
EDINBURGH NORTH
DRUG AND ALCOHOL EDUCATION
REVIEW

FINAL REPORT FOR
CHILDREN & FAMILIES DEPARTMENT, CITY OF EDINBURGH COUNCIL
MAY, 2008

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1.0 EXECUTIVE SUMMARY

This report outlines the findings of a review of drug and alcohol education in Edinburgh North. The focus of this review was schools, including the involvement of external agencies. The review consisted of information from and meetings with:

- 5 secondary schools in Edinburgh North
- 5 primary schools from one school cluster in Edinburgh North
- 4 youth organisations that deliver services in Edinburgh North

In addition, 4 focus groups took place with young people living and attending school in Edinburgh North.

Primary Schools

- There is no consistency in the planning or review structures in primary schools, with no involvement of external agencies in the planning process.
- Drug and alcohol education in primary school is incorporated as part of a wider 'health education' programme; with a focus on medicines in early/middle primary and the introduction of smoking and alcohol in upper primary. There is a wide variation between what is taught on drug and alcohol education and when; increasing the likelihood of repetition in early secondary.
- There is evidence of a wide variety of interactive techniques being used by the class teachers who deliver health education with some input from the Police Drug Awareness Officer.
- The formal involvement of pupils in programme evaluation is minimal with informal observation by teachers the most common form of evaluation.
- Engagement with parents about drug and alcohol education is seen as being difficult with some pockets of good practice on providing parents with general drug and alcohol information.

Secondary Schools

- Drug and alcohol education is delivered predominately by guidance staff with most school having clear roles of responsibility for the planning of drug and alcohol education across year groups.
- There is no clear evidence of progressive drug and alcohol programmes being implemented in schools from S1 to S6. Few PSE overviews have learning outcomes for drug and alcohol education.
- Pockets of good practice exist for the use of interactive techniques. However, some schools have an over reliance on videos and worksheets with resources requiring to be updated. The balance between the provision of information, development of skills and exploration of values and attitudes could also be improved.
- The underlying key message of drug and alcohol education in schools is 'helping pupils to make positive choices – as long as that choice is don't try drugs'. This approach means that for some pupil's drug and alcohol education in school lacks credibility.
- There is little evidence of pupil involvement in the planning of drug and alcohol education. Pupil evaluation is usually through informal discussion and/or questionnaires.
- Schools have tried to engage parents on issues like drug and alcohol education but many events have been poorly attended.

Primary & Secondary Schools

- There are no formal links between primary and secondary schools in relation to the content and delivery of health education.

- A range of agencies are used in schools with the most consistent input being from the Police Drug Awareness Officer (DAO) or Youth Action Teams (YAT). The process for involving external agencies could be strengthened
- The potential of the core curriculum to provide a progressive curriculum from primary and throughout secondary is undermined as few schools have implemented it.
- Training on drugs and alcohol would be beneficial and welcome; particularly if it was multi-disciplinary.

Youth Organisations

- Links with schools differs considerable within each of the youth organisations and between schools. Good links and the forward planning of inputs are often reliant on a good relationship with one teacher.
- Strengthened links with schools with more forward planning was welcome. However, there was concern that service level agreements may inhibit innovative practice and the ability to respond to local need.
- The underlying message of drug and alcohol education is harm reduction and providing young people with accurate information so they can make informed choices. There was uncertainty as to whether this was complimentary to the underlying message in schools as they were unclear what that message is.
- Youth organisations were more likely to be aware of national and local needs assessment and to use this, along with informal discussion with young people, to inform their understanding of young people's needs.
- Youth engagement was integral to the ethos of all youth organisation, with many examples of good practice. Due to the positive relationship they had with young people there was also good engagement with parents and the wider community.

Youth Focus Groups

- Young people had a mixed experience of drug and alcohol education in schools. Overall the best experiences were when up to date videos were used, particularly if presenting a real life story, and when external agencies inputted into schools.
- All groups felt that the key message of drug and alcohol education in schools is 'don't take drugs' and to prevent young people from taking drugs. Overall the young people understood the need for schools not to promote or encourage drug use, however, also felt that the 'don't take drugs' approach was unrealistic and has limited impact on young people.

2.0 INTRODUCTION

The Children and Families Department of City of Edinburgh Council commissioned this review to explore the current drug and alcohol education¹ being delivered in schools and informal settings. The focus of the work was to:

- Review drug and alcohol education in five secondary schools in the North area.
- Review drug and alcohol education in associated primary schools within one school cluster in the North area.
- Review drug and alcohol education provided by Community Learning & Development and voluntary youth organisations within the North area.

The review forms part of a larger programme of work being carried out by the Children & Families Department which has included the development and distribution of two core curriculum guidelines for PSE from p1 to p5 (distributed November 2006) and p6 to S4 (Distributed June 2006). The core curriculum guidelines provide schools with background information on the role and purpose of PSE (including the role of teachers and external agencies) and are organised into sets of lessons for 6 'core' topics. Each core topic is presented in a broad overview which links to a set of lesson plans. Each lesson has been organised to last between 35–50 minutes depending on the class. The topics are:

- Health
- Healthy relationships
- Citizenship
- Personal safety
- Careers education
- Pupils progress in learning

The overall aim of the PSE core curriculum guidelines is to help deliver a progressive PSE curriculum from P1 to S6 in all local authority schools. It also aims to integrate teacher led inputs with external agency inputs by clearly outlining where external agency inputs link with the programme. Lessons on drugs, alcohol and tobacco feature in the 'health' section of the PSE core curriculum.

In addition to work in schools the Children & Families Department recognised that a range of educational opportunities are delivered in and by Community Learning and Development and the voluntary sector. Due to this the informal youth sector were included in the review process.

2.1 DRUG AND ALCOHOL EDUCATION IN SCOTTISH SCHOOLS

National guidance for drug and alcohol education has been provided by HMIE and Learning and Teaching Scotland over the past ten years and the most recent guideline is:

- Two Health Issues: Education about Drugs, Education about Responsible Relationships & Sexuality (HMIE, 2003).

This document does not specifically recommend topics for inclusion in drug and alcohol education programmes as it primarily relates to the process of teaching rather than content. Similarly, other documents previously identified as constituting national advice on drug and alcohol education (5-14 Health education guidelines, Being Well Doing Well and How Good is Our School documents) are broad in focus. The "HELP UP-DATE" on drug and nutrition education published by Learning and Teaching Scotland (LT Scotland Curriculum File No 9) in

¹ 'Drug and alcohol education' is the term used in this report for educational inputs covering all substances including tobacco, alcohol, illegal drugs and medicines.

1998, offered a more specific breakdown of appropriate content for drug and alcohol education as does a more recent, informal and brief guide to learning outcomes for drug and alcohol education produced by the Scottish Health Promoting Schools Unit ("drug and alcohol education exemplar", 2004).

It is expected that A Curriculum for Excellence (ACE) will have an influence on future practice as "drugs, alcohol and tobacco" has been identified as a topic within the new "Health and Wellbeing" strand. The guidelines for the delivery of this topic were published in May 2008. Given that these will influence practice in the future, it would be wise to ensure that the findings of this review are considered alongside the guidance of ACE.

There is a large body of international research evidence on effective approaches to drug and alcohol education. Some key review papers are worth mentioning. Faggiano et al. authored a Cochrane review of school-based prevention in 2005 and there have been a number of Scottish based literature reviews including one commissioned by the Scottish Executive Education Department (SEED). The latter (Stead et al., 2004), was published in February 2008. A summary of what constitutes effective practice according to the research literature and current guidelines is illustrated in Table 1 below.

TABLE 1: BEST PRACTICE IN SCHOOL-BASED DRUG AND ALCOHOL EDUCATION²
Policy and Planning: Goals, objectives, methods and the theory behind the programme should be agreed in advance by the school (including classroom teachers and senior staff), pupils, parents and the community, and expressed explicitly in a policy document open to all for inspection. Pupil knowledge, attitudes and behaviour should be established and considered in advance as well as social, developmental and cultural factors.
Development: A process of feedback, assessment and evaluation should be in place to allow continuous updating and development of the programme and to encourage a wider feeling of ownership of the programme. This process should include staff at all levels, parents, pupils and the community and should take account of national guidelines and initiatives. Evaluation should focus on whether, how, and why the original goals of the programme are being achieved or not.
Time and Resources: Adequate resources should be decided on and secured in advance including curriculum and staff (or deliverer) time, external agency input, classroom materials, venues for parent and community involvement and funding for training of deliverers and evaluation of the programme.
Curriculum: To maximise impact on drug use, the curriculum should be intense and comprehensive including accurate, credible and unbiased information, social influences and normative education, skills development and components which involve families and the community. Although planned in advance, it should be sufficiently flexible and include specific strategies to ensure that the needs of different groups can be met. The programme should continue throughout each child's school career.
Delivery: Delivery should be led by carefully selected classroom teachers who are knowledgeable, comfortable and confident, complimented by the involvement of peer educators, the police service or other groups/individuals as appropriate given their areas of expertise and experience. It should be primarily based on interactive teaching methods with pupil to pupil discussion of attitudes, views and experiences in small group settings. All deliverers should be comprehensively trained and receive ongoing support.

² Adapted from Fitzgerald, N., (2003). School-based Drug and alcohol education in Northeast Scotland – Policy, Planning and Practice. A PhD thesis submitted to The Robert Gordon University, June, 2003.

Environment: The programme should be integrated within a broader programme of personal, social and health education, supported by a positive school ethos emphasising honesty, trust and respect, within a safe, secure and stimulating environment that encourages the health and wellbeing of all. A clear and inclusive system should exist for pupils who need extra support, help or referral.

2.2 DRUG AND ALCOHOL EDUCATION IN NON-FORMAL YOUTH SETTINGS

There is no specific national guidance in Scotland on the provision of drug and alcohol education in non-formal settings, however DrugScope & Alcohol Concern have jointly published a useful document "Drugs: Guidance for the Youth Service". This includes a section on drug and alcohol education and prevention and emphasises the importance of needs assessment as a first step. Further guidance specifically on alcohol education is available in a TACADE pack for youth work entitled "Lager & Blastaways". While the factual information in this resource is well out of date and the resource itself is out of print, the general guidance provided is valuable and relevant to other forms of substance misuse. A summary of the guidance provided in this document is outlined in table 2.

