



*The Education and Training
Inspectorate*



*Report of a Survey of
Drug Education in*

*Post - Primary Schools and Colleges of Further Education
Inspected 1996-98*



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Drug Education in

*Post - Primary Schools and
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FOREWORD

These papers consist of a report on the findings of a survey of drug education and associated pastoral support in post-primary schools and colleges of further education, carried out by the Education and Training Inspectorate of the Department of Education for Northern Ireland (DENI) in 1996-98. The Inspectorate is also conducting a similar exercise in the youth service in 1998-99.

I should like to acknowledge the co-operation of the schools and colleges visited by the inspectors, the young people with whom discussions took place, and the Health Promotion Agency whose work in the field of drug education helped determine the focus of the survey. I hope that the findings of this report will provide a baseline against which all of those involved in the planning and delivery of drug education and pastoral care, in post-primary schools and colleges, may evaluate the quality and extent of their own provision and plan for future developments.

T J SHAW

Chief Inspector

A number of quantitative terms are used in the report to comment on aspects of drug education in the schools visited. In percentages, the terms correspond as follows:-

More than 90%	- almost/nearly all
75%-90%	- most
50%-74%	- a majority
30%-49%	- a significant minority
10%-29%	- a minority
Less than 10%	- very few/a small number

1. INTRODUCTION

- 1.1 Since the early 1980s, the problem of drug misuse among young people has grown steadily and experimentation and more regular use of illegal substances have become part of teenage and young adult culture in the 1990s. In response to this trend, the Department of Education for Northern Ireland (DENI) has distributed guidance booklets to schools, colleges of further education (CFEs) and the youth service; it has also supported the training of teachers, lecturers and youth workers in drug education and in dealing with drug misuse as it occurs in their respective settings. In 1992, DENI issued Circular 1992/2, Misuse of Drugs, which advised schools to draw up a drug education policy, to appoint designated teachers with responsibility for drug education and handling drug-related incidents, to include drug education in the curriculum and to establish contact with the police on drug-related issues.
- 1.2 In 1993, Sir John Wheeler established the Central Co-ordinating Group for Action Against Drugs (CCGAAD), incorporating key agencies and government departments involved in combating drug misuse, including education, health and social services, customs and excise and the police. As a contribution to the work of this group, DENI drew up an action plan which included, in 1996, the issue of another Circular 1996/16, Misuse of Drugs: Guidance for Schools, which included comprehensive guidelines for primary schools, post-primary schools and CFEs, and advised on the training of teachers through the education and library boards (ELBs).
- 1.3 As part of DENI's action plan, the Education and Training Inspectorate (the Inspectorate) carried out a survey in 1996-98 to ascertain the extent and effectiveness of drug education and associated pastoral support in all post-primary schools and CFEs. The survey comprised two phases, a postal questionnaire to all 238 schools and 17 CFEs in 1996-97, which elicited an almost 100% response, and visits by the Inspectorate to a sample of 41 post-primary schools and nine CFEs in 1997-98. This report presents the findings of the survey, with reference to policies, curriculum, pastoral care, drug-related incidents, and highlights some strengths and weaknesses in provision. Appendix 3 presents the findings of the 1996-97 questionnaire.

2. SUMMARY OF MAIN FINDINGS

- 2.1 Most schools have adequate or good drug education policies in place. In the remaining schools, however, the absence or inadequate nature of such policies is inhibiting the development of an effective approach to drug-related issues. (3.1)
- 2.2 Apart from the adequate provision in a small number of colleges, drug education policies in CFEs have not developed sufficiently to give students a satisfactory level of information or support. (3.2)
- 2.3 The level of involvement of teachers in drug-related in-service training (INSET) is generally good, and the ELBs and other relevant agencies are providing good support and guidance. (3.3)
- 2.4 Drug education is often taught as part of a school's personal and social education (PSE) programme. English, home economics, physical education (PE), religious education (RE) and science also contribute on a cross-curricular basis. (4.1)
- 2.5 There is considerable variation in the extent to which schools co-ordinate effectively the contributions of the various subjects to drug education to promote a comprehensive and coherent programme for the pupils. (4.1)
- 2.6 Most schools provide drug education for all pupils in years 8-12, but not in years 13 and 14. In a minority of schools, many pupils have no experience of drug education, especially in years 13 and 14. (4.2)
- 2.7 Most schools provide information for all pupils on the full range of substances, including alcohol and tobacco. (4.2)
- 2.8 The main substance about which schools provide information to parents is illegal drugs. (4.2)
- 2.9 The quality of teaching of drug education was satisfactory or better in the majority of schools visited. (4.3)

- 2.10 In general, pupils reported their strong, negative attitudes to drug taking; they valued drug education and appreciated opportunities to discuss drug-related issues. (4.4)
- 2.11 The pupils were aware of their school's disciplinary procedures for drug-related issues and of the legal obligations of teachers in dealing with drug-related incidents. (4.4)
- 2.12 Fewer than one-half of the schools visited monitored and evaluated their drug education programmes. (4.6)
- 2.13 In general, the young people derived their information about drugs from a range of sources outside school or college, and were well informed about the effects of drugs on the body. (4.4 and 4.7)
- 2.14 In spite of the finding at 2.9, many young people felt that, in order to deliver effective drug education, teachers needed to keep their knowledge of drug-related issues up-to-date and be more aware of pupils' experiences outside school. (4.4 and 4.8)
- 2.15 Few students in CFEs had direct access to drug education, and were insufficiently aware of their college's support programme for drug-related matters. (4.8 and 5.3)
- 2.16 The monitoring and evaluation of drug education in CFEs were under-developed. (4.8)
- 2.17 Arrangements for pastoral care and discipline in response to drug-related matters were satisfactory or better in most schools. (5.1)
- 2.18 Most drug-related incidents recorded in schools and CFEs concerned alcohol. (6.1)
- 2.19 In general, the staff in schools and CFEs experienced difficulty in attributing certain types of behaviour to drug taking. (6.2)
- 2.20 One-half of the CFEs visited reported that no drug-related incidents had occurred in the recent past requiring disciplinary or supportive action. (6.3)

