OFFICE FOR STANDARDS IN EDUCATION

Drug education in schools: an update

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Office of Her Majesty's Chief Inspector of Schools

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Background

1. The Government report *Tackling drugs to build a better Britain* (1998) identifies the importance of young people being prepared both to resist drugs and to handle drug-related problems they may encounter. The report underlines the need for information, skills and guidance to be provided in ways which are sensitive to age and circumstances and with particular efforts to reach those groups at high risk of encountering very serious problems.

2. The current evidence on drug use among young people is that:

- very few pupils smoke when they start secondary school but by the age of 15, 24 per cent are regular smokers and only 30 per cent have not tried cigarettes;
- 11 per cent of 15 year-olds smoke regularly;
- eight per cent of 17 year-olds drink alcohol more than three times a week;
- among 11-15 year-olds who drink, the mean weekly consumption rose from 5.3 units in 1990 to 9.9 units in 1998;
- between two and three per cent of children aged 11-12 have taken an illegal drug;
- 23 per cent of school children aged 14-15 have taken an illegal drug in the last year, and 13 per cent in the last month;
- 29 per cent of young people aged 16-24 have taken an illegal drug in the last year, and 14 per cent in the last month;
- illegal drug use peaks among the 16-24 age group, with experimentation usually starting from age 13-14;
- of the illegal drugs, cannabis remains the most widely used, although heroin and cocaine use is increasing.

4. Since the publication of the OFSTED report *Drug Education in Schools* (1997), schools and local education authorities (LEAs) have received further guidance on drug education. For example:

- new material from the Department for Education and Employment (DfEE) on drug education in schools was issued in November 1998;
- *Managing Drug Related Incidents: The Right Responses*, published in 1999 by the Standing Conference On Drug Abuse (SCODA), advises on how to deal with drug-related incidents and offers alternatives to exclusion from school for pupils involved in drug misuse;
- *The Right Approach: quality standards in drug education,* also published in

1999 by SCODA, provides advice on the monitoring and evaluation of provision for drug education;

- the development of effective drug education programmes has been part of the work commissioned by the Ministerial Advisory Group on personal, social and health education (PSHE).

5. Local Drug Action Teams (DATs) remain the principal route through which the UK Anti-Drugs Co-ordinator intends to ensure that effective drug policies are put into place. Plans by Drug Action Teams indicate that in all areas of the country drug education is taking place in both schools and in other settings. The better provision often involves multi-agency teams who are developing co-ordinated programmes. However, provision remains variable and not all pupils are receiving drug education in line with Government guidance.

6. In their action plans, drug action teams have to assess what action is being taken to increase access to information and services for vulnerable groups of young people, including pupils excluded from school, truants, children in public care, young offenders, young homeless people and the children of parents who misuse drugs. Drug Action Teams are also expected to give attention to the reduction of exclusion from schools arising from drug-related incidents. It is anticipated that good practice in working with vulnerable groups will be developed through new projects in Health Action Zones and through the newly created Drugs Prevention Advisory Service (DPAS), which is taking an active role in developing and disseminating good practice.

7. Some £57 million of funding has been allocated over three years to support drug education and prevention work in schools and the community. The funding includes:

- £21 million from the DfEE Standards Fund to support the training of teachers in the delivery of effective drug education programmes;
- £18 million from the Department of Health to fund prevention programmes;
- £18 million for DPAS, where part of the funding is to be used to establish regional teams to provide support and assistance to Drug Action Teams.

8. There are targets to reduce substantially the proportion of people under 25 involved in the reported use of illegal drugs. The targets to be achieved by 2002 are:

- that all Drug Action Teams should have in place integrated, sustained and comprehensive programmes involving all schools, the youth service, further education, the community and parents;

- to delay the first age of use of class A drugs by six months;

- to reduce by 20 per cent the number of 11-16 year olds who use class A drugs;

- to reduce exclusions from schools arising from drug-related incidents.

The report

9. OFSTED continues to provide evidence on drug education in schools through

school inspections and specially mounted exercises. In November 1999, the DfEE asked OFSTED to carry out a postal survey of school drug education programmes in a sample of LEAs. This was designed to update a survey carried out in 1998. A sample of 30 LEAs was identified to give geographical coverage, a range of socio-economic conditions and a mix of types of school. This report is based on the survey and the evidence from inspections and special visits.

Main Findings

- The latest evidence from OFSTED inspections shows that in the majority of lessons which feature drug education pupils achieve adequate levels of **knowledge and understanding** of drugs and their effects. Some lessons are too short for effective learning to take place: in particular, pupils do not have sufficient opportunity to develop appropriate skills or to reflect on their attitudes towards drugs.

