SCOTTISH EXECUTIVE

Evaluation of the Effectiveness of Drug Education in Scottish Schools

Education

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The Scottish Executive is making this research report available on-line in order to provide access to its contents for those interested in the subject. The Executive commissioned the research but has not exercised editorial control over the report.

This report is accompanied by **"Research Findings No. 17: Evaluation of the Effectiveness of Drug Education in Scottish Schools"** and a **Literature Review.**

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INTRODUCTION

This document reports findings from a multi-phase study conducted to examine the nature and effectiveness of current drug education practice in Scottish schools. It was prepared for the Scottish Executive Research Economic and Corporate Strategy Unit (RECS) by a partnership comprising two agencies: the Institute for Social Marketing (formerly the Centre for Social Marketing) at the University of Stirling and The Open University, and Dr Bob Stradling and Dr Morag MacNeil of Rannsachadh Coimhearsnachd research consultancy and the School of Education, University of Edinburgh.

Previous research has indicated that the majority of Scottish schools now deliver drug education, and that there is an apparent degree of homogeneity in the stated aims, approaches and curricula adopted. The annual SEED survey of drug education in schools, published in September 2003[1], shows that the vast majority of schools are meeting targets on the provision of drug education. However, there is a need for more detailed information on precisely how drug education is delivered: to what extent do teachers adopt teaching delivery styles which the evidence suggests are associated with greater impact, such as interactive methods? Do teachers understand and operationalise the key theoretical concepts associated with effective drug education? Even where schools are using similar curriculum packages, to what extent is there variation in delivery style and completeness which might affect the ultimate impact of the package on young people?

There is also a need for more information on how drug education is organised in schools; for example, whether it is delivered by PSHE specialists or by general form tutors, the extent to which it is delivered continuously throughout the school, and the priority given it in the school timetable. Finally, there is a pressing need to examine the views of young people themselves. Is the drug education they receive of value to them? How do they engage with it in the context of other influences in their lives, such as peers, family and the media? What knowledge and skills do they gain from it, and, crucially, does this learning help them beyond the period of compulsory education into young adulthood?

[1] http://www.scotland.gov.uk/stats/bulletins/00284-00.asp

PART A
METHODOLOGY

1.0 STUDY DESIGN

The original Research Specification requested that the study address five tasks:

1. An examination of the existing evidence regarding the effectiveness of drug education with a view to producing recommendations on the elements of drug education most often associated with effectiveness

2. An examination of current drug education delivery and practice in Scottish schools.

3. An assessment of the extent to which current drug education in Scottish schools reflects the features of drug education that have been shown in the literature to be most effective.

4. An exploration of current school students' views on the value and impact of drug education they are currently receiving.

5. An exploration of the perceptions held by young adults of the drug education they received over their school careers, whether it taught them anything and how it related to other influences, in any drug use (eg. medication) or misuse.

We conducted four research exercises to address these five tasks:

A. A **Literature Review** examining the effectiveness of drug education in schools and the elements of drug education associated with greater impact.

B. A **Survey** of a representative sample Scottish schools examining current drug education delivery arrangements.

C. **Classroom Observation** of 100 drug education lessons in a broad-based sample of Scottish schools. The Classroom Observation will provide a detailed and rigorous assessment of drug education delivery in practice.

D. **Qualitative Research** with two samples of young people: current school students in both upper primary and secondary schools, and young adults (aged 16 and over) who have completed compulsory education.

The research adopted a 'funnel' design, moving from a broad perspective to an in-depth focus on a sub-sample of schools whose drug education practices will be examined in detail, alongside the perspectives of current and former students.

Firstly, the literature review examined the wide body of international published research on drug education, drawing out and summarising key recommendations regarding effective theoretical bases, content, format, timing, delivery method and teaching style. Secondly, the Survey provided a broad picture of current drug education delivery arrangements in Scottish schools in a large sample of secondary schools, primary and special schools. However, we recognised that the survey was likely to provide only limited information on actual classroom

practice in relation to drug education. Our current and previous[2] work in this area suggested that even where standard curricula are adopted across schools, there is likely to be substantial variation between teachers in the extent to which key theoretical prevention constructs are understood and operationalised, recommended teaching methods are deployed, and prescribed materials are used. Surveys alone are unlikely to be able to capture this sort of information. Classroom observation is needed to examine the reality of classroom drug education practice.

Therefore, the research then focussed in detail on a broad-based sub-sample of schools, in which both the Classroom Observation and Qualitative Research with current school students were conducted. This case study approach sought to provide a rich, triangulated picture in these schools both of what is being delivered and how it is being received by students. The Qualitative Research with young adults was also conducted in the communities around these schools, to provide the retrospective and longitudinal perspective of young people who formerly attended these schools.

The aims, methods, samples and research questions for each of these four research exercises are outlined in the following sections.

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[2] Stead M, Angus K (2002). *A Review of the Content and Implementation of Selected 'Normative' Drug Prevention Curricula*. Prepared for the Home Office and COI to Inform the Development of the Blueprint Programme. Glasgow: University of Strathclyde Centre for Social Marketing.

2.0 LITERATURE REVIEW

2.1 Aims

The literature review aims were to:

- Identify and review published research evidence regarding the effectiveness of drug education in schools.
- Identify recommendations regarding the theoretical bases, approaches, content, methods, format and curricula associated with effective drug education in schools.
- Summarise indicators which can be used to evaluate the effectiveness of current drug education in schools.

2.2 Methods

The search and review methods were thorough and comprehensive but not systematic, as time and resource constraints did not permit the use of systematic review procedures.

A series of preliminary searches were carried out to give an insight into the types of literature available and to help refine the searching strategy. Following these preliminary searches, a systematic search method was adopted for all the electronic databases (see Table A2.1 below).

Table A2.1: Electronic Databases Searched

Electronic Database	Types of literature
Pub Med/Index Medicus	Medical sciences
ISI Social Science Citation Index	Social sciences
Ingenta Online and Ariel	Medicine, environmental science, psychology, social sciences
PsychINFO	Psychology and social sciences
Sociological Abstracts	Social sciences
ERIC	Education research

The original evaluation plan also proposed searching CINAHL, a database of nursing and allied health literature. However, we were not able to gain access rights to the database through local universities' libraries or through the National Library of Scotland. From information available about the CINAHL database, it covers twenty-one 'substance use disorders' journals, all but three of which are indexed in three of the databases listed above (Ingenta, PubMED, Sociological Abstracts). It also includes five 'school health' journals; four of which are indexed in several of the databases above. The small number of journals listed on CINAHL that are not covered by other databases do not appear to be peer-reviewed and are along the lines of weekly/quarterly newsletters. A brief search of the article titles and abstracts on the websites of these journals did not provide anything relevant to this review. Therefore it was felt justified not to search CINAHL.

Three tailored Boolean searches were carried out using the following search terms:

1. drug* AND school AND (education OR prevention)
2. "substance use" AND school AND (education OR prevention)
3. (alcohol OR tobacco) AND school AND (education OR prevention)

Where possible, limits to English Language and Human Subjects. were used in the databases to narrow the relevancy of the citations lists returned. The Cochrane Database of Systematic Reviews was also searched for other relevant literature reviews.

The returned citation list (in title and abstract form, or just title if abstracts not available) was printed for each search. This yielded over 800 citations containing the key terms. There was a huge amount of overlap in the results. As there is an obvious similarity between the three search strings (as well as overlap between the databases themselves) the same citation may appear in each of the three searches per database. A set of exclusion and inclusion criteria were then developed to help filter the citations. Citations were **excluded**:

- if the programme was not based in a primary or secondary school (or equivalent ages outside the UK);
- if the article only described the development, content or theoretical basis of the programme as opposed to reporting original research conducted to evaluate the programme;
- if no indication of sample size was provided, or the study had a weak methodology;
- if the article reported data from the intervention evaluation to explore something other than the impact of the intervention (eg. to explore the relationship between drug use or attitudinal variables but not to examine the impact of the programme);
- if the article was an opinion piece reporting no empirical research or containing no substantial review of the literature;
- if the article was published before 1980. This criterion was applied because it was judged that the bulk of relevant work has been conducted since 1980; pre-1980 studies are in any case covered thoroughly in early systematic reviews.

Dissertation abstracts were also excluded as time and resource constraints did not allow for their retrieval.

Included in the citation collection were:

- evaluations of drug education and prevention programmes based in schools or with a school-based component;
- systematic reviews and meta-analyses;
- non-systematic reviews of literature;
- discussion pieces and guides to good practice based on substantial reviews of the literature or empirical research (eg. studies of experts' views on effectiveness in drug education);

The inclusion/exclusion criteria detailed above were applied in order to sift out non-relevant citations. The remaining studies were then obtained in full text and read to assess their relevance to the review.

In addition to the electronic database searches, the bibliographies of retrieved studies were scanned for further relevant articles. Articles judged to be of relevance to the review were also retrieved from in-house files.

Grey literature, including evaluations and empirical studies, reviews and guidance documents, has been retrieved from the websites of organisations judged to be relevant to the

review and from in-house files. Relevant organisations have included the Effective Interventions Unit, Learning and Teaching Scotland, Drugs Prevention Advisory Service (now part of Drugs.gov.uk), TACADE, HM Inspectorate of Education, and NIDA and SAMHSA in the USA.

In total, 302 studies, reports and other documents were included in the review.

Findings from the Literature Review have been reported separately and are not included in this document.

3.0 SURVEY

3.1 Aims

The aims of the Survey were:

i) *to provide a broad picture of current drug education delivery arrangements in Scottish schools, building on previous surveys of drug education provision*

ii) *to identify key differences in delivery arrangements and to quantify the extent of these differences*

3.2 Methods

Three potential survey administration methods were considered: face-to-face, telephone or postal. Face-to-face administration was likely to have been prohibitively expensive given the large sample size and the need for geographic spread, and was ruled out on these grounds. A telephone survey would have had the advantage of being potentially the least burdensome for respondents. However, the telephone survey approach raised logistical problems in the school context as would probably have been difficult to locate the desired respondent at a suitable time and for a sufficient length of time to conduct the interview. Furthermore the telephone interview approach is limited in the quantity and types of information that can be collected, making it difficult to present questions with lengthy response options and which require the respondent to consult with colleagues or records.

We therefore adopted a postal administration procedure. In our experience, postal survey administration can be both effective and cost-effective in generating a satisfactory response rate and standard of completion. Previous postal surveys [3] [4] [5] that we have conducted with professionals have achieved response rates ranging from 62% to 83% depending on the complexity of the research topic and diversity of the sample.

Questionnaire Development and Piloting

A draft questionnaire was developed in consultation with members of the research team and the Scottish Executive Education Department. In order to minimise the burden on schools and to maximise response rates it was important to keep the questionnaire brief and highly structured, eliminating or minimising the use of open-ended questions.

The questionnaire was adapted to provide three separate tailored versions suited to Primary, Secondary and Special schools. The questionnaires were piloted with a Primary school and a Secondary school to examine appropriateness of terminology, navigation, flow, length, relevance and ability to complete. Representatives from each school completed a

[3] Smith CJ and MacKintosh AM (1994). *A review of child accident prevention in Scotland - final report.* Glasgow: University of Strathclyde, Centre for Social Marketing: October.

[4] MacAskill S and Cooke E (2002). *National survey of tobacco-related work with young people - report.* Glasgow: University of Strathclyde, Centre for Social Marketing: May.

[5] MacAskill S and Eadie D (2003). *Tobacco related work in prisons: survey of activity in England and Wales.* Glasgow: University of Strathclyde, Centre for Social Marketing: October.

questionnaire and subsequently participated in a telephone interview to discuss response to and comprehension of individual questions within the questionnaires. A representative from a Special school provided guidance on the suitability of the questions within the version prepared for Special schools.

Piloting indicated that, overall, the questionnaire was short and straightforward to complete. The exercise was helpful in identifying appropriate terminology and answer categories. As some Special schools provide both primary and secondary level education, sections were included to enable separate responses to be given about drug education at each level. The questionnaires were agreed with the client in Spring 2004.

Fieldwork Procedures

The survey was conducted during May and June 2004. The initial mail-out included a cover letter, explaining the purpose of the study, and a copy of the questionnaire together with a reply-paid envelope. A reply-slip was also enclosed to enable the head teacher to inform us whether and to whom they had forwarded the questionnaire for completion. Four different versions of the cover letter were prepared to provide clear explanation about whether the survey was to be completed on behalf of Primary only, Secondary only, a Special school or both Primary and Secondary.

A reminder letter was mailed to non-responding schools after approximately two weeks and, where necessary, a second reminder, along with a further copy of the questionnaire, was mailed approximately two weeks later. Strategies employed to ensure a satisfactory response rate included:

- Personalised cover letter to head teacher
- Questionnaire designed for ease of completion
- Clear instructions about who should complete the questionnaire
- Inclusion of a reply-slip to enable the head teacher to inform us easily if, and to whom, they passed the questionnaire to for completion
- A specified date for returning the questionnaire
- Inclusion of a freepost envelope
- A contact name and number for any enquiries
- A two-stage reminder process with a further questionnaire sent at the second reminder

3.3 Sample

A census of all secondary schools, including independents, was taken to enable the study to examine variation in drug education provision by variables such as school status, geographic area and socio-economic measures. The burden on primary and special schools was reduced by limiting the survey to a sample of each. A random sample of primary schools was drawn to be representative of all primary schools in Scotland. The sample was stratified by education authority and school status (statutory/independent) to ensure coverage of all education authorities and inclusion of independent schools. Special schools were also randomly sampled with stratification by education authority and school status to provide a sample representative of special schools in Scotland. The sample is presented in Table A3.1.

Table A3.1. School Sample

	Number of Schools on Sample Frame	Sample Drawn	Achieved Sample
Secondary			
Local authority	385	385	318
Independent	56	56	38
Grant-aided	1	1	1
Total	442	442	357
Primary			
Local authority	2233	748	521
Independent	62	23	6
Grant-aided	1	-	-
Unclassified/Unknown	-	-	1
Total	2296	771	528
Special			
Local authority	188	63	33
Independent	32	11	8
Grant-aided	7	2	1
Other	2	1	1
Total	229	77	43
ALL SCHOOLS			
Local authority	2806	1196	872
Independent	150	90	52
Grant-aided	9	3	2
Other	2	1	1
Unclassified/Unknown	-	-	1
Total	2967	1290	928

Response Rates

A total of 928 completed questionnaires were returned from an initial mail-out of 1290 questionnaires (see Table A3.2). This is equivalent to a response rate of 72% of all schools mailed to. Of the 77 Special schools sampled, 12 schools replied indicating that they considered the questionnaire to be non-applicable to their school due to the nature of special needs in their school or due to their pupils participating in PSE in a mainstream school. Therefore, adjusting for ineligible schools, the response rate overall is 73% and the response rate from Special schools is 66%.

Table A3.2. Survey Response Rates

	Allocation	Completed Questionnaires	Completed Questionnaires as % of Allocation	Completed Questionnaires as % of Eligible
Secondary	442	357	81%	81%
Primary	771	528	68%	68%
Special	77	43	56%	66%
Total	1290	928	72%	73%

3.4 Data Processing and Analysis

Questionnaires were coded and edited prior to data input. All open ended responses were coded thematically to provide a full interpretation of responses. Data were input to an electronic file by a data processing agency. Data were input twice to check for and remove

any errors. Data have been processed and reported separately for the three different types of schools: primary, secondary and special schools. Data for the primary and secondary schools have been analysed by school status (local authority versus other), school size (small, medium or large) and free meal entitlement (low, medium or high). All primary and secondary tables within this report have breakdowns by each of the above mentioned variables. Data have also been examined by education authority and where relevant, differences are highlighted within the text. The small sample size of special schools does no allow for data to be broken down by other variables. However, to help interpret results in context of primary level and secondary level education, data is presented separately for special schools that provide primary level education and those that provide secondary level education.

School size categories and level of free meal entitlement were derived separately for primary schools and secondary schools. Data for all primary schools in Scotland was examined to identify the frequencies of different school sizes (pupil numbers) and proportions entitled to free meals. In each case the 33rd and 66th percentiles were calculated to identify suitable boundaries for categorisation of small medium and large schools and schools with low, medium and high free meal entitlement. For example the 33rd percentile identifies the maximum number of pupils that the smallest 33% of schools have. The 66th percentile identifies the maximum number of pupils that the next 33% of schools have and, above this point is the 33% of schools with the largest number of pupils. Using the boundaries identified for all primary schools primary schools in the sample were then categorised as being small, medium or large and as having low, medium or high free meal entitlement. The same procedure was used for secondary schools.

4.0 CLASSROOM OBSERVATION

4.1 Aims

The aims of the Classroom Observation were:

i) *To document and analyse teachers' drug education practice in terms of the approaches and resources in place over a wide range of drug education topics;*

ii) *To observe how pupils used the information provided in the drug education lessons in the following contexts:*
   - *in clarifying or defining attitudes to drugs and drug use;*
   - *in thinking through social and personal consequences associated with drug use;*
   - *in developing skills and strategies to deal with potential situations in which drugs may to offered and used;*

iii) *Where specific packages were used, to assess the amount of variation in their use across schools and teachers, and to identify the key dimensions most likely to be changed by schools and teachers;*

iv) *To identify the impact of extraneous factors on drug education such as classroom layout, the teaching staff delivering the lessons and unplanned occurrences and disruptions to lessons;*

v) *To assess the extent to which the drug education content, teaching and learning strategies, approaches and resources actually employed by teachers reflect the features of drug education associated with effectiveness.*

4.2 Methods

The classroom observation element of the evaluation obtained data through the use of three research instruments:

- An observation schedule (Appendix A);
- A post-observation proforma to explore teacher response to the lesson (Appendix B);
- A contextual information proforma to cover additional points of interest about the school generally (Appendix C).

The development and format of each of these research instruments is now described.

4.2.1 The Observation Schedule

Development
The development of the observation schedule was undertaken in a local authority not sampled for the evaluation's observations. A number of classroom observations were conducted to

inform the researchers on the following issues which the schedule would be required to address:

- The levels of flexibility needed in the design of the schedule to ensure that both qualitative and quantitative data could be reported;
- The likely extent of the parameters of drug education lessons generally and particularly in relation to methodological differences between primary and secondary lessons;
- The extent of the range of content and topics covered in drug education across the primary and secondary age-ranges.

Three lessons in a primary school and three in a secondary school provided a basis for the development of the schedule. None of these lessons were video-recorded. However, video-recordings of drug education lessons in a Scottish authority made in the previous year[6] were used for piloting the observation schedule in its draft form.

Training was also provided to members of the observation research team in the use of the observation schedules. This was conducted over two days and also covered orientation to the project and general points on research-based observation techniques.

Structure of the Observation Schedule

In its final form, the schedule allowed the observer to record standard lesson descriptors such as class grouping, classroom layout, how long the lesson took and basic factors such as the size of the class. The schedule layout enabled notes to be made on the introductory processes prior to the activities, with space for the narrative of how this was done and for notes on pupil and teacher interactions of interest. The focus was on whether or not lesson objectives were explained and whether or not links to previous lessons or previous learning were made.

The main part of the schedule was designed to enable notes to be made on up to five activities (with additional pages to be used if necessary). As for the introductory section, this was also laid out to enable a narrative to be recorded, with observers invited to comment on:

- The content of each activity;
- What the activity was designed to address, e.g. whether its main focus was on information, skills or elements like problem solving;
- The type of activity selected e.g. was it a prioritising exercise or addressing attitudes clarification;
- Whether there were specific packages and resources used;
- How the young people were organised over the course of the activity.

Space was also provided for recording pupil and teacher interactions, particularly how questions were asked. Also of interest was what could be gleaned from the activities on broad approaches, including learning and teaching strategies in place across activities.

The schedule ended with a section on what happened at the end of the lesson. Of interest was whether or not the teacher had undertaken any reviewing activities such as reminding the class of what they had covered or what they had learned.

[6] The teachers involved had given their permission for these recordings to be used for research development and training purposes.

The schedule allowed the observer to record any unplanned and unexpected factors and/or incidents that could have influenced the activities. It was also structured to enable some post-observation reflection to be made by the observer on the following:

- The overarching concept behind the lesson as a whole and of its various activities;
- The extent to which the observer felt that the main messages were being understood;
- The extent to which the lesson impacted on the pupils' understanding of drugs;
- The proportion of pupils engaged during the lesson overall;
- The suitability of the classroom for the lesson.

4.2.2 The Proformas

The proformas were designed to provide additional contextual information to support the data obtained during the observations, which was designed to be the main instrument of the classroom-based data gathering element of the evaluation.

The focus of the proformas was as follows:

- The Post-observation Proforma covered teachers' views about the lessons which had been observed and enabled comments on relevant broader issues to be recorded. There was also space on this proforma for additional reflective comments made by the observer.

- The shorter Contextual Proforma was structured around broad headings on drugs, the school and the neighbourhood. This proforma was for use with respondents in school senior management posts.

4.3 Sample

4.3.1 Planned Sampling Frame

Selection of Local Authority Education Departments
Following the Survey (see above), five local authorities were initially selected to participate in the Classroom Observation. The sample was selected according to two main criteria:

- Geographic spread: representing both urban and rural locations and east, central and west regions of Scotland.

- Reported drug education approaches: including both local authorities which are seeking to encourage a standardised approach to drug education across all their schools (e.g. local authorities which have recommended the use of a specific curriculum or package), and those in which there is more diversity across schools.

Selection of Schools
Within each of the five local authorities, six schools (30 in total) were to be selected for observation, subject to the agreement of the headteacher and teachers involved in drug education. These six schools selected in each local authority were to comprise three primary schools, two secondary schools, and one other school, which could include independent schools or schools addressing special or additional needs. (See Table A4.1)

Table A4.1. Planned Sampling Frame

Local Authority	Number of Schools			Totals
	Primary	Secondary	Other*	
Area 1	3	2	1	6
Area 2	3	2	1	6
Area 3	3	2	1	6
Area 4	3	2	1	6
Area 5	3	2	1	6
Totals	**15**	**10**	**5**	**30**

*Others to include independent schools both primary and secondary, and schools addressing special or additional needs

Schools were to be selected according to the following criteria:

- When drug education was to be delivered: The study's timing required that this part of the evaluation needed to be conducted over the later months of 2004 and as early as possible in the first months of 2005.

- Drug education delivery arrangements: the sampling was planned to include schools which delivered drug education through teachers with PHSE specialisms and those who had not received PHSE training or had built up experience in this area.

- Socio-economic status: it was anticipated that the schools used would cover a broad socio-economic span, based primarily on figures for free school meal entitlement.

- Ethnicity: this was not specifically used as a structured sampling factor, but it was anticipated that schools with different levels of ethnic minority representation would be part of the observation programme.

Selection of lessons

From the 30 schools, 100 drug education classes were to be sampled for observation. These lessons were to include lessons delivered across the range of both primary and secondary year-groups (Table A4.2).

Table A4.2. Planned Observations by Year Group

Schools	Observations per Year Group Per School	Total Observations
Primary (15 primary schools in all)	1 lesson at either P1, P2 or P3 level 1 lesson at either P4 or P5 level 1 lesson at either P5 or P6 level	15 15 15
Secondary (10 secondary schools in all)	1 lesson at S1 level 1 lesson at S2 level 1 lesson at S3 level 1 lesson at S4 level	10 10 10 10
Other (5 in all)	3 lessons at levels to be agreed with the school	15
30 schools		**100**

4.3.2 Achieved Sample

Factors Influencing School Selection

The schools were to be selected only from among those which had responded to the Survey, with the Survey analysis providing information on which selection could initially be undertaken. The local authorities to be used would be required to meet the following criteria:

- That 3 primary schools (statutory) could be identified which offered drug education during September – December 04 to any one year group within P1 - 3 **and** to any one year group within P4 – 5 **and** to any one year group within P6 – 7;

and

- That 3 secondary schools (statutory) could be identified which offered drug education during September – December 04 to S1, S2, S3 and S4;

and

- That one other school could be identified which offered drug education during September – December 04 and where three different lessons could be observed.

However, it became clear that none of the local authorities had enough schools responding to the Survey which met the above criteria. Because of this, the time-span for delivering drug education lessons was extended to March 05, which enabled four local authorities to be identified and a fifth broad area was added by combining two adjoining local authorities. Towards the end of the observation period, an additional local authority was also involved to ensure that the requisite number of observations could be undertaken.

Initial contact letters were sent to all the schools meeting the required criteria and follow-up telephone contact was set in place to check that the following conditions were in place:

- That the school was willing to support the observations;

- That the terms in which drug education was to be delivered were compatible with the evaluation timetable;

- That the teachers involved were informed about what was expected and that they had agreed to be observed.

Schools involved in the Observations
In all, 140 schools were contacted by letter inviting them to support the classroom observations. From these, 60 schools (44 per cent) indicated they were willing to take part. (This percentage varied between 33 and 59 per cent across local authority groupings.) However, some of these schools were delivering drug education to only *some* of the year groups of interest (as distinct from *all* the year groups of interest being available for observation in the same school) at the critical times for the observations. In the end, a total of 40 schools took part in the observations, selected from across five local authority groupings:

- Aberdeenshire, supplemented by Aberdeen City;
- Fife;
- Glasgow City, supplemented by Edinburgh City;
- Perth and Kinross;
- South Lanarkshire.

In order to observe the required 100 lessons across these local authority groupings within the time-scale of the evaluation, the number of schools in which observations took place was, at 40, ten more than had originally been planned.

Number of Observations and Year Groups Observed

The total number of observations undertaken was 100 (See Table A4.3 below.) Slightly fewer primary observations were done than was anticipated. However, a number of composite groupings in three primary schools enabled each of the seven primary years to be observed in two observations (as distinct from an anticipated three selected years per primary school). In other schools, smaller class groupings also provided a broader range across fewer observations.

Table A4.3. Observations by Local Authority Groupings

Local Authority	Number of Observations			Totals
	Primary	Secondary	Other*	
Aberdeenshire & Aberdeen City	9*	7	3	19
Fife	7*	8	4	19
Glasgow/Edinburgh Cities	8	9	1	18
Perth & Kinross	9	9	3	21
South Lanarkshire	10	9	4	23
Totals	**43**	**42**	**15**	**100**

**Across three schools, 1 in Aberdeenshire and two in Fife, six observations were of composite classes, (Ps 1 - P3/4 and Ps4/5 - P7, giving two observations where three might have been expected.*

Eighteen of the observations were of composite classes, all in the primary sector (Table A4.4).

Table A4.4. Year Group Combinations in Composite Classes Observed

<table>
<tr><th>Primary 1</th><th>Primary 2</th><th>Primary 3</th><th>Primary 4</th><th>Primary 5</th><th>Primary 6</th><th>Primary 7</th></tr>
<tr><td colspan="2">1 Observation</td><td></td><td></td><td></td><td></td><td></td></tr>
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<tr><td></td><td></td><td></td><td></td><td colspan="2">1 Observation</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="3">2 Observations</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td colspan="2">3 Observations</td></tr>
</table>

Of the eighteen composite classes, the majority were a combination of two classes. No observations were undertaken in classes where more than four year groups were combined in the same classroom, as indicated below. Overall, there were:

- Ten observations where two year groups were combined;
- Four observations where three year groups were combined;
- Four observations where four year groups were combined.

The composite classes observed were distributed across local authority groupings as follows:

Aberdeenshire and Aberdeen City 6 composite classes observed;
Fife 4 composite classes observed;
Glasgow and Edinburgh Cities 1 composite class observed;
Perth and Kinross 4 composite classes observed;
South Lanarkshire 3 composite classes observed.

The number of observations of composite classes provided the evaluation with information on what occurred within slightly more year groups than observations of single year-group classes would have done. This is outlined in Table A4.5. Fifty five per cent of the

observations included primary classes, with 41 per cent covering secondary years one to four. The remaining four per cent of year groups observed formed the "other" category, either from the independent sector or from schools addressing special needs. (One of the observations in the category of special or additional needs was undertaken in a unit within a mainstream school. This unit was designed to accommodate children from across the local authority as a whole.)

Table A4.5. Number of Year Groupings Included in the Observations

Year Groups	Aberdeenshire/ Aberdeen City	Fife	Glasgow/ Edinburgh Cities	Perth & Kinross	South Lanarkshire	Totals
Ps 1 - 3	6	7	3	2	6	24
Ps 4 – 5	6	5	3	7	6	27
Ps 6 - 7	6	5	3	5	3	22
S1	2	2	3	2	3	12
S2	2	3	3	2	1	11
S3	2	1	2	2	3	10
S4	1	2	1	3	2	9
Special Needs, Pr	0	2*	1 (P6)	0		3
Special Needs, Sec	0	2*	0	0	4 (S1, 3,4,5/6)	6
Independents	3 (S1, 3, 4)	0	0	3 (S1,2,3)	0	6
Totals	**28**	**29**	**19**	**26**	**28**	**130**

**Classes divided by early/later primary and secondary groupings*

School Location

The selected local authority groupings provided a wide geographic spread of schools and representation of different types of location. Just under a third of the schools were based in towns, with a similar proportion based in cities, and a quarter in rural areas. (Table A4.6)

Table A4.6. School Location

Type of School Location	Number of Schools
City	12
Town	13
Rural	10
Unclassified	5
Totals	**40**

Religious Affiliation

Six schools in which observations took place (15%) were Roman Catholic schools, four of which were in the secondary sector and the remaining two were primary schools (Table A4.7). A total of 15 lessons were observed in these six schools.

Table A4.7. School Religious Affiliation

Religious Affiliation	Number of Schools
Roman Catholic	6
Non-denominational	34
Totals	**40**

Free School Meals Entitlement

Thirty one of the schools observed (just over three quarters) had a free school meals entitlement (FME) of 30 per cent or less (Table A4.8). Five of the schools had FME for over half of their pupil roll, with this being represented more in the city areas.

The average FME percentage figure for the schools observed in each of the local authorities indicates a great deal of variation. In the more rural local authorities, the schools observed held FME for around one in 20 (at 4.6 per cent). In comparison, the combined cities authority grouping represented FME for around two in every five pupils.

Table A4.8. Free School Meals Entitlement

% of FSM Entitlement	Aberdeenshire/ Aberdeen City	Fife	Glasgow/ Edinburgh Cities	Perth & Kinross	South Lanarkshire	Totals
	Number of Schools within the Percentage FME Percentage Band					
0 – 10%	4	3	0	8	2	17
11 – 20%	0	1	3	1	4	9
21 – 30%	1	3	1	0	0	5
31 – 40%	0	1	0	0	0	1
41 – 50%	0	0	2	0	1	3
51 – 60%	1	0	0	0	0	1
61 – 70%	0	0	0	0	1	1
71 – 80%	0	0	0	0	0	0
81 – 90%	0	0	1	0	0	1
91 – 100%	1	0	1	0	0	2
Totals	**7**	**8**	**8**	**9**	**8**	**40**

Average FME* % Entitlement	12.7 FME %	16.9 FME%	43.3 FME%	4.6 FME%	23 FME%	19.9 FME%

**for schools in which observation took place*

4.3.3 Interviews with Teachers

A total of 78 teachers were interviewed using the Post-observation Proforma (Table A4.9). However, 18 of these interviews were incomplete and hurried for a number of reasons, most often because of other pressing classroom responsibilities. Interviews were well distributed across the local authority groupings and across the different age-groups observed. In addition, using the short Contextual Information Proforma, 33 of the schools provided background information about the school and community, sometimes through a number of respondents.

