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Risks and prevention in adolescence: Intergenerational Educational Strategy: Does it make any sense?

Health Promotion

There is a Spanish saying that runs as follows: "Wherever the body goes, danger follows". Put like that, it might well seem that risks are part and parcel of our daily life, so chancy as to be out of our control. Against this, however, other sayings tell us: "Prevention is better than cure", "Forewarned is forearmed" or "The older, the wiser". This praising of experience suggests we might well pay more heed to the elderly, who have lived long enough to weigh up judiciously the risks of life and the ways of minimising them. Bring together elderly peoples' experience and adolescents' risk-prevention needs, and what do you get? Intergenerational relationships, that's what. And this is exactly what has been the kernel of our research.



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First and foremost, this project has been based on the organized groups of volunteers by means of which the Confederation of Active Elderly (Confederación de Mayores Activos: CONFEMAC) has been working towards active ageing and trying to build up a sense of solidarity and fellow feeling to the benefit of the whole community. CONFEMAC invites elderly people to carry out community work as volunteers, training them up beforehand and coordinating their activities. Some of them work from an intergenerational point of view. Nonetheless, there is as yet little to go on in terms of exactly what might be achieved by intergenerational volunteer work. For that reason we decided to tap into the experience of the elderly and bring it to bear on new generations now taking their compulsory secondary education courses in Spain to make them more aware of the commonest everyday risks they face in their school life and the best ways of preventing them.

All too often we turn our backs on risks; most of us overlook or ignore the daily risks we run. We see accidents happening to other people but think this can never happen to us. This devil-may-care attitude is perhaps even stronger among the young. There is therefore a pressing need for studying risk attitudes in the interests of proposing more efficient preventive activity.

Younger people tend to be more vulnerable to these daily perils due to their inexperience and corresponding imprudence. Witness the fact that the biggest external cause of death in the under 34s (53.74%) is accidents of various types. With proper guidance, however, the vitality of youth can be steered towards prudence.

People in the first decades of life, after all, tend to be more receptive to new messages than in later stages of life and hence more prone to take on awareness-raising messages. Action is therefore needed in childhood and adolescence to inculcate proper risk-prevention behaviour; this is a much more promising option than trying to correct ingrained behaviour afterwards. Another factor argues in favour of this activity: the importance of gauging the worth and potential of intergenerational activity, i.e., systematic interaction between persons of different generations to come up with answers to real needs. Some of the initial signs are good. Specialised literature has already vouched for the efficacy of

intergenerational work in terms of reducing risky behaviour among adolescents (Kuehne, 2005).

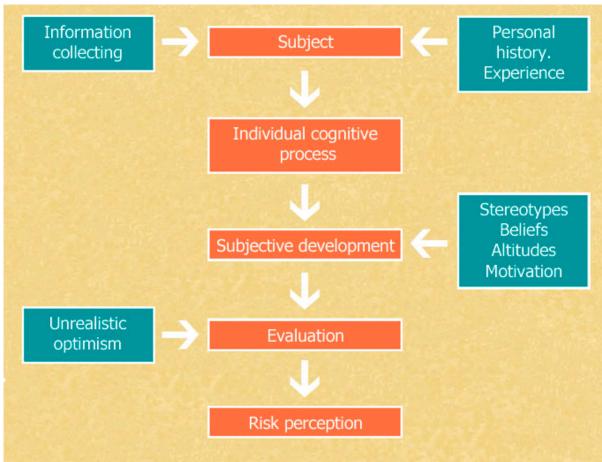
It is easy to theorise about the value of experience but it also has to be recognised that in today's model of social relations it is by no means so easy in practice for people of different generations to swap experiences. It is rare nowadays to find children, adolescents or youngsters listening to elderly people to benefit from their advice and experience, especially if there is no family bond. This makes it all the more interesting to conduct a project in which risk prevention and age-gap-bridging actions go hand in hand.

Objectives, theoretical framework and working hypothesis

The general objective we set ourselves was to gauge the efficiency of elderly-volunteer intergenerational intervention in raising children's and adolescents' awareness of the risks of daily life and encouraging positive risk-preventing attitudes in this age group. We decided to concentrate on risks related to ICT use and alcohol consumption.

