

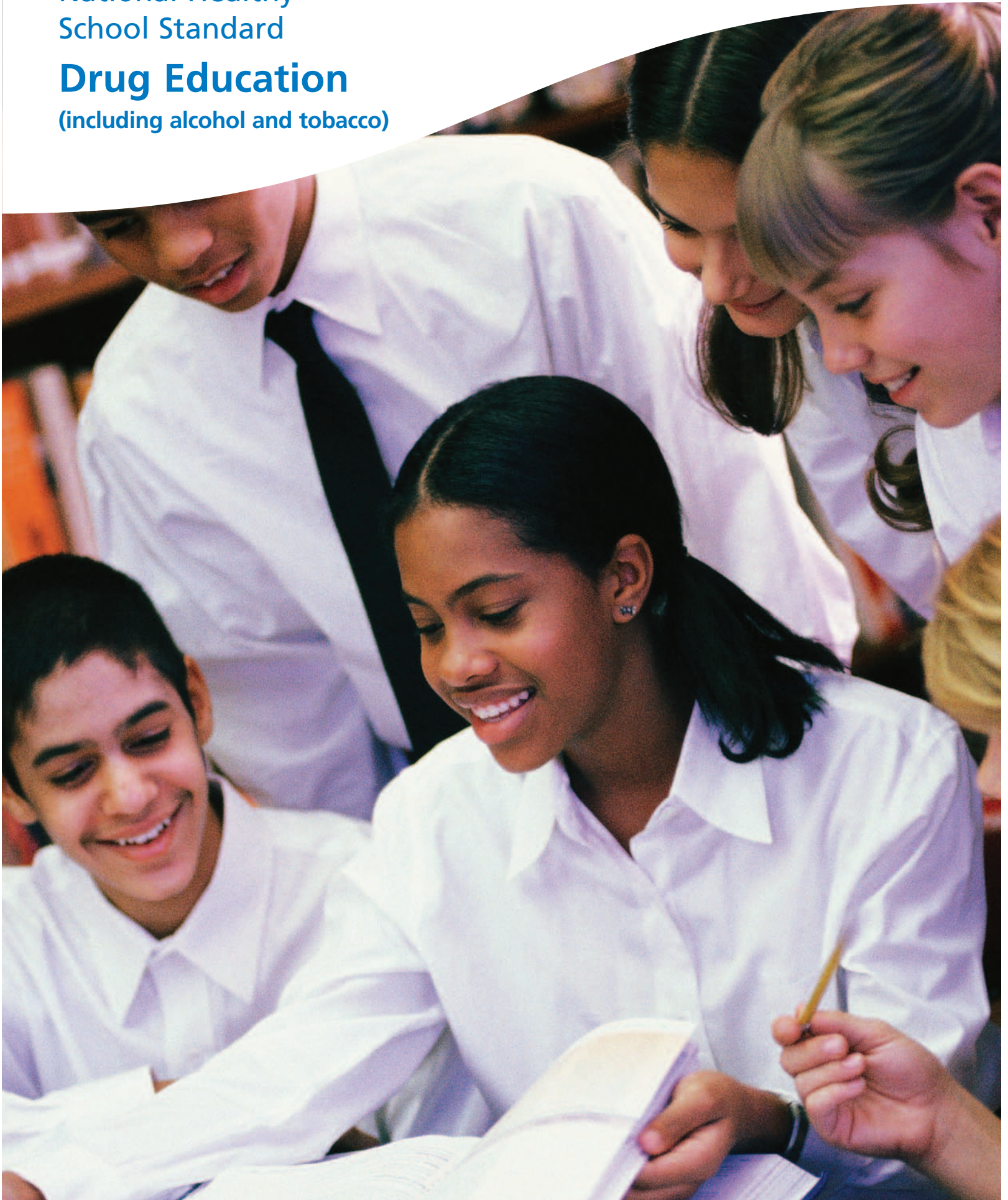


Healthy Schools

National Healthy
School Standard

Drug Education

(including alcohol and tobacco)



The National Healthy School Standard (NHSS) is part of the government's overall strategy to raise educational achievement and address inequalities.

Aim of this support material

This support material aims to offer practical guidance to Local Healthy School Programme (LHSP) coordinators on supporting schools in implementing the NHSS minimum criteria and whole school approach for drug education. It does this by:

- Offering examples and case studies on recent or current practice that local programme coordinators can draw on to support schools. The case studies reflect the areas covered in the NHSS minimum criteria and whole school approach for drug education, and provide more detailed information about how work was carried out. The examples provide a snapshot of activity. The case studies and examples were identified through discussion with LHSP coordinators
- Reinforcing the rationale for teaching drug education in schools
- Providing an updated local, regional and national context for teaching drug education in schools and implementing school drug policies
- Summarising the statutory requirements for schools with regard to drug education
- Summarising and complementing key policy and non-statutory guidance that supports drug education policy and practice in schools
- Providing an overview of the evidence base for drug education and examples of how evidence can be applied to practice
- Listing other useful information and contacts.

This guidance may also be relevant to other planners and practitioners. For details of your LHSP(s) visit www.wiredforhealth.gov.uk or contact your Local Education Authority (LEA).

Acknowledgments

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Background

Whether it is an alcoholic drink at the local pub or at a celebratory event, a cup of tea or coffee, a cigarette, medicine for a cold or trying an illegal drug, most people will have heard of, seen or tried a drug. However, the word 'drugs' very often evokes fear and anxiety in people because of their perceptions that drugs are largely associated with illegality, crime, physical harm and death. While there can be serious negative consequences from drug use, drugs like medicines, for example, play an important part in society.

A majority of young people who experiment with drugs will stop and won't experience any major harm. However, a significant minority are more vulnerable to developing drug problems.

Parents, carers, families, schools and communities as a whole can create an environment where children feel able to discuss, explore and learn about drugs, drug use and those that use them. Anecdotally we know that some adults are anxious about discussing drugs and related issues with children and young people. Teachers and parents tell us that they think children will know more than the adults do and are worried about what they should do if a child tells them that they or someone close to them is using drugs. Also, some adults are afraid that discussing drugs and related issues with children will raise their levels of curiosity and may encourage them to take drugs. However, there is no evidence of this.

Children and young people tell us that they want drug education and opportunities to discuss their worries. They report that the transition from primary to secondary school is particularly difficult because, among other important changes such as forming new relationships and finding their way around, they may also find themselves in unfamiliar situations, for example being offered alcohol, cigarettes, solvents or illegal drugs.



Terms

'If I had no drug education and then gone to secondary school I think it would have been a lot harder but drug education has kinda like crossed out my worry box'.

Year 6 primary school pupil

They also want drug education to make links with other issues that affect their lives, such as sexual health and friendship, as they do not think about drugs in isolation. Drug education taught as part of Personal, Social and Health Education (PSHE) and Citizenship will enable these important connections to be made.

'My PSHE was more to do with alcohol and drugs than the actual sex. It was very alcohol focused and knowing all the classifications and lists of drugs but they didn't make the connection at all between alcohol and drug use and sex'.

Young man aged 18

There is a range of terms used to describe drug use and drug education. The NHSS term 'drug education (including alcohol and tobacco)' is reflected in the title of this document. However for simplicity's sake the term 'drug education' is used throughout the guidance. This term includes alcohol and tobacco and encompasses other legal and illegal drugs including:

- Prescribed and non-prescribed medication including anabolic steroids
- Solvents and volatile substances
- Illegal drugs such as cannabis and ecstasy.

Other terms like 'drug, alcohol and tobacco education' are used when specific guidance or materials use this definition.

1

What is drug education?

Drug education in schools is a planned component of PSHE and Citizenship. It aims to provide pupils with opportunities to:

- Increase their knowledge and understanding of the risks and consequences of legal and illegal drugs
- Explore their own and others' attitudes and values towards drugs and drug users
- Develop their personal and social skills so they feel able to communicate effectively, recognise choices, make decisions and access help when needed.



Drug education is best supported by a whole school approach which includes:

- A supportive school climate, environment and culture created and owned by pupils, parents, carers, governors, teachers, school staff and community organisations
- Whole school policies and practice developed in line with legal requirements and non-statutory guidance and which complement the aims of the drug education programme.

To measure the impact of its drug education programme on pupils' learning and development, a school needs to set realistic and specific aims. School drug advisers and local programme coordinators can help schools do this. Ofsted's 2002 report on drug education in schools highlighted that many of the drug education lessons surveyed did not provide adequate opportunities for pupils to explore their attitudes to drug use and to develop the skills they need to make informed choices. It is important that these elements are aims of a drug education programme and that schools discuss and agree the aims with staff, pupils and parents/carers.

Principles for drug education

Good drug education requires the same elements of good teaching as any subject. Below are some key principles for effective drug education in schools, based on local practice and reflected in drug education guidance. The new Qualifications and Curriculum Authority (QCA) drug, alcohol and tobacco education guidance will support teachers in applying these key principles.

Key principles:

- Create a supportive school ethos, culture, environment and management structure
- Start drug education in primary school. It may also be appropriate to begin exploring the role of medicines with young children in foundation years
- Use effective teaching strategies such as role play and discussion
- Use children's and young people's existing knowledge, experience and perceptions of drug issues as a starting point
- Ensure drug education progresses as pupils move up through the key stages
- Information and approaches take account of gender, social and cultural issues, and local trends
- The range of substances is covered including medicines, alcohol, tobacco, solvents and illegal drugs
- Make links between drugs and other related issues, such as sexual health
- Content is age appropriate and includes skills development and attitude exploration
- Children and young people participate in drug education planning, teaching and evaluation
- Drug education is delivered as part of PSHE and Citizenship
- Teachers are trained and confident
- Involve and educate parents/carers to support school activities both in school and at home
- Assess pupils' learning and progress
- Monitor and evaluate teaching strategies and assess future need
- Outside agencies/individuals and schools agree roles and responsibilities and agencies' input is planned as part of a comprehensive drug education programme
- Strong links exist between the school and the community as a whole
- Pupils know where and how to access help and support.

A school drug education programme will cover the range of substances including medicines, alcohol, tobacco, solvents and volatile substances. Individual schools, however, may choose to focus on a particular drug because local intelligence suggests that it is used widely by young people or there are problems associated with its use, eg crack cocaine. Care is needed to ensure that specific drug education is set within a broader context and that by focusing more on one drug, important messages are not lost about the effects and risks of others. Schools and those that support them need to be informed about the proposed changes to the legal status of cannabis. See Appendix E.

Anecdotal feedback from practitioners indicates that certain drugs present complexities that impact on teachers' confidence in addressing them in the classroom. For example teachers report finding it difficult to discuss alcohol because they may drink themselves. Primary school children have said that they want more education about the 'little' drugs such as alcohol, solvents and cannabis. Local programme coordinators and school drug advisers can learn about local drug trends from the Drug Action Team (DAT) needs assessment that informed the Young People's Substance Misuse Plan (YPSMP) so they can help schools target their drug education programmes accordingly.

Why is drug education important?



Children and young people tell us that they need drug education. In consultations they identified the need for the following:

- Honest and realistic drug education that prepares them for the situations they face now and in the future
- Drug education that is taught early (at primary school) and that progresses through the key stages in accordance with their levels of knowledge, skills and age
- To know where and how they can get support if they have concerns or want information about drugs and related issues.

All children and young people have an entitlement to receive drug education.

There is a statutory requirement for schools to provide drug education (see national curriculum programmes of study for science). There is also an expectation that schools will use the non-statutory framework for PSHE and Citizenship at key stages 1 and 2 and the non-statutory framework for PSHE at key stages 3 and 4 alongside the national curriculum.

Drug education supports pupils' personal and social development. An HM Inspectorate review of Ofsted reports showed a clear connection between PSHE and Citizenship delivered within the context of NHSS and improved achievement and behaviour.

Drugs and drug use are part of children's, young people's and their families' lives. Statistics indicate that 50% of 16 year olds have tried illegal drugs at some point in their lives. It is important that young people have the opportunity to learn about the effects of drugs, including the risks and develop their skills so they feel able to make informed choices, know where to get help and how to help others.

Some children and young people have parents, carers and family members who are problem drug users. If a parent is misusing drugs it does not necessarily mean that they will not care for their children properly. However it is more likely that heavy use, where the parent is showing signs of dependency, will have detrimental consequences for children. These children and young people need drug education and support that is sensitive to their needs and experiences and to learn where and how to get information and help if they require it. The Advisory Council on the Misuse of Drugs (ACMD) considers the impact on children of parental problem drug use in its report *Hidden Harm – Responding to the needs of children of problem drug users*. See Appendix F for details.

Parents and carers tell us that they want their children to have drug education. Parents/carers also want drug education and to know about local and national sources of information and support.

3

Drug education in NHSS guidance

Whole school approach

Drug education is one of the eight themes identified in the NHSS Guidance, in Standard 3.5.1e (Department for Education & Employment, 1999). This means that LHSP(s) must have the capacity and capability to support schools to develop a whole school approach to drug education (Standards 2.2; 2.3; 3.4.2) while contributing to whole school education and health improvement (Standard 3.4.1).



Minimum criteria for drug education

Local programmes must also have measures in place for assessing school achievement against the minimum criteria. Details of how local programmes can support the minimum criteria and whole school approach to drug education are included in Section 7.

The minimum criteria (Standard 3.5.2e):

- The school has a named member of staff and a governor who are responsible for drug education provision
- The school has a planned drug education programme involving development of skills which starts from early years and identifies learning outcomes, appropriate to pupils' age, ability and level of maturity and which is based on pupils' needs assessment
- The school has a policy, owned and implemented by the whole school, including parents/carers, for managing drug-related incidents which includes identifying sources of support for pupils and alternatives to exclusion
- Staff understand the role schools can play in the national drug strategy and are confident to discuss drug issues and services with pupils
- The school works with the police, youth service and local drug services in line with the DAT strategy to develop its understanding of local issues and to inform its policy.

4

Working in partnership on drug education at a strategic and operational level

(section 1 of the NHSS)



Linking to other relevant initiatives and community organisations (NHSS Standard 1.1 d & e)

When supporting the development and delivery of drug education policy and practice, local programme coordinators develop and encourage partnership working between:

- **School drug advisers** contactable through the LEA
- **Local DAT coordinator** www.drugscope.org.uk
- **Primary Care Trusts (PCTs)** www.nhs.uk
- **Local drug services** www.talktofrank.com
- **Quality Protects (QP) officers** these can be contacted through the QP Regional Development workers, visit www.doh.gov.uk/qualityprotects/sitemap.htm
- **Youth Offending Team (YOT) drugs worker** contactable through the DAT
- **Connexions Partnerships (CxPs) advisers** www.connexions.gov.uk
- **Local support agencies that include drugs within their remit, such as the police** contactable through the DAT

In many areas, local programme coordinators work closely with school drug advisers, or their equivalent, and LEA advisory teachers for PSHE. In some cases the local programme coordinator will fulfil several roles, including offering direct support to schools, and in others they have an overseeing role. Whatever the set up, it is important that local programme coordinators ensure local advisers have the information they need to support schools effectively with regard to drug education and provide consistent messages.

Example: Working with the Youth & Community Service to implement the NHSS

The Youth and Community Service in the London Borough of Redbridge has a key role in providing informal education and, as a result of a history of partnership working, leads on healthy schools.