3. POLICIES

- 3.1 Drug education policies existed, either as discrete documents or as part of health education policies, in 90% of the schools that responded to the questionnaire. In three-fifths of the schools visited, the policies were adequate or better in terms of planning, scope and relevance; in the remainder there were deficiencies which inhibited their effectiveness. While many schools, for example, consulted with a wide range of appropriate personnel from within and outside the school in formulating policies which were well planned and implemented, some had restricted their consultation or had not produced policies capable of being implemented or even included in the school prospectus. About one-fifth of the schools visited had either no policy or only a draft version; a small number with policies in place had not included them in their prospectus. Schools had adopted a wide variety of approaches to drawing up their policies, ranging from initial work by individuals or small groups to whole-school consultation and discussion. Few had involved parents, members of their governing body or pupils in the consultation process.
- 3.2 Only half of the CFEs had produced a written drug education policy; one college had a health education policy which included a section on drug education. Only one college included a statement on its drug education policy in its prospectus, and none of the others had communicated their policy to parents. In a few colleges, brief statements, relating largely to college regulations on drugs, smoking and alcohol, were included in student handbooks. Policy formulation in colleges was generally delegated to individual members of staff or small working groups, who presented their draft policies to the senior management team (SMT) for approval. Three of the colleges visited had consulted with appropriate office-bearers of the students' union concerning policy and the implementation of regulations. In spite of these examples of student participation, there was a widespread lack of awareness among students of their college's drug education policy, disciplinary procedures and the provision of pastoral support for students with drug-related problems. Only one college had produced a

comprehensive policy; in this instance, the work had been taken forward under the direction of the head of student services who had received training from the local ELB. Apart from those members of staff involved in drawing up drug education policies, the general level of awareness among college staff was also poor. Members of governing bodies and parents were similarly ill-informed about policies and provision for drug-related issues.

- 3.3 In spite of the advice in the DENI Circulars of 1992 and 1996, just over one-tenth of the schools with policies had not designated a teacher with responsibility for drug education and/or dealing with drug-related incidents. In the remaining schools, the designated teachers held a range of posts, including principal, vice-principal, head of pastoral care, health education co-ordinator and PSE co-ordinator. Most of the policies included provision for relevant INSET for staff. About one-third of the schools indicated in their responses that all staff had received some form of training in drug-related issues, while three-fifths had involved only relevant staff. No INSET had been undertaken by the staff in a small number of schools. About half of the schools visited reported a good level of INSET provision and school-focused support from ELBs. The most popular topics for INSET were the recognition of signs of drug abuse, identification of substances and awareness of the drug culture; other important areas included policy formulation, dealing with incidents, counselling, approaches to teaching and learning, and legal issues.
- 3.4 In about half of the colleges visited, progress in developing policies was slow: two had only draft policies under discussion, while two had no policy. Although just over one-half of the colleges, some without drug education policies, had designated members of staff with drug-related responsibilities, only four of the colleges with policies had made such an appointment.

4. CURRICULUM

- 4.1 The diagram below illustrates the ways in which drug education is taught in the schools visited. In almost three-fifths of the schools with relevant policies, drug education is taught mainly as part of PSE or equivalent pastoral programmes. In just over one-third, it is taught through subjects which contribute to the educational theme of health education, such as English, home economics, PE, RE and science. In the remaining schools, it is taught as a free-standing module. In the schools visited, there was considerable variation in the manner in which the contributions of the various subjects to drug education were co-ordinated. In some schools, regular audits were carried out which led to improvements in the programme. In others, however, approaches to review were cursory or absent, resulting in duplication of content across subjects, insufficient time to cover topics, inconsistent teaching methods, little skills development and lack of coherence and progression in the pupils' experiences. Furthermore, some schools reported a reluctance on the part of a minority of the staff to be involved in drug education. Comments from staff and pupils confirmed, frequently, these weaknesses.
- 4.2 Most schools responding to the questionnaire (77%) provide drug education for all pupils in years 8-12; this figure falls sharply to 47% in year 13 and 35% in year 14. These statistics indicate that a substantial minority of pupils have inadequate access to drug education. The vast majority of schools with drug education policies provide information to pupils on the full range of substances, namely alcohol, tobacco, solvents, legal drugs and medicines, and illegal drugs. Only a minority of these schools (some 25%) provide information to parents about such substances, in particular illegal drugs. Schools used a wide range of materials to inform pupils and parents, including materials produced by the school, commercial companies, and voluntary and statutory agencies.
- 4.3 In the majority of schools visited, the quality of teaching of drug education was satisfactory or better. In some, it was taught through subjects, such as English, RE or science, but in most schools it formed part of a PSE programme.

The teachers used a good variety of active learning approaches, supported by suitable documentary or audio-visual materials and, in some schools, appropriate outside speakers. In RE in one school, drug education lessons, taken by a visiting specialist in active learning methods, were attended by teachers of other contributory subjects to familiarise them with these approaches. In addition to their subject-based provision, several schools arranged occasional discrete sessions, particularly for senior classes, taken by visiting speakers from various statutory and voluntary agencies. These sessions were generally considered useful by staff and pupils.

