



meeting	DRUGS EDUCATION SELECT COMMITTEE	
date	14 January 2008	agenda item number

## Report of the Chair of the Drugs Education Select Committee

### Drugs Education Select Committee Summary of Evidence

#### Purpose of the report

1. To present to Members a summary of the evidence gathered during the course of the review and its associated recommendations.

#### Background

2. The Overview and Scrutiny Committee at its meeting on the 21 May commissioned the Drug Education Select Committee – **To consider and review how we can support and best deliver an effective drugs education programme in Nottinghamshire schools – across all key stages but focussing on key stages 2 and 3.** The Select Committee was to concentrate on examining the content and current curriculum around drugs education in Nottinghamshire schools including an examination of the DARE (Drugs Abuse Resistance Education) programme and consulting individuals, partners and organisations involved in the provision of drugs education.
3. The final meeting of the Select Committee is scheduled for the 14 January 2008, when a final report will be agreed.

#### What is Drugs Education?

4. The purpose of drugs education is to prevent substance misuse by young people. It aims to minimise use by young people; delay the onset of use and supply information about the consequences of using drugs. Drug education should provide the opportunity for students to develop their knowledge, skills, attitudes and understanding about drugs and the benefits of a healthy lifestyle. The earlier drugs education message of 'Just say no' has failed and current programmes concentrate on teaching life skills that give confidence to withstand peer pressure, have a pragmatic rather than moralistic stance with an emphasis on health and social issues rather than criminal justice.
5. Section 351 of the Education Act 1996 requires that every school (including Learning Centres) provides a balanced curriculum of drugs education. This is provided through a number of routes:

- Statutory – teacher led provision through the Statutory Citizenship programme of study at key stages 3 and 4 and the statutory requirements of the National Science order which states that pupils at:
    - Key Stage 1 (aged 5-7 year olds) should learn about the role of drugs and medicine
    - Key Stage 2, (7-11 year olds) should be taught that tobacco alcohol and drugs have harmful effects
    - Key Stage 3 (11-14 year olds) should learn how the misuse of solvents, tobacco, alcohol; and other drugs affects health
    - Key Stage 4 (14-16 year olds) should understand the effects of solvents, tobacco, alcohol and other drugs on the body.
  - Non-Statutory – teacher led provision through the non-statutory framework of Personal Social Health Education (PHSE) through key stages 1, 2, 3 and 4 and non statutory citizenship at key stages 1 and 2.
6. The DfES 2004 publication “Drugs Guidance for Schools” provides guidance for all aspects of drugs education within schools including curriculum advice and policy development. It recommends a teacher led whole school approach and recognises the importance of external contributors in working alongside teachers.

### **Meetings and evidence received**

7. The Select Committee commenced its review on 9 July with a scene setting presentation from Anne Trout Personal Health and Social Education (PHSE) Consultant, John Morris, Schools Advisor (Secondary) Notts County Council and Dave Gilbert, Chief Executive DARE. The Committee learnt that the current national drugs strategy has almost reached the end of its 10 year course and is currently being reviewed and refreshed. Its focus has been on reducing the use of class A drugs. Recent data has shown a decline in their use but a move towards alcohol and cannabis consumption. John Morris referred to some of the local targets and initiatives in place e.g. Healthy School Plans and the Children and Young Person’s Plan. The County was the first in the country to lead to a multi agency approach to develop a U&S (You and Substance Use) policy. Mr Morris outlined concerns that had been highlighted by workers from various agencies about the need to ensure a coherent and consistent message and that a minimum standard of service provision be provided. Ms Trout referred to the Healthy Schools Programme and how this engaged with the whole community. She referred to the interest of parents at primary school level and how this was less well received in secondary schools where parents were less willing to get involved. She explained the role of the Personal Development of Learner Team (PDL) that included the production of model policies for schools and her own role as accreditor, ensuring that there are clear minimum standards and that these are met. She referred to Project Respect which encourages young people to respect themselves and others, all schools are expected to use this

project by 2009. Dave Gilbert discussed the main issues associated with drugs including the cost to society principally of acquisitive crime and underachievement in school.