Table A4.9. Number of School-based Interviews

Local Authority Grouping	Post-observation Proforma: Complete Response	Post-observation Proforma: Limited Response*	Contextual Proforma
	No. of Teachers Interviewed		No. of Schools
Aberdeenshire & Aberdeen City	9	6	6
Fife	14	1	6
Glasgow & Edinburgh Cities	12	3	6
Perth & Kinross	14	2	8
South Lanarkshire	11	6	7
Totals	**60**	**18**	**33**

**Where there was not enough time to cover all the topics on the proforma.*

4.4 Analysis

Data from the observation schedules provided a description of actual practice in drug education lessons and an overview of how pupils responded to these lessons. The range of topics and activities covered formed a major part of the analysis. Pupil engagement levels were also central to the analysis, as were the approaches informing the lesson structure and delivery.

Data from the post-observation interviews also helped to inform the data from the observations, both of which were used to triangulate and enhance the Survey findings.

The data has been analysed using the Statistical Package for the Social Sciences (SPSS) facilitating analysis of both qualitative and quantitative data.

5.0 QUALITATIVE RESEARCH WITH YOUNG PEOPLE

5.1 Aims

The aims of the Qualitative Research with current school students and young adults were:

i) *To explore and assess the salience and memorability of school drug education in comparison to other sources of information, such as friends, family and media.*

ii) *To explore the credibility of school drug education as perceived by students and young adults, in terms of its perceived accuracy and reliability and the perceived trustworthiness of the sources/people providing the information.*

iii) *To explore the extent to which young people feel that they are gaining or gained new knowledge or skills from the drug education they received.*

iv) *To explore whether drug education triggered young people to discuss drug-related issues with their friends, family or other significant people in their lives, or to discuss such issues in a different way from previously.*

v) *To explore the extent to which young people feel or felt challenged by drug education to re-assess their knowledge, beliefs and behaviour in relation to substances.*

vi) *To assess the perceived value and impact of school drug education in the context of other factors, such as the influence of family including parents, friends, peers and the media, on young people's views about drugs and their drug taking behaviour.*

5.2 Methods

The specification asked for research to explore the views of both young adults and current school students. We considered an alternative, quantitative, approach for the latter task, but felt that a qualitative approach would generate richer and more useful data. Firstly, the main task here was to encourage young people to reflect actively on the value and usefulness of the drug education they were receiving or had received. An exploratory, interactive questioning approach is needed to encourage this kind of reflection. We judged that we were likely to obtain richer and more meaningful data through detailed questioning and probing which encouraged young people to consider in some detail their experiences of drug education. Secondly, the questioning approach needed to be flexible enough to cover all the different types of drug education young people may receive. It would have been difficult to design a questionnaire which was able adequately to cover all possible relevant reactions to information, 'talks', drama, discussions, and to the different curriculum packages in use in Scottish schools.

Thirdly, any questionnaire would have needed to be appropriate to the different ages (9-20), experiences and abilities of the sample. It would be extremely difficult to design one standard questionnaire capable of meaningful completion by such a heterogeneous sample, and resource constraints prohibited the development of several different questionnaires. Finally, a questionnaire survey would have potentially generated confused or incomplete responses if

young people did not define a particular lesson or activity as 'drug education'. Qualitative research, which allows flexible questioning and probing, was needed to clarify first of all what types of drug education young people are currently receiving or have received, and then to explore in depth their feelings about it.

Choice of Method
A modified form of focus group discussions, namely friendship groups, was used. Twenty friendship group discussions were conducted. The sample is outlined in the 'Sample' below.

Friendship groups are a form of focus group in which respondents are recruited as friends through existing friendship networks. This is in contrast to conventional focus group practice in which it is often desirable that respondents do not know each other before the group discussion. They also differ from conventional focus groups in, typically, involving smaller numbers per group. For this project, we proposed that groups of between 3 and 5 be recruited. The small numbers allow respondents the necessary time and space to respond and interact, and enable issues to be explored in greater depth than in more conventionally sized focus groups.

Friendship groups allow the researcher to develop a deeper understanding of the target audiences' attitudes and the reasons behind specific behaviours while providing rich insights into their lifestyles. They can be extremely useful when exploring potentially sensitive behaviours such as drug use and when attempting to uncover subconscious or entrenched attitudes. They are particularly relevant when exploring issues and behaviours which are strongly influenced by peer and social norms and which are often discussed and acted out in friendship group settings.

Group Moderation Procedure
Experienced ISM qualitative researchers (DE and LM) moderated all the group discussions. Interviews lasted approximately one and a half hours and were conducted in informal venues such as community centres and hotels; on one occasion the school itself was used as no other venue was feasible. With the respondents' consent all the interviews were recorded on voice-tape, and the tapes transcribed for content analysis.

A topic guide was developed to ensure key research issues were covered while encouraging free discussion and the expression of respondents' ideas in their own terms. This reflected the research objectives outlined above, and issues identified from the Literature Review, Survey and Classroom Observation as relevant (see Appendix D). Flexible and open-ended questioning procedures were used, allowing respondents to choose their own priorities for discussion, while also ensuring that key themes are explored.

5.3 Sample

Sample Design
Twenty friendship group discussions were conducted, with between three and five participants per group (73 respondents in total).

The sample comprised young people aged 8-20, in two sub-samples: current pupils in primary and secondary schools, and young adults who had completed compulsory education. Current school pupils were drawn from ten of the 40 schools selected for the Classroom

Observation. Young adults were drawn from the communities around these schools, and were recruited on the basis that they had attended the same schools.

The ten schools selected for the Qualitative Research sample were chosen to represent as far as possible the range of characteristics in the larger Classroom Observation sample. Ten schools were selected from among the schools which had participated in or were due to participate in the Classroom Observation research. Of these original ten schools selected, four were primary schools, of which one was defined as 'other' (Independent or Special Needs), and six were secondary schools, of which two were 'other'. They were drawn from five of the areas used in the Observation research: Aberdeen City/Aberdeenshire, Fife, Glasgow City, Perth & Kinross, and South Lanarkshire. Observation data were used to ensure that the selected schools used a range of approaches to drug education: in at least four of the schools, drug education involved outside agencies such as the police or drama companies, and at least three different packages were used in the schools (Police Box, What's the Score and Tacade, plus schools' own packages). Subsequently, the special needs primary school which had been selected had to be replaced. This was because scheduled observations in the school had to be cancelled, meaning that a different special needs school had to be selected for the Classroom Observation sample. The Qualitative Research sample was altered to be consistent (ie. to use the same school). The new school was a secondary school rather than a primary school, which meant that the profile of the sample changed slightly from the intended sample (see tables below).

As far as is possible in recruiting naturally occurring friendship groups, the groups were stratified in terms of age/year and gender.

<u>Age/school year</u>

Respondents were recruited in five age categories:

- Upper primary P6/P7 pupils.
- Lower secondary S1/S2 pupils.
- Middle secondary S3/S4 pupils.
- Young adults aged 17/18 (or S5/S6).
- Young adults aged 19/20.

The first three age categories reflect key years in which school drug education is likely to be delivered. The 17-18 and 19-20 age categories were chosen to reflect key periods of lifestyle change - for example, entering further education, starting work or coping with unemployment, leaving home – when the concepts involved in drug education might be expected to be most relevant. A further advantage of relatively narrow age categories is that they are likely to increase participants' homogeneity in terms of drug education experiences and their feelings of comfort and ease in the groups, although the friendship selection process should also ensure this.

<u>Gender</u>

Single gender groups were recruited to enhance homogeneity in the groups, although again, the friendship selection process should also have ensured that groups were relatively similar to one another. Another advantage of single gender groups is that patterns of substance use may differ between males and females; furthermore, much drug-use related behaviour is set in the context of interactions with the opposite sex (for example, using substances to convey an image that will attract or impress).

Social class or school attendance patterns were not included as sample variables. However, the schools themselves were selected to reflect different school and community types, ranging from an affluent independent school to an urban school with high levels of disadvantage.

Recruitment
Respondents for the focus groups were recruited door-to-door by ISM research consultants using a short recruitment questionnaire to ensure that each individual met the appropriate sample criteria (age, gender, school). In order to recruit friendship groups, a 'first respondent' was recruited for each group on a door-to-door basis as above. The 'first respondent' was then asked for the name and addresses of between two and four friends who fulfilled similar quota requirements. These respondents were contacted independently and were also asked to complete the recruitment questionnaire. Parental consent was sought for all respondents aged 16 and under. As a token of appreciation, and as a way of encouraging young people to participate in the interviews, respondents were offered a small cash incentive for taking part in a group discussion.

Door-to-door recruitment has a number of advantages over recruitment through schools. Firstly, it is an appropriate method for recruiting naturalistic friendship groups (and is the most feasible method for recruiting friendship groups among those who have left school). Secondly, it signals clearly to young people that the research is separate and independent from schools, thereby encouraging greater openness and honesty. Thirdly, it removes from schools the burdensome task of assisting with recruitment and obtaining parental consent.

Achieved Sample
The intended and achieved samples are presented in Tables A5.1 and A5.2 below. A few modifications were made to the sample as recruitment progressed, mainly as a result of the limited pool of eligible respondents in small rural communities, and also because the special needs school initially selected did not prove feasible for recruitment and was subsequently replaced by a different special needs school with a different age range. The changes are specified under the second table.

Table A5.1: Qualitative Research: Intended Friendship Group Sample

	INTENDED CHARACTERISTICS		
Group	**Age/Year**	**Gender**	**Type of School**
Current pupils			
1	P6 or P7	Male	State
2	P6 or P7	Female	State
3	P6 or P7 A	Male	State
4	P6 or P7 B	Female	Other
5	S1 or S2	Male	State
6	S1 or S2	Female	State
7	S1 or S2	Male	Other
8	S3 or S4	Male	State
9	S3 or S4	Female	State
10	S3 or S4	Female	Other
Over 16s			
11	17-18	Male	State
12	17-18	Female	State
13	17-18	Male	State
14	17-18	Female	State
15	17-18	Male	Other
16	19-20 C	Male	State

17	19-20	Female	State
18	19-20 D	Male	State
19	19-20	Female	State
20	19-20	Female	Other

Table A5.2: Qualitative Research: Achieved Friendship Group Sample

	REVISED ACHIEVED CHARACTERISTICS		
	Age/Year	**Gender**	**Type of School**
1	P7	Male	State
2	P7	Female	State
3	P5,6,7 A	Male	State
4	S2	Male	State
5	S2	Female	State
6	S1	Male	Other (Ind)
7	S3	Male	State
8	S4	Female	State
9	S3	Female	Other (Ind)
Over 16s			
10	S5-S6	Male	Other (SN)
11	S5-S6	Female	Other (SN)
12	17-18	Male	State
13	17-18	Female	State
14	17-18	Mixed	State
15	17-18	Female	State
16	17-18	Male	Other (Ind)
17	17-18 C	Male	State
18	19-20	Female	State
19	19-20	Female	State
20	19-20	Female	Other (Ind)

A Small rural school, only one boy of P6 age. Class was a combined P5-7 class
B Not possible to recruit from the selected school; an alternative special needs secondary school was selected (see groups 10 and 11 in achieved sample).
C Not possible to recruit 19-20 year olds who had attended the selected school (small rural area, many 19-20 year olds were working or studying away from home. Therefore changed age range to 17-18, see Group 17 in achieved sample).
D Replaced by one of the additional special needs secondary school groups, Group 11.

5.4 Analysis

Audio-tapes of all discussions were transcribed verbatim. Transcripts were then coded and electronically organised according both to themes specified in the topic guide and to themes which emerged from the data. The transcripts were interrogated to identify key patterns of response and divergent responses. The main analysis was conducted by LM and MS, and any differences of interpretation were resolved through discussion and, as appropriate, involvement of other members of the research team, particularly DE and the Observation researchers. Verbatim anonymous quotes have been used in the report to illustrate the findings.

PART B
SURVEY

1.0 DRUG EDUCATION IN SCOTTISH PRIMARY SCHOOLS

1.1 Sample Profile

1.1.1 School Characteristics

Data on school status, level of education provided for, school size and level of free meal entitlement are drawn from secondary information sources about schools in Scotland . All other data are drawn from the completed questionnaires.

The vast majority of responding primary schools (99%) were under local authority control. Only 1% (equivalent to six schools) were independent. One school could not be classified as its identification code had been removed from the questionnaire before it's return.

(Table B1.1)

While the majority were primary schools only (97%), a small proportion (3%) also had a secondary school.

(Table B1.2)

Schools covered a range of sizes. One third (33%) of the primary schools in the sample were categorised as small (under 100 pupils) and similar proportions as medium (100-230 pupils: 32%) and large (230+ pupils: 34%).

(Table B1.3)

Schools covered a range of levels of free meal entitlement. Just under a third (32%) had a low level of free meal entitlement, defined as under 13.5% of pupils. Twenty-eight percent had a medium level of free meal entitlement, defined as 13.5% to 28.5% of pupils. Just under a quarter (23%) of schools had a high level of free meal entitlement (over 28.5% of pupils). For 17% of primary schools in the sample. no information was available on free meal entitlement.

(Table B1.4)

The remaining data are drawn from the survey responses.

Over a third (34%) of schools had a Health Education coordinator, and 28% had a joint Drug/Health Education coordinator; less than a tenth (9%) had a dedicated Drug Education coordinator. Nearly two fifths of schools (38%) had none of these posts. Small schools were more likely to have none of these posts (47%) compared with 26% of large schools.

(Table B1.5)

Tables

Table B1.1 School Status

	Total
	%
Local Authority	99
Independent	1
Not stated	*
Base: All	*528*

* <1%

Table B1.2 Whether primary and secondary school

	Total
	%
Primary only	97
Primary and secondary	3
Not stated	*
Base: All	*528*

* <1%

Table B1.3 School size

	Total
	%
Small (under 100)	33
Medium (100-230)	32
Large (over 230)	34
Unknown	1
Base: All	*528*

Table B1.4 Level of free meal entitlement

	Total
	%
Low (under 13.5%)	32
Medium (13.5% - 28.5%)	28
High (over 28.5%)	23
Unknown	17
Base: All	*528*

Table B1.5 Whether have Drug Education Co-ordinator and/or Health Education Co-ordinator, by school status, size and FME

	School Status		**School Size**			**Free Meal Entitlement**			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Drug Education Co-ordinator	9	-	7	10	10	7	11	14	9
Health Education Co-ordinator	34	33	24	37	43	35	39	40	34
Joint Drug/Health Education Co-ordinator	28	33	30	24	30	25	27	29	28
None of these	37	33	47	39	26	37	35	30	38
Not specified	2	-	1	1	3	2	3	-	2
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

1.1.2 Respondent characteristics

The majority of respondents who completed the questionnaire (82%) were Heads or Deputy Heads. Just under a quarter (23%) were class teachers, 17% were Drug Education coordinators, and a tenth were promoted guidance teachers, Heads of PSE or PSE coordinators. Other respondents were Heads of Departments other than PSE (1%) and 'principal teachers' (3%).

(Table B1.6)

Respondents had a range of drug education teaching experience. Over a quarter (27%) had taught drug education forM 10-19 years, and a similar proportion (26%) for 5-9 years. Over a fifth (21%) had taught drug education for over 20 years. Sixteen percent had taught it for 1-4 years, and 1% for less than a year. Five percent had no drug education teaching experience. The approximated average drug education teaching experience was around 12 years.

(Table B1.7)

The vast majority of respondents (72%) had over 20 years experience of teaching primary school education. A fifth had taught PSE for 10-19 years, 6% for 5-9 years, and 1% for 1-4 years. The approximated average teaching experience in primary school was over 20 years.

(Table B1.8)

Tables

Table B1.6 Position of person completing the questionnaire, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Head or Deputy Head	83	67	92	75	80	86	78	75	82
Class teacher	23	33	30	26	16	19	24	23	23
Drug Education Co-ordinator	18	-	16	19	18	15	20	20	17
Promoted Guidance / Head of PSE / PSE Co-ordinator	10	50	7	8	16	11	9	11	10
Principal teacher	3	-	1	2	6	2	4	3	3
Head of Department other than PSE	1	-	2	1	1	1	1	-	1
Other subject teacher	*	-	1	-	-	1	-	-	*
Single teacher responsible for everything	*	-	1	-	-	-	-	1	*
Other	*	-	-	1	-	-	1	1	*
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

* <1%

Table B1.7 Experience in teaching drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
None (0)	5	-	3	2	7	4	6	3	5
Less than 1 year (0.5)	*	-	1	1	-	1	1	-	1
1-4 years (2.5)	16	-	15	17	15	11	16	23	16
5-9 years (7.0)	26	33	24	30	24	24	27	27	26
10-19 years (14.5)	27	33	28	24	29	29	27	24	27
20+ years (25)	21	33	27	17	19	24	17	16	21
Not applicable	4	-	2	6	6	5	6	4	4
Not specified	1	-	1	3	1	1	1	3	1
Mean	12.01	15.50	13.14	11.2	11.71	13.1	11.12	10.69	12.03
Standard deviation	8.301	8.087	8.524	7.876	8.267	8.32	8.105	7.986	8.307
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

* <1%

Table B1.8 Experience in teaching in a primary school, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Less than 1 year (0.5)	-	-	-	-	-	-	-	-	-
1-4 years (2.5)	1	17	1	1	1	2		2	1
5-9 years (7.0)	6	-	6	5	6	5	5	8	6
10-19 years (14.5)	20	33	23	17	21	17	20	18	20
20+ years (25)	72	50	70	75	71	75	75	71	72
Not applicable	*	-	-	1	1	1	-	-	*
Not specified	1	-	-	2	-	1	-	2	1
Mean	21.58	17.75	21.36	22.01	21.37	21.9	22.00	21.26	21.51
Standard deviation	5.895	9.071	5.928	5.699	6.048	5.87	5.397	6.375	5.970
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

* <1%

1.2 Provision of Drug Education

The vast majority (97%) of schools provided drug education in 2003-2004. Within the local authority schools, 97% indicated that they provided drug education. All six non-local authority schools provided drug education in 2003-2004. While all medium and large sized schools provided drug education, 91% of small schools did so. All schools with high free meal entitlement provided drug education and the vast majority of schools with low and medium free meal entitlement did so (98% and 99% respectively).

(Table B1.9)

Schools were asked to provide information about whether or not each year group had been taught drug education in the period 2003-4. In a number of instances respondents only seemed to tick a box if they were giving a 'yes' answer. As a result there is a substantial proportion of 'not stated' responses for some year groups. However, there is also a possibility that some schools did not have every year group and this would also account for a 'not stated'. As it is not possible to distinguish between the different types of non-response all proportions are calculated on the basis of the full sample.
Older year groups were more likely to receive drug education than younger year groups, with the proportion receiving drug education rising from 65% of P1 year groups to 94% of P7 year groups. This pattern was observed in schools of all sizes and of all levels of free meal entitlement.

(Table B1.10)

The schools that indicated that they taught drug education were asked to give details of the amount of time that they spent in 2003-4 teaching drug education to each of their year groups. A closed question was used with 5 categories: 30 minutes; 31-59 minutes; 1-2 hours; 3-4 hours; 5 hours or more. Responses provide an indication of the variation in amount of time spent. As categories were used rather than exact times, it is not possible to calculate exact averages, however, for ease of interpretation and comparison of results approximated means have been calculated based on the midpoint of each category (e.g. 1-2 hours = 1.5 hours).

The amount of time spent delivering drug education to primary school pupils ranged from 30 minutes or less to 5 hours or more for each year group but, in general, the time spent increased for the older year groups. For example, at P1-P4 the approximated average ranged from just over 2 hours (2.08) at P1 to almost 3 hours (2.78) at P4. The approximated

average time spent at P5 was around 3 hours. At P6 and P7, the most frequent response was ‘5 hours or more’ and the approximated average time spent on drug education was 4 to 5 hours.

(Table B1.11, B1.12)

Drug education was taught over all three terms. For older year groups (P6 and P7) it appeared more likely to be taught later in the year, in Spring and Summer terms. For younger year groups it tended to be taught evenly throughout the year.

(Table B1.13)

There were no apparent differences in the terms in which drug education was taught by school size or free school meal entitlement.

(Table B1.14)

All categories of substance – alcohol, controlled drugs, medicines, solvents and tobacco – were covered in all years, although to varying degrees. Coverage of alcohol, controlled drugs, solvents and tobacco increased substantially as pupils progressed through the school. For example, only 1% of P1 groups were taught about alcohol, compared with 92% of P7 groups. For controlled drugs the figures were 11% and 91% respectively, and for tobacco 19% and 89% respectively. In contrast, coverage of medicines tended to decrease as pupils got older. While it was by far the most popularly covered substance in P1 (92%), this dropped to 77% by P7.

(Table B1.15, B1.16)

Tables

Table B1.9 Whether school provides drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Yes	97	100	91	100	100	98	99	100	97
No	3	-	9	-	-	- 2	1		3
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

Table B1.10 Whether each year group receives drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
Proportion receiving drug education	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
P1	65	33	65	68	62	67	65	66	65
P2	67	50	67	69	65	69	65	70	67
P3	68	67	69	73	63	71	63	72	68
P4	73	67	73	75	70	75	67	76	72
P5	79	67	80	79	79	84	76	79	79
P6	89	83	86	93	89	93	88	92	89
P7	94	67	88	98	96	95	97	98	94
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

Table B1.11 Amount of drug education received by each year group in 2003-2004

	Year Group						
	P1	P2	P3	P4	P5	P6	P7
	%	%	%	%	%	%	%
30 minutes or less (0.25)	18	16	11	7	3	1	1
31-59 minutes (0.75)	21	21	19	15	9	6	3
1-2 hours (1.50)	28	29	28	30	27	16	12
3-4 hours (3.50)	16	16	22	26	28	33	29
5 hours or more (6.00)	14	15	16	20	29	42	54
Not applicable	-	-	-	-	-	*	-
Not stated	3	3	4	3	4	2	1
Mean	2.08	2.16	2.43	2.78	3.34	4.04	4.51
Standard Deviation	1.916	1.937	1.938	1.972	2.001	1.900	1.783
Base: All receiving drug education in each year group	*343*	*353*	*359*	*382*	*417*	*470*	*495*

Table B1.12 Amount of drug education received by each year group in 2003-2004, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
P1									
30 minutes or less (0.25)	18	50	15	18	23	17	19	22	18
31-59 minutes (0.75)	21	50	15	24	23	23	27	14	21
1-2 hours (1.50)	28	-	40	23	20	33	22	23	28
3-4 hours (3.50)	16	-	16	12	20	11	20	16	16
5 hours or more (6.00)	14	-	13	19	10	12	8	23	14
Not applicable	-	-	-	-	-	-	-	-	0
Not stated	3	-	2	3	5	4	4	3	3
Mean	2.09	0.50	2.12	2.21	1.90	1.90	1.85	2.51	2.08
Standard Deviation	1.918	0.354	1.815	2.108	1.818	1.82	1.721	2.210	1.916
P2									
30 minutes or less (0.25)	15	67	14	15	17	11	16	20	16
31-59 minutes (0.75)	21	33	17	25	23	27	25	13	21
1-2 hours (1.50)	29	-	39	23	23	31	25	27	29
3-4 hours (3.50)	16	-	14	15	20	14	18	16	16
5 hours or more (6.00)	15	-	14	19	12	12	11	22	15
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	3	-	2	3	5	4	5	2	3
Mean	2.18	0.42	2.12	2.29	2.10	2.00	2.01	2.46	2.16
Standard Deviation	1.939	0.289	1.867	2.088	1.876	1.80	1.837	2.165	1.937
P3									
30 minutes or less (0.25)	10	50	12	13	7	7	10	14	11
31-59 minutes (0.75)	19	50	13	22	22	23	19	16	19
1-2 hours (1.50)	28	-	36	22	27	30	32	22	28
3-4 hours (3.50)	23	-	21	19	27	21	22	23	22
5 hours or more (6.00)	16	-	16	20	12	15	12	22	16
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	4	-	2	4	4	5	5	2	4
Mean	2.45	0.50	2.39	2.51	2.39	2.37	2.24	2.69	2.43
Standard Deviation	1.938	0.289	1.904	2.101	1.804	1.89	1.792	2.118	1.938
P4									
30 minutes or less (0.25)	7	-	5	10	6	4	6	13	7
31-59 minutes (0.75)	14	75	11	17	16	16	16	10	15
1-2 hours (1.50)	30	-	29	25	34	36	27	28	30
3-4 hours (3.50)	26	25	31	22	24	24	29	22	26
5 hours or more (6.00)	21	-	23	22	16	16	17	24	20
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	3	-	1	3	4	3	4	2	3
Mean	2.79	1.44	3.03	2.73	2.55	2.58	2.71	2.83	2.78
Standard Deviation	1.974	1.375	1.958	2.082	1.866	1.85	1.900	2.126	1.972
P5									
30 minutes or less (0.25)	3	-	1	5	2	2	5	4	3
31-59 minutes (0.75)	8	50	6	10	9	7	9	10	9
1-2 hours (1.50)	27	25	27	24	31	32	24	26	27
3-4 hours (3.50)	29	-	34	25	26	33	27	21	28
5 hours or more (6.00)	29	25	30	32	26	21	31	35	29
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	4	-	1	4	56	4		4	4
Mean	3.35	2.25	3.48	3.36	3.17	3.10	3.38	3.46	3.34
Standard Deviation	1.996	2.525	1.910	2.118	1.986	1.84	2.064	2.153	2.001
P6									
30 minutes or less (0.25)	1	-	-	3	1	-	2	2	1
31-59 minutes (0.75)	6	20	7	6	4	6	5	7	6
1-2 hours (1.50)	16	20	17	13	19	16	14	16	16
3-4 hours (3.50)	33	40	34	34	32	37	34	27	33
5 hours or more (6.00)	42	20	42	44	40	39	41	47	42
Not applicable	*	-	-	-	1	-	1	-	*
Not stated	2	-	-	1	4	3	3	-	2
Mean	4.05	3.05	4.03	4.09	4.00	4.02	4.04	4.10	4.04
Standard Deviation	1.900	2.049	1.899	1.926	1.897	1.83	1.908	2.008	1.900

Table B1.12 Cont'd Amount of drug education received by each year group in 2003-2004, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
P7									
30 minutes or less (0.25)	1	-	-	1	1	-	1	2	1
31-59 minutes (0.75)	3	25	5	2	3	4	1	3	3
1-2 hours (1.50)	12	-	15	7	12	10	9	13	12
3-4 hours (3.50)	29	25	34	27	28	30	36	21	29
5 hours or more (6.00)	54	25	45	61	54	53	52	62	54
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	1	25	-	1	3	2	1	-	1
Mean	4.52	3.42	4.18	4.79	4.53	4.52	4.57	4.63	4.51
Standard Deviation	1.780	2.626	1.843	1.680	1.782	1.77	1.648	1.883	1.783
Base: All receiving drug education in each year group									
P1	*341*	*2*	*115*	*115*	*111*	*114*	*96*	*79*	*343*
P2	*350*	*3*	*118*	*117*	*115*	*118*	*96*	*83*	*353*
P3	*355*	*4*	*121*	*124*	*113*	*121*	*93*	*86*	*359*
P4	*378*	*4*	*129*	*126*	*125*	*128*	*99*	*90*	*382*
P5	*413*	*4*	*141*	*134*	*140*	*142*	*111*	*94*	*417*
P6	*464*	*5*	*151*	*158*	*158*	*158*	*130*	*110*	*470*
P7	*490*	*4*	*155*	*165*	*170*	*162*	*143*	*117*	*495*

Table B1.13 Terms in which drug education was taught, by year group

	Year Group						
	P1	P2	P3	P4	P5	P6	P7
	%	%	%	%	%	%	%
Autumn 2003	35	34	35	30	26	29	30
Spring 2004	35	41	41	43	41	40	37
Summer 2004	31	29	28	30	37	46	52
Varies/teachers choice	4	4	4	4	3	3	3
Not applicable	6	6	6	5	5	4	3
Not stated	8	9	9	8	9	6	4
Base: All receiving drug education in each year group	*343*	*353*	*359*	*382*	*417*	*470*	*495*

Table B1.14 Terms in which drug education was taught, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
P1									
Autumn 2003	34	100	34	34	37	32	34	39	35
Spring 2004	35	50	45	33	28	36	38	28	35
Summer 2004	31	50	31	33	29	27	28	41	31
Varies/teachers choice	4	-	-	5	8	6	3	6	4
Not applicable	6	-	7	3	7	5	8	3	6
Not stated	9	-	5	12	8	11	9	9	8
P2									
Autumn 2003	34	-	36	35	30	32	31	37	34
Spring 2004	41	33	44	37	43	42	43	41	41
Summer 2004	29	33	33	29	26	26	29	31	29
Varies/teachers choice	4	-	-	4	7	5	3	5	4
Not applicable	6	-	7	3	6	5	7	2	6
Not stated	9	-	5	13	9	11	9	10	9
P3									
Autumn 2003	34	50	39	33	32	34	30	36	35
Spring 2004	41	25	41	40	42	39	45	41	41
Summer 2004	28	25	32	27	25	27	27	29	28
Varies/teachers choice	4	-	-	4	7	5	3	5	4
Not applicable	6	-	7	5	6	6	9	2	6
Not stated	9	-	6	11	10	11	9	12	9
P4									
Autumn 2003	30	25	33	33	24	27	24	38	30
Spring 2004	43	50	46	40	44	45	41	44	43
Summer 2004	30	25	34	27	29	30	31	27	30
Varies/teachers choice	4	-	1	4	6	5	3	4	4
Not applicable	6	-	6	5	5	5	8	2	5
Not stated	8	-	4	9	10	9	8	9	8
P5									
Autumn 2003	26	-	33	26	20	21	24	31	26
Spring 2004	41	25	38	42	42	40	37	46	41
Summer 2004	36	100	43	32	36	38	35	35	37
Varies/teachers choice	3	-	1	4	5	4	3	4	3
Not applicable	5	-	5	4	5	3	9	2	5
Not stated	9	-	5	10	11	11	9	11	9
P6									
Autumn 2003	28	40	34	28	23	25	21	36	29
Spring 2004	40	40	36	42	40	42	35	42	40
Summer 2004	46	60	50	44	44	47	48	45	46
Varies/teachers choice	3	-	1	3	4	3	2	4	3
Not applicable	4	-	5	3	4	2	7	2	4
Not stated	6	-	1	6	9	7	7	5	6
P7									
Autumn 2003	30	-	35	33	22	27	26	34	30
Spring 2004	37	25	39	39	34	36	36	38	37
Summer 2004	52	50	52	48	56	54	50	58	52
Varies/teachers choice	3	-	1	3	4	4	1	3	3
Not applicable	3	-	5	2	3	1	6	2	3
Not stated	3	25	1	4	6	5	4	3	4
Base: All receiving drug education in each year group									
P1	*341*	*2*	*115*	*115*	*111*	*114*	*96*	*79*	*343*
P2	*350*	*3*	*118*	*117*	*115*	*118*	*96*	*83*	*353*
P3	*355*	*4*	*121*	*124*	*113*	*121*	*93*	*86*	*359*
P4	*378*	*4*	*129*	*126*	*125*	*128*	*99*	*90*	*382*
P5	*413*	*4*	*141*	*134*	*140*	*142*	*111*	*94*	*417*
P6	*464*	*5*	*151*	*158*	*158*	*158*	*130*	*110*	*470*
P7	*490*	*4*	*155*	*165*	*170*	*162*	*143*	*117*	*495*