In this unique arrangement the scheme coordinator and support staff form part of an established multidisciplinary team of youth and community workers, funded by different partners including DfES, SRB, DAT, Connexions, Health Service and the LEA. They deliver drugs, sex and other aspects of health education to schools, youth and community groups and in other community settings, eg night clubs. For further details email colin.chapman@redbridge.gov.uk

The Local Programme, in partnership with the Drug Education Forum (DEF), carried out consultations with children and young people in Redbridge schools to gather their views on drug education. This work could be replicated by other local programmes. Details on the methods used are included in the NHSS support materials on *Pupil Involvement* (www.wiredforhealth.gov.uk). A report on the outcomes of the consultations is available from the DEF website (see Appendix F).

Camden LEA – Getting involved in planning pooled budgets for drug education and prevention

Key features – demonstrates how local programmes might work with commissioners and others that support schools to plan drug education activity (NHSS Standards 1.1a,d,e & 1.4)

Background

The Camden and Islington Healthy School Scheme has a Core Team (the operational group) which involves the advisory teachers for PSHE and Citizenship from Camden LEA and CEA@islington, the healthy school project officer from Camden LEA, a healthy school project officer and a young people's manager from Islington PCT. In both Camden and Islington the advisory teacher also takes on the role of school drugs adviser (SDA). In addition, the scheme is coordinated by the advisory teacher in Camden.

The multiple role of the advisory teachers in Camden (SDA, PSHE and healthy schools programme coordinator) gives them a unique perspective, which ensures that healthy schools and PSHE can both be addressed when decisions about drug education are made.



Pooling budgets and deciding on how to spend them

Like many areas, Camden has a well established drug education forum that brings together all professionals supporting children and young people in relation to drugs, alcohol and tobacco, with representatives from schools involvement officers (police), school nurses, teachers, headteachers, parents, governors, youth offending team, drug services, public health (health promotion), education social work, education psychologist team and the DAT coordinator.

This group planned the spend of the drug education standards fund monies. The discussions took account of the needs of children, young people and schools in Camden, project evaluations, and crucially, the activities planned in the LEA's Education Development Plan (EDP), Camden YPSMP, the healthy schools action plan and the health inequalities strategic plan (led by Camden PCT).

This group also discussed and planned the spend of the primary school/primary care health links money allocated by the Department of Health (DH) in 2002/03. The healthy schools core team has led Camden's primary school/primary care health links project since 2001 in partnership with Camden PCT. Planning was made easier by having a member of the primary school/primary care health links project steering group on the forum.

The outcomes were discussed at the DAT subgroup for young people, a well established group that involves police, DAT coordinator, vulnerable young people's coordinator, drug services, health promotion, housing, youth offending team, youth and Connexions service. There are regular information exchanges, particularly of successful projects and initiatives.



The DAT coordinator ensures that they are up to date with developments in the different services and the young people's needs analysis is a key document for strategic planning and developing activities.

Challenges

The greatest challenge will be creating a mechanism, including criteria, for making funding decisions, especially between treatment and education/prevention. Also, mechanisms are needed to measure the impact of funding, as well as the foresight to make changes where they are needed.

For those programmes that have separate SDAs, PSHE advisory teachers and healthy school programme coordinators, the challenge will be in ensuring that all three liaise and work together in a mutually helpful way.

Checklist for involvement of healthy school programme coordinators in pooled budgets:

- Know what is in your local DAT plan and Drug (and alcohol) Strategy and DAT delivery plan
- Meet regularly with the SDA/PSHE advisory teacher and ensure they are clear about the drug education elements of your programme
- Develop drug education projects with the SDA/PSHE advisory teacher. See how your programme complements and enhances drug education and

contributes to achieving the targets of the drug strategy

- Share information and achievements related to drug education with SDA/PSHE advisory teacher
- Make sure that healthy schools is represented on the DAT young people's group and the drug education forum
- Send DAT coordinator annual reports, highlight LHSP's role in drug education and meet with them
- Make sure that the LEA's EDP, YPSMP and local healthy school action plan complement one another in relation to drug education.

Contact: Gill Morris, email g.morris@camden.gov.uk

Involving school staff in planning (NHSS Standard 1.2 a & b)

Example: Responding to schools' needs by involving teachers in developing a drug education resource

East Riding LHSP set up a drug education development group to support primary school PSHE coordinators implement the basic requirements of the NHSS that relate to drug education. The group includes teachers, headteachers and a senior lecturer from the Humber Life Education Centre, and is led by the LEA Curriculum Project Manager for drug education.

Teachers on this group produced a school drug education resource within the context of a whole school programme for PSHE and Citizenship that addressed all the objectives in the DfES Framework for PSHE and Citizenship, the long-standing Schools Curriculum and Assessment Authority (SCAA), now the QCA objectives, and the NHSS criteria.

The resource covers Foundation, key stage (KS)1 and KS2 and meets the broader demands and criteria for other themes in NHSS, increasing its appeal to schools. It was piloted by all of the group members in their own schools and disseminated to over 50 primary schools for comments. Since the programme was launched in February 2000 over 300 teachers have received training in how to use the resource through in service training (INSET) and 195 copies have gone to East Riding schools. The vast majority of the 137 primary schools are implementing the programme.

The case study on page 39 illustrates how local programmes might involve school staff in developing policy and practice guidelines on drug education.

The DfES Teacher Observation grant was used to further support the implementation of the programme in schools. A team of teacher mentors was trained to deliver example drug education lessons from the programme for classroom teachers to show them how the programme worked. Forty-eight teachers were supported in this teacher mentoring scheme in 23 schools and they commented that this in-house support was very helpful.

East Riding School Improvement Service has raised the status of the group to that of a networking group and it will further support the implementation of the programme and also address issues surrounding sex and relationships education (SRE) and the NHSS.

**Contact: Ian Grandidge, Curriculum Project Manager – Drug Education, The School Improvement Service, County Hall, Beverley, East Riding of Yorkshire, HU17 9BA
Tel 01482 392488, email Ian.grandidge@eastriding.gov.uk**

Involving young people in programme planning (NHSS Standard 1.3 a & b)

A range of mechanisms for enabling children and young people's participation may exist that local programmes can use. Where they do not exist, the programme can work in partnership with other local agencies to create new and sustainable structures. The NHSS support material, *Pupil Involvement* includes examples of participation work, and the Children and Young People's Unit (CYPU) *Learning to Listen: Core Principles for the Involvement of Children and Young People* provides useful guidance on involving young people in policy and practice development: www.cypu.gov.uk

Example: Working in partnership with children and young people to develop a drug education resource pack and improve their drug education

Background

The LHSP for Sandwell involved children and young people throughout the development of its *Drugs in Schools Resource Pack* and also in shaping the drug education they received in school.

The resource pack aims to support pupils in developing their knowledge and skills and exploring their attitudes to drug use. It also supports school staff in policy development, staff training and working with parents. It includes:

- Guidance on devising a school drug policy
- Guidance on drug incident monitoring
- A website, www.ukdrugzone.com
- Teacher and outside organisation-led activities for years 2–10.
- A drug education CD-ROM for adults working with young people.

Methodology

The local programme coordinator spoke to children and young people in Sandwell schools, years 3–10, to find out what they want from drug education and what they know about drugs and drug users. Their views informed the content and format of the teacher-led activities for each year and the CD-ROM contained in the school resource pack. PSHE coordinators used pupils' views to modify the school's drug education programme.

Children's and young people's involvement was planned as part of their PSHE and Citizenship programme to ensure integration and the methods used included group discussion and questionnaires. Pupils discussed a range of questions including: What is the best thing/worst thing about the drug education you have received? and What would you like to learn about?



The local programme coordinator produced a first draft of the teacher-led activities and CD-ROM, and asked pupils in their drug education lesson what they liked and didn't like and the changes they wanted.

The revised activities and CD-ROM were piloted with children, young people and teachers and final copies given to pupils so they could see how their views had been incorporated. Changes in their drug education were monitored using evaluation questionnaires. The website was piloted with approximately 400 boys and girls aged 10–15 years using similar methods.

Significant changes were made to the drug education programme in response to the young people's evaluations, including replacing the worksheets used to monitor what young people had learned from the drug education programme. Instead leaflets and posters were used to gather evidence and young people also wrote songs, raps or poems on paper. More instructions were included for teachers on how to run some of the classroom activities, in response to their requests during the pilot.

Contact: Jon Bull or Graham Tate, Drug Education Team,
3rd Floor, West House, Lombard Street West, West Bromwich,
West Midlands, Tel 0121 580 4331

Involving statutory and non-statutory agencies such as specialist drug services and community groups in the planning, delivery and evaluation of activities (NHSS Standard 1.4)

The case studies on pages 24 and 41 demonstrate how local programmes can make links with outside agencies to meet the needs of vulnerable young people at risk of developing drug problems.

The following example illustrates a multi-agency approach to meeting the drug education and support needs of young people.

Example – Young Adult Drug & Alcohol Service (YADAS)

YADAS is a multi-agency service for young adults under 19 years of age in Bournemouth and Poole whose lives are being adversely affected by drugs and/or alcohol. The team comes under the umbrella of a voluntary organisation called East Dorset Drugs & Alcohol Advisory Service (EDDAAS) and consists of:

- Education
- Youth Offending Team
- Social Services
- Dorset NHS Health Care Trust.

This partnership ensures young people get the best services available all under one roof. YADAS offers a confidential, accessible service in a relaxed, friendly atmosphere where young people feel safe to talk about issues or feelings.

YADAS is based on the Health Advisory Service (HAS) four-tier intervention model – see Appendix B. This model is flexible so that a young person receives an integrated and comprehensive care plan. Team members work within the following tiers:

- Education workers and outreach worker, Tiers 1 and 2
- YOT worker and social worker, Tier 3
- Nurse coordinator and associate specialist doctor, Tiers 3 and 4

Tier 1 work – involves general drug and alcohol education to pupils in Bournemouth and Poole. Drug education is delivered as part of the PSHE Curriculum at key stages 3 and 4 and fits in with the LHSP, to which most secondary schools are subscribed.

Tier 2 work – is targeted, individual and small group work aimed at vulnerable young people, eg school excludees, those at risk from exclusion, children of parents who use drugs and those living in hostel accommodation. Work includes more detailed drug-specific information, raising awareness, exploring attitudes towards drug use, consequences of drug use and brief use of motivational interviewing.

Tier 3 work – is specialist non-medical services for young people with problem drug use. Services include care management systems to support other agencies working with young problematic substance misusers; support work with families and carers of young substance misusers and involvement of them in care management; care management support for young people with substance misuse problems returning to the community; and appropriate referral procedures to Tier 4 services.

Tier 4 work – is a specialist medical service for young people with problem drug use and includes intensive interventions with a small number of young people, which can include:

- Short-term substitute prescribing
- Detoxification
- Places away from home, eg residential units, enhanced fostering and support hostels.

Contact: Elaine Reavenall, Schools Drug & Alcohol Worker, Bournemouth, Tel 01202 319191

5

Establishing systems to deliver effective drug education services to schools

(section 2 of the NHSS)



Consider equalities issues in planning, delivery, monitoring and evaluation (NHSS Standard 2.1)

All children and young people, regardless of their race, ethnicity, gender, home situation, sexuality, religion, disability, culture or background, are entitled to receive drug education.

Some local programmes use deprivation weighting scales or DAT drug-misuse data to help target schools that fall in areas of high deprivation or high drug use, so they receive additional support from the local programme. Others target schools with the highest number of free school meals or schools in Single Regeneration or Neighbourhood Renewal areas.

The following case studies illustrate how local programmes can ensure that the needs of different children and young people are reflected in local drug education provision.

Drugs: Guidance for Schools (DFES, 2004) recognises the need for drug education for pupils with special education needs (SEN).



CASE STUDY

Shropshire and Telford & Wrekin LEA – Developing a drug education programme for pupils with learning and additional difficulties

Key features – demonstrates how a local programme supported a special school in taking a whole school approach to drug education (NHSS Standards 3.1, 3.4.1/2 c,d,f,h & i , 3.5.1/2 e)

Background

A significant number of Southall School's pupils, aged 5–16 years, have autistic spectrum disorder.

Aims

The aim of the network for this school was to develop a whole school drug education curriculum that meets the needs of all pupils and also meets the drug education criteria for accreditation by the healthy school scheme for Shropshire and Telford & Wrekin.

Methodology

First an audit was carried out on what was being taught, including learning outcomes, resources being used, pupils' needs and school staff and governors' training needs. Led by the PSHE coordinator, the work was implemented by the task group comprising a senior management team member, teacher, a parent governor (a doctor), school nurse and local police officer.

The Education Advisory Service for Shropshire and Telford & Wrekin has developed a life skills-based drug education and training programme for each key stage. The school had already worked with the service to adapt the key stage 2 resource to meet pupils' needs. The teacher network, alongside another school, the service and members of the task group, reviewed, adapted and trialled the key stage 3 and 4 resources in school. All staff, having attended relevant drug education training, met to discuss the new developments and identify gaps in provision. These were addressed by selecting activities from other commercial drug education resources that focus on a life skills approach and complement the new programme.

Challenges

The challenges included raising staff awareness of effective strategies for teaching drug education. In particular, the focus was on skills development and building on and improving teacher–assistant working. This was supported through additional bespoke training led by the school's drug adviser. Governors' awareness has been raised through their involvement on the task group and regular reports to governors' meetings. Parents' awareness was raised through a presentation and display by students, staff and the local police officer at a parents' evening. The other challenge was planning with the senior management team the release of staff for training.

Benefits

The successes and benefits include:

- Raised profile of PSHE
- Thorough monitoring and working with teachers
- The PSHE coordinator has a more comprehensive knowledge of the teaching and learning of drug education in all classes
- Teachers feel better prepared and supported with quality drug education materials linked to training
- Written drug education policy reflects actual practice that meets the needs of all pupils aged 5–16 and incorporates a policy for working with visitors
- Curriculum is progressive, skills-based and has built on the joint working of staff, governors, parents and representatives from other agencies
- Representatives have reported a better understanding of working with pupils with special needs and with teachers, and feel better equipped to support the school.

Contact: Frances Phelps, Adviser for PSHCE/EO, Education-Health Partnership for Shropshire and Telford & Wrekin, Shirehall, Abbey Forgate, Shrewsbury, SY2 6ND, Tel 01743 254548, Fax 01743 254538, email frances.phelps@shropshire-cc.gov.uk

Ipswich – Developing a skills-based approach to drug education for pupils with specific health conditions

Key features – illustrates how local programmes can support special schools in applying aspects of the whole school approach to the theme of drug education (NHSS Standards 3.4.1/2 d,e, 3.5.1/2 e)

Background

Beacon Hill School is a school for pupils with moderate learning difficulties aged 5–16 years and an inclusive resource for pupils with autism. A medical team attached to the school works closely with psychiatric and psychological support services.

The school wanted to develop a skills-based approach to drug education, encourage pupils to take responsibility for their own medication, and involve outside agencies. The school's drug education policy had been updated and ratified by governors and a new policy on administration of medicines to pupils was developed. Regular meetings are held where the school health team ensures that teachers and student support assistants are aware of pupils' medical conditions and why they require medication. Training is given to all staff before they administer medication to pupils.

