

INTRODUCTION

In today's society there is no one who will not be exposed to, and/or use, some sort of drug at some time in their lives. Drug misuse impacts on all communities in Northern Ireland, crossing gender, cultural and social boundaries. No school or parent/guardian can afford to be complacent or think that children and young people are not at risk. Schools have an important role to play in enabling children and young people to make informed and responsible decisions and helping them to cope with living in an increasingly drug-tolerant society.

“ drug misuse
impacts on all
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Northern Ireland ”

It should be noted that from September 1996 it has been a statutory requirement for all schools in Northern Ireland to:

- have a drugs education policy and publish it in their prospectus;
- teach drugs education as part of the health education cross-curricular theme;
- inform the Police where they believe or suspect a pupil to be in possession of a 'controlled drug' (see Appendix 1).

The Education and Training Inspectorate, on behalf of the Department of Education, carried out a survey between 1996 and 1998 to establish the extent and effectiveness of drugs education and associated pastoral support in schools. The findings of this survey identified a number of issues for action including the need for schools to:

- ensure that drugs education forms part of the school's programme of health education;

- ensure that the drugs policy appears in the prospectus;
- ensure that there are clear procedures for managing drugs-related incidents;
- co-ordinate drugs education and prevention programmes across all subject departments;
- provide a co-ordinated system of pastoral care, with the involvement of relevant external support agencies, for all pupils;
- develop approaches to drugs education which increase pupils' awareness of drugs and their effects, and enhance their ability to cope with pressures to experiment with, or to use, illegal substances.

In response to changing trends and attitudes towards drugs and drug use this guidance has been developed to assist schools to:

- develop a drugs policy which supports and complements Personal Development (PD) within the curriculum, and other related policies;
- develop and deliver a drugs education programme in the classroom using appropriate methodologies and resources; and
- develop procedures for the management of suspected drugs-related incidents and issues.

Drugs – a definition

For the purpose of this document the term 'drugs' will include any substance which, when taken, has the effect of altering the way the body works or the way a person behaves, feels, sees or thinks. As well as everyday substances such as tea and coffee, drugs include:

“ the term 'drugs' includes - alcohol, tobacco, over-the-counter and prescribed medication, volatile substances and controlled drugs ”

- alcohol and tobacco;
- “over-the-counter” medicines, such as paracetamol;
- prescribed drugs, such as antibiotics, tranquillisers, inhalers and ritalin;
- volatile substances, such as correcting fluids/thinners, gas lighter fuel, aerosols, glues and petrol;
- controlled drugs, such as cannabis, LSD, Ecstasy, amphetamine sulphate (speed), magic mushrooms (processed), heroin and cocaine; and
- other substances such as amyl/butyl nitrite ('poppers') and unprocessed magic mushrooms.

RATIONALE

Children and young people are exposed to messages about drug use from an early age. Their exposure to the use and misuse of drugs may come through parents/guardians, older brothers and sisters, friends, television programmes, the media and popular music.

Research shows that by post-primary school age, some young people are likely to have tried substances such as alcohol, cigarettes or solvents, and/or to have misused prescribed medicines or other drugs. Research also shows that the age at which children and young people are being offered drugs is getting younger.

The steady increase in the use of drugs by young people might also be influenced by three additional factors:

- a significant fall in the price of controlled drugs;
- an increase in the availability of a wider range of drugs within local communities; and
- an increase in the amount of spending money that children and young people have.

There also appears to be an increasing focus on the use of performance enhancing drugs in certain sports and leisure pursuits. Furthermore, the use of substances such as cannabis in a therapeutic setting provides a context in which drug use is seen as being more acceptable.

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RESEARCH

Young Person's Behaviour and Attitudes Survey (2001)

The Young Person's Behaviour and Attitudes Survey (YPBAS) is a report published by the Northern Ireland Statistics and Research Agency (NISRA) on research carried out between October and November 2000 with school children aged 11-16.

The research outlines the behaviour and attitudes of young people towards a range of different issues, including: school, nutrition, sports, smoking, alcohol, solvents, drugs, policing, personal safety, sexual experience and knowledge, relationships, the environment and travelling to school.

The key findings of the report in relation to solvents, controlled drugs, alcohol and smoking, are summarized below.

Solvents

- One fifth of pupils have been offered solvents on at least one occasion. Most pupils who have used or tried solvents were 12 years old the first time they tried them.
- A minority of pupils claim to have used or tried the following solvents 'to get high' at least once: Butane gas or lighter refills (6%), aerosols (8%), glue (6%) and Tippex or correcting fluids (7%). Two percent stated that they have used or tried at least one other solvent such as petrol, permanent marker or nail varnish.