Table 2: Key principles on alcohol education in youth work settings³

Participation: Alcohol education in youth work is through a voluntary relationship with young people. They are equal partners in the learning process and in decisions which affect them.

Education: A youth work approach to alcohol education is concerned with enabling young people to gain the knowledge, skills, attitudes and values needed to use alcohol as an individual and member of a community with rights and responsibilities. It is important to recognise that young people are not born as drinkers of alcohol but learn to behave in certain ways, as behaviour is learned through education it can be relearned, changed or modified.

Empowerment: Alcohol education should enhance young people's self-esteem and self efficacy and enable them to take control of their lives. It is important to recognise that young people have reasons for using alcohol which are positive and functional to them i.e. fun, intoxication, sociability, assert individual style etc.

Equality: Alcohol education should challenge oppression such as sexism or racism and promote equality of learning opportunities. Alcohol education in youth work should acknowledge and address cultural differences and variation in young people's race, class, religion, language, oracy, literacy, sexual identity, gender, disability and age. It is important to recognise that young people's social and economic circumstances, relationships, statuses and power influence their use of alcohol.

Minimisation of alcohol-related harm: Alcohol education in youth work should adopt a harm reduction philosophy in relation to alcohol use and aim to promote sensible drinking and reduction of the risks and harms resulting from drinking rather than necessarily demanding that young people stop drinking completely. Abstinence should be included as an option with support offered to young people who choose not to drink.

2.3 EDINBURGH BASED NEEDS ASSESSMENT

In the past 3 years a number of studies have been conducted in the City of Edinburgh (SALSUS) and in Edinburgh North (Communities that Care) that have helped inform professionals about young people's experience of drugs and alcohol. In addition wider studies (Viewfinder) in the City of Edinburgh have provided an insight into the wider experience of young people living, working and studying in Edinburgh. The following information provides a summary of these studies and helps to place into context this review of drug and alcohol education.

³ Adapted from Lager and Blastaways, Tacade 1995

2.3.1 SALSUS

The Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) is conducted across Scotland every two years and provides information on the prevalence of smoking, drinking and drug use among 13 year olds and 15 year olds. The 2006 survey, like the 2002 survey, provides information at a local level as well as a national level. The 2006 City of Edinburgh SALSUS report has a sample size of 1274 pupils from state and independent schools.

The findings show some promising indications towards a decrease in the proportion of pupils exposed to cigarettes, alcohol and drugs. The headline findings, compared to the 2002 survey, include:

- Significant decrease in the proportion of 13 year olds who regularly smoke, no significant change to the proportion of 15 year olds (13 year olds: 2002 – 6%, 2006 – 3%/ 15 year olds: 2002 – 17%, 2006 – 14%).
- Significant decrease in the proportion of both ages who had had an alcohol drink in past week (13 year olds: 2002 – 21%, 2006 – 11%/ 15 year olds: 2002 – 44%, 2006 – 36%).
- Significant decrease in the proportion of 13 year olds reporting that they usually drink at least once a week, no significant change by 15 year olds.
- Significant decrease in the proportion of both ages that have been offered drugs.
- Significant decrease in the proportion of both ages that had taken drugs in month prior to the survey (13 year olds: 2002 – 7%, 2006 – 3%/ 15 year olds: 2002 – 20%, 2006 – 15%).

Although these findings are encouraging it should be noted that one contributing factor to these changes could be that the age of pupils sampled in the 2006 survey were on average 6 months younger than the sample of pupils from the 2002 survey.

2.3.2 Communities that Care

Communities that Care is a long-term preventive programme which establishes a working partnership between local people, agencies and organisations to promote healthy personal and social development among young people, while reducing the risks of different problem behaviours such as:

- youth crime
- drug abuse
- school age pregnancy
- school attainment

In order to develop strategies to tackle these issues Communities that Care commissioned a self-completion youth survey to measure levels of risk and protection. This survey was based on a sample of 3,556 S1 to S5 pupils from schools in Edinburgh North.

As the Communities that Care report made comparisons with a larger Edinburgh sample and also a national sample we are able to consider the demographics of the Edinburgh North population within this context. Key findings include:

- Pupils from Edinburgh North are more likely to live in a single parent household than City of Edinburgh and National sample.
- Pupils from Edinburgh North are more likely to live in accommodation rented from the council or a housing association than City of Edinburgh and National sample.
- Pupils from Edinburgh North are more likely to live in a two bedroom home and also a home with six or more bedrooms than National sample.

This demographic information helps to highlight the different experiences of pupils attending Edinburgh North schools; from those who live in more deprived communities to those who live in very affluent communities.

Although not directly comparable with the SALSUS report (due to the different ages included in sample and timeframes included in the questions) overall the results from the Communities that Care report seem to indicate higher levels of reported smoking, alcohol use and drug use among Edinburgh North pupils than those reported in the City of Edinburgh SALSUS report. Key drug and alcohol related findings include:

- Girls (19%) significantly more likely than boys (15%) to report as regular drinkers and smokers (8% and 4%).
- 18% of total sample reported having taken drugs, with cannabis the most common drug of choice (16%).
- 9% of total sample had smoked cannabis at the age of 13 or younger.
- Age was the most significant factor in relation to drug use, with older pupils markedly more likely to have ever used drugs, including cannabis.

Overall there was a relatively high understanding of the potential harmfulness of drugs. Key findings including:

- 59% of sample thought it very likely (16%) or quite likely (43%) that drinking one or two alcoholic drinks nearly every day would be harmful.
- 77% thought that smoking 20 or more cigarettes a day for a lifetime was very likely (51%) or quite likely (26%) to be harmful.
- 84% thought that it very likely (55%) or quite likely (28%) that smoking cannabis regularly would be harmful.

2.3.3 Viewfinder 3

The viewfinder 3 survey is conducted every three years to gather the opinions of young people who live, work or study in Edinburgh. In 2007 18,720 young people aged 11 to 21 took part. Although the focus of the study is not drugs or alcohol but broader experiences of being young in Edinburgh, related key findings include:

- 42% of the young people that participated in the study think that getting drunk occasionally does not do any harm. This viewpoint increased as participants got older (22% in 11-13 year olds and 67% in 19-21 year olds)⁴.
- Most common problems young people see in their neighbourhoods is rubbish and litter lying around (51%), vandalism/graffiti/damage to property (31%) and behaviour linked to the abuse of drugs and alcohol (27%). All of these problems were considerably more likely to be reported by young people living in deprived communities.
- Young people would welcome information and advice on jobs and careers (43%), sport and leisure facilities (40%) & general health (38%)
- Young people would like their views to be listened to via media (47%), organised events (40%) and pupil/student councils, Edinburgh Youth Council and Edinburgh Young Scot (37%).

⁴ It should be noted that recent work in the area of brief interventions on alcohol have noted that many adults also hold the view that getting drunk occasionally doesn't do any harm.

3.0 REVIEW PROCESS

The purpose of the review is to identify what is currently happening on the ground in schools and communities, how consistent are the messages provided within drug and alcohol education and what is the best way to take drug and alcohol education forward in a co-ordinated way. The process for this review was split into 3 strands:

STRAND A: REVIEW OF EXISTING PROVISION AND APPROACH IN SCHOOLS

Prior to engaging directly with schools, a review guide was developed. This was entitled "Discussion Guide for Review" and was a guide for the consultant to use in review meetings with school staff. The document was based on effective practice principles from the research literature on drug and alcohol education and on the HMI publication "Two Health Issues" and "How Good is Our School 3". It also incorporated issues highlighted by the Children & Families Department as of particular interest. Appendix A outlines the full discussion guide, however key areas of interest included:

- Are schools currently using the recommended approach outlined in the PSE Core Curriculum? If yes, how useful do they find this?
- Does the PSE Core Curriculum provide a consistent reference to deliver the required educational outcomes?
- If no, what materials are they currently using? Is it age and stage appropriate? What are the key messages underpinning drug and alcohol education?
- Do staff feel confident in delivering drug and alcohol education in schools? If no, what would help to build confidence?
- How are external agencies currently accessed and used within the school? Would a service level agreement be useful?

All head teachers were sent a letter from the Children and Families Department outlining the purpose of this work and asking that they nominate a member of staff - with responsibility for the planning of drug and alcohol education in the school – to be the link person for the review.

In total five high schools and five primary schools, from one secondary cluster, took part in the review. In nine schools a consultant met with the nominated staff member to carry out the review face to face. One school was unable to schedule a face to face meeting and responded to the discussion guide by e-mail. Most meetings took place with one staff member with responsibility for planning health education or Personal & Social Education (PSE). Table 3 provides a breakdown of the roles of staff members involved in the reviews.

Table 3: Breakdown of staff involved in review	
Primary Schools	<ul style="list-style-type: none"> • 3 x Class Teacher <ul style="list-style-type: none"> - 1 of which was also the School Health Co-ordinator - 1 meeting was followed up with phone discussion with the Head Teacher (as class teacher unsure of some questions) • 1 x Depute Head Teacher • 1 x written response from the Head Teacher
Secondary Schools	<ul style="list-style-type: none"> • 4 x Principal Teacher for Guidance • 1 x Principal Teacher for Health • 1 x Depute Head Teacher (Acting) • 1 x Guidance Teacher

All staff were provided with the review guide prior to the meeting so they could consider the questions and, if required, consult with other colleagues. They were also informed that the review meeting would take up to 2 hours and to have copies of any materials, such as PSE overviews or specific drug and alcohol resources, available for the consultant.

It should be noted that the review findings are based on the information provided to the consultant by the participating staff member(s). It is recognised that there may be instances of resources or processes used in schools that are referred to in this review report. Any such instances are due to un-intentional omissions by the participating staff member.

STRAND B: REVIEW OF EXISTING PROVISION AND APPROACH IN YOUTH ORGANISATIONS

As it was recognised that drug and alcohol education is also provided within informal settings the review process was extended to incorporate three local youth organisations (not specific to drug and alcohol education) and Community Learning & Development's Youth & Children's Work Team. The process for the review mirrored that of the schools with a 'Discussion Guide for Review', based on the schools guide but with additional questions factored in, being developed for the informal setting. Appendix B provides the full discussion guide, however areas of interest included:

- How does drug and alcohol education get on the agenda?
- What materials are used?
- Would a consistent programme be helpful for youth work?
- What links and commonalities are there with drug and alcohol education messages delivered in schools?
- Should there be stronger links between youth work & schools?