Table 1.15 Substances covered in drug education in 2003-2004, by year group

	Year Group P1	P2	P3	P4	P5	P6	P7
	%	%	%	%	%	%	%
Alcohol	10	12	23	42	64	83	92
Controlled drugs	11	14	23	37	52	78	91
Medicines	92	90	88	77	72	73	77
Solvents	5	8	11	25	46	70	83
Tobacco	19	23	37	62	77	89	89
Not applicable	1	*	-	-	-	-	-
Not stated	5	6	5	5	5	3	2
Base: All receiving drug education in each year group	*343*	*353*	*359*	*382*	*417*	*470*	*495*

* <1%

Table B1.16 Substances covered in drug education in 2003-2004, by year group by school status, size and FME

	School Status Local Auth	Other	School Size Small	Medium	Large	Free Meal Entitlement Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
P1									
Alcohol	10	-	17	10	5	4	13	13	10
Controlled drugs	11	-	15	10	9	9	17	9	11
Medicines	91	100	90	92	92	91	95	91	92
Solvents	5	-	9	3	3	3	8	4	5
Tobacco	18	50	35	13	8	11	15	20	19
Not applicable	1	-	1	1	1	-	-	3	1
Not stated	5	-	3	5	7	8	3	5	5
P2									
Alcohol	11	33	19	12	4	4	16	13	12
Controlled drugs	14	-	15	13	12	14	19	7	14
Medicines	90	67	91	90	90	91	94	88	90
Solvents	8	33	8	9	7	3	18	6	8
Tobacco	22	67	37	19	12	14	22	24	23
Not applicable	*	-	1	-	-	-	-	-	*
Not stated	6	-	3	7	9	7	4	10	6
P3									
Alcohol	23	25	26	26	17	17	26	27	23
Controlled drugs	23	25	21	22	25	18	35	17	23
Medicines	88	100	85	90	89	88	90	88	88
Solvents	11	-	136	8	12	6	20	8	11
Tobacco	37	50	50	34	27	30	35	41	37
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	5	-	3	5	7	7	4	5	5
P4									
Alcohol	43	25	49	48	30	41	42	43	42
Controlled drugs	37	50	40	37	36	31	44	34	37
Medicines	78	75	77	77	80	73	84	78	77
Solvents	25	25	30	21	24	15	35	21	25
Tobacco	62	25	74	63	49	59	58	67	62
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	5	-	3	5	7	5	4	8	5
P5									
Alcohol	65	-	71	63	59	61	66	63	64
Controlled drugs	52	-	61	46	48	44	55	47	52
Medicines	73	25	75	73	70	70	72	74	72
Solvents	46	50	49	50	38	32	49	50	46
Tobacco	77	75	84	80	66	73	75	80	77
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	5	-	2	5	6	6	5	5	5

Table B1.16 Cont'd Substances covered in drug education in 2003-2004, by year group by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
P6									
Alcohol	83	100	88	83	79	84	81	86	83
Controlled drugs	78	60	83	75	75	75	78	79	78
Medicines	73	40	73	77	68	69	75	76	73
Solvents	70	40	71	73	66	65	70	75	70
Tobacco	89	100	91	90	86	87	86	93	89
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	3	-	3	3	4	4	3	2	3
P7									
Alcohol	92	50	89	94	92	91	94	95	92
Controlled drugs	91	75	89	95	89	88	94	92	91
Medicines	77	50	74	81	75	72	83	81	77
Solvents	83	75	73	90	85	76	88	90	83
Tobacco	90	50	92	92	85	86	87	95	89
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	2	25	1	1	4	4	2	-	2
Base: All receiving drug education in each year group									
P1	*341*	*2*	*115*	*115*	*111*	*114*	*96*	*79*	*343*
P2	*350*	*3*	*118*	*117*	*115*	*118*	*96*	*83*	*353*
P3	*355*	*4*	*121*	*124*	*113*	*121*	*93*	*86*	*359*
P4	*378*	*4*	*129*	*126*	*125*	*128*	*99*	*90*	*382*
P5	*413*	*4*	*141*	*134*	*140*	*142*	*111*	*94*	*417*
P6	*464*	*5*	*151*	*158*	*158*	*158*	*130*	*110*	*470*
P7	*490*	*4*	*155*	*165*	*170*	*162*	*143*	*117*	*495*

1.3 Drug Education Delivery

1.3.1 Context of Drug Education Delivery

Drug education was most likely to be taught within Health Education (93% of schools) followed by Personal and Social Development (75%). It was also taught with Environmental Studies (22%) and Religious and Moral Education (14%). In over a quarter of schools (27%) it was also taught as a stand-alone topic.

(Table B1.17)

Schools reported covering a range of drug education topics. These have been grouped in the table into four categories: Information Provision, Social Influences, Resistance Skills/Decision Making, and Others. The majority of topics covered were concerned with Information Provision: for example, the effects of drugs (93%), what drugs are (92%), and types of drugs (89%). A majority of schools also reported covering decision making about drugs (91%), how to refuse drugs (84%) and coping with pressure to use drugs (81%). Why people use drugs and opinions about drugs were also fairly popular (78% and 73% respectively).

Social influences topics such as how many people use drugs and the acceptability of using drugs were less popular, covered in 32% and 42% of schools respectively.

(Table B1.18)

A range of drug education delivery methods were reported. 'Whole class discussion' was used in the vast majority of lessons (96%), and schools also made frequent use of small group work and pupil worksheets (75% each). Nearly two thirds (64%) used role-play/drama, and reasonably frequent use was made of brainstorming (59%), videos/DVDs (53%), talks/lectures (52%) and games/quizzes (50%). Less popular methods were case studies/scenarios (37%), independent learning (26%), group assignments (22%), CD-Roms (20%) and homework (19%).

Large schools were more likely than small schools to use talks/lectures (62% large schools, 40% small schools) and videos/DVDs (65% large schools, 36% small schools).

(Table B1.19)

A range of drug education resources were reportedly used in the schools. The most popular resource was Drugwise, used in nearly two thirds of schools (64%), while just over half (52%) used The Police Box. TACADE and What's the Score were used by around two-fifths of schools (42% and 39% respectively). Around a quarer (24%) used Learning for Life CD-Roms. Other packages used included Help (12%), Promoting Positive Choices (95) and a package developed by the school itself (11%).

Almost two thirds (65%) of schools with high free meal entitlement used TACADE compared with only 38% in low and medium free meal entitlement schools.

(Table B1.20)

Tables

Table B1.17 Context within the curriculum, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Health Education	93	83	92	93	93	93	90	95	93
Personal and Social Development	75	67	77	78	71	74	77	71	75
Stand-alone topic/subject	26	33	25	28	26	25	28	27	27
Environmental Studies	22	17	26	17	24	26	24	15	22
Religious and moral education	14	50	9	16	17	11	20	14	14
Other	3	17	2	1	5	5	2	1	3
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	*	-	-	1	-	-	-	1	*
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

* <1%

Table B1.18 Topics covered within drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Information provision									
Effects of drugs	93	83	90	94	95	94	93	93	93
Laws about drugs	62	50	55	63	68	71	65	52	62
Different types of drugs	89	100	84	92	89	89	90	88	89
What drugs are	92	100	90	93	94	90	93	93	92
Addiction	70	50	67	70	71	71	72	68	69
School policy on drugs	35	17	33	36	36	37	34	34	35
Refusal skills/decision making									
Decision making about drugs	91	67	86	93	93	89	96	95	91
Coping with pressure to use drugs	81	67	73	85	83	86	79	81	81
How to refuse drugs	84	83	80	87	85	84	85	83	84
Social influences									
Acceptability of using drugs	42	17	36	47	43	45	46	39	42
How many people use drugs	32	17	27	34	35	33	31	34	32
Other									
Why people use drugs	78	83	73	83	78	80	76	82	78
Opinions about drugs	73	67	65	79	73	72	75	76	73
Other	2	-	2	-	2	3	1	-	2
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

Table B119 Drug education delivery methods, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Whole class discussion	96	100	92	98	99	98	97	97	96
Small group work	76	67	80	75	72	71	74	82	75
Pupil worksheets	74	100	72	75	78	75	81	69	75
Role-play/drama	64	50	53	67	71	67	63	75	64
Brainstorming	59	50	50	60	67	62	61	62	59
Videos/DVD's	54	33	36	57	65	57	55	58	53
Talks/lectures	52	67	40	55	62	59	53	54	52
Games and quizzes	50	17	48	49	52	45	49	59	50
Case studies/scenarios	37	17	30	40	40	43	36	38	37
Independent learning	26	33	25	19	35	28	25	28	26
Group assignments	22	17	20	17	28	25	21	22	22
CD-Roms	20	-	17	21	22	21	18	24	20
Homework	19	-	12	18	23	23	18	16	19
Other	3	17	6	3	2	2	4	3	4
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

Table B1.20 Resources used in drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Drugwise	64	50	57	62	71	63	66	70	64
The Police Box	52	50	56	52	49	56	52	45	52
TACADE	42	17	36	43	46	38	38	65	42
What's the Score	39	-	29	44	43	34	42	49	39
Learning for Life CD-Roms	24	17	23	23	25	26	23	20	24
Help	12	17	12	12	11	14	7	15	12
Package developed by own school	11	17	12	9	11	11	10	11	11
Promoting Positive Choices	9	-	6	12	9	11	8	13	9
Ask the Right Questions	1	-	1	2	-	1	1	1	1
Life Stuff	1	-	1	1	1	2	1	-	1
The Buzz	1	-	-	1	1	2	-	-	1
Other	25	50	29	23	26	27	23	27	26
None	1	-	2	1	2	2	1	1	1
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

1.3.2 Persons Coordinating and Delivering Drug Education

Drug education in schools was most likely to be coordinated by a Head or Deputy Head (80%). In just over a third of schools it was coordinated by class teachers (35%) and in just over a fifth by the Health Education coordinator (22%). It was coordinated by a joint Drug/Health Education coordinator in 10% of schools and by the Drug Education coordinator in 6% of schools. It is worth noting that not all schools had these posts (see 1.1.1).

(Table B1.21)

In the majority of schools drug education was reportedly taught by 'all teachers' (69%). In a quarter it was taught by 'several teachers' (24%). In only a small number of schools was it taught by an individual or team specialising in drug education (2% and 1% respectively). In over two-fifths of schools (45%) drug education was also taught by external visitors/agencies.

(Table B1.22)

A range of outside professionals and agencies were reported to advise on drug education in the school. The police were most frequently mentioned (37%), followed by the school nurse (33%), health promotion (24%), health professionals (16%) and LEA advisers/drug education development officers (15%). Small numbers also mentioned being advised by local drug agencies, drama groups, youth workers and others. In 8% of schools no external advisers were involved. Nearly one third of respondents did not state whether external professionals or agencies advised on drug education.

(Table B1.23)

A range of outside professionals and agencies were reported to help deliver drug education in the schools. By far the most frequently involved were the police (66%), followed by the school nurse (34%) and drama groups (27%). Others who helped deliver drug education included health promotion (18%), health professionals (15%), LEA advisers/drug education development officers (11%), local drug agencies (9%) and 'others' (7%): these latter included, for example, Drug Advisory Action Teams, and sports instructors. In 7% of schools no external agencies helped to deliver drug education, and 11% of respondents did not state whether any external agencies were involved in their school.

Tables

Table B1.21 Who co-ordinates drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Head teacher or Deputy Head teacher	80	67	86	79	75	84	75	74	80
Class teachers	35	33	33	40	32	37	39	33	35
Health education co-ordinator	22	17	10	22	33	25	22	27	22
Joint drug/health education co-ordinator	10	-	7	8	14	10	10	10	10
Drug education co-ordinator	6	-	4	6	8	6	8	5	6
Guidance/PSE co-ordinator	2	17	1	2	3	4	1	2	2
Guidance/PSE team	*	-	-	1	-	-	1	-	*
Other	3	17	3	4	3	4	3	4	3
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

* <1%

Table B1.22 Who teaches drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
All class teachers	69	67	75	66	68	69	65	73	69
Several class teachers	24	17	11	30	29	26	31	21	24
Mostly by one teacher specialising in drug education	2	-	2	2	1	-	3	3	2
Team of teachers specialising in drug education	1	-	1	1	1	1	-	2	1
One teacher who does not specialise in drug education	4	17	8	2	3	1	2	3	4
External visitors/agencies	45	83	45	46	47	45	45	43	45
Other	8	17	9	10	6	5	7	10	8
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

Table B1.23 Who advises on drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Police	37	50	35	40	36	38	36	36	37
School Nurse	33	17	30	35	33	33	33	39	33
Health professionals	16	-	19	16	13	16	14	16	16
Health promotion	24	-	28	22	21	28	22	20	24
Council based adviser/Drug education development officer	16	-	17	14	15	13	14	20	15
Local drug agency workers	6	-	4	8	5	4	3	13	6
Trading Standards Officers	*	-	-	-	1	-	1	-	*
Peer educators	1	-	1	1	1	1	-	2	1
Youthworkers	2	-	1	3	1	-	1	5	2
Drama groups/actors	7	-	4	9	6	7	5	8	6
Other external agencies/professionals	4	-	4	5	3	3	4	7	4
No external visitors/activities/professionals	8	17	7	4	11	6	10	7	8
Not stated	31	33	30	34	30	36	29	30	31
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

Table B1.24 Who helps to deliver drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Police	66	50	57	70	70	69	64	66	66
School Nurse	34	-	27	38	36	34	38	40	34
Health professionals	15	33	13	16	16	13	14	22	15
Health promotion	18	-	17	20	16	22	12	22	18
Council based adviser/Drug education development officer	11	-	7	12	12	11	10	11	11
Local drug agency workers	9	-	6	14	8	8	10	13	9
Trading Standards Officers	*	-	-	-	1	-	1	-	*
Peer educators	2	17	2	2	2	3	1	2	2
Youthworkers	3	17	4	4	3	4	3	5	4
Drama groups/actors	27	-	20	34	28	27	26	38	27
Other external agencies/professionals	7	17	8	7	7	8	8	8	7
No external visitors/activities/professionals	7	17	8	5	8	7	9	5	7
Not stated	11	17	16	8	10	9	12	12	11
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

* <1%

1.3.3 Continuity of Drug Education Delivery

Reported continuity of drug education is addressed in Tables 1.28 and 1.29.

Just under half of respondents (48%) reported that 'some' links were made to drug education taught earlier within the school, and a slightly lower proportion that 'strong' links were made to this earlier drug education (44%). Three percent stated that no links were made, and the same proportion were not sure.

(Table B1.25)

Two-fifths reported that 'some' links were made to drug education pupils would go on to receive in secondary school, but only 13% that 'strong' links were made. Over a fifth (21%) said that no links were made, and a quarter were not sure on this issue.

(Table B1.26)

Tables

Table B1.25 Whether links are made to drug education taught earlier within school, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
No links made	3	-	1	5	3	2	3	4	3
Some links made	48	50	47	49	48	50	49	46	48
Strong links made	44	33	47	41	44	46	40	46	44
Not sure	3	-	4	4	2	2	3	2	3
Not applicable	2	17	1	2	3	1	3	3	2
Not stated	1	-	2	1	-	1	1	2	1
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

Table B1.26 Whether links are made to drug education that pupils may receive at Secondary school, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
No links made	22	-	22	22	19	19	25	22	21
Some links made	39	50	37	43	38	46	33	37	40
Strong links made	13	33	11	12	16	11	13	17	13
Not sure	25	17	29	22	26	23	29	24	25
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	1	-	2	1	1	1	1	1	1
Base: All schools delivering drug education this year (2003-2004)	*506*	*6*	*161*	*169*	*178*	*167*	*146*	*119*	*513*

1.4 Staff Development and Training in Drug Education

Respondents were asked whether they and their colleagues had received any staff development or training on drug education in the past 3 years. Nearly three fifths (59%) had received ‘general drug awareness or information about drugs’, but only a third had been trained in dealing with drug incidents and a similar proportion in ‘methods and skills’ for drug education (31%). Around a tenth had received training in using a specific drug education programme (12%). This was more likely in large schools where 18% had done so compared with 6% in small schools.

(Table B1.27)

Respondents reported slightly lower levels of staff development and training in drug education by their colleagues in the past three years, across all categories.

(Table B1.28)

Respondents were also asked what they felt were the main staff development and training needs in drug education, again for themselves and then for their colleagues.

For themselves, respondents reported a wide range of training needs. ‘Up to date drug information’ was the most popular topic (59%), but there was also interest in training in ‘whole school planning’ (46%), ‘methods and skills for teaching drug education’ (40%), ‘sharing good practice’ and ‘handling disclosures’ (39% each) and ‘dealing with drug incidents in the school’ (36%). Just over a quarter were interested in training in ‘curriculum content’ and ‘how to use partner agencies in delivery’ (28% and 27% respectively).

(Table B1.29)

Respondents’ perceptions of their colleagues’ training and staff development needs in drug education differed slightly from perceptions of their own needs. Around three-fifths felt their colleagues needed training in ‘methods and skills for teaching drug education’ and in ‘up to date drugs information’ (59% and 60% respectively), and nearly two-fifths thought their colleagues needed training in curriculum content (39%). ‘Dealing with drug incidents’ and ‘whole school planning’ were perceived as slightly lower priorities for colleagues than for themselves (28% and 25% respectively).

(Table B1.30)

Tables

Table B1.27 Whether received staff development or training in past 3 years, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
Proportion who, in past 3 years, received staff development or training on:	%	%	%	%	%	%	%	%	%
General drug awareness/information about drugs	59	50	61	56	61	63	58	57	59
Methods and skills for teaching drug education	31	33	28	33	32	31	29	34	31
Dealing with drug incidents in the school	33	17	32	33	35	33	33	36	33
Training in use of a specific drug education programme	12	17	6	11	18	8	16	15	12
Other	2	-	1	1	3	1	3	2	2
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

Table B1.28 Whether colleagues received staff development or training in past 3 years, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
Proportion whose colleagues, in past 3 years, received staff development or training on:	%	%	%	%	%	%	%	%	%
General drug awareness/information about drugs	45	33	39	47	48	47	44	49	44
Methods and skills for teaching drug education	26	17	20	28	30	34	21	29	26
Dealing with drug incidents in the school	20	-	16	21	22	20	20	23	20
Training in use of a specific drug education programme	10	-	5	9	16	12	10	12	10
Other	1	-	1	-	1	1	1	1	1
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

Table B1.29 Perception of main training or staff development needs for self, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Up-to-date information about drugs	59	83	56	57	63	56	63	56	59
Whole school planning	41	50	45	40	40	36	46	39	41
Methods and skills for teaching drug education	40	-	47	35	38	38	40	39	40
Handling disclosures	39	33	35	35	46	34	47	38	39
Sharing good practice	38	67	38	33	43	40	37	37	39
Dealing with drug incidents in school	36	33	26	37	43	36	37	42	36
Curriculum content	28	17	29	21	34	30	27	24	28
How to use partner agencies in delivery	28	-	24	25	33	26	32	27	27
Other	1	-	1	-	1	2	1	1	1
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

Table B1.30 Perception of main training or staff development needs among colleagues, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Up-to-date information about drugs	60	83	52	62	65	57	63	66	60
Methods and skills for teaching drug education	59	50	51	62	62	59	56	66	59
Sharing good practice	42	67	36	40	49	46	44	42	42
Curriculum content	39	67	34	44	40	39	43	38	39
Handling disclosures	31	33	28	28	36	28	31	34	31
Dealing with drug incidents in school	28	33	20	28	36	26	25	38	28
How to use partner agencies in delivery	29	17	19	34	32	28	37	29	28
Whole school planning	25	33	25	28	24	26	26	25	25
Other	1	-	1	1	1	1	1	1	1
Base: All	*521*	*6*	*176*	*169*	*178*	*170*	*147*	*119*	*528*

1.5 Perceptions of Drug Education within the School

Respondents were asked what they perceived as the main difficulties of barriers to drug education in their school. This was an open-ended question, in that no range of responses was presented in the questionnaire; instead, respondents gave their answer in their own words. Responses were then grouped into main categories. The main identified barriers were 'staff training' and 'time/timetabling pressures', identified by 34% and 32% respondent respectively. Just under two-fifths (195) identified 'delivery issues' [such as ??] and 'parental/community issues' (17%): these included, for example, parental concerns and the need to reassure parents (5%) and parents feeling that children are too young and immature to receive drug education. Other barriers included 'links with outside agencies' (9%) and 'resource issues' (5%). However, 16% identified no barriers.

(Table B1.31)

Tables

Table B1.31 Perception of main difficulties/barriers to drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Staff training	34	50	31	35	36	34	36	33	34
Time/timing/timetabling pressures	33	17	28	31	37	34	22	43	32
Delivery issues	20	17	38	10	11	16	10	12	19
Parental/community issues	18	-	11	23	17	18	16	25	17
No barriers	15	33	14	16	18	18	19	13	16
Links with outside agencies	10	-	5	10	13	10	10	13	9
Resource issues	5	-	5	9	1	7	4	7	5
Other	-	17	-	1	-	-	-	-	*
Base: All mentioning difficulties or barriers	*241*	*6*	*80*	*81*	*83*	*73*	*67*	*60*	*247*

2.0 DRUG EDUCATION IN SCOTTISH SECONDARY SCHOOLS

2.1 Sample Profile

2.1.1 School Characteristics

Data on school status, level of education provided for, school size and level of free meal entitlement are drawn from secondary information sources about schools in Scotland. All other data are drawn from the completed questionnaires.

The majority of responding secondary schools were under local authority control (89%). Eleven percent were independent, and less than 1% were grant-aided.

(Table B2.1)

Almost a fifth (16%) of the secondary schools in the sample also had a primary school.

(Table B2.2)

Schools covered a range of sizes. Just over a third (37%) were small (less than 700 pupils), and just under a third (31%) were medium-sized (700-1000 pupils) and the same proportion were large (over 1000 pupils).

(Table B2.3)

Schools covered a range of levels of free meal entitlement. Just under a third of schools (32%) had a low level of free school meal entitlement, defined as under 9% of secondary pupils. Twenty-eight percent of schools had a medium level of free meal entitlement, defined as 9-19% of pupils, and in 27% of schools, a larger than average proportion (over 19%) of pupils were entitled to free meals. For over a tenth (12%) no information was available on the level of free meal entitlement.

(Table B2.4)

The remaining data are from the survey responses.

Fourteen percent of schools had a dedicated ‘Drug Education coordinator’, nearly half (48%) had a ‘Health Education coordinator’, and one-fifth (20%) had a joint ‘Drug/Health Education coordinator’. While over half (51%) of local authority schools had a ‘Health Education coordinator’ just over a quarter (28%) of ‘other’ schools had this post. Over a quarter of schools (26%) had none of these posts. Small schools were slightly more likely to have none of these posts (34%).

(Table B2.5)

Tables

Table B2.1 School Status

	Total %
Local Authority	89
Independent	11
Grant-aided	*
Base: All	*357*

*<1%

Table B2.2 Whether primary and secondary school

	Total %
Secondary only	84
Primary and secondary	16
Base: All	*357*

Table B2.3 School size

	Total %
Small (under 700)	37
Medium (700-1000)	31
Large (over 1000)	31
Unknown	*
Base: All	*357*

*<1%

Table B2.4 Level of free meal entitlement

	Total %
Low (under 9%)	32
Medium (9% - 19%)	28
High (over 19%)	27
Unknown	12
Base: All	*357*

Table B2.5 Whether have Drug Education Co-ordinator and/or Health Education Co-ordinator, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Drug Education Co-ordinator	14	15	11	16	16	15	12	14	14
Health Education Co-ordinator	51	28	45	51	49	53	41	61	48
Joint Drug/Health Education Co-ordinator	19	31	19	21	22	19	23	15	20
None of these	26	31	34	22	21	25	30	21	26
Not specified	2	5	1	4	3	3	3	1	3
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

2.1.2 Respondent characteristics

The majority of respondents who completed the questionnaire (74%) were promoted guidance teachers, Head of PSE or PSE Coordinators. Less than a third (30%) were Heads or Deputy Heads, and just over a fifth (22%) were PSE teachers. The remainder of the respondents were other subject teachers (18%), Drug Education coordinators (13%), Head of Department other than PSE (5%) and others (2%). In 'other' schools the questionnaire was less likely to have been filled in by a promoted guidance teacher, Head of PSE or PSE Coordinator (62%) and more likely to have been completed by a Head or Deputy Head (38%).

(Table B2.6)

Respondents had a range of drug education teaching experience. Nearly a quarter (24%) had taught drug education for 20+ years, and just over two-fifths (41%) for 10-19 years. A fifth had taught drug education for 5-9 years, a tenth for 1-4 years, and 1% for less than a year. Only 4% of respondents had no drug education teaching experience. The average was approximately 14 years.

(Table B2.7)

The respondents from local authority schools had longer experience in drug education, with an average of approximately 14 years, compared with respondents in 'other' schools who had approximately 9 years experience on average. Those in larger schools also had more experience. Length of experience ranged from approximately 12 years on average in small schools to 15 years on average in large schools. Respondents at schools with differing levels of free meal entitlement had similar levels of drug education teaching experience, averaging approximately 14 to 15 years.

(Table B2.7)

Respondents had a similar range of experience of teaching PSE, with an average of approximately 14 years. The respondents from local authority schools had longer experience in drug education, with an average of approximately 15 years, compared with respondents in 'other' schools who had approximately 9 years experience on average. Those in larger schools also had more experience. Length of experience ranged from approximately 12.5 years on average in small schools to 15.5 years on average in large schools. Respondents at schools with differing levels of free meal entitlement had similar levels of drug education teaching experience, averaging approximately 14 to 15 years.

(Table B2.8)

Table B2.6 Position of person completing the questionnaire, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Promoted Guidance / Head of PSE / PSE Co-ordinator	75	62	70	79	74	77	70	81	74
Head or Deputy Head	29	38	28	26	37	30	27	29	30
PSE teacher	22	21	24	18	24	18	24	24	22
Other subject teacher	19	18	23	13	18	11	21	24	18
Drug Education Co-ordinator	13	15	11	12	19	13	11	15	13
Head of Department other than PSE	3	18	8	4	3	4	4	1	5
Other	3	-	3	3	1	1	3	3	2
Not specified	1	3	2	2	1	1	3	-	1
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.7 Experience in teaching drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
None (0)	3	8	5	4	4	4	-	6	4
Less than 1 year (0.5)	*	3	1	-	-	-	-	1	1
1-4 years (2.5)	8	21	12	10	6	5	9	10	10
5-9 years (7.0)	19	28	24	17	20	24	19	14	20
10-19 years (14.5)	42	33	40	45	38	41	43	42	41
20+ years (25)	26	5	16	25	31	25	28	27	24
Not applicable	1	3	2	-	1	1	1	-	1
Not specified	*	-	1	-	-	-	1	-	*
Mean	14.22	8.84	12.08	14.16	15.05	14.0	14.94	13.96	13.64
Standard deviation	7.729	6.579	7.458	7.692	7.927	7.62	7.445	8.2	7.785
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

*<1%

Table B2.8 Experience in teaching PSE, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
None (0)	3	3	3	2	3	4	1	2	3
Less than 1 year (0.5)	1	3	2	1	-	-	-	2	1
1-4 years (2.5)	7	21	11	8	5	5	7	9	8
5-9 years (7.0)	18	31	23	14	21	21	19	13	20
10-19 years (14.5)	42	38	42	47	37	42	42	43	42
20+ years (25)	28	3	17	28	34	26	30	31	25
Not applicable	1	3	2	-	1	1	1	-	1
Not specified	*	-	1	-	-	-	1	-	*
Mean	14.82	9.13	12.52	14.99	15.50	14.40	15.25	15.04	14.21
Standard deviation	7.654	5.809	7.349	7.476	7.901	7.66	7.518	7.943	7.676
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

2.2 Provision of Drug Education

Respondents were asked whether their school had provided or would be providing drug education to any of their pupils in 2003-4. With the exception of only one school, all reported providing some drug education.

(Table B2.9)

Respondents were further asked to provide information about whether or not each year group had been taught drug education in the period 2003-4. In a number of instances respondents only seemed to tick a box if they were giving a 'yes' answer. As a result there is a substantial proportion of 'not stated' responses for some year groups. However, there is also a possibility that some schools did not have every year group and this would also account for a 'not stated'. As it is not possible to distinguish between the different types of non-response all proportions are calculated on the basis of the full sample.

In the period 2003-4, there seemed to be widespread delivery of drug education to S1, S2, S3 and S4 year groups (94%, 94%, 91% and 84% respectively). Older year groups were less likely to have received drug education (S5: 68%, S6: 48%). 'Other' schools reported slightly lower levels of teaching drug education in 2003-4 across nearly all year groups. Schools of differing sizes and differing levels of free meal entitlement reported similar levels of teaching drug education.

(Table B2.10)

For each of the year groups that they delivered drug education to, schools were asked to indicate the approximate amount of time spent delivering this in 2003-4. A closed question was used with 5 categories: 30 minutes; 31-59 minutes; 1-2 hours; 3-4 hours; 5 hours or more. Responses provide an indication of the variation in amount of time spent. As categories were used rather than exact times, it is not possible to calculate exact averages, however, for ease of interpretation and comparison of results approximated means have been calculated based on the midpoint of each category (e.g. 1-2 hours = 1.5 hours).