Controlled Drugs

- Over a quarter (28%) of pupils say they have been offered drugs, the most common being cannabis. Most pupils were 14 years of age the first time they were offered drugs.
- Seventeen percent of pupils said they have used or tried drugs, mainly cannabis. Of those who have tried drugs, 17% have been in trouble with their parents or family, 14% in trouble with local people, 10% in trouble with school authorities, 6% in trouble with the police and 22% in trouble with friends, because of having used or tried drugs.
- Just under a third of all pupils (32%) say that they know a lot about the effects or risks of taking drugs.
- In the previous school year almost three quarters of pupils (73%) have had some form of drugs education at school and just over a fifth (22%) at a youth club or community centre.

“most pupils were 14 years of age the first time they were offered drugs”

Alcohol

- 56% of pupils (58% of boys and 52% of girls) have taken an alcoholic drink, with most of these drinking for the first time at the age of 12.
- The majority of pupils were given alcohol by their friends, the first (44%), and last (37%), time they drank.
- Most pupils were at a pub, party, rave, disco, club or concert, the first (26%), and last (35%), time they drank alcohol.
- The most popular alcoholic drinks are spirit-based mixers with 45% of pupils claiming to drink them at least every month, followed by alcopops (37%), spirits (30%) and beer, lager or stout (26%).
- Just over two fifths (43%) of pupils have had so much alcohol that they have been drunk on more than one occasion.
- The reasons given by young people for drinking alcohol are: to celebrate (86%), because they like the taste (83%), to find out what it is like (60%), to feel relaxed (59%) and to cheer themselves up (59%).

“just over two fifths (43%) of pupils have had so much alcohol that they have been drunk on more than one occasion”

Smoking

- 35% of pupils (38% of girls and 33% of boys) have smoked tobacco. For most of these pupils they had their first cigarette at 12 years of age. On this first occasion, 65% of pupils were given cigarettes by a friend or other person their own age.

- Almost a third (32%) of those who have smoked tobacco currently smoke at least once a week, and 57% of these smoke more than 20 cigarettes in a week.

Copies of the report and the entire survey results (in PDF format) are available from either the Office of the First Minister and Deputy First Minister (OFMDFM) research website or the NISRA website at:

www.research.ofmdfmni.gov.uk
or at www.nisra.gov.uk

Secondary analysis of the data from the Young Persons' Behaviour and Attitudes Survey and the omnibus survey is available from:
www.dhsspsni.gov.uk/publications/2002/drugalcohol.pdf

The results of the YPBAS survey carried out in Autumn 2003 will be available in Spring 2004.

The European School Survey Project on Alcohol and Other Drugs (ESPAD)

This report deals with self-reported alcohol, tobacco and illicit drug use among a representative sample of 15-16 year olds in post-primary schools in Northern Ireland. Information was gathered from a total of 723 students from 71 schools throughout Northern Ireland between March and June 1999.

- Over 35% of girls and nearly 29% of boys had smoked cigarettes within the past 30 days. More than 20% of both girls and boys were daily smokers. This must be regarded as being a very serious health issue. It is emphasised that many of those surveyed were below the legal age of tobacco purchase. The level of smoking among boys was higher than that in the rest of the UK.
- About 90% of respondents had at some time consumed alcohol; over 70% reported having experienced intoxication at least once.
- Nearly 70% of boys and 67% of girls had consumed alcohol in the past 30 days. More than half (51%) of the boys and 46% of the girls reported having been intoxicated during this period.
- Among boys, beer was the drink most frequently mentioned during the past 30 days, while among girls the main preference was for spirits. Girls also seemed more likely than boys to drink wine.
- On the last drinking occasion, beer was at least part of the total consumption for 80% of the boys. 'Alcopops' were not very popular among the boys but had been consumed by just over half of the girls.
- The most common drinking place for both sexes was home or someone else's home. However, substantial proportions of drinking took place in discos and in potentially risky open-air settings such as parks or streets.
- 47% of boys and 41% of girls had experienced at least one adverse consequence due to their drinking.
- 20% have experienced three or more problems related to their alcohol use.
- Levels of factual knowledge about alcohol were low, with fewer than a quarter of those surveyed being able to answer more than three out of six basic questions about alcohol correctly.

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“ the use of volatile substances was more common place among teenagers in Northern Ireland than among their peers in England, Scotland and Wales ”

- A substantial group of those surveyed, 16% of girls and 9% of boys, had reportedly used a combination of “alcohol and pills”.
- Approximately 40% of boys and 30% of girls had used some form of illicit drug, mainly cannabis or volatile solvents. Cannabis was the most common – used by 38% of boys and 30% of girls. The next most common for boys was magic mushrooms (11%), and for girls it was Ecstasy (6%).
- Volatile substance abuse was reported by nearly 28% of boys and 24% of girls. The use of volatile substances was more common place among teenagers in Northern Ireland than among their peers in England, Scotland and Wales.
- Truancy from school was associated with heavier and more problematic drinking, illicit drug use and heavier tobacco use.
- Family structure was also associated with patterns of smoking, drinking and illicit drug use. Teenagers living with both parents were significantly less likely than others to be heavy users of the above substances.
- Low self-esteem among girls, but not boys, was associated with heavier use of cigarettes, alcohol, intoxication and having both alcohol and drugs-related problems.
- Depressed mood was associated with greater inhalant/solvent use among boys and with heavier tobacco, alcohol and illicit drug use and related problems among girls.
- ‘Anomie’ (broadly a disinclination to accept society’s rules coupled with a belief that life is chaotic and unstable) was associated with alcohol and drug problems among boys and with tobacco, alcohol and drug use and related problems among girls.
- Friendship contacts and support networks, strikingly, were not associated with patterns of tobacco, alcohol or illicit drug use.
- Compared with the 1995 ESPAD study, there has been a rise in the proportion of boys consuming five or more drinks in a row. There has also been a significant increase in illicit drug use among girls.

