



# the right approach

Quality standards  
in drug education

DrugScope

drug &  
alcohol  
EDUCATION AND  
PREVENTION TEAM

*A joint Alcohol Concern  
and DrugScope project*



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DrugScope is one of the UK's leading centres of expertise on drugs. We provide professional advice and guidance for all those working in the field and a public information service on drug use. Our aim is to inform policy development and reduce drug-related risk.

DrugScope  
32-36 Loman Street  
London  
SE1 0EE  
Tel: 020 7928 1211  
Fax: 020 7922 8780  
E-mail: [services@drugscope.org.uk](mailto:services@drugscope.org.uk)  
Registered charity number 255030

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The **Drug and Alcohol Education and Prevention Team** is a joint project between Alcohol Concern and DrugScope. The team, Vivienne Evans, Nicola Sinclair and Safia Noor can be contacted at [ed&prev@drugscope.org.uk](mailto:ed&prev@drugscope.org.uk) or by calling 020 7928 1211 or 020 7928 7377.

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This publication was written by Ruth Joyce and Adrian King  
Ruth Joyce works for DPAS (Home Office) and was the Head of Education and Prevention at SCODA.  
Adrian King is a freelance consultant in health and drugs education

Editing and production management: Paula McDiarmid  
Design and print: Ds Print & Redesign

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## Members of the Quality Advisory Group:

Phil Barnett*	Birmingham LEA
Nick Boddington*	Essex Learning Services Directorate
Sandra Bourne*	Enfield LEA
John Cairncross	United Kingdom Anti-Drug Co-ordination Unit
Brian Dobson*	Tacade
John Ford	Department for Education and Employment
Malcolm George	Association of Chief Police Officers
Peter Griffiths	Office for Standards in Education
Christine Girdler	National Association of Head Teachers
Louise O'Connor	Roehampton Institute, London
Kathy Portlock*	Hounslow LEA
Jenny Rowley*	Merton, Sutton and Wandsworth Health Authority
Michele Armstrong	Department of Health
Cathy Weatherup	Welsh Drug and Alcohol Unit
Kath Wilson*	Somerset Health Authority

\* Also member of the Quality Working Group

# foreword

Education is one of the cornerstones of the government's 10-year anti-drugs strategy *Tackling drugs to build a better Britain*. If we are to be successful in helping young people to resist drug misuse in order to achieve their full potential in society we need to help teachers to deliver good quality drug education.

One of the things government can do is work with those in the field to identify ways of assisting teachers and to make sure that they have access to quality advice on how they can deliver sound drug education programmes. With this in mind, government departments have worked with SCODA on *The right approach*, a quality code containing national standards for the delivery of drug education in schools. It sets out essential elements of planning, organisation and delivery so that schools can review and assess their areas of strength and identify areas needing further attention and monitoring.

Last year the Department for Education and Employment published its own guidance on good practice in drug education in schools and the youth service. In that document, *Protecting young people*, we set out what we would like schools to achieve. *The right approach* is a further useful tool to help schools deliver their programmes of drug education and I am grateful to SCODA for leading the work on its production.



**Charles Clarke**  
Parliamentary Under-Secretary of State for School Standards  
Department for Education and Employment

# abbreviations used in this document

<b>ACMD</b>	Advisory Council on the Misuse of Drugs	<b>LSA</b>	Learning support assistant
<b>DAT</b>	Drug action team	<b>OFSTED</b>	Office for Standards in Education
<b>DRG</b>	Drug reference group	<b>PSE</b>	Personal and social education
<b>DfEE</b>	Department for Education and Employment	<b>PSHE</b>	Personal, social and health education
<b>DoH</b>	Department of Health	<b>QCA</b>	Qualification and Curriculum Authority
<b>DPI</b>	Drugs Prevention Initiative	<b>SCAA</b>	Schools Curriculum and Assessment Authority
<b>ESW</b>	Educational social worker	<b>SCODA</b>	Standing Conference on Drug Abuse
<b>EWO</b>	Educational welfare officer	<b>SEN</b>	Special educational needs
<b>HMSO</b>	Her Majesty's Stationery Office	<b>SMT</b>	Senior management team
<b>ISDD</b>	Institute for the Study of Drug Dependence	<b>TSO</b>	The Stationery Office
<b>LEA</b>	Local education authority	<b>UKADCU</b>	United Kingdom Anti-Drugs Co-ordination Unit

# terms used in this document

## **Aim:**

The overall direction and stated purpose of an educational programme or strategy.

## **Assessment:**

The process of analysing a situation to ascertain facts, identify needs and determine a response.

## **Benchmark:**

A yardstick against which to gauge or assess quality or progress.

## **Best practice:**

Practice supported by evidence as being most effective.

## **Children:**

People under the age of 11.

## **Drug:**

This document uses the term to refer to any psychotropic substance: all legal drugs, including alcohol and tobacco, all illegal drugs, volatile substances, and over-the-counter and prescription medicines.

## ■ **Drug taking:**

The consumption of any drug. All drug taking, including medicinal use, carries the potential for harm. In order to distinguish between the conditions in which different interventions are most appropriate to address drug taking by a young person, this document refers principally to drug use and drug misuse.

## ■ **Drug use:**

Drug use is drug taking through which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health problems, although such harm may not be immediately perceptible. Drug use will require interventions such as management, education, advice and information, and prevention work to reduce the potential for harm.

## ■ **Drug misuse:**

Drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse will require a further range of interventions, which may include treatment.

## **Drug incident:**

Evidence or suspicion of specific event at school involving one or more unauthorised drugs, and requiring immediate action by school staff. (Examples include: pupil discovered bringing slimming tablets secretly to school; pupil found intoxicated at school; named pupil reported having sold cannabis to friend at school 'last week'.)

**Drug situation:**

An event or series of events involving one or more drugs, including planned events, which require further careful observation, investigation, monitoring, management or referral by school staff. (Examples include: any permitted smoking by adults; management of insulin, antibiotics, or other medication prescribed for a pupil; awareness of solvent sniffing on nearby estate; discovery of drugs paraphernalia by school caretaker; pupil suspected of being physically abused discloses parent's/carer's regular drunkenness; pupil discloses parental drug use.)

**Guidance:**

The pupil support systems within school, designed to meet their personal, social and health needs.

**Intervention:**

Any action intended to influence or ameliorate drug-taking behaviour.

**Learning outcome:**

A learned, verifiable element of knowledge or understanding, or a skill the learner has developed.

**School drugs policy:**

Any school policy or sections of policy which address the subject of drugs.

**Young people:**

People aged 11 to 18.

# section 1

## about the quality standards

**1.1 Introduction**

The average age of first illegal drug use is becoming younger; there is a strong correlation between the early use of alcohol, tobacco and volatile substances and the use of illegal drugs; and almost half of young people are likely to try illegal drugs at some time in their lives though only about a fifth go on to develop a long-term pattern of use (source: Ramsey, M and Spiller, J *Drug misuse declared in 1996: key results from the British crime survey* Home Office Research Findings No 56, 1997).

The government has directed schools, amongst others, to play their part in its 10-year strategy *Tackling drugs to build a better Britain*, by:

- teaching a comprehensive drug education programme to young people from age five upwards
- making drug education an element within the personal, social and health education (PSHE) programme
- ensuring that young people have access to appropriate support systems.

*The right approach: quality standards in drug education* has been produced to help schools develop and deliver their drug education in the most effective and efficient way. A body of knowledge has emerged from the many programmes of drug education which have been devised over recent years. We now have a more reliable understanding of what drug education is able to achieve and effective ways of delivering it. This knowledge identifies key factors which support the effective implementation of drug education and which require the co-ordination and support of senior management. We have used these key factors

together with a series of elements which are critical in schools' overall organisation and development, to create a set of benchmarks for drug education. We have called these benchmarks **Quality Standards**.

**1.1.1 The background to the Quality Standards**

The Quality Standards have been devised within a climate of change. As the National Curriculum is revised for the new millennium, the role of PSHE within the curriculum is being reviewed. PSHE can bring advantages to school life and to the whole of society by helping achieve high educational standards and health improvements. There is a range of national guidance documents available to support schools in the preparation and delivery of drug education which places it in the context of the personal, social, health and academic development of pupils. These are listed in Annex 5.