The average amount of drug education taught to year groups S1 to S4 in 2003-4 was approximately 3-4 hours. Between a fifth and a third of schools taught more than 5 hours drug education to these year groups, and a similar proportion gave these same year groups 1-2 hours drug education. The average amount of drug education taught to year groups S5 and S6 was lower at approximately 2 hours. In more than a tenth of schools S5 and S6 pupils received less than one hour of drug education.

(Table B2.11)

While local authority schools spent an average of approximately 3 to 4 hours teaching drug education to S1 to S4 pupils, 'other' schools spent an average of approximately 3 to 4 hours. The amount of time spent by schools of different sizes and of differing levels of free meal entitlement were similar.

(Table B2.12)

Drug education was more likely to be taught in Autumn and Spring terms, and less likely to be taught in Summer term, across all year groups.

Year groups S4-S6 were particularly unlikely to receive drug education in the Summer term (7-12%), probably because of the pressure of revision and exams.

(Table B2.13)

There were no apparent differences, in the terms in which drug education was taught, by school status, size or free meal entitlement.

(Table B2.14)

All categories of substance – alcohol, controlled drugs, medicines, solvents and tobacco – were covered in all years, although to varying degrees. Coverage of medicines, solvents and tobacco tended to decrease as pupils progressed through the school (for example, 93% of S1 pupils covered tobacco, dropping to 53% of S4 pupils and 34% of S6 pupils). Coverage of controlled drugs was lower in S1 (65%) than in subsequent years, which ranged from 81-89%. Alcohol tended to be given a similar level of coverage across all year groups (80-86%). Medicines and solvents had the lowest coverage in each year group, with coverage of medicines ranging from 57% in S1 to 26% in S6 and solvents ranging from 65% in S1 to 25% in S6.

(Table B2.15)

A similar pattern of substance coverage per year group was reported by local authority and 'other' schools alike as well as schools of varying sizes and with different levels of free school meal entitlement.

(Table B2.16)

Tables

Table B2.9 Whether school provides drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Yes	100	100	99	100	100	100	100	100	100
No	*	-	1	-	-	-	-	-	*
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

*<1%

Table B2.10 Whether each year group receives drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
Proportion receiving drug education	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
S1	95	87	92	96	94	95	97	94	94
S2	95	82	92	96	93	96	97	93	94
S3	92	85	86	97	92	93	92	95	91
S4	85	77	78	87	88	92	82	82	84
S5	69	62	60	71	74	72	68	69	68
S6	47	49	45	46	54	46	48	51	48
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.11 **Amount of drug education received by each year group in 2003-2004**

	Year Group S1 %	S2 %	S3 %	S4 %	S5 %	S6 %
30 minutes or less (0.25)	1	1	*	-	1	2
31-59 minutes (0.75)	6	4	4	6	14	19
1-2 hours (1.50)	32	23	20	32	44	50
3-4 hours (3.50)	38	44	43	42	33	25
5 hours or more (6.00)	22	27	33	20	5	3
Not applicable	1	-	-	-	-	-
Not stated	1	1	1	*	3	2
Mean	3.23	3.58	3.80	3.19	2.30	1.97
Standard Deviation	1.774	1.749	1.758	1.695	1.367	1.239
Base: All receiving drug education in each year group	*336*	*334*	*326*	*299*	*242*	*170*

*<1%

Table B2.12 Amount of drug education received by each year group in 2003-2004, by school status, size and FME

	School Status		School Size			Free Meal Entitlement		
	Local Auth	Other	Small	Medium	Large	Low	Medium	High
	%	%	%	%	%	%	%	%
S1								
30 minutes or less (0.25)	*	3	2	-	-	1	-	-
31-59 minutes (0.75)	6	6	7	6	7	8	7	3
1-2 hours (1.50)	28	59	35	31	28	36	30	18
3-4 hours (3.50)	40	21	34	41	41	32	43	48
5 hours or more (6.00)	24	9	20	23	23	20	20	30
Not applicable	*	3	2	-	-	-	-	-
Not stated	1	-	-	-	2	2	-	-
Mean	3.33	2.25	3.07	3.31	3.33	3.02	3.22	3.80
Standard Deviation	1.770	1.509	1.804	1.756	1.760	1.82	1.718	1.682
S2								
30 minutes or less (0.25)	*	3	2	-	-	1	-	-
31-59 minutes (0.75)	4	9	6	6	2	5	4	2
1-2 hours (1.50)	19	59	26	21	20	25	18	13
3-4 hours (3.50)	47	9	39	44	50	35	58	48
5 hours or more (6.00)	28	19	27	28	27	32	18	36
Not applicable	-	-	-	-	-	-	-	-
Not stated	1	-	1	1	1	2	1	-
Mean	3.70	2.42	3.44	3.62	3.72	3.63	3.48	4.08
Standard Deviation	1.691	1.880	1.844	1.755	1.625	1.89	1.496	1.628
S3								
30 minutes or less (0.25)	-	3	1	-	-	-	-	-
31-59 minutes (0.75)	4	6	5	4	3	5	3	3
1-2 hours (1.50)	18	36	23	22	13	21	15	17
3-4 hours (3.50)	44	33	42	48	40	42	51	39
5 hours or more (6.00)	34	21	29	27	43	31	31	41
Not applicable	-	-	-	-	-	-	-	-
Not stated	1	-	-	-	2	2	-	-
Mean	3.89	3.04	3.60	3.62	4.25	3.74	3.89	4.09
Standard Deviation	1.728	1.857	1.806	1.683	1.711	1.78	1.635	1.781

*<1%

Table B2.12 Cont'd **Amount of drug education received by each year group in 2003-2004, by school status, size and FME**

	School Status		School Size			Free Meal Entitlement		
	Local Auth	Other	Small	Medium	Large	Low	Medium	High
	%	%	%	%	%	%	%	%
S4								
30 minutes or less (0.25)	-	-	-	-	-	-	-	-
31-59 minutes (0.75)	4	17	7	7	3	3	8	3
1-2 hours (1.50)	30	50	35	35	26	39	27	24
3-4 hours (3.50)	43	30	39	40	48	40	42	48
5 hours or more (6.00)	22	3	19	18	22	17	23	26
Not applicable	-	-	-	-	-	-	-	-
Not stated	*	-	-	-	1	1	-	-
Mean	3.31	2.13	3.10	3.04	3.47	3.06	3.31	3.61
Standard Deviation	1.696	1.278	1.730	1.691	1.646	1.65	1.769	1.674
S5								
30 minutes or less (0.25)	1	-	-	3	-	2	-	-
31-59 minutes (0.75)	12	25	14	18	10	10	13	15
1-2 hours (1.50)	43	54	49	41	42	51	39	38
3-4 hours (3.50)	34	21	32	30	37	27	38	40
5 hours or more (6.00)	6	-	3	5	7	5	7	4
Not applicable	-	-	-	-	-	-	-	-
Not stated	4	-	3	4	4	5	3	3
Mean	2.36	1.73	2.16	2.19	2.54	2.19	2.51	2.41
Standard Deviation	1.392	.981	1.221	1.412	1.440	1.35	1.466	1.358
S6								
30 minutes or less (0.25)	2	-	-	4	2	4	-	2
31-59 minutes (0.75)	19	21	15	27	15	19	17	20
1-2 hours (1.50)	50	47	51	47	52	53	50	48
3-4 hours (3.50)	24	32	31	20	23	19	27	26
5 hours or more (6.00)	3	-	3	-	5	4	4	2
Not applicable	-	-	-	-	-	-	-	-
Not stated	2	-	-	2	3	2	2	2
Mean	1.97	1.97	2.15	1.64	2.08	1.87	2.12	1.94
Standard Deviation	1.258	1.105	1.265	1.010	1.351	1.27	1.311	1.206
Base: All receiving drug education in each year group								
S1	*302*	*34*	*122*	*108*	*105*	*108*	*98*	*92*
S2	*302*	*32*	*122*	*107*	*104*	*110*	*98*	*91*
S3	*293*	*33*	*113*	*109*	*103*	*106*	*93*	*93*
S4	*269*	*30*	*103*	*97*	*98*	*105*	*83*	*80*
S5	*218*	*24*	*79*	*80*	*83*	*82*	*69*	*68*
S6	*151*	*19*	*59*	*51*	*60*	*53*	*48*	*50*

*<1%

Table B2.13 Terms in which drug education was taught, by year group

	Year Group					
	S1	S2	S3	S4	S5	S6
	%	%	%	%	%	%
Autumn 2003	36	49	46	45	53	44
Spring 2004	50	44	49	49	39	44
Summer 2004	24	16	20	12	7	11
Varies/teachers choice	1	1	*	*	1	1
Not applicable	3	4	4	4	5	6
Not stated	3	3	3	3	7	6
Base: All receiving drug education in each year group	*336*	*334*	*326*	*299*	*242*	*170*

*<1%

Table B2.14 Terms in which drug education was taught, by school status, size and FME

	School Status		School Size			Free Meal Entitlement		
	Local Auth	Other	Small	Medium	Large	Low	Medium	High
	%	%	%	%	%	%	%	%
S1								
Autumn 2003	35	44	44	32	31	36	34	37
Spring 2004	50	50	47	50	53	51	47	53
Summer 2004	23	38	24	26	23	24	21	22
Varies/teachers choice	1	-	-	2	-	-	1	1
Not applicable	3	3	6	1	3	3	3	3
Not stated	3	-	-	4	5	4	3	2
S2								
Autumn 2003	50	47	53	52	42	50	52	48
Spring 2004	44	50	41	40	52	42	46	44
Summer 2004	16	16	17	19	13	16	14	18
Varies/teachers choice	1	-	-	3	-	-	2	1
Not applicable	4	3	7	1	5	5	4	3
Not stated	3	3	2	3	5	5	2	2
S3								
Autumn 2003	44	58	42	50	46	52	44	37
Spring 2004	48	64	53	47	48	47	54	44
Summer 2004	19	30	24	19	17	17	13	26
Varies/teachers choice	*	-	-	1	-	-	-	1
Not applicable	4	3	5	1	5	4	4	3
Not stated	3	-	1	6	3	4	2	4

*<1%

Table B2.14 Cont'd **Amount of drug education received by each year group in 2003-2004, by school status, size and FME**

	School Status		School Size			Free Meal Entitlement		
	Local Auth	Other	Small	Medium	Large	Low	Medium	High
	%	%	%	%	%	%	%	%
S4								
Autumn 2003	45	50	54	39	43	51	37	43
Spring 2004	48	60	45	52	52	40	58	51
Summer 2004	11	23	14	12	10	13	6	13
Varies/teachers choice	*	-	-	1	-	-	-	1
Not applicable	4	-	6	1	4	5	4	4
Not stated	3	-	-	2	7	4	5	1
S5								
Autumn 2003	52	63	59	55	46	52	54	50
Spring 2004	39	42	37	40	41	38	39	41
Summer 2004	7	8	8	8	6	6	12	3
Varies/teachers choice	1	-	-	4	-	1	1	1
Not applicable	6	-	6	3	6	6	6	4
Not stated	8	-	4	5	12	9	4	10
S6								
Autumn 2003	42	58	42	41	47	45	46	34
Spring 2004	46	32	46	39	47	43	46	48
Summer 2004	10	21	14	14	7	8	15	8
Varies/teachers choice	1	-	-	4	-	-	2	2
Not applicable	7	-	8	2	7	8	6	6
Not stated	7	-	2	8	8	4	4	12
Base: All receiving drug education in each year group								
S1	*302*	*34*	*122*	*108*	*105*	*108*	*98*	*92*
S2	*302*	*32*	*122*	*107*	*104*	*110*	*98*	*91*
S3	*293*	*33*	*113*	*109*	*103*	*106*	*93*	*93*
S4	*269*	*30*	*103*	*97*	*98*	*105*	*83*	*80*
S5	*218*	*24*	*79*	*80*	*83*	*82*	*69*	*68*
S6	*151*	*19*	*59*	*51*	*60*	*53*	*48*	*50*

*<1%

Table B2.15 Substances covered in drug education in 2003-2004, by year group

	Year Group					
	S1	S2	S3	S4	S5	S6
	%	%	%	%	%	%
Alcohol	80	86	84	82	83	82
Controlled drugs	65	81	89	83	83	82
Medicines	57	47	45	35	26	26
Solvents	65	69	56	43	25	25
Tobacco	93	75	65	53	40	34
Not applicable	-	-	*	*	*	-
Not stated	2	3	3	4	4	5
Base: All receiving drug education in each year group	*336*	*334*	*326*	*299*	*242*	*170*

*<1%

Table B2.16 Substances covered in drug education in 2003-2004, by year group by school status, size and FME

	School Status		School Size			Free Meal Entitlement		
	Local Auth	Other	Small	Medium	Large	Low	Medium	High
	%	%	%	%	%	%	%	%
S1								
Alcohol	81	74	81	81	79	72	86	85
Controlled drugs	64	79	67	66	63	59	67	67
Medicines	56	68	60	60	51	53	61	57
Solvents	65	74	71	62	62	58	71	67
Tobacco	93	88	92	96	90	89	95	97
Not applicable	-	-	-	-	-	-	-	-
Not stated	2	-	2	1	3	5	-	1
S2								
Alcohol	87	81	84	88	87	88	87	86
Controlled drugs	83	63	83	79	83	84	86	82
Medicines	47	44	48	46	46	49	49	46
Solvents	71	56	70	70	68	70	73	70
Tobacco	75	72	79	74	70	71	78	78
Not applicable	-	-	-	-	-	-	-	-
Not stated	3	3	2	2	4	2	4	2
S3								
Alcohol	84	85	81	85	85	75	88	89
Controlled drugs	90	82	89	84	93	86	92	91
Medicines	46	42	42	40	54	47	42	49
Solvents	55	67	56	59	52	52	57	57
Tobacco	64	70	65	62	66	60	68	66
Not applicable	*	-	1	-	-	1	-	-
Not stated	3	3	4	4	3	6	3	1

*<1%

Table B2.16 Cont'd **Substances covered in drug education in 2003-2004, by year group by school status, size and FME**

	School Status		School Size			Free Meal Entitlement		
	Local Auth	Other	Small	Medium	Large	Low	Medium	High
	%	%	%	%	%	%	%	%
S4								
Alcohol	82	83	85	77	84	79	82	86
Controlled drugs	84	73	87	80	82	77	87	90
Medicines	36	33	37	34	35	35	35	38
Solvents	43	43	47	44	37	44	43	41
Tobacco	52	57	56	49	52	45	52	63
Not applicable	*	-	1	-	-	1	-	-
Not stated	4	3	2	6	5	8	5	-
S5								
Alcohol	84	71	86	81	82	80	88	85
Controlled drugs	84	75	86	80	83	79	86	87
Medicines	28	17	33	24	23	27	23	32
Solvents	25	25	28	29	19	22	28	26
Tobacco	40	42	41	40	40	34	39	47
Not applicable	*	-	1	-	-	1	-	-
Not stated	4	4	4	4	4	5	4	1
S6								
Alcohol	83	79	80	82	85	77	90	82
Controlled drugs	83	74	83	75	87	85	88	76
Medicines	27	21	32	22	25	26	29	26
Solvents	26	21	31	22	23	21	33	24
Tobacco	34	26	34	31	35	26	38	40
Not applicable	-	-	-	-	-	-	-	-
Not stated	5	5	7	6	3	2	4	10
Base: All receiving drug education in each year group								
S1	*302*	*34*	*122*	*108*	*105*	*108*	*98*	*92*
S2	*302*	*32*	*122*	*107*	*104*	*110*	*98*	*91*
S3	*293*	*33*	*113*	*109*	*103*	*106*	*93*	*93*
S4	*269*	*30*	*103*	*97*	*98*	*105*	*83*	*80*
S5	*218*	*24*	*79*	*80*	*83*	*82*	*69*	*68*
S6	*151*	*19*	*59*	*51*	*60*	*53*	*48*	*50*

*<1%

2.3 Drug Education Delivery

2.3.1 Context of Drug Education Delivery

Drug education was most likely to be taught within PSE (97%). It was also covered within science lessons in over a quarter of schools (28%) and within RE in just under a fifth of schools (18%). Drug education was also taught within a range of other subjects including PE (11%), English (10%), Home Economics (6%), Citizenship (3%), and as a stand-alone topic (5%).

(Table B2.17)

Schools reported covering a range of drug education topics. These have been grouped in the table into four categories: Information Provision, Social Influences, Resistance Skills/Decision Making, and Others. The majority of topics covered were concerned with Information Provision: for example, the effects of drugs (95%), laws about drugs (95%), different types of drugs (94%) and what drugs are (91%). A majority of schools also reported covering decision-making about drugs (91%), coping with pressure to use drugs (87%) and how to refuse drugs (80%).

Social influences topics such as 'how many people use drugs' and the 'acceptability of using drugs' were covered in less than half of drug education (40% and 47% respectively). A similar level of topic coverage was reported by local authority and 'other' schools as well as schools of varying sizes and with different levels of FME.

(Table B2.18)

A range of drug education delivery methods were reported. 'Whole class discussion' was the method used in the vast majority of lessons (97%), and schools also reported frequent use of videos (88%), small group work (88%) and worksheets (80%). Reasonably frequent use was made of case studies/scenarios (71%), brainstorming (70%), talks/lectures (68%), games/quizzes (63%) and role play (53%). Less popular methods were independent learning, group assignments and CD-Roms.

'Other' schools were slightly less likely to use several of the more interactive methods such as whole class discussion, small group work, brainstorming and case studies/scenarios.

Small schools were slightly less likely to use talks/lectures with 61% doing so compared with 79% of large schools. Small schools were also less likely to use pupil worksheets with 71% doing so compared to 86% and 85% in middle and large schools respectively. Schools with high free meal entitlement were slightly less likely to use talks and lectures (58% high free meal entitlement compared with 75% low free meal entitlement) and less likely to use group assignments (14% high free meal entitlement compared with 58%).

(Table B2.19)

A range of drug education resources were reportedly used in the schools. The most popular resource was Drugwise, used in over two-thirds (67%) of schools, while just over half used What's the Score (51%), and just over a third used TACADE resources (35%). A package developed by the school itself was used by 45% of schools. The Police Box and The Buzz were used in 19% and 11% of schools respectively. Small numbers used various other packages.

Small schools were slightly less likely to use What's the Score, with 42% doing so, compared with 59% of large schools. Similarly small schools were slightly less likely to use a package they have developed by themselves. Schools with high levels of free meal entitlement were less likely to use TACADE, The Buzz and Police Box.

Drugwise and What's the Score were used by schools in every education authority while TACADE was used in all but 2 education authorities and Police Box was used in all but 5 education authorities.

(Table B2.20)

Tables

Table B2.17 Context within the curriculum, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Personal and Social Education	97	95	97	96	98	98	97	97	97
Citizenship	3	8	5	4	1	5	2	1	3
English	10	13	10	12	9	9	11	11	10
Home Economics	7	-	5	4	8	7	7	6	6
Physical Education	10	21	13	11	8	11	8	10	11
Religious Education	19	13	17	19	20	19	19	19	18
Science	27	31	30	25	29	25	31	27	28
Delivered as stand-alone topic	5	5	2	6	7	4	6	5	5
Other	3	5	4	5	2	4	5	2	4
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.18 Topics covered within drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Information provision									
Effects of drugs	95	95	95	94	96	96	93	97	95
Laws about drugs	95	92	90	97	97	98	97	91	95
Different types of drugs	93	95	93	93	95	96	90	96	94
What drugs are	91	92	92	90	89	91	89	93	91
Addiction	77	67	75	75	79	77	82	73	76
School policy on drugs	55	64	52	62	56	64	52	49	56
Refusal skills/decision making									
Decision making about drugs	92	77	88	90	95	93	91	96	91
Coping with pressure to use drugs	88	82	83	87	93	91	88	86	87
How to refuse drugs	81	72	77	80	83	83	78	82	80
Social influences									
Acceptability of using drugs	47	44	41	56	44	52	49	42	47
How many people use drugs	41	33	37	45	39	41	44	40	40
Other									
Why people use drugs	85	79	84	85	84	86	85	85	84
Opinions about drugs	81	69	78	79	83	85	76	85	80
Other	4	3	3	2	8	4	7	2	4
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.19 Drug education delivery methods, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Whole class discussion	98	87	95	97	100	100	98	98	97
Small group work	89	77	86	90	88	94	86	88	88
Videos/DVD's	89	79	84	89	90	93	86	89	88
Pupil worksheets	82	62	71	86	85	84	78	86	80
Case studies/scenarios	72	59	67	71	74	76	69	71	71
Brainstorming	71	59	65	72	73	76	71	68	70
Talks/lectures	67	79	61	65	79	75	68	58	68
Games and quizzes	64	62	60	65	65	69	63	58	63
Role-play/drama	53	54	48	54	56	59	56	45	53
Homework	4	3	4	4	4	7	3	2	4
Independent learning	27	23	22	26	31	32	26	23	26
Group assignments	23	15	21	23	21	37	16	14	22
CD-Roms	16	13	20	15	13	22	14	13	16
Other	9	10	11	8	8	9	11	7	9
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.20 Resources used in drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Drugwise	70	38	62	72	67	76	62	73	67
What's the Score	55	23	42	54	59	54	62	50	51
Package developed by own school	45	46	36	48	52	49	50	38	45
TACADE	36	31	28	39	40	41	41	26	35
The Police Box	19	13	18	22	16	24	23	12	19
The Buzz	13	-	11	9	14	24	8	5	11
Learning for Life CD-Roms	5	3	8	3	4	5	3	6	5
Promoting Positive Choices	6	3	7	4	4	7	6	4	5
Life Stuff	4	5	7	3	3	4	4	4	4
Ask the Right Questions	2	5	4	3	1	4	-	-	3
Help	3	5	2	3	4	2	4	2	3
Other	34	15	36	22	38	33	33	37	32
None	2	8	5	-	2	1	2	1	3
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

2.3.2 Persons Coordinating and Delivering Drug Education

Drug education in schools was most likely to be coordinated by a Guidance/PSE coordinator and/or by a Guidance/PSE team (53% each). In just under a fifth of schools (19%) it was coordinated by the Head or Deputy Head. Drug Education, Health Education coordinators and joint Drug/Health Education coordinators coordinated it in 9%, 15% and 8% of schools respectively. It is worth noting that not all schools had these latter three posts (see section 2.1.1).

Drug education was slightly more likely to be coordinated by a Guidance/PSE team in large schools than small schools, and in local authority schools than 'other' schools.

(Table B2.21)

In the majority of schools drug education was taught by a 'team of teachers specialising in PSE' (70%). In a third of schools it was taught by 'several teachers' (33%), and in just over a tenth of schools by a PSE coordinator or specialist (11%).

In small schools and 'other' schools drug education was less likely to be taught by a PSE team and more likely to be taught by an individual PSE coordinator or specialist. In more than two-fifths of schools drug education was taught by external visitors or agencies (43%).

(Table B2.22)

A range of outside professionals and agencies were reported to advise on drug education in the school. The police were most frequently mentioned (44%), followed by various health professionals (school nurse 32%, health promotion 29%, health professionals 24%), LEA advisors and drug education development officers (26%) and local drug agencies (23%). Drama groups and youth workers advised in 10% and 9% of schools respectively.

'Other' schools drew on a narrower pool of external advice, primarily the police (41%), school nurse (38%), health promotion (23%) and health professionals (13%). They made little or no use of LEA advisors, local drug agencies, youth workers or drama groups.

One fifth of respondents did not state whether external professionals and agencies advised on drug education in their school.

(Table B2.23)

A broad range of outside professionals and agencies were reported to help deliver drug education in schools. By far the most frequently involved were the police (69% of schools), followed by drama groups (39%), the school nurse (30%), and health professionals and local drug agencies (23% each). Others who helped deliver drug education included health promotion staff (19%), youth workers (14%), LEA advisers/drug education development officers (12%), peer educators (7%), and 'others' (16%) including, for example, alcohol groups (3%), Paul Betts (2%) and reformed addicts (1%).

Again, a narrower range of external professionals and agencies were involved in 'other' schools. Drama groups and local drug agencies were less likely to help deliver drug education in 'other' schools, and youth workers and peer educators were not involved at all these schools.

(Table B2.24)

Table B2.21 Who co-ordinates drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Guidance/PSE co-ordinator	53	56	52	54	54	60	49	50	53
Guidance/PSE team	56	23	42	58	60	60	59	51	53
Head teacher or Deputy Head teacher	18	28	17	16	23	16	22	14	19
Health education co-ordinator	15	15	14	15	17	11	17	20	15
Drug education co-ordinator	9	8	7	6	15	11	5	13	9
Joint drug/health education co-ordinator	8	5	7	8	8	5	8	10	8
Individual teachers/form tutors	2	8	2	3	3	3	3	-	3
Other	1	3	1	2	1	-	1	2	1
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.22 Who teaches drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Team of teachers specialising in PSE	73	44	55	80	77	82	65	72	70
Several teachers	33	31	33	27	38	27	39	35	32
Mostly PSE co-ordinator/one PSE specialist	10	21	23	5	3	11	11	4	11
All teachers	2	8	3	3	2	2	3	2	3
Mostly by one teacher – not specialising in PSE	3	5	4	4	-	3	3	2	3
External visitors/agencies	41	56	45	39	44	39	42	45	43
Other	4	3	5	5	1	4	4	4	4
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.23 Who advises on drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Police	45	41	36	46	53	48	49	37	44
School Nurse	31	38	29	34	34	36	28	31	32
Health promotion	30	23	29	28	30	33	35	22	29
Council based adviser/Drug education development officer	29	3	19	27	33	18	37	34	26
Health professionals	25	13	22	21	27	28	27	20	24
Local drug agency workers	26	3	13	27	32	21	36	21	23
Drama groups/actors	11	-	8	10	13	11	16	5	10
Youthworkers	10	-	5	10	13	6	12	11	9
Other external agencies/professionals	8	10	6	9	10	9	8	7	8
Peer educators	4	-	2	5	4	6	5	1	4
Trading Standards Officers	1	-	1	2	-	1	2	-	1
Other	4	3	4	4	4	4	4	3	4
No external visitors/activities/professionals	2	8	6	1	1	2	-	4	3
Not stated	20	21	23	22	14	21	20	19	20
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.24 Who helps to deliver drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Police	68	72	67	67	73	79	68	59	69
Drama groups/actors	42	15	36	42	39	45	44	38	39
School Nurse	31	23	28	32	30	38	27	29	30
Health professionals	23	28	21	25	24	26	21	21	23
Local drug agency workers	25	8	20	23	28	27	23	27	23
Health promotion	20	10	17	23	18	28	18	15	19
Youthworkers	15	-	10	16	16	14	17	15	14
Council based adviser/Drug education development officer	12	8	14	13	8	7	15	13	11
Peer educators	8	-	4	10	8	11	9	4	7
Trading Standards Officers	*	-	-	1	-	1	-	-	*
Other external agencies/professionals	15	21	16	17	14	20	12	13	16
Other	6	5	6	5	5	4	5	8	6
No external visitors/activities/professionals	2	10	7	2	-	1	-	5	3
Not stated	8	8	7	8	7	4	11	7	8
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

*<1%

2.3.3 Continuity of Drug Education Delivery

Reported continuity of drug education is addressed in Tables B2.25 and B2.26.

Just over half the schools reported that 'some' links were made to drug education taught earlier within secondary school (52%), and less than half that 'strong' links were made to this earlier drug education (44%).

(Table B2.25)

Just over half reported similarly that 'some' links were made to drug education taught at pupils' feeder primary schools (51%). However, only 8% reported that 'strong' links were made to this earlier primary school drug education, and over a quarter that no links were made at all (26%). Thirteen percent of respondents were not sure about this issue.

(Table B2.26)

Tables

Table B2.25 Whether links are made to drug education taught earlier within school, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
No links made	3	-	1	4	4	2	4	4	3
Some links made	51	56	53	53	48	55	49	49	52
Strong links made	44	41	39	44	50	42	49	44	44
Not sure	2	-	4	-	-	2	1	1	1
Not applicable	1	3	2	-	-	-	-	1	1
Not stated	1	-	1	1	-	-	1	1	1
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

*<1%

Table B2.26 Whether links are made to drug education taught within Primary school, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
No links made	27	15	19	25	35	31	21	32	26
Some links made	51	49	57	48	47	52	59	42	51
Strong links made	7	15	8	8	8	8	8	6	8
Not sure	12	15	11	16	11	10	10	17	13
Not applicable	-	-	-	-	-	-	-	-	-
Not stated	3	5	5	3	-	1	2	3	3
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

2.4 Staff Development and Training in Drug Education

Respondents were asked whether they and their colleagues had received any staff development or training on drug education in the past 3 years. The majority reported having received 'general drug awareness or information about drugs' (76%) themselves. Over half had themselves received training in drug education 'methods and skills' (56%) and just under half on 'dealing with drug incidents in the school' (48%). Just over a fifth had received training in using a specific drug education programme (21%).

'Other' school respondents were less likely to have received training in use of a specific programme (8%) but otherwise reported broadly similar levels of training (8%).

(Table B2.27)

Respondents from 'other' schools tended to report lower levels of training among their colleagues in 'methods and skills' for teaching drug education (36% compared with 53% local authority schools) and 'training in use of a specific drug education programme' (8% compared with 22% local authority schools). Small schools reported lower levels of drug education across all categories.

(Table B2.28)

Respondents were also asked what they felt were the main staff development and training needs in drug education, again for themselves and then for their colleagues.

For themselves, respondents reported a wide range of training needs. 'Up to date drug information' and 'sharing good practice' were the most popular topics (55% and 54% respectively). Just under two fifths identified 'whole school planning' (39%) and 'dealing with drug incidents' (38%) as training needs, while 'curriculum content', 'methods and skills for teaching drug education', 'handling disclosures' and 'how to use partner agencies in delivery' were each identified by around a third of respondents.

Responses were similar for local authority and 'other' schools and for schools of differing size and level of free school meal entitlement.

(Table B2.29)

Respondents' perceptions of their colleagues' training and staff development needs in drug education were slightly different to their own perceived needs. For example, fifty-nine percent thought that their colleagues needed training in 'methods and skills', and in 'up to date drugs information', while 'whole school planning' and 'how to use partner agencies' were perceived as slightly lower priorities for colleagues (22% and 25% respectively).

In the local authority schools, more than a third (38%) perceived a need for training in 'dealing with drug incidents in school' (38%) and just under a third (31%) in 'handling disclosures'. However, in the 'other' schools perceived need for these elements was low with only 15% of schools perceiving each of these training needs.