To obtain a copy of this report in full go to:

www.dhsspsni.gov.uk/publications/archived/2001/ni_espad.pdf

For further information on ESPAD data for Ireland go to:

www.drugsprevention.net/default.asp?s=B&d=B91#s1

For further information on ESPAD data for Europe go to:

www.drugsprevention.net/default.asp?s=B&d=B92#s3

While information on drug use among young people of post-primary school age has been growing over the past decade, information on alcohol and drug use, and knowledge of alcohol and drugs among children of primary school age is much more sparse. As part of the implementation of The Northern Ireland Drug and Alcohol Strategy consideration is being given to undertake a survey of primary school children as part of the process of addressing this information gap.

DRUGS POLICY

As stated previously it has been a statutory requirement from 1996 for all schools in Northern Ireland to have a drugs policy which outlines the school's drugs education programme and their procedures for managing suspected drugs-related incidents.

A policy on drugs, which should include tobacco and alcohol will enable schools to:

- ensure that a consistent approach to drugs-related issues is adopted by all members of the school community;
- define the roles, responsibilities and legal duties of various people, including the principal, the designated teacher for drugs, all staff (teaching and non-teaching), governors and parents/guardians;
- consider how drugs education is to be implemented and delivered within the curriculum;
- develop procedures and protocols that address drugs-related issues across all areas of school life, and deal with specific incidents of suspected drug misuse; and
- consider the wider issues of drug use/misuse within the school community e.g. smoking on the school premises at any time by all members of the school community and staff use of alcohol.

Key Principles

The school's policy should not be considered in isolation from other curricular and pastoral policies, but should reflect an integrated and consistent approach to the overall education and well-being of the pupils.

Drugs education is a whole curriculum issue, and the policy should ensure that key messages are reinforced in all aspects of school life.

The policy should ensure that the procedures and programmes that are put in place are appropriate to the needs and maturities of the pupils, including those with special educational needs, and should reflect local circumstances, as well as current knowledge and attitudes towards drugs.

Mechanisms should be in place to monitor, evaluate and review the policy, the drugs education programme and the procedures for handling drugs-related issues to take account of changing circumstances and trends within the school and local community.

“it has been a statutory requirement from 1996 for all schools in Northern Ireland to have a drugs policy”

The policy should address the training needs and support required by all staff (teaching and non-teaching) to implement the policy as appropriate.

Drug use/misuse is a matter that concerns not only pupils, all staff, parents/guardians but also the whole community. Therefore, at appropriate stages during the development of the policy, it is suggested that issues arising should be debated by all staff, pupils, governors and parents/guardians. Schools may also wish to invite comment from representatives of the wider community. The starting point for the debate of issues will depend on the school's particular circumstances and priorities.

Involving Pupils

Consultation with pupils should ensure pupils develop a strong sense of the school's direction in relation to drugs and that programmes are credible and responsive to their needs and expectations. The consultation process itself can give rise to important learning about drug issues. Pupils have a role in determining rules, the consequences of breaking them and any subsequent disciplinary response which gives value to their views, and embeds understanding of expectations and of the school's concern for their well-being. Some useful examples of methods for involving and consulting with pupils would be, for example, through school councils, focus and discussion groups and questionnaires.

Involving Parents/Guardians

All parents/guardians need to be clear about the school's drugs policy as it applies to them and their children. Parents on the Board of Governors and the Parent Teacher Association Committee could be involved during the development of the policy. Involving parents/guardians helps them understand the school's stance, approach and disciplinary response to drugs issues and can help the school incorporate their priorities within the school policy. Parents/guardians can usually be consulted through parents'/guardians' evenings, drug awareness evenings, or questionnaires sent home.

Structure of the Policy

The format of the school's policy should be consistent with guidance from the local Education and Library Board (ELB) and, if appropriate, the Council for Catholic Maintained Schools (CCMS). The policy should also be consistent with other policies within the school and should address the following issues:

Introduction

Rationale: which includes an explanation for having this policy, and a statement on the degree to which pupils within the school are likely to have experiences with drugs, including tobacco, alcohol, volatile substances, etc.

Definitions: there should be a clear definition of what is meant and understood by terms such as 'drugs' and 'drug misuse'.