Key stage 2

Key stage 2 pupils worked on a project called 'Our day'. A large card clock was attached to the display board and the pupils participated in activities based around different times of the day, eg 'at 12 o'clock we have our school lunch'. Included were the times of day when the pupils take their medication to encourage them to remember when to take it. Picture Exchange Communication System symbols were used to support the times of the day and the activities.

Key stage 4

First, key stage 4 pupils called out all the names for drugs and alcohol that they had heard. This established their levels of knowledge and provoked lively discussion. School nurses gave an informal talk on some of the medical conditions that require daily medication, using a video from the Good Health Series to support discussion. Video clips of current TV programmes were used to trigger discussion on peer influence. The fourth session was on alcohol: pupils were shown various bottles and cans of alcohol and they were asked to identify the amount of alcohol in each one. Different types and sizes of glass were used to illustrate how deceptive the amount of alcohol drunk could be. New types of alcoholic drinks were also discussed.

Illegal drugs and their effects were addressed using leaflets and posters. Finally pupils took part in role-play exercises on peer pressure and alcohol-related situations. The school police liaison officer discussed the dangers of drug-related behaviour and gave pupils accurate information on what happens when someone is arrested for a drug or alcohol-related incident.

Pupils have a better understanding of why and when they have to take medicines and can distinguish between medicines that make them better and substances that could harm them. They also have a basic understanding of their peers' medical conditions, eg epilepsy and how they can provide support, have developed strategies for coping with different drug-related incidents and have an increased understanding of the law related to under-age drinking or the possession of illegal drugs.

Contact: Alison Embley, SHSP Coordinator, Tel 01284 829659, email alison.embley@educ.suffolkcc.gov.uk

Local programmes should seek to meet the needs of both boys and girls. Feedback from boys about their drug education indicates that they have particular needs; for example boys said that girls' magazines addressed sensitive issues like drug use and encouraged girls to talk to each other and seek advice if they wanted it. Information was less likely to be included in boys' magazines and as a result they felt isolated and did not know where to get help. Boys also wanted more information about the effects of drugs on the body.

Example: Supporting Asian young men in influencing local drug policy development in Lancashire

Banktop Youth Forum in Lancashire works with young Asian men from socially deprived areas to explore drug issues. The local DAT funded a residential weekend in the Lake District where the young men discussed their views on drugs. Their views have informed local planning and have been fed back to the LEA and other partners on the DAT.

The young men said that they wanted a more open and frank debate and for their views to be taken seriously. The local education and health partnership invited the young people to come and speak at partnership boards to inform policy direction. The young people, now trained as peer educators, teach drug education in their community and they have had meetings with staff from different agencies.

As a result of the young people's involvement they are seen as stakeholders rather than just recipients of initiatives or the cause of problems in the community. The young people's views are heard in many formats, through their *Youth Express* quarterly newsletter, informal talks with the DAT and other officials, and through formal appearances at committees and task groups. Practitioners regularly attend the Banktop Youth Forum's weekly sessions to tell them about how their views are informing local planning. The young people are treated as equals and considered important participants and contributors to the policy development process in their local community.

Contact: Amar Abass, Banktop Youth Forum, c/o Banktop Community Centre, Oakenhurst Road, Blackburn, Tel 07763 900191, email amarabass@hotmail.com



Southall Community Drugs Education Project (SCDEP) – engaging young people and South Asian communities in drug education

Key features – demonstrates how local programmes, in partnership with local community organisations and the DAT, might meet the drug education needs of pupils and their parents/carers from black and minority ethnic groups; illustrates how local programmes can involve young people in planning and implementing activities (NHSS Standards 1.3, 1.4, 2.1, 3.1, 3.4.1/2 f)

Background

SCDEP was funded jointly by the Southall SRB, with support from the DAT, Health Promotion Service, the then Home Office (HO) Drug Prevention Advisory Service (DPAS) and the University of Central Lancashire. The Ethnicity and Health Unit of the University of Central Lancashire ran the project in 1999–2000.

The project's original remit to work exclusively with the South Asian communities in Southall was extended to include all of Southall's communities, while retaining the focus on South Asian families. The unit knew from its research that residents, in particular communities who spoke Punjabi and other South Asian languages, felt they didn't know enough about drugs and how to respond, and there is a lack of drug information in South Asian languages.

Aims

The project aimed to access communities sensitively; engage young people; and raise awareness within a wide range of voluntary, community and religious organisations, as well as within Asian families.

Methodology

There were three key elements to the project.

1. Involving young people

Young people from across Southall participated in a competition to create an identity for the project. The name 'Southall Community Drugs Education Project' was chosen and a graphic designer worked with young people on the winning entry to develop the selected logo.

A youth panel, consisting of young people from across the community, was created. It explored two main issues: local services and education, and other issues related to young people's drug use. The panel undertook research and outreach work to develop a Young Peoples' Drug Strategy for Southall.

Young people went out into the community to gather the views of their peers through a video project. The young people's video diaries raised the community's awareness of the issues.

2. Educating families

SCDEP worked with a local Sikh school and community and religious groups to produce a video for Sikh parents called 'It couldn't happen to us'. Twenty-four bilingual volunteers, called community interactors, were trained to teach drug education to families using this and other South Asian drug education videos. The families viewed the video in homes, community and religious centres, asked questions, engaged in discussion, received information about local drug and other support organisations and were referred to agencies as appropriate.

The model is also used in East Lancashire and is being replicated across the country, including Southall, with Muslim and Somali communities, South Asian communities in Peterborough, and with black and minority ethnic communities in Hertfordshire.

3. Involving community organisations and businesses

The project set up a multi-agency forum of organisations working on issues including LHSP, racist attacks, domestic



violence, HIV and AIDS, and alcohol and drug dependency. The forum ensured that referral protocols were set up between the project and these organisations so that families and young people could access their services.

Local organisations and businesses took over the project when the University of Central Lancashire finished its work in Southall. The group became the Drug and

Alcohol Action Programme (DAAP) Trust and seeks to work primarily but not exclusively with black and minority ethnic communities on drug education, research and service delivery.

Contact: [Perminder Dhillon](mailto:Perminder.Dhillon@uclan.ac.uk) at the Centre for Ethnicity and Health, University of Central Lancashire, Tel 01772 892780, email Pdhillon@uclan.ac.uk or ehunit@uclan.ac.uk

CASE STUDY

Cambridgeshire & Peterborough – Supporting young people in school who are at risk of developing drug problems

Key features – illustrates how a local programme worked with schools to meet the needs of young people who are vulnerable (NHSS Standard 3.4.1/2 c,d,e,g)

Background

The Cambridgeshire & Peterborough Health Education Partnership works with the Cambridgeshire PSHE Service, Dial Drug Link (a local drug advice, counselling and treatment agency), and the Secondary Support Service to undertake a project to address drug and alcohol education needs of young people at risk from problematic drug use.

Aim

The project aims to develop sustainable targeted interventions in alternative units at key stage 4 for vulnerable young people, rather than expecting mainstream drug education provision in schools to meet their needs.

Objectives

The work builds on existing strong relationships between staff and students and includes a subtle but exhaustive analysis of the range of skills the young people feel confident with. It became clear that despite quite wide 'street' drug knowledge, there were significant gaps in students' understanding of the effects and impact of drug use. Staff found that many students did not have the ability to develop, practise and refine key personal skills such as decision making and negotiation skills. Some young people had missed out on learning experiences which would be regarded as normal practice for children in the early years of primary school.

An adapted form of the Schools Health Education Unit (SHEU) Health Related Survey Questionnaire (originally used for a countywide survey with SHEU's knowledge) was used, supported by interviews with students, to

establish their level of knowledge and awareness and to introduce and 'make safe' the concept of reflecting on personal drug use and management. For many of the students drug use was comparatively low on their 'problem list'. Staff also expressed their personal needs in terms of information and awareness raising.

Challenges and successes

A major challenge was addressing the students' needs in a way that did not patronise them and allowed for significant differences in awareness and confidence. Flexibility was needed but also clear structures and ground rules to encourage confidence and trust. Outside agencies that normally work well in mainstream settings, such as drama groups, had to be carefully considered and briefed for work with vulnerable young people.

Among a variety of strategies tested, conference days in which staff learned with students were particularly successful. A drama group which worked with students on their ideas and personal narratives was highly successful.

Collections of proven resources and techniques have been created and shared with other units including pupil referral units and homes for children in public care.

Contact: Jon Pratt, Head of Cambridgeshire PSHE Service, Tel 01480 375171, email jon.pratt@education.camcnty.gov.uk

Recognising legal requirements, non-statutory guidance and government priorities, including examples of good practice and sources of appropriate support (NHSS Standards 2.2 & 3.3)

Examples of guidance and sources of support are in Appendix F.

Local programmes can use the range of existing mechanisms to collect and disseminate information on good practice. These include:

- **DEPIS – Drug Education and Prevention Information Service website**

This DH website, developed in partnership with DrugScope, is an online database for planners and providers of drug education and prevention in both school and community settings. It may also be of use to young people, parents and carers. Users can search for project evaluations; information about drug education resources; and details of drug education projects and activities. Users are also invited to submit details of their own projects – www.doh.gov.uk/drugs/depis

- **National Children’s Bureau – Library and Information Service**

The NCB Library and Information Service is primarily for its members, local coordinators and other practitioners who provide advice and support to schools. It has information on the latest research, resources, policy and guidance, and can offer signposting to relevant organisations and professionals.

Enquirers should contact the PSHE and Citizenship Information Officers at NCB, Tel 020 7843 1901, email sfowler@ncb.org.uk or sarnold@ncb.org.uk, or visit the NCB’s website at www.ncb.org.uk

- Local programmes can inform schools about key guidance and national targets for drug education through:
 - Training for teachers and school staff – see case study on page 43
 - Network meetings with headteachers and PSHE coordinators
 - LHSP newsletter and/or website – see following example
 - Producing local materials and guidance – see case study on page 39
 - Signposting to key websites such as www.wiredforhealth.gov.uk
 - Facilitating workshops at existing events in the local area
 - Organising conferences and seminars that address key guidance and developments in national targets relating to drugs.



Example: The Cambridgeshire and Peterborough Health & Education Partnership – *Well Connected*

Many LHSPs have their own newsletter. The Cambridgeshire and Peterborough Health & Education Partnership produces a newsletter called *Well Connected* which includes information about local practice, articles on key issues and updates on local planning structures, eg DATs and details of local drug services.

Contact: Jon Pratt at the Cambridgeshire PSHE Service,
Tel 01480 375171, email jon.pratt@education.camcnty.gov.uk

Building local programme capacity and capability to deliver agreed services to schools (NHSS Standard 2.3)

Example: The County Durham and Darlington Healthy Schools Programme (CDDHSS) – building capacity to improve services for schools

Pooled budget money pays for a support worker based in a health promotion team in Durham, who is a source of support to schools. County Durham is a pooled budget pilot site (see Appendix B). The CDDHSS team helps the school to audit its practice and if there is a need to work on drug education, the school is referred to the support worker and she helps the school develop its programme in line with DAT and CDDHSS requirements. The Drugs Education coordinator supports the process strategically and by providing training.

In Darlington LEA, which is much smaller, the process is similar but only one person delivers the coordinator and worker roles and she is based within Community Education.

Across the local area level 1, 2 and 3 drug awareness training is provided which supports the whole process.

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Example: Using drug education funding to build a local programme's capability to support drug education in schools

The Royal Borough of Windsor and Maidenhead Healthy Schools Programme used the 2001/02 DH funding for drug education in primary schools to fund Learning Through Action to undertake an 'It's your life' life skills drug and alcohol awareness programme with year 6 pupils in all schools working towards the Healthy Schools Awards. The funding opportunity was publicised in the *Healthy Schools Newsletter* to encourage and motivate other schools not involved in the NHSS to come on board.

One aspect of the government's drugs strategy is to integrate drug education into wider local drug prevention interventions, including those with parents. When the Healthy Schools Consultant/School Drug Adviser visits the schools interested in working towards the NHSS, she encourages them to develop their school drug education policy in partnership with parents by running drug awareness evenings for parents. These events are run in collaboration with the police, school nurses and HYPE (Helping Young People through Peer Education) peer tutors. A few days before the event, the school carries out the 'Jugs and Herrings' draw and write research (see page 45) with the year 6 pupils. Parents are shown some of the

children's drawings and told how drug education is taught through PSHE. The police talk about local drug and alcohol issues and how they support drug education in schools. The HYPE young people talk about their experience of growing up, pressures and influences and explain to parents about the peer-led drug education programme in their secondary school. The school nurses explain their role and then the Healthy Schools Consultant/School Drug Adviser talks about the important role parents play in supporting children's personal and social development and suggests helpful strategies for tackling sensitive issues like drug use. Parents are invited to work in small groups to discuss drug-related scenarios and to ask questions.

Contact: Cyndy Gray, Curriculum Consultant PSHE, Community and Youth Services, Town Hall, St Ives Road, Maidenhead, Berkshire, SL6 1RF, Tel 01628 796753, email Cyndy.Gray@rbwm.gov.uk

The local programme must have a progressive plan to involve all schools and sustain their involvement (NHSS Standard 2.4)

Example: Delivering a multi-agency drug education package to schools using Theatre In Education

The Lewisham LHSP coordinator wanted to encourage all schools to teach their pupils drug education by providing a multi-agency drug education support package. Traditionally Lewisham's DfES Standards Fund money for drug prevention was devolved to schools; however some schools were unsure how best to spend their small allocation and as a result many bought resources. In order for local DAT targets to be monitored and to ensure a more coordinated approach, the coordinator suggested the budget be held centrally. Teachers on the borough INSET/Standards Fund committee stated that they were struggling to plan a comprehensive programme within an already packed curriculum and said that they felt Theatre In Education (TIE) workshops could be a useful and engaging component of drug education.

The package of support consisted of structured and planned input from a TIE company, support from the local programme coordinator and SDA, and information on the range of local services available to support parents and young people. The local programme coordinator developed criteria for selecting a suitable TIE company and organisations were invited to tender.

Once the theatre company had been selected in accordance with the project criteria, they worked with the school drug adviser and local programme coordinator to develop a package of support including follow-up activities that schools can do themselves. The TIE company presented its workshop to teachers at the local PSHE Coordinator Forum to ensure they knew what pupils would receive and to plan the input so it was not an 'add on'. The theatre company met with local agencies such as the Community Drug Education Project (CDEP), Turning Point Alcohol and Counselling Prevention Services to ensure a cross-borough approach. The actors also updated their own drug knowledge through training from the CDEP.

All schools, except one primary and one secondary school, have received this package and several, as a result, have followed up with playground leaflet drops for parents and parents' evenings. Others have encouraged teachers to participate in the local drug, alcohol and tobacco training package, for which Lewisham received DfES monies. Over 95% of year 6 and year 7 pupils who attend Lewisham schools have received at least a two-hour session of quality drug education.



Our next step is to ensure schools and agencies are using the Lambeth, Southwark and Lewisham Quality Assurance Framework. This is a joint planning and assessment tool to enable more effective use of agencies within a school's planned PSHE and Citizenship provision.