(Table B2.30)

Table B2.27 Whether received staff development or training in past 3 years, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
Proportion who, in past 3 years, received staff development or training on:	%	%	%	%	%	%	%	%	%
General drug awareness/information about drugs	76	79	74	76	80	76	79	72	76
Methods and skills for teaching drug education	56	56	51	60	60	58	52	59	56
Dealing with drug incidents in the school	48	41	42	48	53	50	44	51	48
Training in use of a specific drug education programme	23	8	14	25	26	18	26	26	21
Other	4	5	4	5	4	5	4	4	4
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.28 Whether colleagues received staff development or training in past 3 years, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
Proportion whose colleagues, in past 3 years, received staff development or training on:	%	%	%	%	%	%	%	%	%
General drug awareness/information about drugs	69	62	57	73	77	71	65	70	68
Methods and skills for teaching drug education	53	36	38	60	59	52	53	55	51
Dealing with drug incidents in the school	44	36	34	46	49	43	42	49	43
Training in use of a specific drug education programme	22	8	13	22	28	23	21	23	20
Other	2	3	2	-	4	2	3	2	2
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.29 Perception of main training or staff development needs for self, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Up-to-date information about drugs	55	54	50	60	56	55	57	52	55
Sharing good practice	54	51	49	53	60	52	52	59	54
Whole school planning	40	31	38	42	38	40	36	46	39
Dealing with drug incidents in school	38	33	35	43	37	39	42	37	38
Methods and skills for teaching drug education	34	46	40	29	35	32	39	31	35
Curriculum content	29	38	26	31	33	31	24	31	30
Handling disclosures	31	26	31	30	29	28	32	33	30
How to use partner agencies in delivery	30	31	30	30	29	25	31	35	30
Other	4	-	5	4	3	3	6	4	4
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

Table B2.30 Perception of main training or staff development needs among colleagues, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Methods and skills for teaching drug education	58	62	55	57	65	55	59	62	59
Up-to-date information about drugs	59	62	50	67	63	53	61	64	59
Sharing good practice	49	44	33	60	54	48	46	55	48
Curriculum content	37	44	35	34	46	35	30	49	38
Dealing with drug incidents in school	39	15	32	45	35	39	39	40	37
Handling disclosures	36	15	29	36	38	35	34	40	34
How to use partner agencies in delivery	26	18	16	34	27	19	27	34	25
Whole school planning	23	15	14	32	21	18	26	26	22
Other	3	-	2	4	3	4	5	1	3
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

2.5 Perceptions of Drug Education within the School

Respondents were asked what they perceived as the main difficulties or barriers to drug education in their school. This was an open-ended question, in that no range of responses was presented in the questionnaire; instead, respondents gave their answer in their own words. Responses were then grouped into main categories. The main identified barriers were 'staff training', named by 48% of respondents, and 'time/timetabling pressures', identified by 37% of respondents. A quarter identified 'delivery issues' such as maintaining continuity/consistency/progression (9%) and lack of up-to-date resources to help deliver the curriculum (6%). Other barriers included 'links with outside agencies' (10%), 'parental/community issues' (7%) and 'resource issues' (4%). However, 13% identified no barriers. Barriers identified under 'staff training' included a need for staff training (10%), acknowledgement that staff members have limited drugs knowledge, tailoring information for specific ages and experiences of children (8%) and challenging beliefs and attitudes (14%). The main time and timetabling pressures mentioned were lack of time/time constraints (10%) and overcrowded/overloaded curriculum (15%).

(Table B2.31)

Tables

Table B2.31 Perception of main difficulties/barriers to drug education, by school status, size and FME

	School Status		School Size			Free Meal Entitlement			
	Local Auth	Other	Small	Medium	Large	Low	Medium	High	Total
	%	%	%	%	%	%	%	%	%
Staff training	48	48	54	43	45	49	51	43	48
Time/timing/timetabling pressures	34	56	30	43	37	31	39	34	37
Delivery issues	26	15	21	23	32	21	20	36	25
Links with outside agencies	10	7	8	7	14	9	14	7	10
Parental/community issues	6	11	10	5	5	4	4	11	7
Resource issues	4	-	3	2	5	6	4	1	4
No barriers	14	-	16	11	12	14	10	19	13
Other	1	-	2	-	1	1	1	-	1
Base: All	*318*	*39*	*132*	*112*	*112*	*114*	*101*	*98*	*357*

3.0 DRUG EDUCATION IN SCOTTISH SPECIAL SCHOOLS

3.1 Sample Profile

3.1.1 School Characteristics

This section presents the results of the survey with Special Schools. As the total sample is only 43 schools, responses are presented and discussed in terms of the actual number of schools rather than percentages. For the same reason it is not practical to examine sub-groups differences within the sample of special schools. Throughout this section the tables, in addition to displaying total results for all Special schools, also show the results separately for Special schools that provide any primary level education and those that provide any secondary level education. These separate results are included to enable interpretation of the findings within the context of primary or secondary level education, rather than to compare differences between primary and secondary. As some Special schools provide both primary and secondary level education the categories are not mutually exclusive.

Data on school status, level of education provided for, school size and level of free meal entitlement are drawn from secondary information sources about schools in Scotland. All other data are drawn from the completed questionnaires.

The sample of special schools participating in the survey came mainly from Local Authority schools (33 of the 43 schools) but also comprised Independent schools (8 schools), one Grant-aided school and one other school. The distribution of the participating sample broadly reflected the population within the wider population of special schools in Scotland.

(Table B3.1)

Schools covered a range of education levels with 12 teaching primary level only, 17 teaching secondary level only and a further 13 providing education for both primary and secondary education. One school did not indicate the education level provided.

(Table B3.2)

Schools provided for a range of special needs with the most common being social, emotional and behavioural difficulties (27 schools). The number of schools providing for moderate learning difficulties, complex learning difficulties, communication difficulties, hearing and/or visual impairment and physical impairment ranged from 12 to 17 schools. A small number provided for autistic spectrum disorder (2 schools) and mixed learning difficulties (1 school).

(Table B3.3)

Only two schools had a dedicated Drug Education coordinator, although eight had a joint Drug/Health Education coordinator and a further 15 had a dedicated Health Education coordinator. Almost half the schools (20 schools) did not have any of these posts. Within the schools that provided secondary level education a third (10 schools) did not have any of these posts and within those teaching primary level education more than half (16 schools) did not have these posts.

(Table B3.4)

Tables

Table B3.1 School Status

	Total Number
Local Authority	33
Independent	8
Grant-aided	1
Other	1
Base: All	*43*

Table B3.2 Level of education provided

	Total Number
Primary only	12
Secondary only	17
Primary and secondary	13
Not stated	1
Base: All	*43*

Table B3.3 Which special needs the school provides for

	Total Number
Social, emotional and behavioural difficulties	27
Moderate learning difficulties	17
Complex learning difficulties	17
Communication difficulties	16
Hearing and/or visual impairment	15
Physical impairment	12
Autistic spectrum disorder	2
Mixed learning difficulties	1
Base: All	*43*

Table B3.4 Whether have Drug Education Co-ordinator and/or Health Education Co-ordinator, by whether teach primary and whether teach secondary

	Level taught		
	Teach Primary Number	Teach Secondary Number	Total Number
Drug Education Co-ordinator	-	2	2
Health Education Co-ordinator	5	13	15
Joint Drug/Health Education Co-ordinator	4	7	8
None of these	16	10	20
Base: All	*25*	*30*	43

3.1.2 Respondent Characteristics

The majority of respondents who completed the questionnaire were Heads or Deputy Heads (24 schools) while ten were PSE teachers, eight were Promoted Guidance/Head of PSE/PSE coordinators and three were Drug Education coordinators. Questionnaires were also

completed by class teachers (5 schools), other subject teachers (7 schools), Head of Department (not PSE department) (1 school) and one other. As respondents could hold more than one position, multiple responses were recorded on this measure.

(Table B3.5)

Respondents had a range of drug education teaching experience with respondents at six schools having no experience. At 13 schools respondents had 1-4 years, four respondents had 5-9 years, 14 had 10-19 years and a further four had experience of 20 years or more. The average experience was approximately 9 years (8.87).

(Table B3.6)

Respondents also represented a range of experience in teaching PSE, but most had experience of 10 years or more with 15 respondents having 10-19 years experience and a further 11 having experience of 20 years or more. Only two respondents had no experience while eight had 1-4 years and seven had 5-9 years of experience. The average was approximately 13 years (13.06).

(Table B3.7)

Tables

Table B3.5 Position of person completing the questionnaire, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Head or Deputy Head	18	13	24
PSE teacher	3	10	10
Promoted Guidance / Head of PSE / PSE Co-ordinator	2	8	8
Class teacher	5	3	5
Drug Education Co-ordinator	2	3	3
Other subject teacher	2	7	7
Head of Department other than PSE	1	1	1
Other	-	1	1
Not specified	-	1	1
Base: All	*25*	*30*	*43*

Table B3.6 Experience in teaching drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
None (0)	4	3	6
Less than 1 year (0.5)	-	-	-
1-4 years (2.5)	7	9	13
5-9 years (7.0)	1	4	4
10-19 years (14.5)	8	12	14
20+ years (25)	4	2	4
Not applicable	-	-	1
Not specified	1	-	1
Mean	10.02	9.15	8.87
Standard deviation	9.004	7.224	7.903
Base: All	*25*	*30*	*43*

Table B3.7 Experience in teaching PSE, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
None (0)	1	1	2
Less than 1 year (0.5)	-	-	-
1-4 years (2.5)	4	7	8
5-9 years (7.0)	3	5	7
10-19 years (14.5)	8	9	15
20+ years (25)	9	8	11
Mean	14.88	12.77	13.06
Standard deviation	8.999	8.889	8.577
Base: All	*25*	*30*	*43*

3.2 Provision of Drug Education

The vast majority of the schools (41 out of 43) provided drug education to either their primary or secondary pupils in 2003-4. Two schools did not provide drug education to any pupils in 2003-4. Within schools that taught primary level education, over half (16 of the 25 schools) provided drug education to their primary pupils. The vast majority of schools that taught secondary level education taught drug education to their secondary pupils in 2003-4 (28 of the 30 schools).

(Table B3.8)

Provision of drug education was lowest for P1-P4 year groups with provision varying from five to seven schools. This is approximately equivalent to a quarter or less. Provision of drug education increased for older primary year groups ranging from ten schools providing drug education to P5 up to 14 schools providing drug education to P7.

Of the 30 schools that provided secondary level education, more than half taught drug education to years S1-S4 (ranging from 21 to 23 schools). Provision to S5 and S6 year groups was lower with 17 schools and 11 schools respectively including this provision.

(Table B3.9)

The schools that indicated that they taught drug education were asked to give details of the amount of time that they spent in 2003-4 teaching drug education to each of their year groups. A closed question was used with five categories: 30 minutes; 31-59 minutes; 1-2 hours; 3-4 hours; 5 hours or more. Responses provide an indication of the variation in amount of time spent. As categories were used rather than exact times, it is not possible to calculate exact averages, however, for ease of interpretation and comparison of results approximated means have been calculated based on the midpoint of each category (e.g. 1-2 hours = 1.5 hours).

The amount of time spent delivering drug education to primary school pupils ranged from 30 minutes or less to 5 hours or more but, in general, the time spent increased for the older year groups. For example, at P1-P3 the time spent ranged from 30 minutes or less up to 3-4 hours with the approximate average ranging from just over 1 hour (1.06) at P1 to just over 2 hours (2.30) at P3. The time spent at P4 ranged from 1-2 hours to 3-4 hours, averaging approximately 3 hours. For P5-P7, delivery time ranged from 30 minutes or less up to 5

hours or more with approximate average time ranging from just over 2 hours at P5 (2.06) to almost 4 hours at P7 (3.71).

(Table B3.10)

The amount of time spent delivering drug education to secondary pupils was greater than for primary and ranged from 31-59 minutes up to 5 hours or more. The approximate average time spent was between 4 and 5 hours (ranging from 4.44 at S6 to 4.93 at S3).

Among those schools that provided drug education to S1-S4 (ranging from 21 to 23 schools) at least half spent 5 hours or more (ranging from 12 to 13 schools). Of the 17 schools teaching drug education to S5, almost half (8 schools) also spent 5 hours or more as did almost half of the schools (5 schools) teaching drug education to S6

(Table B3.11)

Schools that taught drug education were also asked to indicate, for each year group receiving drug education in 2003-4, the term in which it was taught. The list of responses reflected the three terms: Autumn 2003, Spring 2004 and Summer 2004. Multiple responses could be given as drug education may be taught in more than one term. A number of schools (ranging from 1 to 5 schools) did not indicate a particular term. Among those schools that did indicate a term, delivery occurred across the three terms with the Autumn and Spring terms the most popular times for delivery (ranging from 1 to 6 schools).

(Table B3.12)

Among the schools that taught drug education to secondary school years a number did not indicate the term in which drug education was taught to each year. However, as with delivery to primary pupils in special schools, delivery again occurred across the three terms. For S1-S4 pupils the most popular term for drug education was Spring with 12 to 13 schools delivering in this term.

(Table B3.13)

The questionnaire also asked about the substances which each year group were taught about. Once again a pre-coded list was provided and covered five substances within drug education: alcohol; controlled drugs; medicines; solvents; and tobacco.

At P1 and P2, teaching was mainly on medicines (3 to 4 schools) although one school taught about tobacco in these years. At P3, the majority taught about medicines and a number of schools (1 to 2 schools at P3, 2 to 3 schools at P4, and 2 to 6 schools at P5) taught about each of the other substances. At P6 and P7 teaching about medicines continued but other substances were also covered. They were equally likely to teach about tobacco. In P6, most schools (ranging from 7 to 11 schools) taught about each substance, with the exception of solvents which was taught by five of the 12 schools. In P7 the majority of schools taught about each substance.

(Table B3.14)

The majority of Special schools that delivered drug education to secondary level pupils taught about each substance.

Throughout the delivery of drug education to S1-S6 pupils, the majority of schools covered each substance. The exception to this is solvents which, in comparison to other substances,

Table B3.10 Amount of primary school drug education received by each year group in 2003-2004

	Year Group P1 Number	P2 Number	P3 Number	P4 Number	P5 Number	P6 Number	P7 Number
30 minutes or less (0.25)	3	2	1	-	2	1	1
31-59 minutes (0.75)	-	-	1	-	2	2	1
1-2 hours (1.50)	-	1	-	1	1	3	2
3-4 hours (3.50)	1	2	3	3	2	2	3
5 hours or more (6.00)	-	-	-	-	1	2	5
Not applicable	1	1	2	1	2	2	2
Mean	1.06	1.80	2.30	3.00	2.06	2.53	3.71
Standard Deviation	1.625	1.634	1.653	1.000	2.069	2.126	2.273
Base: All receiving drug education in each year group	*5*	*6*	*7*	*5*	*10*	*12*	*14*

Table B3.11 Amount of secondary school drug education received by each year group in 2003-2004

	Year Group S1 Number	S2 Number	S3 Number	S4 Number	S5 Number	S6 Number
30 minutes or less (0.25)	-	-	-	-	-	-
31-59 minutes (0.75)	-	-	2	-	1	-
1-2 hours (1.50)	2	3	2	2	2	2
3-4 hours (3.50)	6	5	5	5	3	2
5 hours or more (6.00)	12	12	12	13	8	5
Not applicable	-	-	1	1	1	-
Not stated	2	1	1	1	2	2
Mean	4.80	4.70	4.48	4.93	4.45	4.44
Standard Deviation	1.609	1.750	1.976	1.600	2.020	1.976
Base: All receiving drug education in each year group	*22*	*21*	*23*	*22*	*17*	*11*

Table B3.12 Terms in which primary school drug education was taught, by year group

	Year Group P1 Number	P2 Number	P3 Number	P4 Number	P5 Number	P6 Number	P7 Numbe r
Autumn 2003	1	2	3	3	5	*3*	*4*
Spring 2004	1	2	2	3	3	*5*	*6*
Summer 2004	1	-	2	1	2	*2*	*2*
Not applicable	2	2	2	1	4	*5*	*5*
Base: All receiving drug education in each year group	*5*	*6*	*7*	*5*	*10*	*12*	*14*

Table B3.13 Terms in which secondary school drug education was taught, by year group

	S1 Number	S2 Number	S3 Number	S4 Number	Year Group S5 Number	S6 Number
Autumn 2003	8	5	9	8	8	6
Spring 2004	13	12	13	13	6	3
Summer 2004	8	7	7	6	7	5
Not applicable	3	2	3	3	3	2
Not stated	-	2	1	2	2	1
Base: All receiving drug education in each year group	*22*	*21*	*23*	*22*	*17*	*11*

Table B3.14 Substances covered in primary school drug education in 2003-2004, by year group

	Year Group P1 Number	P2 Number	P3 Number	P4 Number	P5 Number	P6 Number	P7 Number
Alcohol	-	-	1	2	4	8	11
Controlled drugs	-	-	1	2	2	7	10
Medicines	3	4	5	5	9	11	11
Solvents	-	-	1	3	4	5	8
Tobacco	1	1	2	3	6	11	13
Not applicable	1	1	1	-	1	1	1
Base: All receiving drug education in each year group	*5*	*6*	*7*	*5*	*10*	*12*	*14*

Table B3.15 Substances covered in secondary school drug education in 2003-2004, by year group

	Year Group S1 Number	S2 Number	S3 Number	S4 Number	S5 Number	S6 Number
Alcohol	15	17	19	20	10	6
Controlled drugs	13	16	17	18	10	5
Medicines	19	17	14	16	11	7
Solvents	12	13	14	16	8	4
Tobacco	18	19	20	20	11	7
Not stated	1	-	1	-	4	3
Base: All receiving drug education in each year group	*22*	*21*	*23*	*22*	*17*	*11*

3.3 Drug Education Delivery

3.3.1 Context of Drug Education Delivery

At primary school level, drug education was most likely to be taught within Personal and social development (12 schools) or Health education (13 schools). Other contexts frequently mentioned included Environmental studies (6 schools) and Religious and moral education (6 schools). A small number of schools (1 to 2 schools) also indicated that it was taught in drama, taught as a stand-alone topic, taught throughout the curriculum or through general discussions as and when required.

(Table B3.16)

At secondary school level, drug education was almost always taught within Personal and Social Education (27 of 28 schools). Other classes in which it was frequently mentioned as being taught (ranging from 6 to 7 schools) were: Citizenship; Science; Religious education; and as a stand-alone topic. A small number (ranging from 1 to 4 schools) also indicated that it was taught in English, Physical Education; Home Economics; Drama; or indirectly in all subjects.

(Table B3.17)

Special schools that taught drug education to either primary or secondary level pupils were asked to indicate the topics they covered, the delivery methods used and resources used in the drug education. A series of pre-coded questions with lists of possible answers were given

and questions referred to their drug education in general rather than exclusively about primary or secondary level drug education.

Most schools reported covering a range of drug education topics. These have been grouped in the Table B3.18 into 4 categories: Information Provision, Refusal Skills/Decision Making, Social Influences and Others.

The majority of schools (ranging from 22 to 29 of the 43 schools) covered Information Provision topics: for example, effects of drugs, different types of drugs and laws about drugs. A majority of schools also reported covering decision making about drugs (28 schools), coping with pressure to use drugs (27 schools) and how to refuse drugs (24 schools). Similarly a majority reported covering why people use drugs (28 schools) and opinions about drugs (24 schools). Social influences topics such as acceptability of using drugs and how many people use drugs were less common, covered by 16 schools and 12 schools respectively.

(Table B3.18)

A range of delivery methods were reported. The most commonly reported methods (ranging from 21 to 30 schools) were whole class discussion, small group work, videos/DVDs and pupil worksheets. A quarter or more (ranging from 11 to 18 schools) reported other methods such as games and quizzes, CD-Roms, talks/lectures, brainstorming, role-play/dramas and case studies/scenarios. Least popular methods were independent learning (5 schools) and group assignments (3 schools).

(Table B3.19)

A range of drug education resources were reportedly used in the schools. The most popular resources used were Drugwise (16 schools) and TACADE (15 schools). Less frequently mentioned resources were The Police Box and What's the Score, each mentioned by seven schools. The other resources were reportedly used by five schools or fewer. Almost a fifth (8 schools) did not use any packages while 12 schools used other resources including, for example, Local Authority drug education resources, police programs and BBC/Channel 4 programmes/videos.

(Table B3.20)

Tables

Table B3.16 Context of primary school drug education within the curriculum

	Total Number
Health education	13
Personal and Social Development	12
Environmental studies	6
Religious and moral education	6
Delivered as stand-alone topic	2
Drama	1
General discussions as and when required	1
Throughout the curriculum	1
Other	1
Base: All with primary school pupils being taught drug education	*16*

Table B3.17 Context of secondary school drug education within the curriculum

	Total Number
Personal and Social Education	27
Citizenship	7
Science	7
Religious Education	6
Delivered as stand-alone topic	6
English	4
Physical Education	4
Home Economics	2
Drama	1
Indirectly in all subjects	1
Not stated	1
Base: All with secondary school pupils being taught drug education	*28*

Table B3.18 Topics covered within drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Information provision			
Effects of drugs	13	24	29
Different types of drugs	13	23	28
What drugs are	13	20	26
Laws about drugs	13	21	26
Addiction	11	20	23
School policy on drugs	11	20	22
Refusal skills/decision making			
Decision making about drugs	13	23	28
Coping with pressure to use drugs	14	23	27
How to refuse drugs	12	20	24
Social influences			
Acceptability of using drugs	7	13	16
How many people use drugs	6	9	12
Other			
Why people use drugs	13	24	28
Opinions about drugs	12	20	24
Other	4	3	4
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

Table B3.19 Drug education delivery methods, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Whole class discussion	15	24	30
Small group work	14	23	27
Videos/DVD's	11	21	24
Pupil worksheets	9	19	21
Games and quizzes	7	15	18
Talks/lectures	7	13	15
Brainstorming	6	12	14
CD-Roms	7	11	13
Role-play/drama	7	10	12
Case studies/scenarios	4	10	11
Independent learning	2	5	5
Group assignments	1	3	3
Other	2	2	3
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

Table B3.20 Resources used in drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Drugwise	7	13	16
TACADE	8	11	15
Package developed by own school	6	13	15
The Police Box	4	4	7
What's the Score	3	7	7
Learning for Life CD-Roms	3	4	5
Promoting Positive Choices	2	4	4
The Buzz	2	2	3
Help	2	2	2
Ask the Right Questions	1	1	1
Life Stuff	1	1	1
Other	6	11	12
None	7	2	8
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

3.3.2 Persons Coordinating and Delivering Drug Education

Within the special schools, drug education was most likely to be coordinated by a Head or Deputy Head (15 schools). In nine schools it was coordinated by the Health Education coordinator and by individual teachers/form tutors (9 schools). Guidance/PSE coordinators coordinated it at seven schools while six schools were not sure who coordinated drug education in their school.

(Table B3.21)

Schools were asked who teaches drug education. The most common response was, that it was mostly taught by the PSE coordinator or a specialist in PSE (13 schools). At a number of schools, several teachers (9 schools) or all teachers (7 schools) taught drug education. At two schools drug education was reportedly taught mostly by one teacher – a non-specialist in PSE.

(Table B3.22)

A range of external professionals and agencies reportedly advised in drug education within the school. The most common of those was Police (reported by 14 of the 41 schools). The school nurse, health professionals and Health Promotion gave advice to nine to ten of the schools. Other less frequently reported advisers included Council based adviser/Drug education development officer (7 schools) and drama groups/actors (4 schools). At least a quarter of schools (12 schools) did not state which external professionals and agencies advised on drug education.

(Table B3.23)

A range of outside professionals and agencies were reported to help deliver drug education in the special schools. The most commonly reported helpers were Police, school nurse and health professionals (ranging from 10 to 12 schools). A number of schools (13 schools) did not state which professional or agencies (if any) helped to deliver drug education, while four schools indicated no use of external assistance.

(Table B3.24)

Tables

Table B3.21 Who co-ordinates drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Head teacher or Deputy Head teacher	13	10	15
Health education co-ordinator	2	9	9
Individual teachers/form tutors	9	6	9
Guidance/PSE co-ordinator	2	7	7
Not sure	6	1	6
Guidance/PSE team	1	4	4
Drug education co-ordinator	1	3	3
Joint drug/health education co-ordinator	-	2	2
Under review	-	1	1
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

Table 3.22 Who teaches drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Mostly PSE co-ordinator/one PSE specialist	6	11	13
Several teachers	4	7	9
All teachers	4	5	7
Mostly by one teacher – not specialising in PSE	2	2	2
Team of teachers specialising in PSE	1	1	1
Other	3	4	5
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

Table B3.23 Who advises on drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Police	6	12	14
School Nurse	7	8	10
Health promotion	7	8	10
Health professionals	4	9	9
Council based adviser/Drug education development officer	3	4	7
Local drug agency workers	-	5	5
Youthworkers	2	5	5
Drama groups/actors	2	4	4
Other external agencies/professionals	-	3	3
Peer educators	1	2	2
Other	-	1	1
No external visitors/activities/professionals	2	1	2
Not stated	10	5	12
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

Table B3.24 Who helps to deliver drug education, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Health professionals	7	11	12
School Nurse	7	8	11
Police	6	8	10
Health promotion	6	7	8
Local drug agency workers	1	7	7
Drama groups/actors	5	5	7
Council based adviser/Drug education development officer	2	6	6
Youthworkers	2	5	5
Other external agencies/professionals	1	2	3
Peer educators	1	2	2
Other	-	1	1
No external visitors/activities/professionals	4	2	4
Not stated	9	7	13
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

3.3.3 Continuity of Drug Education Delivery

Fourteen schools indicated that 'some' links were made to drug education that was taught earlier within the school and a further ten schools indicated that 'strong' links were made. Four schools made no links while the remaining 13 schools were unsure, did not specify or felt the question did not apply to them.

(Table B3.25)

Of the 16 schools that delivered drug education to primary level pupils, five schools indicated that 'some' links were made and a further four that 'strong' links were made to drug education that pupils would go on to receive at secondary school.

(Table B3.26)

Of the 28 responding schools that delivered drug education to secondary level pupils, seven indicated 'some' links and a further three indicated 'strong' links to drug education the pupils had already been taught at primary school.

(Table B3.27)

Tables

Table B3.26 Whether links are made to drug education taught earlier within school, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
No links made	1	3	4
Some links made	8	10	14
Strong links made	6	9	10
Not sure	1	2	2
Not applicable	3	4	5
Not stated	6	1	6
Base: All with primary/secondary pupils who have been or will be taught drug education in 2003-2004	*25*	*29*	*41*

Table B3.27 Whether links are made to drug education that pupils may receive at secondary school, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
No links made	2	-	2
Some links made	5	3	5
Strong links made	4	4	4
Not sure	1	-	1
Not applicable	-	-	-
Not stated	4	2	4
Base: All with primary school pupils who have been or will be taught drug education in 2003-2004	*16*	*9*	*16*

Table B3.28 Whether links are made to drug education that pupils received at primary school, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
No links made	1	6	6
Some links made	4	7	7
Strong links made	3	3	3
Not sure	1	2	2
Not applicable	3	9	9
Not stated	-	1	1
Base: All with secondary school pupils who have been or will be taught drug education in 2003-2004	*12*	*28*	*28*

3.4 Staff Development and Training in Drug Education

Respondents were asked whether they and their colleagues had received any staff development or training on drug education in the past three years.

Over half (23 of the 43 schools) indicated that they had, themselves, received staff development or training on general drug awareness/information about drugs. Respondents at 15 of the 43 schools also indicated they had received development/training on methods and skills for teaching drug education and on dealing with drug incidents in the school. Training in use of a specific drug education programme was less likely, reported by only 5 respondents.

(Table B3.28)

Respondents reported that, as far as they knew, colleagues had also received development/training on a range of drug education although this seemed to be to a lesser extent.

The most commonly reported training among colleagues was on general drug awareness/information about drugs (17 of 43 schools). At nine of the schools they reported that their colleagues had received training on methods and skills for teaching drug education and on dealing with drug incidents in the school, and at five schools, colleagues had been trained in the use of a specific drug education programme.

(Table B3.29)

Respondents were further asked about what they perceived to be the main training or staff development needs for themselves and colleagues teaching drug education. A precoded list of options was given along with an opportunity for respondents to describe other areas not listed. The majority perceived some need for training, with only one considering there to be no training needed.

The most commonly perceived need reported for themselves was up-to-date information about drugs with more than half reporting this (25 of 43 schools). Respondents perceived a range of needs with between 12 and 18 reporting a perceived need for training on methods and skills for teaching drug education, whole school planning, dealing with drug incidents in school, curriculum content, handling disclosures and sharing good practice. Three respondents mentioned other needs including why people feel the need to take drugs, clarification of relevance for pupils and materials for pupil with very limited understanding.

(Table B3.30)

Tables

Table B3.29 Whether received staff development or training in past 3 years, by whether teach primary and whether teach secondary

Proportion who, in past 3 years, received staff development or training on:	School Status Teach Primary Number	 Teach Secondary Number	Total Number
General drug awareness/information about drugs	10	18	23
Methods and skills for teaching drug education	7	11	15
Dealing with drug incidents in the school	8	11	15
Training in use of a specific drug education programme	4	4	5
Other	1	1	1
Base: All	*25*	*30*	*43*

Table B3.29 Perception of main training or staff development needs among colleagues, by whether teach primary and whether teach secondary

	School Status Teach Primary Number	 Teach Secondary Number	Total Number
Up-to-date information about drugs	11	14	20
Methods and skills for teaching drug education	11	14	19
Curriculum content	7	15	18
Dealing with drug incidents in school	8	13	15
Sharing good practice	8	11	14
Handling disclosures	6	11	13
Whole school planning	8	9	13
Other	2	2	3
No training needed	-	1	1
Not sure	2	2	2
Not applicable	2	1	2
Base: All			*43*

Table 3.30 Perception of main difficulties/barriers to drug education, by whether teach primary and whether teach secondary

	School Status Teach Primary Number	 Teach Secondary Number	Total Number
Staff training	14	15	23
Time/timing/timetabling pressures	3	5	6
Drug education not seen as a priority	1	1	2
Resource issues	-	1	1
Drugs openly discussed	-	1	1
Other	2	2	3
No barriers	-	1	1
Not stated	10	12	17
Base: All	*25*	*30*	*43*

Table B3.31 Whether colleagues received staff development or training in past 3 years, by whether teach primary and whether teach secondary

	School Status		
Proportion whose colleagues, in past 3 years, received staff development or training on:	Teach Primary Number	Teach Secondary Number	Total Number
General drug awareness/information about drugs	6	15	17
Methods and skills for teaching drug education	4	8	9
Dealing with drug incidents in the school	3	8	9
Training in use of a specific drug education programme	2	4	5
Other	1	3	3
Base: All	*25*	*30*	*43*

Table B3.32 Perception of main training or staff development needs for self, by whether teach primary and whether teach secondary

	School Status		
	Teach Primary Number	Teach Secondary Number	Total Number
Up-to-date information about drugs	14	18	25
Methods and skills for teaching drug education	12	12	18
Whole school planning	9	12	16
Dealing with drug incidents in school	8	13	15
Curriculum content	7	11	14
Handling disclosures	7	11	13
Sharing good practice	7	10	12
Other	1	1	3
No training needed	-	1	1
Not sure	1	1	1
Not applicable	1	-	1
Base: All	*25*	*30*	*43*

PART C
CLASSROOM OBSERVATION

1.0 DRUG EDUCATION LESSONS IN CONTEXT

A number of contextual factors helped to how drug education lessons were delivered. Background factors such as the physical environment and teacher characteristics are reported in section 1.1. Section 1.2 discusses lesson characteristics, including general classroom ethos, and section 1.3 discusses lesson formats.