4.4 In the main, the pupils with whom discussions took place reported their strong negative attitude to drug use and drug users. They displayed a detailed knowledge of the different types of drugs, including alcohol and tobacco, and of their short- and long-term effects on the body. The majority appreciated the opportunity to discuss drug-related issues in school. As it was common for pupils to learn about drugs from sources outside school, many felt that drug education should begin at the start of key stage 3 (KS3) or earlier and it should be allocated more time; they believed that teachers should receive relevant, specialised training, if only to maintain and deepen their awareness of the prevalent drug culture and the pupils' experiences outside school. Many pupils considered that drug education should include the development of skills needed to resist peer pressure in situations where drugs, including alcohol and tobacco, were being used. Pupils (and FE students) also highlighted the need for training in basic first-aid, not only to deal with possible drug-related emergencies in a social setting, but as a useful skill for life. In only a small minority of schools was the drug education programme regarded by the pupils as ineffective or of little relevance. In the majority of schools, the pupils were aware of their school's disciplinary procedures and the teachers' wider legal obligations when dealing with drug-related incidents.

4.5 In two-thirds of the schools visited, the resources for drug education were found to be satisfactory or better in terms of range, relevance and effectiveness. Such resources included a wide range of posters and documentary and audio-

visual materials from voluntary and statutory agencies, including health boards and ELBs. Many of these agencies also provided visiting speakers and support for the teachers responsible for drug education. Many schools had produced booklets to support their PSE programmes, and these contained sections on drug education. The schemes of work for such programmes were characterised largely by materials appropriate to the pupils' stage of development. At times, however, the element related to drug education was over-dependent on the completion of worksheets, with insufficient time for discussion and reflection on key issues. In many schools, the designated teacher for drug-related matters or the health education co-ordinator provided colleagues with information or materials for use in drug education when it was taught through other subjects. As a result of a small number of unsatisfactory experiences, schools were generally aware of the need to preview the contributions of visiting speakers. A small number of schools had reservations about the use of some materials with pupils with special educational needs (SEN). In a few schools, there was inappropriate use of video recordings to stimulate discussion; some pupils commented that such materials were out-of-date or irrelevant to Northern Ireland.

4.6 Almost three-quarters of the schools responding to the questionnaire reported that arrangements were in place for monitoring and evaluating their drug education policy. This process was generally carried out annually and involved appropriate staff, including members of the SMT. Evaluation was reported to be largely based on the effectiveness of the programme in terms of developing the pupils' knowledge and coping skills. In only a few schools were parents, governors and outside bodies involved in the evaluation. In over half of the schools visited, there were no systematic arrangements for careful monitoring and evaluation. Some of these schools contended that their informal, continuous approach was sufficient to make the necessary adjustments to their programme; others undertook no evaluation of their drug education programme. Of the schools with more systematic arrangements, just under one-half took account of the pupils' opinions through questionnaires and interviews. Only two of the 41 schools visited canvassed the views

of parents, while one took into consideration the pupils' prior learning in the primary phase.

- 4.7 In the colleges visited, the students had a detailed knowledge of the drugs available to young people and of their short- and long-term effects on the body. This knowledge had been obtained largely from sources other than the colleges or schools. Many students claimed that their schools had not provided adequate drug education, particularly in the development of skills to resist pressures to experiment in drug taking, including alcohol and tobacco. As in schools, there was a generally negative attitude among the students towards the illegal use of drugs, but more tolerance of alcohol and tobacco. Many students reported that they were well aware of the locations where drugs might be obtained.
- 4.8 Drug education was provided in only a limited number of college courses, such as health and social care, sociology and sports studies; even in these courses, the drug education component was largely incidental or optional. As a result, the majority of students had no opportunity to study or discuss drug-related issues within their courses. In only two colleges was the drug education programme, including the pastoral dimension, sufficient to meet the needs of the students. One college, aware that students taking GNVQ courses in health and social care and in leisure studies received drug education, made alternative arrangements to cover drug-related issues for all students. A weekly programme was organised including visiting speakers, tutorials and group discussions. In four of the colleges, there had been an attempt to provide drug education through the organisation of annual or occasional seminars or talks by visiting experts; attendance by the students was optional. While attendance at these sessions was poor in two of the colleges, they were considered useful by those students who did attend; in the remaining two colleges, they were regarded as "boring" and "irrelevant". The display of posters and literature, in areas such as the library and student support services accommodation, was effective in only three of the colleges. In the remaining colleges, there was a notable absence of drug-related materials accessible to the students. Some colleges issue student handbooks, in which reference is made to

regulations about drugs; in only two colleges, however, did these handbooks refer to agencies of potential help to students experiencing a drug-related problem. Evaluation of the effectiveness of the drug education programme occurred in only two of the colleges visited. These colleges canvassed the views of students, but did not involve parents and outside bodies.

5. PASTORAL CARE

- 5.1 In almost four-fifths of the schools visited, the arrangements for pastoral care were satisfactory or better; the arrangements in the remaining schools contained weaknesses. Most schools had adopted a pastoral care structure involving form teachers and heads of year, with a member of the SMT having overall responsibility. Effective pastoral care was generally characterised by a well established structure and procedures for referral and support, good relationships at all levels, curricular links through the PSE or equivalent programme, successful home-school liaison and a regular and systematic review of provision. Schools which had pastoral care structures and procedures of this nature were well placed to deal with the outcomes of any drug-related issue which arose.
- 5.2 There were weaknesses in provision in a few schools. Some, for example, were reviewing their pastoral care system because of identified deficiencies in staffing or in the delivery of the PSE programme: others were attempting to co-ordinate their drug education programme; in such schools, the pupils' experiences of drug education were poor. In a few schools, the pupils, particularly those in the senior classes, perceived the pastoral care system as a means of imposing control; this perception reduced their confidence in the system and made them reluctant to consult staff on personal matters, especially those related to drugs. Many schools highlighted the need for continuing INSET in drug education and pastoral support for pupils with drug-related problems. In the main, the schools appreciated the help provided by the ELBs in this context. The advice and support of the police and specialist voluntary agencies were similarly appreciated.