Contact: The Healthier School Partnership, Mary-Sheridan House, 15 St Thomas Street, London, SE1 9RY, Tel 07715 476 488, email mary.jo@virgin.net

Drawing on data to inform programme monitoring and evaluation (NHSS Standard 2.5)

Example: Using young people's views to inform the local programme

Crime Concern carried out the DAT needs assessment to inform the YPSMP and the local Health and Education Partnership Action Plan in the Royal Borough of Windsor and Maidenhead. As part of the DAT qualitative needs assessment, the HYPE (Helping Young People through Peer Education) peer tutors, aged 16–17, were interviewed to get their views on young people's drug use and drug education.

The young people said that they wanted:

- More young people-friendly literature
- Further training to help them deliver peer drug education
- The local programme to find funding to encourage the other four secondary schools to come on board
- To help with parents' evenings.

These new targets were added to both the YPSMP and the LHSP Plans for 2002/03. Since March 2002:

- Young people-friendly literature has been provided for all borough youth and community centres
- Two evening training workshops were attended by 13 of the 19 HYPE tutors; two more are planned for 2003
- One more secondary school has agreed to train four young people in 2003
- Two of the HYPE tutors have helped run two primary school parents' drug awareness evenings.

Contact: Cyndy Gray, Curriculum Consultant PSHE,
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Sharing experiences to inform the improvement and development of healthy schools activities (NHSS Standard 2.6)

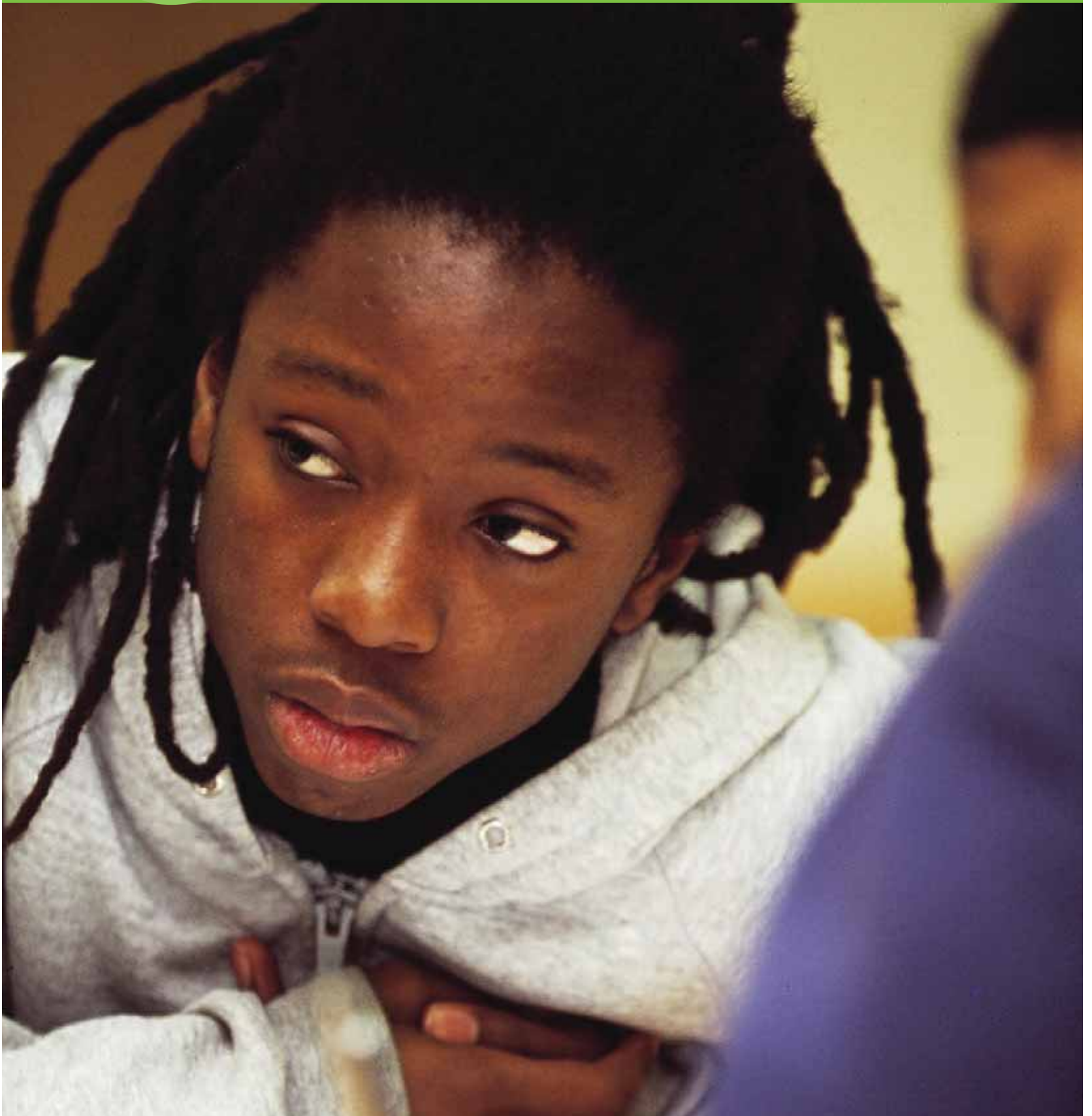
The local programme can achieve this by:

- Submitting examples of practice to key journals and/or DEPIS – see page 25
- Including details of its work on the local programme website or in its newsletter
- Engaging with existing local networks
- Setting up groups for sharing practice such as local conferences, seminars or training events.

6

Supporting schools to address the whole school approach in relation to drug education

(section 3 of the NHSS)



This section includes examples of ways that local programme coordinators can help schools address the whole school approach to drug education. The information is structured against each of the NHSS minimum criteria for drug education.

1 The school has a named member of staff and a governor who are responsible for drug education provision

A designated member of staff and a governor for drug education provision in school is important for ensuring continuity and status to this area of work. It also ensures that provision is not only delivered but is also monitored and evaluated, eg by looking at lesson plans and observing teaching. Where a designated staff member and governor are not provided it may mean that issues relating to the quality of provision are missed.

Aspects of the whole school approach that apply to meeting this criterion:

- **Leadership**
- **Management and managing change**
- **Policy development**
- **Curriculum planning and resourcing, including working with external agencies**
- **Assessing, recording and reporting pupils' achievements.**

2 The school has a planned drug education programme involving development of skills, starting from early years, which identifies learning outcomes appropriate to the pupil's age, ability and level of maturity and which is based on pupils' needs assessment

Aspects of the whole school approach that apply to meeting this criterion:

- Curriculum planning and resourcing, including work with external agencies
- Teaching and learning
- Giving pupils a voice
- Provision of pupils' support services
- Assessing, recording and reporting pupils' achievements.

Local programmes and SDAs support schools by providing information, advice and support on curriculum planning and use of appropriate resources, and helping to quality assure input from external agencies.

The QCA drug, alcohol and tobacco education guidance includes exemplar units of work illustrating a range of teaching and learning activities which provide starting points for schools to develop their drug, alcohol and tobacco education programmes (see Appendix F).

Example: Solihull LHSP's Guidance for schools on drug education and managing substance-related incidents

Solihull LHSP's Guidance for schools on drug education and managing substance-related incidents sets out a series of possible learning objectives and learning outcomes for drug education from foundation stage to key stage 4 in schools.

Details include:

- Possible provision of drug education across the key stages
- Early learning goals specific to drug education
- PSHE and Citizenship National Curriculum objectives and learning outcomes
- Science National Curriculum objectives and learning outcomes for drug education.

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Tel 0121 712 8377, email wendy.jeffreys@solihullpct.nhs.uk



Merton – Drug education: protocols for schools working with outside agencies

Key features – demonstrates how local programmes might develop protocols for schools and outside agencies working together – illustrates how local programmes might provide a support service to pupils in school (NHSS Standards 1.4, 3.4.1/2 c,d & g, 3.5.1/2)

Developing the protocols

The Merton Healthy Schools Programme has supported the development of protocols for schools and outside agencies working together. The protocols were developed using a number of existing networks. Teachers contributed their ideas through the PSHE Coordinators' Network and local agencies, and professionals gave their perspectives via the Merton Young Person's Health and Drugs Partnership Group. Further contributions came out of a Healthy Schools Seminar for partnership agencies and from a residential for teachers, the police and Merton Youth Awareness Project (MYAP), funded through the DfES Drug, Tobacco and Alcohol Training Initiative (Teaching Networks).

What is MYAP?

MYAP is a specialist drug service for young people aged 18 and under and offers an integrated education and support service to young people in high schools and Merton College. MYAP's Education Team provides workshops on drug education at key stages 3 and 4, tailored to fit within the school's PSHE and Citizenship programme. The workshop leaders are young people who have been through YAP's 'Complete Drug Training Course' and are thus credible to school students. MYAP also provides an in-school confidential counselling service and works with the LEA School Drug Adviser to provide in-service training for teachers and parents. Workshop leaders and counsellors meet to discuss issues raised by young people so that the service is kept up to date with current trends and is responsive to students' needs. Both aspects of the service are regularly evaluated by young people and by school staff.

Impact of the development of protocols for PSHE/Citizenship and drug education

The development process has impacted on the relationship between outside agencies (and MYAP in particular) and schools. Feedback from the healthy

schools partnership seminar included 'gave me an insight into teacher's workload', 'how our work fits in to the PSHE/Citizenship curriculum'. Participants at the Teaching Network Residential also commented: 'Very useful to have constructive communication with outside agencies'; 'It has made me aware of how outside agencies can just parachute in. I now appreciate how many other things go on in schools. I can see my bit as part of a whole'.

One issue which has previously given some schools cause for concern has been MYAP's policy of working without the teacher being present in the classroom. Developing the protocols has enabled some schools to negotiate with MYAP that the teacher remains with their class for the first session, but stays out of the second session.

Challenges and successes

One key challenge was to allay some defensiveness on the part of both the schools and the agencies, who were quick to find fault with the way some things had been done in the past. Schools complained that outside agencies had not given sufficient notice of their visit and agencies complained that teachers were impossible to get in touch with. This mutual suspicion was successfully dealt with at a healthy schools seminar for outside agencies, by inviting school feedback on how the curriculum is planned (see comments above).

Future developments

The protocols will be piloted during the coming terms and developed further at a follow-up seminar in 2003. They will also be disseminated to a wider group of schools through the LHSP and will be included in the scheme's guidance and documentation. Young people will be involved in the next phase of development.

Contact: Vanessa Cooper, Tel 020 8288 5630,
email vanessa.cooper@merton.gov.uk

Westminster – Teaching drug education to pupils with SEN

Key features – demonstrates how a safe and supportive environment was created for pupils – demonstrates how the following aspects of the whole school approach apply to working on the theme of drug education: curriculum planning, teaching and learning, giving pupils a voice and provision of pupil support services (NHSS Standards 3.4.1/2 c,d,e,f,g & 3.5.1/2 e)

Background

A practitioner from Westminster Drugs Project, a street agency that offers, among other services, educational work in schools, taught drug education alongside a teacher in the classroom to pupils with a range of emotional, behavioural and learning difficulties including mild autism and Williams syndrome.

Methodology

Making pupils feel safe

School staff agreed with the practitioner that if pupils revealed they used drugs they would be supported and not excluded. Three consecutive weekly lessons were taught within timetabled PSHE. Before each class pupils were reminded that the group was not the right place to discuss their own or other individuals' drug use but that the visitor and the teacher would be happy to talk to them. It was suggested that they depersonalise any comments about drug-related experiences or the experiences of those close to them, and phrases such as 'someone I know...' were suggested. If a pupil came to the worker or teacher for support then they would be told about confidentiality boundaries and offered further support outside school as necessary.

In addition the practitioner rang local agencies and People First, an agency for young disabled people, was prepared to offer support to young people identified as having a drug problem.

The teacher and pupils discussed basic ground rules including taking turns, listening to each other, the right to pass, not shouting each other down and listening with respect.

The lessons

Each lesson started with a 'circle time' style introduction.

Lesson 1

The 'Jugs and Herrings' draw and write exercise (see page 45 for details about this technique) was used to establish pupils' knowledge, as it does not require extensive writing skills. Next the drug recognition exercise, using large flash cards, stimulated pupils' memory and elicited what they knew. The young people were restless so it was decided to finish the day with drama exercises such as 'fruit salad', a run-around game, with the opportunity for questions at the end. At the lunchtime or after-school review, school staff agreed that lessons needed to be more interactive so they engaged the whole class.



Lesson 2

The Spectrum of Risk game was played by giving everyone a card and asking them to line up where they thought their drug should be on the low/high risk scale, formulated by placing high/low cards at intervals on the floor. Then the worker asked each of them to explain their choice and moved them around according to issues such as risk of harm or addiction.

There was a short group debate and then pupils were asked to agree or disagree with statements that reflected facts, myths and stereotypes associated with drugs. The two positions 'agree' and 'disagree' were placed at opposite ends of the room and answering necessitated a great deal of running about. Pupils enjoyed this game and some simple truths were reinforced and myths exploded.

Lesson 3

The third session was split into three unequal parts.

Part one – a short question-and-answer session, to clear up any lingering questions.

Part two – a short exercise where each group was given a scenario, eg someone offers you a cannabis cigarette, what do you do? and given the opportunity to develop a short drama presentation on their theme to show to the class.

Part three – young people were asked what they felt they had learnt from the lessons.

During breaks appropriate drug education resources were left out for pupils to read and ask questions if they wanted.

Contact: Frances Potter, email fran@wdproj.dircon.co.uk or franepotter@hotmail.com

3 The school has a policy, owned and implemented by the whole school, including parents/carers, for managing drug-related incidents which includes sources of support for pupils and alternatives to exclusion

Aspects of the whole school approach:

- Policy development
- School culture and environment
- Giving pupils a voice
- Provision of pupils' support services
- Partnerships with parents/carers and local communities.

Local programmes support schools by helping them carry out an audit of existing provision and to review their policy and programme in light of local trends, young people's views and local and national drug education guidance. *The right responses: managing and making policy for drug-related incidents in schools* (SCODA 1999,

now DrugScope) provides information on the key components of an effective drugs policy and contains a photocopiable resource for schools on drug-related incidents. The revised DfES 4/95 Circular due for publication in 2003/04 will provide detailed information and guidance on making and managing policy on drug-related incidents, drawing on the right responses.

Local programmes can ensure that schools and those who support them are aware of local and national guidance and support services that can inform the development of the drug education programmes and policy (see Appendix F).



Suffolk – ‘Learning Together – Working in Partnership with Parents’ Programme

Key features – demonstrates how a local programme might work with schools to involve parents/carers in drug education (NHSS Standard 3.4.1/2 i)

Background

Suffolk Healthy Schools Programme (SHSP) worked in partnership with the LEA and Wells Hall Community Primary School to pilot work to engage parents, carers and the local community in drug education.

Aims

The aim of the work with Wells Hall Community Primary School was to:

- Provide a structured forum for communication between pupils and parents/carers through the ‘Learning Together – Working in Partnership with Parents’ Programme.

Objectives

- To bring parents/carers into school to learn alongside their child, to understand approaches to drug education and learn about local services
- Provide support for parents who find it difficult to discuss sensitive issues, like drugs, with their child
- The police education officer and school nurse are involved throughout the planning, implementation and evaluation of this project.