- In Key Stages 1 and 2 the **quality of teaching** about drugs is satisfactory or better in most lessons. In Key Stage 3 it is good in just over half of lessons. In Key Stage 4, while teaching about drugs is in nearly all cases sound or better, the proportion of teaching that is good is lower than in Key Stage 3.

- The number of schools with a **drug education policy** that has clearly stated aims and objectives and a programme of study designed to meet the needs of the pupils has shown a significant improvement since the last survey in 1998. Currently 75 per cent of primary schools and 93 per cent of secondary schools have a drug education policy. Forty-two per cent of primary schools and 95 per cent of secondary schools have a policy covering **drug-related incidents**. The limited coverage of this issue among primary schools remains a concern.

- 87 per cent of the primary schools and 92 per cent of the secondary schools with drug policies have gained the approval of **governing bodies** for those policies. Relatively few schools have sought to gain the approval and support of **parents** for their policies. Only one in six primary schools and one in three secondary schools involve **pupils** in forming and reviewing policies, so as to seek to ensure that the proposed provision is matched to what pupils already know.

- In 39 per cent of primary schools and 64 per cent of secondary schools, the **police** are making a direct contribution to teaching about drugs. However, a significant number of these schools report that the level of police support is decreasing as a result of changing priorities for the service.

- In the last two years a significant proportion of primary and secondary teachers have been involved in **in-service training** on drug education. However, in 12 per cent of primary schools and 14 per cent of secondary schools attendance at training has not led to an improvement in the quality of the provision. Where the training has made an impact, it has resulted in more effective planning of the drug education programme.

- Some 25 per cent of primary schools and 17 per cent of secondary schools do not

have arrangements for the **monitoring and evaluation** of the effectiveness of their drug education programmes. Where monitoring is in place, the range of methods being employed remains narrow, with observations of lessons being made in only one in ten schools.

Policies and Programmes in Schools

Achievement

10. In the majority of lessons pupils attain adequate levels of knowledge and understanding of drugs and their effects. Drug education is usually provided through PSHE, as part of the National Curriculum in science and sometimes in other contexts, such as tutor sessions and assemblies. Pupils are rarely encouraged to make the links between the knowledge they are gaining from these different sources.

11. Pupils are increasingly involved in constructive discussion of their understanding of the issues surrounding drug use. They respond well to opportunities to explore their views, attitudes and values, but the length of some lessons limits the opportunities for debate and frustrates involvement and the deepening of understanding.

Quality of teaching

12. At Key Stages 1 and 2 the quality of teaching about drugs is satisfactory or better in most lessons. At Key Stage 3 the quality of teaching is weaker than for some of the other aspects of health education: it is good in only just over half of lessons. At Key Stage 4, while teaching about drugs is in nearly all cases sound or better, the proportion of teaching that is good declines from Key Stage 3: the quality of teaching is good in just over one third of lessons at Key Stage 4. One factor contributing to this decline is an increased mismatch between provision and pupil needs. In effective teaching, before new topics are introduced the teacher assesses the existing levels of knowledge of the pupils, engaging them in discussion in order to identify their needs. This information is then used to good effect in shaping the content of subsequent lessons.

13. Effective teaching about drugs has the same characteristics as good teaching in any subject. However, secure and up-to-date knowledge of drugs and their effects is particularly important. The increasing use of specialist teachers is resulting in a considerable improvement in the quality of teaching. Many schools are appreciating that it is unrealistic to expect all teachers, as part of their role as tutors, to keep up to date with the complex and changing state of play on the use of drugs.

14. Effective teaching about drugs ensures that all pupils are fully involved in the lesson. For example, considerable use is made of discussion and other methods that give pupils opportunities to explore their ideas and to improve their understanding as well as helping them to develop skills and explore attitudes. The art of leading a good discussion, well-founded in information, exploring a topic from a variety of points of view and drawing contributions sensitively from pupils, is often demonstrated in the best lessons. Where such discussion make links for pupils with their own concerns and

enthusiasms, this enables the new learning to take root.

School policies

15. The number of schools with a drug education policy has shown a significant improvement since the last survey in 1998. Some 75 per cent of primary schools now have a drug education policy (compared with 61 per cent in 1998). Among secondary schools, 93 per cent have a drug education policy (compared with 86 per cent in 1998).

16. The continued high profile of drug education has contributed to this improvement. Schools are aware of the part that they have to play in reducing drug misuse by young people. The effect of the continued support for training through the DfEE Standards Fund has been to raise teacher awareness of drugs and to contribute to the revision of drug policies.