5.3 In some colleges visited, it was not clear which staff had responsibility for drug-related issues; it was assumed by students and staff that the student services department or its equivalent was responsible. Some colleges included information on general welfare in their student handbooks and dealt with issues related to drugs, smoking and alcohol during the students' induction. There was, however, in most colleges a generally poor level of awareness among students and staff of provision for drug education and drug-related pastoral support and disciplinary procedures. Some students reported that their induction programme had included information about college regulations about drugs, which was also contained in the student handbooks. The impact of this information, however, had been lost in the other, more immediate, matters related to induction, and had not been followed up by the college. Much more could be done during and after induction to raise the students' awareness of the dangers of drugs and of the staff and facilities available to help those who experience problems in this area.

5.4 Although the colleges visited provided adequate coursework support for students through course tutors, students in just over half of the colleges felt unable to disclose personal matters to their tutors, in case this would adversely affect their coursework assessment. In five of the colleges, there was no designated member of staff with responsibility for drug-related issues; in these colleges, it was assumed that, under existing arrangements for pastoral care, the student services department would provide support, but this support was not specified. In two of the remaining colleges, good structures and procedures existed, but the students were poorly informed about the services available. In two colleges, there were difficulties with split-site accommodation. In one college, the students in one building were unaware of the counselling service available in the other building; in the other college, counsellors were located in each of the three campuses, but many students did not know where they were to be found, or when they were available. In only one college was the pastoral provision, in conjunction with a good drug education programme, adequate to meet the existing and potential needs of the students.

6. INCIDENTS

6.1 In all, 223 schools and 15 colleges recorded actual or suspected drug-related incidents. A substantial number of these occurred outside the school or college grounds, namely 72% of the incidents involving alcohol, 60% of those involving solvents and 50% of those involving illegal drugs. Of the schools and colleges responding to the questionnaire, 21% reported an increase in recent years in solvent-related incidents; 15% reported an increase in illegal drug-related incidents. The major problem area identified by schools and colleges, however, continues to be alcohol abuse and alcohol related incidents.

6.2 The incidence of substance misuse across the schools visited was varied. About one-quarter of the schools reported recent actual incidents related to smoking, one-third reported alcohol-related incidents and about one-quarter reported incidents related to illegal drugs. Three schools reported solvent-related incidents, which had led to the banning of correction fluids and deodorant aerosols from the school premises. In 86% of the schools, the procedures for dealing with suspected or actual incidents were satisfactory or better; in the remaining schools, the procedures were less effective. Most of the schools were aware of substance misuse in their local areas, but were unsure of their pupils' level of involvement. Staff reported that it was often very difficult to determine, even if suspicions were justifiable, whether a pupil's behaviour in class, particularly if it was of a repressed or apathetic nature, was due to substance misuse or other, perhaps harmless, reasons. Unusually aggressive behaviour, possibly attributable to substance misuse, was reported to be rare in schools. In one-half of the schools, the pupils and staff were well aware of the disciplinary procedures for dealing with drug-related incidents. In one-quarter of the schools, parents and the police had contributed to procedures resulting from drug-related incidents. In two schools, pupils had reported the involvement of other pupils in using or dealing in drugs.

6.3 One-half of the colleges visited reported that no recent substance-related incidents had required disciplinary or supportive action. Three colleges reported drug-related incidents in which the

police had been involved; one college, with a very effective drug education programme, reported ten incidents, which were largely alcohol-related. In general, students were insufficiently aware of their college's policies and procedures for dealing with drug-related incidents; some colleges had failed to make staff fully aware of these policies and procedures and to ensure a co-ordinated and coherent approach to dealing with incidents.

7. ISSUES FOR ACTION

7.1 In its Circular 1996/16 DENI outlined a number of requirements and recommendations for schools in the area of drug education and prevention. In order to reassure pupils and parents, the Boards of Governors, principals and SMTs of schools should review the extent and quality of their current provision for drug education to ensure that they are taking action in line with the guidance given in the Circular. In particular, they should verify that:-

- i. drug education forms part of the school's programme of health education;
- ii. the school's drug education policy is published in its prospectus;
- iii. the police are informed of any pupil suspected of being in possession of a "controlled drug";
- iv. the school has clear procedures for handling any suspected misuse of drugs on its premises and the procedures are known by staff and pupils;
- v. a designated senior member of staff has lead responsibility for drug-related matters;
- vi. parents are aware of the school's duties in relation to drug education and prevention;
- vii. the school's pastoral care system provides pupils "at risk" with appropriate counselling and support;
- viii. the school's discipline policy includes procedures for handling drug-related incidents;
- ix. the school premises and grounds are checked regularly for signs of misuse of drugs, and dangerous substances are disposed of safely.

7.2 Principals of CFEs should also consider carefully the implications of the requirements and recommendations of Circular 1996/16 for their own institutions and how best they might be translated into action.

