



## The Drug Education Forum

# Pathways to Problems; a response

## Introduction

When the Advisory Committee on the Misuse of Drugs (ACMD) produced their report *Pathways to Problems* in September 2006 the Drug Education Forum's press release said:

The Drug Education Forum believes that drug education must be an entitlement for children and young people, which uses their knowledge, experience and attitudes as a starting point for further learning. Children and young people must get consistent, accurate and timely information about drugs -

### About the Drug Education Forum

The Drug Education Forum is the umbrella organisation for 27 national organisations committed to promoting the provision of effective drug education for all children and young people in England.

Our current members are:

*Adfam, Association of Chief Police Officers, Association of Teachers and Lecturers, Children in Crisis, The Children's Society, Clubs for Young People, Children's Safety Education Foundation, the DrinkAware Trust, Drug Abuse Resistance Education, Drug Education Practitioners Forum, DrugScope, Hope UK, Life Education Centres, Local Government Association, Mentor UK, NASUWT, National Association of Youth and Community Education Officers, National Children's Bureau, National Health Education Group, NSCoPSE- the National PSE Association, NSPCC, National Union of Teachers, National Youth Agency, Professional Association of Teachers (PAT), Secondary Heads Association and Tacade.*

including prescription medicines, solvents, tobacco and alcohol - as part of their drug education.

I welcome the report from the ACMD, which gives us a very clear picture of some of the challenges in helping young people to develop into healthy adults. The Drug Education Forum wants children and young people to have the information and skills they need to make the right decisions about drugs. Our members will be doing all we can to influence the policy and practice around drug education so that they benefit.

We went on to support the calls for "an additional focus on informing older young people about drugs, both through formal and informal educational routes."

The Forum also raised the issue of *Pathways to Problems* directly with Lord Adonis, the Education Minister, in a webchat hosted at the Downing Street website:

### Andrew Brown, Coordinator of the Drug Education Forum:

I want ask a question about drug education and teacher training. The recent *Pathways to Problems* report from the ACMD suggested that there should be a fundamental review of drug education in schools. Do you agree and if so do you think that the omission of drug education from initial teacher training is something that needs to be considered?

**Andrew Adonis replies:** We keep drug education under review, but we do not accept that existing drug education is

not having a positive effect. In respect of teacher training I do believe we need to keep this issue under review - but as you will be aware, a huge amount needs to be covered in the PGCE year, and is not possible to prescribe everything that would be desirable from the centre.

The Forum has now had the chance to assess the content of the report more fully and this is our considered response to the parts of the report that focus on drug education for children and young people.

## What is Drug Education?

Drug education enables children and young people to develop the knowledge, skills and attitudes to appreciate the benefits of a healthy lifestyle, promote responsibility towards the use of drugs and relate these to their own actions and those of others, both now and in their future lives.

It addresses all drugs, legal and illegal, including medicines and volatile substances.

Drug education is the planned provision of information and skills relevant to living in a world where drugs are commonplace. Planning should include developing strategies for helping children and young people engage with relevant drug-related issues during opportunistic and brief contacts with them as well as during more structured sessions.

Drug education provides opportunities for young people to reflect on their own and others' attitudes to drugs, drug taking and drug takers.

# Our Response to Pathways to Problems

The Forum believes that the report is confused (and confusing) about drug education. It makes sweeping statements about school based drug education which taken out of context will be damaging to public debate on the future of drug education in this country.

The failure of the report to consider non school drug education and prevention is an omission. We would have liked the report to have highlighted the formal and informal possibilities in other settings such as youth and children's work, social settings such as leisure centres; community based organisations including faith groups (after all, - just for example - there are 50,000 local churches in the UK with adults who have contact within and outside of their faith activities) and, of course, a family/domestic context. Just because the word 'education' is used doesn't mean that we only have to look at schools. We return to this theme towards the end of our response.

We believe that the report could lead the reader to misunderstand aims of drug education, which attempts to develop the personal well-being of children and young people, the skills to manage any drug-related situation and a comprehensive understanding of the social and legal context within which decisions about drugs are made. It **does not** aim to attempt to take control of and credit for young people's decisions.

Most schools in the UK provide drug prevention programmes. Research indicates that these probably have little impact on future drug use.

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There should be a careful reassessment of the role of schools in drug misuse prevention. The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs, including volatile substances.