Methodology

The ‘Learning Together – Working in Partnership with Parents’ Programme

The programme is based around a morning or afternoon session where parents/carers work alongside their child, with teacher support, participating in a carousel of up to four learning activities that are experiential and fun. Parents/carers meet with teachers beforehand. Every child has an adult to work with and sometimes older siblings such as aunts, uncles or grandparents attend. The school arranges additional support from governors, learning support assistants and the parent–teacher association for pupils without an adult.

Below are examples of the activities that key stage 1 pupils and parents/carers might do together, with teacher support. All schools participating in the project are trained in using the activities.

Activity 1 Assessing risk: the safety of medicines

Sorting a range of products which people may use to help them feel better (empty containers/pictures). Some questions asked include:

- What are they?
- What are they for?
- Are they medicines?
- Where can you get them from?
- Where do we keep them?

Activity 2 The safety of substances: what is safe/unsafe to go into my mouth

Using picture cards, pupils and parents discuss which substances are safe to go into the mouth. Pupils put a picture card in a box designed as a face with a large mouth, if they agree with their parents it is safe to do so.

Activity 3 The safety of medicines: shopping

Where does the shopping go? An activity to identify safe places to store different items.

Activity 4 Risks and consequences

Using a character called KESBY bear (KS1 PSHE), pupils and their parent/carers discuss possible causes, effects and consequences of risky situations.

Afterwards, parents/carers and pupils review their learning together and pupils have a separate follow-up session with a teacher. The parents discuss issues with the professionals over refreshments. Parents are invited back to a celebration assembly where pupils present their parent/carer with a certificate of involvement.

The benefits

- The school has a well established drug education programme
- Parents/carers are more actively involved in their pupils' learning and see the school as a community
- Strengthened home/school relationships
- Parents/carers and pupils encouraged to communicate about sensitive issues
- Parents/carers understand why the school is teaching drug education and how it does this
- Parents feel more welcome in the school
- Builds links and highlights local support agencies available to families
- Supports sustainable parental involvement because it is not a 'one-off' event.

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Sutton – Supporting schools in enhancing their drug education policy and programmes

Key features – illustrates how a local programme might work with schools and local agencies to develop resources for schools aimed at enhancing their drug education policy and programme (NHSS Standards 3.3, 3.5.1/2e, 3.4.1/2 b,f,g,i)

Background

For several years Sutton schools requested support on policy and programme development from different sources. They felt that one policy framework, one effective programme of work and a clear incidents policy would enhance their practices. The Sutton Healthy Schools Scheme (SHSS) partner agencies also felt that these would support their work with schools.

Local agencies and school staff from all phases and special schools worked together to develop and deliver the project, including the local adviser for Healthy Schools, police, DAT coordinator, Local Drug Agency, Young Persons' Programme Manager – Merton, Sutton and Wandsworth PCT, School Health Service and Youth Offending Team (YOT).

Aims

SHSS aimed to produce and disseminate a set of three guides, each covering a different issue: policy, programmes and dealing with incidents. The secondary school guides on programmes and dealing with incidents are in the same format as the primary guides but contain different information.

Objectives

- Run two all-day seminars, to consult with primary and secondary schools, police, health authority, local prison, LEA, DAT, YOT, and local drug agencies, to produce a range of relevant guides to support schools
- Hold an evening seminar to involve parents, governors and young people in the development of the guides
- Produce guides for schools on:
 - policy development
 - drug education and local support
 - procedures for managing and responding to drug-related incidents.Two versions, one for primary and one for secondary, were produced for each
- Disseminate the guides to all schools in Sutton
- In spring 2003 circulate a follow-up questionnaire to all schools to measure the effectiveness of the guidelines in terms of: raising awareness; supporting programme development; and managing and responding to drug-related incidents.

Benefits

- Raised awareness among all school personnel, pupils and parents of drug policies, programmes and incident procedures
- Increased awareness in schools of local multi-agency support to deliver drug education.

Participants at the seminars found the multi-agency approach helpful. They learnt more about each other, individual agendas and the different agency perspectives on drug education and dealing with drug-related incidents. The trust and long-term relationships between members of the group contributed to the success of the project.

School personnel gained a greater understanding of the constraints for the agencies and more effective ways of engaging with them. The greatest learning curve was for the agencies and their understanding of schools and their boundaries, rules and protocols, eg the planning and organisation of a PSHE/Citizenship programme in a secondary school.

At the evening event parents gave their full support to the project. They chose to focus on the 'dealing with incidents' guidelines as they felt that this was a key concern for the majority of parents/guardians. The group agreed with the content of the two guides and that the procedures for drug-related incidents would be fair and supportive to all concerned.

The adviser for Healthy Schools monitors the effectiveness of the guides at the Personal, Social and Health Education (PSHE) and Citizenship Coordinators' meetings held every term.

Contact: Jenny Rowley, Adviser for Healthy Schools, AIS, Glastonbury Centre, Hartland Road, Morden, Surrey SM4 6LZ, Tel 0208 770 6722, Fax 020 8770 6747, email jenny.rowley@sutton.gov.uk

Schools and other services will need to create a supportive ethos, culture and environment that encourages young people to seek information and help if they are worried about their own or another's drug use. Schools are encouraged to develop close links with support services so that young people can access help themselves, if they do not want help from school. Information about local drug and alcohol services and national helplines should be clearly displayed and accessible for pupils. It is important that young people are supported in a way that does not label or stigmatise them, as labels like 'drug user' can create barriers to young people seeking help.

DrugScope has produced guidance, *First steps in identifying young people's substance-related needs* (2003), for professionals who work in statutory or voluntary health, social care, education and criminal justice provision, and who provide a service to children and young people, including those with specific drug and alcohol responsibilities working in schools. One of its aims is to provide a framework for identifying substance-related needs within existing assessment procedures (see Appendix F).

Local programme staff can ensure that school drug advisers and other practitioners working with schools can help school staff identify their role in supporting pupils and ensure that accessible pupil support services are provided.

The case study on page 24 illustrates how a local programme is meeting the needs of young people vulnerable to developing problem drug use. The case study on page 33 describes how a local drug service is providing support to pupils.



Bury – Supporting schools in managing drug-related incidents

Key features – demonstrates how a local programme might work with local agencies to provide a pupil support service (NHSS Standard 3.4.1/ 2 b & g)

Student assistance programmes (SAPs): an approach to drugs in Bury High Schools

'A SAP is a system involving all the things we need to know, think, feel and do in order to help students deal with all the ways in which they're affected by their own alcohol/drug use or that of someone else'

Anderson, G.L. (1987) *The student assistance program model*. Greenfield, Wisconsin: Community Recovery Press

The Early Break Project works with schools and local agencies to ensure that the needs of students who are experiencing problems with drugs or who have concerns are met.

Background

Simple drug policies and 'Dealing with Drugs' checklists don't effectively recognise the complexity of drug use by young people. SAPs attempt to open up the issue for debate and ensure that good practice in pastoral care, employed in all schools, works equally well with drug-related situations.

The underlying principle of all SAPs is that early detection of, and intervention with, drug use can help to minimise the problems that can occur for individual students, their families, friends and the school. In Bury, each school interprets the model to fit its own pastoral care system.

Drug incidents in Bury schools are still relatively infrequent. Discovery at school, though, does not indicate whether a student is experiencing drug problems. Many young people will suffer in silence, often unsure of the response if they do seek help in school. Equally, some parents and teachers may suspect that behaviour or academic performance are being affected by drug use and may not feel confident in broaching the subject with the young person.

The Student Assistance Programme (SAP)

Referral to the SAP Referral is open to anyone in the school community. A student can self refer, or may wish to talk about a friend's use of drugs. Teachers and parent can use the SAP if they suspect or are concerned about their pupil's/child's involvement with drugs.

Assessment When a young person is referred, the student assistant team will carry out an assessment including drugs used; drug situations; need for drugs; costs; achievement and performance; relationships and any other factors that may be pertinent to that individual in his/her context.

Support, counselling and treatment If the young person agrees with the assessment, a programme is offered to them, undertaken by a member of the SAP team, either in school, at Early Break or at home. Issues surrounding confidentiality and recording are considered.

Benefits

This work has reduced competition among schools who think that they have to be tougher on drugs than a neighbouring school. While retaining their autonomy, all schools are equally supportive and tough when responding to drug and alcohol situations.

SAPs support school discipline policies concerning drugs as well as giving a message that, although drug use will not be tolerated in school, the school will help those who are experiencing problems or who have concerns about drugs. Some schools insist that a student receives help and support as a condition of the discipline process, or as a second chance alternative.

Contact: Barbara Jack, Early Break, PO Box 294, Bury BL9 0YY,
Tel 0161 797 0108, Fax 0161 764 0018,
email info@earlybreak.co.uk www.earlybreak.co.uk

4 Staff understand the role that schools can play in the national drug strategy and are confident to discuss drug issues and services with pupils

Aspects of the whole school approach:

- Leadership
- Management and managing change
- Giving pupils a voice.

Local programmes can inform schools about the national drugs strategy, how they can contribute towards achieving strategy targets and how the DAT works. This can be achieved through including information in the local programme newsletter, updates at local fora, strategic groups or as part of training.

They can also help schools to recognise their role in:

- Identifying trends in drug use among young people
- Highlighting key issues in the community that local partners on the DAT need to address
- Informing pupils and parents of local services.



South Tyneside – Supporting teachers' professional development in drug education

Key features – describes how a local programme has supported teachers' professional development with regard to drug education (NHSS Standard 3.4.1/2 h & j)

Background

South Tyneside received funds to develop teacher observations as part of the DfES Drug, Alcohol and Tobacco Education Training Package.

The training initiative

The initiative involved 13 out of the 79 schools in the LA. Twenty-six teachers were involved in observing and three members of staff acted as mentors.

Aims

The teacher observations aim to:

- Support teachers to deliver effective drug, alcohol and tobacco education in the classroom
- Support PSHE coordinators to develop drug, alcohol, and tobacco education programmes
- Improve the quality of the planning and teaching of drug, alcohol and tobacco education in schools
- Assist schools in achieving the drug education element of NHSS.

Objectives

- PSHE and local programme coordinators were invited to participate. Teachers identified whether they wanted to take part, rather than inviting schools through the headteacher, who may have sent teachers not fully committed to the initiative
- The training package was discussed at individual meetings before the project began. An agreement between the LEA and each school was signed

- Teachers had opportunities to discuss the impact of the observations on their practice and professional development after the lessons. Guidance was also provided to local programme coordinators on how the training initiative could assist schools in gathering evidence for their NHSS portfolios of evidence
- Teachers identified their future training needs and guidance was offered about resources, lesson plans and schemes of work.

Schools can use the initiative to assist them with compiling evidence for South Tyneside's Healthy Schools Scheme:

- The school has staff members who take part in continuing professional development
- The school establishes and maintains links with other agencies
- The school seeks and values pupils' views on health education in the school
- The school's health education content is relevant to the needs of the pupils
- The school has an appropriate programme that includes illegal drugs, alcohol, tobacco, volatile substances and medicines
- The school's PSHE and Citizenship curriculum provides opportunities to explore a wide range of emotional issues and feelings.

The benefits

One hundred per cent of teachers felt that their confidence in teaching drug education had increased. Future work identified by schools includes schemes of work, further support from outside agencies and training for parents. This information will inform the planning of teachers' continuing professional development within the LEA.

Comments from teachers about how they think the initiative will improve drug education include:

- 'Increased awareness of different approaches that can be used to deliver effective drug education'
- 'Support safety messages in both the home and school'
- 'Lead to the purchasing of more effective resources'
- 'Increase teachers' confidence in the range of issues that can be discussed with the children'.

Children evaluated the lessons using a questionnaire. Schools received examples of the children's work, their evaluations and statistics on children's responses to the lessons.

The initiative is included in the DAT YPSMP and the project has funding in 2002/03.

Sharing good practice among secondary schools is an important component of the project. Staff who participated are encouraged to work in their own and other LEA schools as mentors. Primary teachers will be encouraged to set up a similar network in phase 2, which aims to involve a further ten schools in 2002/03.

Contact: Paul MacKay, Advisory Teacher, Education for Health, Chuter Ede Education Centre, Galsworthy Road, South Shields, Tyne & Wear NE34 9UG, Tel 0191 519 1909, Fax 0191 5190600, email alan.smith@s-tyneside-abc.gov.uk



It is important that schools involve pupils in drug education policy and practice and that they ask pupils how they think their drug education has affected their learning and development.

There are a variety of ways that schools can do this:

- Assessing pupils' levels of knowledge and skills to inform the development of the school's drug education programme, eg draw and write technique
- Involving young people in developing, teaching, evaluating and reviewing the schools' drug policy and drug education programme, eg through peer education
- Supporting children's participation in local strategic drug policy development through links with other local agencies, eg the DAT.

The draw and write technique was originally devised by Williams, Wetton and Moon in 1989 to find out how children aged 4–12 years perceive and explain health and health-related topics, including the world of drugs. From this research the draw and write technique has become an international tool for understanding children's perceptions of health. Draw and write is only one of a range of techniques for understanding young people's views of health. The Health Education Unit at the University of Southampton has developed strategies for different age groups including draw and talk; and draw, describe and write. Details of the techniques can be found in *Health for Life (Ages 4–7 and Ages 8–11)* published by Nelson Thornes (2000) and written by Wetton and Williams (visit www.doh.gov.uk/drugs/depis).

The University of Southampton has recently carried out a survey of the perceptions of young people aged 10–13 of drugs and drug users on behalf of the HO Blueprint Research Programme. The findings will be available shortly.

Also, see pages 15, 21 and 46 for other examples of children's and young people's participation activities.

Northumberland – Involving young people in teaching drug education through peer education

Key features – demonstrates how local programmes might support schools to involve young people in planning and delivering drug education through peer education (NHSS Standards 1.3, 3.4.1/2 d,e,f,g, 3.5.1/2)

Background

Despite being very committed to supporting effective PSHE, teachers from The Duchess Community High School found that the packed curriculum timetable limited the level and quality of drug education that they could provide. They felt that pupils, with high quality training and support, could effectively teach drug education to their peers and that their messages would hold more credibility because they have a closer relationship with pupils and understand the types of concerns that they have. As a result, the PSHE set up a peer mentoring scheme and peer drug education programme.

Methodology

Peer educators plan activities and run days with pupils on specific topics, such as drugs or sex and relationships. Peer mentors offer generic support to pupils and are trained in communication skills, relationships and confidentiality.

The PSHE adviser invited year 10 and 11 pupils to apply. Pupils who might not normally put themselves forward are encouraged to participate and no pupils are turned away. Peer mentors receive training based on the National Mentoring Network training pack which covers communication skills including body language, building and maintaining relationships and confidentiality. Peer educators receive training on basic drug awareness, group management, questioning techniques and how to organise activities and set learning outcomes.

Peer educators

The peer educators teach same-age and younger pupils as it is difficult to maintain credibility with pupils who may consider themselves more knowledgeable because they are older. The training and additional studying that the educators go through help to reassure pupils who might question their abilities.

Peer educators and teachers have a briefing session before a lesson and an outside visitor is available to provide additional support in the classroom. Their role, agreed by both parties beforehand, is to support the educator who is leading the session and not to take over. Drug education lessons reflect the aims of the national curriculum and DfES drug education guidance.