*The right approach – quality standards in drug education* accords with specialist national guidance and does not supersede it. The Quality Standards set out within the document have been designed to add to national and local guidance (Annex 5) and support to improve quality and consistency in drug education provision.

The Quality Standards also support the government's July 1997 White Paper *Excellence in schools*. In that document, the Secretary of State for Education calls for '...equality of opportunity and high standards for all'. This document responds to that call by establishing and demonstrating quality indicators. The drive towards quality, through a process of continuous improvement that seeks to identify evidence of success and areas for development, is increasingly common in education. Drug education is no different.

### 1.1.2 How were the Quality Standards developed?

The Quality Standards are based on research and the experience of schools and advisory staff working to raise both the status of drug education and the effectiveness of its delivery. An advisory group representing key agencies and professionals with a role in drug education development was brought together to support the work. The draft was then circulated for national consultation.

### 1.1.3 Who are the Quality Standards for?

The Quality Standards are for:

- school teachers and teaching support staff
- school co-ordinators of PSHE/drug education
- members of school senior management teams (SMTs)
- school governors.

The focus of the Quality Standards is drug education at school for 5-16 year olds. However, many of them are also applicable to 16-19 education.

The Quality Standards will also be a valuable reference for others with responsibility for drug education at school including local education authorities and other providers involved with implementing the government strategy *Tackling drugs to build a better Britain*.

### 1.1.4 What will the Quality Standards do?

The Quality Standards:

- give detailed guidance on what is effective practice in drug education
- provide a means to audit, assess and improve the quality of drug education
- are intended to help schools make constructive change with ease and confidence
- add to the body of guidance in documents on drug education available nationally
- are placed clearly within the context of current national educational developments.

Through addressing these Quality Standards, a school can:

- increase understanding of what is meant by effective practice
- increase the confidence of those delivering drug education
- increase understanding of the purpose, nature and scope of drug education
- ensure drug education aims are realistic and achievable
- ensure drug education concepts, strategies and practices are more accessible
- achieve higher quality and greater consistency in the delivery of drug education.

The Quality Standards are intended to be used as a basis for school improvement – they have been developed primarily for internal use in, by and with schools. The review process recommended in this document is designed to assist schools in their practice development. The Quality Standards are not intended or designed to be used in their present form for an outside professional body to assess progress, though in the future they may become the basis of an accreditation system.

## 1.2 The school context for implementing the Quality Standards

### 1.2.1 The PSHE context for drug education

PSHE is the most natural home for drug education, which takes its place alongside the other developmental components of PSHE with which it shares both methodology and general approach. For the teacher, familiarity with relevant teaching methods is more important than a wealth of factual knowledge about drugs (see 'using appropriate teaching methods' in Annex 4).

Requirements of the National Curriculum science Order (see Annex 1) are extended by SCAA national guidance on the content of drug education (see Annex 2). Schools are encouraged to adapt and amend non-statutory curriculum guidance to meet their own local needs. All pupils need relevant and accurate information on which to base their decisions about drugs. It is important

they receive the information they will need before they are at an age when they may begin experimenting with drugs. As part of the planning process, teachers should assess pupils' current needs to ensure that content is appropriate. Learning outcomes should be identified, to assess the quality of the programme delivery.

Many elements of drug education are common to other areas of PSHE. For example:

- knowledge of the responsibilities our society places upon its citizens through laws and expected standards of behaviour
- the ability to recognise and respond appropriately to strong feelings in self and others
- the skill to act assertively as a means of countering others' anger or manipulative behaviour
- the ability to evaluate information and to present ideas using reasoned arguments
- an awareness of what responsibility means in practice for people living together in society
- the readiness to take growing responsibility for own learning
- the ability to listen carefully to a range of views and to accept that the different needs and opinions of others may be valid
- a clear understanding of the nature of risk and its place in one's own life and the lives of others
- the ability to embrace risk without courting danger
- an expectation that certain behaviours may have certain consequences
- an understanding, growing with maturity and capability, that individuals have decreasing dependence upon others and increasing responsibility for themselves and their own health and welfare, culminating in most cases in full responsibility at age 18.

Perhaps the most easily measured learning outcomes of drug education are those which focus on knowledge (see example in Annex 3). However, knowledge should not be considered the most important of the components nor always given the highest priority. Pupils need a growing breadth and depth of information, and exploration of the circumstances and situations in which

knowledge may be applied becomes of key importance. Understanding needs to accompany knowledge, together with the skills to apply this understanding. It has to be developed through reflection, discussion and experience.

### 1.2.2 Developing 'healthy classrooms' and 'a healthy school'

The White Paper *Excellence in schools* intends that schools should become healthy schools and specifies some components of a healthy school, which may include:

- vital sources of support for vulnerable young people
- help to detect emotional and behavioural problems
- practice which promotes mental health
- help to tackle teenage pregnancies, smoking and drug or alcohol misuse.

Implementing the Quality Standards can make a significant contribution to the process of becoming a healthy school called for by the White Paper.

It is important that each school develops healthy classrooms as an integral part of the process of establishing itself as a healthy school. Any conflict between the general school ethos and the classroom approach to drug education can portray double standards. It is vital that relationships in, and management style of, both the classroom and the whole school reflect the core values of PSHE, which include:

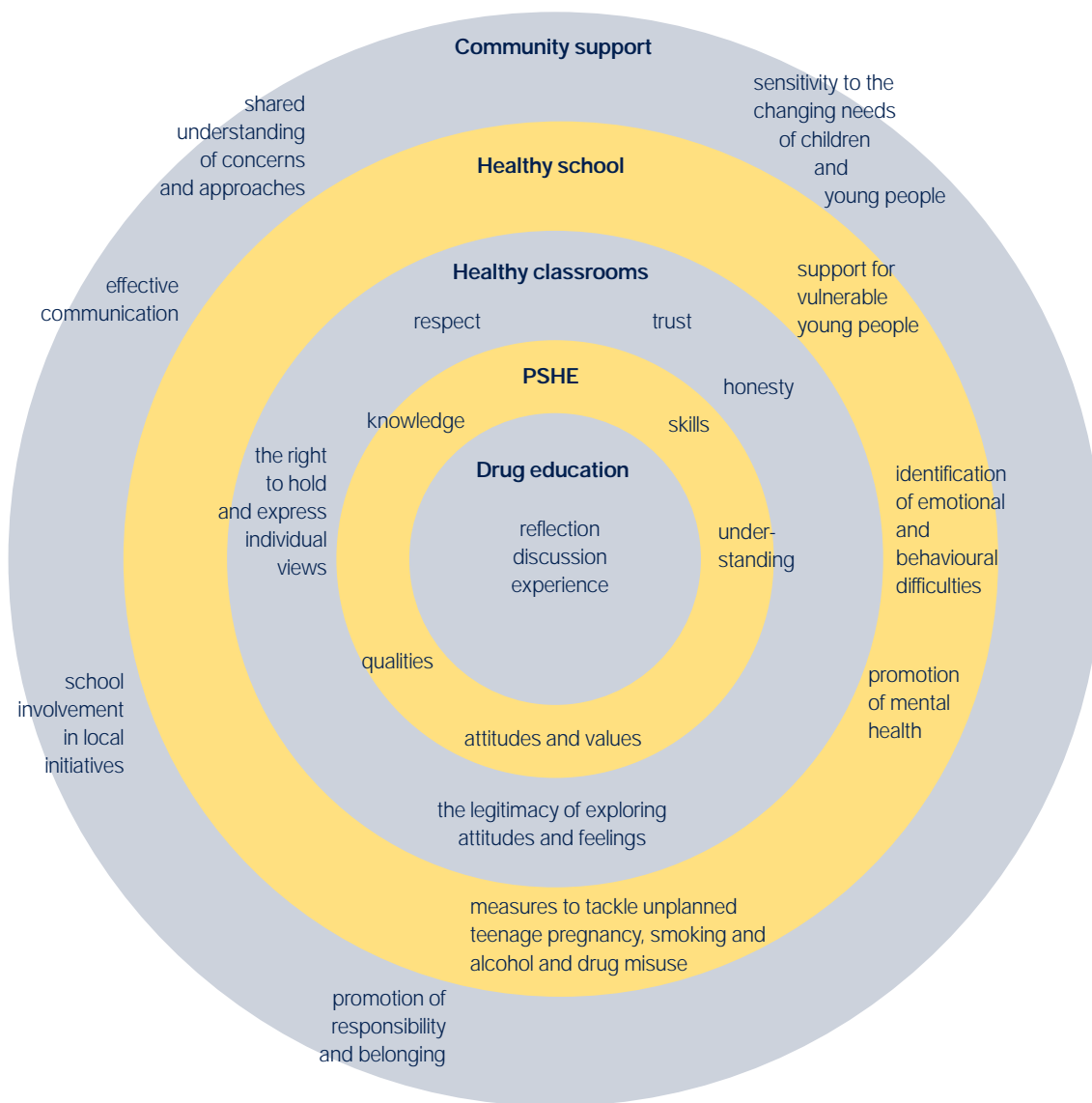
- respect
- trust
- honesty
- the right to hold and express individual views
- the legitimacy of exploring attitudes and feelings.