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The Drug Education Forum believe that

*Pathways to Problems* doesn't adequately acknowledge the range of relevant work that schools are engaged in and we believe that this is an omission that ought to be rectified.

Schools' ability (and responsibility) to influence on young people's likelihood to use drugs and alcohol goes well beyond drug education. As does the more general prevention work they do, which is much wider than the few hours of PSHE drug education that most children receive in their classrooms.

This is acknowledged in the DfES guidance to schools on drugs which identifies a set of risk and protective factors for children and young people (see table).

Identified risk factors	Protective factors
Chaotic home environment	Strong family bonds
Parents who misuse drugs or suffer from mental illness	Experiences of strong parental monitoring with clear family rules
Behaviour disorders	Family involvement in the lives of the child
Lack of parental nurturing	Successful school experiences
Inappropriate and/or aggressive classroom behaviour	Strong bonds with local community activities
School failure	A caring relationship with at least one adult
Poor coping skills	
Low commitment to school	
Friendships with deviant peers	
Low socio-economic status	
Early age of first drug use	
Being labelled as a drug misuser	

DrugScope in their document, *The Right Responses* identified the following ways that schools can help pupils develop specific protective factors:

- helping them develop supportive and safe relationships
- insisting on regular school attendance
- providing pupils with strategies to cope well with academic and social demands at school
- allowing strong and supportive social networks
- encouraging good social skills
- developing self-knowledge and esteem

- building good knowledge of legal and illegal drugs, their effects and their risks
- building good knowledge of general health and how to ensure their good mental health
- providing access to help and information
- delaying involvement with legal drugs

The Home Office has also recently produced three research papers looking at risk and protective factors. The paper called *Risk, protective factors and resilience to drug use: identifying resilient young people and learning from*

*their experiences* identifies schools as being part of a strategy to increase resilience:

*To develop and maintain an effective resilience to drugs schema: a strategy of providing accurate and credible information, using relevant appropriate language could help provide young people with the facts necessary to begin developing a resilience to drug use collection of beliefs and attitudes. The experiences of young people included in this study could be used to inform future advertising campaigns and awareness-raising resources such as FRANK. The*

case studies presented in the report, motivations for not using drugs and the range of strategies suggested for refusing them could all be used in this context and in school drugs education.

*To develop and maintain appropriate approach goals:* appropriate agencies, including schools, could help young people develop realistic and achievable goals, for example in terms of what career they would like to pursue in the future. Particular challenges may be faced where young people are based in a social context characterised by high levels of unemployment and social deprivation.

*To develop and maintain strong self-efficacy:* the skills required to be able to maintain a decision not to use drugs in practice, including general social skills such as assertiveness, appear to be used by young people in a wide range of contexts. This would suggest that these skills could be developed and promoted in a variety of settings including both drug education and citizenship school-based classes.

Setting drug education in a wider context of preventative work both in and out of school is critical for developing a coherent strategy for drug prevention and treatment as a whole.

## Practice

School-based programmes have been a major part of drug prevention in the UK and other countries for many years. However, systematic reviews of the available published research (mainly from the US) show that the success of these programmes in limiting the uptake of tobacco, alcohol or other drugs by young people has been slight or non-existent, and that they can actually be counter-productive.

Recent reviews of current practice in schools in England, Scotland and Northern Ireland have shown that most schools are now providing drugs

education across the school-age range. However, there is much inconsistency and duplication of effort, with relatively little use being made of those methods that have a better record of effectiveness. Blueprint, a large pilot schools-based programme in England and ASSIST, a peer-supported programme to prevent smoking in Wales, are both currently being evaluated. Drug testing and sniffer dogs in schools have recently become more widely used in the US. Although powers are available for their use, they remain uncommon in the UK.

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These two paragraphs show both the problems with the approach that the ACMD have taken in tackling the issues in the way they have, and a misunderstanding of the policy climate that schools operate within.

By trying to judge educational outcomes with a behavioural model the ACMD report asks drug education to jump higher hurdles than any other subject area in the national curriculum. Particularly when the statutory obligations on schools around drug education are so slim; drug education is statutorily part of the rather narrow science curriculum but is often extended and delivered in the non-statutory PSHE settings.

We strongly believe that the success of drug education should be judged against educational outcomes just as, for example, Maths, History or Religious Education are.