Ethos: the policy, like all school policies should reflect the ethos and values of the school and its wider community.

Aims and objectives: schools need to formulate aims that promote the ethos and values of the school. The ultimate aim should be to protect young people from the harm associated with the use and misuse of drugs. In support of this schools should have clear objectives, in relation to:

- the development of a consistent approach to drugs-related issues, that is adopted by all members of the school community;

- the development and implementation of a drugs education programme within the curriculum;
- the development of procedures and protocols that address drugs-related issues across all areas of school life; and
- the establishment of procedures for managing specific incidents of suspected drug misuse.

“ the ultimate aim should be to protect young people from the harm associated with the use and misuse of drugs ”

Development and Implementation

When developing and implementing this policy, the following issues should be addressed:

- The roles, responsibilities and legal duties of the principal, the designated teacher for drugs, pupils, all staff (teaching and non-teaching), governors and parents/guardians;
- Training and information for all staff, governors and parents/guardians;
- The development and delivery of an appropriate drugs education programme (an outline of this programme and associated resources should also be included as an appendix to the policy);
- The development and implementation of procedures for managing specific incidents of suspected drug misuse (an outline of these procedures should also be included as an appendix to the policy);
- How the policy is to be monitored and evaluated; and
- How the policy is to be communicated to parents/guardians and other relevant agencies.

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“ school management must provide guidance on the wider issues of the use/misuse of drugs, including tobacco and alcohol, by staff or other adults on the school premises at any time, or while on school-related activities ”

Management Issues

Schools should ensure that they have in place:

- a designated teacher for drugs who has responsibility for the overseeing of this policy and for the management of incidents of suspected drug misuse (see page 29 for the role of the designated teacher for drugs);
- procedures for managing specific incidents of suspected drug misuse, including tobacco, alcohol and volatile substance misuse and an outline of disciplinary measures to be put in place following such incidents – see Section 2 of this document;
- emergency First Aid procedures for suspected drugs-related incidents;
- procedures for managing the confiscation of drugs, including tobacco, alcohol and volatile substances;
- a specified secure location for the storage of confiscated drugs;
- guidelines and procedures for the safe storage, handling and disposal of potentially harmful substances such as solvents and cleaning fluids, and the supervision of pupils when using volatile substances in class;
- guidelines for the administration of prescribed medication. At present schools have access to the DFES (1996) guidance. ‘Supporting Pupils with Medical Needs in Schools’ which is currently being revised for use by schools in Northern Ireland by the Departments of Education and Health, Social Services and Public Safety;

- provision of training for all staff to support the full implementation of the policy. This could include drugs awareness, safe storage of harmful substances, teaching methodologies and resources, procedures for managing suspected drugs-related incidents, effective communication and management of parents/guardians and First Aid training for appropriate members of staff; and
- adequate and appropriate resources to support the policy. Where pupils are considered at particular risk from drug misuse, additional support from outside agencies should be considered.

A school's 'duty of care' to pupils requires that all staff are acting *in loco parentis* to pupils entrusted to the school and any associated school-related activities. Therefore, school management must provide guidance on the wider issues of the use/misuse of drugs including tobacco and alcohol, by staff or other adults on the school premises at any time, or while on school-related activities.

The Health and Safety at Work (Northern Ireland) Order 1978 requires the employer to protect the health, safety and welfare of employees at work. The employee also has a legal responsibility to protect their own health and safety and that of their colleagues.

With respect to problems associated with staff use of alcohol and/or other drugs, schools should refer to the 'Drugs and Alcohol in the Workplace Guidance' resource pack which can be obtained from the Health and Safety Executive for Northern Ireland (HSENI).

Monitoring and Evaluation

Procedures and protocols should be put in place to ensure that all aspects of the policy are monitored and evaluated against its aims and objectives. Consideration needs to be given to the following:

- A regular review of the policy, for example, every two years and in particular after a suspected drugs-related incident, to reflect changing circumstances and trends in drug use;
- The development of criteria for evaluating the success of the policy and its implementation; and
- The involvement of appropriate members of the school community in assessing and reviewing the effectiveness of the policy (see Appendix 2).

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DRUGS EDUCATION

School Context

There are many factors that influence a young person's decision to experiment with and/or continue taking drugs, many of which are outside a school's sphere of influence. Nevertheless, schools are a significant influence on the lives of our children and young people and research has shown that the following school-related protective factors are associated with less harmful drug use:

- Good staff/pupil relationships and mutual respect;
- Low levels of truancy;
- Effective drugs education – promoting positive, healthy attitudes to drugs including tobacco and alcohol and delaying the onset of drinking and drug use (see Appendix 3);
- Academic success, especially in late primary school;
- Commitment and a sense of belonging to the school;
- Positive social behaviour;
- High self-esteem;
- Clear and consistent messages about drugs-related issues from home, school and the community;
- Acquisition of life skills such as communication, problem-solving, decision-making and interpersonal skills; and
- Friends who do not misuse drugs.