Risk perception tends to be built up from any person's ongoing life experiences. Any research into risk perception therefore needs to pay attention to subjective appreciations of risk, based on individual perceptions and beliefs built up in coexistence with other social groups. Working from the findings of García (2012), we decided to understand the risk-perception configuration process as shown in Figure 1.

Figure 1. Configuration of risk perception



Source: García, 2012, p. 140.

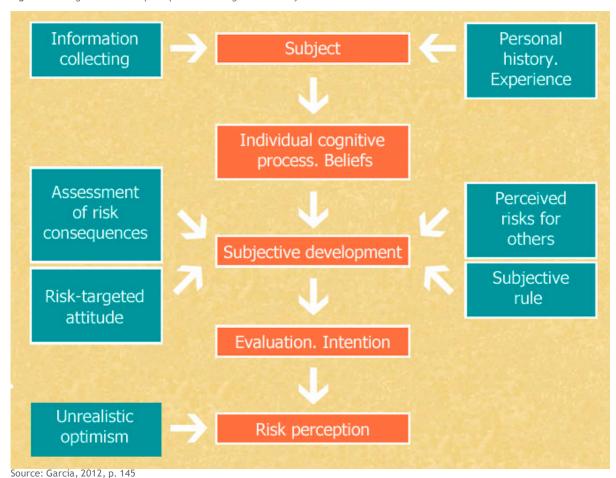
Elderly people, drawing on their own first-hand life experience, can pass on to new generations at school the importance and worth of taking preventive action against some common daily risks

The personal experiences of each particular adolescent are, by definition, unalterable in hindsight, although they can be crosschecked against the experiences of others. In view of this, the shrewdest option would seem to be to concentrate on alterable components of the risk-perception-formation process, such as subjective development or unrealistic optimism. In our case we were particularly interested in two basic aspects: firstly to specify how interaction with elderly people during a set period of time, as an exchange of subjective appreciations and experiences, might be qualitatively different from the adolescents' daily classroom interaction with their teachers. And secondly to

find out if the appreciations of elderly people and teachers in classroom interaction might impinge (and how) on three constructs: namely, perception of the internet- and social-media risk, perception of the alcohol-consumption risk and the attitude to prevention.

García (2012) refers to three theoretical models to tweak the above scheme: the Health Belief Model, the Theory of Reasoned Action and Planned Behaviour, and Protection Motivation Theory. We then find that the Theory of Reasoned Action includes, within its risk-perception configuration, a component that seems very close to the intervention

Figure 2. Configuration of risk perception according to the Theory of Reasoned Action



This model allows us to present our planned intervention in this research as follows: the teachers' and elderly persons' perception of risks associated with internet and social-media use, on the one hand, and alcohol consumption inside and outside leisure situations, on the other, could impinge in diverse ways on the adolescents' ongoing subjective perception of these risks.

This project has precisely set out to test the abovementioned working theory in school classrooms. Another aspect under study herein is how a change in the perception of these risks might, in turn, lead to a changing attitude amongst these adolescents about the need to prevent these risks and act accordingly.

Intergenerational strategy in risk prevention

In line with all the above, the hypotheses (H) of this research were formulated as follows:

- H1: The adolescents' perception of the risks associated with alcohol consumption in general and in leisure situations and the use of internet/social media increases after listening to the perceptions of this same risk by elderly people acting as classroom educators in the framework of a structured educational process.
- H2: The increase in risk awareness hypothesised as H1 is greater than that achieved in interaction with the adolescents' daily teachers.
- H3: The attitude towards prevention of the alcohol consumption risk in general and in leisure situations and the internet/social media risk is more positive in the intervention proposed in H1 than in H2.

Method and Sample

A quantitative quasi-experimental, non-equivalent group strategy was designed with repeat measurement (pretest-posttest comparison) and with a three-tier educational intervention, namely intergenerational intervention with elderly people, non-intergenerational intervention with teachers and non-intervention. At the same time a qualitative approach was also followed. This involved six discussion groups, four of them formed by first-, second- third- and fourth-year secondary pupils who had participated in the H1 working group - with elderly persons acting as classroom monitors - and two groups of elderly volunteers from among those who took part in the research. Each one of these groups was made up by 6-7 participants.