The Drug Education Forum supports the delivery of drug education as part of PSHE lessons, but currently that remains optional for schools.

The policy climate for schools is increasingly one where they are able to determine for themselves how to deliver subjects like drug education. This accounts for the wide variation observed by the ACMD in the types of education being delivered. We believe that the DfES guidance to schools on drugs is helpful and is continuing to have an impact as schools review their drug education policies and practice. We'd point to the fact that last year saw a jump of 8% in the number of schools that involved their pupils in developing drug education policy, up from

38% to 46% who had consulted with the children and young people and the numbers of schools who reported updating their policy on teaching about drugs in the last year [see table].

The Drug Education Forum has worked with the Home Office on the development of the Blueprint research programme and hope that when completed it will offer significant insights into what is effective. We believe that Blueprint should not be the end of the process of developing a UK evidence base on drug education and would welcome further research.

## Recommendation 2

The Government should ensure that young people are repeatedly made aware of the real hazards of using tobacco, alcohol and other drugs. This should be done in ways that are accurate, credible and consistent, using a variety of routes including the media, the school system and further and higher education. In particular, we endorse the decision taken by the Government in January 2006 to conduct an education campaign to communicate the risks of cannabis use for mental and physical health.

Page 10 & 23

We believe that it is important that children and young people receive information and education about drugs that is age specific, balanced, relevant to local conditions, accurate and credible. We don't, however, believe that this will be effective without also helping children and young people learn the skills and attitudes they need in a world where 63% of 15 year olds report having been offered illegal drugs.

We contributed to the development of the Understanding Drugs pack - developed as part of the campaign "to communicate the risks of cannabis" in 2006 and believe it to be a helpful addition to the resources available to schools and other settings. However, we are not convinced that single issue campaigns are as effective as multi-component approaches.

All schools 2005	
When last updated policy on teaching	Total %
In the last year	41
1-2 years ago	38
3-5 years ago	12
Longer ago	2
Doesn't have a policy	6
Base	278

## Recommendation 3

Periodic, large-scale surveys of representative samples of 11-15-year-olds should continue, with coverage across the whole

of the UK, using the same definitions and questions regarding tobacco, alcohol and other drug use, including volatile substances. To quantify the number of young people of this age who frequently use drugs other than tobacco or alcohol, such surveys should include questions about their weekly and more frequent use.

Page 10 & 38

We support this recommendation.

#### Recommendation 19

In the light of the evidence that classroom-based drugs education has very limited effectiveness in reducing rates of drug use, there should be a careful reassessment of the role of schools in drug misuse prevention. The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs - including volatile substances.

Page 12 & 82

School based drug education is only one part of what schools do on drug prevention. It is an important component and must be consistent with the other policies that the school pursues. We welcome the introduction of the statutory duty on schools to consider the well being of their pupils and believe that this will be integral to developing effective drug education.

The ACMD provide no evidence that information based campaigns, on their own, will be more effective than the best practice in drug education, and would be concerned for the credibility of the information if it focused solely on hazards.

We believe that it is important that drug education should teach young people about medicines.

We believe that the government should draw on the evidence produced by the Blueprint programme in any future development of drug education policy, but recognise the limitations of the research programme. The government should commission further research into the effect of drug education and the vital role it plays in young people's development, to continue to develop evidence based policy making.

#### Recommendation 20

All schools should seek to

maintain a supportive environment for all their pupils, while recognising and responding to the needs of those whose behavioural problems or family background may put them at particular risk of hazardous drug use.

Page 12 & 82

We support this recommendation.

#### Recommendation 21

Drug testing and sniffer dogs should not be used in schools. We consider that the complex ethical, technical and organisational issues, the potential impact on the school-pupil relationship and the costs would not be offset by the potential gains.

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The Drug Education Forum does not have a consensus on this issue. We do believe that any school considering taking forward drug testing of their pupils will need to consider a number of critical questions before changing their policy. We set these out in [our paper](http://www.drugeducationforum.com/uploads/Random%20Drug%20Testing%20-%20Public%20Policy%20Briefing.pdf) on the issue ([www.drugeducationforum.com/uploads/Random%20Drug%20Testing%20-%20Public%20Policy%20Briefing.pdf](http://www.drugeducationforum.com/uploads/Random%20Drug%20Testing%20-%20Public%20Policy%20Briefing.pdf)) :

- Have you considered the range of options with partner agencies (e.g. D(A) AT and police)?
- How will drug testing be evaluated over a period of time? And what effect should be measured (behaviour, attendance, drug use)?
- Will drug use by young people be measured with valid and reliable tools, before, during and after the drug testing trial?
- Will staff be tested?
- Will pupils be able to give genuinely informed consent for testing?
- How will individual pupil's results remain confidential?
- How will you ensure that testing is a pastoral intervention, not disciplinary?
- Will you be able to provide the back up and support that young people and parents need if a pupil has a positive test result?