The educators ran a whole day with pupils and outside agencies and some led an evening with 20 parents, where young people and parents engaged in an open dialogue about drugs and their concerns.

Peer mentors have a support network that they can draw on such as youth service managers, school nurse and the PSHE coordinator. Peer mentors held a lunchtime club for pupils on sex and relationships where pupils were invited to put questions in a box and mentors answered their anonymous questions.

The benefits

The success of this work has been down to the commitment of pupils, the PSHE coordinator, the school senior management team and outside agencies and individuals. A named governor works closely with the PSHE coordinator and a member of the governing body attended the planning meetings, the training days and the one-day event, which ensured that they could see how the work benefits the whole school community. The school has close links with the community including the school nurse and police, and has an excellent LHSP and LEA advisory team, ensuring that the school is not isolated and can plan and teach an effective PSHE programme and provide effective pupil support services.

Contact: George Adamson, PSHE and Citizenship Lead,
The Duchess's School, Alnwick, Northumberland, NE66 1DH

5 The school works with police, youth service and local drug services in line with the DAT strategies to develop its understanding of local issues and to inform its policy

Aspects of the whole school approach:

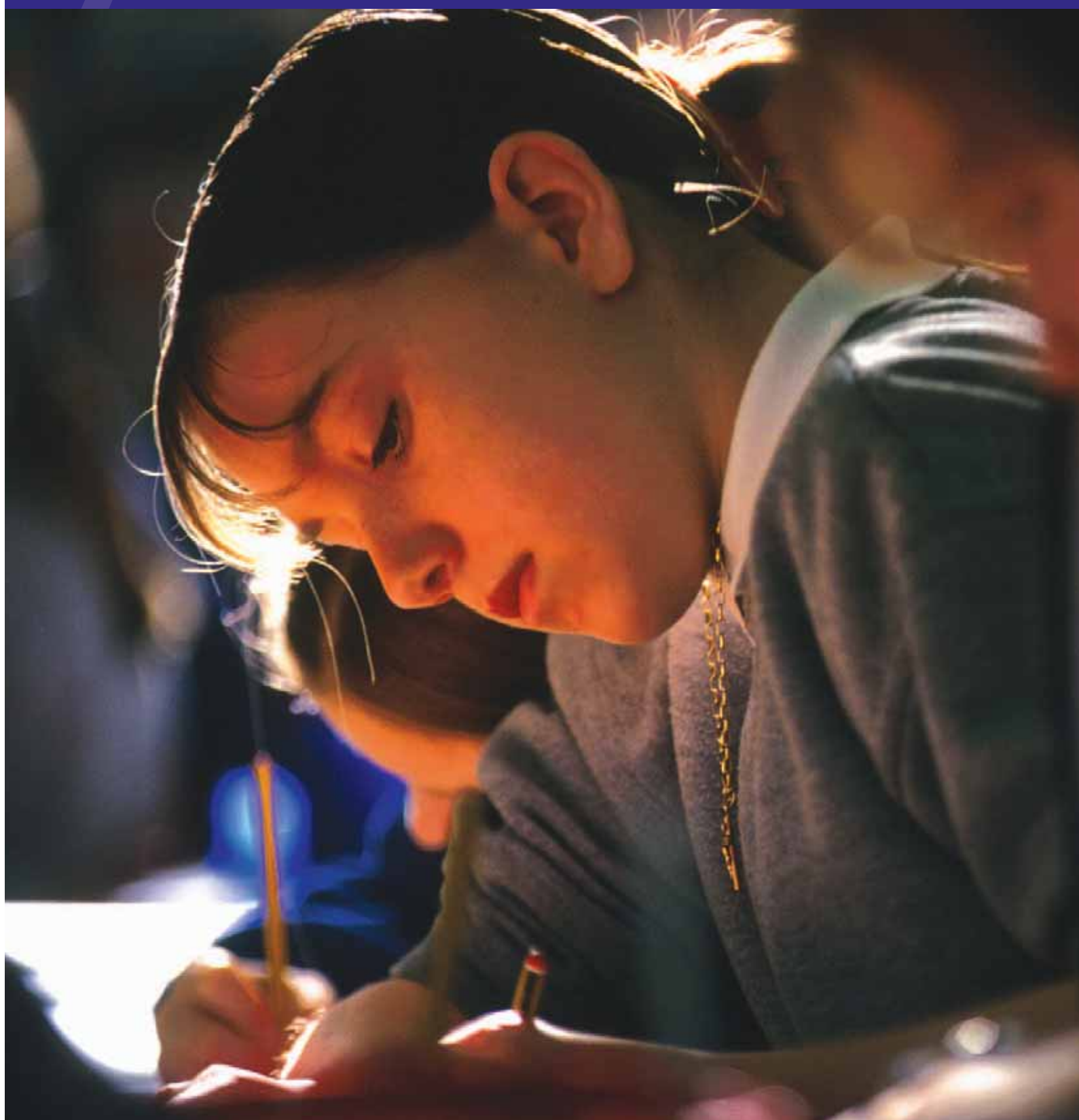
- **Policy development**
- **Curriculum planning**
- **Partnerships with parents/carers and local communities.**

Local programmes can support schools to make links with external agencies so they can develop their understanding of local drug trends, prevalence and issues that will inform drug education provision.

For example, local drug services can support training activities by talking about drug trends and prevalence and issues relating to young people's drug use in the local area. The perspectives of local drug services will depend on the young people that they see. For example, some services work with people presenting more serious problems every day and consequently their perspective on drug use will reflect this. Other counselling services may see young people experiencing varying concerns, including those whose drug use is not presenting immediate serious problems for them.



7 Monitoring and evaluating policy and practice in view of the NHSS



The document *The right approach: quality standards in drug education* (SCODA, 1999) is designed to add to national and local guidance and support in order to improve quality and consistency in drug education provision. It sets out a series of benchmarks for drug education called Quality Standards (QS). Schools can use these QS to monitor their progress on drug education and audit, and assess and improve the quality of their drug education and policy provision.

The QS are set out under four categories:

- Coordinating, staffing and organisation
- Teaching and content
- Monitoring, evaluating and reviewing drug education
- The wider context.

They have been developed primarily for internal use in, by and with schools. The QS are not intended or designed to be used in their present form by an outside professional body to assess progress. However, local programmes may want to use the QS to develop their own indicators for monitoring drug education in schools. Some local programme coordinators have used the QS to develop guidance for schools on monitoring achievements.

Table 1 (page 50) sets out:

- The NHSS minimum criteria for drug education
- Examples of how schools can meet these criteria using the QS from *The right approach* as a guide
- Examples of indicators for local programmes.

A few of the QS criteria most relevant to each of the NHSS minimum criteria have been selected in Table 1.

The QS criteria have also been used to exemplify indicators for some aspects of the whole school approach that relate to drug education (Table 2, page 52). Schools and local programmes may find it useful to familiarise themselves with all the QS in *The right approach*. Schools are not expected to meet all the QS at once, but to work towards meeting them with support from their local programme and other relevant local services.

Table 1: Examples of how schools can achieve the NHSS minimum criteria for drug education

NHSS MINIMUM CRITERIA FOR DRUG EDUCATION	EXAMPLES OF HOW SCHOOLS CAN MEET CRITERIA USING QS	EXAMPLES OF INDICATORS FOR LHSPs TO MONITOR DRUG EDUCATION IN SCHOOLS	NOTES
<p>The school has a named member of staff and a governor who are responsible for drug education provision</p>	<p>1.1.2 The drug coordinator has a job description 1.2.2 The drug coordinator has access to senior management team meetings 1.3.1 The governing body is aware of the role and value of a lead governor 1.3.2 The lead governor is clear about their roles and responsibility</p>	<ul style="list-style-type: none"> • Is there a named teacher responsible for drug education? • Is there a governor with responsibility for drug education? 	
<p>The school has a planned drug education programme involving development of skills which start from early years and identifies learning outcomes, appropriate to pupils' age, ability and level of maturity and which is based on pupil's needs assessment</p>	<p>2.3.1 The programme is planned within the PSHE policy framework 2.3.2 Lesson planning is consistent with the school drugs policy 2.3.3 The teaching methods to be used are in line with government guidance on drug education 2.3.4 The content of the programme has been developed to take full account of: National Curriculum science order, SCAA guidance, LEA guidelines, intended learning outcomes 2.3.5 Pupils are involved in prioritising the content of the programme 2.3.6 Teaching materials are carefully inspected for quality and relevance as part of the planning process 2.3.8 The aims and intended learning outcomes for each lesson are specified ready to be stated to pupils 2.5.7 Resource materials are up to date and assessed according to agreed criteria 2.6.1 Teachers monitor, record and assess pupil learning by reference to: - the knowledge and understanding that is acquired - the skills that are learnt/developed - the attitudes and values explored</p>	<ul style="list-style-type: none"> • Is there evidence of pupils informing the development of the programme? • Are there up-to-date resources? • Is there evidence that teachers use a range of teaching strategies? • Is there evidence that the planned drug education programme has clear learning outcomes? • Is there evidence that the drug education is delivered as part of PSHE and Citizenship? • Are there local services supporting delivery? • Has the designated lead for drug education used local data to inform the programme? 	
<p>The school has a policy, owned and implemented by the whole school, including parents/carers, for managing drug-related incidents which includes identifying sources of support for pupils and alternatives to exclusion</p>	<p>1.1.1 The policy is developed, reviewed and revised involving (or in consultation with) representatives of: senior management team, the governing body, staff with responsibility for drug issues, other teaching staff, pupils, parents/carers, outside agencies including the LEA 1.1.2 The policy reflects the guidance of national bodies 1.1.3 All staff are aware of the policy's location 1.4.4 There are clear references to other relevant policies</p>	<ul style="list-style-type: none"> • Is there a written drugs policy on managing and responding to drug-related incidents? • Is there evidence that pupils, governors, parents/carers and the community were involved in developing it? • Has the governing body ratified the policy and agreed a plan for implementation? • Is there evidence that local services are supporting implementation? • Are arrangements in place for monitoring, evaluating and reviewing the policy? 	

NHSS MINIMUM CRITERIA FOR DRUG EDUCATION	EXAMPLES OF HOW SCHOOLS CAN MEET CRITERIA USING QS	EXAMPLES OF INDICATORS FOR LHSPs TO MONITOR DRUG EDUCATION IN SCHOOLS	NOTES
	<p>1.4.6 The policy clearly defines: what constitutes a drug, the geographical limits of the policy, to whom the policy relates</p> <p>1.5.1 The policy is published in: the school prospectus, the governor handbook, the staff handbook</p> <p>1.5.2 Relevant extracts of the policy are published in the pupils' handbook</p> <p>1.5.3 The policy is included in staff and governor induction sessions</p>		
<p>Staff understand the role that schools can play in the national drug strategy and are confident to discuss drug issues and services with pupils</p>	<p>1.9.1 The INSET coordinator is fully aware of the need for high quality staff development in drug education</p> <p>1.9.2 There are publications available for staff which provide up-to-date back-up information and support about drugs and drug issues for schools</p> <p>2.1.2 Teachers understand the rationale, principles and practice of the government's approaches to drug education</p>	<ul style="list-style-type: none"> • Is there evidence that teachers feel confident to discuss drugs with pupils? • Have teachers had a range of opportunities for professional development in drug education including INSET and teacher observations? • Are staff up-to-date on latest national policy and guidance on drug education? • Are a range of quality teaching resources provided? 	
<p>The school works with the police, youth service and local drug services in line with the DAT strategy to develop its understanding of local issues and to inform its policy</p>	<p>2.1.1 Teachers have basic knowledge of:</p> <ul style="list-style-type: none"> - drugs - local drug services - the role of the school in national drug strategy - the local drug situation from the police, local drug services, and the DRG/DAT network <p>4.3.2 There are links between the school and the local DRG or DAT</p> <p>4.3.3 The school policy on managing drug-related incidents specifies the value of advice and support from local agencies (such as: drug agency, health service providers, social services, police)</p>	<ul style="list-style-type: none"> • Are teachers aware of local support services? • Do teachers know about and understand the role of the local DAT? • Has the designated lead made links with the DAT, youth service, police and other local agencies? 	

Table 2: Examples of how schools can address aspects of the whole school approach relating to drug education

ASPECTS OF THE NHSS WHOLE SCHOOL APPROACH APPLIED TO DRUG EDUCATION	EXAMPLES OF HOW SCHOOLS CAN MEET THE CRITERIA USING QS	EXAMPLES OF INDICATORS FOR LHSPs TO MONITOR DRUG EDUCATION IN SCHOOLS	NOTES
<p>a) curriculum planning and resourcing</p> <ul style="list-style-type: none"> the importance of a safe and supportive teaching environment is recognised where pupils and teachers can work together to promote health, eg working agreements are established and classroom layout is considered recognition is given to different styles of learning and opportunities are offered to put learning into practice, eg practical experience in the community and in work 	<p>2.4.1 Ground rules are in place for each class or group</p> <p>2.4.2 There is mutual respect between teachers and pupils</p> <p>2.4.3 Teachers expect constructive pupil learning to take place</p> <p>2.4.4 Pupils expect to enjoy their drug education</p> <p>2.5.1 Pupils are informed of the aims and intended learning outcomes of each lesson</p> <p>2.5.2 Teachers always try to ensure content is relevant to pupils' needs</p> <p>2.5.3 There are opportunities for individual and group activities</p> <p>2.5.4 There is a balance between interactive and didactic activities</p> <p>2.5.6 Teaching challenges the pupils</p>	<p>Are teachers aware of the need for an emotionally safe environment for discussing drug issues and do they practice strategies in the classroom to achieve this?</p> <p>Do teachers use appropriate strategies to engage with pupils in discussing drugs and related issues sensitively and in a way that respects their experiences, ability and backgrounds?</p>	
<p>f) giving pupils a voice</p> <p>pupils' views influence teaching and learning in PSHE and Citizenship</p>	<p>1.2.1 Stated aims of drug education are realistic and achievable. They reflect our pupils' world. They have taken account of pupils' views...</p> <p>2.3.5 Pupils are involved in prioritising the content of the programme: teachers have assessed the current level of pupils' knowledge, skills and experience; pupils' current feelings about drugs are taken into account</p>	<p>Is there evidence that the school provides a range of opportunities for children and young people to influence the content of the school's PSHE and Citizenship programme, including drug education?</p> <p>Do pupils' feel listened to and that their views are acted upon?</p>	
<p>g) provision of pupils' support services</p> <p>information is given on local support services for children and young people such as sexual health and drug agencies, smoking cessation services and referrals made, where appropriate</p>	<p>4.1.3 There is access to appropriate advice and support agencies for the school community and an agreed protocol for access/referral</p> <p>4.1.5 There is a support system for any members of the school community experiencing drug problems</p> <p>4.1.6 There is evidence that any pupil who may be having a problem with drug use feels safe enough to ask for help</p> <p>4.1.7 Those who have a problem with drug use receive support</p>	<p>Is there evidence that pupils feel able to request support should they need it and that they can identify at least one person in school who they feel able to talk to if they have concerns or want information?</p> <p>Is information on local support services clearly displayed and accessible to pupils?</p> <p>Have young people been asked their views on the type of support that they would like in school and also their views on the effectiveness of services currently provided in and out of school?</p>	

ASPECTS OF THE NHSS WHOLE SCHOOL APPROACH APPLIED TO DRUG EDUCATION	EXAMPLES OF HOW SCHOOLS CAN MEET THE CRITERIA USING QS	EXAMPLES OF INDICATORS FOR LHSPs TO MONITOR DRUG EDUCATION IN SCHOOLS	NOTES
<p>h) staff professional development needs, health and welfare staff are consulted on their training and support needs through a regular review process</p>	<p>1.9.3 There is a working procedure within the school for:</p> <ul style="list-style-type: none"> – identifying the staffing needs (for drug education) – identifying training needs – prioritising training needs – identifying funding for training needed – identifying providers of training needed – assessing the quality of training opportunities – evaluating the training 	<p>Do staff feel that their professional development needs in relation to PSHE and Citizenship, including drug education, are identified and addressed effectively?</p> <p>Are there opportunities for teachers to reflect on professional development opportunities and their impact on teaching and learning?</p>	
<p>j) assessing, recording and reporting pupils' achievements pupils' progress in PSHE and Citizenship is recorded and assessed</p>	<p>2.6.1 Teachers monitor, record and assess pupil learning by reference to:</p> <ul style="list-style-type: none"> – the knowledge and understanding that is acquired – the skills that are learnt/developed – the attitudes and values explored 	<p>Is there an established process for assessing, recording and reporting pupils' achievements in relation to drug education as part of PSHE and Citizenship?</p> <p>How are pupils involved in the assessment and review processes?</p>	

Shropshire and Telford & Wrekin – Monitoring and evaluating schools' achievements in relation to drug education

Key features – illustrates how a local programme monitors and evaluates schools' achievements in relation to drug education (NHSS Standards 2.5, 3.8 & 3.9) – illustrates how a local programme could support all schools to meet the NHSS drug education requirements

Schools participating in the Local Healthy Schools Programme

The Education and Health Partnership for Shropshire and Telford & Wrekin has developed criteria for measuring schools' (participating in the LHSP) progress on drug education and whether they have met the whole school approach and minimum criteria for this theme.