Broadly, a young person whose identity, opinions, feelings and health are prized within PSHE should also feel valued in other areas of school life.

### 1.2.3 Support in the community

Community support needs to be developed and sustained in ways which are sensitive to the changing needs of children and young people. Schools and agencies supporting children and young people should have a shared understanding of concerns and approaches. This requires effective communication between the school and the local community. Direct school involvement with local initiatives promotes a sense of responsibility and belonging which encourages pupils and their families to feel a part of their local community.

Diagram 2: Developing healthy schools



# section 2

## the quality standards

### 2.1 What are the Quality Standards?

The Quality Standards are a series of core components of effective drug education. The standards are organised into four categories: co-ordination, staffing and organisation; teaching and content; monitoring, evaluation and reviewing; and, the wider context.

Each standard is followed by one or more criteria statements which provide:

- a series of starting points for establishing a drug education programme
- a basis for ongoing assessment of practice
- a starting point for a major review of provision.

The Quality Standards should be used in conjunction with other local and national documents (see Annex 5) and the professional support and training provided to schools by LEAs, health promotion specialists and others.

### 2.2 How the Quality Standards can be used

Schools already review their work on a regular basis. Using the Quality Standards can systematically bring drug education issues into focus, either to develop the school's drug education provision or to assess and improve it.

The school's SMT may decide how the review is conducted, though it should always involve key people such as the school drug co-ordinator and the lead school governor, and, where possible, other staff and external providers involved in drug education delivery.

The review focuses on each Quality Standard and the criteria statements in turn, and identifies tangible evidence to show the current picture in the school. This evidence is then used to help compose an action plan to fill gaps and enhance the quality of provision. The SMT will need to ensure that the action plan is implemented.

## 2.3 The review process

### 2.3.1 Preparing for the review

Identify the documents and the people which can provide information or support. Some examples are shown below.

National documents	
■ <i>Tackling drugs to build a better Britain</i> and <i>Tackling drugs to build a better Britain: guidance notes</i> TSO 1998	
■ <i>Circular 4/95: drug prevention and schools</i> DfEE 1995	
■ <i>Protecting young people: good practice in drug education in schools and the youth service</i> DfEE 1998)	
■ <i>Drug education: curriculum guidance for schools</i> SCAA 1995	
■ <i>The right choice</i> SCODA 1997	
■ <i>The right responses: managing and making policy for drug-related incidents in schools</i> SCODA 1999	

People	
■ LEA adviser	■ Drug Prevention Advisory Service
■ Health promotion specialist	■ DRG
■ DAT co-ordinator	■ local drug agency staff

Collect sources of evidence. Some examples of possible sources of evidence are shown below.

Possible sources of evidence	
<b>Documentation</b> <ul style="list-style-type: none"> <li>■ school development plan/school improvement plan</li> <li>■ school prospectus/brochure, staff handbook, pupil handbook, governor handbook</li> <li>■ school policy documents, particularly the drugs policy</li> <li>■ job descriptions</li> <li>■ departmental budgets</li> <li>■ schemes of work and lesson plans</li> <li>■ staff plans and records</li> <li>■ pupils' PSHE portfolios</li> <li>■ pupil records</li> <li>■ notes/minutes of relevant staff meetings/governors' meetings</li> <li>■ records of responses to drug incidents</li> <li>■ training needs assessment</li> <li>■ INSET records</li> <li>■ professional development plans</li> <li>■ school exclusion records</li> </ul>	<b>Resources</b> <ul style="list-style-type: none"> <li>■ drug education teaching materials in use at school</li> <li>■ drug information resources for teachers</li> <li>■ publicity for local and national support and information services</li> <li>■ school library resources</li> </ul> <b>Research</b> <ul style="list-style-type: none"> <li>■ exam and test results</li> <li>■ lesson observations</li> <li>■ focus group sessions</li> <li>■ results of action research</li> </ul> <b>Opinions</b> <ul style="list-style-type: none"> <li>■ views and feelings of staff (internal and external)</li> <li>■ views and feelings of the lead governor</li> <li>■ views and feelings of pupils</li> <li>■ views and feelings of parents/carers</li> </ul>

## Diagram 1: Reviewing standards for drug education



### 2.3.2 Carrying out the review

#### Step 1

Everyone involved in the process should read through all the Quality Standards and criteria columns of each of the categories being reviewed.

#### Step 2

Using the evidence sources, extract the information for each of the criteria to form the basis of the audit.

#### Step 3

In the evidence column, note which criteria are met and which are not, and where the evidence is to be found.

#### Step 4

Record ideas and observations in the 'Notes on current position/action' column in order to assess the evidence and identify possible action.

#### Step 5

Extract all the action points from the 'Notes on current position/action' column and enter them in the Summary Box for each category.

#### Step 6

Compile the action points from all four categories into a single list and use this to form the basis of a

report of the current status of drug education in your school. Prioritise and expand this into a full action plan to be incorporated into the overall school development plan or school improvement plan, addressing attendant budgetary implications and setting a suitable time scale for implementation. SMT *must* be involved in Step 6.

#### Step 7

Set the date for the next review.

#### Important note

When undertaking a review using the Quality Standards for the first time, it is important to address all four categories of standards. However, if time does not allow all four categories to be worked through, make Category 1 (Co-ordination, staffing and organisation) the priority. It is on this category that the quality of the other three categories will rest. When returning to the Quality Standards focus on the category (or categories) considered of highest priority at that time. It is important that each school judges what actions are most needed and realistic for them at the time.

## 2.4 The Quality Standards for drug education

### Category 1: Co-ordination, staffing and organisation

- 1.1 There is a written school drugs policy
- 1.2 There is a school drug co-ordinator
- 1.3 There is a school governor with lead responsibility for drugs
- 1.4 The drugs policy takes account of current national and local guidelines and is linked to related school policies
- 1.5 The drugs policy is publicised in appropriate locations and documentation
- 1.6 Management clearly defines roles and responsibilities
- 1.7 Management ensures relevant cross-phase liaison
- 1.8 Management ensures drug education is provided within the school curriculum
- 1.9 Adequate staff resources, development and training are provided to address identified needs
- 1.10 Good quality teaching resources are provided
- 1.11 The school allocates adequate funding to drug education provision

### Category 2: Teaching and content

- 2.1 Teachers have sound knowledge and understanding
- 2.2 Teachers feel confident about their role in drug education.
- 2.3 The drug education programme is planned
- 2.4 The learning climate is carefully managed
- 2.5 Classroom practice accords with the principles of government approaches to drug education
- 2.6 Monitoring, recording and assessment take place

the quality standards

### Category 3: Monitoring, evaluating & reviewing

- 3.1 Monitoring drug education is established practice
- 3.2 The content, delivery and outcomes of the programme are systematically and periodically evaluated
- 3.3 The drug education programme is regularly reviewed

### Category 4: The wider context

- 4.1 The school is working towards a health-promoting environment
- 4.2 The school drugs policy is well understood by everyone
- 4.3 Links with the community are established and supportive

The following tables address each of the four categories. The tables can be photocopied and used in the review process.