“there are many factors that influence a young person's decision to experiment with and/or continue taking drugs”

Curricular Context

Under current curricular arrangements in Northern Ireland, the statutory curriculum for young people aged 4 – 16 years, includes the educational (cross-curricular) theme of Health Education. This theme provides opportunities for pupils to develop their knowledge and understanding of the use, misuse, risks and effects of drugs and other potentially harmful substances, their effects on health and lifestyle, and the personal, social and economic implications.

Drugs education is specifically included within the Programmes of Study for Science and Technology (Key Stages 1 and 2) and the Programmes of Study for Science (Key Stages 3 and 4). Through these programmes all pupils consider biological information and health and safety issues, and they are provided with opportunities to make predictions, assess evidence and draw conclusions.

The Programmes of Study for **Science and Technology** require that pupils are given opportunities:

- at Key Stage 1, to develop ideas about how to keep healthy through exercise, rest, diet, personal hygiene and safety, for example, discuss the dangers of some household substances; and

- at Key Stage 2, to learn about factors that contribute to good health, including diet, exercise, hygiene and develop an awareness of the safe use of medicines and the harmful effects of tobacco, alcohol and other substances.

The Programmes of Study for **Science** require that pupils are given opportunities:

- at Key Stages 3 and 4 to find out how smoking, alcohol and drugs affects health, and find out the requirements to maintain healthy bodies and healthy babies during pregnancy, and to discuss the effects of alcohol and drug and alcohol abuse on society.

Within other subjects, and at all key stages, there are opportunities to consider drugs-related issues from a variety of perspectives. For example:

English can provide opportunities for pupils to:

- explore relevant issues through stories and other literature;
- develop communication skills, for example, in formulating, clarifying and expressing ideas and arguments;
- develop inter-personal skills through drama or role play; and
- make considered use of a range of reference materials.

Religious Education can provide opportunities for pupils to:

- develop their understanding of moral issues;
- develop the skills to express their own views clearly; and
- consider the individual, social and moral consequences of actions.

Physical Education can provide opportunities for pupils to:

- develop positive attitudes towards physical activity and a healthy lifestyle;
- develop safety awareness;
- understand the relationship between physical activity and good health; and
- know that opportunities to participate in physical activities exist in the local community.

Technology and Design (at Key Stages 3 and 4) can provide opportunities for pupils to:

- develop awareness of safety, hazards and risks (for example, through the safe handling of volatile materials, including solvents and glues); and
- take responsibility for the consequences of their actions for themselves and others.

Home Economics (at Key Stages 3 and 4) can provide opportunities for pupils to:

- explore the contribution of family life to the development of its members;
- recognise the importance of family relationships, interdependence and interaction among individuals, families and society; and
- apply a process of decision-making to issues which can arise within the home in a changing society.

At the time of this publication, the CCEA is undertaking a review of the Northern Ireland Curriculum for Key Stages 1 - 4. The proposed new curriculum will include Personal Development at Key Stages 1 and 2, and at Key Stages 3 and 4 Personal Social and Health Education, which will form part of the statutory core curriculum. It is within these areas that particular reference is made to drugs education.

Models of Implementation

A number of models for including drugs education in the curriculum are outlined below. The models are not mutually exclusive, and may be used in combination. Whichever model is selected, co-ordination is needed to achieve an overall programme which meets the needs of all pupils and ensures continuity and progression.

Integrated across the curriculum

Under this model drugs education is taught through all areas of study.

This model:

- secures a place for drugs education within the statutory curriculum; and
- gives all teachers responsibility for some aspects of the work.

“co-ordination is needed to achieve an overall programme which meets the needs of all pupils and ensures continuity and progression”

But:

- it may be difficult to co-ordinate the teaching of content and appropriate skills across the curriculum;
- it may be difficult to ensure continuity and progression across year groups;
- time constraints may make it difficult for issues to be explored fully and sensitively;
- some teachers may not develop the skills and confidence to handle attitudes and values or sensitive issues; and
- in post-primary schools it may be regarded as a peripheral element within subjects.

As part of a discrete PD Programme

The most successful way of delivering this model is with a small team of willing and committed teachers.

This model:

- gives drugs education an explicit place in the curriculum;
- can be co-ordinated and taught by a teacher or a team of teachers with specialist training;
- facilitates progression and continuity; and
- reinforces relevant knowledge, attitudes and skills gained in other curriculum areas.

But:

- the drugs education programme may be difficult to timetable;
- it may become isolated from other elements of the whole curriculum; and
- it is likely to be difficult to ensure that all teachers teaching the programme receive specialist training.

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Suspended timetabling

For example, a one-hour session each month, an activity week, or topic work.

This model:

- provides opportunities for a range of activities, such as health week, external visits;
- supports community-linked activities; and
- may aid pupils' motivation.

But:

- it is inappropriate for teaching all aspects of drugs education; and
- it needs to be part of a planned programme of teaching.