If a school thinks it can demonstrate that it meets both the whole school approach and minimum criteria for drug education, it completes an accreditation application form and submits it with copies of the school's action plans to the education and health partnership. These are scrutinised by the local programme staff, and representatives from education and from health visit the school for half a day and review the evidence with the appropriate school staff, parents, governors and pupils. If the school passes it receives stickers for the whole school approach and the drug education theme as part of the accreditation, and is presented with a framed certificate at the annual celebration event. If a school is unsuccessful in the first stage, eg submitting unclear evidence of progress, the school is contacted by telephone. If as a result of gathering evidence during the visit, the team considers there are criteria which still need to be addressed, the team will offer support and negotiate a time for completion and for further scrutiny.

Non-participating schools

Shropshire and Telford & Wrekin LHSP has also developed an approach to support all schools that are not involved in the local programme.

The Schools Drugs RAISE (Raising Achievement In Shropshire Education) adviser visits the schools to find

out about their drug education programme and policy provision, and to assess how good it is against the NHSS, in line with SCODA (now DrugScope) criteria in *The right approach* and *The right responses*. The school nurse accompanies the adviser on visits providing feedback on health and safety aspects of the administration of medicines.

The adviser and school nurse use questionnaires to guide the evaluation with schools, asking questions about training needs and curriculum and policy development. The school nurse focuses on administration of medicines in school. The questionnaires are part of the overall guidance on drug education and management of drug incidents that the Schools RAISE adviser presents to the schools when they visit.

Shropshire and Telford & Wrekin LHSP has developed criteria for categorising where schools 'are at' with regard to drug education. After an initial visit a school will be categorised as either a green, amber or red school (see Table 3). The expectation is that 'red' or 'amber' schools will work towards becoming a 'green' school in partnership with the Schools Drugs RAISE adviser.

This service aims to raise standards of drug education and the management of drug incidents in schools and encourage schools to participate in the local programme.

The Schools RAISE adviser, LHSP coordinator and school nurse meet termly to review this service to schools.

Contact: Frances Phelps, Adviser for PSHE/EO and Citizenship, Education-Health Partnership for Shropshire and Telford & Wrekin, Shirehall, Abbey Forge, Shrewsbury SY2 6ND, Tel 01743 254548, Fax 01743 254538, email frances.phelps@shropshire-cc.gov.uk

Table 3: School categorisation criteria

GREEN SCHOOLS	AMBER SCHOOLS	RED SCHOOLS
<p>Green category schools will have, in line with national and local guidance:</p> <ul style="list-style-type: none"> • A whole school approach to drug education • A written drug education policy or one within the PSHE policy in line with local and national guidance • A policy that has been reviewed in the past three years • Planned and timetabled drug education lessons • A variety of appropriate resources • Clearly defined drug learning outcomes for each year group that are appropriate • Evidence of cross-curricula links • Differentiated teaching • Visitor involvement that is appropriate, planned, and supports the programme • Evidence of pupil involvement in development and evaluation • A written policy for the management of drug-related incidents which complements the discipline/behaviour policy • Appropriate training for drug education and the management of drug-related incidents identified and needs met. 	<p>Amber category schools will have, in line with national and local guidance:</p> <ul style="list-style-type: none"> • Evidence of working towards a whole school approach to drug education • A written drug education policy or one within the PSHE policy • Planned drug education • Appropriate resources • Identified drug learning outcomes for each year group that are appropriate • Evidence of working towards cross-curricula links • Differentiated teaching or visitor involvement that is appropriate, and supports the programme • Evidence of working towards pupil involvement in development and evaluation • A written policy for the management of drug-related incidents • Identified appropriate training for drug education and the management of drug-related incidents. 	<p>Red category schools are unable to provide evidence in relation to at least two of the following:</p> <ul style="list-style-type: none"> • Working towards a whole school approach to drug education • A drug education policy or a clearly defined drug education policy within the PSHE policy • Clearly defined learning outcomes stated in the policy • A policy that has been reviewed in the past three years • Learning outcomes that are appropriate and in line with national and local guidance • A balance between knowledge, skills, attitudes and values • Use of appropriate resources • Cross-year and cross-curricula links • Differentiated teaching • Visitors supporting the programme who are appropriate and complement teaching • Drug education evaluated • Working towards pupil involvement in development and evaluation • A written policy for the management of drug-related incidents that is in line with local and national guidance • Training needs identified and addressed.

Example – Lancashire Healthy Schools Programme has developed its own set of QS for drug education

The QS, written by the teacher adviser for drug education in consultation with the Lancashire Healthy Schools Programme operational group and the Lancashire schools drug education consortia which consists of key teachers from each of the local high schools, are designed as a self-assessment tool for schools. The QS are separated into topics (healthy eating, physical activity, drug education, SRE, emotional health and wellbeing, safety, and PSHE and Citizenship) and whole school themes (ethos, community and partners, leadership and management, curriculum planning and implementation, and teaching and learning).

It is hoped that through addressing the QS a school will be able to:

- Gain recognition and accreditation for its healthy schools work
- Increase its understanding of what is meant by effective practice
- Increase its understanding of the purpose, nature and scope of the healthy school
- Ensure healthy school aims are realistic and achievable
- Achieve higher quality and greater consistency.

Below is an example of the QS relating to drug education and the teaching and learning environment.

Contact: John Battersby, Tel 01257 516 139,
email john.battersby@ed.lancsc.gov.uk

When drug education is likely to be MOST EFFECTIVE	When drug education is likely to be SATISFACTORY	When drug education is likely to be LEAST EFFECTIVE
<ul style="list-style-type: none"> • Ground rules are negotiated and drug education is delivered within a positive, supportive environment • The importance of a safe and supportive teaching and learning environment is recognised where pupils and teachers can work together at a pace suitable to their needs. Classroom layout is considered to enable feelings and attitudes to be explored and pupils' personal experiences, existing knowledge, attitudes and values to be acknowledged and positively broadened • The climate encourages pupils to consider levels of risk and make informed judgements about their actions • There are opportunities for these issues to be reinforced at home within the wider community. 	<ul style="list-style-type: none"> • Ground rules are not negotiated and as a result sensitive issues may not be addressed or tackled within an appropriate climate • Relationships between the teacher, other adults and pupils are generally satisfactory but there may be variation in the pupils' level of participation • The classroom layout enables pupils to learn but does not facilitate some teaching approaches. 	<ul style="list-style-type: none"> • Little consideration is given to developing a positive classroom climate to facilitate effective drug education • Relationships are not good and pupils consequently lack confidence or are reluctant to participate and few respond positively to their learning • The physical organisation of the classroom is not appropriate and does not enable feelings and attitudes to be explored.

APPENDIX A: definition of terms used in the document

Drug education

There is a range of terms used to describe drug use and drug education. The NHSS term 'drug education (including alcohol and tobacco)' is reflected in the title of this document. However for simplicity's sake the term 'drug education' is used throughout the guidance. This term includes alcohol and tobacco and encompasses other legal and illegal drugs including:

- Prescribed and non-prescribed medication including anabolic steroids
- Solvents and volatile substances
- Illegal drugs such as cannabis, ecstasy, heroin and crack cocaine.

Other terms such as 'drug, alcohol and tobacco education' are used when specific guidance or materials use this definition.

Children

People under the age of 11.

Young people

People aged 11–18 years.

Vulnerable children and young people

Particular groups of young people that may be more at risk of drug misuse. These include: looked after children and young people, children and young people of drug-misusing parents, school excludees, poor school attendees, homeless young people and young offenders.

Parents/carers

Includes parents, carers and other family members that care for children and young people.

Drug use

Drug use is drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health problems, although such harm may not be immediately perceptible. Drug use will require interventions such as management, education, advice and information, and prevention work to reduce the potential of harm (SCODA, 1999).

Drug misuse

Drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse will require a further range of interventions, which may include treatment (SCODA, 1999).

Experimental drug use

When people take a drug or drugs because they are curious about what the effects will be like.

Solvents and volatile substances

Can include aerosols, glues, cigarette lighter refills and petrol.

Volatile substance abuse

The deliberate inhalation of glue, gas or other substances to achieve intoxication.

APPENDIX A: definition of terms used in the document

Key to terms/acronyms

ACMD	Advisory Council on the Misuse of Drugs
CxP(s)	Connexions Partnership(s)
CYPU	Children and Young People's Unit
DAAT(s)	Drug and Alcohol Action Team(s)
DAT	Drug Action Team
DEF	Drug Education Forum (based at Mentor UK)
DEPIS	Drug Education and Prevention Information Service
DfEE	Department for Education & Employment (now DfES)
DfES	Department for Education and Skills
DH	Department of Health
DPAS	Drug Prevention Advisory Service (now Regional Government Office Drug Teams)
DPI	Drug Prevention Initiative (became DPAS)
DRG	Drug Reference Group
EAZ	Education Action Zone
EDP	Education Development Plan
GO	Government Office
HAS	Health Advisory Service
HAZ	Health Action Zone
HDA	Health Development Agency
HLC	Healthy Living Centre
HO	Home Office
LA	Local Authority
LEA	Local Education Authority
LHSP(s)	Local Healthy School Programme(s)
MYAP	Merton Youth Awareness Project
NHSS	National Healthy School Standard
NTA	National Treatment Agency
PCT(s)	Primary Care Trust(s)
PSHE	Personal, Social and Health Education
QCA	Qualifications and Curriculum Authority
QS	Quality Standards
SAP(s)	Student Assistance Programme(s)
SCAA	Schools Curriculum and Assessment Authority (now QCA)
SCODA	Standing Conference on Drug Abuse (now DrugScope)
SDA	School Drugs Adviser
SEN	Special Education Needs
SHEU	Schools Health Education Unit
SRB	Single Regeneration Budget
SRE	Sex and Relationships Education
SSD(s)	Social Services Department(s)
YJB	Youth Justice Board
YOT(s)	Youth Offending Team(s)
YPSMP	Young People's Substance Misuse Plan

APPENDIX B: local, regional and national support

'Tackling Drugs to Build a Better Britain', the government's strategy for tackling drug misuse in England, was updated in 2002. Drug Action Teams (DATs) are the strategic bodies responsible for coordinating the local drug strategy in two-tier or unitary LA areas. Some DATs are called Drug and Alcohol Action Teams (DAATs) to reflect their work on addressing alcohol issues locally. They report to the Drugs Strategy Directorate at the HO annually through the Regional Government Office Drugs Teams (formerly the regional DPAS). The Regional Government Office Drugs Teams provide information and advice and assess DAT partnerships.

DATs are required to produce an annual Young People's Substance Misuse Plan (YPSMP) that sets out drug prevention, intervention and treatment priorities for the LA area against five operational outputs:

- Output 1** By March 2004, 100% of primary and secondary schools will provide substance misuse education and by 2006 will reduce the quality of teaching rated as poor to 0%. [DfES output, supported by DH, HO, YJB]
- Output 2** By March 2004, information and awareness campaigns will have achieved measurable increases in the percentage of young people aware of the risks of substance misuse and how to get information, and by 2006 helplines and local drug services will be provided in line with the proposed National Framework for Parenting and Family Support. [HO output, supported by DH, DfES, CxPs, YJB]
- Output 3** By March 2004, young people identified locally as being at risk of becoming drug users, including 100% of pupils in pupil referral units, young offenders supervised by YOTs and children looked after by SSD, will receive targeted prevention programmes and by March 2008 all these programmes will be delivered by practitioners accredited in line with occupational standards. [DH output supported by HO, DfES, CxPs, YJB]
- Output 4** By March 2004 in 80% and by March 2006 in 100% of areas, LEAs, PCTs, YOTs, SSDs and CxPs will work together to provide integrated programmes of treatment, care and support to all young people identified as having a substance misuse problem. [DH/NTA output, supported by HO, DfES, CxPs, YJB]
- Output 5** By March 2004, 100% of LEAs, PCTs, YOTs, SSDs, CxPs services will jointly commission and coordinate the provision of substance misuse prevention and treatment services for vulnerable young people. [HO output, supported by DH, DfES, CxPs, YJB]

The YPSMP illustrates how DATs are ensuring total provision of Tier 1–4 services for young people:

- **Tier 1** – generic and primary services including schools
- **Tier 2** – first line of specialist services
- **Tier 3** – services provided by specialist teams
- **Tier 4** – very specialised services.

The HAS's *The Substance of Young Needs, Review 2001* (www.drugs.gov.uk) gives an explanation of the four tiers. Local programmes have a key role in planning and implementing Tier 1 and 2 services as partners of the DAT. The targets in the YPSMP should complement targets in the local education and health partnership action plan and other related plans, for example new local prevention strategies for children and young people (visit www.cypu.gov.uk for details). YPSMPs are assessed by the relevant government office drugs teams and among others, the NHSS regional coordinator. For further details on the YPSMP visit www.drugs.gov.uk

The DH is developing a Children's National Service Framework that will provide guidelines for professionals who work with children and young people on the delivery of health and social care services, including provision of drug services: www.doh.gov.uk

Making Links (DrugScope and the NHSS) offers guidance to local programmes and LEAs on identifying the links between the NHSS, 3 R's (*The right choice, The right approach and The right responses*), DAT, YPSMPs and Ofsted Inspection Guidance. *Drug education in schools: making it more effective* (DEF and DPAS) guides DATs on how they can improve drug education in schools and makes important links with the NHSS (see Appendix F).

