

Effective Drug Education Survey – Findings

Introduction

As part of the Children's Plan the government committed themselves to reviewing the effective delivery of drug education in England. The Drug Education Forum developed a survey to help inform that review.

This report details the findings of the survey.

We are grateful to the over 350 people who took the time to give us their views.

Summary

Inputs:

- Only 36% think the drug education they know has the support of senior staff.
- 45% think it is taught by skilled and confident staff.
- 52% say that the drug education they know is based on the latest evidence.

These findings were supplemented by commentary from the respondents which suggests that what is being taught in schools is very varied, and a palpable sense of frustration with some of the current practice and the status that drug education has in schools.

Outcomes:

- 84% agreed that the drug education they know about impacts on knowledge, skills and attitudes.
- 68% were able to agree that it meets the current curriculum requirements.

Barriers and drivers to improve practice:

- 58% said that the failure to prioritise drug education was a barrier to improve drug education.
- 63% said that lack of time on the timetable was a barrier to improving drug education
- 67% said that lack of specialist staff was the biggest barrier to improving drug education.
- Commitment by local leaders was seen as the most important driver to improving drug education, followed by understanding the needs of children and young people and access to training.

The situation is very variable with some schools not addressing drugs outside of science and barely doing so then and others relying totally on external agencies for delivery which is not embedded with the schools input.

Teaching and Learning consultant for Healthy Schools

- The three things that respondents felt must change were:
 - To improve the status drug education in the framework of PSHE, giving it statutory status and increased time over the course of the school year;
 - Increased access and commitment to training, both at initial stages and as part of a continuing professional development; and
 - The development of a clear curriculum and the resources to deliver it.

The majority of respondents to the survey were teachers, members of Drug and Alcohol Action Teams or independent providers.

Background

The government's Children's Plan made a commitment to holding a review of effective drug and alcohol education, which is being taken forward by the Department for Children, Schools and Families (DCSF).

The DCSF brought together a working group of internal and external stakeholders to consider the evidence for what works in drug education, what the barriers are to improving practice where that is needed, and to make recommendations to Ministers for changes which will improve the effectiveness of provision in England.

The Drug Education Forum is included as part of this working group and provided support to the review.

Separately we decided to try to engage a wider audience to help create a deeper understanding of current practice and what those engaged in delivering drug education believe to be the issues that need to be addressed by the review.

An interim version of this survey was shared with the working group and has helped inform the recommendations made to Ministers.

We hope that the evidence provided will ultimately improve the effectiveness of drug education for children and young people in England.

The Drug Education Forum would like to thank all those that took the time to fill in our survey and we hope they will see their views reflected in this report.

Methodology

The survey was created using the online tool, Survey Monkey (www.surveymonkey.com), and had 6 questions for respondents to fill in. We did not insist on a response to every question. There were a mix of multiple choice and open questions.

The survey was sent to all members of the working group and the Drug Education Forum. Additionally it was sent to the Forum's wider mailing list and it was publicised by Daily Dose and in Drink and Drugs News. We asked members of the Forum, the DCSF and those who filled out the survey to circulate it to others they thought would want to contribute their views.

The survey went live on 4th April 2008 and was planned to close on 18th April. In May an interim report was produced analysing 211 of those replies.