- Will your approach to drug education be compromised by the introduction of testing?
- Where will funding come from and how long will it last?

#### Recommendation 22

All universities, colleges of further education and other major training institutions should take more responsibility for encouraging and enabling their students or trainees to minimise the hazardous use of tobacco, alcohol and other drugs.

Page 12 & 83

We support this recommendation.

#### Recommendation 23

The media, particularly television and radio, should be used more extensively and imaginatively than at present to inform young people of the real hazards of using tobacco, alcohol and other drugs.

Page 12 & 83

We think this recommendation needs careful consideration and that any campaigns should be subject to evaluation. There is evidence (from the United States) about the use of normative campaigns to change the behaviour of large populations. We would like to see similar evidence explored in the UK. We note that the government will be running campaigns on obesity and physical activity using social marketing techniques later this year and hope that the lessons learnt will be analysed with an eye for drug campaigns.

We are concerned about an over-emphasis upon informing young people of hazards, and encourage recognition of the elements of drug education that develop personal well-being, the skills to manage any drug-related situation and a comprehensive understanding of the social and legal context within which decisions about drugs are made.

#### Tobacco and Alcohol Advertising

There is a growing body of research on the impact of tobacco advertising on youth

smoking.

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Compared with tobacco there has been considerably less research into the impact of alcohol marketing strategies. Nevertheless, there is some evidence from cross-sectional studies that underage drinkers are more aware, familiar and appreciative of alcohol advertising than their non-drinking peers.

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In the current strategy documents, much use is made of the surveys of schoolchildren in the 11-15 range. These show clearly that many young people do start using drugs at this age and provide a rationale for attempts to prevent drug use through education at this age. However, we have shown in Chapter 2 and Chapter 4 that the late teens and early twenties are a period when many other young people start using drugs for the first time or move from relatively infrequent to regular and hazardous use. This suggests both that current drugs education in schools is not very effective in dissuading young people from using drugs subsequently and also that the later teens and early twenties may be a time for further preventive efforts.

We therefore recommend that a greater emphasis should be placed on policies aimed at preventing hazardous tobacco, alcohol and other drug use by young people in their late teens and early twenties.

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[This American paper](http://resources.prev.org/documents/AlcoholAdvertisingYouth.pdf) (<http://resources.prev.org/documents/AlcoholAdvertisingYouth.pdf>) on the association between alcohol advertising and alcohol use among young people clearly has limits in terms of how applicable it is here. However, there are clear signs about what children and young people find attractive in alcohol advertising:

"young girls were attracted to

animals' cuteness, whereas boys were attracted to animals' actions or voices. In addition, advertisements featuring celebrities are rated significantly more interesting, effective, and important, and stronger than those with noncelebrity endorsers."

There are parallels to alcohol advertising here in the UK.

The paper's authors do acknowledge that this isn't an easy area:

"It is possible that alcohol advertising influences young people's drinking beliefs and behaviors, but the opposite also may be true. That is, young people who are predisposed to drinking may be more attentive to and hold more favorable attitudes toward alcohol advertising. Most likely, the relationship is complicated and reciprocal."

However, they conclude:

"Regardless of the causal direction of the relationship, alcohol advertising and marketing, at the least, send a message to young people that is counter to and may undermine efforts at preventing underage drinking and related problems. As such, it is important to reduce both youth exposure to alcohol advertising and the appeal of such advertising to young people."

There is further recent American research reported in [Medical News Today](#) which suggests that:

Teens would be less likely to smoke by learning to view ads and other types of media more analytically, the results of a study in the current issue of Archives of Pediatric and Adolescent Medicine suggest.

The study provides some of the first quantitative evidence that training teens about the messages and motivations behind various types of media has the potential to reduce teen smoking.