8. At the second meeting on 24 September Dave Gilbert gave a presentation to the Select Committee that covered all areas of the DARE programme. Since 1993, the DARE programme has been delivered to around 200,000 primary school children in Nottinghamshire. The programme aims to equip young people with the knowledge to resist pressures to use drugs, tobacco, alcohol and solvents by providing them with accurate information. It aims to teach decision making and resistance skills to overcome peer pressure. The programme is aimed at 9-11 year olds and consists of 11 one hour sessions. DARE works in local partnerships with police forces, Local Education Authorities, Drug & Alcohol Action Teams and Health Authorities. The number of schools undertaking the DARE programme has reduced over the last 4 years. The main reason for schools not having a DARE programme was due to lack of funds. The revised delivery options of either a full DARE programme with officer delivery, a 50/50 teacher and DARE Officer delivery and a workbook and teacher led programme may increase take-up of the programme. DARE is not the only resource used by schools: there is "On Track" for Key Stage 1 and "Keeping on Track" for Key Stage 2. It was acknowledged by Mr Gilbert and departmental officers that more needed to be done in Key Stages 3 and 4 to ensure continuous and effective drugs education. Students from West Notts College discussed what they had learnt and remembered from when they received DARE training. As they had undertaken the programme whilst in junior school they had retained very little knowledge, but could however remember the song. The DARE programme recognises that it is not the complete solution. There are gaps in provision and that a programme to reinforce the message at secondary school level should be considered.
9. As part of the evidence gathering process Members undertook a school visit on 5 November to enable them to examine the content and delivery of the current curriculum around drugs education and to discuss with young people and parents their experiences of and views on substance abuse and the drugs education programmes in schools. The programme for the visit included:
  - Garibaldi School and Computing College; where Members discussed with students their perceptions of why young people took drugs, what they classed as drugs and the level of drugs education they were currently receiving. They found out that not every student had received drugs education in their junior school. Of those who had there was very little retention of what they had heard been taught. They felt there was lack of parental understanding or interest in drugs education and that lessons that used different formats and scare tactics were most effective. Students seemed unclear about who they could talk to in confidence about drug abuse, expressed concerns about PHSE being squeezed out of the time table and requested more information about the effects of drugs.

- Priestic Primary School where the Head Teacher outlined the programme of drugs education provided in the school and the underlying emphasis on healthy lifestyle choices and the inclusion of parents. The school uses a number of outside providers such as Life Education, CASE and DARE. The need to provide an ongoing programme to reinforce lessons in every year was emphasised. WAM (What about Me?) is a support service that works in the school to help children affected by their parents or carers drug or alcohol misuse. Members also talked with a group of pupils at the school and parents who welcomed the programmes in place; felt that anything that raised awareness and increased knowledge would be useful and that it was never too early to learn about drugs.
  - Members watched a presentation of a drama workshop by the PDL (Personal Development of Learners) Team and had the opportunity to discuss their work in schools. Workshops are available on a wide range of issues and Members felt they provided a very informative and effective medium for reinforcing messages about drug use prevention.
10. The Select Committee at its third meeting on the 19 November heard from number of representatives from various organisations involved in the provision of drugs education and support. Each representative provided information about their organisation and their role in drugs education (a list of organisations is attached in appendix 1). A common issue for services was difficulty in getting parents engaged in issues around the education of drug use/abuse. Once again concerns were raised about the content and time allocated to PHSE within secondary schools, the provision of PHSE for students outside mainstream education and of those educated at home and in learning centres. It was highlighted that in Nottinghamshire alcohol consumption is above the national average and the availability of it makes it more socially acceptable, although it causes significantly more harm than drugs. Members were also informed about the year on year provision that is available to schools through the use of teacher led programmes or outside providers, (appendix 2). It was recognised by all the organisations attending that there were still gaps in provision during all key stages and that this needs addressing and that policies put in place have the dual role of keeping young people safe whilst working within the law. Concerns were raised about children and young people outside mainstream education or at risk of exclusion. James Upton from “Face it” explained how the organisation offers advice, support information and treatment to young people. Delivering a range of support 1-1, via group and detached work, it also supports young people at risk of exclusion and works with young people during the transition from young peoples to adult services. The role of the Drug and Alcohol Team was outlined and how it aims to co ordinate the different agencies involved with young people to provide a comprehensive range of services, some of which are universal, others more targeted, this includes substance misuse education, information referral and support services.

11. The Chair and the Vice Chair visited Dr Max Biddulph, Centre for Human Relations, School of Education, Nottingham University, on 6 November, to discuss the content and delivery of the current curriculum around drugs education in initial teacher training. Members found out that prescriptive Government policies restricted the time available during initial teacher training and this was sometimes restricted to one evening lecture for the PHSE curriculum. Due to the constraints of the National Curriculum personal development of pupils is sometimes neglected in pursuit of academic/intellectual development.
12. At the final evidence gathering meeting, on the 17 December 2007, Members again discussed with a number of individuals and organisations (see appendix A) their role and the issues they felt were important in preventing substance misuse amongst young people. Representatives from the Police highlighted the role that police officers have in supporting the PHSE framework and the neighbourhood policing role of officers and PCSO's, which is important in building good relationships with schools. Concerns were raised about the differing levels of support schools get within different divisions. The police project "The Last Chance" and the "Outside In" preventative programme were outlined. The need for consistency in provision of drugs education across all schools was highlighted and that since Local Management of Schools has given budgetary control to schools consistent messages and programmes are not always taking place. Representation on Crime and Disorder Partnerships (CDRP) by schools was also discussed. The National Healthy Schools Programme contributes to the "Every Child Matters" national outcomes. One of its four specific themes is PHSE and one of its aims is for young people not to take drugs. For schools to gain the standard they have to show they have implemented a whole school approach to drugs education which is age appropriate. This is strongly linked to the work of the DAAT. 45% of Nottinghamshire schools have gained the standard and the remaining schools are working towards it.