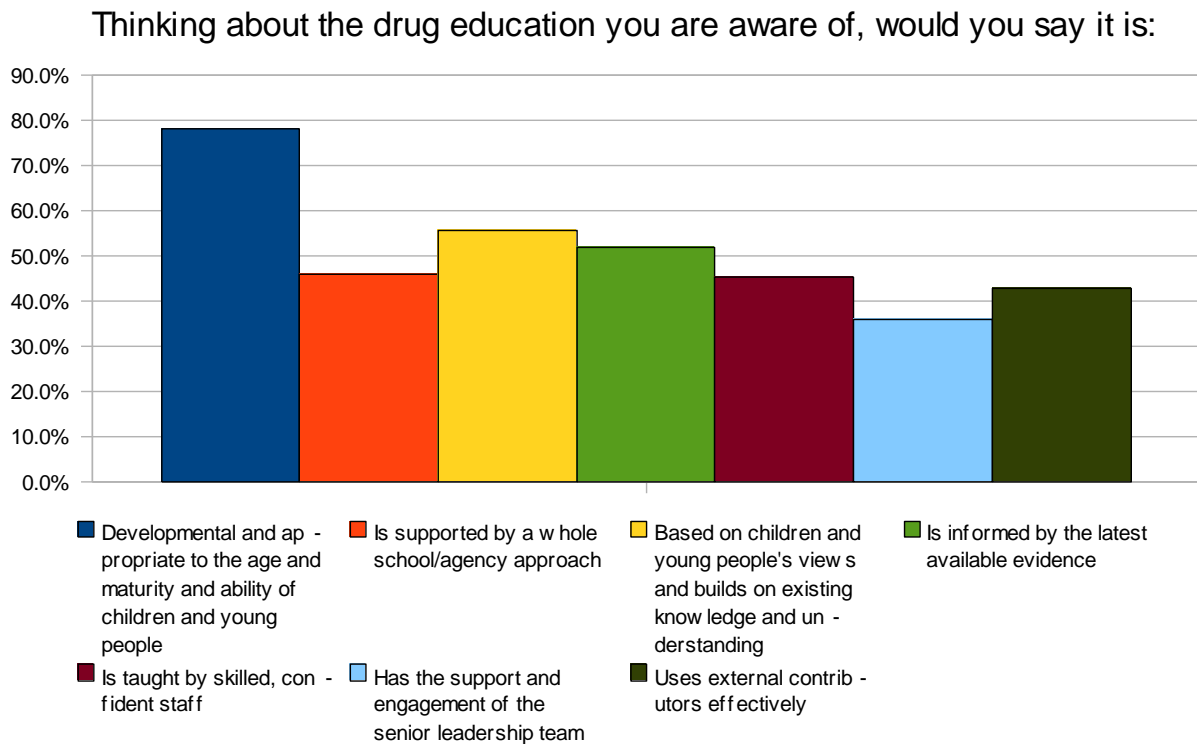
The Drug Education Forum were asked to re-open the survey by the DCSF following a number of their contacts telling them that they would have liked to have participated in the survey. The survey was finally closed on 5 June 2008.

There were 355 responses.

Findings

Question 1

The first question asked respondents to think about the drug education they were aware of and to indicate support where they agreed with a range of statements. There was also an open field where people could give their own views on the question.



In the supporting comments there was a strong vein of scepticism about how widespread good practice was and a palpable sense of frustration with some of the current practice and status that drug education has in schools.

The situation is very variable with some schools not addressing drugs outside of science and barely doing so then and others relying totally on external agencies for delivery which is not embedded with the schools input. Very few schools tick all the above boxes.

Teaching and Learning consultant for Healthy Schools

Unfortunately, due to a lack of appropriate and meaningful targets in relation to drug and alcohol education, it is difficult to say that any of the above are happening consistently. There are not enough appropriate resources allocated to drug and alcohol education / prevention and certainly not enough accountability with schools to ensure an approach to drug and alcohol education that is reinforced year on year or is even supported by a whole school approach. In most cases, only one teacher is often aware of drug and alcohol education and the support services in the locality e.g. the PSHE teacher never mind a whole school approach.

Drug Action Team member

It is not supported by a whole school approach, head teachers gate keep who and what is delivered and agencies are given entrance to schools based on personal feelings. Some schools think that by engaging with substance misuse education they are suggesting that they have a problem in school. Teaching staff are not able or willing to deliver this themselves. PSHE should be statutory and the government should have a financial commitment to ensure that it is delivered to the highest possible standards by staff who are qualified to deliver it using up to date resources. Some secondaries will not even engage around the smoking issue, let alone other drugs.

Drug Action Team member

A number used the opportunity to say "none" to any of the statements, and a larger number qualified their response:

I cover approx 400 schools supporting in this area. There are some schools which tick all boxes, but few - if we are talking about secondary schools. Primaries are however much more likely to take a considered approach, but many staff still require training to help them understand the ethos behind PSHE and esp Drug Ed.

PSHE Adviser

For some schools I would be able to tick all the above boxes, for others I would only tick the first box. The issue is the inconsistency of approaches across different schools in the LEA.

Healthy Schools Consultant

Any of the above could be true in some schools; however, in our experience most will not be true. Drug education has a tendency towards being random, unstructured, taught by relatively unskilled and unconfident staff and is not prioritised. Where external contributors are used, it will be more because of perceived lack of expertise among teachers than for the specific contribution an external contributor can make.