7.3 In the light of the findings of the Inspectorate survey of drug education, schools and CFEs should also ensure that:-

- i. procedures for implementing the drug education policy and dealing with drug-related matters are included within their development plans and the parents are kept informed about developments;
- ii. drug education and prevention programmes are co-ordinated across all subject departments;
- iii. relevant and up-to-date information on drug-related matters is provided for all of their pupils/students;
- iv. a co-ordinated system of pastoral care, with the involvement of relevant external support agencies, is available for all of their pupils/students;
- v. approaches to drug education are developed, which not only increase the pupils'/students' awareness of drugs and their effects, but also enhance the young people's ability to cope with the pressures to experiment with or to use illegal substances;
- vi. staff receive up-to-date information about drug-related matters. They are trained in the use of appropriate teaching methods, in the identification of drug-related problems and their legal implications, and in the provision of pastoral care and support for young people with such problems;
- vii. appropriate links are established with the youth service at local and ELB levels;
- viii. they evaluate regularly the effectiveness of the arrangements for and provision of drug education and involve the pupils/students, parents and wider community in this process.

7.4 In responding promptly and effectively to the requirements and recommendations of Circular 1996/16 and to the additional points for action

identified in this report, schools and CFEs will be ensuring that their provision for drug education and prevention is comprehensive and appropriate and that the young people in their charge have access to appropriate learning and support in drug education and related matters.

their curricular provision on a regular basis to ensure that they are discharging their responsibility for the care and welfare of their pupils/students in relation to the changing trends and pressures of a society in which drug use has increased substantially.

8. CONCLUSION

- 8.1 It is important to bear in mind the social context in which schools and colleges operate and attempt to come to grips with the personal and social issues affecting young people. For a variety of reasons, change in education is often evolutionary and reactive; it does not normally move at the speed of change in the world outside schools and CFEs. The issue of drug and substance misuse among young people has put pressure on schools and colleges to respond in promoting the health and well-being of their pupils and students. The effectiveness of provision, however, often dictated by perceptions of local needs and in response to local incidents, is variable across schools and colleges. If schools and CFEs are to meet the present and future need for effective drug education of young people in Northern Ireland, continuous monitoring and evaluation, together with support from relevant curricular and other agencies, will be required.
- 8.2 Over recent years, under the impetus generated by the NIC and earlier curricular initiatives, schools have made generally good progress in dealing with the issue of drug abuse. They have developed a range of suitable drug education policies, provided time in busy timetables, organised appropriate INSET for relevant staff and made necessary adjustments to existing arrangements for pastoral care.
- 8.3 CFEs, with their different structures and procedures for dealing with drug-related issues, are not adequately meeting the needs of their students, many of whom are at a vulnerable stage in their personal and social development. A small number of colleges have made good progress in developing their programmes for drug education; others still have much to do to make their provision commensurate with the needs of the students.
- 8.4 All schools and CFEs need to review their pastoral care and disciplinary procedures and

APPENDIX 1

SCHOOLS VISITED BY THE INSPECTORATE

Aughnacloy High School
Carrickfergus College
Coleraine High School
De La Salle High School, Downpatrick
Down High School, Downpatrick
Dromore High School
Dunmurry High School
Faughan Valley High School, Londonderry
Gransha High School, Bangor
Hunterhouse College, Dunmurry
Lisnaskea High School
Loreto College, Coleraine
Magherafelt High School
Monkstown Community School, Newtownabbey
Newtownhamilton High School
Oakgrove Integrated College, Londonderry
Our Lady of Mercy High School, Belfast
Our Lady of Mercy High School, Strabane
Parkhall High School, Antrim
Royal School Armagh
Saintfield High School
St Aloysius' High School, Cushendall
St Colman's High School, Strabane
St Colm's High School, Dunmurry
St Columbanus' College, Bangor
St Gemma's High School, Belfast
St Joseph's High School, Coalisland
St Joseph's High School, Plumbridge
St Louise's Comprehensive College, Belfast
St Malachy's High School, Antrim
St Mary's High School, Belleek
St Mary's High School, Newry
St Mary's Junior High School, Lurgan
St Olcan's High School, Randalstown
St Patrick's College, Ballymena
St Pius X High School, Magherafelt
St Patrick's High School, Banbridge
St Patrick's High School, Keady
Tandragee Junior High School
Thornhill College, Londonderry
Wellington College, Belfast

APPENDIX 2

COLLEGES OF FURTHER EDUCATION VISITED BY THE INSPECTORATE

Armagh College of Further Education
Belfast Institute of Further and Higher Education
East Down College of Further and Higher Education
Limavady College of Further Education
Lisburn College of Further and Higher Education
Newry & Kilkeel College of Further Education
North-East Institute of Further and Higher Education
Northern Ireland Hotel and Catering College
Omagh College of Further Education

APPENDIX 3

DRUG EDUCATION IN NORTHERN IRELAND SCHOOLS AND FURTHER EDUCATION COLLEGES (FECs): A QUANTTITIVE SURVEY

All the 238 secondary and grammar schools and the 17 further education colleges (FECs) in Northern Ireland received a questionnaire relating to drug education in January 1997. The encouraging outcome, of 96% (229 of 238) of schools and 94% (16 of 17) of FECs responding, is an indication of the interest and concern for this issue.

Unless otherwise stated the figures given below refer to respondents and not to all schools and colleges.

