Why Educational Strategies are Ineffective



The Problem

Research has shown that educational interventions such as school-based programs, counter-advertisements, and warning labels simply do not reduce alcohol consumption or related harm, nor do they change drinking behavior among youth. Moreover, many programs have not been studied for their effectiveness.^{1, 2, 3}

School-based Education

Although school-based alcohol education can increase knowledge about alcohol and improve attitudes in the short
run, there is no sustained effect on behavior and no reduction in consumption or alcohol-related harm among youth.⁴

Social Marketing

A systematic review of 15 social marketing programs noted 8 of 13 programs had some significant effects on alcohol
use in the short term (up to 12 months), while 2 of 4 programs had some effect over 2 years.⁵ Long-term reviews,
however, concluded that social marketing programs are ineffective overall.⁴

Public Information Campaigns

Little scientific evidence exists to show that public information campaigns are effective.¹ Because high quality pro-drinking
messages appear far more frequently as paid advertisements in the mass media, public service announcements are
usually ineffective in reducing alcohol-related harm.²

Counter-advertising

 Counter-ads against alcohol are infrequently broadcast, of poorer quality due to lack of funding, and placed at unattractive time slots or in connection with unpopular programming, making them generally ineffective. Meanwhile, cable television now hosts 95% of all alcohol advertisements on national television networks.

Industry-funded Programs

Industry-funded programs such as "drink responsibly" campaigns are ineffective in reducing alcohol-related harm.
 Such messages tend to lead to positive views about alcohol and the alcohol industry among both drinkers and non-drinkers.⁸ These industry-funded messages actually serve to advance both industry sales and public relations for alcohol corporations.^{9, 10}

Health Warnings

 Although warning labels can make an individual want to change his or her drinking patterns¹¹ and promote conversation about drinking and pregnancy and drunk driving,^{2, 12, 13} exposure to warning labels overall does not produce a change in drinking behaviors¹.

Parenting Programs

Research has given parenting programs mixed reviews. Although a systematic review of 14 parenting programs noted some reductions in alcohol use in six of the programs, the same study noted that three of the programs reported increases of alcohol use among youth after the interventions.¹⁴ Overall, there is not sufficient evidence to show that parenting programs are effective in reducing consumption rates or alcohol-related harm, or changing drinking behavior among youth.

Bottom Line

The scientific evidence available (along with rising levels of alcohol problems) tells us that educational programs have been a dismal failure. Thus, we must re-evaluate the rationale of alcohol education programs.^{15, 16} In contrast, research continues to demonstrate that the most effective evidence-based policies that reduce alcohol-related harm include increasing alcohol taxes and prices, decreasing alcohol availability, and restricting alcohol advertising.

References

- Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*. 2009;373:2234-2246.
- 2. Babor TF, Caetano R, Casswell S, et al. *Alcohol: no ordinary commodity. Research and public policy.* Second edition. Oxford: Oxford Medical Publication, Oxford University Press, 2010.
- 3. World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: WHO, 2010. Available at: http://www.who.int/entity/substance_abuse/msbalcstragegy.pdf. Accessed June 21, 2011.
- 4. Jones L, James M, Jefferson T, et al. A review of the effectiveness and cost-effectiveness of interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old. Alcohol and schools: review of effectiveness and cost-effectiveness. NICE: main report (PHIAC 14.3a), 2007. Available at: http://www.nice.org.uk/nicemedia/pdf/. Accessed August 4, 2009.
- 5. Stead M, Gordon R, Angus K, McDermott L. A systematic review of social marketing effectiveness. Health Educ. 2007;107:126–91.
- 6. Saffer H. Studying the effects of alcohol advertising on consumption. Alcohol Res Health World. 1996;20:2662-72.
- 7. Chung PJ, Garfield CF, Elliott MN, et al. Association between adolescent viewership and alcohol advertising on cable television. *Am J Public Health*. 2009;100(3):555-562.
- 8. Christie J, Fisher D, Kozup JC, et al. The effects of bar-sponsored alcohol beverage promotions across binge and nonbinge drinkers. *J Public Pol Marketing* 2001; 20:240–53.
- 9. Smith SW, Atkin CK, Roznowski J. Are "drink responsibly" alcohol campaigns strategically ambiguous? Health Commun 2006;20:1-11.
- Mart S, Tan T. How Big Alcohol abuses "drink responsibly" to market its products. Alcohol Justice: San Rafael, CA. 2012. Available at: http://alcoholjustice.org/images/stories/DrinkResponsiblyFinal.pdf.
- 11. Wilkinson C, Room R. Informational and warning labels on alcohol containers, sales, places and advertisements: experience internationally and evidence on effects. *Drug Alcohol Rev* 2009; 14:35–47.
- 12. Greenfield TK, Graves KL, Kaskutas LA. Long-term effects of alcohol warning labels: findings from a comparison of the United States and Ontario, Canada. *Psychology and Marketing* 1999;16:261-282.
- 13. Tam TW, Greenfield TK. Do alcohol warning labels influence men's and women's attempts to deter others from driving when intoxicated? Hum Factor Ergon Man. 2010;20(6):538-546.
- 14. Petrie J, Bunn F, Byrne G. Parenting programmes for preventing tobacco, alcohol and drug misuse in children <18 years: a systematic review. Health Educ Res. 2007;22:177–91.
- 15. Croom K, Lewis D, Marchell T, et al. Impact of an online alcohol education course on behavior and harm for incoming first-year college students: Short-term evaluation of a randomized trial. *J Am Coll Health*. 2009;57(4):445-454.
- 16. Casswell S, Thamarangsi T. Reducing harm from alcohol: call to action. Lancet. 2009;373:2247-2257.