Independent provider

In particular those who identified themselves as young people or drew on their experience as parents were critical of the education they, or their children, had received:

To be honest I don't think it does any of these really, I don't feel my drugs education was effectively implemented last year.

Child or Young Person

From seeing the drug education my daughter has so far received it needs to be improved and taught at an earlier age... My daughter could teach a lot of adults more about this subject than they are comfortable with. I would rather my children learn from me and the school than from a dealer.

Independent provider

I am only aware at second-hand of my children's drug education, which was skimpy and unconvincing.

Third Sector representative

However there was also some positive feedback:

In general, drug education is well supported in schools but this often depends on leadership support and space within the school timetable. One of the difficulties with drug education in the schools is the PSHE coordinator is often the "skilled, confident member of staff" as they have had further training and support on drug education. Schools still find it difficult to free up time for whole school staff training on drug education issues. I think further consultations on what pupils

want is needed, often Jugs and Herrings and such baseline assessments are carried out which don't really affect the scheme of work that will follow. The sharing of best practice within teaching of drug education in the key stages could also be useful in developing teacher's confidence and skills.

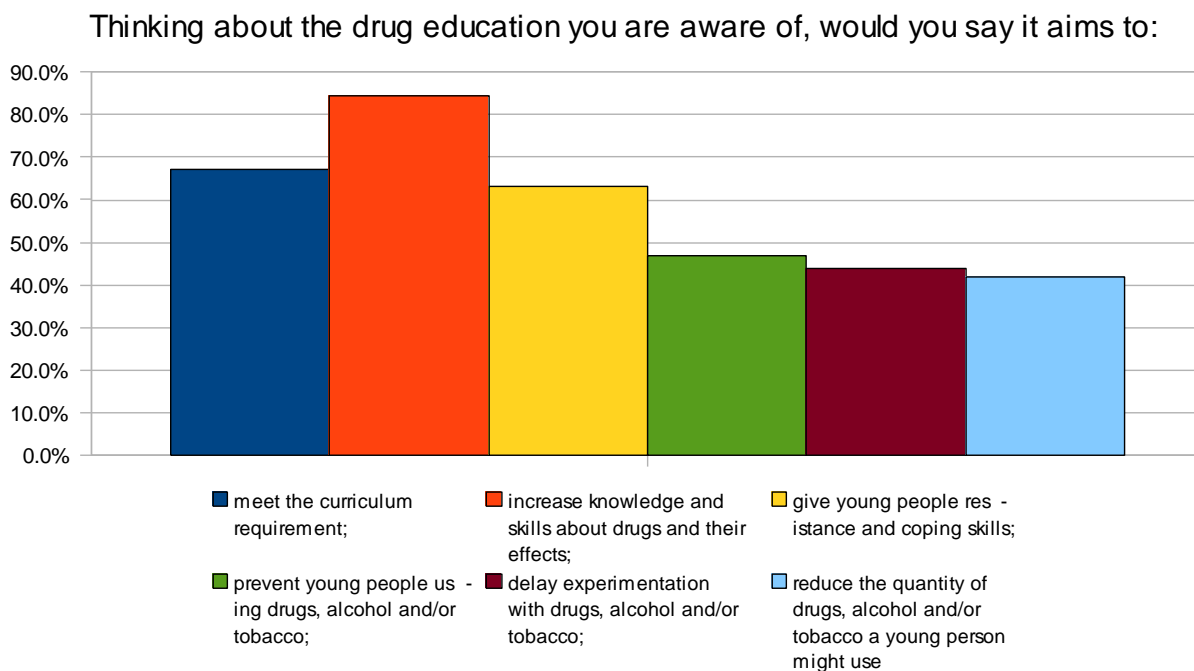
Drug Education Coordinator

National Healthy Schools has had a noticeable impact, as has our local Advanced Healthy Schools Status (Leeds). Best practice can be found in many schools but, equally, poor practice exists where schools have yet to recognise their responsibility for a spiral drug education programme, the clear link with attainment (let alone health and wellbeing) and the fact that they part of their budget should cover drug education. Even in the most committed schools however, the weakness lies in "taught by skilled, confident staff."

Teacher Adviser for drug education

Question 2

The second question sought views on the aims of drug education, again respondents were able to tick all the statements they felt applied to their experience, and there was an open field for further which allowed for clarification and comment.



