

Social Justice and Regeneration Committee

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Date: Wednesday 4 October 2006

Time: 9.30am – 12.30pm

Venue: Senedd, National Assembly for Wales

Title: Advisory Council on the Misuse of Drugs (Sept 2006) Pathways to Problems - Summary of Chapter 5: School and Other Education-Based Prevention Initiatives

1. Introduction

Chapter 5 considers the effectiveness of initiatives, mainly school-based, which are specifically intended to discourage young people from using drugs. It also sets out the implications of this for future policy. The term drugs refer to all psychoactive drugs, both legal and illegal.

There are two main types of preventative initiatives:

Primary prevention, which aims to avert or delay initial use of a drug.

Secondary prevention, which aims to minimise hazards or actual harms among those who have already begun using drugs.

Most preventive interventions to date have been universal, i.e. directed at unselected populations of children or young people, typically in a classroom situation. A small minority selectively target children or young people believed to be at heightened risk of involvement.

Since the 1970's, there have been two main approaches to prevention initiatives:

The social influence approach - seeks to achieve "psychological inoculation" and encourage anti-drug use attitudes, counteract beliefs that using illegal drugs is normal, and develop the ability to resist offers of drugs.

The social competence or life skills approach - seeks to develop a broader range of personal and social skills in addition to tactics to refuse offers of drugs.

2. What the research shows

A large proportion of the published evaluations have serious methodological problems which limit

the reliability of the results.

Systematic reviews of the available published research (mainly from the USA) show that the success of drug prevention programmes in limiting the uptake of tobacco, alcohol and other drugs by young people has been slight or non-existent, and that they can be counter productive.

There is a mismatch between what is practised in the US and what is known about the ineffectiveness of drugs education in schools. This is likely to be the case in other countries. The report states that there is a consensus in reviews of DARE (Drug Abuse Resistance Education), that it has been proven to be ineffective. DARE is a social influence programme where uniformed police officers teach resistance skills in the classroom. Yet this intervention is delivered in the majority of schools in America.

3. Current practice in the UK

The vast majority of primary and secondary schools in the UK offer drug prevention programmes.

England

The emphasis is on drugs education that is taught in schools as part of a holistic, whole school approach. The stated aim in England is to enable pupils to make healthy informed choices.

A survey carried out by Ofsted in 2004 found that the quality of drug education policies and related curriculum planning was rated as good in over half the schools but unsatisfactory in almost one-third. Concern was expressed that assessing the needs of pupils in one-quarter of primary schools was unsatisfactory. While the concerns of many teachers and parents were about the involvement of young people with illegal drugs, Ofsted considered that the overwhelming majority of young people regard tobacco and alcohol as the greatest drug-related dangers they face.

Scotland

Drugs education is expected to be given in all primary and secondary schools. Preliminary results from an evaluation commissioned by the Scottish Executive show that most school used methods that have not been found to be effective and many used out of date materials. Most pupils were critical of drugs education and found it uninspiring and unrelated to their own experience.

Wales

Drugs education is covered both by the Personal and social education framework key stages 1–4 in Wales and by the Wales National Curriculum Science Order. The current arrangements have not yet been evaluated.

Drugs education is also delivered through the All Wales Schools Programme by police school liaison officers working in conjunction with PSE teachers in schools. It has three strands - substance misuse, social behaviour and community and personal safety. The Programme underwent formative

evaluation in September 2005.

Northern Ireland

Since 1996 it has been a statutory requirement for all schools in Northern Ireland to have a drugs education policy and publish it in their prospectus and to teach drugs education as part of the health education cross-curricular theme. A survey carried out in 1998 found that there was considerable variation in the quality of drug policies.

From 2007, drug and alcohol education will be part of a new curriculum which includes personal, social and health education. Having personal, social and health education as a statutory requirement is not in place elsewhere in the UK.

4. Implications for policy

Despite the evidence that large numbers of young people only start to use tobacco, alcohol and other drugs once they have left school, very little is done to provide information or support in the higher and further education sectors. The report recommends that all universities, further education colleges and other major training institutions should take more responsibility for encouraging students or trainees to minimise the hazardous use of tobacco, alcohol and other drugs.

Schools have a clear responsibility to provide young people with accurate and balanced information on the hazards of using drugs. There should be more emphasis placed on the hazards associated with alcohol (and tobacco).

Expectations placed on school-based drugs education needs to be more realistic.

The concept of Healthy or Health Promoting Schools is endorsed. Drugs education should be placed in the wider context of a whole-school approach involving the whole school community (which is at the centre of the National Healthy Schools Programme in England and Health Promoting Schools in Scotland). A 'Healthy School' is defined as one which effectively addresses the following four themes.

Personal, social and health education, including sex and relationship education and drugs education (including alcohol, tobacco and volatile substance abuse);

Healthy eating;

Physical activity; and

Emotional health and well-being (including bullying).

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.

Drug testing and the use of sniffer dogs in schools are not recommended.

The media should be used more imaginatively and extensively to make sure that young people are repeatedly made aware of the hazards of alcohol, drugs (and tobacco).

Any future major drug prevention initiatives should be designed with evaluation of that initiative in mind from the outset. Evaluation should use scientifically rigorous methods, employing randomised controlled trials wherever possible.