Located in one or more designated Northern Ireland curriculum subjects

This model:

- focuses responsibility for drugs education within designated subjects; and
- facilitates continuity and progression.

But:

- drugs education may be given low priority within the designated subjects;
- teachers of these designated subjects may not be committed to drugs education;
- opportunities for linking the programme to related elements in other subjects may be lost; and
- the emphasis is likely to be on content rather than the development of skills, attitudes, values and personal confidence.

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As part of a pastoral programme in post-primary schools

In this approach drugs education is delivered by the form tutor/teacher as part of a pastoral programme.

This model:

- gives most teachers some responsibility for drugs education;
- enhances teachers' awareness of the needs and emotional development of their pupils; and
- enables teachers to take into account the identified interests and needs of a specific group of young people.

But:

- teachers' commitment to drugs education may not be engaged;
- individual teachers may not develop the skills and confidence to handle sensitive issues;
- time constraints may make it difficult for issues to be explained fully and sensitively; and
- routine administrative tasks may impinge on the time available.

A drugs education programme may, additionally, involve other activities (for example, health events and visiting speakers). These activities can provide contexts for drugs education which relate to pupils' lives outside school, and may be integrated with the work of other external agencies.

In order to provide information on the continuity and progression between primary and post-primary schools, a recommended drugs education programme for all pupils is provided in Appendix 4.

Purpose of a Drugs Education Programme

A drugs education programme is just one part of a whole school response to drug misuse. It should provide opportunities for pupils to acquire the knowledge, understanding and skills to enable them to consider the effects of drugs on themselves and others, and to make informed and responsible choices within the context of a healthy lifestyle.

A drugs education programme should aim to:

“a drugs education programme is just one part of a whole school response to drug misuse”

- provide accurate and up-to-date information on drugs and their effects on health;
- introduce opportunities for pupils to enhance their self-respect, personal competence and self-esteem by encouraging the development of:
 - positive attitudes and behaviours towards themselves and others;
 - skills and behaviours, which enable them to communicate effectively and assert themselves;
 - the ability to make responsible decisions, identify risks, help others, and cope with pressures and influences;
 - an appreciation of the varying attitudes, values and perspectives which exist towards drugs-related issues;
- ensure continuity and progression in the knowledge, understanding, skills, attitudes and values being addressed;
- ensure that the content and teaching methods used are appropriate to the age, maturity and experiences of the pupils:
 - for those pupils who are not likely to have experimented with drugs, alcohol, tobacco etc, the programme should aim to support and maintain them in this position;
 - for those pupils who are likely to have begun to experiment in an ad hoc and infrequent way, the programme should aim to encourage them to stop and/or to delay the onset of regular use; and
 - for those pupils who may be using drugs regularly, the programme should aim to empower them to seek help and support, to minimise the proportion of misusers who adopt particularly dangerous forms of misuse, and to try to persuade them to stop.

DEVELOPING A DRUGS EDUCATION PROGRAMME

Planning Issues

The nature and provision of drugs education within the school curriculum differs from school to school and has altered over the years due to changing circumstances inside and outside schools. Research has identified a number of factors that impact on the effectiveness, or otherwise, of drugs education programmes, and a summary of these factors is contained in Appendix 3.

The following steps reflect good practice when planning an education programme.

Step 1: Audit

- Become familiar with current CCEA curricular guidance regarding the models of implementation and content of a drugs education programme (see Appendix 4).
- Carry out a regular audit of the content, delivery and effectiveness of the existing drugs education programme throughout the school, including the expertise and experience of the staff delivering the programme and the resources used (see Appendix 5a and 5b). The school may also consider doing a wider audit of their staff in order to identify additional staff who could contribute to the programme.
- Consider the results of the audit against the current guidance and address any issues arising from this process.

Step 2: Programme

- Ensure that the programme reflects the guidance contained in this document and relates to the pupils' experiences, including those young people considered to be most at risk. Pupils should be enabled to talk about their experiences, feelings, attitudes and opinions in a way that is helpful to them but which will not place staff in a compromising position in terms of the law in relation to drug use/misuse. Staff should be aware of the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious background. In addition, pupils' direct experience of drug use/misuse in the home and any related fears should be handled in a sensitive manner, for example, where there is a relative who is a heavy smoker or a problem drinker; a relative with cancer as a result of smoking; drug pushers in the family.
- Build in opportunities for pupils to revisit similar broad areas of content with increasing depth and scope to match the age, ability and maturity of the pupils (including those with special educational needs).
- Provide regular opportunities for the further development and practice of those skills typically associated with preventive drug education.
- Set appropriate and measurable learning outcomes for each stage of the programme.