When the tables have been completed and the action points noted in the summary boxes, return to paragraph 2.3 and carry out Steps 6 and 7 on page 7 to complete the process of review.

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# category 1: co-ordination, staffing and organisation

Quality standard	Criteria	Evidence	Notes on current position/action
1.1 There is a written school drugs policy	<p>1.1.1 The policy is developed, reviewed and revised involving (or in consultation with) representatives of</p> <ul style="list-style-type: none"> <li>■ senior management team (SMT)</li> <li>■ the governing body</li> <li>■ staff with specific responsibility for drug issues</li> <li>■ other teaching staff</li> <li>■ pupils</li> <li>■ parents/carers</li> <li>■ outside agencies including the LEA.</li> </ul> <p>1.1.2 The policy reflects the guidance of national bodies (see Annex 5, nos. 2, 3, 20).</p> <p>1.1.3 All staff are aware of the policy's location.</p>		
1.2 There is a school drug co-ordinator	<p>1.2.1 The drug co-ordinator has a job description (Annex 5, no. 16).</p> <p>1.2.2 The drug co-ordinator has access to SMT meetings.</p>		
1.3 There is a school governor with lead responsibility for drugs	<p>1.3.1 The governing body is aware of the role and value of a lead governor.</p>		

category 1: co-ordination, staffing and organisation (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
1.3 (continued) There is a school governor with lead responsibility for drugs	1.3.2 The lead governor is clear about the role and responsibility.		
1.4 The policy takes account of current national and local guidelines and is linked to related school policies (see Annex 5, nos. 2, 3, 20)	1.4.1 Stated aims of drug education are realistic and achievable.  They reflect our pupils' world. They have taken account of  <ul style="list-style-type: none"> <li>■ pupils' views</li> <li>■ consultation from 1.1.1 (above)</li> <li>■ governors' views</li> <li>■ national aims and priorities. (see Annex 5, nos. 1, 2, 3, 4, 8).</li> </ul> They are subject to regular review. They focus on teachers and teaching as well as benefits to pupils.		
	1.4.2 The aims and learning outcomes of drug education are:  <ul style="list-style-type: none"> <li>■ clearly stated in the policy</li> <li>■ in accord with school aims</li> </ul>		
	1.4.3 The learning outcomes of drug education reflect a balance between  <ul style="list-style-type: none"> <li>■ personal and social skills</li> <li>■ knowledge and understanding</li> <li>■ attitudes and values (see Annex 5, no. 4).</li> </ul>		

category 1: co-ordination, staffing and organisation (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
1.4 (continued) The policy takes account of current national and local guidelines and is linked to related school policies (see Annex 5, nos. 2, 3, 20)	1.4.4 There are clear references to other relevant policies, eg:  <ul style="list-style-type: none"> <li>■ PSHE policy</li> <li>■ health education policy</li> <li>■ equal opportunities policy</li> <li>■ behaviour policy</li> <li>■ confidentiality policy</li> <li>■ child protection policy</li> <li>■ assessment and record keeping policy</li> <li>■ health and safety policy</li> <li>■ educational visits policy.</li> </ul>		
	1.4.5 The policy entitles all pupils to drug education.		
	1.4.6 The policy clearly defines:  <ul style="list-style-type: none"> <li>■ what constitutes a drug</li> <li>■ the geographical limits of the policy (school trips, travel to/from school)</li> <li>■ to whom the policy relates (eg pupils only or all on site).</li> </ul>		
	1.4.7 The policy addresses:  <ul style="list-style-type: none"> <li>■ resourcing for drug education</li> <li>■ working with outside agencies</li> <li>■ staff development and training</li> <li>■ the need for systematic monitoring and evaluation of drug education.</li> <li>■ responses to incidents involving all legal and illegal drugs and medicines.</li> </ul>		

category 1: co-ordination, staffing and organisation (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
1.5 The policy is publicised in appropriate locations and documentation	<p>1.5.1 The policy is published in:</p> <ul style="list-style-type: none"> <li>■ the school prospectus</li> <li>■ the governor handbook</li> <li>■ the staff handbook.</li> </ul> <p>1.5.2 Relevant extracts of the policy are published in the pupils' handbook.</p> <p>1.5.3 The policy is included in staff and governor induction sessions.</p>		
1.6 Management clearly defines roles and responsibilities	1.6.1 Job descriptions (eg teachers, LSAs, site staff) refer appropriately to drugs (see Annex 5 no. 16).		
1.7 Management ensures relevant cross-phase liaison	<p>1.7.1 Drug education is a distinct element within primary/secondary liaison.</p> <p>1.7.2 There are links between and within phases to ensure consistency and continuity of approach to drug issues.</p>		

category 1: co-ordination, staffing and organisation (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
1.8 Management ensures drug education is provided within the school curriculum	<p>1.8.1 Drug education can be clearly identified within the school's provision of PSHE.</p> <p>1.8.2 Appropriate attention is given to the need for continuity, progression, balance, pace and relevance.</p>		
1.9 Adequate staff resources, development and training are provided to address identified needs	<p>1.9.1 The inset co-ordinator is fully aware of the need for high quality staff development in drug education.</p> <p>1.9.2 There are publications available for staff which provide up-to-date, back-up information and support about drugs and drug issues for schools.</p> <p>1.9.3 There is a working procedure within the school for:</p> <ul style="list-style-type: none"> <li>■ identifying the staffing needs (for drug education)</li> <li>■ identifying training needs</li> <li>■ prioritising training needs</li> <li>■ identifying funding for training needed</li> <li>■ identifying providers of training needed</li> <li>■ assessing the quality of training opportunities</li> <li>■ evaluating the training.</li> </ul>		



category 2: teaching and content (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
2.3 The drug education programme is planned	<p>2.3.1 The programme is planned within the PSHE policy framework.</p> <p>2.3.2 Lesson planning is consistent with the school drugs policy.</p> <p>2.3.3 The teaching methods to be used are in line with government guidance on drug education (see Annex 4; and Annex 5 nos. 2, 3, 15, 16).</p> <p>2.3.4 The content of the programme has been developed taking full account of</p> <ul style="list-style-type: none"> <li>■ the National Curriculum science Order (see Annex 1)</li> <li>■ SCAA guidance (see Annex 2 and Annex 5, no. 4)</li> <li>■ LEA guidelines</li> <li>■ intended learning outcomes (see Section 1.2.1 page 2).</li> </ul> <p>2.3.5 Pupils are involved in prioritising the content of the programme:</p> <ul style="list-style-type: none"> <li>■ teachers have assessed the current level of pupils' knowledge, skills &amp; experience</li> <li>■ pupils' current feelings about drugs are taken into account.</li> </ul>		

category 2: teaching and content (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
2.3 (continued) The drug education programme is planned	<p>2.3.6 Teaching materials are carefully inspected for quality and relevance as part of the planning process (see Annex 5, no. 5).</p> <p>2.3.7 The allocated classroom space is flexible enough for a variety of classroom activities.</p> <p>2.3.8 The aims and intended learning outcomes for each lesson are specified ready to be stated to pupils.</p> <p>2.3.9 Learning support assistance is available.</p>		
2.4 The learning climate is carefully managed	<p>2.4.1 Ground rules are in place for each class or group.</p> <p>2.4.2 There is mutual respect between teachers and pupils.</p> <p>2.4.3 Teachers expect constructive pupil learning to take place.</p> <p>2.4.4 Pupils expect to enjoy their drug education.</p> <p>2.4.5 Teachers feel adequately trained and supported.</p>		

category 2: teaching and content (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
2.5 Classroom practice accords with the principles of government approaches to drug education (see Annex 4; and Annex 5, nos. 2, 3)	2.5.1 Pupils are informed of the aims and intended learning outcomes of each lesson.		
	2.5.2 Teachers always try to ensure content is relevant to pupils' needs (see Annex 4, 'starting where the pupils are').		
	2.5.3 There are opportunities for individual and group activities.		
	2.5.4 There is a balance between interactive and didactic activities (see 'using appropriate teaching methods' in Annex 4).		
	2.5.5 Outside agencies are used to complement not replace teacher-led activities (see Annex 5, no. 21).		
	2.5.6 Teaching challenges the pupils.		
	2.5.7 Resource materials are up to date and assessed according to agreed criteria (see Annex 5, no. 5).		

category 2: teaching and content (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
2.6 Monitoring, recording and assessment take place	2.6.1 Teachers monitor, record and assess pupil learning by reference to: <ul style="list-style-type: none"> <li>■ the knowledge and understanding that is acquired</li> <li>■ the skills that are learnt/developed</li> <li>■ the attitudes and values explored. (see Annex 5, no. 4).</li> </ul>		

Summary box for teaching and content. List action points:

After completing the tables you are using, carry out Steps 6 and 7. See p7.