Managers from all four organisations were written to and informed about the review. Three review meetings took place with project managers and one review meeting with a senior youth worker.

STRAND C: ENGAGEMENT WITH YOUNG PEOPLE

Through contact with local schools and youth organisations it was arranged for focus groups to take place with young people. A total of 4 groups ran including:

- 2 focus groups with pupils in school setting (5th year and 3rd year)
- 2 focus groups with young people in youth setting (under 14/over 14)

With the exception of one group all were mixed gender. In each group the following issues were explored:

- Their experience of drug and alcohol education in school and in youth organisations.
- Their experience of evaluation in schools and other settings.
- Their views on the key messages underpinning drug and alcohol education in both settings. Are they appropriate?
- What would help improve the future delivery of drug and alcohol education?

Each strand was supported by a review of key national guidance and national and local research including the Communities that Care report for North Edinburgh and SALSUS 2006. This is outlined in the introduction to this report and is used as the basis of discussion in Section 8.0 'Discussion and Conclusions'.

4.0 REVIEW OF CURRENT PROVISION IN PRIMARY SCHOOLS

4.1 DRUG AND ALCOHOL EDUCATION PLANNING

4.1.1 Responsibility

- Responsibility for planning the drug and alcohol curriculum lies with different staff members in different schools. Generally individual class teachers are provided with guidance on what should be covered in the curriculum and are responsible for planning their own lessons and organising which resources to use in line with this guidance. The responsibility for writing and reviewing this guidance lay with different staff members in each school. One school have a health working party with responsibility for identifying learning outcomes for the programme and another school have a designated teacher with responsibility for reviewing the health education policy. In two schools responsibility for the health education programme sits with the Senior Management Team.

4.1.2 Programme Overview

- All schools have overall planners for Health/PSD Education but not specifically for drug and alcohol education.
- Only one school has clear learning outcomes for drug and alcohol education identified in their planners. Other planners include information on broad areas the curriculum should focus on or brief descriptions of the knowledge and understanding addressed in each topic.

4.1.3 Reviews

- There is no consistency in how often, or how, curriculum reviews are carried out in the schools. In two schools the Senior Management Team review the curriculum with input from staff but this is not scheduled on a regular basis. One school has a Health Promoting Schools working group that carry out an annual review based on feedback from staff and in another school staff review their own lessons for their class each year and share this information with the relevant teacher if they are changing stage at the end of the year.
- No schools mentioned involving external agencies in their curriculum reviews.
- Two schools review their curriculum as part of ongoing work towards their Health Promoting Schools Award.

4.1.4 Evaluation

- In general there is little formal evaluation of the drug and alcohol curriculum.
- One school had a cycle for review and evaluation. This involves incorporating evaluation into each lesson, e.g. start lesson with brainstorm of "What do you know?" and finish with "What have you learned" at end of lesson. The same school also mentioned using assessment as a way of doing evaluation with pupils, i.e. have they learned the key targets set out? The school uses this process for all curricular areas not just drug and alcohol education.
- Three schools stated that teachers carry out informal evaluation through discussion and observation at the end of each topic and that this information is used when reviewing lessons. One school sometimes supplements this with an assessment quiz to establish what pupils have learned. At times teachers may add some questions about enjoyment of lessons etc to assist with their planning of future lessons.
- Two schools referred to external agencies (Police) carrying out their own evaluations with pupils. One school stated that they sometimes get a copy of this, but not always, although the Head Teacher will always ask staff for their impression of how the input went.

4.1.5 Use of Core Curriculum

- Awareness of the core curriculum varies. In two schools the teaching staff were unaware of the core curriculum, although the Head Teacher in one of the schools was.
- Overall, schools use the core curriculum as a reference when planning and developing their drug and alcohol lessons but not as the main resource for their drug and alcohol programme. Two schools commented that it is useful as a reference document to ensure they are covering the appropriate areas in their existing programmes. One school plans to incorporate it into their existing programme but have not yet done so.

4.2 DRUG AND ALCOHOL EDUCATION CONTENT & DELIVERY

4.2.1 Links with Secondary Schools

- No schools have formal links with secondary schools with regards to the content or delivery of health education programmes.
- One school felt that the use of the "Keeping Myself Safe" pack helps transition as the continued use of this resource from primary to secondary schools eliminates the risk of repetition.

4.2.2 Progression

- What is delivered at each stage varies greatly between schools with some schools introducing drug and alcohol education in primary 5 or primary 7 and other schools having a progressive curriculum from primary 1 to 7.

4.2.3 Structure

- There are differences in the way that schools structure and organise their programmes. Some schools use a themed approach for their health curriculum, i.e. physical, emotional and social health, while others have a topic based approach i.e. drugs, sexual health.

4.2.4 Techniques & Approaches:

- A broad range of teaching methods and techniques were discussed with all schools, e.g. whole class work, pair/group work, circle time, ICT, role play, drama, puppets, scenarios, brainstorming, and research with presentation of information.
- One school commented that although they find discussion to be the most valuable part of their lessons they struggle with balancing this with the need for evidence.

4.2.5 Resources

- Three out of the five schools stated that they used the "Keeping Myself Safe" resource in P6&7. Another commonly used resource is Drugwise.
- In general teachers select resources for delivery of lessons based on the needs of their class but few schools mentioned how they avoid the repetition of use of resources when using this system. One school organises all resources by stage to ensure that there is not duplication of use of resources.

4.2.6 Who Delivers

- Drug and alcohol education in all schools is taught by individual class teachers, supported with inputs from external agencies (mainly Police Drug Awareness Officer).
- Staff confidence varies across the schools with one school stating that staff don't feel confident in delivering lessons due to a lack of knowledge. In contrast two schools felt that, on the whole, staff are confident. It was generally felt that primary 6 and 7 staff are less confident than lower school staff as more sensitive topics are introduced in upper school.

4.3 EXTERNAL AGENCIES/TRAINING AND SUPPORT

4.3.1 External Agencies:

- The Police deliver inputs on drugs and alcohol in every school in primary 7. One school stated that although the Officer provides information to the pupils the main aim of their input is to build links in the community. School nurses also deliver inputs in several schools, however how related their inputs are to drugs and alcohol was unclear.
- All schools have a process for working with agencies whereby they aim to meet with staff from the agency to plan the input in advance. All schools acknowledged that this is not always possible and often they will only manage a phone call but the aims and content of the lessons are always discussed in advance.
- One school pointed out that they use external agencies in two different ways – for targeted work and for general curricular work. The targeted work involves a range of agencies working in different ways with identified vulnerable children. Several other schools also mentioned that they work extensively with external agencies to support vulnerable children and families.
- Two schools mentioned the use of external agencies during their health weeks.
- One school commented that in the past they received good inputs from a local voluntary organisation but they lost their funding and were unable to continue this. The school found this frustrating as it left gaps in the curriculum for the school to fill.

4.3.2 Service Level Agreements:

- No schools had a formal service level agreement with any of the external agencies they use and most commented that there was no guarantee the agency could deliver each year. Only one school felt that it might be useful to have a service level agreement as it would ensure consistent delivery from year to year.
- One school commented that a service level agreement would be more paperwork that would be more restrictive than helpful.

4.3.3 Training & Support:

- The levels of staff training varied greatly across the schools. Two schools thought that staff received training specific to drugs and alcohol a few years ago and were aware that there was training on offer via the Local Authority. However, one school stated that no staff had received specific training on drugs or alcohol. It was felt that staff would welcome training on this topic.
- Two out of the three schools using the "Keeping Myself Safe" pack had recently received training for P6/7 staff using the pack. This training was valued by staff and has increased confidence to deliver the lessons.
- One school commented that most of the work in this area is now integrated through health promoting schools and another stated that they found the Health Promoting Schools meetings organised by the authority a good support.

4.4 PUPIL NEEDS

4.4.1 Information on Local Picture

- Generally there was not an awareness of statistical information on levels of substance use, e.g. SALSUS, but it was pointed out that this information would normally be sent to the Head Teacher and would not usually be given to individual class teachers. In general class teachers get information on local levels of drug use by word of mouth from Community Police, parents and pupils. One school commented that teachers will often use newspapers and the internet as sources of evidence of the problem of substance misuse.
- Although statistical information is not generally referred to when planning the curriculum it is common for individual teachers to respond to local issues and adapt lessons as required to meet the needs of their class.

- The sensitivity of the topic of drugs and alcohol was raised as an issue for some children and as such teachers are used to adapting their lessons depending on the experience and background of children in the class.

4.4.2 Differentiation of Activities for Pupils with Additional Support Needs

- Materials for drug and alcohol education are not generally differentiated to take account of pupils with additional support needs. Individual class teachers may adapt questioning or workshops for individual pupils but generally teachers naturally differentiate lessons through the teaching methods they use, e.g. selection of pupils for group work, scribing feedback, etc.
- Learning support/learning assistants are rarely used for PSE lessons as their time is limited and so is usually dedicated to maths and language work.
- One school stated the main focus for learning support in relation to drugs and alcohol and pupils is the impact of parental misuse on the learning of pupils, e.g. Foetal Alcohol Syndrome which results in pupils have additional support needs and/or the case of vulnerable pupils who may display behaviour issues due to family circumstances.
- One school stated that there is an issue with the suitability of some resources for children with Additional Support Needs, particularly autism, and they feel that support is required to adapt resources for these needs to ensure that the most vulnerable children still get a quality health education.

4.4.3 Pupil Involvement

- No school has a formal process for involving pupils in decisions about the development of drug and alcohol education but pupils are involved in informally reviewing and evaluating the drug and alcohol programme as stated earlier, e.g. brainstorming at the start of the topic to establish what children know and what they want to know and then again at the end to determine what they have learned. Lessons will then be tailored to suit the needs of the class based on this information.
- In one school some teachers use question boxes in class to gain feedback from pupils but this is not done formally in all classes.
- One school mentioned that their pupil council is involved in the organisation of the health week but not the ongoing drug and alcohol curriculum.