1.1 Background Factors

1.1.1 The classrooms used

The lessons observed were overwhelming delivered in standard classrooms. In just over half of these, the children worked at tables in small groups. Just under a third of the lessons were in classrooms laid out more traditionally in rows of desks. These were usually grouped in twos.

Particularly in the primary sector, the drug education lessons were delivered in the usual classroom for the particular year group observed. In the secondary sector, 22 lessons were observed in rooms used specifically for PSHE teaching. There was very little visual reference to the PSHE-related activities, however, with posters or wall displays of relevant work not featuring to any great extent.

A small number of the lessons observed took place in the school hall. In all these cases, this was to accommodate a visiting drama group.

1.1.2 Classroom suitability

For the most part, the classroom set-up was felt to have been suitable for the activities conducted within the lessons, with only four per cent of activities perceived by observers to have taken place in locations which were unsuitable. This usually meant that the space available felt cramped for the numbers in the room, particularly for interactive activities.

A small number of lessons took place in computer rooms (though in one instance this location was important in that the lesson observed was addressing cross-curricular learning in both drug education and computer skills).

1.1.3 Class size

The most common class size was 17 or 18, though this was a factor which varied according to the school (e.g. the smallest class size noted was 5 in a very small rural primary school) and purpose of the lesson (e.g. when a drama group came and a whole year group took part in the lesson in the school hall). The average class size was 18.5. Class sizes were also very small in those lessons delivered to children with special needs.

Almost all of the lessons observed were delivered to mixed classes. Only three lessons were for single gender groups, one for a group of girls and two for groups of boys.

1.1.4 Professionals delivering the lessons

In the primary sector, the majority of lessons observed were delivered by the class teacher. In the secondary schools, for the most part, the teachers were either registration class tutors or teachers with pupil support responsibilities for the class observed.

However, one in ten of the lessons observed were delivered by teachers who either had PSHE training or who held specific PSHE responsibilities at school level. In secondary schools, these teachers often had another subject specialism, the most common being English, Physical Education and History.

Almost all of the lessons were delivered by teachers in their classrooms on their own. Eleven lessons were observed where an auxiliary or student assisted, and three where an external professional taught with the school-based teacher. In addition, twenty lessons were delivered by external professionals working independently of the teacher. For the most part, school-based teachers familiar to the children stayed for the course of these lessons, but none, other than the three noted above, took an active part in what took place. There was a range of external professionals:

- Eleven of the lessons were delivered by police officers, some of whom came from the Drug Enforcement Agency (DEA), some held Community Police Officer posts and others held no specific responsibility (made known to the observers);
- Four lessons were undertaken by Community Health Workers often with a cross-service or inter-agency remit;
- Five were delivered by other external agencies, two of which were drama companies.

1.2 Lesson Characteristics

1.2.1 Lesson length

Though lesson times varied across the observations, most lessons lasted between 40 and 60 minutes. Just over two thirds (68 per cent) were within this time span, with the most common lesson length taking around 45 minutes. The full range included a small number of half-hour lessons and a number lasting up to one and a half hours. This was similar across local authorities, and though it was generally the younger age-groups which tended to have the half hour lessons, a small number of secondary schools also had short single periods of 35 minutes or so. The standard length, whatever the age group, fell within the 40 – 60 minute range.

One of the lessons delivered to children with special educational needs in primary six took place over the course of a morning – 120 minutes in all – with a mid-morning break. This, however, was exceptional.

1.2.2 Classroom ethos

For the most part, the lessons observed took place in a calm and focussed atmosphere with few disruptions or disciplinary incidents to distract teachers or pupils from the task in hand. However, this needs to be contextualised. These lessons were delivered by teachers confident enough to volunteer to be observed and this may have had an influence on general classroom management issues across the lessons as a whole. Notes made by the observers suggesting this can be exemplified by the comment made by one: "This was clearly a potentially disruptive class but the teacher managed to hold them together very well."

Across 100 lessons, observers noted 26 instances of unforeseen events or interruptions taking place. Examples included:

- Other teachers coming in to talk to the teacher delivering the lesson;
- The teacher having to leave the class to stop fighting in the corridor;
- A computer exploding (though this was the most dramatic event recorded).

Similarly, over the 100 lessons, observers noted 40 instances where teacher activity was diverted to handling disruptive incidents. Many of these were minor, often relating to quietening a class which had grown noisier or over-enthusiastic as the lesson progressed. They were generally short-lived and very much part of day-to-day classroom management. Only a very small number of these incidents were disruptive in any real sense and these often focussed on children or young people who had learning difficulties or other kinds of additional needs.

Observers made very few comments about factors on which they could judge the ethos of the classroom and these notes were not coded systematically for the analysis. The comments reported by the observers usually highlighted specific positive or negative factors. Notes on positive evidence focussed on a range of activities where teachers were seen to be working towards the following:

- Establishing an inclusive learning environment, often through ensuring that every member of the class could find valid ways of contributing (sometimes noted where children with disabilities were made to feel included in every aspect of the lesson);
- Reminding pupils of the rules negotiated in earlier lessons for discussions or group activities;
- Regularly preventing inappropriate disclosures and explaining to pupils why this was important;
- Highlighting where there were no right and wrong answers or generally agreed moral positions;
- Ensuring that discussions were conducted with sensitivity to the possibility that there was drug addiction within the children's families.

Sometimes teachers themselves made disclosures arising from their own experiences. This was typically noted in lessons dealing with smoking and most often occurred in discussions where teachers were seeking to build on pupils' prior learning and/or experiences. Comments made in post-observation interviews around such occurrences often mentioned the need not to frighten younger pupils with stories of ill-health.

Negative points made by the observers about classroom ethos almost all related to teachers who were not skilled at stopping disclosures. On very rare occasions, notes were made by observers indicated that disclosures on family matters were being encouraged by teachers. In these instances, the observers felt this was being done in order to enhance the broad basis of the ongoing discussions.

1.3 Lesson Formats

The observation schedule was designed to enable notes to be taken on how lessons were presented to the pupils. The lesson introduction was of interest in that it could define the platform for learning and explain the purposes and outcomes of what was planned and expected. Similarly, how lessons were ended also helped to provide a structure or contextualisation or revision of what had been addressed and what had been learned.

1.3.1 Introducing the lessons

For just over half of the lessons, no review of previous work was undertaken. (See Table C1.1 below.) Around a third began with some reference to what had been covered earlier. Sometimes this related to a previous lesson delivered recently and sometimes it related to work undertaken in a previous session or year. One in ten lessons did begin with a more comprehensive review of what had been covered in previous lessons or what they pupils had learned earlier.

Table C1.1. Previous Work Reviewed

Extent of Reviewing Previous Work	Percentage of Lessons
No review activity	55
Sketchy reference to previous work	31
Detailed reference to previous work	13
Totals	**99 % [N = 84]**

In the lessons observed, taking time to introduce the lesson did not appear to be standard practice. (See Table C1.2 below.) In 56 of the lessons, observers noted that the focus of the lesson was announced. This was the most common type of information used for setting the scene for the lessons. In seven lessons, the teachers had identified what was expected in terms of learning or experiences (such as having the opportunity to work through values clarification). It is, however, important to highlight that the figures presented here are based on what observers described in the introduction narrative and therefore was not systematically noted or coded. Because of this, the figures can only be interpreted indicatively.

Table C1.2. Introductory Information on the Lesson

Introductory Information	Number of Lessons in Which Information Was Provided
The lesson focus or topic	56
How the focus was to be addressed	32
Main messages planned for the lesson	36
Outcomes expected by the teacher	7

Note: number of lessons are greater than 100 because teachers could employ more than one introductory activity.

1.3.2 Lesson activities

The number of activities undertaken within each lesson was most frequently two, not counting introductions or end of lesson reviews. (See Table C1.3 below.) Lessons with two activities accounted for just over a third of the lessons observed; those with three activities accounted for about a quarter. There were eleven instances of lessons delivering more than four activities.

Table C1.3. Number of Activities per Lesson

Number of Activities	**Percentage of Lessons**
One activity	27
Two activities	36
Three activities	26
Four activities	6
Five activities	5
Totals	**100 % [N =100]**

1.3.3 Reviewing the lessons

Just over half of the lessons finished with at least some kind of review activities in place. (See Table C1.4.) Of the lessons in which the kinds of review actions were identified, all but three involved a combination of the following:

- Going over what had been covered;
- Reminding the pupils how that had been explored;
- Revisiting what had been learned.

The three lessons based on only one of the possible actions focused on reviewing what had been learned.

The review patterns were analysed by whether or not the teachers were PSHE specialists and by whether the lessons were based on published packages or not. Neither analysis provided any conclusive results.

Table C1.4. Review Activities

<table>
<tr><th>Review Actions Noted But Not Detailed</th><th>Listing Lesson Topics: A</th><th>Reviewing How Lesson Topics were Explored: B</th><th>Reviewing What Had Been Learned: C</th></tr>
<tr><td>13 Lessons</td><td></td><td></td><td>3 Lessons</td></tr>
<tr><td></td><td colspan="2">7 Lessons</td><td></td></tr>
<tr><td></td><td>4 Lessons (A & C)</td><td></td><td>4 Lessons (A & C)</td></tr>
<tr><td></td><td></td><td colspan="2">5 Lessons</td></tr>
<tr><td></td><td colspan="3">3 Lessons</td></tr>
<tr><td>Happened in 13 Lessons</td><td>Happened in 14 Lessons</td><td>Happened in 15 Lessons</td><td>Happened in 15 Lessons</td></tr>
<tr><td colspan="4">Total number of lessons with some review action: 57</td></tr>
</table>

2.0 DRUG EDUCATION PACKAGES AND RESOURCES

One of the factors integral to virtually all the lessons observed was how the lessons were resourced and what packages were in place to support the lesson content and framework. Some of these packages were published, others were no more than folders of photocopied worksheets. Section 2.1 provides an overview of the packages used, while section 2.2 examines how the packages were used. Section 2.3 discusses other resources which were observed in use.

2.1 Packages in Use

Just over a third of the lessons (36 in all) were almost exclusively package-based. (See Table C2.1 below.) A further half (50) of the lessons were based on a mixture of resources taken from a number of sources, some of which included published packages and grouped into broad banks of resources. Fourteen lessons used no resources per se, though these were often structured around activities such as discussions.

A range of published packages was observed across the five local authority groupings.

Table C2.1. Packages Used

Package	Number of Lessons Where Packages Were Used
What's the Score?	13
Glasgow's Health	7
The Police Box	5
Drugwise Too	3
Drugwise Drug Free	2
DELTA 1	2
DELTA 2	2
S.T.E.P.S	1
BBC Resource	1
Total number of lessons using published packages	**36**

The packages observed in use are described below.

2.1.1 Primary school packages

The following packages were observed being used in primary schools:

- ***The Police Box***
- ***Strathclyde Police S.T.E.P.S Programme***
- ***Glasgow's Health***
- ***BBC Resource pack 'Focus - Substance Misuse'.***

The Police Box – Early Days and Drug Sense
The pack is split into ***Early Days*** and ***Drug Sense***, and was produced by Grampian Police in association with local education departments and is accompanied by a CD-Rom and video. It is intended to be a teacher-led resource supported by a uniformed police officer where possible. The pack also encourages links with other professionals such as school nurses, local pharmacists and customs and excise officers. It is designed to be a flexible resource and as

such can be used in a number of ways, with teachers able to adapt activities to the needs of their classes. The teaching materials are linked to the 5-14 National Guidelines for the Curriculum.

The aims of the pack are:

- *to promote opportunities for the individual, group or class to learn a blend of facts and skills, whilst auditing attitudes and feelings, within a cross curricular multi-disciplined framework.*

It combines information and affective approaches addressing self-esteem, self-awareness, feelings and attitudes, and decision making. This is presented with a social influences approach focussing on resistance skills. It aims to work from an interactive teaching approach, actively involving children in the learning process and encouraging them to learn from their peers.

Issues addressed in the pack include risk, consequences, influence, bias and decision-making, while activities are generally based on worksheets. There are four ***Early Days*** sessions which are targeted at Ps1-4 and place an emphasis on medicines, household substances and safety procedures relating to them. There are 18 ***Drug Sense*** sessions designed for Ps 5-7 and S1-2. These look at definitions, categories, feelings, scenarios, addiction, self-esteem building and resistance skills. Here, the emphasis is on affective approaches**.**

The ***S.T.E.P.S*** Programme (Safety Training and Education for Primary Schools) is another police based programme, delivered by Strathclyde Police.

Glasgow's Health: Primary Drug, Alcohol and Tobacco Education Pack
This is used throughout local authority schools in Glasgow and was produced by NHS Glasgow, Strathclyde Police and Glasgow City Council. It is accompanied by an interactive web/CD-Rom resource. The pack consists of 41 sessions, with the number of sessions per year increasing from P1 to P7.

The pack aims to allow pupils to develop their knowledge and understanding about drugs, including alcohol and tobacco, their effects and the implications of misuse. It is also concerned with values clarification and the development of skills to enable children to make healthy choices and decisions, including those which allow them to resist peer pressure. It is linked into other components of PSHE and also provides opportunities for appropriate outside agencies (e.g. the police) to assist teaching staff in delivering certain aspects of drug education.

Glasgow's Health uses an interactive teaching approach, engaging pupils in discussion and allowing them to voice opinions, hopes and fears. The activities vary from whole class discussions to paired work, individual worksheets, small group work and role-play activities. It also encourages the use of visiting experts, such as the police, pharmacist and school nurses. There is an emphasis on emotions throughout the pack and on developing strategies on how best to cope with emotions. In addition, information and affective approaches are also incorporated, as are life skills and social influences approaches which focus on resistance skills and strategies for dealing with risk.

This package makes links with other similar resources. Nearly all lessons are supplemented with extension/homework activities from ***The Police Box*** and ***World of Drugs.***

BBC Resource Pack – Focus: Substance Misuse
This is a set of three programmes aimed at children aged 9-11 which is intended to promote debate and encourage children to develop their own decision making skills. The programmes cover a variety of themes linked to the PSHE/PSD 5-14 National Guidelines for the Curriculum, Levels D - F. They are titled 'Nobody tells me what to do', 'It makes me feel good', and 'Keep your mouth shut.' A teachers' activity book and resource cards accompanies the series. The focus is upon citizenship and developing confidence, responsibility and decision-making skills.

2.1.2 Packages used in both primary and secondary schools

Some of the packages have both primary and secondary editions. The following were observed being used in both primary and secondary lessons:

- ***What's the Score?***
- ***Drugwise Too***

What's the Score?
What's the Score? was produced by a consortium including the Rowantree Group and North Lanarkshire Education Department, and designed for both Primary and Secondary school use. A video accompanies the packs.

It focuses on the concept of developing decision-making skills. The materials are outcome linked and based on principles underpinning the curriculum framework. The package as a whole has been informed by current research. Pupils are provided with drugs information while at the same time given the opportunity to debate and discuss issues likely to affect current and future life situations. There are also opportunities to include relevant agencies in supporting the delivery of drug education. A shared approach with school staff, students, parents and the wider community is recommended.

The objectives of the package include the development of student awareness, attitudes and skills to enable them to make informed, responsible decisions about the use of drugs, alcohol, tobacco or solvents as part of a healthy lifestyle. The package states that it is based on a social learning approach. This involves presenting a balance of activities addressing knowledge, attitudes, values and skills development. The pack also recommends that harm reduction strategies be used where appropriate.

The primary package includes 36 lessons for P1-P7 with a range of interactive classroom activities on medicines, household substances, choices, risks and drugs. The number of lessons given to each year group increases as children move up through the school.

The secondary edition of ***What's the Score?*** is designed for S1 to S4, and structured around delivery through a spiral curriculum. There are 26 lessons evenly spread throughout the four years. They build on the foundations of ***What's the Score?*** primary edition, focussing on the provision of knowledge, with an emphasis on consequences, influences and making informed decisions. Drug knowledge is extended, exploring topics such as facts and myths, the

influence of the media and peers. Activities include group work, discussion, quizzes, and games. Many of the lesson activities include teacher led class discussion and videos.

Drugwise Too
Drugwise Too was produced by the Scottish Office and Strathclyde Regional Council. The pack is accompanied by a video ***Drug Problems*** produced by the Health Education Board for Scotland (now NHS Health Scotland). The video is designed to trigger further activity for which materials have been included. The pack advises that staff should be trained in the use of the programme.

The package is divided in two – primary and secondary. The broad aims of the package as a whole are:

- to provide information and opportunities to practise refusal skills;
- to help young people who wish to say no to drugs to be able to resist pressure from their peers or others;
- to clarify pupil's attitudes to drugs.

Drugwise Too for the primary sector is made up of 12 activities. It combines the theoretical approaches of information provision, affective approaches which include values clarification and decision making, and the social influences approach of resistance skills. Interactive activities are used in many of the lessons with opportunities for whole class discussion and small group work throughout. Pupils are able to learn from and interact with peers, while being given the opportunity to think for themselves. The video and the worksheets are used as starting points for discussion.

Much of the desirable outcomes of the package are related to enhancing groundwork in general PSHE skills and understanding. They include enhancing drugs knowledge, developing assertiveness, exploring attitudes and respecting the views of others. Practising refusal skills for use in drug related situations are also addressed.

The secondary section of the pack consists of ten activities aimed at pupils aged 10-12. This builds upon the primary programme and aims to encourage young people to review their knowledge and awareness of drugs and issues relating to drugs. Pupils are asked to consider how drugs might affect them and to examine their views about users and people who sell drugs. Many of the activities reinforce and extend the work for P6 and P7. The focus is on influences and responses to drug offer situations and refusal skills. Skills to be developed in this part of the programme include observation, decision making, communication and assertiveness.

2.1.3 Secondary school packages

The following packages were used in secondary schools:

- ***Drugwise Drug Free***
- ***DELTA 1 and 2***

Drugwise Drug Free – A Drug Education Programme For 14 To 18 Year Olds
As with ***Drugwise Too***, this package was also produced by The Scottish Office and Strathclyde Regional Council and is designed to extend and build upon knowledge and skills developed in the pack for younger children. It is based upon an interactive teaching approach

which encompasses information provision with affective, life skills and resistance skills approaches. There is an emphasis upon group work and discussions.

Topics include young people being exploited by dealers and on the purity of substances. It is also concerned with providing young people with an understanding of the law. It balances information provision with opportunities to develop skills of observation, discussion and communication, through a range of ten activities. The pack recommends that there should be some involvement from the police, particularly for specific activities which relate to drugs and the legal consequences. Many of the activities include class discussion combined with worksheets or video clips to support this.

Delta – Drug Education Learning And Training Activities
Delta is split into ***Delta 1*** for 11-14 year olds and ***Delta 2*** for 14-18 year olds. There are six lesson plans for each year, designed to be used within a spiral curriculum. The pack is based upon drug education research principles providing relevant, accurate information while encouraging young people to think for themselves.

Its lessons are designed to integrate with the National Curriculum for England and Wales, incorporating recommendations from the Learning Objectives, as outlined by the PSHE framework for Key Stages 3 and 4. The pack recommends an interactive approach, with an emphasis on providing accurate information. There is a balance of learning objectives across information, understanding, attitudes and skills such as decision-making. Opinions and values are also covered extensively.

There are lots of group activities and discussion pointers within the pack. The lesson activities are based around discussions, most of which are accompanied by worksheets. Scenario work features largely and pupils are encouraged to make decisions for themselves. Very detailed information is given on drug laws, providing pupils with the facts on which to make their own decisions. Risk is a recurrent theme in the lessons. There are practical lessons in first aid and how to help people with drugs problems. The link between drugs and sex is also explored. The activities are flexible and can be used in the order in which they appear in the pack or in the order in which the teacher feels is appropriate.

The approaches actually observed in classroom use will be compared with the approaches highlighted in the packages' introductions. This will be discussed in the reports later section dealing with lesson approaches generally.

2.2 How Packages Were Used

2.2.1 Local Authority use of packages

The local authorities differed in their use of published packages (see Table C2.2, below). Some focussed on one package recommended for use in all their schools, while others were less prescriptive and more diverse in their position on packages.

In both South Lanarkshire and Glasgow City Councils a high proportion of lessons were based on published packages. In Glasgow, seven out of eight lessons in the primary sector used ***Glasgow's Health***, while in South Lanarkshire all the primary lessons and some of the secondary lessons observed used ***What's the Score?***

Both ***Glasgow's Health*** and ***What's the Score?*** were developed locally. In the case of ***Glasgow's Health***, the development consortium consisted of NHS Greater Glasgow and Glasgow City Council, while ***What's the Score?*** was developed in the neighbouring local authority of North Lanarkshire. Local teachers were involved in the piloting and the materials were designed with the most pressing needs in the local areas specifically in mind.

The use of the other packages observed in use was more varied. The ***Drugwise*** packages were used most widely, in each of the local authority groupings other than South Lanarkshire. ***The Police Box*** was popular, observed in five schools across three local authority groupings. ***Delta 1 and 2*** packages were observed only in Perth and Kinross and in only one school there.

Lessons delivered by the teachers using ***Glasgow's Health*** and ***What's the Score?*** were seen to follow the package format closely, both for the topics covered and the activities through which the topics were explored. This was not so noticeable for the other packages and their use by teachers.

Table C2.2. Package Use by Local Authority Grouping

Local Authority Groupings	**Number of Lessons Observed Using the Following Packages:**					
	What's the Score?	**Glasgow's Health**	**Police Box & STEPS**	**Drugwise Packages**	**Delta 1 & 2**	**BBC Resource**
Aberdeen City & Aberdeenshire	0	0	2	2	0	1
Fife	0	0	2	1	0	0
Glasgow & Edinburgh Cities	0	7	1	1	0	0
Perth & Kinross	0	0	1	1	4	0
South Lanarkshire	13	0	0	0	0	0

2.2.2 Use of published packages by age group

Generally all the packages were used with the age groups for which they were intended (See Table C2.3 below). The use of specific packages was more common in primary lessons than in those lessons observed in the secondary sector. ***Glasgow's Health, The Police Box***, the ***BBC Resource pack*** and ***S.T.E.P.S*** were used only in primary schools. ***What's the Score?*** and ***Drugwise*** were used across primary and secondary year groups, as they were intended, while ***Delta*** packages were used only in secondary. ***What's the Score***? was used across the widest age range, consistent with how it was designed to be used.

Table C2.3. Package Use by Age Group

Age Group	**Number of Lessons Observed Using the Following Packages:**					
	What's the Score?	**Glasgow's Health**	**Police Box & STEPS**	**Drugwise Packages**	**Delta 1 & 2**	**BBC Resource**
Primaries 1 – 3	3	2	1	0	0	0
Primaries 4 – 5	2	3	1	0	0	0
Primaries 6 – 7	5	2	2	1	0	1
Primaries 1 – 5	0	0	0	0	0	0
Primaries 4 – 7	0	0	2	1	0	0
S1 and S2	1	0	0	3	2	0
S3 and S4	2	0	0	0	2	0
Total No of						

Lessons Using Packages	13	7	6	5	4	1

2.3 Other Resources Used

2.3.1 Schools'/teachers' own resource banks

Observers were informed by teachers that sometimes sets or groups of resources were made available to them from which they could select activities, ideas and information for their drug education lessons to suit their own locality, pupils and the amount of time given to drug education on the curriculum. Sometimes these were based on schools bringing together a selection of activities to make their own package of resources which was available as a central resource for all their drug education teachers. Sometimes the teachers themselves held a range of linked and coordinated activities used more or less as a package from year to year. These loose collections of resources tended to be roughly structured by topic, for example, or by age and were usually held centrally in the school or classroom.

Less structured and less coordinated resourcing was also reported with teachers using the following kinds of options:

- Resource cupboards with a number of national packages such as ***Drugwise*** or the ***Police Box*** from which teachers could select activities on the basis of what the pupil needs were at the time;
- Schools using a specific programme, such as ***Glasgow's Health*** or ***What's the Score***, but supplementing it with materials from other packages;
- Teachers combining resources taken from published packages and other kinds of resources such as leaflets;
- Selected package activities actively adapted by teachers to suit local school-based needs at the time.

The origins of some of the resources used were by no means always clear to the observers. This was particularly the case in primary schools where teachers used a number of stock activities and resources which had been photocopied for use over many years, with teachers themselves often unclear as to their provenance. It was also the case that in some lessons there was no clear resource base. This was most often observed where broad-based unstructured discussions were run and was also occasionally noted when outside speakers were delivering a lesson.

Among the lessons not structured on a given published package, the most commonly noted ways in which lessons were resourced was on the basis on an uncoordinated mix of resources or resource bank (see Table C2.4, below). This accounted for the kind of resources used in just over a quarter of the lessons. Almost as popular with teachers was use of the schools' or teachers' own more coordinated 'packages'.

Table C2.4. Resourcing Options

Resourcing Options	Percentage of Lessons
Uncoordinated resource bank	27
Coordinated resource bank/ school- or teacher-designed 'package'	23
No clear resource base	14
Totals, not including published packages	**64 % [N = 64]**

Published packages	**36**

Games from Published Resources
A small number of lessons used games from commercially-produced packages or programmes on a stand-alone basis or coordinated into lessons from the schools' or teachers' resource banks. Examples in this context include a ***TACADE*** card sort game and one from ***Think B4 U Drink***.

2.3.4 Types of resources supporting published package lessons

The range of resources used across all the activities covered in the published package lessons highlighted the dominance of worksheets in drug education lessons (Table C2.5 below). This was the case across each of the published packages in use. Worksheets were also sometimes reported as forming the basis for discussions, either structured or free ranging or as a staring point for other activities.

The ***What's the Score?*** package used the largest range of resources. However, ***What's the Score?*** lessons account for a third of all the published packages lessons. The resource use distribution highlights a strong information basis to the activities observed from the published package lessons.

Table C2.5. Resources Used During Published Packaged Lessons

Types of Resources	What's the Score?	Glasgow's Health	Police Box & STEPS	Drugwise Packages	DELTA 1 & 2	BBC Resource	Totals*
Worksheets	12	6	8	7	4	3	40
Examples (physical)	2	1	1	1	0	0	5
Videos and CDs	1	0	0	3	0	0	4
Information leaflets/cards	4	0	0	0	0	0	4
IT Packages	0	1	0	0	0	0	1
Books Factual	0	0	1	0	0	0	1
Books Fiction	0	0	1	0	0	0	1

*Resources were counted across activities within each lesson

Resources across all the lessons predominantly took the form of worksheets (see Table C2.6 below). However, the published packages used these proportionately more than the other lessons. All other lessons were rather more spread out in their use of resources and also used resources other than those listed here.

Table C2.6. Resources Used in All Lessons

Types of Resources	Published Package Lessons	All Other Lessons*	Total **
Worksheets	40	38	78
Examples (physical)	5	10	15
Videos and CDs	4	11	15
Information leaflets/cards	4	9	13
IT Packages	1	0	1
Books Factual	1	3	4
Books Fiction	1	2	3

*The activities in lessons where no resources as such were used are not counted here.
**Resources were counted across activities within each lesson.

3.0 DRUG EDUCATION TOPICS

This section examines the topics covered in the observed lessons. Section 3.1 reports general patterns in topic coverage, while 3.2 examines the age ranges to which different topics were taught and the level of content progression. Section 3.3 discusses factors influencing topic coverage, and section 3.4 examines the specific drugs covered at different age ranges.

3.1 General Patterns

A wide array of topics was covered in the 100 lessons which were observed. These have been grouped into areas which are commonly found in much of the drug education literature and the results are presented below in Table C3.1. As might be expected, the majority of lessons covered more than one of the topics listed here. For example, around half of the lessons we observed covered information about the names of drugs, types of drugs and also their effects and the consequences of using them. As a result the percentages in this table do not add up to an overall total of 100 per cent. Instead each row percentage reflects the proportion of overall lessons in which that topic or topic grouping was observed to be covered.

Table C3.1. Topics Covered in Observed Lessons

Topic Groupings	% of Lessons Observed
The effects and physical, mental, social and legal consequences of using and misusing drugs	67
Factual information on medicines, alcohol, tobacco, volatile substances, illegal drugs, etc; categories of drugs and the functions they perform; myths and facts about drugs.	64
Healthy body, what is good and bad for us, personal safety, who looks out for us, recognising what might be unsafe or dangerous.	45
Risk assessment, decision making and making healthy and informed choices	41
Drugs and the law; legal and illegal; the law on supply and possession of drugs, sentencing, etc.	31
Feelings and emotions in relation to health, self, use of drugs by self and others, managing those emotions, clarifying and exploring attitudes to drugs, personal values, images and stereotypes.	24
The influences which can affect the use and misuse of drugs: peers, parents, the mass media, advertising, etc and how they influence us.	22
Coping with pressure, assertiveness, resistance skills, refusing the offer of drugs from friends, peers and others.	15
Drugs and communities, social setting, social norms about what is acceptable, etc.	13
Getting help	11

Note: The percentages in this table do not add up to 100 per cent because it was possible for a given lesson to cover more than one topic.

As the table indicates, the most frequently covered topics in the lessons we observed related to factual information about specific drugs or types of drugs and their effects; personal safety and keeping healthy; and making healthy and informed choices within the context of taking over-the-counter and prescribed medicines, smoking, drinking alcohol or experimenting with other unsafe substances.

The next most common topics in the lessons we observed related to drugs and the law: which ones and legal or illegal, how the law views the seriousness of people being caught

possessing or supplying Class A, B or C drugs, and so forth. Just under a quarter of the lessons focused on pupils' and society's values, attitudes towards and feelings about drugs of different kinds and notions about what is and is not socially acceptable. A similar proportion of lessons focused on social influences.

3.2 Age Ranges and Progression in Topic Coverage

Table C3.2 presents data on the different age ranges to which these topics were taught. The distribution of some of the topics across the different age ranges does suggest some degree of progression. It is clear, from the table, for example, that topics relating to personal safety, a healthy body, being aware of what is dangerous and so forth are mainly covered in the early and middle years of primary. Where drugs are talked about they are mainly prescribed and over-the-counter medicines but we also noted some lessons where teachers or school nurses were raising awareness about used syringes, solvents and drug packaging that might be discarded in their locality.