Adolescents' perception of the risk of alcohol consumption or

The data collection questionnaire for the quantitative survey was built up from two instruments vetted in previous work: the questionnaire on adolescents'

the use of social media varies after hearing the opinion of elderly people or teachers and also their attitude towards the prevention thereof perceptions of social-media and internet use (Rial, Gómez, Braña and Varela, 2014) and the alcohol-attitude assessment scale ASA-RAM (Ramos, 2013). The obligatory pilot-testing of the questionnaire was then followed by internal consistency tests (Cronbach's alpha, calculated for each item as suggested by Tavakol & Dennick, 2011) and discrimination capacity test (Student's t-test of mean scores per item, differentiated for groups of low-medium-high values). A definitive questionnaire was then designed, broken down into four blocks (with

Cronbach's alpha values of 0.7 or higher in the blocks retained after the pilot test).

The fieldwork was carried out from October 2014 to January 2015, consisting of 12 teaching sessions run both by teachers and elderly volunteers in 5 state secondary schools in Andalucía. The answers only of pupils who had taken part in at least 10 of the 12 sessions were then retained for subsequent analysis, since the literature on in-school intergenerational interventions calls for an even longer duration for ascertaining its impact (Morrow-Howell, Jonson-Reid, McCrary, Lee, & Spitznagel, 2009).

After data debugging, the final sample consisted of 381 pupils organized in three groups of equal size (n=127) - to facilitate post hoc two-by-two comparisons - with regard to each one of the three intervention factors. Table 1 gives an overview of the definitive sample.

As Table 1 shows, the tests to check for any initial data differences concluded that only in two cases (school and school year) were distribution differences significant; this is explained by post-hoc data-debugging sample reduction. After carrying out Kolmogorov-Smirnov Z tests of normality, and bearing in mind that a random selection of schools and groups for allocating pupils to the three levels of the factor under study was not possible, it was decided to conduct a nonparametric analysis.

Table 1. Description of the sample (n= 381).

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|---|-------|------|---------------------------------|
| Item | Total | % | Difference Test |
| Gender | | | |
| Male | 174 | 45.8 | x ² =5.638. p=0.060 |
| Female | 206 | 54.2 | x=5.636. p=0.060 |
| Age | | | |
| 12 | 35 | 9.3 | |
| 13 | 117 | 31 | |
| 14 | 105 | 27.8 | x ² =1.226. p=0.542 |
| 15 | 88 | 23.3 | x~=1.226. p=0.542 |
| 16 | 22 | 5.8 | |
| 17 | 11 | 27.8 | |
| School | | | |
| Pedrera | 124 | 32.5 | |
| Picasso | 16 | 4.2 | 2 (7 002 - 0 004 |
| Quiñones | 135 | 35.4 | x ² =67.093. p=0.001 |
| Trafalgar | 106 | 27.8 | |
| School year | | | |
| 1 st year secondary. | 31 | 8.1 | |
| 2 nd year secondary. | 134 | 35.2 | 2 444 45 0 004 |
| 3 rd year secondary. | 117 | 30.7 | x ² =116.65. p=0.001 |
| 4 th year secondary. | 99 | 26 | |
| Internet connection frequency | | | |
| Daily | 300 | 80 | |
| Weekly | 51 | 13.6 | |
| Occasional | 13 | 3.5 | x ² =9.308. p=0.676 |
| Almost never | 6 | 1.6 | |
| Never | 5 | 1.3 | |
| Alcohol intake frequency | | | |

Alcohol intake frequency

| Daily | 1 | 0.0 | |
|---------------------------|-----|------|---------------------------------|
| Weekly | 7 | 1.9 | |
| Occasional | 43 | 11.5 | x ² =5.316. p=0.947 |
| Almost never | 95 | 25.5 | |
| Never | 227 | 60.8 | |
| Street-drinking frequency | | | |
| Daily | 2 | 0.6 | |
| Weekly | 3 | 0.8 | |
| Occasional | 20 | 5.6 | x ² =10.045. p=0.437 |
| Almost never | 53 | 14.9 | |
| Never | 297 | 78.1 | |

Quantitative analysis was carried out according to the General Inductive Approach (Thomas, 2003), implying the following steps:

- Preparation of raw data files: responses were computerised for subsequent processing with the software ATLAS.ti 5.0.
- Close reading of text: the text was read in detail by researchers to familiarise themselves with the content and gain an understanding of the themes and details in the text.
- Thematic analysis of frequencies: with the support of the Word Cruncher tool of ATLAS.ti 5.0, a count was made of word frequencies to ascertain the most recurrent themes.
- Creation of categories: each researcher identified and defined categories or themes, bearing in mind that the categories «alcohol consumption», «internet use», «risk perception», «elderly person» and «teacher» had previously been considered and could be understood as the main categories in the study design.
- Continuing revision and refinement of the category system: after completing this process, and as a study validation strategy, researchers crosschecked the category systems peer review (Creswell and Miller, 2000; Suárez, del Moral and González, 2013), eliminating those about which there was no agreement.
- Creation of a model of main and secondary categories and their properties. In this stage the categories, subcategories, properties and relations between them were pooled in descriptive or explanatory conceptual networks.

Proof of the hypothesis

The first of the three working hypotheses (H1) has been partially refuted. In the first place, in relation to the adolescents' mooted increase in the perceived internet and social-media dependence risk after classroom contact with elderly volunteers, such an increase was recorded only in the case of neglecting study tasks due to internet use (Table 2).

Table 2. Risk perceptions and internet and social-media use. Increasing perception in the intergenerational group (n= 127).

| Item | Wilcoxon (Z) | Sig. (p) | Increase? |
|---|--------------|----------|-----------|
| (13) I've sometimes lost sleeping hours due to internet use | -0.093 | 0.926 | - |
| (14) I sometimes connect to internet more than I should | -1.096 | 0.273 | - |
| (15) I sometimes sulk if I can't connect when I want | -0.988 | 0.323 | - |
| (16) When I'm connected the time flies by without my noticing | -0.300 | 0.764 | - |
| (17) I've sometimes neglected study tasks due to internet use | -3.026 | 0.002 | Yes |

Nonetheless, although the aforementioned increase (item 17) did not occur in the case of pupils who addressed the matter with their teachers, it did in the control group of pupils (Wilcoxon Z test,:-2.428, p: 0.015). We should therefore rule out the intergenerational intervention as the cause of this increase. Nonetheless, there was a significant difference (x^2 =16.986, p=0.001) in the post-test responses to item 17, with a higher average range (212.84) in the intergenerational group with elderly people than the group with the teachers (190.17) and the control group (159.52).

Still within the context of H1, if we now pass on to the alcohol consumption risk, in 5 of the 15 items used there was a significant increase in the perception of pupils who worked with the elderly volunteers, as shown in Table 3.

| (2 | 1) The drinker cannot stop whenever he or she wants | -1.836 | 0.066 | - |
|----|---|--------|-------|-----|
| (2 | 2) Drinking alcohol can lead to bad things | -1.441 | 0.149 | - |
| (2 | 3) Drinking alcohol is less risky than any other drugs | -5.623 | 0.001 | Yes |
| (2 | 4) Alcohol poses a big risk because drinkers can't control it | -1.717 | 0.086 | - |
| (2 | 5) Most people drink and come to no harm | -1.344 | 0.179 | - |
| (2 | 6) If you know your own limits you can drink without problems | -2.638 | 0.008 | Yes |
| (2 | 7) Alcohol and adolescence are an explosive mixture | -1.478 | 0.139 | - |
| (2 | 8) Nobody gets hooked on drugs from drinking alcohol | -1.369 | 0.171 | - |
| (2 | 9) People exaggerate the consequences of weekend drinking | -3.692 | 0.001 | Yes |
| (2 | 10) There always has to be alcohol in any hang-out of friends | -1.709 | 0.087 | - |
| (2 | 11) Even weekend-only drinking can affect your daily life | -1.552 | 0.121 | - |
| (2 | 12) Street drinking affects and annoys many people | -0.695 | 0.487 | - |
| (2 | 13) People exaggerate the bad effects of street drinking on youngsters | -2.667 | 0.008 | Yes |
| (2 | 14) I prefer to drink alcohol so other people think I'm good fun to be with | -1.078 | 0.281 | - |
| (2 | 15) Partying doesn't necessarily mean drinking alcohol | -2.380 | 0.017 | Yes |
| | | | | |

As regards the 5 items recording a statistically significant increase, complementary analysis shows that none of them varied in the control group and that two of them (23 [Wilcoxon Z test:- 3.846, p: 0.001] and 213 [Wilcoxon Z test:-2.901, p: 0.004]) did increase after pupil sessions with their respective teachers; in the case of item 23 we know that the intergenerational group's recorded perception was significantly higher (x^2 =9.741, p=0.001, mean range: 120.74) than that recorded in the pupils of the teacher group (mean range: 97.40). H1 is thereby partially refuted in terms of the alcohol-consumption risk perception.