4.5 PARENTAL INVOLVEMENT

4.5.1 Parental Substance Use

- The catchment area of the schools varied greatly and as such the levels of parental substance misuse was varied too.
- One school commented that drugs are an issue in the local area and that if parents are not involved in drugs then pupils are still aware of drug use through other family, neighbours, etc. One school commented that parental drug misuse is becoming more of an issue with pupils each year and that they find it difficult to engage with parents. Another school commented that it is an issue particularly for teachers in the lower school if parents collecting children from school are under the influence of drugs or alcohol.

4.5.2 Provision of Information

- The amount of information provided to parents varies greatly between schools with some schools providing no information at all to parents and others providing information on the curriculum taught in school, and also additional reference information on drugs and alcohol for their own information.
- Information provided to parents on the drug and alcohol curriculum is usually incorporated in a booklet containing information on either the whole health/PSD programme or possibly the whole school curriculum. One school also organised a

parents evening linked to the "Keeping Myself Safe" programme which informed parents about what is taught in drug and alcohol education.

- The schools that provide general drug and alcohol information for parents do this in a variety of ways including through the use of notice boards, newsletters, project work and the distribution of leaflets.

4.6 SUGGESTIONS FOR IMPROVEMENTS IN PRIMARY SCHOOLS

A range of suggestions were made by teaching staff for improvements to drug and alcohol education in the primary schools. These focussed on external agency input, resources and support required.

4.6.1 External Agencies

- More inputs from existing agencies, e.g. Police, and other specialist agencies. (1)
- Better communication on what is available from agencies, e.g. a list of recommended (and screened) agencies detailing what they can offer and to what age groups. (2)
- More agencies available to work with lower school classes as most agencies only work with upper school classes. (1)
- Re-instatement of the 'Crucial Crew' event for P7 pupils. (1)

4.6.2 Resources

- Free subscription to 'gridclub' provided on the EGFL website again. (1)
- If providing new resources, ones that are very simple and ready to use are the most helpful, e.g. Health for Life. (1)
- Need more good resources that are up to date and interactive as the view of upper school teachers is that no resources currently used 'stand out' as good. (1)
- Extension of core curriculum to P1-7 as can be difficult to know what topics should be covered and when. (1)
- Provision of a resource box containing more interactive tools for each school. (1) (One school currently has a probationer teacher pulling together a 'box' for each year group so that staff don't have to look through all the resources when many won't be appropriate to the age group.)

4.6.3 Support Required

- Support to increase parental involvement and in particular tighten up internal systems around disclosure checks as many parents are put-off by this process enough without internal errors and loss of forms adding to issues. (1)
- Literature to be distributed to parents needs to be given to schools as although they are happy to distribute information to parents they can't afford the costs for photocopying. (1)
- Need to raise awareness of issue of drug and alcohol education among staff. (1)
- Support with reviewing resources and planning how to include all the health topics into curriculum as already a very full curriculum for P6/7 and still new things coming on board to be included. (1)
- "More staff training is essential. It is unfulfilling for staff to teach a subject with little or no knowledge of the content." (1)

5.0 REVIEW OF CURRENT PROVISION IN SECONDARY SCHOOLS

5.1 DRUG AND ALCOHOL EDUCATION PLANNING

5.1.1 Responsibility

- Generally planning is shared among the guidance team with informal discussion or formal review days built into the yearly programme. Only one school had non-guidance staff with planning responsibilities. In this instance this staff member led the health education input for the school. In most schools a Depute Head Teacher or Principal Teacher of Guidance has responsibility for the full Personal and Social Education programme.
- Three out of the five schools use a vertical approach to planning i.e. one teacher takes lead for a topic across all year groups. One school use a whole team approach to planning via yearly planning meetings and the final school use a horizontal system i.e. one teacher plans the whole PSE programme for their year group, with one teacher who oversees the full PSE programme.

5.1.2 Programme Overviews

- Four out of five schools have overviews for their PSE programme. These are general overviews which outline headline topics i.e. sexual health, drugs, alcohol or smoking and related issues that should be covered in the lesson i.e. classifications, the law etc. Most overviews also have a list of suggested materials to cover the specific issue. None of the overviews have clear learning outcomes for lessons or guidance on how best to select resources and minimise repetition between year groups.

5.1.3 Curriculum Reviews

- There is no consistency in how often, or in the process for carrying out curriculum reviews in the schools.
- Two schools review their PSE programme annually (one have protected time to do this), one school bi-annually, one school per term and one school has a full PSE review every couple of years.
- No schools mention involving external agencies in curriculum reviews.

5.1.4 Core Curriculum

- One school has fully incorporated the 'core curriculum' with two others using it as a reference guide. Although schools felt that it was relatively usefully as a guideline to check if teaching the right topics and issues, there was scepticism about how useful it is as a curriculum. Comments were made on how poorly indexed and laid out it is making it difficult to use. Some materials are out of date and there is little understanding about where it came from and/or whether there was any consultation on its development (with staff or with pupils).
- A review of the core curriculum was carried out by the consultants. The following comments relate to the content of the drug and alcohol lessons/overviews:
 - Each lesson has clear learning outcomes, resources required and details of content/method.
 - No lessons have teachers notes which means that staff would require to have a lot of background information themselves to deliver lessons effectively.
 - The layout of lessons could be improved with the process for each lesson divided into individual steps to make it easier for staff to work through.
 - Pupil worksheets are not eye-catching or interesting. Several lessons include quiz activities with no answer sheets for pupils or teachers.
 - Some scenarios are very dramatic and pupils may not see these as realistic. Improved teacher notes would help to ensure that some lessons do not focus on stereotypes of drug and alcohol users.

- Lessons based on an input by the Drug Awareness Officer would benefit from clearer learning outcomes so staff could deliver the lesson if the DAO is unable to input into school for any reason.
- Overall, the pack layout could be improved as the text is dense and not user friendly.

5.1.5 Evaluation

- All of the schools evaluate their drug and alcohol curriculum (and wider PSE programme) via informal discussion with pupils and/or the use of questionnaires. Neither approach was felt to be ideal with schools commenting on this being an area they could improve upon.
- When questionnaires are used this tends to be part of a review of the full PSE programme either at the end of the year or end of term and/or when external agencies deliver an input.
- The importance of the questionnaire layout and how questions are asked was stressed as important. Some schools referred to the information generated from questionnaires being unhelpful (as no response or monosyllabic) or generating so much information that the evaluation process becomes unmanageable.
- One school has recently purchased 'Survey Monkey' and electronic keypads to enable them to carry out evaluation via ICT and more interactive methods. It is hoped that this will improve engagement with pupils.
- Some schools referred to external agencies carrying out their own evaluation but did not mention whether this information is fed back into the school evaluation process.

5.2 DRUG & ALCOHOL CONTENT AND DELIVERY

5.2.1 Links with Primary Schools

- None of the schools link formally with primary schools in relation to the PSE programme, only one school has informal links.
- All schools feel there is some repetition between what is covered in S1 and S2 and upper primary school.

5.2.2 Progression

- There is no clear evidence of progressive drug and alcohol programmes being implemented in schools from S1 to S6. This is because the reviewed overviews are very general with no clear reference to what materials are used. Some schools indicated that their programme is progressive whilst others indicated that there is some repetition between year groups.
- There are pockets of very good practice in some individual year groups, however overall there is agreement that the balance between the provision of information, development of skills and exploration of values and attitudes and social influences could be improved. At the moment the balance is in favour of the provision of accurate, factual information.

5.2.3 Structure

- In all schools a set programme is delivered to S1 – S4 pupils. With the exception of one school there is no set programme for the drug and alcohol education programme for S5 and S6 pupils. Most schools indicated that in S5 and S6 the PSE programme is self directed by pupils.
- There is a mixed picture in relation to the number of PSE lessons delivered per week to S1 – S4 pupils. On average it is one PSE session per week. However, there is some variation;
 - One school delivers two PSE lessons per week for S1, one PSE lesson per week for S2 – S4.

- One school delivers one PSE lesson per week for S1 – S4, this is supplemented by one health education lesson per week for S2-S4. Pupils also have informal updates and discussion via weekly tutor time slots.
 - One school currently delivers one PSE lesson per week for S1 – S4 but intends to increase this to two lessons per week for S1 pupils (as lessons only 35 minutes)
- There is wide variation in the number of weeks devoted to drug and alcohol education. This is not only evident across schools but across year groups within schools.

5.2.4 Techniques & Approaches

- There are mixed views on the techniques and approaches used in schools to deliver drug and alcohol education; some schools feel their drug and alcohol programme makes good use of interactive approaches, however two schools felt their programmes rely heavily on workbooks and videos.
- All schools felt that pupils are encouraged to discuss the issues arising from the activities/workbooks/videos; however there is recognition that this is reliant on the skill and expertise of the teacher. This approach is not necessarily encouraged by the resources being used.

5.2.5 Resources

- General consensus is that a lot of the resources are out of date, particularly videos, and require updating.
- Specific reference of more recent resources included Crash Magnets and Keeping Me Safe. Although neither resource is specific to drug and alcohol education both cover related topics i.e. drunk/drug driving, violence and alcohol and were felt to be up to date with good interactive approaches.
- Other resources that were considered to engage pupils well are 'Alco-shots', 'drinks talking' & the BBC Turning Point videos that explore the perspectives of three teenagers affected by alcohol in different ways.

5.2.6 Key Messages

- Although there has been a move away from the overt 'just say no' message, with the exception of one school, all felt the underlying message in schools is 'helping pupils to make positive choices – as long as that choice is don't try drugs'
- Teachers felt more comfortable taking a harm reduction approach when talking about alcohol. They are unclear of the boundaries of what you can and should discuss when taking this approach with illegal drugs.
- All schools reported the difficulty in keeping messages in drugs and alcohol education 'fresh'. Some felt that because of this difficulty drug and alcohol lessons do seem repetitive even if discussing a new topic or focussing on a different drug.
- Due to the above there is a sense that for some pupils' school based drug and alcohol education lacks credibility. This was reported as a particular problem in classes and schools where there is a wide variation in pupils 'life experience' of drugs.