Policy

Schools

1. 90% (205 of 229) of schools have a drug education policy, either separately written or included as a section in their health education policy
2. 87% (199 of 229) of schools have a designated teacher with responsibility for drug education and/or drug-related issues. However, of the 205 schools with a drug education policy, only 88% (180 of 205) have a designated teacher with this responsibility

FECs

1. 50% (eight of 16) of the FECs have a drug education policy - all of these in the form of a separate written policy
2. Only one FEC has a written policy on health education; the policy in this college also contains a section on drug education.
3. 56% (nine of 16) of FECs have a designated lecturer with responsibility for drug education and/or drug-related issues: however, of those with a drug education policy, only 50% (four of eight) have a designated lecturer with this responsibility

Curriculum - Schools Only

Diagram 1

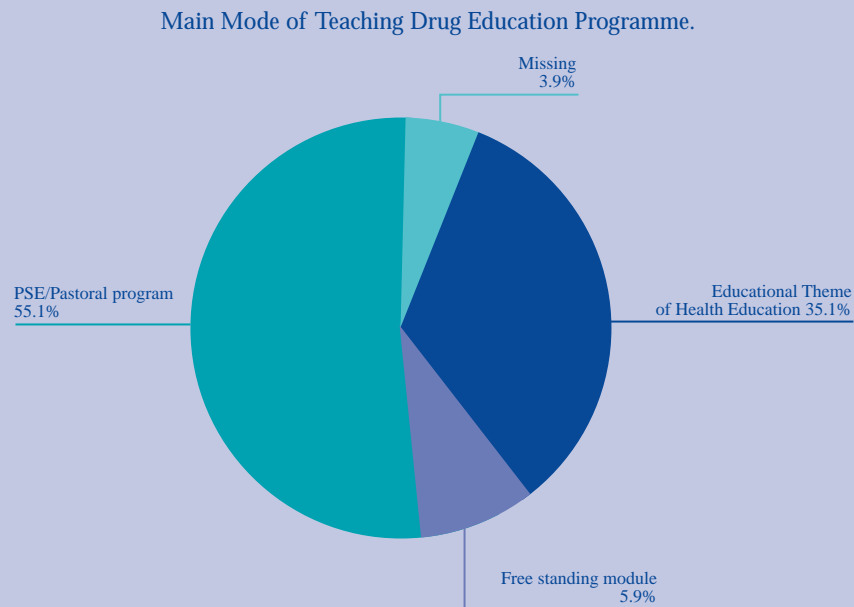


Diagram 1 shows that a drugs education programme is taught in the majority of schools mainly through the PSE/Pastoral programme. The main contributory subjects are science and Religious Education (see Diagram 2).

Diagram 2

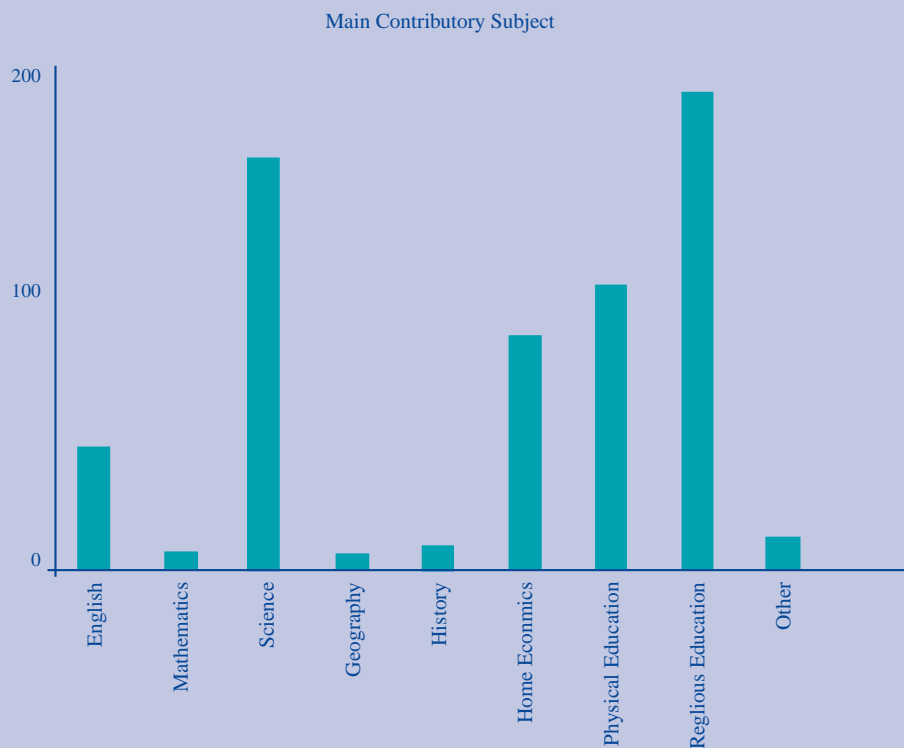


Table 1: Schools Where ALL Pupils Have Access to the Drug Education Programme

	Total schools	No. of Schools	Percentage
Year 8	205	153	75%
Year 9	205	168	82%
Year 10	205	166	81%
Year 11	205	157	77%
Year 12	205	148	72%
Year 13	133	63	47%
Year 14	133	46	35%

Table 1 shows that for each of the first five year groups in schools with a drug education policy most schools make the drug education programme accessible to **all** pupils, however, access declines sharply in years 13 and 14.

Table 2: Information Provided by the Drug Education Programme
(% of schools with a drug education policy)

	Total number of schools	To Pupils	To Parents
Alcohol	205	96%	18%
Tobacco	205	95%	19%
Solvents	205	92%	29%
Legal drugs/medicines	205	83%	23%
Illegal drugs	205	95%	41%

Table 2 shows that most schools provide information to pupils on all the areas listed, but with some decline in information about legal drugs/medicines. The returns also show that the minority of schools provide the same information to parents, although information on illegal drugs is provided to parents by 41% of schools.

In the **provision of information** on drugs 67% (137 of 205) schools used school-produced materials, 88% (180 of 205) used commercially-produced materials and 94% (192 of 205) used materials obtained from groups outside the school such as voluntary bodies and government agencies.