By P6-7 over half of the observed teachers were introducing more information about specific drugs, particularly tobacco and, to a lesser degree, alcohol. Not many of the P6-7 lessons we observed went into much detail about other kinds of drugs, particularly illegal drugs but there were a small number of instances of this. A large majority of the S1-S2 lessons focused upon information about drugs and their effects and the physical, personal and social consequences of using them. S1 and S2 lessons were slightly more likely to cover nicotine and alcohol and the S3, S4 and S5 lessons were slightly more likely to focus on illegal drugs but the differences were not great.

However, it is also apparent that some primary schools are including topics in P6-7 and, to a lesser extent in P4-5, which are also being covered in S1-2 and even S3-4. This is particularly apparent with such topics as the effects of drugs, drugs and the law, making informed choices and helping children and young people to cope effectively with pressure.

Indeed some of the secondary school teachers we interviewed after observing their lessons indicated to us that they would like to know more about what the children had done in drug education lessons when they were in their upper primary years. They felt that they were sometimes going over ground that at least some of their pupils had covered before.

Table C3.2. Topics by Age Range

Topic groupings	Primary			Secondary	
	P1-3 %	P4-5 %	P6-7 %	S1-S2 %	S3-S5 %
Healthy body, personal safety, etc	85	73	33	37	38
Factual information on drugs, types, etc	46	73	52	85	67
Effects and consequences of drug use	38	64	67	89	71
Social influences	8	27	24	37	13
Drugs and the law	0	9	43	44	38
Risk assessment and making choices	31	27	52	41	50
Feelings, emotions, attitudes and values	8	36	29	26	25
Coping with pressure to experiment	8	0	24	19	17
Drugs and communities	8	0	19	11	21
Getting help	8	9	10	19	8

Note: The percentages in each column do not add up to 100 per cent because it was possible for a given lesson to cover more than one topic. The percentages are calculated on the basis of the number of lessons for a given age range which covered a particular topic or topic group.

Clearly there may be some issues relating to progression here, although it should be emphasised, first, that our comments only relate to the sample of lessons which were observed and, second, that the children in these P6-7 classes were not necessarily going to be transferred to the secondary schools where we observed the same topics being covered.

However, in eight of the 20 primary schools in our sample we had observed drug education in at least three classes and, of these, one class was drawn from the early years, one from the middle years and one from P6-P7. In a ninth primary school, a small rural school where there were two composite classes (P1-P4, and P5-7) we had observed drug education lessons with all of the children in the school. Similarly, in seven of the 19 secondary schools we had observed drug education in S1, S2, S3 and S4 classes and in three others we had observed drug education in classes drawn from three distinct secondary year groups.

This provided us with a good opportunity to examine the degree of progression in the drug education provided within schools. Table C3.3 highlights the extent to which there appeared to be content progression in these 19 sampled schools.

Table C3.3. Level of Content Progression across Year Groups in Sampled Schools

Type of School	**Level of content progression**			**Totals**
	Low	**Some**	**High**	
Primary	3	4	2	9
Secondary	4	3	2	10
Totals	7	7	4	19

In the context of this table '*low*' describes a situation where pupils appeared to be encountering similar drug education content in at least three distinct years. In the three primary schools the lessons observed in early, middle and upper years focused mainly on work around a healthy body, personal safety and attitudes to drugs. In the secondaries low progression was apparent in the sense that pupils appeared to be doing similar work on the names of drugs, different classifications and categories and their various effects in at least three year groups. This did not mean that the three observed lessons were identical but the main focus in each case was very similar.

The term '*some*' here describes a situation in the primary schools where there was usually not much evidence of progression between two year groups or age ranges, usually between early-years and middle-years classes, even if the content in the P6 and P7 lessons was noticeably different. In the context of the secondary schools the term either referred to a situation where there was some overall progression from S1 to S4 but the content of the observed lessons delivered to, for example, S1 and S2 classes was very similar, or it referred to a situation where each year the class looked at a different drug area (e.g. smoking one year, alcohol the next, and illegal drugs in the third year) but in an almost identical way.

The term '*high*' is more self-evident in this context. It describes those situations where it was clear from the observations conducted with classes in different year groups that the content covered in subsequent years was not only different from but also built upon and extended the work that had been done in previous years.

As Table C3.3 demonstrates, there was clear evidence of low or limited progression in fourteen of the nineteen schools where we were able to check for this. The question which clearly follows is whether or not this may be symptomatic of a potentially serious problem. It has been customary to argue that heath education provision in schools should be structured

around the principle of a spiral curriculum but content is only one dimension of that principle. In subject areas where there is a clear progression in cognition (as in academic subjects such as mathematics) then it is clear that the spiral structure of the curriculum will return the learner to certain concepts, procedures and principles but in more intellectually challenging ways as they develop. At present there are undoubtedly some aspects of health education in general and drug education in particular where the topics to be covered can be structured according to how challenging the content will be for different age groups. However, other principles also influence thinking about the spiral curriculum and one of these is the experience of the learner. That is to say, pupils return to the same topics, ideas and principles again and again as their personal experiences change. There is an element of this in drug education as well and it may well underpin the thinking behind those school approaches which look at different drugs in different years but in a very similar way.

Some of the teachers we interviewed explained the thinking behind their drug education lessons is this way: "*Right now they are most likely to experience pressure to try a cigarette. Next year the issue is going to be alcohol because we can see that with this year's S2s. In an area like this they don't really come into contact much at their age with the drug scene*".

On the other hand, others have argued that the most appropriate time to introduce education about smoking, alcohol and illegal drugs is before most young people have come into contact with them.

There is a related issue regarding progression in composite classes. As noted earlier, nearly half of the early-years classes and the middle-years classes were composite. About one third of the upper-years primary classes were also composite. In the three smallest primary schools there were only two classes. In two cases these were P1-P4 and P5-P7; in the third case the classes were P1-P3 and P4-P7. We did not observe any differentiation by topic in any of these composite classes. It could be argued that this was not particularly problematic in classes with only two year groups and some of the teachers explained to observers that the school operated a rolling programme so that the children would not repeat the same lessons when they moved up a year. However, in those cases where there are three or even four year groups in the same class it is more questionable as to whether the same topic (e.g. medicines and other unsafe substances in the home) is appropriate for all of them. Equally there might be questions about whether work on the effects of smoking, solvent abuse or illegal drugs with P6s and P7s would be equally appropriate for the P4s and P5s in the same class.

Generally, there appears to be some confusion still about the fundamental principles that should underpin the delivery of drug education, including issues relating to progression and differentiation, and this was reflected in what we were observing in school classrooms.

3.3 Factors Influencing Topic Coverage

As we have seen elsewhere in this report, factors such as local authority policy on resources, whether or not the school and the teacher is using a published package and the background and training of staff can influence classroom practice in drug education. In terms of influences on topics covered the following main findings emerged:

- There were few differences between the local authorities sampled in the observation exercise.

- All gave considerable emphasis to information about drugs and their effects.

- The lessons observed in Aberdeenshire and Edinburgh City were markedly more likely to have examined social influences on drug use.

- Drugs and the law was more likely to have been covered in the observed lessons in the city-based local authorities: Aberdeen city, Edinburgh city and Glasgow city.

- Work on risk assessment and decision making with regard to drug use were also most likely to be covered in the city-based local authorities and South Lanark.

- Those teachers observed to be using published packages were more likely to be including some work on skills development (coping with pressure, assertiveness, decision making, etc) when looking at different types of drugs.

3.4 Coverage of Specific Drugs

Fifteen of the 100 observed lessons did not specifically focus on drugs. As noted elsewhere in the report, they were more concerned with what we have described as groundwork. This was usually in observed early-years and middle-years lessons in primary schools. As can be seen from Table C3.4 those early-years and middle-years lessons where drugs were specifically mentioned tended to focus on medicines. These were usually the ones with which the children were already familiar, such as calpol, paracetemol, aspirin and cold remedies. There were not many observed references to prescribed drugs.

Table C3.4. Drugs Featured in Observed Lessons

Drugs featuring in observed lessons	**Primary**			**Secondary**	
	P1-3 %	**P4-5 %**	**P6-7 %**	**S1-S2 %**	**S3-S5 %**
Medicines (general)	77	36	38	11	25
Over-the-counter medicines	38	45	29	26	17
Medicines obtained by prescription	8	9	33	19	21
Drugs in general (not specified)	15	73	48	52	46
Dangerous household substances	23	27	10	7	0
Solvents	0	18	29	26	25
Nicotine	23	45	71	52	38
Alcohol	31	45	67	59	71
Amphetamines	0	9	33	30	38
Cocaine (crack)	0	36	38	41	58
Nitrites (poppers)	0	0	5	11	13
Ecstasy (MDMA)	0	9	24	56	38
Magic Mushrooms	0	9	19	26	8
LSD	0	0	19	41	21
Ketamine	0	0	5	4	0
Khat	0	0	0	0	1
Heroin	0	0	24	48	33
Methadone	0	0	5	11	13
Tranquillisers	0	0	10	19	17
Anabolic steroids	0	0	0	7	4
GBH/Rohypnol	0	0	10	11	8
Ritalin and other drugs that may be administered at school/home	0	0	0	4	0

Total number of lessons observed	13	11	21	27	24

Whilst there was still a clear focus on medicines in middle-years lessons, nearly half of these lessons also focused on nicotine and alcohol, and a small number introduced the names of some illegal drugs such as cocaine, ecstasy, magic mushrooms and amphetamines.

While just over one-third of the upper primary classes also focused on medicines, teachers and pupils were more likely to mention prescribed medicines and by this stage there was also a much stronger emphasis on nicotine and alcohol (71 per cent and 62 per cent of the upper primary lessons observed respectively). Around a third of these particular lessons also featured amphetamines and cocaine, one quarter mentioned ecstasy and heroin, and one-in-five featured hallucinogens such as LSD and Magic Mushrooms.

In S1 and S2 just over half of the observed lessons focused on alcohol and nicotine but by this stage lessons were also more likely to introduce illegal drugs, with the most frequently featured being: ecstasy, heroin, cocaine, LSD and amphetamines.

This developmental pattern also continues into S3-S5 lessons where there was less focus on nicotine and alcohol per se (though an increased focus on binge drinking). However, the main illegal substances featured were very similar to those covered in S2-S3 lessons: cocaine, ecstasy, heroin, LSD and amphetamines.

Evidence of progression was slightly clearer here than when examining the topics featured in observed lessons. However, if the spiral curriculum approach indicates that lesson planning should take into account the pupils' own experiences then it is perhaps surprising that so few upper primary and S1-S2 lessons focused on solvents and other volatile substances, and so few S1-S2 and S3-S4 lessons focused on Magic Mushrooms. Interestingly in most of the instances where this particular hallucinogen was discussed, it was the pupils who raised it.

Clearly any discussion of progression based on the evidence here needs to be treated with caution. As we have observed at various points in this report, we were only observing a sample of lessons and not all of those drug education lessons which each school delivered to each sample year group or class. Nevertheless, when drugs were mentioned it was usually within the context of learning activities about the names of different drugs and their effects, i.e. those lessons where specific drugs were most likely to feature anyway.

4.0 TEACHING AND LEARNING METHODS IN DRUG EDUCATION

This section examines the teaching and learning methods used in observed lessons. Section 4.1 reports general patterns in methods, while section 4.2 examines methods employed with different age ranges. Section 4.3 examines any differentiation in methods, and section 4.4 examines methods of using specific packages.

4.1 General Patterns

During the course of each observation the researchers also noted down the methods employed by each teacher for each segment of the lesson or each specific learning activity. The results are summarised in Table C4.1. In most of the observed lessons teachers employed more than one method. Therefore the percentages in the following table relate to the number of lessons in which a particular method was used at least once.

Table C4.1. The teaching and learning methods employed in observed lessons

Teaching and Learning Methods	Number of Examples Observed
Structured discussion using circle time, question & answer formats, debates, etc	106
Sharing, checking and assessing their information through quizzes, card sort activities, drawing up lists, completion exercises, etc	90
Using a range of different ways to communicate or present findings to others, including presentations, posters, writing guidelines, information leaflets, etc for other pupils and/or parents	44
Brainstorming on options, attitudes, feelings; unstructured or open-ended discussion; pupils sharing ideas and opinions and learning from each other	44
Direct teaching with teacher, community police officer, community health worker, school nurse or other visitor providing the input, supported by powerpoint, OHTs or DVDs	34
Enquiry-based approaches involving some individual or group research on leaflets, information booklets, cards, school-based surveys, website searches.	19
Learning through watching videos, extracts from television programmes, and watching visiting theatre groups perform plays on relevant topics and themes	14
Rehearsing and practising different kinds of strategies and solutions to drug-related situations, role play, writing scripts for scenarios, empathising with individuals in particular situations	12
Problem-solving, prioritising, Diamond Nine activities to identify options and work out what would be the best, safest, most appropriate approach to everyday situations involving drugs	11
Other (e.g. teacher telling a story, class reading fiction)	3

Note: Percentages were not used in this table because most observed teachers employed at least two and often up to five different methods in a given lesson.

As can be seen from this table, a wide range of teaching and learning methods were observed in the 40 schools which were visited. The pattern of heavy reliance on videos, which has been commented on by earlier research in several countries was not apparent in the participating Scottish schools. The most commonly-used method was structured discussion often taking the form of whole-class and small-group brainstorming around headings introduced by the teacher. This often encompassed a great deal of information provided by the teacher as part of these activities. The second most frequently employed group of

methods involved the use of card sort activities, drawing up lists, quizzes to check what pupils already know and what they have picked up from previous drug education lessons.

Another common group of methods and activities focussed on pupils being asked to use the information on drugs which they have now acquired through either enquiry or structured discussion, to produce posters and guidance for other pupils. Where such methods were used with P6-7 and S1-S2 pupils the messages tended to be stark, e.g. 'Smoking kills!', "X per cent die from sniffing solvents", "Steroids can permanently damage your health", etc. As such they tended to fit more an approach to drugs education concerned primarily with not taking drugs rather than with informed choice or harm reduction. Generally, it was our impression that most of the teachers who employed these methods were mainly concerned with getting the pupils to put pen to paper and to be creative rather than with exploring with them the actual ideas about drug education which underpin he messages they wanted to impart. That is, we saw hardly any examples of teachers clarifying whether a particular message would work with the pupils' own age group or even older pupils and, if not, why not. In such circumstances there is a risk that the focus on 'doing' masks the potential for learning.

Some of the methods which are central to a number of published drug education packages and are often recommended in the literature on good practice in drug education were observed but they were not frequently employed by teachers. These include prioritising activities such as Diamond Nines, problem solving, enquiry-based learning and scripting and role playing strategies for dealing with drug-related situations.

4.2 Methods Employed with Different Year Groups and Age Ranges

The data have been analysed by year group and the results are presented in Table C4.2 below.

Table C4.2. Methods and Age Groups

Methods	Primary			Secondary	
	P1-3	P4-5	P6-7	S1-S2	S3-S5
	Number of Examples Observed				
Direct teaching	4	2	8	13	7
Structured discussion	11	15	29	34	17
Assessing and checking information	10	12	25	17	26
Enquiry-based learning	0	2	3	13	1
Presenting findings to others	10	6	9	14	5
Problem solving and prioritising	0	1	7	2	1
Unstructured discussion and brainstorming	3	4	10	11	16
Rehearsing and role playing strategies	1	1	4	2	4
Watching drama and videos	0	0	1	8	5
Other	2	0	0	0	1

Note: Percentages were not used in this table because most observed teachers employed at least two and often up to five different methods in a given lesson.

Most of the teachers, regardless of the age group they were working with, employed structured discussion during the lesson. Use of card-sorting activities, quizzes and completion exercises were spread across the age ranges, although early-years and middle-years classes were more likely to be given completion exercises than quizzes and card sorts.

Enquiry-based learning and presentations of information to others were most likely to be used with S1-S2 pupils but we only observed a relatively small number of examples of this approach in action.

Unstructured discussion and role play were only employed in a small number of lessons as well and these were mostly for upper primary and secondary classes.

More generally there is some evidence here, but it is far from conclusive, that teachers delivering drug education to S1 and S2 classes may be a bit more adventurous than those delivering it to older students.

4.3 Differentiation

It was noted in the sub-section on topics that we did not observe any examples of differentiated topic work in composite classes. The same point also applied to the use of teaching and learning methods. Some teaches with composite classes were taking steps to ensure that their small groups included younger and older pupils, with the latter taking responsibility for seeking out information and acting as scribes. However, where these teachers would usually use different resources, age-related worksheets and differentiated learning activities for number work or reading their approach to drugs education was usually more undifferentiated. We only saw one example of differentiated methods with a composite class and that was where the P4s in a P1-P4 class were given as worksheet to complete at the end of the lesson while the P1-P3 children moved on to something else.

4.4 Methods Used with Specific Packages

Those lessons where teacher were using published packages tended to make more use of structured and unstructured discussion than those lessons where the teacher was not using a package of some kind. Conversely, teachers who were drawing on a school-developed bank of resources tended to be more likely to use direct teaching.

Less use was made of drama and enquiry-based learning in the observed lessons which employed published packages and in the early-years and middle-years classes the teachers not using packages were more likely to use sorting and categorising activities, usually where the children were asked to sort the medicine chest or sort medicines from a bag.

There were a number of methods which were common across most of the published packages – structured and unstructured discussion, creating and displaying lists, illustrating, direct teaching and completion exercises.

Structured discussion featured in all of the published packages but is particularly prominent in those lessons delivered with the ***Drugwise*** packages. Here the observed lessons used structured and unstructured discussion, creating and displaying lists and learning through drama, which would have included the video which comes with the pack. It is these methods which the pack itself places an emphasis upon and it appears to have been delivered in the methods in which it was intended. To a lesser extent sorting and categorising and peer-based learning were also observed.

Lessons using ***What's the Score?*** also included a high proportion of methods and exercises involving structured and unstructured discussion. These were combined with direct teaching and strategies for sharing and structuring knowledge, such as creating and displaying lists. Other methods observed to a lesser extent included use of presentations, problem-solving exercises and quizzes. ***What's the Score?*** appeared to have the widest range of methods of any of the packages we saw in use. However, the results may be slightly distorted as we observed more instances of this package being used than any other.

Glasgow's Health also utilises a relatively wide range of methods and most of these were observed in the sample of lessons where this package was in use Again, it is mainly delivered through discussion. However, compared to ***Drugwise Too*** and ***What's the Score?***, there seemed to be more use of presentations and acting and role play and more emphasis on developing creative ways to present key messages to others.

The Police Box and ***STEPS*** lessons predominantly used the methods of structured and unstructured discussion, and organising information through creating and displaying lists. We observed few examples of other methods, such as direct teaching, completion exercises and sorting and categorising being used.

In lessons using both the ***Delta*** packages the main method observed in use tended to be direct teaching with some role play, even though the packs put a lot of emphasis on structured and unstructured discussion and brainstorming and drawing up lists of information.

The BBC Resource Pack lesson which we observed used both structured discussion and problem-solving exercises. However, it was difficult to infer much from this as only one lesson was observed. Nevertheless, it appeared to be in keeping with the intentions of the package.

5.0 DRUG EDUCATION APPROACHES

This section examines the approaches to drug education employed in the observed lessons. Section 5.1 reports general patterns in approaches, while section 5.2 presents the approaches used in relation to specific packages and resources.

5.1 General Patterns

In examining the approaches adopted in the observed lessons we have found it useful to differentiate between approaches that are, in essence, concerned with modes of delivery, and approaches which are concerned primarily with the learning outcomes of drugs education.

5.1.1 Modes of delivery

Following Tobler[8], we were endeavouring here to observe the extent to which lessons (and specific learning activities within lessons) were delivered by the teacher or a visitor such as a community police officer, school nurse or health promotion worker in a didactic or interactive way.

'Didactic' and 'interactive' approaches may be conceptualised as the opposite ends of a continuum and if we do so then various modes of delivery which are commonly employed within drugs education can be positioned along that continuum. At one end is the presentation where the teacher or visitor does almost all of the talking, although they may also use powerpoint and DVD as well. Two lessons were observed which would come into this category. Both were delivered by community police officers. Also at the didactic end of the continuum were those lessons and activities where learning was mostly conducted by the teacher or visitor through a process of questions and answers. Where some of these questions were relatively open-ended and the teacher was eliciting the pupils' own knowledge, opinions, values, beliefs and experiences then this was coded as being less didactic than the use of closed-ended questions designed to check what has been learned so far. However, even where these modes of delivery involve some degree of interaction or participation it tends to be between the teacher and the individual pupil and it is mostly teacher-initiated. At the other end of the continuum are those modes of delivery which are highly participatory and involve pupil-pupil interaction, where pupils learn together and from each other through discussion, enquiry and brainstorming and the teacher concentrates on facilitating the appropriate learning environment rather than on transmitting to them what they should know.

Given that our observers were identifying a wide range of modes of delivery we found it useful to code them into three broad categories: those which were **mostly didactic** (even if there were some limited instances of open discussion); those which were **mostly interactive** (with a considerable amount of pupil-pupil participation, open-ended discussion, brainstorming and opportunities to develop and try out specific skills); and those modes of delivery which were **partly didactic and partly interactive** but combined them in almost equal amounts. The results are presented in Table C5.1.

[8] See the Literature Review section 3.2.2.

Table C5.1. Main Modes of Delivery of Drugs Education in Different Types of School

Type of school	Mostly didactic	Partly didactic & partly interactive	Mostly interactive	Totals
	Numbers *(with percentages in brackets)*			
Primary	**2** *(4)*	**37** *(82)*	**6** (*13*)	45
Secondary	**7** (*17*)	**21** (51)	**13** (32)	41
Independent	**1** (*17*)	**4** (*66*)	**1** (*17*)	6
Special	**1** (*13*)	**5** (*62*)	**2** (*25*)	8
Total numbers	11	66	21	100
Total percent	11%	66%	21%	100%

As the table shows, only around one in ten of the lessons observed were coded as mostly didactic. Nearly a third of the secondary lessons which we observed were coded as mostly interactive, which is markedly higher than the proportion of primary lessons which came into that category. The patterns in the independent schools are not markedly different from the modes of delivery in the local authority schools. Most lessons offered a combination of didactic teaching and interactive activities. Of course, the numbers here are relatively large because this category conflates all the subtle differences identified by the observers which would have differentiated one activity from another along the didactic-interactive continuum.

However it is perhaps also worth pointing out at this stage that the literature on approaches to drugs education tends to examine modes of delivery in a vacuum devoid of the context in which teachers have to work: the pupils' stage of cognitive development, the degree of disruption in a lesson, the normal mode of delivery for all PSHE/PSD lessons, and so forth. This is apparent at two levels.

First, much of the literature seems to focus on modes of delivery at the secondary stage. However, as this report shows, some drugs education, or work which is preparing the ground for later drugs education, is being undertaken even with the early years (P1-P3). The approaches which the teachers use for lessons on, for example, personal safety (including keeping safe around medicines, syringes, etc) are very similar to the approaches which they would adopt for any other topic. That is, a combination of question and answer, demonstration (e.g. safety caps on bottles), circle time with some open discussion and perhaps a relevant story. The approach will reflect the teacher's knowledge of the children's attention spans and respond to shifts in interest by varying activities to suit. In most instances the class teacher will also use opportunities as they arise to develop the children's language and communication skills as well.

Second, the approach to delivering drugs education which most of the teachers we observed were adopting was also consonant with their general approach to classroom management. So, for example, after a particularly interactive activity which may have involved pupils moving around the class, going from one group to another, undertaking tasks that were challenging and stimulating, teachers would "settle them down" again by a short question and answer session or a teacher-led input or a worksheet. This observation applies as much to the secondary lessons we observed as those we observed in primary and special schools.

When the data were analysed by year group it was found that most of the lessons which were categorised as 'mostly didactic' were delivered in S1/S2 lessons (64 per cent). On the other hand, 41 per cent of the lessons categorised as 'mostly interactive' were observed in S1/S2 lessons while a further 35 per cent were also observed in S3/S4 lessons. The lessons

categorised as ‘partly didactic-partly interactive’ were evenly distributed across all year groups.
The didactic-interactive pattern was fairly similar across all of the local authorities in which the observations were conducted. However, there was one exception. Observed teachers in South Lanark schools were far more likely to have delivered lessons that were categorised as ‘mostly interactive’.

Broadly speaking PSHE specialist teachers were more likely to adopt a ‘mostly interactive’ approach than class teachers, form tutors, teachers or visitors. Even so, only 40 per cent of the lessons delivered by the PSHE specialists were categorised as ‘mostly interactive’ and the six lessons delivered by PSHE specialists (30 per cent of the total) were categorised as ‘mostly didactic’. In these latter instances the teachers provided the pupils with a great deal of information about drugs rather than either eliciting the pupils’ existing knowledge or providing them with opportunities to seek out the information from resources. However, if we compare the teaching of those PSHE specialists who have also had some PSHE training with those who have not then the former group were much more likely to have delivered drug education lessons in a ‘mostly interactive’ way.

Interestingly, the visitors were the ones least likely of all of the professional groups we observed delivering drug education to employ a ‘mostly interactive approach’ (only 15 per cent). At first sight this finding seems surprising since most of the visitors, particularly community police officers, drug awareness officers and voluntary agency workers were likely to have received some training for this work. However, one of the challenges facing some visitors is that they have to quickly develop a rapport with a group they have not previously met and know very little about. A few visitors did this by encouraging the pupils to share their knowledge and experiences and then used this as a basis for the rest of the session. The others, however, tended to begin sessions by establishing their credentials and mostly did this by airing their knowledge. This was usually tailored to the age of the pupils but often meant that they were providing information in a didactic way about local street names for specific drugs, the places where teenagers go to pick up drugs, the going rate on the market, or talking in some detail about the different ways in which various drugs may be taken.

Teachers’ responses to the delivery of the visitors were often interesting because they did not seem to apply the same criteria as they would to a supply teacher or less-experienced colleague. For example, one visitor, a community police officer, talked for over 75 per cent of the session (which covered an entire morning). The information was very interesting and he retained the pupils’ attention and engagement for most of the time, although they did become restless after the mid-morning break. During the two hours there were three opportunities for participatory work. There was a short group activity in which half of the pupils were asked to list the names of drugs they had heard about and the other half were asked to provide a description of ‘a typical drug dealer’. There was hardly any time given to feedback from the groups and the visitor mainly concentrated on providing further information about the drugs which they had named. The activity on the typical drug dealer was not followed up at all. At various points in the morning the visitor asked two young people to come out to the front and explained that one would be a drug dealer and the other would be a young person being encouraged to buy some illegal drugs for the first time. The visitor created a personal history for each character then proceeded to provide the dialogue for them while the young people just stood at the front silent and immobile and probably relieved that they did not have to act. The narrative which the visitor created was rich and full of information about how to avoid specific situations, what to do if approached, what

happens to young people who get ensnared by dealers, and so forth. However, the opportunity for pupil participation in role play was not taken up and follow-up work was minimal. At the end of the morning session the visitor started to introduce a re-cap quiz only to be told by one of the teachers that the bell was about to ring.

The teachers present felt that this had been a very good session; he had retained the pupils' interest and clearly "*knew his stuff*". This perhaps illustrates what may be a wider concern for teachers who have had no specific training for drug education. They lack confidence because they feel that they do not know enough about drugs to teach it effectively and their experience and expertise in delivering PSHE/PSD lessons is down-graded in relation to a non-teacher's superior knowledge of drugs and the drug scene. (Findings from the sample of young people consulted on their experience of drug education also highlighted their enjoyment of lessons delivered by visitors.)

5.1.2 Learning approaches

This section examines the observed lessons for evidence of approaches designed or intended to achieve or facilitate changes in the pupils' knowledge and understanding, attitudes and values, behaviour and skills. In coding the observations we found it useful to employ the following categories:

Information about Drugs: their proper names, street names, the legal classification, various categories of drugs, their specific effects and the potential physical, social and legal consequences of using and misusing them. This was the most frequently employed approach across virtually all of the age groups observed. Classified within this is a sub-type which we saw employed by two community police officers. This, in many respects, is a kind of citizenship approach: this is what will happen if you are found in possession of illegal drugs or caught supplying them.

Preparing the Ground: this is an approach which we found mainly in the early years, the mid-primary years and in two special schools: one a secondary for children with a variety of learning difficulties and the other a school which provides for children from 3 – 18 with profound and multiple disabilities and needs. A typical lesson here might not mention drugs at all but encourage the pupils to think about all the dangerous places in the home, the school and the local community and environment. However, there might be some references here to 'danger in the bathroom' and the medicine cabinet. Another typical lesson which comes into this category is pollution, including litter. Sometimes the teacher might mention the dangers of used syringes, half empty bottles of wine, discarded cigarettes or say that they would be looking at these dangers later.

Keeping Safe / Harm Reduction: In early years' lessons in primary schools the focus here was mainly on safe storage and who is responsible for giving them over-the-counter and prescription medicines. This was also an approach adopted with older children in some of the lessons we observed in special schools. In the secondary schools we saw hardly any examples of the harm reduction approach as defined in section 3.2.2 of the Literature Review.

Risk Assessment, Making Decisions and Choices: an approach which usually combines awareness raising with some opportunities to work through scenarios involving options.

Social Influences: where this was observed the approach usually focussed on peer pressure (rarely parental influences) or the various ways in which the mass media in general and advertising in particular, present desirable social images and create expectations.

Affective / Personal Development: any approaches which were either concerned with getting pupils to think about their attitudes towards drugs and how their attitudes and behaviour might be influenced positively or negatively by their personal values AND/OR were concerned mainly to enhance pupils' self esteem and self awareness.

Normative Education: here we were looking for examples of activities which were designed to address any erroneous perceptions which the pupils might have about the prevalence of drug use and misuse amongst their age group or within their community.

Resistance and Assertiveness Skills: any approaches which were concerned with helping children and young people to assert themselves and resist any social pressure to try cigarettes, alcohol, volatile substances or illegal drugs.

Table C5.2 presents a breakdown of the range of learning approaches adopted in the observed lessons. The table clearly demonstrates the prevalence of lessons (and activities within lessons) which aimed to help children and young people to acquire and build on their '**information about drugs'** and their effects. In practice exactly half of the observed activities under this heading were concerned with informing the children and young people about the definition of drugs, proper and street names for specific drugs, categories and classifications. A relatively small minority of these lessons were concerned with exploring the pupils' existing knowledge. The rest of the observed activities under this general heading were concerned mainly with the physical effects of different drugs (i.e. as stimulants, depressants, hallucinogens). A small minority of these activities were concerned with the long-term physical consequences of using specific drugs and the potential social consequences.