Responses in the open field showed some concern about the balance between the statements, with a number of people saying that there seemed to be too much time spent on increasing children and young people's knowledge of drugs at the expense of skills and attitudes.

I feel there is too great a focus on information on general physical effects rather than the holistic issue, which includes damaged emotional, social and economic well-being of the individual, family members and friends. There is an expectation message that YP will experiment. With good education, guidance and role models then more YP will not want to try illegal substances. Negative messages come from celebrities who get light/no sentence for their involvement in drug offences. Also groups using ex-users who have made good since may have mixed messages.

Teenage Parent Personal Adviser

Existing drug education largely falls into meeting curriculum requirements, and labours the points of all the wrongs and ills behind drug use, rather than engaging young people to critically think about the issues.

Drug Education Coordinator

There was also concern about whether it was appropriate for drug education to try to prevent young people from using drugs, alcohol and/or tobacco.

Again while many schools understand that effective drug education can delay experimentation / reduce the quantity the majority of schools are aiming for total prevention.

Drug Education Consultant

I am aware of many different forms of work under the banner of drug education and each may aim to achieve different sets of the objectives listed above These may vary dependent on the needs of the 'client' group at a particular stage in their lives. I would find it hard however to justify objective 4 although some programmes of which I am aware have that as the stated aim.

Third Sector representative

However, where concern was most often expressed was around the ambition of current provision:

Although education may address some or all of the above I would say that many school based sessions are just about meeting the basic curriculum requirement and are not very well related to any specific well thought out aims and objectives.

Service Manager of Young Peoples Substance Misuse Service

We think drug education aims to meet minimum curriculum requirements, and probably increases knowledge. We doubt whether it is very effective in any of the other elements.

Independent provider

There was also recognised that what is being delivered in different settings may be more targeted but may not be as connected as it should be:

Again my answers would be different to school to youth work settings. In homes parents are at a loss where to go for info and support to educate in home.

Third Sector representative

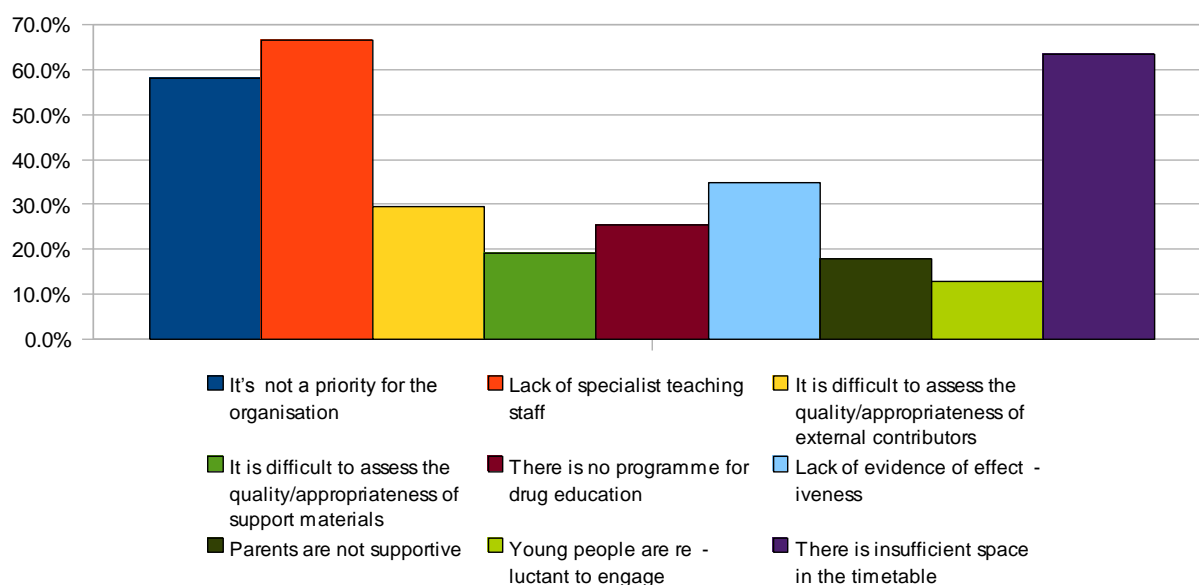
I think the link to parenting and extended school is missing from the link. Schools play an important, but small, part in a child's/teenagers personal/social development. Parents and carers are more influential and yet not engaged in school and pupil Learning - emotional intelligence and responses to it, should be given a higher focus at school. Greater focus on problem solving skills may be more effective that too much information about drug knowledge.

