INTRODUCTION

1. The Education Reform Act 1988 states that all pupils are entitled to a broad and balanced curriculum which:
   - promotes the spiritual, moral, cultural, mental and physical development of pupils;
   - prepares such pupils for the opportunities, responsibilities and experience of adult life.

2. National Curriculum (2000) requirements for drug education are contained in Science; the PE curriculum; PSHE Guidance; and in Curriculum Guidance 5 - Health Education. 

   *Full details can be found in Appendix 1.*

3. As one of the cross-curricular themes identified by the National Curriculum Council, Health Education is one of the tools by which the ‘broad and balanced’ curriculum is to be implemented in schools. Whereas the Science Orders represent a requirement, Curriculum Guidance Five represents an expectation.

4. Drug education needs to be comprehensive in scope and conception. The place of drugs in history and in contemporary society needs to be acknowledged if drug education is not to be merely a ‘don’t do it’ response to the latest moral or media panic. This approach can often reflect in an extreme way the continuation of the generation gap between adolescents and young adults on the one hand and society on the other, which can result in messages being rejected and intentions frustrated because of their source rather than their content.

5. If numbers of users and the extent of damage - in terms of personal health, relationships, costs to employers and costs to health and social services - were the criteria by which drugs were defined and drug education devised, then all drug education in Britain would be about tobacco and alcohol.

6. It is essential that schools discuss what their drug education programme is to be and what they hope to achieve.

7. Drug education should be an integral part of a spiral PSHE Programme and the wider curriculum and not a ‘bolt on’ experience.

8. Consideration should be given to the confidence of teaching staff, parental needs and wishes where they are known and students’ needs and ages.

9. Sample Drug Education Programmes for Primary and Secondary Schools can be found in Appendix 2.
SOME FUNDAMENTAL APPROACHES

Deterrence/Fear

1. It is tempting to exaggerate the dangers of drugs in an attempt to put young people off drug use. The effectiveness of such an approach has been largely discredited: it rarely changes attitudes and can even be counter-productive.

2. Young people find out through their own drug-using experiences and from talking to their peers, that they have not been told the complete truth. Teachers then lose credibility as a source of drug information.

3. Nevertheless, work with younger children must be simple and should include clear safety warnings about the use and misuse of drugs.

Self-Esteem

1. Such an approach assumes that there is a fundamental lack of self-esteem in some individuals. The PSHE programme would, therefore, seek to raise feelings of self-worth.

2. Raising self-esteem is a valuable component of any PSHE programme. However, the extent of drug use among young people cannot simply be attributed to low self-esteem.

3. The DFES circular points out that it could be the best and most aspiring students in the school - the ones with high self-esteem - who are involved in using drugs. No school can afford to be complacent.

Harm Minimisation

1. This approach accepts the view that whatever teachers do, some young people will take drugs. However, it does not condone or promote drug misuse.

2. It sets out to minimise the harmful effects of drugs by focusing on accurate information and personal safety. In alcohol education, for example, by suggesting safe levels and situations for drinking.

3. While it is most appropriate to take an unambiguous stance with younger children, it is crucial, if we wish to protect the long-term health of young people, that we acknowledge the wider cultural context of their lives and that of a drug-using community.

It is important that schools understand the limitations of adopting a single approach to drug education.
ELEMENTS IN A BALANCED DRUG EDUCATION PROGRAMME

Information Giving

1. This is an important part of drug education. Teachers and young people need accurate, up to date information that is relevant to current situations: ‘New’ drugs come into fashion; ‘old’ drugs start to be used in new ways; street names change; on-going research yields further knowledge about different drugs.

2. Teachers do not need to be ‘drug encyclopaedias’. There are many resources which provide accurate and comprehensive information.

3. Effective delivery of drug education is more to do with teacher attitude and confidence than detailed knowledge.

4. Students have knowledge about drugs which teachers can utilise and learn from.

5. Information alone simply informs people and rarely affects unhealthy behaviour.

Exploring Attitudes and Values

1. Lessons which challenge and explore commonly held attitudes and values are important in helping students to develop their own positive attitudes towards healthy living.

2. Positive attitudes influence behaviour.

3. The learning environment should encourage respect for other people’s values and opinions.

Developing Skills

1. Lessons which develop skills in risk assessment, communication, assertiveness and decision-making help students to acquire the essential tools for living in a world in which drug-use is increasing.

2. Skills which help students to help others - such as, listening skills, knowing when and how to ask for help, first aid - are valuable.

3. Skills work is particularly useful for students with learning difficulties. It helps them to be less vulnerable to peer group pressure and enables them to understand about acceptable behaviour. When students are prescribed medicines, they need to distinguish between appropriate and inappropriate use.
USEFUL STRATEGIES

Participative Learning

Lessons which involve discussions, role play and group interaction encourage a classroom atmosphere which produces the most effective drug education work.

Peer-Led Education

This can be of positive value but the teacher’s role as facilitator and support is vital for a successful outcome. Students would prepare activities - such as a performance - to work with fellow students or those a little younger.

Awareness-Raising Days

National and local awareness-raising days are useful to join in with, especially since resource packs and media back-up are normally available. Schools can organise special assemblies, competitions, displays and presentations.

Response Projects

This would be a project designed to meet a particular need in the school or community. It would normally be an extra-curricular activity - such as a presentation or performance for parents or governors, or to form part of a health or activities week.

Theatre in Education (TIE)

A number of professional groups have devised issue-based dramas with follow-up workshops to be performed in schools. Such work is usually high-impact and the experience can be a fruitful one for both students and staff. To gain maximum benefit from such a performance, however, it is important to view the performance prior to booking, to liaise with the company and plan preparatory and follow-up work for the students involved.

VISITORS AND OUTSIDE SPEAKERS

1. Visitors and outside speakers can be a valuable resource to support drug education in schools. However, their input should always complement the drug education programme and should be seen as part, not all, of the school's programme.

2. The success of any visit depends on careful planning and liaison between the school and the visitor. It is good practice to keep a record of the planning for and evaluation of each lesson. Examples of proforma for planning and evaluation can be found in Appendix 3.

3. The use of former drug-users to speak to older students about the dangers of drug misuse, whilst undoubtedly having a dramatic impact, should be negotiated very carefully. It is possible that they may glamorise or promote acceptance of drug misuse and encourage experimentation since the former user is living proof that recovery is possible.

4. When a visitor or outside speaker is present in the classroom, the teacher must always take responsibility for classroom discipline and be prepared to intervene/support as judged appropriate. It is best if the teacher and visitor can work together in managing the learning.
Checklist for schools when considering the use of a visitor or an outside speaker (see Appendix 3)

Before the visit, the teacher should be satisfied on the following points:

- The purpose of the visit and the expected outcomes.
- The lesson content and its place in the drug education programme.
- That the right visitor/speaker has been chosen for the level of students involved.
- That the visitor understands the school’s drug policy and is willing to work within its boundaries.
- That the visitor is a member of a recognised body or that he/she can be vouched for by a member of the school staff.
- That the school’s policy on inviting visitors into school has been followed.