5.2.7 Who Delivers

- There is a similar approach to delivery across all schools as the PSE programme is delivered by guidance staff with some support from external agencies.
- Only one school involve non-guidance teachers in the delivery of PSE topics via their health education programme. In this school PSE is supported by separate health education lessons delivered via PE, home economics or religious and moral education.
- All felt that staff confidence to deliver sensitive topics such as drugs and alcohol is good due to the experience of staff. However, there was recognition that teachers don't always have up to date information on drugs and alcohol and are often perceived by pupils as not being 'expert' on the topic.

5.3 EXTERNAL AGENCIES/TRAINING & SUPPORT

5.3.1 External Agencies

- A range of agencies are used in schools with the most consistent input being from the Police Drug Awareness Officer (DAO) or Youth Action Teams (YAT). All schools agreed that the process for involving external agencies could be strengthened.
- The present system is an informal pre-meeting or phone discussion with external agencies to explore what they can offer. Normally there are two approaches:
 - External organisation provide a set input with the school requiring to tweak their programme to fit with the input and occasionally it being provided out of sync with the rest of the drug and alcohol programme.
 - External organisation is flexible and delivers an individually tailored programme specific to the needs of the school.
- All schools provided examples of great external agency inputs they have received in the past. Generally these were one off events and were very well received by pupils and staff alike.
- All schools have experience of using external agencies for a number of years with this coming to an abrupt end because of lack of funding. Although it is recognised that this isn't the organisations fault it was flagged up as frustrating.

5.3.2 Service Level Agreements

- No school currently has anything as formal as a service level agreement (SLA) with external agencies.
- Slightly more schools (and external agencies) felt that a SLA would help to 'tighten up' procedures. In particular it would ensure that any agreement is between agencies rather than reliant on individual relationships between teachers and other staff.
- Some reservations were expressed about the potential for service level agreements to inhibit what external agencies can deliver and restrict flexibility and innovative practice.

5.3.3 Training & Support

- There was very little reference to staff attending specific training on drug and alcohol education. In cases where it was discussed the staff members could not recall the courses attended as it was through Continued Professional Development a number of years ago.
- Four schools referred to the SHARE programme and suggested that it would be useful to have a similar programme for drug and alcohol education. The benefits of SHARE were thought to be the multi-agency approach to training and the clarity it provided teachers and external agencies in relation to their role when inputting to schools. It also ensures that a clear and consistent message is given to pupils irrespective of who is delivering the programme.
- All schools made reference to the City of Edinburgh Council guidance support meetings. The general consensus is that these are useful but could be even more so if greater focus is placed on schools sharing good practice, resources, up to date information etc.

5.4 PUPIL NEEDS

5.4.1 Information on Local Picture

- There was very little awareness of needs assessment reports such as SALSUS or Communities that Care, with only one school stating that they use this information to inform the planning and development of their drug and alcohol programme.
- It was felt that most teachers get their knowledge on local levels of drugs and alcohol use through informal discussions with pupils and information from external agencies such as the community police. This information is often used to respond to issues arising locally with teachers adapting lessons if required.

- Drinking alcohol was considered a key problem for young people in the local area. Cannabis was also seen as problematic. For some this was an issue because pupils were open about smoking cannabis recreationally and didn't think that it would ever do them harm. There was recognition that many pupils were very sceptical if the focus of lessons on cannabis was solely on the risks; this didn't resonate with their personal experience.

5.4.2 Differentiation of Activities

- There were no examples of materials for drug and alcohol education being differentiated to take account of pupils with additional support needs. Instead teachers respond to the differing needs of pupils by adapting the approach they use with their class, for example through the selection of pupils for group work, opting for discussion led lessons rather than reliance on worksheets etc.
- Learning support/learning assistants are rarely used for PSE lessons as their time is limited and is usually prioritised for 'core' subjects such as Maths and English.
- Materials and activities not only required to be differentiated due to additional support needs of pupils but also in relation to the life experience of pupils. Examples were given of pupils having very different experiences of drugs from those exposed to problematic drug or alcohol use by parents or immediate community to pupils who have first hand experience of using drugs recreationally (either personal or family and friends) and experience few risks. Teachers expressed that it was more difficult to deal with this type of difference in one class than other types of differentiation.
- The above scenario links to some of the problems faced by the common approach of 'just say no' when discussing illegal drugs and the wariness and lack of clarity on the best approach to harm reduction messages when discussing illegal drugs.

5.4.3 Pupil involvement

- Although schools have pupils involved in other aspects of the school i.e. eco schools or pupil council no schools have formal processes for involving pupils in decisions about the development of their drug and alcohol education programme or wider PSE programme.
- Pupil involvement is informal i.e. brainstorming at the start of the topic to establish what pupils know and what they want to know, with sporadic use of questionnaires.
- All schools recognised pupil involvement and evaluation as an area that could be strengthened.

5.5 PARENTAL INVOLVEMENT

5.5.1 Parental Substance Use

- The catchment area of the schools varied greatly and as such the levels of parental substance misuse was varied.
- Two schools commented that drug and alcohol misuse were definitely issues in the local area and that if parents were not involved in drugs then pupils will still be aware of drug use through other family/neighbours, etc.

5.5.2 Provision of Information

- There is minimal provision of information to parents about the drug and alcohol programme.
- All schools have tried different approaches in the past to engage parents but due to poor attendance none were felt to be very successful. Although this was recognised as an area of weakness it was highlighted that poorly attended events can be very demoralising for staff and external agencies.
- Schools commented that it is difficult to engage with parents generally but particularly on a subject like drugs and alcohol which can be a sensitive issue. It was also felt that some parents are reluctant to engage with the school about any subject

because they have had a bad experience in school themselves and/or don't value education.

- One school offered an example of good practice that had taken place during the review process. This event was called an evening of 'sex, drugs & rock n roll'. This linked a performance of students from the music department and a display from the art department with an information evening on the sexual health and drug and alcohol curriculum. Parents took part in quizzes and were encouraged to pick up information leaflets. This event was well attended and was considered to be a model of good practice.

5.6 SUGGESTIONS FOR IMPROVEMENTS IN SECONDARY SCHOOL

A range of suggestions were made by teaching staff and external agencies for improvements to drug and alcohol education in secondary schools. These focussed on planning and training, external agency input, resources and support required.

5.6.1 Planning/Training

- SHARE type of training & programme development.
- Time and safe space to debate role of harm reduction approach and other contentious issues.
- Guidance on amount of time that should be given to PSE generally as in recent years the time allocated for PSE has been cut to allow greater time to be dedicated to 'core' subjects.

5.6.2 External Agencies

- More inputs from external agencies to complement what staff deliver.
- Potential use of a service level agreement to strengthen the links between schools and external agencies.
- Expansion of funding streams to allow external agencies to plan inputs into schools over longer periods of time i.e. 3 years not just on year to year basis.

5.6.3 Resources

- More locally produced resources that are practical and visually attractive.
- Specific budget and protected time to source good materials.
- More resources for parents that 'mirror' the topics covered with pupils.

5.6.4 Support Required

- Screening of resources at the local authority level to provide schools with a list of recommended materials. This would help minimise the purchase of materials that later turn out to be poor.
- On-going guidance meetings at City of Edinburgh Council level but potentially strengthen these by having a clearer purpose and greater emphasis on sharing good practice between the schools.

6.0 REVIEW OF GENERIC YOUTH ORGANISATIONS

6.1 DRUG AND ALCOHOL EDUCATION

6.1.1 Approaches

- Drug and alcohol education is delivered in one of the following ways:
 - Information provided through drop in times or general discussion with young people. This is usually verbal or through picking up leaflets.
 - Set programme with specific groups of young people i.e. transitional group in schools, vulnerable young people group in youth club, input to SHARE etc where elements of drug and alcohol education are incorporated.
 - Ad-hoc requests from other organisations to come in and deliver information session on drugs or alcohol, this can be schools or community based organisations.
- It was felt that in some instances the focus of drug and alcohol education is politically driven and led by funding opportunities i.e. at present focus is on alcohol prevention as concern over binge drinking. Although the need for topic specific work and the concerns around binge drinking were recognised this was balanced by the view that as drugs and alcohol often feature in the lives of young people it is always a core aspect of youth work, even if not the main focus.

6.1.2 Core Curriculum

- All organisations felt a 'set programme' similar to the core curriculum would be unworkable and inhibitive to them. This is because their strongest asset is their ability to be responsive to local issues and the specific needs of young people.

6.1.3 Link to Schools

- Two organisations linked with schools mainly through one to one support they offered pupils and/or the facilitation of support groups (not specific to drugs and alcohol) with small numbers of pupils. One organisation stated that they never input to the curriculum via PSE however do contribute to 'health days'.
- There are very different experiences across the youth organisations in relation to how they link to schools. Often it is reliant upon a good relationship with one teacher where forward planning of inputs into the curriculum takes place. Where there is no relationship with a member of staff in a school there is a greater chance of the youth agency being approached at the last minute to input into classes or a health day with little or no planning.
- There was a mixed response towards the potential of service level agreements. On one hand youth organisations welcomed this as they felt it would help with forward planning, on the other they didn't want it to inhibit innovative practice that is responsive to local need. As with the schools, reference was made to the SHARE programme and how this has aided their relationship with schools.

6.1.4 Resources

- A number of resources used to deliver drug and alcohol education are developed in-house with the involvement of young people. Staff also generally have good knowledge of up to date resources currently available and can use these when delivering an input on drugs and alcohol.
- It was raised that there have been times in the past when resources that are very popular in youth settings are not permitted in schools. It was felt that this was because they are thought to have a harm reduction approach which schools are wary of.

6.1.5 Key Messages

- All youth organisations felt the underlying message of their drug and alcohol inputs is harm reduction and providing young people with accurate information so they can make their own informed choices.

- Youth organisations are unclear whether this is complimentary to the underlying messages in schools as they are unclear what that message is. There is a sense that key drug and alcohol education messages may change depending on the views and experience of the individual teacher delivering the lesson.

6.1.6 Who Delivers

- In all of the youth organisations the approach to drug and alcohol education is for core staff (full time/part time/sessional) to plan and deliver an input and/or to link with a specialist organisation, such as Fast Forward, to deliver joint inputs. The latter was seen as beneficial as it helps to build the knowledge and confidence of staff.