APPENDIX B: local, regional and national support

National funding

DATs plan activity using a number of national funding streams that come down locally. Government is piloting an exercise to gather experiences of commissioning pooled budgets which it hopes will offer a practical solution to the obstacles created by current funding arrangements in integrating young people's substance misuse services and children's services at local level. Local authorities involved in the pilots will receive all the drug education monies from the HO. Non-pilot authorities will receive funding through the allocation routes listed below in 2003/04. A number of grants, including drug education, will cease to be paid through the Standards Fund from April 2004. It will be for LEAs to decide how to fund drug education within the overall resources available to them.

funding allocation route 2003/04

FUNDING	ALLOCATION ROUTE
DfES Standards Fund 204 (including DH universal drug education funding)	LEA
HO Young People's Substance Misuse Planning Grant	LA
DfES Grant to Connexions – Training for Personal Advisers on Drugs Awareness	CxPs through GOs
DH Drug Prevention with Vulnerable Young People	PCTs
Youth Justice Board named drugs worker	YOTs

Other resources can also come from other local partnerships and organisations such as the PCT or the LHSP.

Sources of national data on young people's drug use

The main sources of data on young people's drug use collected in England are the British Crime Survey (BCS) and the DH/HO-funded National Schools Survey, which are both self-completion questionnaire surveys.

The BCS is an annual household survey that focuses on illegal drug use among the general population in England and Wales, including children and young people aged 16–24 years. www.homeoffice.gov.uk

The National Schools Survey covers smoking, drinking and drug use among secondary school pupils in England. The age of those taking part is mainly 11–15 years. www.doh.gov.uk

APPENDIX C: legal requirements, non-statutory frameworks, guidance and government priorities

Legal requirements

The statutory requirement for drug education in schools is within the programmes of study for science. This minimum requirement may be taught within science lessons, timetabled PSHE and Citizenship lessons or elsewhere. Wherever it is located it should be planned as part of a wider programme of PSHE and Citizenship. The responsibility for determining the content and nature of drug education beyond that required by national curriculum science should be determined by the headteacher and governors of individual schools.

Non-statutory frameworks

A unified non-statutory framework for PSHE and Citizenship at key stages 1 and 2 and a non-statutory framework for PSHE at key stages 3 and 4 came into effect alongside the revised national curriculum in August 2000. Statutory programmes of study for citizenship at key stages 3 and 4 became statutory from August 2002. A whole school approach to PSHE and Citizenship contributes to the central aims of the school curriculum, which are to:

- Provide opportunities for all pupils to learn and achieve
- Promote pupils' spiritual, moral, social and cultural development and prepare all pupils for the opportunities and responsibilities of life. Visit www.nc.uk.net

Guidance

- *Drugs: Guidance for Schools* (DfES, 2004) replaces existing guidance to schools on drugs, including *4/95 Drug prevention and schools* and *Protecting young people – good practice in schools and the youth service*. It also incorporates key messages from a range of publications including the 3 Rs: *The right choice*, *The right approach* and *The right responses* (see Appendix F).
- As part of the DfES drug, alcohol and tobacco education training package for teachers (visit www.teachernet.gov.uk/cpd for details), the QCA has developed guidance for schools to support them in planning and teaching drug, alcohol and tobacco education in key stages 1–4. The guidance includes a teachers' booklet and seven exemplar units of work (see Appendix F).

Local programme coordinators can inform school drug advisers and other practitioners who support schools about the revised DfES circular and the QCA guidance so they can signpost schools to it when it is published in 2003 (see Appendix F).

Inspection

Ofsted assesses drug education in schools as part of its inspection framework and regularly surveys drug education in schools. Visit www.ofsted.gov.uk for more information.

APPENDIX D: the evidence base for drug education – what works?

To answer the question 'Does drug education work?' we need to know what we want it to achieve. Drug education's effectiveness is often considered within the context of its ability to prevent drug use or change drug-using behaviour. Schools are not expected to measure whether their drug education programme has affected pupils' drug-using behaviour but instead whether it has achieved aims and learning objectives that reflect acquisition of knowledge and skills and opportunities for attitude exploration.

Developing the evidence base

The evidence base on drug education's capacity to encourage behaviour change is limited. Some life skills programmes targeted at schoolchildren have had an influence by delaying the onset of drug use.

Government is funding a five-year longitudinal study into the effectiveness of a multi-component drug education programme in schools for 11–13 year olds called Blueprint, led by the HO in partnership with the DfES and DH. Blueprint is based on the principles that underpin effective drug education and it was developed by looking at the content of programmes that are identified as effective from reviews of evidence. Blueprint will provide evidence by 2007 of the impact of drug education on behaviour in relation to drug use in the long term, as well as the impact on pupils' skills development.

The HDA is carrying out a review of publications on the full range of interventions designed to prevent and/or reduce illicit drug use (including drug education), particularly among groups identified as 'at risk' of problematic drug use. It will identify gaps and inconsistencies in the evidence base and steer any future research. HDA will publish the review on its website in 2004.

Approaches in drug education

The principles of good practice identified in statutory and non-statutory guidance recommend a life skills approach, delivered as part of a school's PSHE and Citizenship programme, in preference to other approaches to drug education. Life skills approaches focus on enhancing young people's self-esteem and developing communication and decision-making skills.

Further details of approaches in drug education can be found in *The right choice* and the QCA *Drug, alcohol and tobacco education: curriculum guidance for schools* (2003) (see Appendix F). When advising teachers on the role of hard-hitting messages and other approaches within drug education programmes, we recommend that you refer to the QCA guidance.

APPENDIX E: proposed reclassification of cannabis

On 10 July 2002 the Home Secretary announced his intention to reclassify cannabis from a Class B to a Class C drug under the Misuse of Drugs Act 1971. While cannabis is harmful, medical experts have stated that it is substantially less harmful than other Class B drugs. Government believes that the current classification is disproportionate in relation to the harm it causes and that reclassification will help communicate credible messages, particularly to young people, about the harmful effects of different drugs.

Drug education programmes can provide opportunities for pupils to learn about the effects of cannabis, including the health risks; explore stereotypes; and discuss and understand the implications of the proposed law change, clarifying with them that it is still an illegal drug and that there are penalties for possession or supply, including giving it away free to their friends. Schools will also need to recognise and respond effectively to the needs of pupils who may be using cannabis and whose personal and social development and attainment is being hindered as a result.

To help clarify the implications of the proposed reclassification of cannabis some new resources have been developed: Cannabis Reclassification Card (available free from NHS Responseline, Tel 08701 555 455); Cannabis Reclassification Factsheet (available from www.drugs.org.uk).

APPENDIX F: useful resources

CYPU (2001). *Learning to Listen: Core Principles for the Involvement of Children and Young People*. London: Children and Young People's Unit.

DfEE (1999). *National Healthy School Standard: Guidance*. London: Department for Education and Employment.

DfEE (2000). *National Healthy School Standard: Pupil Involvement*. London: Department for Education and Employment.

DfES (2004). *Drugs: guidance for schools*. London: Department for Education and Skills.

DrugScope (2003). *First steps in identifying young people's substance related needs*. London: DrugScope.

DrugScope and Alcohol Concern (2001). *Making links*. London: DrugScope and Alcohol Concern.

Drug Education Forum (2002). *Drug education in schools: making it more effective*. DPAS Briefing Paper. London: Drug Education Forum.

HAS (2001). *The Substance of Young Needs Review*. London: Health Advisory Service.

Home Office (2003). *Hidden harm – responding to the needs of children of problem drug users*. Report of an inquiry by the Advisory Council on the misuse of drugs. London: Home Office.

QCA (2003). *Drugs, alcohol and tobacco education: curriculum guidance for schools at key stages 1–4*. London: Qualifications and Curriculum Authority.

SCODA (1998a). *The right choice: guidance on selecting drug education materials for schools*. London: SCODA (now DrugScope)/Drug Education Forum.

SCODA (1998b). *The right responses: managing and making policy for drug-related incidents in schools*. London: SCODA (now DrugScope).

SCODA (1999). *The right approach: quality standards in drug education*. London: SCODA (now DrugScope).

Details of how to obtain these publications are available from the national organisations listed on page 65.

National organisations

Alcohol Concern www.alcoholconcern.org.uk Tel 020 7928 7377

ASDAN (Award Scheme Development and Accreditation Network) www.asdan.co.uk

Cross Government website www.drugs.gov.uk

Department for Education and Skills (DfES) www.dfes.gov.uk

Department of Health www.doh.gov.uk/drugs

Drug and Alcohol Education and Prevention Team based at Alcohol Concern and DrugScope
www.alcoholconcern.org.uk Tel 020 7928 7377 www.drugscope.org.uk Tel 020 7928 1211

Drug Education Forum www.drugeducation.org.uk Tel 020 7739 8494 based at Mentor UK
www.mentorfoundation.org.uk

Drug Education Practitioners Forum (Hosted by DrugScope) Tel 020 7928 1211

Home Office www.homeoffice.gov.uk/tacklingdrugs

Office for standards in education (Ofsted) www.ofsted.gov.uk

Qualifications Curriculum Authority (QCA) www.qca.org.uk

Re-Solv www.re-solv.org

Teachernet www.teachernet.gov.uk

FRANK www.talktofrank.com (0800 77 66 00)

A young people and parents campaign from the HO, DH, and supported by the DfES. FRANK builds on the work of the National Drugs Helpline by providing free, confidential drugs information and advice 24 hours a day. It aims to ensure that young people understand the risks and dangers of drugs and know where to go for advice and help as well as providing parents with the confidence and knowledge to talk to their children about drugs.

A campaign kit has been produced to support professionals who wish to work with FRANK. Campaign information and materials are available at www.drugs.gov.uk

APPENDIX G: publications

Publications that have informed the development of this document

Botvin, G.J., Baker, E., Dusenbury, L., Botvin, E.M. and Diaz, T. (1995). Long-term follow-up results of a randomised drug abuse prevention trial in a white middle class population. *Journal of the American Medical Association* 273 (14): 1106-12.

Butcher, J. (2000). *Summary of the report on consultations with children and young people about drug education and support*. London: Drug Education Forum/National Children's Bureau.

Coggans, N., Cheyne, B. and McKellar S. (2003). *The Life Skills Training Drug Education Programme*. Glasgow: University of Strathclyde, Scottish Executive Drug Misuse Research Programme.

DfEE (1999). *National Healthy School Standard: guidance*. London: Department for Education and Employment.

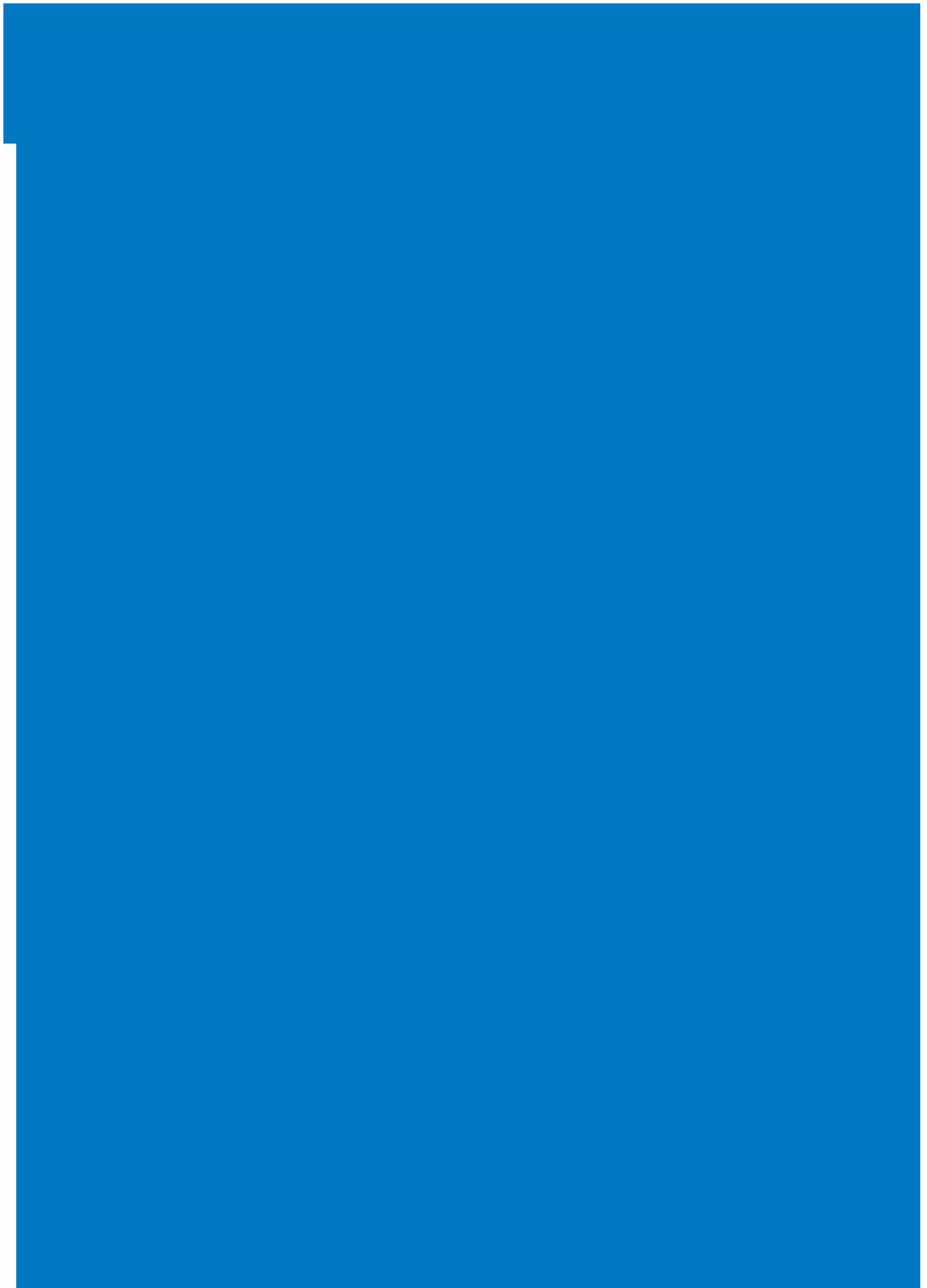
HDA (2002). *Prevention and reduction of alcohol misuse: Evidence briefing*. London: Health Development Agency.

HDA (2004). *The effectiveness of public health interventions to reduce smoking initiation and increase smoking cessation: a review of reviews*. London: Health Development Agency.

NCB (2004). *Sex and drugs: the links explored*. London: National Children's Bureau, in press.

Ramsay, M., Baker, P., Goulden, C., Sharp, C. and Sondhi, A. (2001). *Drug misuse declared in 2000: results from the British Crime Survey*. Home Office Research Study 224. London: Home Office Research, Development and Statistics Directorate.

SCODA (1999). *The right approach: quality standards in drug education*. London: SCODA (now DrugScope).





Health Development Agency

Additional copies of this support material can be obtained from the Health Development Agency, PO Box 90, Wetherby, Yorkshire LS23 7EX. Copies are also available to download from www.wiredforhealth.gov.uk

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Email: hda@twoten.press.net

For further information about the NHSS visit the Wired for Health website www.wiredforhealth.gov.uk

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