17. Forty-two percent of primary schools (35 per cent in 1998) and 95 per cent of secondary schools (82 per cent in 1998) have a policy on handling drug-related incidents. The absence of such a policy in the majority of primary schools remains a concern. Despite advice to the contrary from the DfEE, too many primary schools feel that they have to have a policy on drug-related incidents similar to that of secondary schools, rather than one focusing primarily on handling medicines and personal welfare. Secondary school policies are generally well written, reflecting advice from the DfEE and SCODA. Less use is being made of exclusion as a response to most drug incidents.

18. Eighty-seven per cent of primary schools and 92 per cent of secondary schools (both 53 per cent in 1998) have gained governing body approval for their drug policies.

19. Sixty per cent of primary schools and 65 per cent of secondary schools have written or reviewed their drug policies in the last year. Over half the primary schools and almost two-thirds of secondary schools have had advice and assistance from their LEAs in this process. In both primary and secondary schools one in six policies are more than two years old. Given the developments that have occurred in that period, many of these policies are in need of review.

20. Schools have consulted reasonably widely in the production or review of their drug policies. Nearly all primary schools and over eight out of ten secondary schools have involved teachers in the process and almost nine out of ten schools have involved governors. However, only two out of five schools have involved parents and only one in six primary schools and one-third of secondary schools have involved pupils.

21. The relative lack of consultation with parents and pupils raises two important issues. First, schools need to ensure that their provision for drug education is appropriate to the needs of the pupils. Consultation with parents and pupils prior to planning a drug education programme should identify what pupils already know and can also offer evidence of attitudes to drug use. Second, policies on drug-related incidents are more likely to be better understood and effective in practice when parent and pupil opinion is sought as part of the consultative process.

Effective policies and programmes

22. When a drug education programme is effective it enables pupils to make healthy, informed choices by increasing their knowledge and understanding of drugs and their effects, challenging their attitudes and helping them to develop skills such as being assertive. To achieve these aims an effective drug education programme will seek to:

- give students accurate information about drugs and their effects;
- encourage responsible behaviour in relation to drug use and misuse:
- promote positive attitudes towards healthy lifestyles;
- challenge and try to modify attitudes when they may lead to behaviour harmful to health and relationships;
- explore related health and social issues, such as HIV/AIDS and crime.

The drug education policy at an 11-18 mixed comprehensive school in the south west has appropriate aims:

- to increase knowledge and understanding of drugs and their effects by providing accurate information;
- to improve self-knowledge, particularly in terms of risk-taking;
- to promote positive attitudes towards healthy lifestyles; to challenge and try to modify these when they may lead to behaviour harmful to health;
- to promote a sense of responsibility towards the use of drugs;
- to develop social skills such as making informed choices and resisting unhelpful pressures from peers and from advertising.

23. Effective drug education programmes return to topics at each key stage for reinforcement and coverage in greater depth. They include:

Knowledge and understanding

- definitions of terms (such as use, misuse, abuse, addiction, tolerance, dependence, overdose, withdrawal, adulteration);
- different types of medicine and categories of legal and illegal drugs, including their form, effects and risks;
- the law relating to the use of legal and illegal drugs;
- patterns of drugs misuse locally and nationally and the impact on community and wider society (Key Stage 4);
- drug policy in this country, including education, prevention, policing, penalties, treatment and rehabilitation (Key Stage 4);
- people who can help if pupils have worries.

Skills

- identifying risks to health;
- coping with peer influences;
- communicating with adults, parents and professionals;
- decision-making and assertiveness in situations relating to drug misuse;
- giving and securing help.

Attitudes

- attitudes towards drugs in different sections of society;
- recognition that young people themselves can be role-models, and acceptance of responsibility for their own actions;
- taking responsibility for one's own safety.

24. Schools have been variously successful at developing teaching programmes for drug education that give sufficient advice and guidance to teachers without becoming too prescriptive.

At a special school in the north west, the PSHE scheme of work relates areas of the content of the programme to the specific knowledge, skills and attitudes to be developed. It also, very usefully, offers guidance on how the work might be linked to other aspects of the curriculum. The example below shows the way in which aspects of the curriculum are planned by the PSHE coordinator in order to inform the subsequent planning by individual teachers and the taught programme that follows.