6.2 TRAINING & SUPPORT

- With the exception of one organisation the remaining expressed feeling 'out of touch' with what training is available on drugs and alcohol. There was a sense that because they are generic youth organisations they need to make time and budget decisions on what training to prioritise.
- There was a mixed response as to how confident staff are to deliver drug and alcohol inputs. Some felt that their staff are confident to deliver on most topics and are happy to self-direct their own learning. Others however, felt staff aren't confident and would benefit from attending a course and/or a forum where they can discuss some of the more contentious issues in an honest and safe environment.
- All organisations felt that staff always benefit from training and that overall this would be welcome. Three organisations made reference to SHARE as a model of good practice because it is multi-disciplinary.

6.3 YOUNG PEOPLE'S NEEDS

6.3.1 Knowledge of Local Issues

- There is good awareness of local needs assessment such as Communities that Care but no specific reference was made to incorporating this information into drug and alcohol inputs.
- All youth organisations have positive relationships with young people and get their local knowledge on current drug and alcohol use through discussion with young people and generally through working in local communities; particularly through street work. One organisation also noted the topics of the most popular leaflets being accessed by young people.
- Similarly to schools, youth organisations identified alcohol misuse as a key local issue. This was felt not only to be an issue for young people but the wider community, including parents. There were examples of young people coming from families where parental drinking was problematic and them also starting to display signs of problematic drinking. In addition to alcohol it was recognised that ecstasy and cannabis is readily available in many communities.
- Although it was recognised that alternative provision was increasing on weekend evenings this was still considered to be a gap by two of the organisations.

6.3.2 Youth Involvement

- All of the youth organisations felt that youth involvement is integral to their work. It forms a core part of all that they do, with young people involved in many different aspects of the organisation. Prior to inputs delivered out with schools young people are consulted on the topics they would like to cover.

6.4 PARENTAL ENGAGEMENT

- None of the organisations referred to running specific events targeting parents on the topic of drugs and alcohol. However, all discussed the positive relationships they have with parents (particularly if working one to one with a young person) and the wider community.
- Some examples of good practice relating to engaging with the wider community were given; this included a piece of action research on alcohol and violence. Young people engaged with this as researchers and interviewed various people in the community. This was particularly effective as it discussed the impact of alcohol and violence on everyone not just young people.

7.0 YOUNG PEOPLE'S VIEWS

7.1 EXPERIENCE OF DRUG AND ALCOHOL EDUCATION

7.1.1 In School

- Young people had a mixed experience of drug and alcohol education in schools. Overall the best experiences were when up to date videos were used, particularly if presenting a real life story, and when external agencies input into schools.
- All groups referred to not liking being 'talked at'. They also referred to workbooks and quizzes as being very boring.
- One group discussed their positive experience of a 'health day'. This was good as there were lots of people 'who knew what they were talking about'. They also got the chance to use fun props such as beer goggles and see more disturbing images such as the tar lung. All thought this was a very positive day.
- Two groups discussed the police input in primary 7 where they had the chance to see what drugs looked like. They all talked about this positively. The desire to see drugs and know more about the effects and risks was a recurring theme.

7.1.2 In Youth Agencies

- Very few of the young people could recall ever getting drug and alcohol inputs in a youth club setting. When this was explored with the two youth groups they could recall informal discussions about drugs and alcohol but didn't consider this to be 'inputs' as such.
- The two groups ran in schools had limited experience of attending youth clubs overall. Their view was that 'not sure I would want to learn about drugs in youth club as I would just want to play games and stuff'.

7.1.3 Key Messages

- All groups felt that the key messages of drug and alcohol education in schools is 'don't take drugs' and to prevent young people from taking drugs. Overall the young people expressed that this was valuable as schools could not be seen to be encouraging drug use. However, in contrast, all groups also went on to say that the 'don't take drugs' approach was unrealistic and has limited impact on young people.
- All groups discussed the potential for schools to inform pupils about ways to take drugs more safely i.e. harm reduction. All felt this would be a more realistic and useful message for pupils. However, some young people felt this approach should only be introduced with upper secondary pupils.
- When discussing alcohol it emerged that the young people are already getting messages on ways to drink alcohol more safely i.e. drink slowly, miss a round etc, in addition to more personal safety messages such as don't leave friends on their own and keep an eye on your drink. All felt that this was useful and realistic to the fact that all young people will drink alcohol at some point.

7.2 IMPROVEMENTS TO DRUG AND ALCOHOL EDUCATION

7.2.1 Content of Programme

- All groups agreed that drug and alcohol education should start younger before young people are tempted to use drugs or alcohol. Moving from primary school to high school is a key time because that is when young people start to be aware of and experiment with new things.
- Across the groups the consensus was that drugs should be discussed just before pupils start becoming aware of them and/or hearing of people taking them. Due to this the following suggestions were made on the content of the drug and alcohol inputs:
 - upper primary: smoking,

- S1 and S2: alcohol
- S3 and S4: cannabis and ecstasy
- S5 (one group only): cocaine

7.2.2 Approaches & Techniques

- The reoccurring theme in all groups was that drug and alcohol education had to do more than just provide accurate information. It should give young people the opportunity to discuss issues in more detail and explore the effects of drugs (good and bad) and risks and consequences. They also were keen to get the chance to see drugs.
- All groups wanted to hear more real life cases of people who have taken drugs and alcohol. There was some debate as to what drugs the person should have experience of. Most young people agreed that an ex-heroin user may not be the most appropriate as very few young people will ever go on to use heroin. It was felt that a person who has misused cannabis, cocaine or alcohol might be more relevant to their lives. One group felt that it would be good to hear the stories of people such as A & E nurses who have to deal with the outcome of drugs and alcohol misuse on a regular basis.
- There were mixed views towards the role of developing skills in school based drug and alcohol education. Some young people felt that discussing issues such as peer pressure and practicing skills to say no were useful for some pupils, however others disagreed. They felt that no matter how much time was spent on skill development the reality of life outside of school was so different it would have limited impact. They also felt that for many pupils once they were under the influence of alcohol all reasonable and rational thinking disappeared.
- Although all groups favoured the use of external agencies in schools they all agreed that irrespective of whether it was a teacher or someone else the key approach was for drug and alcohol education to be less patronising.

7.2.3 Resources

- Up to date materials were important. The groups discussed the potential of using adverts such as the NHS Health Scotland smoking adverts (cigarettes coming out of the mouth) and alcohol adverts (girl and boy in school 'did you see the state of her' and super hero trying to get balloon) as starting points for discussion. They also discussed documentaries on television as showing some of the realities of getting involved in drugs i.e. banged up abroad.

7.3 EVALUATION

- Experience of evaluation was very poor. All had completed questionnaires in school in the past but no one could give an example of being told of the outcome of the questionnaires and whether they impacted on the planning of the curriculum.
- All groups felt that it was important to involve young people in the planning of drug and alcohol lessons and this might help to make lessons more relevant to their lives. One group felt that having discussion groups with pupils after they have had the lessons might be a good way to hear their views; the downside of this was that often it is the same pupils who get involved.

8.0 DISCUSSION & CONCLUSIONS

The aim of this review was to obtain a clearer understanding of current practice relating to the planning, curriculum/programme content, programme delivery and monitoring and evaluation processes for drug and alcohol education. The focus for this was schools, including the role of external agencies in schools. By including youth organisations in the review it enabled some comparisons to be made to drug and alcohol education delivered in youth work settings. On completion of the review it was apparent that drug and alcohol education varies considerably across schools with pockets of good practice and areas where improvement is required.

This section discusses the key findings from the review and makes recommendations, based on the evidence and good practice guidelines outlined in the introduction. The recommendations are brought together in a cohesive way in the final 'recommendations' section with suggestions on which lead agencies are responsible for taking them forward.

8.1 PROGRAMME PLANNING

Best practice indicates that school based drug and alcohol programmes should be planned in advance and be based on the knowledge, attitudes and behaviour of pupils as well as social, developmental and cultural factors. The review highlighted that the majority of teacher's information on pupil experience of drugs comes from informal discussion with pupils and/or the Community Police, with few teachers having an awareness of needs assessment documents such as SALSUS or Communities that Care. Although informal routes of information are valid and useful, information from local and national needs assessments is particularly useful for normative education to contextualise the extent of drug misuse in the local community and for teachers to gain a greater awareness of when, where and what drugs are experimented with by young people. Due to the limited time schools have for the planning of PSE and drug and alcohol education it may be useful for a summary document of local research to be provided to them in an easily accessible format. Schools could then incorporate this information into their drug and alcohol education programme.

Although the majority of schools have an overview for their PSE programme, with the exception of one school, the overviews did not have learning outcomes for drug and alcohol education. This makes it difficult to measure whether the drug and alcohol education programmes are progressive, with the teachers involved in the review indicated that there is some duplication across years and between upper primary and lower secondary. It was apparent from the PSE overviews that although schools provide timetabled inputs for S1 to S4 few provide consistent provision across all year groups, particularly S5 and S6. The wide variation in the number of lessons on drugs and alcohol across schools and across year groups also highlighted the difficulties school have in providing drug and alcohol education on a consistent basis. For some schools this was because of time constraints on their PSE programme and an ever increasing number of topics to be covered.

The PSE core curriculum was developed by the City of Edinburgh Council in response to some of the problems highlighted above. Although the curriculum has potential to form the basis of a progressive curriculum it requires further development to fully incorporate best practice from research and policy. Currently, the potential for this to bring uniformity to the delivery of drug and alcohol education, and to enhance progression, is undermined as it is not consistently used by schools. This is undoubtedly linked to an overall lack of awareness about the document and a lack of clarity on how best it should be used. Among the staff that were aware of it additional barriers such poor layout and no supporting resources increased the likelihood of it not being used. It is important that lessons from the development and distribution of the PSE core curriculum are learned with consideration given

to how schools are informed of similar documents in the future and supported to implement any suggested changes.