### **Issues Arising from the Evidence**

13. There are problems with trying to evaluate the effectiveness of current programmes used in schools. There has been very little research carried out into the effectiveness of programmes. The majority of the evaluation reports focus on the short term effects of the programmes and there are very few evaluations that look at the longer term outcomes of young people. Outcomes should ideally measure knowledge, attitudes and intentions for future behaviour as well as measures of actual behaviour.
14. There are problems of inconsistency in the level, type, timing and amount of drugs education that pupils receive. There is a need for a consistent approach across all schools with reinforcement throughout the whole of the children's and young persons school life and mechanisms in place that support children and young people experiencing problems caused by other people or their own drugs

taking. There also needs to be coordination between all agencies involved to provide a more effective and all encompassing service.

15. The delivery of an effective drugs education programme requires a range of different teaching styles, different formats and a range of specialist providers. The role of teacher led programmes is vital for children and young people. Schools that frequently draft in outside suppliers, whilst fulfilling the requirements of the PHSE curriculum, may not find them as effective as programmes where young people have been able to build a relationship with the provider. It should be recognised that to teach drugs education effectively teachers need good interpersonal skills and a thorough understanding of the issues. Prescriptive Government policies have restricted the amount of time available during initial teacher training to develop the skills and knowledge to be able to effectively teach drugs education and in service training is required to compensate for this.

### **Summary of Recommendations**

16. **Initiatives should be put in place to engage with parents and carers to encourage them to become involved in the drugs education their child is receiving. Inclusion through parent and carers events, or open days, should be explored. Parents and carers already involved in school activities could possibly be given guidance and used to spread information into the wider community, acting as “peer parents”.**
17. **Drugs education should be provided in a seamless spiralling, continuous programme throughout a young persons school life. It should take place year on year with the message reinforced each year. In addition there needs particular emphasis in years 7 and 8 prior to the transition to, and during the early years of, secondary school education.**
18. **Children not accessing mainstream education i.e. those that have been excluded or educated at home, should also be included in a recognised drugs education programme. They also require year on year programmes reinforcing the harm caused by substance abuse. Comprehensive age appropriate information packs should be available to the parents and carers of children not in receipt of a main stream education programme.**
19. **Provision should be made in years 12 and 13 for PHSE to fit in with the examination curriculum. This has been increasingly marginalised at the expense of the necessity for academic achievement. Consideration should be given to allocating more time to equip young people for the pressures and problems they face once they have left school.**

20. **Schools should acknowledge the effect on children and young people affected by another person's substance misuse. This 'hidden harm' should be recognised and additional help and support should be available for young people affected in this way.**
21. **A national curriculum for drugs education should be introduced to ensure that all young people receive effective drugs education. Introduction of this would ensure that every child and young person receives good quality provision and a prescribed programme.**
22. **Peer mentoring schemes should be encouraged to improve access to information within schools. Older students could be trained to act as advisors to listen and offer support; they should work within clearly defined boundaries and have access to support and ongoing training.**
23. **To enable current support to schools to be maintained, and facilitate progress towards the target set for the Healthy Schools Standard, consideration should be given to identifying funding to retain the PHSE Consultant, when the current funding arrangement with the DATT finishes in March 2008. This post supports all schools to achieve the Healthy Schools PHSE Drugs strand of the National Healthy Schools Standard, the DAAT Young Person Plan and Nottinghamshire County Council Children and Young Peoples Plan. Loss of this extremely valuable post would greatly delay reaching the target set for schools receiving accreditation within the Healthy Schools Standard.**
24. **The Select Committee commends all the individuals, agencies and an organisation involved in drugs education initiatives and programmes, and thanks them for their contributions to this review.**

## **Recommendations**

1. It is recommended that:

The Select Committee considers the report along with draft recommendations and then agrees a final report that will be sent to Cabinet 20 February 2008.

**Edward Llewellyn Jones**  
**Chair of the Drugs Education Select Committee**

Background papers: nil.