Step 3: Programme Delivery

- Identify and agree the time needed for the delivery of the programme within the overall curriculum.
- Ensure that the staff who are to deliver the programme receive appropriate training which could include drugs awareness, teaching methodologies and the use of available resources.
- Encourage the use of a variety of active learning approaches which cater for the range of attainment levels and diverse needs of the pupils (see Appendix 6).
- Ensure that the available resources match the specific needs of all pupils by carrying out a regular audit of the resources used (see Appendix 5b). A list of resources available in Northern Ireland is provided in Appendix 12.
- Consider the contribution that outside agencies, organisations or individuals (see Appendix 11) could make to the programme within the school and whether their contribution complies with the school's key messages and approaches.

“schools need to ensure that procedures and tools are put in place to monitor and evaluate the effectiveness of all aspects of the programme”

Step 4: Programme evaluation

- Schools need to ensure that procedures and tools are put in place to monitor and evaluate the effectiveness of all aspects of the programme. Information should be regularly collected from pupils and staff as part of the monitoring process, and this can then be evaluated against the aims of the programme at appropriate intervals (see Appendix 2). Such information would enable schools to measure the extent to which learning outcomes have been met.

Those teachers with responsibility for the drugs education programme may find it useful to consider some or all of the following questions:

- Are the aims of the programme consistent with the school ethos and do they encourage a health promoting learning environment?
- Have pupils' existing knowledge, understanding and experiences been identified and taken into account in the development of the programme?
- Are the intended learning outcomes clearly defined for each lesson and do the lessons meet the needs of all pupils?
- Do the teaching methods used engage the pupils actively in their own learning?
- Are appropriate teaching resources provided/available that are up-to-date and reflect local/regional issues and contexts?
- Are there procedures in place to assess the knowledge and understanding that pupils have gained as well as the skills they have developed as a result of the programme?
- Are there procedures in place to monitor and evaluate the learning and teaching that has taken place?

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- Will the programme be reviewed and appropriate amendments made as a result of the evaluation process?
- Are there provisions in place to support and train staff and how will staff be encouraged to identify their own training needs?
- Have outside agencies/individuals been identified to support the programme and are they clear about the role they will play?
- How will parents/guardians be informed/consulted about the programme and will the school provide access to information and support about drugs, including tobacco and alcohol, for parents?

Pupils with Special Educational Needs

Pupils with special educational needs may require a more individualised drugs education programme. It may be more suitable for some young people to follow the teaching programme for an earlier key stage, but presented in a manner which is appropriate to their age and maturity. Every effort should be made to provide regular opportunities for pupils to practice the range of skills identified within the programme.

Involving Parents/Guardians

It is important that protocols are developed which enable parents/guardians and teachers to work together in respect of the implementation and review of an effective drugs education programme.

Many parents/guardians are keen that their children are well prepared to handle situations when drugs, tobacco, alcohol etc are available to them. Frequently parents/guardians are unable to talk to their children about drugs-related issues. Some parents/guardians are unsure about the facts and worry about giving their child the wrong information at the wrong time. There are also many unhelpful and confused messages that young people receive from their peers and from television, videos, newspapers and magazines. Schools can provide opportunities for pupils to consider these messages and ensure they receive accurate information.

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There are many ways in which the activities provided in a school-based drugs education programme can complement and be supportive of the role of parents/guardians. It is suggested that schools use a variety of approaches to involve, consult and inform parents/guardians about their drugs education programme:

- Schools should provide information about the health-related topics covered during each key stage of the programme and itemise what is covered with each year group.
- Where sensitive issues are being addressed schools should consider informing parents/guardians about the content to be covered and the activities which pupils will undertake.
- Parents/guardians should be invited into the school to review the materials to be used with the pupils.
- Schools should consider supplying information leaflets for parents/guardians, so that they can discuss any issues, which their child might raise.
- Informing parents/guardians about the school's provision for health education during a PTA meeting could provide a useful starting point. Informal sessions might then be arranged so that interested parents/guardians could consider issues such as the readiness of their child for aspects of the drugs education programme, the appropriateness of resources, the content and methodologies proposed, and the handling of sensitive topics.

The Use of Individuals and Outside Agencies

Schools may wish to make use of education and/or health professionals from statutory or voluntary organisations or of individuals from the local community. The activities which the agency or individual is to undertake should complement the ongoing programme within the school. Pupils should be prepared for such a visit, a suitable room should be used, the session should be uninterrupted and follow-up activities should be undertaken by the class teacher. **The teacher should always be present when an individual or a representative from an agency is taking a class.** Such a visit should *not* be seen as the drugs education programme, but as an integral part of it.

While many agencies and individuals are professional in their approach, teachers may find it useful to ask some or all of the following list of questions which take account of the experiences of schools involved in the European

“the activities which the agency or individual is to undertake should complement the ongoing programme within the school”

Network of Health Promoting Schools Project (1997) in Northern Ireland. It is reproduced with the kind permission of the Health Promotion Agency for Northern Ireland. Similar questions should be asked in relation to pupil visits involving drugs education outside school.

