or institutes for addiction services help the schools to introduce the stimulants policy.

## Set-up/implementation

**Operationalisation:** Pupils are working individually, per class or in groups. Examples of activities are: discussion, role-playing, answering experience questions, watching a video. Other activities comprised in *A healthy school and stimulants* include : parent activities (such as a parent-teacher night), drafting/adjusting the school regulations, setting up a work plan, drafting/adjusting the care system and expertise promotion with regard to stimulants.

In principle, schools will be working on *A healthy school and stimulants* for three years. During that time they will need to arrange a few matters, while the stimulants policy must have become a fixed part of the school policy. We know from experience that following this term schools will need to update and maintain what they've learnt that year. GGDs and addiction services institutes are still playing a key stimulating role in this.

**Coaching/training:** In *A healthy school and stimulants* the schools are coached by prevention professionals from GGD and addiction services institutes. They receive support from the Trimbos institute.

For the introduction of the *A healthy school and stimulants* project the Trimbosinstituut is working closely with GGDs and addiction services institutes. These institutes recruit the schools for participation in the project, take part in the steering committee meetings, promote the expertise of the teachers and other members of the school team, answer any questions, provide their own input at parent-teacher nights, etcetera. There is a constant focus on what the school is already doing, arrangements already in place and the options for improvement.

The Trimbosinstituut facilitates this process, not only by developing teaching and supporting materials for schools, but also by supporting regional institutes in implementing it by means of courses and study days for prevention professionals, a helpdesk, work visits, a wide range of tools and scenarios for introducing the project in the region, research and getting the project on the agenda.

**Quality control, process and product evaluations:** Once every five years the materials are renewed on the basis of the latest scientific insight and the practice, with the cooperation from teachers and pupils. Before new materials are marketed, a trial implementation takes place. Following this trial implementation the materials are finished, ready for use.

In 1998 Rescon carried out a study into the effectiveness of the project. There are currently plans to carry out a new Rescon study.

GGDs and addiction services institutes carry out interim and end evaluations with the schools. The steering committee monitors the progress of the project at schools.

## Factors for success and failure

**Factors for success:** Municipalities that are considering the introduction of *A healthy school and stimulants* or giving it a new impulse, may focus on a few points from a range of studies to enhance the project's effectiveness and quality:

- cooperation with GGD and addiction services institution;
- working to create support in schools, for example through director meetings;
- taking into account that schools may have already taken part or are still carrying out (parts of) the project;
- create preconditions for a high-quality introduction and continuous attention for the subject;
- support the schools where possible in providing sound pupil care and care system.

### *Success factors school level*

The following aspects have been proven to promote the sound implementation of the project:

- a positive attitude of all parties involved and support from the board;
- training for teachers;
- room for customised solutions;
- broader attention or pupil care;
- GGD and addiction services institutes supported by a national institute.

**Factors for failure:** Aspects that restrict a sound introduction at school are:

- minor support amongst teachers;
- limited implementation of project activities;
- lack of sound organisation of the support at the regional level.

### **Contacts:**

[www.dgsg.nl](http://www.dgsg.nl)

[www.halt.nl](http://www.halt.nl)

[www.beke.nl](http://www.beke.nl)

[www.stopgeweldopschool.nl](http://www.stopgeweldopschool.nl)

[www.wapenjezelfmetwoorden.nl](http://www.wapenjezelfmetwoorden.nl)

[www.gezondeschool.nl](http://www.gezondeschool.nl)

[www.voorkom.nl](http://www.voorkom.nl)