## category 3: monitoring, evaluating and reviewing drug education

Quality standard	Criteria	Evidence	Notes on current position/action
3.1 Monitoring drug education is established practice	<p>3.1.1 The drug education programme is monitored.</p> <p>3.1.2 Monitoring includes:</p> <ul style="list-style-type: none"> <li>■ checking fidelity to planned programme</li> <li>■ assessing quality of teaching</li> <li>■ observing the contribution of any outside agencies to drug education.</li> </ul>		
3.2 The content, delivery and outcomes of the programme are systematically and periodically evaluated	<p>3.2.1 The learning outcomes match the programme aims.</p> <p>3.2.2 A range of evaluation tools is used eg</p> <ul style="list-style-type: none"> <li>■ action research</li> <li>■ discussion groups</li> <li>■ formal testing procedures</li> <li>■ external evaluation.</li> </ul> <p>3.2.3 The following are involved in evaluating the programme:</p> <ul style="list-style-type: none"> <li>■ teaching staff</li> <li>■ pupils</li> <li>■ outside agencies</li> <li>■ formal examination boards.</li> </ul> <p>3.2.4 There is regular appraisal of the teachers delivering drug education.</p>		

## category 3: monitoring, evaluating and reviewing drug education (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
3.3 The drug education programme is regularly reviewed	<p>3.3.1 There is an established process for evaluating the whole of the school's PSHE provision.</p> <p>3.3.2 There is an established mechanism for review and amendment of the content of drug education.</p> <p>3.3.3 Content is brought up to date in the light of changing local availability of drugs and patterns of use.</p> <p>3.3.4 Intended learning outcomes are reviewed and re-set as necessary according to the level of success in achieving them, and to changing needs.</p> <p>3.3.5 The materials/resources are reviewed in the light of the evaluation.</p> <p>3.3.6 The values and teaching methods are the same for drug education as they are for the rest of PSHE.</p>		

Summary box for monitoring, evaluating and reviewing drug education. List action points:

After completing the tables you are using, carry out Steps 6 and 7. See p7.

## category 4: the wider context

Quality standard	Criteria	Evidence	Notes on current position/action
4.1 The school is working towards a health-promoting environment	4.1.1 The school is part of a local (or national) healthy school scheme.		
	4.1.2 The drugs policy addresses: <ul style="list-style-type: none"> <li>■ the school as a smoke-free environment</li> <li>■ the safe use of medicines</li> <li>■ volatile substances</li> <li>■ storage/use of alcohol on school premises.</li> <li>■ day and residential school visits/trips.</li> <li>■ local/mobile shops.</li> </ul>		
	4.1.3 There is access to appropriate advice and support agencies for the school community and an agreed protocol for access/referral.		
	4.1.4 There is consideration of when and how far the school 'boundaries' extend beyond its premises in relation to the drugs policy.		
	4.1.5 There is a support system for any members of the school community experiencing drug problems.		
	4.1.6 There is evidence that any pupil who may be having a problem with drug use feels safe enough to ask for help.		

category 4: the wider context (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
4.1 (continued) The school is working towards a health-promoting environment	4.1.7 Those who have a problem with drug use receive support.		
	4.1.8 The 'management of incidents' section of the drugs policy does not conflict with the aims of the drug education programme (see Annex 5, no. 20).		
	4.1.9 There is guidance for caretakers and other staff about disposal of drug-related paraphernalia (see Annex 5, no. 20).		
	4.1.10 The school site is checked regularly for such paraphernalia (see Annex 5, no. 20).		
	4.1.11 Systematic records are kept of such checks.		
	4.1.12 Truanting pupils are monitored (see Annex 5, no. 23) <ul style="list-style-type: none"> <li>■ internally <ul style="list-style-type: none"> <li>- by careful checks on attendance</li> </ul> </li> <li>■ externally <ul style="list-style-type: none"> <li>- School Truancy Watch scheme</li> <li>- by EWO/ESW.</li> </ul> </li> </ul>		
4.1.13 The school monitors excludees and any activity near to school premises (see Annex 5, nos. 22, 23).			

category 4: the wider context (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
4.1 (continued) The school is working towards a health-promoting environment	4.1.14 There is liaison with EWO/school health service/ESW/social services about early warnings and early interventions.		
4.2 The school drugs policy is well understood by everyone	<p>4.2.1 Pupils are reminded regularly of:</p> <ul style="list-style-type: none"> <li>■ the school's expectations and codes of conduct regarding possession and use of drugs and medicines (see Annex 5, no. 20)</li> <li>■ precise consequences if the school's code of conduct is broken.</li> </ul> <p>4.2.2 All staff, governors and parents are aware of the school policy on drug use.</p> <p>4.2.3 Staff are aware of health and safety and drug rules which may apply to their personal use (see Annex 5, no. 24).</p> <p>4.2.4 The school policy on responding to drug-related situations is set within the rights and responsibilities of the law - eg the Children Act 1989 and human rights (see Annex 5, no. 20).</p>		
4.3 Links with the community are established and supportive	4.3.1 The drugs policy has been developed, reviewed and revised in line with key local and national guidance (eg LEA policy, or see Annex 5, nos. 2, 3, 20).		

category 4: the wider context (*continued*)

Quality standard	Criteria	Evidence	Notes on current position/action
4.3 (continued) Links with the community are established and supportive	<p>4.3.2 There are links between the school and the local DRG or DAT.</p> <p>4.3.3 The school policy on managing drug-related incidents specifies the value of advice and support from local agencies (such as: drug agency, health service providers, social services, police) (see Annex 5, no. 20).</p> <p>4.3.4 Parents are offered drug awareness sessions which are accessible to a range of cultural backgrounds and sensitive to differing abilities.</p> <p>4.3.5 There are clearly defined guidelines for involving parents when responding to drug-related situations and incidents (see Annex 5, no. 20).</p> <p>4.3.6 The school is aware of any local action groups addressing illegal sales of alcohol, tobacco and volatile substances.</p> <p>4.3.7 The school plans joint action with the youth and community service.</p>		

## category 4: the wider context (continued)

Quality standard	Criteria	Evidence	Notes on current position/action
4.3 (continued) Links with the community are established and supportive	4.3.8 The school makes use of national health events eg <ul style="list-style-type: none"> <li>■ European Drug Prevention Week</li> <li>■ No Smoking Day</li> <li>■ World AIDS Day</li> <li>■ drink-drive campaigns.</li> </ul>		
<p>Summary box for the wider context. List action points:</p> <p>After completing the tables you are using, carry out Steps 6 and 7. See p7.</p>			

the quality standards

### 2.5 Example

The following table illustrates how evidence of met criteria for one of the standards might appear on the completed table.

Quality standard	Criteria	Evidence	Notes on current position and action indicated
1.4 The policy takes account of current national and local guidelines and is linked to related school policies	1.4.2 The aims and learning outcomes of drug education are:  <ul style="list-style-type: none"> <li>■ clearly stated in the policy</li> <li>■ in accord with school aims</li> </ul>	(quote aims from school drugs policy, and state source:)  <i>* to help pupils extend and practise the skills they need to cope responsibly in a society where there are drugs</i>  (quote school aims from prospectus, and state source:)  <i>* to prepare young people for the opportunities, responsibilities, and experiences of adult life</i>	<i>Requires no action</i>

the quality standards

The following tables illustrate how this same standard may be pursued where not all the criteria are currently met.