Schools Drugs Adviser

Question 3

The third question asked what the most common barriers to improving drug education are. As can be seen from the table there are concerns around the priority of drug education, the lack of specialist staff and timetabling.

What are the most common barriers to improving drug education



The supporting comments echo and amplify these views.

Lack of national STATUTORY guidelines for a STATUTORY subject.

A Teacher

Substance use and misuse education needs a stronger basis; indeed PSHE needs a stronger basis. Is making "Risky behaviours" an examinable study in itself too much to ask for? In this way a more cogent, relevant and rounded programme could be offered instead of the piecemeal approach we now see.

Drug Education Consultant

If PSHE were compulsory, it would help ensure that there was adequate time on the timetable.

Healthy Schools Co-ordinator

I worry that many schools feel that they have other, more pressing demands on their time, frequently do not have an adequate PSHE programme or it is delivered by untrained tutors and simply do not allocate sufficient time or expertise to this issue.

Independent provider

So many staff are lacking in the confidence needed - there is a real fear of 'getting it wrong'.

Third Sector representative

There was feeling that this went beyond schools not seeing drug education as a priority and the same was true of some local authorities and central government as well.

Local authorities on the whole will not fund agencies involved in drug education. It is not seen as a priority and finding funds to keep going is a huge task. Until government puts money annually into drug education, it will not be seen as an important part of education.

Independent provider

There is a real lack of leadership from the government in regard PSHE in general, no evidence about what works, no resourcing. OFSTED have no idea what they are assessing.

Drug Action Team member

Other subjects also came through including comments about parents' roles:

The culture of pupils in a PRU means they accept drugs abuse/misuse as the norm. Parents may even ignore/minimise their child's substance abuse.

A teacher

Underutilising parents as an educational resource.