- **Recommendation: Schools should be provided with clear guidance, based on current research and good practice, on the number of lessons they should have on drug and alcohol education, what topics should be covered and clear learning outcomes for lessons.**

The majority of schools have a system in place for reviewing their drug and alcohol curriculum (via a wider PSE review), one teacher (or small team) overseeing the PSE programme and (in 3 out of 5 secondary schools) a vertical system for planning their PSE programme. This is encouraging as evidence suggests that by having a core team responsible for the PSE programme with a vertical planning system for individual PSE topics the risk of the programme being repetitive is minimised. However, in some schools this good work was undermined by a lack of guidance for teachers delivering the programme on what materials they should use to deliver the broad topics outlined in the PSE overviews

- **Recommendation: Schools should have an overview of their programme with clear learning outcomes, links to supporting materials and timetabled inputs across all year groups.**

The approach to planning external agency inputs in school was varied, with it sometimes consisting of a telephone discussion. There were also no learning outcomes or clear aims and objectives for the inputs of external agencies; particularly when the input was on an ad hoc basis rather than a yearly input. Although teachers and youth organisations recognised that they could strengthen and improve the way they work together, there was a mixed response towards whether a service level agreement would be a help or a hindrance. Current good practice indicates that external agency inputs should be planned in advance with schools putting in measures to ensure that they are consistent and of a high quality and are built into the wider curriculum delivered by teachers. It should be normal practice for teachers and external agencies to meet when planning the curriculum to clarify learning outcomes and agree on the inputs to be provided. This would help to ensure that alternative provision within the school was available in case of outside agencies being unable to deliver their input for any reason.

- **Recommendation: Schools should have clear systems to plan and involve external agencies in the delivery of the curriculum. External agency inputs should fulfil specific learning outcomes that are integrated into the wider curriculum.**

8.2 CURRICULUM/PROGRAMME CONTENT

Many schools recognised that there is overlap between the drug and alcohol education pupils receive in upper primary and lower secondary. Some schools also felt that there was overlap between year groups. As stated previously, it was not possible to review the progression across the curriculum because of the lack of learning outcomes in PSE overviews and difficulty accessing all of the resources being used. As specific resources were not provided by schools it was also impossible to measure whether current drug and alcohol education programmes adhere to good practice in relation to:

- Introducing specific drugs at the appropriate age and stage
- Providing accurate information as well as the opportunity to explore values and attitudes and social influences on drug and alcohol choices.

In the review most schools indicated that although there was some opportunity to explore values and attitudes and social influences the balance of content was in favour of the provision of accurate, factual information on drugs.

It was interesting to note the views of young people in the focus groups towards 'skill development'. Although some could see the benefit in discussing ways to say no or introducing role play to develop skills and self esteem others felt that this would have limited impact because the reality of being out with friends was so different from the classroom. Although there were differing views towards the role of skill development in drug and alcohol education evidence does suggest that drug and alcohol education programmes should incorporate it.

- **Recommendation: Stronger links between secondary schools and feeder primary schools, in relation to their PSE programme, are required to minimise the risk of repetition.**
- **Recommendation: All drug and alcohol education programmes should provide facts and information on drugs and alcohol underpinned by skill development, attitudes and societal influences relating to substance use.**

Across schools the resources currently being used vary in relation to how up to date they are and in their ability to utilise interactive techniques with pupils. From the youth focus groups it was clear that young people feel that they respond better to up to date videos and resources. When discussing resources with teachers it was apparent that they value all newly developed resources that are relevant to the lives of pupils. However, schools also discussed the difficulty with sourcing resources and incorporating new materials into their curriculum because they do not have the time to review resources which they receive or are notified of. The on-going need for new resources and the difficulty in keeping track of resources is an issue that has been highlighted by schools in other local authority areas that have been reviewed by Create Consultancy. It was interesting to note that many schools in the review already attend guidance teachers support meetings ran by the City of Edinburgh Council and indicated that this meeting could be used to share good practice and update on resources.

It was apparent from discussions with youth organisations that in some instances they are more familiar with up to date resources and/or have developed their own resources to engage young people about drug and alcohol education.

- **Recommendation: A review of resources should be commissioned to facilitate the sharing of good practice.**

When discussing the key messages of drug and alcohol education secondary schools indicated that it was about providing factual information to pupils so they could make an informed choice. However, it was clear from respondents' descriptions and by their own admissions that the information provided by the teachers and schools was in most cases designed specifically to support a decision not to use drugs. Although youth organisations were happy to describe their approach as 'harm reduction' no schools used this terminology. Overall schools expressed a good deal of uncertainty about the appropriateness and acceptability of providing harm reduction information. This was particularly true in relation to illegal drug use; with teachers stating that they were more comfortable taking this approach when discussing alcohol. The 'say no' message was echoed by the experience of young people in the focus groups. Although the young people felt that to some extent this was a valid position for schools to take they also commented on it being unrealistic to the realities of their life and that 'harm reduction' was more appropriate for upper secondary pupils.

A number of interesting points were raised in relation to the key messages of drug and alcohol education in schools. Three respondents felt that the uncertainty about harm reduction in schools stemmed from the perception that parents would not support this type of approach. However, it was also raised by professionals and young people that the 'say no' message damaged the credibility of drug and alcohol education in schools as often it did not reflect the experience of pupils. Within a focus group one young person summarised this

by stating that drug and alcohol education should be 'less patronising'. The issue of credibility was further complicated when pupils had very different life experiences of drugs ranging from parental and wider community misuse of drugs to the recreational use of cannabis with no perceived danger or long-term harm. Although the uncertainty towards harm reduction in schools is understandable experience in other areas indicates that with appropriate training and support it is possible for teachers to feel comfortable to deliver a harm reduction message in a sensible way that does not condone drug use.

- **Recommendation: Clear and consistent drug and alcohol education messages (including on harm reduction) are needed in schools and youth work settings. Schools and youth organisations should be able to respond to queries on harm reduction messages from pupils to avoid misinformation by avoidance or default.**
- **Recommendation: Schools and other agencies must work together to ensure that information on drug and alcohol (including on harm reduction) is provided to parents in a clear and open way.**

8.3 PROGRAMME DELIVERY – INCLUDING EXTERNAL AGENCIES

As previously stated it is encouraging to note that PSE (and drug and alcohol education) is provided by a team of guidance staff as this can help to build expertise and confidence among staff. In addition to the delivery by teachers a wide range of external agencies deliver drug and alcohol education in schools either through the curriculum in PSE slots or through their involvement with health days. External agencies are used for a variety of reasons – to deal with difficult issues like harm reduction as discussed above, to enhance the perceived credibility of the drug and alcohol education or simply to add variety to the message and help keep it 'fresh'. It was apparent that drug and alcohol education provided to young people in schools is very different in the approach within youth settings. Generally the latter takes an informal approach and is directed by the expressed needs of young people.

The interest and confidence of teachers and youth workers to deliver drug and alcohol education was variable with little reference to staff attending recent training on drug and alcohol education. Although schools and youth organisation commented on the skill and experience of staff to deliver sensitive topics it was recognised that training would be beneficial particularly to increase knowledge on drug issues. Primary schools also mentioned some staff members feeling less confident to deliver the more sensitive aspects of drug and alcohol education. The lack of knowledge of teaching staff about drug information was also raised as a reason for using external agency. With external agencies considered as 'experts' with more up to date information. Although the contribution of external agencies and health days in delivering drug and alcohol education is a valuable one, good practice indicates that teachers in schools should be provided with support to ensure that they are confident to deliver the core curriculum and that external agency inputs are not used due to a lack of staff confidence or skill.

Although youth organisations often deliver drug and alcohol education in schools under the role of 'expert' it was evident that many of the youth workers have training needs on drug and alcohol education. This was particularly true of the youth organisations involved in this review who offered generic youth provision and were not drug or health specialists.

- **Recommendation: Multi-agency training/networking events should be developed to enhance the sharing of good practice, improve staff knowledge as well as assist with skills and confidence building.**

In the majority of reviews schools and youth organisations reflected on the comprehensive package of support that was available for the delivery of sexual health and

relationship education. The schools and youth organisations discussed this positive experience in relation to their involvement in SHARE⁵. This programme was seen to provide a co-ordinated sexual health programme, a shared and common vision and clarity on the role of staff involved in its delivery (teachers and external agencies). It was felt that a core element of the success of SHARE was due to the multi-agency training staff had to attend and the on-going support provided. Although SHARE was seen as a positive approach there was recognition that the model was not perfect. This was due to the difficulty in obtaining cover to attend the training, which lasted 3 days. There was also recognition that the programme itself does not cover all year groups. Although the limitations of SHARE were discussed overall the participants reflected that a similar model to this would be helpful for the planning and delivery of drug and alcohol education.

Schools commented that the multi-agency approach to SHARE helped raise schools awareness of what external agencies could provide and how they could best link with the school. This was in contrast to the involvement of agencies in drug and alcohol education which sometimes resulted from a chance meeting. There was a sense from all schools that overall on the issue of drugs and alcohol they lacked knowledge on what external organisations were in their local area and what support they could offer schools and pupils.

- **Recommendation: Consideration should be given to the potential development of a co-ordinated approach to drug and alcohol education based on the SHARE model. Any such development should clearly link to multi-agency training and on-going support.**

A variety of teaching methods were used to deliver drug and alcohol education including classroom discussion, small group work, written work, videos and project work. Overall, primary schools demonstrated more innovative practice in the use of interactive techniques such as small group discussion, role play and puppetry – with it being recognised that they tend to use these techniques throughout all class subjects not just health education. Throughout the reviews, teacher-led classroom discussion was very commonly mentioned. Some schools also indicated that although videos were often used as a trigger for discussion for some year groups there was an over reliance on videos and workbooks.

Although staff felt that some interactive approaches were used there was clearly a view that this could be improved. It is important to reflect on current evidence that indicates that interactive methods are more effective ways to deliver drug and alcohol education (& other PSE topics). In addition, current evidence suggests that teacher led discussion does not constitute as an interactive approach and small group discussion which is pupils led is one of the most effective methods of delivery.

Although it was clear in this review that pupils enjoy the use of videos, particularly if they are Scottish and up to date, good practice would suggest that the use of videos or other resources should be used as a trigger for discussion and that staff need to be clear on the desired learning outcomes and key messages that they are seeking to achieve when encouraging pupils to go into small discussion groups.

- **Recommendation: The development of resources that use interactive teaching methods to support the delivery of drug and alcohol education.**

No materials currently being used are adapted to meet the needs of pupils with additional support needs. There is also very limited use of pupil support within PSE lessons, which was raised as a concern by some staff. Any adaptation is reliant on the teacher's experience and ability to meet pupil needs through their methods of delivery such as

⁵ Sexual Health and Relationship Education – an evaluated sexual health programme delivered in secondary schools that comes with staff training and support.

selected paired working or informal feedback rather than worksheets. Staff also discussed the importance of a flexible approach to account for the fact that pupils background, life experience and personal development and drug taking behaviours can all vary significantly within the same classroom.