- *Does the agency/individual have a specified Child Protection Policy?*
If so, ask to see a copy and, if necessary, question any points that are unclear or are not in accordance with recognised good practice.
- *How will the issue of confidentiality be dealt with?*
The school will wish to ensure that the representative from the agency or other individual is clear that confidentiality cannot be maintained. The designated teacher for drugs must be informed of any disclosures, which might suggest that a pupil is at risk.
- *Are resources such as videos/tapes/role plays appropriate?*
A member of the school staff should look at the resources which are to be used and judge the appropriateness of such materials for the age range and maturity of the pupils.
- *Has the agency/individual worked with any other schools?*
A simple and effective way of checking the ability of any agency or individual is to contact schools that have used them in the past. If this is done, the person making contact should specifically ask if there are any reasons why the agency or individual should not work with their pupils. Schools contacted in this way should voice any concerns they may have. Officers of the local Education and Library Board, CCMS Diocesan Office and members of the area Child Protection Team will also offer guidance on this matter.
- *Does the agency/individual have a clear set of aims and objectives as well as lesson plans?*
Schools should ask to see these and question any items they may think are inappropriate or at odds with the school's drugs education programme. They should also enquire about the overall mission statement of the agency.
- *Has the agency/individual read the school's Drugs Policy and are they prepared to adhere to it (especially the ethos, morals and values of the school)?*

- *Do parents/guardians know that an agency/individual is being used by the school?*

Contacting parents/guardians and explaining the types of activities that are taking place will ensure that parents/guardians have the opportunity to raise any objections prior to the event. It has the added effect of letting parents/guardians know what is going on.

- *Will teachers be present?*
Teachers should always be present when a representative from an agency or other individual is taking a session with a class.

- *Will the input by the agency or individual be monitored?*
After the session, the teacher should discuss the positive aspects and any difficulties that arose with the agency representative or individual. Any issues or concerns about the session should also be raised.

- *Will the pupils be asked how the session/class with the agency/individual went?*
The teacher should check that pupils are not uncomfortable or unhappy with the topics being dealt with, and the methodologies used.

- *Can the school terminate the work of the agency or individual if the classes or sessions are deemed inappropriate?*
It should be made clear to agencies or individuals that the school may end any input if the school thinks it appropriate to do so. This should be a reciprocal agreement.

- *Are evaluations carried out by the agency/individual and if so will the school have access to them?*

The school may wish to see what impact the agency or individual has had, especially if there is a financial arrangement. The school may wish to measure the effectiveness of any such programme along with its own evaluations.

Involving former drug users in the drugs education programme should be considered very carefully. Such speakers can have a dramatic impact in describing their personal experiences of the damage which drugs can do. However, schools should be aware that without sensitive handling they may arouse interest in drugs that pupils would otherwise be unlikely to try and may glamorise drug misuse.

Schools have a responsibility for what is taught to their pupils and therefore it is necessary for schools to clearly define the role of the outside agency/individual and outline the expectations of each planned session. An example of a planning form for use with external agencies/individuals used to support the programme can be found in Appendix 7.

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Selection of Teaching Resources

The appropriateness of teaching resources is crucial to the success of any programme. Currently, there are numerous teaching resources available which cover the variety of topics included in a drugs education programme. Resources can utilise a variety of teaching strategies and activities and may reflect different views and attitudes towards drugs and drug use. Consequently, great care must be taken to ensure that the resources which are used in a school are appropriate for the target audience and reflect the aims and objectives of the school's drugs education programme. Applying the following checklist may help in the selection of appropriate resources.

Is the resource:

- consistent with the school's agreed policy and the aims and objectives of the drugs education programme?

- appealing and up-to-date? Factually correct? Respectful of its audience? Well-designed and flexible in its use? Durable and easy to use?

“great care must be taken to ensure that the resources which are used in a school are appropriate for the target audience and reflect the aims and objectives of the school's drugs education programme”

- likely to appeal to pupils in terms of appropriate language level, images, attitudes and values, maturity, contexts and situations, and the knowledge required?
- free from bias or other forms of stereotyping, for example, commercial, cultural, religious, racist and sexist?
- complementary to the existing programmes which the school currently offers?
- complementary to the teacher's existing or proposed strategies for delivering programme?
- promoting teaching strategies which involve pupils actively in their own learning and which build upon pupils' experiences?
- likely to encourage consideration of a range of issues, attitudes and beliefs pertinent to the topics covered?
- well-organised, with clear instructions about its use provided for teachers?
- appropriate in its entirety or in specific sections?

A list of available contacts and resources is provided in Appendix 11 and 12 of this document and an audit tool for reviewing resources can be found in Appendix 5b.

The resources detailed in the appendices are included because they have been identified as being useful when developing a drugs policy and programme. Their inclusion does not automatically imply endorsement by CCEA. It is strongly recommended that all resources to be used with pupils are reviewed prior to their use, to ensure that they reinforce the key message(s) which the school wishes to endorse. Schools should be aware when using resources produced outside Northern Ireland that there may be differences in legislation. See Appendix 8 for a summary of the legislation applicable to Northern Ireland.