Curriculum - FECs Only

Of the 16 FECs which responded, only eight have a policy on drug education. As Table 3 below shows none of these provide any information to parents.

**Table 3: Information provided by the Drug Education Programme
(of colleges with a drug education policy)**

	Total number of schools	To Students	To Parents
Alcohol	8	6	0
Tobacco	8	6	0
Solvents	8	7	0
Legal drugs/medicines	8	7	0
Illegal drugs	8	7	0

Of the eight colleges with a policy on drug education all used materials obtained from outside the college, four used commercially-produced materials and two used college-produced materials in the provision of information to students.

Staffing - Schools and Colleges

Of the 213 schools and FECs, 36% (76 of 213) said all staff had had recent in-service training (INSET) in drug education, 59% (126 of 213) said some staff had had recent training and 4% (eight of 213) said no staff had had recent training. Diagram 3 below shows that the most common training areas are recognition of signs of abuse/misuse, recognition of substances and awareness of drugs and the drugs culture.

Diagram 3

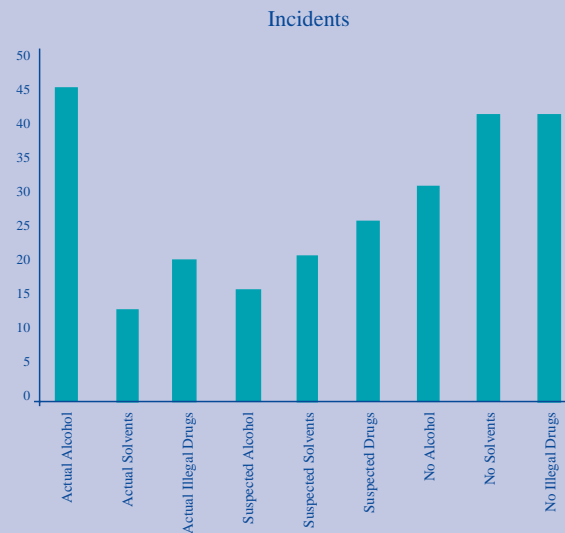


Links with parents are the main means by which the pastoral systems of schools and FECs support the drug education programme with 70% (149 of 213) of those with a policy following this line. Special events follow closely behind with 68% (145 of 213).

Incidents

As Diagram 4 illustrates, schools and FECs report more incidents related to alcohol; however, there are more suspected incidents relating to illegal drugs than either alcohol or solvents. Fifteen FECs and 223 schools recorded actual or suspected incidents, with 72% of those involving alcohol occurring outside the school grounds; 60% of those involving solvents occurring outside and 50% of those involving illegal drugs occurring outside.

Diagram 4



Of schools and FECs, 21% noticed an increase in alcohol-related incidents; 13% an increase in solvent-related incidents and a 15% increase in illegal drug-related incidents. It appears that dealing with alcohol-related incidents is still the major problem for schools and colleges.

Evaluation

Of the 213 schools and FECs with a drug education policy only 71% (151 of 213) of the schools and 25% (two of eight) of the colleges carry out an evaluation of the policy. Most (77% (118 of 153)) of these evaluations are carried out on an annual basis.