From a drug education perspective the

Forum would like to see whether there is value in getting English young people to explore their reaction to advertising, to recognise the impact it has on them, and to develop the skills and attitudes they need in order to manage advertisers' attentions.

#### *Tobacco*

About half of 15 well-evaluated, school-based programmes using social influence techniques reduced short-term smoking prevalence, but the largest, most carefully studied programme did not. Only two mass media campaigns out of 63 reviewed were found to have a useful preventive effect. Both were intense and of long duration. Only two out of 17 community interventions were both adequately evaluated and showed a useful, sustained and preventive effect. Both were part of a larger, community-wide cardiovascular disease programme for the whole population.

#### *Alcohol*

A systematic review of 56 alcohol prevention programmes found only two that were both adequately evaluated and successful in achieving substantial long-term effectiveness. Their relevance to the UK is doubtful.

#### *Illegal or other drugs*

A number of systematic reviews have found that some skills-based drugs education programmes in schools had limited effectiveness in preventing substance use in the short term, but there was no evidence of long-term impact. It has not yet been possible to identify the components of skills-based programmes that are necessary for effectiveness.

However, we strongly recommend that a wider view of what is meant by 'effectiveness' in drug education be taken, as the long term impacts of the drug education practice recommended by the DfES will affect self-esteem, emotional literacy, and the knowledge,

the skills and the strategies that young people have available to them in coping with a range of personal and social situations and demands, not just those involving legal or illegal drugs. These hugely significant impacts cannot be measured within the context of a narrow view that drug education is only intended to influence a decision about whether or not to use drugs. When drug education is well conducted, it is integrated with the other elements of PSHE that together address the factors leading to the personal well-being enshrined in the first four of the five outcomes of *Every Child Matters*. The value of bringing about such well-being is not gauged by attempting to quantify changes in one narrowly focused indicator of behaviour.

Evaluating the long term impact of one short lived intervention on long term behaviour is always going to be a difficult to impossible task. However, we would point out that one of the significant risk factors for problematic drug use is age first use, and as such we believe that drug education that has even a short term impact can be valuable, provided it is not narrowly focused upon harm whilst neglecting personal development.

#### *Current practice in the UK*

Despite the evidence that large numbers of young people only start using tobacco, alcohol or other drugs once they have left school, very little seems to be done to provide information or support in the higher and further education sectors.

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We accept this conclusion, and would like to see drug education continue to play a part in young adults' lives as they continue through the education system, and beyond.

We also consider greater emphasis is needed upon the additional potential value, at all ages, of drug education conducted elsewhere than at school; by Youth Workers, Connexions staff, and those in such agencies as Counselling and Information Services and Youth Offending Teams.

Mentor UK - a Drug Education Forum member - will shortly publish a review of the literature on drug prevention interventions in Further and Higher Education. The paper concludes:

Universities and colleges are

committed in promoting students' health and wellbeing and are in a good position to prevent alcohol and drug misuse and related harm. However, there is a general lack of good quality evidence about drug education in colleges and universities. Colleges are using a variety of approaches such as drug education, peer education and youth work to educate and challenge students' perceptions and attitudes toward drugs and alcohol. Drug and alcohol awareness campaigns carried out in conjunction with students' unions appear popular in universities. However, little is known about the impact of existing awareness campaigns, and although efforts show promising good practice, more emphasis is needed on monitoring and evaluating the effectiveness of drug education/prevention.

The Drug Education Forum argued in our response to the Youth Matters that information, advice and guidance to young people should have a specific drug element, and that it must be consistent with the messages that young people get from their drug education lessons and in line with the DfES guidance to schools.

The extensive published research on school based preventive initiatives makes disappointing reading. While many of the evaluations were poorly designed, those that were conducted to an acceptable standard found that even carefully designed, resourced and implemented programmes resulted in, at best, small and short-lived delays in the use of tobacco, alcohol or other drugs by pupils. Indeed, many studies showed no effect at all and some programmes were found to be counterproductive. While there was some evidence that skills-based approaches were more likely to be effective than the normal curriculum, studies comparing skills-based with information- or affective based approaches found there was little, if any, difference between them. Furthermore,

the evaluations of current practice in England and Scotland indicate wide variations in standards, with many schools using traditional, information-based methods that are least likely to be effective. Despite this, drugs education policy in the UK continues to be based on the assumption that drugs education is effective, investing large amounts of staff and pupil time and resources in such activity.