Module 11: Drugs: Smoking and Alcohol (Y6)	***Points to be developed***	***Development work***
Revise work from 'Drugs 1'	*Briefly remind of work covered in previous module on drugs*	
Legal and illegal drugs: form, effects and risks	*What are legal/illegal drugs? Talk about what legal drugs the children know and what they look like. Talk about the risks associated with legal drugs and how to minimise/eliminate them. Name all the illegal drugs the children know and ask them to describe what they look like. Give names and descriptions for them if necessary.*	*Ask a member of the support team/police liaison officer to bring a 'drugs kit' to show children what they look like and talk about risks.*
Introduction to laws relating to use of alcohol and tobacco	*What do children think law says? What in fact the law says.*	*Laws relating to other drugs*
Revision of dangers of discarded syringes	*Talk about what the risks are and steps taken to minimise them*	
Dangers of experimenting	*Discuss how dangerous taking drugs is and how many times you have to take drugs before they become dangerous. When can taking 'legal' drugs be dangerous? Talk about 'indirect' risks. Talk about avoidance procedures including 'saying no'.*	
Environmental hazards and reducing them.	*Which litter can be dangerous to man and animals? What has been done to eliminate this? What else can we do to help?*	*Geography: project on effects of litter on people and animals.*

25. In those schools with effective policies for the management of **drug-related incidents**, such policies establish:

- the legal requirements, including a definition of the boundaries within which the school has responsibility (for example, the policy covers school trips and visits);

- the involvement, under defined circumstances, of outside agencies, including the police;

- the types of behaviour, and the school's proposed course of action in response to them;
- the involvement of pupils and parents;
- arrangements for recording incidents;
- health and welfare procedures.

An 11-18 mixed comprehensive school in the north has an effective policy for the management of drug-related incidents. Briefing is given to all staff on recognising the possible effects of drugs. If a member of the teaching staff has a cause for concern this will normally be brought to the attention of either a senior tutor, the head of year or a member of the senior management team.

Establishing a clear understanding of the facts is regarded as an essential first step before deciding on any course of action. Careful attention is given to recording all relevant information in any drug-related incident. The drug policy, which was drawn up with assistance from the Rockingham Drug Project, is detailed in the courses of action it sets out as responses to particular events. The school deals with each situation on its merits. It does not rule out the possibility of using permanent exclusion to deal with deliberate criminal activity such as drug dealing.

26. Thirty-four percent of primary schools and 64 per cent of secondary schools have held parents' meetings where drug issues have been discussed as part of a drug education programme. Where such meetings have been held, response rates have been surprisingly low, involving about one in eight of the primary parents and one in twelve of the secondary parents. Such parent evenings are now rarely annual events and are often most successful when part of a broader health promotion event.

Time allocated to drug education

27. Aspects of drug education appear in the National Curriculum for science. The non-statutory framework for PSHE refers to aspects of health education including drug education. In the survey, most primary and secondary schools were able to indicate where drug education was taking place and the time committed to the work.

28. In the **primary phase** PSHE is the most common context in which to locate drug education. More time is given to drug education in PSHE in Year 3 and Year 6.

Year	Percentage of schools teaching about drugs in		Time (hours per year) committed to teaching about drugs in	
	PSHE	Science	PSHE	Science
R	38	21	2.0	2.9
1	40	28	2.5	3.1
2	36	34	2.8	2.7
3	47	30	4.1	2.5

4	48	32	3.8	2.7
5	53	35	3.7	4.0
6	60	37	4.7	4.0

29. In the **secondary phase**, PSHE is again the natural location for drug education. The time allocations are more even than in primary schools. In part this is because the schools are developing drug education programmes where topics are revisited for reinforcement as well as coverage in greater depth. The range of drugs to be covered is also broader.

Year	Percentage of schools teaching about drugs in		Time (hours per year) committed to teaching about drugs in	
	PSHE	Science	PSHE	Science
7	79	20	4.5	2.3
8	71	32	4.9	1.9
9	62	21	4.8	2.6
10	66	39	4.9	2.4
11	34	21	4.0	3.0
12	7	2	2.0	n/a
13	4	2	2.0	n/a

Agencies which support drug education in schools

30. In 39 per cent of primary schools and in 64 per cent of secondary schools, the **police** are the most frequently named external agency contributing to teaching about drugs. However, a significant number of schools noted that the level of police support is decreasing as a result of changing priorities for the service.

31. In 24 per cent of primary schools and in 18 per cent of secondary schools, the **school nurse** is involved in drug education. This is a relatively recent development.

32. The involvement of **theatre-in-education** groups is often an effective way of introducing drug education and challenging pupil attitudes. These groups provide a key element of drug education in 20 per cent of schools.

33. Local **youth and specialist drug workers** are involved in 20 per cent of secondary school programmes. This is a significant increase on previous years and recognises the particular skills and local knowledge that these workers can bring to drug education.