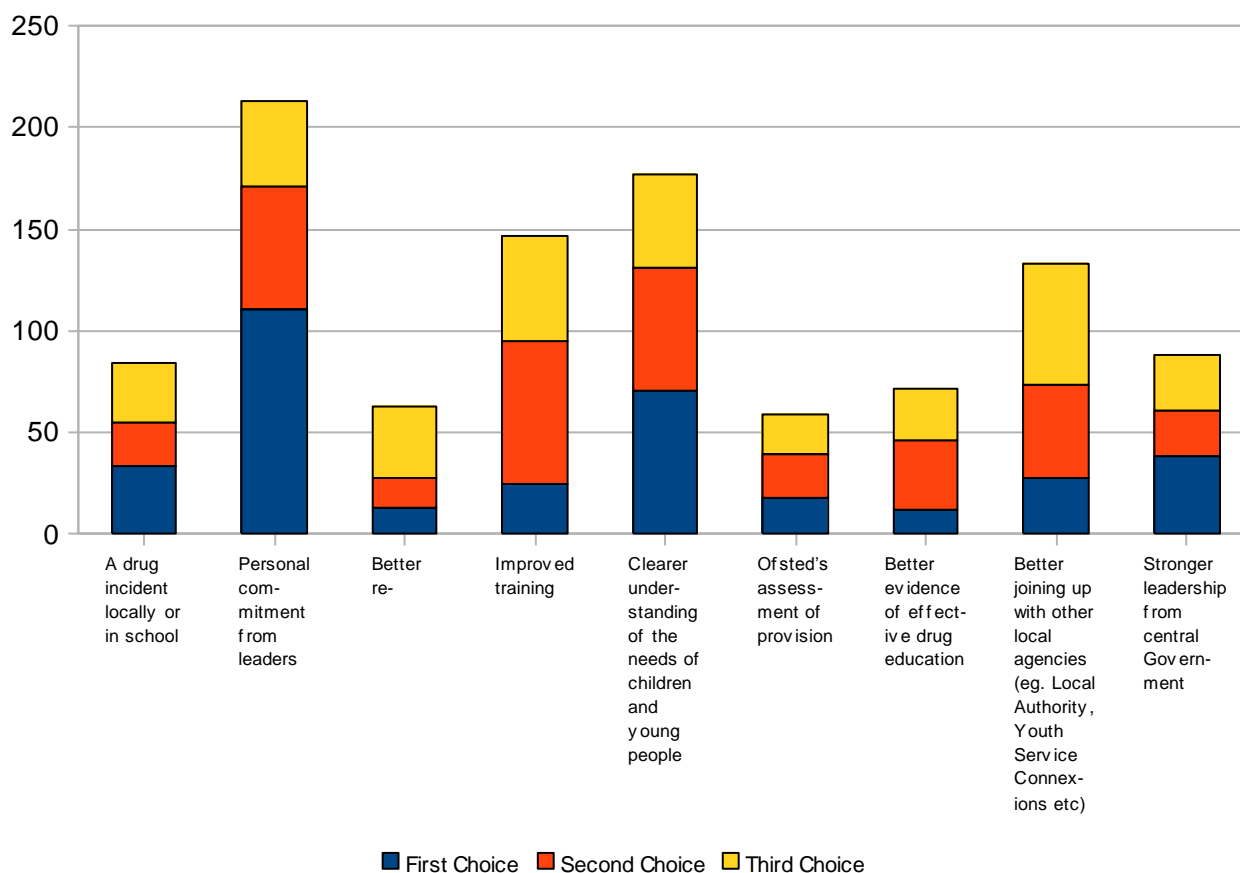
Third Sector representative

Question 4

This question asked respondents to rank what they saw as the most important drivers for changing practice, they asked to choose their top three.

In your experience, the most important drivers for improvement in drugs education are

355 respondees



111 respondents picked the personal commitment from local leaders as being their top driver, and 71 decided that a clearer understanding of children and young people's needs had made the difference.

The majority of second choices were split between commitment from local leaders, improved training and a clearer understanding of the needs of children and young people, with better joining up between local agencies also being a driver.

Third choices were split more evenly, with better joined up working and training gaining the most support.

Overall it is clear that respondents saw commitment from those in leadership positions as being the most important driver in improving drug education.

In the supporting comments many took the opportunity to again argue for a statutory status for PSHE. Others reflected more broadly on leadership and its role in making a difference to delivery:

The demands of delivering the standards agenda frequently means that time for PSHE (a non-statutory subject) is under pressure. Unless a schools SLT are aware of the contribution that a well-planned programme of PSHE developing values, skills and knowledge can make to young people's personal well-being and achievement, such issues are unlikely to be taught effectively. A stronger national lead is needed and Ofsted must be encouraged to criticise those schools who fail to deliver young people's entitlement to high quality PSHE programme, including Drugs Ed.

Independent provider

Without commitment from those in leadership positions the programme of drug education can vary from excellent to virtually non-existent with an overcrowded timetable and pressure for places in the league tables.

School Nurse

Without commitment at government level, there will be no commitment at school management level; and without commitment at school management level there will be little hope of adequate training for teachers.

Independent Provider

There was also recognition that national programmes were making a difference:

National Healthy School Programme is a key driver locally.

Parent

Healthy School Standard is a motivator. However it's down to the commitment of the school leadership. Some schools do some schools don't.