Moving on now to H2, and with reference to the items where H1 analysis confirmed a change, we believe that our intergenerational strategy -elder volunteers working with secondary school pupils in the classroom - has shown itself in a couple of items to be more powerful than the alternative, i.e., the same pupils discussing the issue with their teachers; it has also been clearly proven that intergenerational intervention with elderly volunteers was significantly more efficient that non-intervention in this matter, given that the pupils' perception of the risks partially increased in 6 of the 15 items studied.

The intergenerational strategy elderly volunteers working with adolescents in the classroom - has proven to be more effective than the students themselves addressing the issue only with their teachers

The best conclusion in this case is that, in the interests of boosting the perception of risks related to internet and social-media use and alcohol consumption, a choice would have to be made between organising intergenerational activities in the presence of elderly citizens or leaving pupils to address the question themselves with the help of their teachers. The first strategy would be most promising when the only alternative is to do nothing. Only in one case of all those analysed (item 23, $x^2=5.835$, p=0.016, mean range: 112.20) when speaking about alcohol-consumption risks, did the point of view of pupils who had addressed the issue with their teachers turn out to be

significantly different from the points of view of pupils who had attended no session; nonetheless, the variation in points of view recorded in intergenerational groups - in contrast with control groups - was significant on a greater number of occasions (items 22, 23, 24, 27, 29 and 211).

The qualitative analysis allowed us to delve a little deeper into the reasons why work with elderly volunteers - some of them with past experience of alcohol risks and problems - achieved much higher pupil awareness of the falseness of the claim that alcohol poses less risk than other drugs (item 23). The adolescents themselves distinguished two types of information received in the preventive workshops: firstly referring to contents (information on alcohol consumption, myths, consequences, etc.) and, secondly, referring to past experiences of the problem. Although both types of information are related with the «information collecting» dimension of the theoretical risk-perception configuration model as adopted herein (García, 2012), the information pertaining to past experiences of the problem ties in more closely with the «perceived risk of others» (in this case of the elderly volunteers). It is the second type of information that seemed to make most impression on the adolescents, changing their attitude towards the risk and making a change in their drinking attitude more likely. One of the girl pupils even spoke about her change of behaviour: «1: 162 Girl pupil 3: I don't really drink because people tell me to. I drink because I like it. But truth is... after hearing the elderly people... you know... It's been some time since I've touched a drink. Must be three months or more...».

3: 263 Girl pupil 3: The man told us he would get up and say «today I won't have a drink» and when he turned in... at the end of the day... he would congratulate himself for keeping it up another day. And the other bloke who came

disagreed; he said this was very hard, that he'd been in hospital loads of times, that he'd had many illnesses, that he couldn't kick the habit, and he wanted to try to spend Christmas with his family again, because his family had cut him off; he only went home now to have a shower and then off out into the street again. He was sleeping rough.

Girl pupil 2: It's this that makes you realise what drinking really means. Because you see with your own eyes what it's doing to them.

The fact that the educational agents have actually experienced an alcohol problem - or not - comes across as a necessary but not sufficient condition for raising the adolescents' awareness of the problem, because they also need to see that the lesson has been learned, i.e., the prevention agent needs to show this change of attitude and get across that he or she is there to help the adolescents.

4: 326 Girl pupil 1: Truth is you have to have guts to come out with what they've told us, what's happened to them. Not everyone would do it.

Boy pupil 2: It's really tough.

Girl pupil 1: Many people are ashamed to say things like that, especially in front of us, who might come out with «we couldn't care less», you know?

Boy pupil 2: It's not even shame any more. No one wants to come to that and see themselves like that and now have to spiel it out and others find out.

Boy pupil 1: But they don't really do it for that; they do it to help us.

In short, H2 has also been refuted: with the study results in hand, it cannot really be claimed, barring some exceptions, that the intergenerational intervention has more awareness-raising potential than interaction with teachers.