Quality standard	Criteria	Evidence	Notes on current position and action indicated
1.4 The policy takes account of current national and local guidelines and is linked to related school policies	1.4.2 The aims and learning outcomes of drug education are: <ul style="list-style-type: none"> <li>■ clearly stated in the policy</li> <li>■ in accord with school aims</li> </ul>	(quote aims from school drugs policy, and state source)  * to stop young people using illegal drugs  (quote school aims from prospectus, and state source:)  * to enable young people to take responsibility for themselves, and to achieve their full potential	Stated clearly in school drug policy  But note conflict between control and enabling  Action: Review drug education aims and intended learning outcomes

Summary action plan	Resources/sources of help
Review drug education aims and intended learning outcomes	<ul style="list-style-type: none"> <li>■ Tackling drugs to build a better Britain - guidance notes, para 3.2.1 page 12 (See Annex 5, no. 1b)</li> <li>■ DfEE Circular 4/95, and Protecting young people (See Annex 5 nos. 2, 3)</li> <li>■ SCAA guidance (See Annex 5 no. 4)</li> <li>■ OFSTED para 30, page 17 (See Annex 5 no. 8)</li> </ul> Useful people: <ul style="list-style-type: none"> <li>■ LEA health education co-ordinator, or advisory teacher</li> <li>■ health promotion specialist</li> <li>■ local drug agency</li> <li>■ national and local voluntary organisations</li> </ul> Useful materials: <ul style="list-style-type: none"> <li>■ Drugs issues for schools, ISDD (See Annex 5 no. 25)</li> <li>■ LEA policy/guidance</li> </ul>

# annex 1: drug education - the statutory context

The National Curriculum science Order requires the following elements of drug education to be taught:

- **at Key Stage 1:**  
5 - 7 year olds should be taught about the role of drugs as medicines
- **at Key Stage 2:**  
7 - 11 year olds should be taught that tobacco, alcohol and other drugs can have harmful effects
- **at Key Stage 3:**  
11 - 14 year olds should be taught:
  - that the abuse of alcohol, solvents, tobacco and other drugs affects health;
  - that the body's natural defences may be enhanced by immunisation and medicines; and,
  - how smoking affects lung structure and gas exchange
- **at Key Stage 4:**  
14 - 16 year olds should be taught the effects of solvents, tobacco, alcohol and other drugs on body functions

# annex 2: drug education - discretionary content

Over and above the minimum requirement of the National Curriculum, the content of the school's drug education policy is left to the discretion of individual head teachers and governing bodies to determine what, if any, additional drug education should take place. National guidance (see Annex 5, no. 4) has been made available to suggest suitable additional content. This is a starting point from which schools could decide what is appropriate for their own area and the needs of their own pupils. These two pages contain an example from this guidance.

## Key Stage 1

<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>School rules relating to medicines</li> <li>Basic information about how the body works and ways of looking after the body</li> <li>The role of medicines (both prescribed and over-the-counter) in promoting health and the reasons people use them</li> <li>Understanding that all drugs can be harmful if not used properly</li> <li>Simple safety rules about medicines and other substances used in the home, including solvents</li> <li>Consideration of alcohol and tobacco, their general effects on the body and on behaviour</li> <li>People who are involved with medicines (such as health professionals, pharmacists, shopkeepers)</li> <li>People who can help children when they have questions or concerns</li> </ul>	<ul style="list-style-type: none"> <li>School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs</li> <li>More detailed information about the body, how it works and how to take care of it</li> <li>Different types of medicines (both prescribed and over-the-counter), legal and illegal drugs including their form, their effects and their associated risks</li> <li>Introduction to the law relating to the use of legal and illegal drugs</li> <li>People who can help children when they have questions or concerns</li> <li>Dangers from handling discarded syringes and needles</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>Communicating feelings such as concerns about illness and taking medicines</li> <li>Following simple safety instructions</li> <li>When and how to get help from adults</li> </ul>	<ul style="list-style-type: none"> <li>Identifying risks</li> <li>Coping with peer influences</li> <li>Communicating with adults</li> <li>Decision-making and assertiveness in situations relating to drug use</li> <li>Giving and getting help</li> <li>Safety procedures when using medicines</li> </ul>
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>Valuing one's body and recognising its uniqueness</li> <li>Attitudes towards medicines, health professionals and hospitals</li> <li>Attitudes towards the use of alcohol and cigarettes</li> <li>Responses to media and advertising presentations of medicines, alcohol and smoking</li> </ul>	<ul style="list-style-type: none"> <li>Valuing oneself and other people</li> <li>Attitudes and beliefs about different drugs and people who may use or misuse them</li> <li>Responses to media and advertising presentations of alcohol, tobacco and other legal drugs</li> <li>Taking responsibility for one's own safety and behaviour</li> </ul>

## Key Stage 2

## Example of a drug education programme

Extract from *Drug education: curriculum guidance for schools* Schools Curriculum and Assessment Authority 1995

The following outline teaching programme illustrates the topics that might be covered in a drug education programme at each key stage. The plan is not intended to be definitive or prescriptive and there is a degree of overlap in content between key stages. Schools may wish to consider the plan as a starting point for their own thinking.

Schools will recognise that in this, as in other areas of study, there is an interplay between the development of knowledge, understanding, skills and attitudes. The sequence in which ideas are presented is not intended to imply a teaching order; that is a matter for schools to determine.

### Post-16

Drug education need not stop at Key Stage 4; schools may wish to extend their drug education programme to Years 12 and 13. They will need to consider how the knowledge and understanding, attitudes and skills developed through earlier key stages can be reinforced and extended.

## Key Stage 3

<b>Knowledge and understanding</b>	<ul style="list-style-type: none"> <li>School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs and responses to drug-related incidents</li> <li>Information about legal drugs (including prescribed and over-the-counter medicines) and illegal drugs, their effects and associated health risks</li> <li>Scientific terminology including the following words: use, misuse, abuse, addiction, tolerance, dependence, overdose, withdrawal, and adulteration</li> <li>Different categories of drugs – including stimulants, depressants, analgesics and hallucinogens</li> <li>The law relating to drugs</li> <li>The misuse of drugs in sport</li> <li>The effects of different levels of intake of alcohol</li> <li>Advice and support within the locality, national helplines and organisations</li> </ul>	<ul style="list-style-type: none"> <li>School rules relating to medicines, alcohol, tobacco, solvents and illegal drugs and responses to drug-related incidents</li> <li>Information about drugs including their legal status, effects and appearance</li> <li>Personal, social, financial, biological, and psychological effects of drug misuse</li> <li>Patterns of drug misuse locally and nationally and the impact on the community and wider society</li> <li>Dangers associated with particular drugs, mixing of drugs, and specific environments and moods</li> <li>Drug policy in this country, including education, prevention, policing and legal aspects, penalties, treatment and rehabilitation</li> <li>Legal responsibilities and rights</li> <li>The services provided by local and national advice and support agencies</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>Identifying risks to health</li> <li>Communicating with peers, parents and professionals</li> <li>Decision-making and assertiveness in situations relating to drug misuse</li> <li>Giving and securing help if needed (for example, placing someone in the 'recovery position')</li> </ul>	<ul style="list-style-type: none"> <li>Identifying and assessing risks</li> <li>Communicating with peers, parents and professionals</li> <li>Decision-making and assertiveness in situations relating to drug use</li> <li>Managing conflict and aggressive behaviour</li> <li>Communicating drug advice to other young people</li> <li>Giving and securing help if needed for a variety of situations</li> </ul>
<b>Attitudes</b>	<ul style="list-style-type: none"> <li>Attitudes and beliefs about drugs and drug users among different groups in society</li> <li>Impact of the media and advertising on young people's thinking</li> <li>Attitudes towards drugs and laws relating to drugs</li> <li>Recognition of oneself as a role model and acceptance of responsibility for one's actions</li> <li>Taking responsibility for one's own, and other people's, safety</li> </ul>	<ul style="list-style-type: none"> <li>Social and cultural influences on young people</li> <li>Attitudes towards drugs, drug users and misusers and laws relating to drugs, including licensing and retailing laws</li> <li>Individuals' responsibility for their own actions</li> </ul>

# annex 3: an example of basic drug knowledge at Key Stage 1

(Extract from an Essex Learning Services Directorate guidance document)

There are key elements of understanding which can be acquired during Key Stage 1, which will lay foundations for later work.