Drug Action Team member

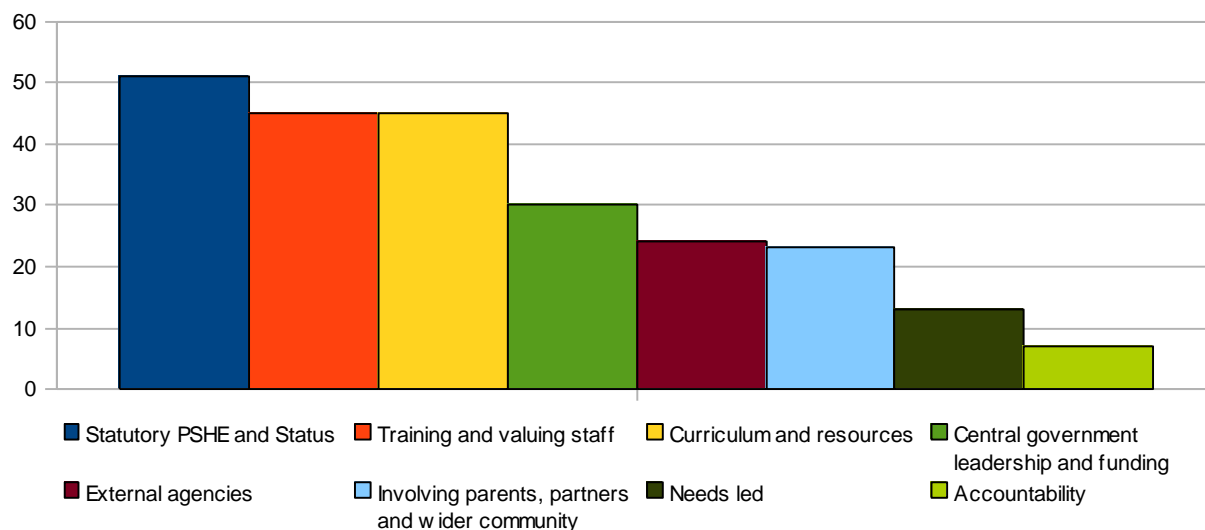
Question 5

This was an open question where we asked "If you could change 3 things about delivering drug education what would those be?"

Analysis of the responses has relied on grouping responses together where they are making broadly similar points. Clearly this isn't an exact science and it should be noted that responses categorised as being in the same group may include opposing points of view. For example, a number of people were keen to see external providers play a much greater role in school based drug education; others wanted to restrict their involvement. Similarly, different approaches to education were advocated, some respondents wanted to see much more explicit messages delivered in the drug education children and young people receive, others were looking for harm minimisation messages to be the norm.

Nevertheless, there were a number of clear themes that emerged from the question.

If you could change 3 things about delivering drug education what would those be?



Statutory Status

Most obviously 51% of respondents (156 of the 303 who answered this question) wrote something about making drug education statutory or finding ways to increase amount of time spent on it in schools. Many were explicit in calling for a change in the status of drug education or PSHE:

PSHE -statutory. Greater emphasis within the healthy school programme. Greater emphasis from the government on prevention not enforcement.

A Teacher

Statutory PSHEe - so there would be a national programme of study with agreed, assessed learning outcomes and a recognition of the need for trained, specialist teachers.

Drug Action Team member

Ensure quality curriculum time was provided in each Key Stage as part of statutory PSHEE in every school and reinforced by OFSTED and DCSF guidance.

Local authority PSHE/Citizenship advisor

Make PSHE education statutory and state that lesson length should be no less than 45 minutes, once per week throughout term time - that people would know that it must be given a real place and taken seriously.

Independent provider

Others expressed their argument more terms of the amount of time available for teaching drug education:

In the absence of statutory PSHE, reassure schools that in light of the new secondary curriculum (and presumed focus of the forthcoming Primary Review) that the definition of a successful school will, in the future, not be restricted to those with good academic results but will include those who provide young people with the values, skills and knowledge to meet the ECM agenda.

Independent provider

More time in the timetable to discuss the implications of drug abuse.

A teacher

Ring-fenced time perhaps combined with other social education i.e. sex and relationships

Young Persons substance misuse treatment provider

Training

Another clear theme that emerged was around the need for training and the development of specialist staff. This was mentioned by 45% (138) of respondents.

Young-people-relevant drug and alcohol issues training a compulsory aspect of teacher training, nurse training and GP training.

Third Sector representative

More training to provide teachers/head teachers/parents with greater understanding of substance related issues.

Independent provider

Include enough on PSHE in ITT for teachers to understand the importance of drug ed. and to know where to access further training to deliver it.

LEA PSHE consultant

Continued national support and promotion of the DE option of the PSHE CPD programme: this has had a real impact on DE in Gloucestershire.

CPSHE Consultant (Local authority)

Curriculum

Also seen as important by a large group of respondents (45%, 137) was the curriculum and resources available for drug education. A sub-theme was the desire for drug education to be taught in conjunction with other subject areas, largely through PSHE although other subjects were raised. For example a contributor talked about raising the way that alcohol can age the skin as part of beauty courses.

For drug education and PSHE in general to be embedded in the curriculum rather than taught as a stand alone subject.

Health Promotion in the local Primary Care Trust

Money for schools to purchase new resources as drugs training packages for schools become quickly outdated. New innovative ways of teaching about drugs and more focus on alcohol and smoking.

Healthy Schools Drugs Education Co-ordinator

Leadership Funding and Evidence

There were also calls for central government leadership in raising the profile of drug education, to make funding available and to invest in and disseminate the evidence for drug education (30%, 92).