34. The survey indicates a generally positive exercise by **local education authorities** of their responsibilities and efforts to fulfill commitments, but action in a few LEAs remains at a low level. As part of their monitoring of the use of Standards funding, the DfEE required to indicate the nature of the drug education support programmes they had put into place. The evidence is that:

- 95 per cent of LEAs had written guidelines on drug education policies;
- 93 per cent had developed a multi-agency approach to supporting schools;
- 93 per cent were developing resources;
- 31 per cent were funding the use of theatre-in-education groups;
- 21 per cent were working with parents;
- 17 per cent were working with Life Education Centres;
- 13 per cent were developing peer education programmes.

Training

35. In the last two years, 62 per cent of primary schools have been involved in drug-related training. In schools of less than 200 pupils only half have undertaken such training, while in schools of more than 200 pupils seven out of ten have done so. This may be related to some degree to the pressures on teachers in small schools, who often carry several responsibilities. It suggests that different means of support may be needed for small schools.

36. Twenty-five per cent of secondary teachers have been involved in training about drugs in the last two years. In 31 per cent of the primary schools and in 56 per cent of the secondary schools, the drug education (or PSHE) co-ordinator was the most likely person to attend training. Focusing on one person to attend training is cost effective provided that the person concerned has the skills and opportunity necessary to brief and train colleagues effectively.

37. Few secondary schools match the training to the way in which they organise the teaching of drug education. In particular, where all teachers, through their roles as tutors, teach about drugs, the schools have rarely recognised the training implications, for example that tutors who move through the school with their groups need to be updated annually on drugs.

38. LEAs, through their PSHE/drug education advisers, remain the most significant source of training for 81 per cent (72 per cent in 1998) of primary schools and for 69 per cent (56 per cent in 1998) of secondary schools.

39. Schools in the survey were asked to indicate the impact of the training. It is a concern that 12 per cent of primary schools and 14 per cent of secondary schools report that the training has not impacted on their provision. Where the training has made an impact:

- in 17 per cent of primary schools and in 25 per cent of secondary schools, the training has raised teachers' awareness of drugs and improved their knowledge base;

- in 25 per cent of primary schools and in 40 per cent of secondary schools the training has resulted in more effective planning of the drug education programme;

- in only two per cent of primary schools but in 14 per cent of secondary schools, training has resulted in the use of a broader range of teaching and learning styles being employed;

- of the secondary schools, 12 percent have improved the range and quality of resources used.

Monitoring and evaluating provision

40. Twenty-five per cent of primary schools and 17 per cent of secondary schools make no provision for monitoring and evaluating the effectiveness of their drug education programmes.

41. Where monitoring takes place, the range of methods being employed remains narrow. Relatively few schools are in a position to have good evidence of the quality and impact of elements of the programme on pupils. Some schools seek to ascertain pupil and teacher opinion of the drug education programme by use of questionnaire. However, few schools actively seek to determine in other ways the effectiveness of the drug education programme by attempting to gauge the knowledge and understanding that pupils have acquired, the skills that they have developed or the attitudinal changes that may have occurred. The survey indicated that:

- in 20 per cent of primary schools and 12 per cent of secondary schools, the senior management team monitors lesson plans;

- in eight per cent of primary schools and 20 per cent of secondary schools, the senior management team discusses the impact of the drug education programme with the co-ordinator, often on the basis of an annual review;

- in 10 per cent of schools, the co-ordinator and/or senior managers observe lessons;

- in 25 per cent of secondary schools, attempts are made to gather pupils' views during and/or at the end of the taught programme.

Recommendations

42. For more schools to provide effective drug education, the following issues continue to need particular attention:

(1) local targets should include ensuring that all schools have comprehensive drug policies which are regularly reviewed and are based on wide consultation, including with parents, and on evidence of what pupils know and need to know;

(2) effective drug education programmes should be based on a clear definition of the knowledge, understanding, skills and attitudes to be developed at different stages, while policies on dealing with drug-related incidents should define response to incidents straightforwardly and with close attention to the legal position of schools;

(3) teachers need to have secure and up-to-date knowledge of the aspects of drug education that they teach, and they need to be able to use methods appropriate to the issues and to the ages and needs of the pupils;

(4) schools should ensure that arrangements for the induction and training of staff on drug education are firmly established within their development planning and kept under review. Special arrangements may be needed to support teachers in small primary schools;

(5) external training should include support for the teachers attending in providing subsequent dissemination within their schools and encourage evaluation of the impact of the training on teaching and learning;

(6) all LEAs should have active programmes in place to support drug education, including support for action in schools through training, resources and the establishment of effective multi-agency work;

(7) all schools should have effective procedures for monitoring and evaluating the provision for drug education.