Lastly, as regards our third hypothesis, Table 4 shows the most salient results of the quantitative analysis on this matter:

Table 4. Prevention attitude. Increase by experimental group (n= 127).

| Item | Wilcoxon (Z) | Sig. (p) | Increase? Significant? |
|---|--------------|----------|------------------------|
| Group with elderly volunteer | | | |
| (41) Internet and social-media risks need to be forestalled | -3.988 | 0.001 | Yes |
| (42) Alcohol consumption risks need to be forestalled | -2.142 | 0.032 | Yes |
| Group with teachers | | | |
| (41) Internet and social-media risks need to be forestalled | -0.647 | 0.517 | - |
| (42) Alcohol consumption risks need to be forestalled | -0.632 | 0.527 | - |

The figures of Table 4 show as an initial conclusion that H3 cannot be ruled out. Why? Because we found that pupils who have worked with elderly volunteers are much more conscious of the need for prevention after the intervention (the median value has risen from 7 to 8, out of a maximum of 10); this did not happen with the group that dealt with the prevention issue with their teachers (the median value remained at 8). From this point of view it can be claimed that the intervention proposed in H1 (intergenerational approach) has indeed been more positive than that suggested in H2 (working with teachers).

On the other hand, however, it is no less true that the intergenerational group pupils' prevention attitude differed significantly only from the control group pupils ($x^2=17.194$, p=0.001, n^2 : 0.071) but not from the pupils who were guided by their own teachers ($x^2=2.811$, p=0.094). From this latter point of view H3 has to be rejected because there has been no proof of significant differences in the achievements of these two groups in terms of their post-test prevention attitude.

Notwithstanding the above, the qualitative analysis shows a unanimous agreement among respondent teenagers about the usefulness of this workshop arrangement with elderly volunteers as compared with their usual interaction with their teachers. In the drink prevention workshops they can see with their own eyes that the unknown elderly volunteers have suffered the drink problem themselves and want to stop them from making the same mistake. Their teachers, on the other hand, in their eyes, are only carrying out these activities as their professional obligation and lack any in-depth knowledge of the matter, merely passing on stale information; they therefore do not feel that their teachers are really trying to help them. The teachers' risk perception is therefore unlikely to be felt as legitimate and produce any subjective change in the adolescent pupils' attitude towards the alcohol risk.

3: 216 Moderator: What about if it had been your normal teacher saying these same things instead of the elderly volunteer?

Girl pupil 3: I don't reckon I would have taken so much notice as when they told me... (Interruption)

Girl pupil 2: The thing is I see the teacher and he's telling me this and I'm thinking «it's the teacher; it's his job to tell me this», but when I see the elderly volunteer I say to myself «this person has actually experienced this and no one has told him to tell me».

Girl pupil 3: I'm going to level with you. A teacher tells me this and I'm thinking, "but you're a teacher and you're paid to worry your head about these things!", so you don't take it so seriously, right? I don't take any notice and it even tickles me because I think "you know nothing about life". It's just not normal; everyone thinks the same.

Mention must, however, be made of one exception that is crucially important for teachers' in-school prevention work: if pupils perceive and feel that the teacher running the preventive workshop is close to them, keen to help them, then their risk perception is seen as legitimate and, ipso facto, worthy of being taken into account. In other words the habitual teachers' emotional link with their pupils will be the variable bearing the closest relationship with the impact of the preventive actions on the adolescents' attitude.

Finally, in terms of the pupils' readiness to take part in risk-prevention activities to do with internet and social-media use and alcohol consumption, the intergenerational group was found to have a significant high intermediate effect, especially in comparison with the control group (x^2 =30.298, p=0.001, η^2 : 0.133) but also with the working group with schoolteachers (x^2 =17.100, p=0.001, η^2 : 0.075). The quantitative analysis has shown the readiness to take part in prevention activities changed significantly after the intervention in the group with elderly volunteers (Wilcoxon Z test,:- 2.823, p: 0.005); this before-and-after change did not occur in the group with teachers (Z:-0.273, p: 0.785) or in the control group (Z:-1,547, p: 0.122).

Main conclusions

On the internet and social-media dependence risk

Under the survey conditions neither the intergenerational intervention (elderly volunteers in the classroom) nor the intervention with teachers managed to produce a significant change in the participating pupils' perception of the internet and social-media dependence risk. Nonetheless this perception was much sharper among the pupils who had been with the elderly volunteers than those who remained with the normal teachers.