More training, more funding, more support from the government-make it in line with other subjects- to raise profile.

A Teacher

Continued funding to schools and local authorities for resources - not giving a 2 year pot of money and then taking it away again.

School Drug Education Advisor

Government investment for a 3 year programme to support every child to embed best practice in healthy living/drug education into the everyday whole school curriculum

Local authority officer and Trustee of an Independent Provider

It takes a serious incident for the government to start paying lip service about improving the situation around education. I currently have 46 clients and when I have asked them about how they got into substance use over 65% have replied through lack of knowledge. When I asked further if they thought better education at school might have changed this they all agreed with most stating they never had drug education at school and due to this they learnt from others but in the wrong way.

Drug Worker

Provide evidence of clearer research findings on which to base behaviourally effective programmes.

Independent Provider

External Agencies

A significant number of respondents (24%, 72) wrote about the role of agencies in delivering drug education in school settings.

Encourage reluctant schools to use external contributors to enhance their drug education not just provide it as a one off.

Independent provider

Many argued for an increased and better use of external agencies and there was also a sub-strand of responses that expressed the view that ex-users should have a bigger part to play in getting messages about drugs across to young people.

However, there were also a number of responses looking for a way of ensuring that external contributors were adding value to the drug education that children and young people receive.

Quality assurance of providers who don't always give right information

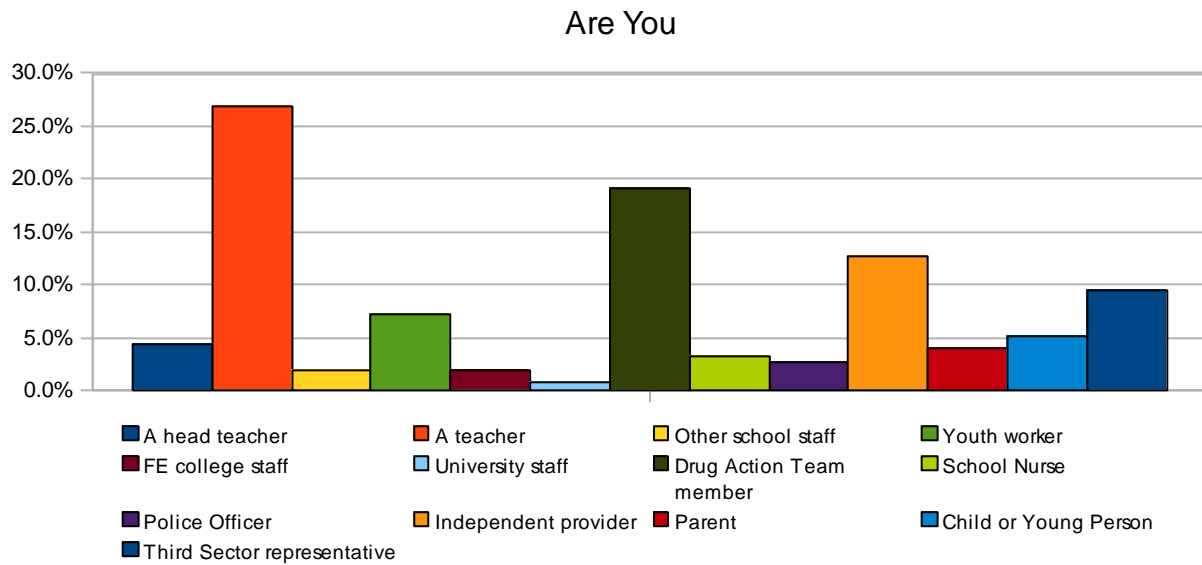
Local Authority PSHE/ Healthy Schools Consultant

Other issues

A range of other issues were also raised by respondents. Most prominently ensuring that drug education meets the needs of children and young people (13%, 41), that there was more efforts made to include other partners, parents, and the wider community (23%, 72), and a greater role for inspection or accountability (7%, 22).

Question 6

This question asked respondents to tell us what they did for a living.



The main groups were:

- Teachers (27%)
- Members of a Drug Action Team (19%)
- Independent Providers (13%)
- Third Sector (10%)

About the Drug Education Forum

The Drug Education Forum is the umbrella body for national organisations that deliver or support the delivery of drug education. The Forum promotes the provision of effective drug education for all children and young people in England.

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