**NOTE:** What follows should not be confused with a 'scheme of work'. These learning outcomes form a framework against which to audit a scheme of work to ensure that the knowledge content is covered, and provide a basis for evaluating the success of teaching.

By the end of Key Stage 1 every pupil should be able to say:

Basic drug knowledge	Health issues
<p><b>I know:</b></p> <ul style="list-style-type: none"> <li>■ what sort of things go on to my body.</li> <li>■ what sort of things go into my body.</li> <li>■ how things get into my body.</li> <li>■ where things go once they are inside me.</li> <li>■ some substances in my home and school can hurt me if I touch them, taste them or sniff them.</li> <li>■ we give some substances different names for example:                             <ul style="list-style-type: none"> <li>- substances that make me better when I am ill we call medicines</li> <li>- substances that make me feel different: that may make me feel good but may hurt me we call drugs</li> <li>- substances that we use in the home, the school or in the garden we call chemicals</li> </ul> </li> <li>■ some substances in my home and school are safe if I use them properly.</li> <li>■ cigarettes and alcohol have drugs in them.</li> </ul>	<p><b>I know:</b></p> <ul style="list-style-type: none"> <li>■ how to describe and talk about my feelings.</li> <li>■ how I feel when I am ill.</li> <li>■ when I have to take medicines.</li> <li>■ when other people need medicines.</li> <li>■ how I feel when I have had a medicine.</li> <li>■ some people need medicines to live a normal life.</li> <li>■ some drugs prevent us from catching diseases.</li> <li>■ there are good and bad habits.</li> </ul>

Social issues	Safety issues
<p><b>I know:</b></p> <ul style="list-style-type: none"> <li>■ who are safe people I can trust to give me medicines or ointments.</li> <li>■ where safe places are to get medicines from.</li> <li>■ who are safe people I can trust to give me injections.</li> <li>■ who are safe people I can trust to put things on to my body and into my body.</li> <li>■ how to recognise when people or friends are trying to persuade me to touch, taste or sniff strange substances and what to say and do.</li> </ul>	<p><b>I know:</b></p> <ul style="list-style-type: none"> <li>■ who I can trust to ask for help from if I feel:                             <ul style="list-style-type: none"> <li>- uncertain</li> <li>- confused</li> <li>- anxious</li> <li>- hurt.</li> </ul> </li> <li>■ what to say to get help.</li> <li>■ where medicines, drugs and other dangerous things can be found in the home and in school.</li> <li>■ where and why there are safe places to keep medicines and chemicals in the home and in school.</li> <li>■ what to say if someone tries to make me smell, touch or taste something I am uncertain about.</li> <li>■ not to touch anything I find that is sharp, dirty or that I feel uncertain about and to get a grown-up.</li> </ul>

# annex 4: drug education - the principles

'Good teaching of drug education shares many of the features of well taught lessons in any subject.' *Drug education in schools* OFSTED, 1997.

Every drug, whatever its legal or social status, has the potential to cause physical or other harm. It is this, and the fact that such a wide and changing variety of drugs is commonly and extensively available, that makes it vital for children and young people to receive relevant drug education.

The legislative structure within which drug education takes place, and the documents which the DfEE has published to guide its development and delivery, permit schools to develop individual school approaches to their provision of drug education. Although this is to be encouraged, there are important principles which underpin the delivery of any effective personal, social and health education, including drug education, and these principles should be upheld in every school. They include:

## ■ establishing ground rules

In order to involve and empower pupils in making health-related decisions about their behaviour and lifestyles, it is important first to discuss, negotiate, agree and establish ground rules. It is no use imposing them. If rules are to be owned, they need to be devised and developed by those to whom they will apply. A list of ground rules could include the following:

- Listen to what other people say
- Don't be nasty to each other
- No talking when someone else is talking
- Be kind to each other and give support
- If all you can say is something unpleasant, don't say anything
- If people don't want to say anything they don't have to

- Don't laugh at what other people say
- Think before you ask a question

(Extract from *Curriculum guidance 5*, Annex 5, no.12)

Discourtesy and disruption may be more effectively outlawed if pupils participate in banishing them. Embarrassment, belittling and other discomforts will be reduced as a consequence. Pupils who feel secure and not threatened will be more ready to speak openly, to express minority views and to explore and challenge ideas constructively. Beware relying too heavily on a blanket confidentiality clause. A teacher's sensitivity and judgement may be needed to ensure family privacy is protected from potentially damaging pupil disclosure.

## ■ starting where the pupils are

This means determining the stage of development and understanding pupils have reached, together with their experience and perceptions and using this information to decide upon teaching content. It can be a more reliable guide than general published guidance which is produced without reference to your pupils or your school. First, create a classroom climate which encourages honest discussion (see 'establishing ground rules' above). Then find out:

- what facts pupils do and do not know and understand
- where knowledge they have is incomplete
- what they feel
- what they are able to say and not able to say
- the language they use
- what they are able to do and not able to do
- responsibilities they can and cannot manage
- what their anxieties and questions are.

Primary schools may use a 'draw and write' technique. Older pupils may be ready for a questionnaire, verbal questions or group discussion and feedback. Use these techniques to determine appropriate starting points as the basis for planning the detail of course content. Check the current position from time to time as the programme progresses, and as pupils' experience, understanding and needs change.

## ■ using appropriate teaching methods

Teaching strategies are required which address and provide for all three of the main constituents of drug education. These are knowledge and understanding, skills, and attitudes. Pupils need:

- accurate, credible, up-to-date information to develop and extend their knowledge and understanding.

However, giving the facts about drugs is not enough. Pupils also need a range of skills, and they need to consider the attitudes and values which underpin their decisions, behaviours and responses. To acquire a sound understanding of themselves and their lives, and to develop the competence which puts them in control of their behaviour and welfare, pupils also need:

- to develop and practise a range of relevant personal and social skills; and,
- to explore their own and each other's feelings, views, experiences, attitudes and values.

It is attitudes, perhaps above all, which are the determinants of action. Teaching should provide pupils with the impetus for exploring attitudes, their own and others', as a means of exploring the very building blocks of later behaviour. The pupils' active and interactive participation in their drug education is therefore vital. Methods should provide opportunities for information to be explored as well as received, and for attitudes to be considered in the light of new information and experience.

Therefore teaching methods should:

- include a rich variety of opportunities for active learning
- consider the attitudes and values of pupils, and a range of other significant groups in society, towards drugs
- ensure access to comprehensive, unbiased and accurate drug information
- specify availability of relevant and appropriate advice and support
- develop and maintain self-esteem
- develop the personal and social skills needed for making decisions in a range of social situations and settings
- value the feelings, views and experiences of the participating children or young people
- use didactic input sparingly for impact or to respond to expressed need
- offer opportunities for individual and small group discussion, as well as work in larger groups
- ensure continuity and progression by visiting and revisiting issues as the pupils develop and their needs change.

# annex 5: national documents

annex 5

A range of policy and guidance documents on the organisation, content, resources, delivery and successes of drug education has been made available to schools on a national basis. The principal documents are listed below and are available from the contacts listed in Annex 6.

## 1a Tackling drugs to build a better Britain and

### 1b Tackling drugs to build a better Britain: guidance notes

TSO (1998)

Government White Paper identifying the elements and four main aims of the 10-year strategy for tackling drug issues 1998-2007. The separate guidance document sets out the evidence and information upon which the White Paper is based, and provides a practical reference point for those implementing the strategy.

## 2 Circular 4/95: drug prevention and schools

DfEE (1995)

Detailed guidance on the role and duties of schools in relation to curriculum input and response to incidents. It was circulated to all state schools.

## 3 Protecting young people: good practice in drug education in schools and the youth service

DfEE (1998)

A guidance booklet extending the support set out in Circular 4/95.