Although the importance of tailoring drug and alcohol education to meet the needs of all pupils is emphasised in current guidance, there is little discussion of this in research or best practice evidence of efforts to do this. This is in contrast to the current approach to the delivery of sexual health and relationship education where Learning Teaching Scotland are currently developing SHRE materials specifically adapted to meet the needs of pupils in mainstream schools who have additional support needs. It is important to recognise that the development of differentiated materials may not be the simple solution to meeting the needs of pupils with additional support needs as the potential difficulty of delivering different materials in one classroom was raised as potentially being very difficult and impractical. This was more likely to be problematic because of the lack of learning support in PSE.

- **Recommendation: The development of additional complementary materials (and linked staff training on delivery) for use in delivering drug and alcohol education to pupils with additional support needs.**

8.4 MONITORING AND EVALUATION

Overall, pupils were not actively involved or consulted in the planning or development of PSE programmes; including drugs and alcohol. In addition, all schools recognised that greater attention could be given to how they evaluate drug and alcohol education. Where questionnaires were used schools discussed the limitations of this because of monosyllabic responses or an over abundance of information that made the process unmanageable. Discussion in the youth focus groups further supported this claim in relation to their poor experience of evaluation in school; in particular when they had been involved in evaluation but felt that no change to the curriculum had resulted. Overall, these findings are strikingly similar to those of other studies both in Scotland and elsewhere (Fitzgerald, 2006). In their study of drug and alcohol education in Scottish schools, Lowden and Powney (2000) found that while three-quarters of secondary schools (n=318) claimed to evaluate or monitor drug and alcohol education provision, this was almost completely based on internal evaluations conducted by teachers involved with this subject.

Other stakeholders such as parents and community representatives were rarely consulted and were not involved in the planning process. Although many schools indicated that they had tried to engage parents via drug awareness evenings often such events were very poorly attended. This impacted on the morale of staff and external agencies involved.

It was interesting to note the different dynamic and approach to youth engagement within youth organisations. All of the youth organisations indicated that they involve and engage young people as a matter of course and that this is built into the ethos of their organisation. For some organisations this extended to the engagement of the wider community, including parents. Although no organisations had previously organised events specific to drugs and alcohol all indicated that they had a positive relationship with parents and the wider community because of the relationship they had with young people and the respect they had gained locally for their work. Despite the excellent examples of youth engagement by the youth organisations there were no examples of sharing good practice with schools and/or providing their support and skills to help schools with pupil and wider community engagement.

- **Recommendation: The development of an 'evaluation toolkit' with suggested techniques for the involvement of pupils and parents would help to develop evaluation processes in schools. This should incorporate examples of innovative practice.**

9.0 RECOMMENDATIONS

This final section brings together the recommendations made in the discussion and conclusions section and places them together in a cohesive way. It is important to re-iterate that the recommendations in this report will need to be considered alongside the Curriculum for Excellence Health & Wellbeing outcomes.

Overall schools should ensure that they can effectively and consistently deliver drug and alcohol education through timetabled inputs across all year groups in a progressive way. Schools should have clear planning structures that incorporate good practice models such as a vertical system approach and protected time to review and update their programme. The delivery of drug education should be enhanced through the use of external agencies and relevant, up to date resources. All staff involved in the delivery of drug and alcohol education should have access to high quality training that develops their knowledge levels in addition to building confidence and skills. Finally, drug and alcohol education should involve pupils, parents and the wider community with clear mechanisms for pupil evaluation to have impact on future programme development. Actions to support this at a school, local and national level are as follows:

School Recommendations

- Schools should have an overview of their drug and alcohol programme with clear learning outcomes, links to supporting materials and timetabled inputs across all year groups.
- Schools should have clear systems to plan and involve external agencies in the delivery of the curriculum. External agency inputs should fulfil specific learning outcomes that are integrated into the wider curriculum.
- All drug and alcohol education programmes should provide facts and information on drugs and alcohol underpinned by skill development, attitudes and societal influences relating to substance use.

Local Organisation Recommendations (Children & Families Dept/ADAT)

- Schools should be provided with clear guidance, based on current research and good practice, on the number of lessons they should have on drug and alcohol education, what topics should be covered and clear learning outcomes for lessons.
- Stronger links between secondary schools and feeder primary schools in relation to their PSE programme would minimise the risk of repetition.
- Clear and consistent drug and alcohol education messages (including on harm reduction) are needed in schools and youth work settings. Schools and youth organisations should be able to respond to queries on harm reduction message from pupils to avoid misinformation by avoidance or default.
- Multi-agency training/networking events should be developed to enhance the sharing of good practice, improve staff knowledge as well as assist with skills and confidence building.
- Schools and other agencies must work together to ensure that information on drug and alcohol education (including on harm reduction) is provided to parents in a clear and open way.

- Consideration should be given to the potential development of a co-ordinated approach to drug and alcohol education based on the SHARE model. Any such development should clearly link to multi-agency training and on-going support.

National Recommendations

- A review of resources should be commissioned to facilitate the sharing of good practice.
- The development of an 'evaluation toolkit' with suggested techniques for the involvement of pupils and parents would help to develop evaluation processes in schools. This should incorporate examples of innovative practice.

Further Recommendations

- The development of a range of resources that use interactive teaching methods to support the delivery of drug and alcohol education.
- The development of additional complementary materials (and linked staff training on delivery) for use in delivering drug and alcohol education to pupils with additional support needs.

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APPENDIX A

CITY OF EDINBURGH COUNCIL DRUG AND ALCOHOL EDUCATION REVIEW CURRENT ALCOHOL AND DRUG AND ALCOHOL EDUCATION PRACTICE DISCUSSION GUIDE FOR SCHOOLS

1. How are drug & alcohol lessons planned, developed and evaluated in the school?

- Do you refer (or use) the City of Edinburgh Council PSE Core Curriculum when planning and developing drug and alcohol lessons? If yes, how useful is this?
- Does it provide a consistent reference to deliver the required educational outcomes?

Relates to:

- Quality Indicator 3.1 – Teachers' Planning from "Two Health Issues" and HGIOS.

2. What are the perceived needs of pupils?

- Do lessons reflect the needs arising from current substance use/substances in the community? i.e. identified by research? Or discussion with pupils?
- Teaching method/resource related needs (e.g. learning support issues).

Relates to:

- Quality Indicator 3.4 from "Two Health Issues" and HGIOS.

3. What drug and alcohol education is currently provided in the school and how is it taught?

- Is education provided to all pupils progressively throughout S1 to S6 or P1 to P7 without repetition? e.g. How do primary school inputs link in with what is delivered in the secondary school?
- Do lessons/resources use a good range of techniques? Provide information in addition to the development of skills and exploration of values and attitudes?
- Has the provision of the PSE Core Curriculum made any of the above easier?

Relates to:

- Quality Indicator 1.1, 1.2 and 3.3 from HGIOS.
- Quality Indicators 3.2 and 3.3 from "Two Health Issues" and HGIOS
- Some aspects of Indicator 4.2 from Two Health Issues.

4. Who delivers the programme in the school?

- How confident do staff feel to deliver drug and alcohol education?
- What training and support do they receive?
- How are deliverers involved in feedback and evaluation i.e. contributing to the planning of the curriculum?

Relates to:

- Quality Indicators 6.6 – from "Two Health Issues" and Quality Indicator 6.5 from HGIOS.

5. How do external agencies contribute to the drug and alcohol PSE programme?

- If yes how are they accessed and used within the class?

- **Do you meet with agencies prior to their input? Are the aims of the inputs consistent with the learning outcomes for that year or class?**
- **Do you have formal agreements relating to what and when will be inputted? i.e. Service Level Agreement. Would this be helpful?**

Relates to:

- Quality Indicator 4.8 - Links with local authority or other Managing Body, other Schools, Agencies and Employers from "Two Health Issues" and HGIOS.

6. What role do pupils take in decisions or evaluations about the health/drug and alcohol curriculum?

Relates to:

- Quality Indicator 3.2 – The Teaching Process from "Two Health Issues" and HGIOS.

7. How does the school liaise/co-operate with parents about medicines/drugs/ alcohol/smoking or other health issues?

- **Is parental substance use (drugs/alcohol/other) a concern for the school?**
- **Are parents provided with information on drugs? If yes how?**

Relates to:

- Quality Indicators 5.4 – Partnerships with Parents, the School Board and the Community from "Two Health Issues" and HGIOS.

8. Overall do you have any suggestions on what could improve the delivery of drug and alcohol education in your school?

**DRUG AND ALCOHOL EDUCATION REVIEW –
INFORMAL YOUTH ORGANISATIONS**
DISCUSSION GUIDE FOR YOUTH ORGANISATIONS

- 1. How does drug and alcohol education come on the agenda? E.g. who instigates it? What is the process?**
- 2. What materials are used to deliver drug and alcohol education?**
 - explore resources packs/in-house materials?
 - a set programme or does it change?
 - do they deliver in house or call in other agencies? i.e. Fastforward?
- 3. Would a set programme be helpful or a hindrance?**
 - show PSE guidance given to schools
- 4. How do you link to schools (if at all)? What is the process for planning/delivering inputs to schools? Should this be strengthened i.e. Service Level Agreement?**
- 5. Do the messages on drugs and alcohol within schools reflect the messages provided in the informal setting?**
- 6. Should there be stronger links between formal and informal? If yes how best to do this?**
- 7. What do you perceive to be the needs of young people?**
 - a. Do drug and alcohol inputs reflect the needs arising from current substance use/substances in the community? i.e. identified by research? Or discussion with young people?
- 8. Who delivers the programme?**
 - a. How confident do staff feel to deliver drug and alcohol education?
 - b. What training and support do they receive?
- 9. What role do young people take in decisions or evaluations about the health/drug and alcohol programme?**
- 10. Do you engage with parents on the issue of drugs and alcohol?**
 - a. Examples of good practice?
- 11. Overall do you have any suggestions on what could improve the delivery of drug and alcohol education in schools and youth settings?**