On the alcohol consumption risk

The secondary school students involved in 10, 11 or 12 educational sessions with elderly volunteers gained a greater appreciation of alcohol consumption risks, as measured by a change of opinion about the following 5 items: (23) Drinking alcohol is less risky than taking other drugs, (26) If you know your own limits you can drink without problems, (29) People exaggerate the consequences of weekend drinking, (213) People exaggerate the bad effects of street drinking on youngsters, and (215) Partying doesn't necessarily mean drinking alcohol. In 4 of these 5 items (23, 26, 29 and 215) only pupils who had worked with elderly volunteers showed an increase in their risk perception.

In the specific case of item 23 ("Drinking alcohol is less risky than taking other drugs"), not only was there an increased perception of the risk but also a significantly higher result in the intergenerational group than in the other two study groups. The qualitative research comes up with an explanation for this: the fact that some elderly volunteers had suffered the alcohol risks themselves was seen as a cogent argument by the secondary school pupils.

On the attitude towards prevention

The intergenerational intervention, with elderly volunteers in the classroom, significantly boosted the participating pupils' positive attitude towards prevention; the same effect was not observed in the working groups with teachers.

On the readiness to participate in prevention activities

As for the readiness to participate in risk-prevention activities to do with internet and social-media use and alcohol consumption, the conclusion can quite firmly be drawn - this time forthrightly backed up by the figures - that the intergenerational option of working with elderly volunteers clearly made the pupils keener to participate in said prevention activities.

On the preferential intervention

In general, as compared with the decision to do nothing about the matter, the option of bringing the secondary school pupils of our sample into contact with elderly volunteers to speak and learn about prevention risks and attitudes (*vis-à-vis* internet use and social media and alcohol consumption) is much more promising that the alternative of working with the pupils' own teachers on the same matter.

Recommendations

Taken as a whole it can be claimed that the results are promising. In what sense? The overall impression gleaned from the quantitative analysis of the data is that an unhampered data collection procedure would in all likelihood have thrown up

sharper differences and advantages in favour of the intergenerational intervention. This at least is the trend suggested by the subsequent analysis. In general, the classroom presence of elderly volunteers has proven to be more significant than the alternative intervention (with teachers) or the option of no intervention at all. We therefore conclude that this line of work is well worth continuing.

After listening to and dialoguing with these volunteers, the pupils not only acknowledged their better perception of some risks but also their conviction that they need to do something about it and their desire to get involved

The tradition of organizing intergenerational mentoring programmes involving minors in risk situations, in general, and with addictions in particular, has been well documented. In our case, and to ensure project feasibility within established conditions, we opted for a brief guidance scheme with a maximum of 12 working sessions. Should future opportunities arise to proceed with this first effort, attempts should be made to randomise the sample as much as possible and, above all, to lengthen the intervention period: the ideal duration would be a complete academic year, in view of the stricter standards indicated by the scientific literature on this matter. Furthermore, combining the group-based work - a group of elderly volunteers *vis-à-vis* a group of pupils - with

interpersonal contact - pairing up pupils with elderly tutors in some sessions - might also reinforce the impact.

Another important recommendation has to do with the effect of the intergenerational intervention carried out herein on the secondary pupils' readiness to take preventive action. The careful selection of elderly volunteers with direct, first-hand experience of alcohol consumption risks seems to have made a strong impact on the participating pupils; after listening to and dialoguing with these volunteers, these pupils not only acknowledged their better perception of some risks but also their conviction that they need to do something about it and their desire to get involved. We can only imagine the type of positive change that might be brought about if this diagnosis-centred type of project was fleshed out with some well-designed and systematic prevention activities. For this reason it would be recommendable in the future to try to tie in the risk-perception and prevention-attitude study with the immediate implementation afterwards of a specific prevention education programme.

In fact this last recommendation bears out the project title: inputting direct, first-hand experience seems to be a cogent force of conviction in prevention education. A final caveat, however: to be effective this experience has to come from people perceived by the secondary-school pupils as much older and belonging to a previous generation. This criterion has been recognised as one of the crucial quality standards of the most recent intergenerational learning programmes (Sánchez & Díaz, 2014).

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