## 4 Drug education: curriculum guidance for schools

Schools Curriculum and Assessment Authority (1995)

Guidance on how to plan and organise drug education, with reference to time-tabling, content and health education principles. Its suggestions for drug education content at each Key Stage are reproduced in Annex 2.

## 5 The right choice

SCODA (1997)

Detailed and accessible guidance on selecting drug education materials for schools. Highlights and summarises eleven key criteria which constitute good drug education materials.

## 6 Innovation in drug education

DfEE (1997)

A report of the 16 innovative drug education projects funded by the GEST programme of 1995-96.

## 7 Drug education: getting the message across

DfEE (1998)

A report of the 18 innovative drug education projects funded by the GEST programme of 1996-97.

## 8 OFSTED report: drug education in schools

OFSTED/HMSO (1997)

A report from the office of Her Majesty's Chief Inspector of Schools. A study of primary and secondary schools which examines: their planning of drug education curricula, teaching methods and their outcomes, their monitoring and evaluation of drug education work, school policies, and the way that schools respond to drug-related incidents.

## 9 Forthcoming DfEE report

...from the government's National PSHE Advisory Group aiming to strengthen the provision of PSHE in schools.

## 10 Drug education: the need for a new impetus

ACMD/Home Office (1993)

Considers the effectiveness of drug education in schools and suggests a framework for supporting it at national, regional and local level.

## 11 Curriculum guidance 3: the whole curriculum

National Curriculum Council (1990) (out of print)

This document identifies the contribution to be made by 'the spirit and ethos of each school, its pupils and its staff'. It asserts that the education system has 'a duty to educate individuals to be able to think and act for themselves'.

## 12 Curriculum guidance 5: health education

National Curriculum Council (1990) (out of print)

Offers detailed guidance for schools on the content of health education. Encourages a whole-school approach. It cites 'Substance Use and Misuse' as one of the nine components of health education.

## 13 Children and young people: the substance of young needs

Health Advisory Service, Children and Young People Substance Misuse Services (1996)

A report examining existing services for young drug misusers which makes recommendations for future provision.

## 14 Developing local drugs prevention strategies

Drugs Prevention Initiative/Home Office (1998)

Overview guidance to drug action teams, identifying effective practice through evaluation of a range of projects supported by the DPI.

## 15 Guidance on good practice

Drugs Prevention Initiative/Home Office (1998)

A supplement to the DPI's overview guidance to drug action teams on developing local drugs prevention strategies.

## 16 Drugs – a training agenda for governors

Tacade (1996) (out of print)

Practical training manual which can be used by managers or head teachers of schools who wish to focus on a broad range of drugs issues in primary and secondary schools in particular in the formulation of drugs policies.

## 17 A scheme of work for Key Stages 1 and 2: Science

QCA/DfEE (1998)

Optional exemplar scheme of work based on the Key Stages 1 and 2 science programme of study and attainment targets. Unit 2A: *Health and growth* and Unit 5A: *Keeping healthy* contain specific references to drugs, including medicines, alcohol and tobacco.

## 18 Supporting pupils with medical needs

DfEE/ DoH (1996)

Good practice guide giving detailed guidance for schools on all health and safety aspects that need management when dealing with medical needs of pupils and the medicines they may require. Accompanied by a set of forms for systematically recording all decisions, permissions and procedures.

### 19 Meeting special educational needs – a programme of action

**DfEE (1998)**

Sets out the details of the action programme to meet the commitments made in the earlier Green Paper *Excellence for all children: meeting special educational needs*. The plans it contains shift the emphasis in SEN provision from procedures to practical support.

### 20 The right responses: managing and making policy for drug-related incidents in school

**SCODA (1999)**

Detailed guidance on managing planned and unplanned situations involving drugs at or near school, and setting an effective school drug policy.

### 21 Making the most of visitors: using outside agencies in school drug education

**Tacade/London Policy Drug Forum (1997)**

Guidance for schools wishing to consider using visitors to augment their drug education programmes and for visitors to help prepare them for their contribution.

### 22 Young people and drugs: policy guidance for drug interventions

**SCODA/Children's Legal Centre (1999)**

These guidelines detail legal and practical considerations in responding to drug use and misuse by young people. They offer a principled approach, and promote the strategic planning and development of services.

### 23 Social inclusion: pupil support

**DfEE (1999)**

This document contains guidance on both the law and good practice on school attendance, behaviour and discipline, exclusion, re-integration and education outside school.

### 24 Health and safety of pupils on educational visits

**DfEE (1998)**

Guidance for schools on procedures and responsibilities for managing the health and safety of pupils while on school visits.

### 25 Drugs issues for schools

**Colin Chapman**

**ISDD (1995)**

A short, informative book which discusses the gamut of issues affecting schools, from staff training, through curriculum treatment of the subject, to dealing with crises.

### 26 Drug abuse briefing (7th edition)

**ISDD (1999)**

Description of drugs, their legal status, short term and long term effects. With illustrations and tables. A must as a teacher's reference booklet (not aimed at pupils and contains no classroom materials).

### 27 Drugs futures – changing patterns of drug use amongst English youth

**Howard Parker, Fiona Measham,**

**Judith Aldridge**

**ISDD (1995)**

A research monograph detailing findings of a five-year longitudinal study of young people's attitudes and changing patterns of drug use in the North West of England.

### 28 Drug using parents – policy guidelines for inter-agency working

**SCODA/Local Government Drugs Forum (1997)**

This report provides policy guidance for those working with drug-using parents. It highlights good practice and shows the importance of working together to provide effective services for drug using parents and their children.

### 29 Drug-related early intervention: developing services for young people and families

**SCODA Good Practice Unit (1997)**

Provides a rationale for early interventions, identifies key principles and critical success factors for drug services for young people and describes eight model early intervention projects in detail.

## annex 6: useful contacts

### Institute for the Study of Drug Dependence

Waterbridge House  
32-36 Loman Street  
London SE1 0EE  
**Telephone:** 0171 928 1211  
**Fax:** 0171 928 1771

### DfEE publications distribution:

Prolog  
PO Box 5050  
Sudbury  
Suffolk CO10 6ZQ  
**Telephone:** 0845 602 2260  
**Fax:** 0845 603 3360

### National Drugs Helpline

**Telephone:** 0800 776600

### Standing Conference on Drug Abuse

Waterbridge House  
32-36 Loman Street  
London SE1 0EE  
**Telephone:** 0171 928 9500  
**Fax:** 0171 928 3343

### The Stationery Office

**(formerly HMSO)**

Mail, telephone and fax orders:  
PO Box 276  
London SW8 5DT  
**Telephone:** 0171 873 9090  
**Fax:** 0171 873 8200

### Tacade

1 Hulme Place  
The Crescent  
Salford  
Greater Manchester M5 4QA  
**Telephone:** 0161 745 8925  
**Fax:** 0161 745 8923



# the right approach

The rising availability of both illegal and legal drugs in our communities means that children and young people are more exposed to them than at any time in our recent history. In its 10-year drug strategy to tackle drug misuse, the government has directed schools to provide effective drug education to help pupils develop the knowledge and skills they need to help them make decisions about drugs.

*The right approach: quality standards in drug education* sets out the ways in which drug education can be reviewed and assessed. The Quality Standards are a set of benchmarks for drug education which enable schools to develop and deliver their drug education in the most effective and efficient way. They are based on research and the experience of schools and advisory staff working to raise the status of drug education and the effectiveness of its delivery.

The Quality Standards are for: school teachers and teaching support staff, school co-ordinators of PSHE/drug education, members of school senior management teams and school governors. The Quality Standards will also be a valuable reference for others with responsibility for drug education at school including local education authorities and those involved with implementing the government's 10-year drug strategy *Tackling drugs to build a better Britain*.

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## Quality standards in drug education

DrugScope

drug &  
alcohol  
EDUCATION AND  
PREVENTION TEAM

*A joint Alcohol Concern  
and DrugScope project*

DrugScope

32-36 Loman Street, London SE1 0EE

Tel: 020 7928 1211, Fax: 020 7922 8780

E-mail: [services@drugscope.org.uk](mailto:services@drugscope.org.uk)

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