Ofsted's judgement of drug education in 2005 was:

The quality of provision for drug education in schools is improving. Since 1997, the last comprehensive Ofsted drug education report, there has been a marked improvement in the quality of planning of drug education programmes; achievement is higher at all key stages and most schools now have effective plans for dealing with drug-related incidents. The quality of teaching has improved at all key stages, but the continued involvement of secondary teachers who lack subject knowledge remains an issue for some schools.

We don't accept that in comparison with other subject areas a large amount of time or resources are being spent on drug education in schools. And we contest the implication that drug education, when effectively delivered, does not meet the educational outcomes it is designed to address.

The Drug Education Forum would like to see initial teacher training to provide a compulsory module on PSHE, and we support the promotion of Continued Professional Development of PSHE to existing teachers.

We expect PSHE to become an important tool in delivering the new duty of school governing bodies to "promote community cohesion and the well-being of pupils at the school", and as a consequence for the standard of drug education to continue to improve.

Given the evidence presented in other chapters, however, these findings are less

surprising. Many of the young people who start taking drugs at an early age have a parental or family background or circumstances which put them at higher risk, or have already shown evidence of patterns of behaviour such as truanting or offending which are strongly associated with using tobacco, alcohol or other drugs. When these circumstances are combined with an environment in which drugs are readily available, it is perhaps unrealistic to expect a small number of classroom-based exercises to act as a deterrent.

We have thus concluded that the expectations placed on school-based drugs education programmes need to be more realistic. We believe that schools do have a clear responsibility to provide young people with accurate and balanced information about the hazards of using drugs. In that respect, there should be more emphasis placed on hazards related to tobacco and alcohol, including:

- the addictiveness of tobacco and hence the difficulty of stopping once you have started smoking - if any drug should have a “just say never” tag attached to it, it is tobacco;
- the extreme danger of using volatile substances;
- the links between alcohol intoxication and violent behaviour and unsafe sex; and
- damage to the unborn child due to smoking or drinking during pregnancy.

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We strongly agree that it is unrealistic to expect drug education to be an effective deterrent or to be able to ameliorate serious deficits in family background and upbringing.

We are pleased that the ACMD recognise the need for schools to provide drug education. However, we would want the committee to acknowledge that, as well as providing information on the hazards of using drugs, drug education must also seek

to develop personal well-being, the skills to manage drug-related situations, and an understanding of the social and legal context within which decisions about drugs are made.

We note that Ofsted’s review of the impact of National Healthy School Standard [said](#):

Drug education in schools, however, continues to present a very mixed picture across all phases. While drugs education featured in most schools planning, and there was provision for drugs education in all the schools, there was too little focus on the social implications of drug-taking. Pupils were not made sufficiently aware of the effect that drugs, smoking and alcohol might have on their lives. Schools rarely discussed the mental problems which may lead to substance abuse and there was wide variation in the support provided for teaching staff to raise their awareness of such issues through regular updating.

We expect that the new PSHE Subject Association will be a powerful tool for improving and disseminating best practice on drug education and promoting better understanding of where its value lies.

## Youth and community based services

The Forum was surprised that the ACMD in looking at this subject did not consider the evidence around non school prevention and education. We would point to the research cited by in the discussion paper produced by the Treasury and DfES, Policy review of children and young people, which says:

In-depth analysis of youth provision from the US, including extended school and youth programme models, found participation to be linked to:

- improvements in attitudes towards school, academic performance, school attendance and discipline;
- avoidance of drug and alcohol use, decreases in delinquency and violent behaviour, awareness of safe sex; and
- increased skills for coping with peer pressure, decreased behavioural problems, improved social and

communication skills, and better self confidence and self-esteem.

The research they are quoting, *A Review of Out-of-School Time Program Quasi-Experimental and Experimental Evaluation Results*, can be found [here](http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/snapshot1.html) (<http://www.gse.harvard.edu/hfrp/projects/afterschool/resources/snapshot1.html>).

The National Youth Agency, one of our members, tells us that for young people in education only 9 minutes in any hour are spent in formal educational settings. A very important 9 minutes, but it is indicative of the challenge that schools face, and brings into sharp focus the issue of how we educate (as parents, families, peers, communities, and government) in the rest of the time that is available to us.

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