Diagram 5

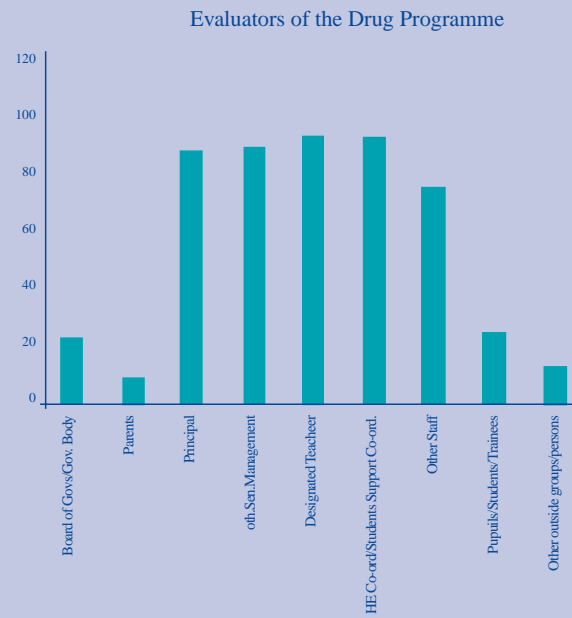
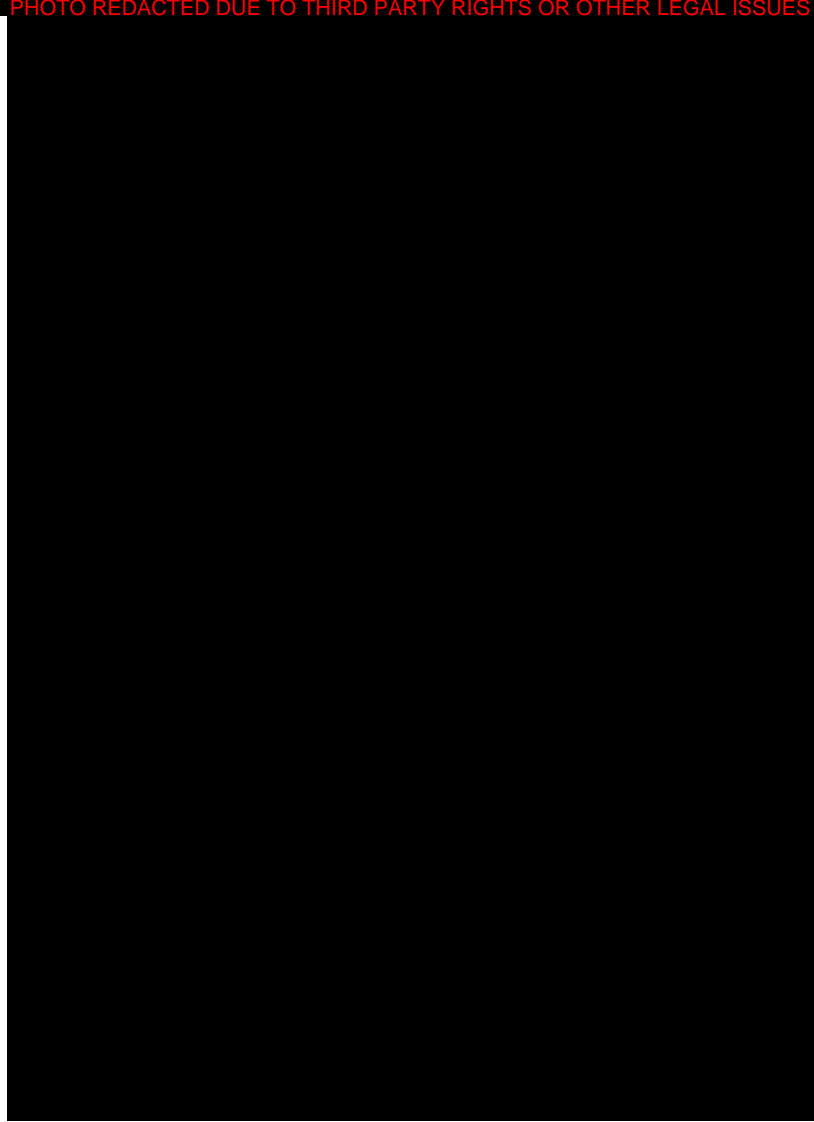
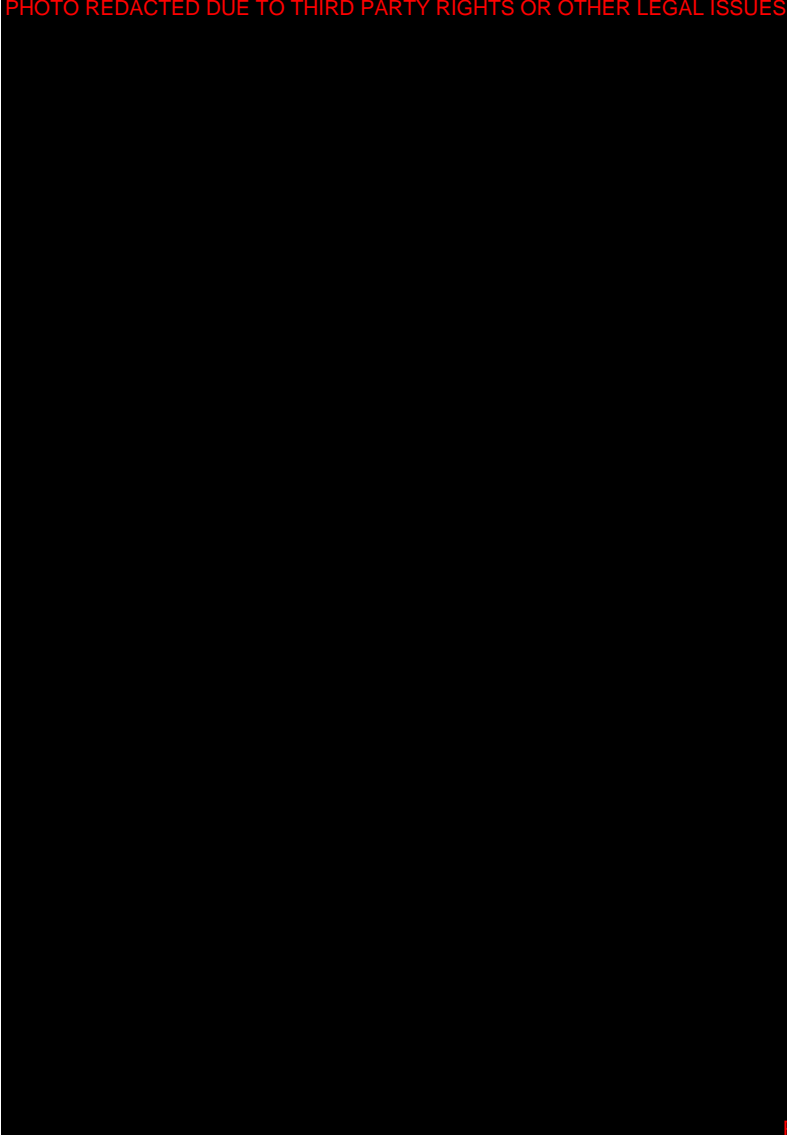


Diagram 5 shows that the evaluation process in very few schools or colleges involved the Board of Governors/Governing Body, parents, pupils/students/trainees or other outside groups/persons.

Table 4: Judgements made in Evaluation of the Drug Education Programme

	Schools (151)	Colleges (2)
Effectiveness of the programme	87% (131)	100% (2)
Depth of the pupils'/students'/trainees' knowledge of the content of the programme	63% (95)	50% (1)
Programme's contribution to the development of the pupils'/students'/trainees' coping skills	74% (111)	100% (2)
Others	3% (4)	0% (0)

Table 4 indicates that effectiveness of the programme is the judgement which most schools and both FECs choose to make in their evaluation, followed by the programme's contribution to coping skills of its recipients and then by depth of the pupils'/students'/trainees' knowledge of the content of the programme.



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