Table C5.2. Range of Learning Approaches Adopted in Observed Lessons

Learning Approaches	**Percent**
Information about drugs and their effects and consequences	57
Preparing the ground	8
Keeping safe/ harm reduction	11
Risk assessment, making decisions and choices	8
Social influences	6
Affective / personal development	7
Normative education	0
Resistance and assertiveness skills	3
Totals	**100**

The second most prevalent approach, '**Keeping safe',** tended to feature mainly in lessons for P1-P5 and in special schools. We only observed two examples of what could be described as the '**harm reduction'** approach**.** Two community police officers who focused on drugs and the law in their presentations (one to secondary pupils, the other to a P6 class) mentioned the possible risks to young people's careers and future lives generally if they were prosecuted for drug use or supply. There were no observed instances of teachers or visitors focusing on safe and unsafe drug use. Indeed one teacher in a post-observation interview intimated that he

had thought about using a resource which did this but decided not to in the end on the grounds that it might prove controversial with the parents.

The third most prevalent approach, observed in only eight per cent of the lessons, is '**Preparing the ground**'. This too tended to be adopted in the primary schools with pupils in P1-5 and in the special schools to a wider age range.
As the table clearly demonstrates, we only saw a limited number of instances of lessons or activities designed to develop **'decision making skills'** or **'assertiveness and resistance skills'**. Only about one-in-ten of the lessons we observed included any activities which aimed to develop such skills. In most instances these involved small groups working through scenarios. These approaches tended to be deployed with P6-7 in the primary schools and S3-S4 in the secondary schools. With the primary-aged pupils the topic was usually social drugs such as tobacco and alcohol. With the S3-S4s it was more likely to be illegal drugs. Nevertheless there may be an issue here about progression to which we will return later in the report.

Although we observed a few upper primary lessons which focused mainly on '**social influences'** this tended to be taught, if at all, in the secondary schools and then mainly to S2, S3 and S4.

Most of the teachers we observed would argue that much of their work as class teachers or as PSE/PSD specialists was concerned with developing **self esteem and self awareness** and would not regard this as a particular focus for drugs education alone. As a result most of the lesson activities which come into this category were concerned with helping the pupils to clarify their attitudes towards drugs and drug use. These activities often supported an activity designed to provide information about drugs, particularly illegal ones, but also alcohol and tobacco. However, the PSHE/PSD element was particularly significant in the special schools where teachers were concerned about the vulnerability of some of their pupils to peer and adult influences. As such it tended to underpin activities which focused specifically on keeping safe.

As can be seen from the Table we saw no examples of normative education in practice. However, one observer did record an instance of a secondary teacher saying to his class that "*Drug use is not as widespread out there as you think it is*".

Of course, the drug education provided by most teachers will incorporate several approaches and even within one lesson there may be activities which reflect different approaches. For instance, an opening activity on social influences might then lead on to small group work on decision-making scenarios followed by discussion of a clip from a video where a character is trying to resist pressure from his friends to try a particular substance.

Observers were therefore asked to provide evidence of different approaches being employed during a lesson and these were then coded according to the extent to which a particular approach was the most dominant one in the lesson, or the second or third most dominant in the lesson. In almost every instance, one approach tended to predominate, although the lesson might include activities which incorporated up to three distinct approaches. In practice only two-fifths of the lessons we observed incorporated up to three distinct approaches. Most utilised only two.

As Table C5.3 shows, '**Information about drugs and their effects**' is not only the approach which dominates the main part of most lessons, it also tends to be the second most dominant approach in over half of the lessons observed. As noted earlier, many of the lessons we observed either began with an activity on naming drugs and then went on to categorise them (either by their effects, level of social acceptability or legality) or it re-capped a previous lesson on drug names and then focused mainly on categorising.

The table also shows that where approaches aimed at developing skills, whether for decision making or resistance, they tended to be observed in supporting activities rather than as the main element of the lesson. The same point applies to the employment of the 'social influences' approach and the 'keeping safe' approach, which often supports activities which have been categorised here as 'preparing the ground'.

Table C5.3. Main Learning Outcomes of Approaches Adopted

Learning Approaches	Modes of Delivery		
	Most Dominant Approach	2nd Most Dominant Approach	3rd Most Dominant Approach
	Percentages		
Information about drugs and their effects and consequences	71	56	24
Preparing the ground	15	4	0
Keeping safe/ harm reduction	7	13	20
Risk assessment, making decisions and choices	5	10	12
Social influences	0	8	14
Affective / Personal development	2	7	20
Normative education	0	0	0
Resistance and assertiveness skills	0	2	10
Total numbers	**100**	**84**	**41**
Total percent	**100**	**100**	**100**

A number of comments have already been made about the learning approaches adopted with different year groups and age ranges. Most of the observed lessons for early years and middle years in primary schools combined a focus on 'keeping safe' and 'preparing the ground' with 'information acquisition'. The older the pupils the greater the emphasis on 'information acquisition'. As noted earlier, not many of the observed lessons focused on social influences or skills development but where they did these tended to be either for P6-P7 or in secondary schools generally.

The patterns of use of these various approaches were very similar across all of the local authorities included in the observation exercise.

There were no major differences between the PSHE specialists and the other teachers and visitors in terms of the learning approaches adopted. However, one difference is worth mentioning. None of the admittedly small number of lessons which included resistance or assertiveness skills were delivered by PSHE specialists. The examples we saw were either delivered by visitors or form tutors and class teachers. Of course, they may have focused on skills development in lessons which we did not observe.

5.1.3 The relationship between modes of delivery and learning approaches

We have not included a table here which cross tabulates the didactic-interactive modes of delivery against the learning approaches. This is because the results are so dominated by the number of lessons where the learning outcomes approach is predominantly information acquisition. However, the following key points are worth noting:

- 78 per cent of the lessons where delivery was mostly didactic were concerned with transmitting information.

- 64 per cent of the lessons where delivery was mostly interactive were also concerned with information acquisition but here either the information was acquired through small group enquiry work or brainstorming activities were used to elicit the pupils' own knowledge.
- As noted above, the number of lessons focusing to any degree on decision making, risk assessment, resistance or assertiveness skills was small but almost all of them were delivered through an interactive approach or through a partly didactic-partly interactive approach. Typical here was some kind of stimulus resource such as a video or story, followed by a worksheet to get the pupils thinking and then small group work to develop strategies which the individuals in the video or story could use in such a situation.

- Affective and personal development approaches were usually delivered through an interactive mode or a combination of teacher-input, teacher-led work and pupil participation. But again not many lessons were observed which would come into this category. The relatively small number of lessons on social influences were delivered through all three modes in roughly similar proportions.

5.2 Approaches and Resources

5.2.1 Approaches employed by teachers using published packages

As previously highlighted, the most dominant learning approach across the observed lessons was that of 'information acquisition'. While many of the packages focus upon the provision of information, they also emphasise the development of skills and the importance of decision making. It was advisable then to examine whether or not the packages were being used in the ways in which they were intended.

However, a caveat is necessary. We observed a sample of lessons in each selected school. Consequently we were not observing the delivery of each package in its entirety. Clearly it is possible that a broader range of approaches was covered in other lessons which we did not observe. Nevertheless, from those observed lessons where the use of a package was observed, it is possible to see that information provision was the most commonly used approach (See Table C5.4 below). This was the case across all the packages, with the exception of the ***BBC Resource Pack Focus: Substance Misuse.***

Table C5.4 Learning Approaches used with Specific Published Packages

Approaches	Number of Approaches Identified During Lessons Using the Following Packages:					
	What's the Score?	Glasgow's Health	Police Box & STEPS	Drugwise Packages	DELTA 1 & 2	BBC Resource	Totals
No. of Lessons	13	7	6	5	4	1	36
Information Acquisition	6	5	8	7	5	0	31
Keeping Safe/Harm	3	4	1	1	0	0	9

Reduction							
Preparing the Ground	4	3	0	1	0	0	8
Making Choices and Decisions	4	0	0	0	3	1	8
Affective/ Personal Development	1	0	2	1	0	1	5
Social Influences	1	1	0	1	1	0	4
Resistance & Assertiveness	1	1	0	1	1	1	5

In addition to the emphasis within the observed lessons on 'information acquisition' when using five of the above six packages, it was also interesting to note that there were so few instances of activities which engaged the pupils in 'making and reviewing decisions and choices', since this notion underpins a number of packages and decision making was frequently mentioned by the teachers as the main reason for providing the pupils with information about drugs.

Generally, the observed lessons using ***What's the Score?*** were seen to have encompassed all of the approaches, which is in keeping with the package guidelines which recommend a social learning approach balancing knowledge, attitudes, values and skills development.

Those lessons which used ***Glasgow's Health*** can be seen to have incorporated a mix of 'information acquisition', 'keeping safe' and 'preparing the groundwork'. These are in keeping with the recommended approach in the package. However, much of the emphasis in ***Glasgow's Health*** is on affective and personal development, with regular reference to feelings and emotions. This would appear to have been omitted from the lessons observed, suggesting that perhaps this aspect of the package is being overlooked by the teachers delivering it.

'Affective and personal development' is a major feature of ***The Police Box,*** as is 'information acquisition'. As Table C7.4 shows, in the observed lessons there was more emphasis on the former than the latter. It is also perhaps surprising that there were no observed instances of 'preparing the groundwork' given that ***The Police Box*** is a package designed for primary schools.

Lessons using resources and activities from the ***Drugwise*** packages also tended to employ an 'information acquisition' approach, but observers noted some elements of the other approaches as well. The one main exception to this pattern was that there was hardly any focus on 'making choices and decisions' even though this is highlighted as an aim of the package. However, once again it should be kept in mind that there was a lower number of ***Drugwise*** lessons observed in comparison with those using ***What's the Score?*** and ***Glasgow's Health.***

Lessons using both the ***Delta*** packs and the ***BBC Resource pack*** appeared to stick fairly closely to the approaches underpinning the packages. The observed lessons using ***Delta*** employed a combination of information acquisition and making choices and decisions and both of these are key elements in the package. A third key element is affective and personal development but this did not feature strongly in the observed lessons.

The lesson utilising the ***BBC Resource Pack*** was observed to contain activities involving the 'making of choices', 'assertiveness and resistance' approaches, and 'affective and personal development', each of which are central aims of the package. However, since only one lesson was observed using this Pack it is difficult to infer too much from this observation.

5.2.2 Approaches by schools'/teachers' own resource banks

Resource banks made from parts of a number of packages and other published resources by schools and teachers were brought together in a coordinated fashion. (See section on Resources.) Other kinds of resource banks were brought together in a much less coordinated way. Both were just as likely to have 'information acquisition' as their main approach and were very similar in approach. (See Table C5.5 below.) The only main difference was that we observed slightly more instances of a 'keeping safe and harm reduction' approach being adopted in lessons where the teacher was using a less coordinated mix of resources.

Table C5.5. Learning Approach by Schools'/Teachers' Own Resource Banks

Learning Approaches	**Number of Observed Instances of Use**		
	Uncoordinated Resource Banks	**Coordinated Resource Banks**	**Totals**
Information Acquisition	41	38	79
Keeping Safe/ Harm Reduction	7	3	10
Preparing the Ground	2	2	4
Making Choices and Decisions	4	5	9
Affective/ Personal Development	5	5	10
Social Influences	3	4	7
Resistance & Assertiveness	1	0	1

Generally speaking a reliance on the 'information acquisition' approach tended to be most marked in lessons where the teachers were using materials from their own or the school's own package or resource bank. When teachers used parts of published packages they tended to incorporate the 'information acquisition' approach into a wider range of other approaches.

6.0 PUPIL RESPONSE TO THE LESSONS

Three areas of interest associated with how pupils responded to the lessons emerged from the observations. Firstly, the observers' perceptions of the clarity of the main messages transmitted to pupils in the lessons, discussed in section 6.1; secondly, perceptions of whether the lessons enhanced the pupils' understanding of drugs and their impact, discussed in section 6.2; and thirdly, how the pupils engaged with the lessons (section 6.3). Section 6.4 examines pupil response in relation to the professional delivering drug education, and section 6.5 examines it in relation to the teaching methods used. Section 6.6 examines pupil response in relation to use of packages, and finally section 6.7 examines response in relation to the different drug education approaches used.

6.1 Clarity of the Main Message

The drug education lessons were typified by a number of activities. The observation notes suggested that while these activities were often well-coordinated around a main message, there were occasions when the observations indicated that the transmission of these main messages could be improved.

On the basis of the observers' notes, a rough classification was developed using three descriptors of whether or not the main message seemed to be understood by the class as a whole – *Not Clear*; *More or Less Clear* and *Definitely Clear*.

Observers were not able to use these descriptors in all of the lessons observed. However, the unfolding classroom processes did provide enough clues for using the rough classification in almost 90 per cent of lessons observed.

The number of lessons in which the main messages were perceived to be *not clear* to the pupils was very low (at 4), while the proportion of lessons perceived to be *definitely clear* to pupils was around two-thirds. On the other hand, this also meant that the messages could have been clearer in about a third of the lessons observed.

6.2 Perceptions of Pupils' Enhanced Understanding of Drugs

Sufficient information was provided by the observations to enable some judgements to be made about whether or not pupil's understanding of drugs had been enhanced by the lessons observed. (See Table 6.1.)

Table C6.1. Lessons Enhancing Understanding About Drugs

Sector	Drug Understanding Enhanced			Totals
	Not	More or Less	Definitely	
Primary	6	11	24	41
Secondary	6	13	19	38
Totals	**12 (15%)**	**24 (30%)**	**43 (54%)**	**79 (99%)**

Just over half of the lessons (56 per cent) were considered to have definitely helped to the pupils to understand aspects or concepts associated with drugs and their impact.

6.3 Keeping the Pupils Engaged

Judgements were made in 92 lessons in terms of the proportion of pupils felt to be engaged in their learning. (See Table C6.2 below.) In ninety per cent of these lessons at least three quarters of the class were engaged at least to some extent and in almost two-thirds of the lessons (60 per cent) almost all the class was felt to be on task. The proportion of pupils almost all engaged is higher in the primary schools, where in 69 per cent of observed lessons this was felt to be the case compared with 51 per cent in the observed secondary school lessons.

Table C6.2. Pupil Engagement

Sector	Proportion of Pupils in Class Engaged					Totals
Sector	**All/ Almost All**	**Around Three Quarters**	**Around Half**	**Around One Quarter**	**Hardly Any**	**Totals**
Primary	31 (69%)	12 (27%)	2 (4%)	0 (0%)	0 (0%)	45 (100%)
Secondary	24 (51%)	16 (34%)	3 (6%)	4 (9%)	0 (0%)	47
Totals	**55 (60%)**	**28 (30%)**	**5 (5%)**	**4 (5%)**	**0 (0%)**	**92 (100%)**

6.4 Pupil Response and Professionals Delivering Drug Education

Comparisons between teachers who were PSHE specialists and other teachers need to be treated with caution because the numbers are relatively small. Nevertheless, it is interesting to note from Table C6.3 that three distinct patterns emerged:

- There is little difference between the two groups in terms of the perceived clarity of the main messages to pupils (with around three fifths of both groups teaching lessons perceived to be *definitely clear)*.

- Other professionals who delivered lessons were perceived to have achieved the most positive results across all three measures of pupil response - clarity of message, drugs understanding being enhanced and pupil engagement. This related to the point made elsewhere in the report about the high credibility which visitors often have with the pupils.

- A larger proportion of the lessons where it was felt that pupils' understanding of drugs had been *definitely enhanced* were delivered by the class teachers and form tutors (57 per cent) in comparison with the PSHE specialists (35 per cent).

- Pupil engagement was felt to be higher in the lessons delivered by class and form teachers (at 65 per cent for the proportion of lessons in which all or almost all of the pupils were seen to be engaged) than by PSHE specialists (at 32 per cent). As was the case across the other measures, this was even higher for the *Other*s group, with 75 per cent of their lessons engaging all or almost all pupils

Table C6.3. Pupil Response by Professional Description

Professionals	Pupil Response: Clarity of Main Message			Totals
	Not Clear	More or Less Clear	Definitely Clear	
PSHE Specialist	2 (12%)	5 (29%)	10 (59%)	17 (100%)
School-based Teachers	2 (3%)	16 (35%)	28 (61%)	46 (99%)
Others	0 (0%)	3 (18%)	14 (83%)	17 (101%)
Totals	**4 (5%)**	**24 (30%)**	**52 (65%)**	**80 (100%)**

Professionals	Pupil Response: Drug Understanding Enhanced			Totals
	Not Enhanced	More or Less Enhanced	Definitely Enhanced	
PSHE Specialist	3 (18%)	8 (47%)	6 (35%)	17 (100%)
School-based Teachers	7 (16%)	12 (27%)	25(57%)	44 (100%)
Others	2 (12%)	2 (12%)	13(76%)	17 (100%)
Totals	**12 (15%)**	**22 (28%)**	**44 (56%)**	**78 (99%)**

Professionals	Pupil Response: Engagement			Totals
	All/Almost All	Around Three Quarters	Around Half or Less	
PSHE Specialist	6 (32%)	10 (53%)	3 (16%)	19 (101%)
School-based Teachers	34 (65%)	16 (31%)	2 (4%)	52 (100%)
Others	15 (75%)	2 (10%)	3 (15%)	20 (100%)
Totals	**55 (60%)**	**28 (31%)**	**8 (9%)**	**91 (100%)**

6.5 Pupil Response and Teaching Methods Used

We also wanted to find out if pupils' responses to their drug education lessons were influenced by the teaching methods used. As noted earlier, the most common method employed in the lessons observed was discussion, both structured and unstructured. By comparison, direct teaching was used less often and rarely as the main method in the lesson – though there were many instances of information provision delivered within structured discussions. An analysis of the observations showed the following:

Direct teaching was slightly less likely to be perceived as *definitely enhanced* pupils' understanding of drugs (at 53 per cent of lessons) compared with the case for structured discussions (60 per cent or unstructured discussions (57 per cent.)

Direct teaching and unstructured discussion were also less likely than structured discussion to be associated with a high level of pupil engagement. (Sixty per cent of the lessons in which structured discussion was employed were felt to have engaged all or almost all of the pupils compared with 47 per cent for unstructured discussion and 44 per cent for direct teaching.)

However, it is interesting that the observations seem to indicate that the main message is more likely to be *definitely clear* to pupils if there is some direct teaching (85 per cent compared with 70 per cent for structured discussion and 65 per cent for unstructured discussion).

This highlights an issue raised earlier in this report, namely that pupil participation and a high level of engagement may need to be supplemented by some clear structures and even some direct teaching if it is going to help them to make connections between what they are learning, the world they live in and the situations they may encounter in the future.

6.6 Pupil Response and Lessons using Published Packages

Using published packages was likely to result in slightly more pupils understanding what the lesson was about than would otherwise be the case:

- Lessons with main messages categorised as *definitely clear* to pupils were seen in 64 per cent of lessons in which published packages were used compared to 56 per cent of lessons using other kinds of resources.

Otherwise, published package use made very little difference:

- Fifty three per cent of lessons based on use of published packages were perceived to *definitely enhance* understanding about drugs compared with 52 of lessons using other resources.

- Sixty per cent of all or almost pupils were engaged in the task when published packages were in use, compared with 62 per cent where this was not the case.

6.7 Pupil Response and Approaches

6.7.1 Mode of delivery

As outlined in the section on approaches, the most common mode of delivery used in the observed lessons was partly didactic and partly interactive. When clarity of the main message to pupils was considered, the highest proportion of lessons that were seen to be *definitely clear* were towards the didactic end of this continuum with fewer than half of the lessons identified as *mostly interactive* in this category. (See Table C6.4a below). However, numbers are small in some of these categories so percentages and proportions in all the following tables need to be interpreted with care.) However, at an indicative level, it reinforces the earlier suggestion of some structure for directions and clear explanation is likely to support good learning outcomes.

Table C6.4a. Pupil Response by Mode of Delivery: clarity of main message to pupils

Mode of Delivery	Pupil Response: Clarity of Main Message			Totals
	Not Clear	More or Less Clear	Definitely Clear	
Mostly didactic	0 (0%)	1 (11%)	8 (89%)	9 (100%)
Partly didactic/ Partly interactive	2 (4%)	17 (29%)	39 (67%)	58 (100%)
Mostly interactive	2 (13%)	7 (44%)	7 (44%)	16 (101%)
Totals	**4 (5%)**	**25 (30%)**	**54 (65%)**	**83 (100%)**

The impact of mode of delivery and its impact on perceived understanding however was different and favoured the more interactive end of the continuum. (See Table C6.4b.) Here, 60 per cent of the lessons seen to be mostly interactive were felt to have enhanced pupils' understanding of drugs, compared with 33 per cent of the mostly didactic lessons. Again however, the figures must be viewed with caution as some of the cells have very low numbers.

Table C6.4b. Pupil Response by Mode of Delivery: understanding of drugs enhanced

Mode of Delivery	Pupil Response: Drugs Understanding Enhanced			Totals
	Not Enhanced	More or Less Enhanced	Definitely Enhanced	
Mostly didactic	1(11%)	5 (56%)	3 (33%)	9 (100%)
Partly didactic/ Partly interactive	7 (13%)	16 (29%)	33 (59%)	56 (101%)
Mostly interactive	4 (27%)	2 (13%)	9 (60%)	15 (100%)
Totals	**12 (15%)**	**23 (29%)**	**45 (56%)**	**80 (100%)**

The highest proportions of all or almost all pupils engaged in their learning were found with the more interactive modes of learning. Two-thirds of pupils were in this category where the mode of delivery for the lesson was mostly interactive. This compared well with 45 per cent of all or almost all pupils being on task where the delivery approach was mostly didactic. (See Table C6.4c.)

Table C6.4c. Pupil Response by Mode of Delivery: pupil engagement

Mode of Delivery	Pupil Response: Engagement			Totals
	All/Almost All	Around Three Quarters	Around Half or Less	
Mostly didactic	5 (45%)	3 (27%)	3 (27%)	11 (99%)
Partly didactic/ Partly interactive	38 (61%)	18 (29%)	6 (10%)	62 (100%)
Mostly interactive	14 (67%)	7 (33%)	0 (0%)	21 (100%)
Totals	**57 (61%)**	**28 (30%)**	**9 (10%)**	**94 (101%)**

What this analysis has highlighted is that the more didactic modes used judicially are likely to enhance pupils' understanding of what messages are being presented and that the more interactive delivery modes help to keep the pupils involved in the learning activities and to understand the more complex issues associated with drugs, how they are used and the impact they are likely to have.

6.7.2 Learning approaches

As outlined earlier, the most common learning approach was that of information acquisition. (This was the case whether the most dominant learning approach within lessons was selected, or where all learning approaches were considered.)

- When information acquisition approaches were compared against all other approaches, the main message was *definitely clear* to pupils in 70 per cent of

instances compared with 59 per cent across the other approaches[9]. (See Table C6.5 below.)

- The information acquisition approach accounted for more drug understanding enhancement than the other approaches, at 64 per cent compared with 44 per cent.

- Other approaches accounted for 66 per cent of instances where all or almost all pupils were observed to be engaged with what they were doing. This was greater that the 53 per cent where information acquisition approaches were in use.

Table C6.5: Pupil Response by Learning Approaches
(Note: approaches were also counted across activities and this is reflected in the table numbers.)

Learning Approaches	Pupil Response: Clarity of Main Message			Totals
	Not Clear	**More or Less Clear**	**Definitely Clear**	
Information acquisition	5 (5%)	27 (25%)	75 (70%)	107 (100%)
All other approaches	5 (6%)	29 (35%)	49 (59%)	83 (100%)
Totals	**10 (5%)**	**56 (30%)**	**124 (65%)**	**190 (100%)**

Learning Approaches	Pupil Response: Drug Education Enhanced			Totals
	Not Enhanced	**More or Less Enhanced**	**Definitely Enhanced**	
Information acquisition	14 (13%)	24 (23%)	67 (64%)	105 (100%)
All other approaches	15 (19%)	29 (38%)	34 (44%)	77 (101%)
Totals	**29 (16%)**	**53 (29%)**	**101 (56)**	**182 (101%)**

Learning Approaches	Pupil Response: Engagement			Totals
	All/ Almost All	**Around Three Quarters**	**Around Half or Less**	
Information acquisition	65 (53%)	43(35%)	15 (12%)	123 (100%)
All other approaches	60 (66%)	24 (26%)	7 (8%)	91 (100%)
Totals	**125 (58%)**	**67 (31%)**	**22 (10%)**	**214 (99%)**

[9] These other approaches were: Keeping Safe and Harm Reduction; Making Choices and Decisions; Affective and Personal Development; Preparing the Ground; Social Influences; Resistance and Assertiveness.

7.0 CONCLUSIONS AND ISSUES ARISING FROM THE OBSERVATIONS

7.1 Summary of Key Findings

The majority of lessons observed were delivered by class teachers in primary schools and year group tutors in the secondary schools. Only one in ten of the observed lessons were delivered by PSHE specialists and only 20 of the lessons were delivered by visitors, encompassing Drug Enforcement Agency and community police officers, community health workers, voluntary agencies and theatre companies.

Most of the classroom environments were conducive to PSHE in general and drugs education in particular. All but a small minority (4 per cent) had sufficient space to enable teachers to work with small groups and move around from group to group easily.

Just over one third of observed lessons used published packages. The most commonly used were *What's the Score?* and *Drugwise*, which were used in both primary and secondary schools. *Glasgow's Health* and *The Police Box* in were commonly used in the primary sector.

Worksheets were the dominant resource in most drug education lessons that were observed. Only a few schools used information leaflets and cards, usually from *Know the Score* and *Scotland Against Drug*s. Teachers not using published packages tended to use a wider range of types of learning resource.
In the primary schools the most commonly taught topics in the observed lessons related to personal safety and keeping healthy. Lessons on specific drugs, types of drugs and their effects on people's behaviour, feelings, attitudes and lives in general were the areas most frequently addressed in P6-7 lessons and in the secondary school years.
Some teachers of early-years and middle-years classes were mainly preparing the ground for later more explicit drugs education. However, we saw some excellent examples of this where teachers were consciously establishing links to which their colleagues could return later.

Most of the observed drugs education lessons from P6 through to S4/5 concentrated on factual information about drugs and their effects. A relatively small minority of the observed lessons focused on the social and personal pressures which influence young people to try various drugs, and even fewer lessons aimed to develop pupils' decision making, assertiveness and resistance skills.

An examination of the topics covered with each year group and age range suggests that there is some broad degree of progression there and that curriculum planning is informed to some degree by the notion of a spiral curriculum building on prior learning and returning to key themes and issues in greater depth and in a way that reflects the new knowledge and experiences of the children and young people. However, there are also some causes for concern which are returned to below.

Evidence of progression is even clearer in the kinds of drugs being covered in the observed lessons. The pattern moved from coverage of dangerous substances in the home and environment to over-the-counter medicines, then prescription medicines, then nicotine, followed by alcohol and finally moving on to Class A, B and C drugs. However, whilst this

linear progression was clear in most of the schools we visited, the age at which these various categories of drugs varied widely.

A wide range of teaching and learning methods was employed in the schools. The most commonly used method was discussion, both structured and relatively unstructured, followed by methods concerned with helping students to assess their knowledge and what they have learned about drugs during this and previous lessons.

Around a third of the lessons observed could be said to be mostly interactive in approach and only eleven percent were described as mostly didactic. The majority combined some didactic elements with interactive activities which provided opportunities for pupils to share their knowledge, brainstorm strategies for drugs-related situations and practice those strategies through role play and script writing.

In terms of learning approaches the most commonly observed was information acquisition and also the main approach across the range of approaches that might underpin any given lesson. This was identified as the main approach in 57 per cent of the lessons observed. Most other learning approaches, such as harm reduction, the social influences approach, affective approaches, and so forth were employed in around one-in-ten observed lessons or less.

Observers reported that all but a small minority of lessons had clear messages for the pupils about drugs. Also the majority of lessons were deemed to have enhanced pupils' understanding of drugs and drug use.

Pupil engagement in drug education was generally high, although mostly higher in primary school lessons. Pupil engagement was reported as being at a high level in over two-thirds of the primary lessons and about half of the secondary lessons.

7.2 Issues for Consideration

Introductions and Reviews. Introductions beyond simply announcing what the topic was were in place for just over half of the lessons. A third of lessons mentioned how the topics were going to be approached or highlighted the main message of the coming lesson. Explanations of the intended learning objectives and outcomes occurred in very few lessons – only seven out of the hundred observed.

Just over half of the lessons finished with some kind of review but in only 15 of these did the review offer an opportunity for pupils to reflect on what they had learned. Mostly the reviews re-capped what had been done and how, rather than what had been learned or the key messages to take away from the lesson. Usually the reviews were hastily done and seldom seen as a potential opportunity for ensuring that connections were made or for assessing if the main messages had been understood.

Use of resources. Age appropriateness was a key factor in how teachers used the resources at their disposal. However, some of the leaflets in use seemed to be inappropriate for the age and experience of the pupils using them, e.g. some pupils in P7 or S1 researching information on drugs were seen to be using leaflets linking unprotected sex to the use of nitrites or poppers.

Issues of progression. As noted in the summary above the range of topics being covered in drugs education lessons appeared to be rather narrow and 'safe', in so far as the emphasis was mostly on knowledge acquisition rather than developing skills for coping, exploring their personal beliefs and attitudes, challenging some of the preconceptions in their local communities or amongst their peer group about the drugs scene and the prevalence of drug use in their environment.

In spite of some overall evidence suggesting a degree of progression in the topics covered with different age groups there was also some cause for concern. A number of topics covered in lessons for P6 and P7 were also being covered in S1 and S2 lessons and even S3 and S4 lessons. Some secondary teachers reported that they would like a clearer idea of just what was being covered in the primary schools. There was also some evidence of poor progression within some primary and secondary schools there was evidence of poor progression. In a few cases it appeared that pupils would be doing virtually the same lesson two or three times during their school careers.

Progression may be a particular cause of concern in the delivery of drugs education to composite classes where pupils in classes which included pupils from several year groups were studying the same topic in exactly the same way, and may well be returning to that topic again when they move up into the next composite class.

Some of the young people in the lessons we observed were clearly aware of local drug cultures and of the experimentation going on amongst their peers or the generation slightly older than them. And yet the drugs of choice amongst those groups were not necessarily being covered in drug education lessons, although teachers were aware of the importance of scheduling lessons on alcohol and tobacco to coincide with a time when they anticipated that their pupils would be experimenting with both or either.

Differentiation. There may be a cause for concern about the relative lack of differentiation in drug education lessons being delivered to composite classes. This applies at two levels. A lack of differentiation in the content of lessons and a lack of differentiation in the teaching and learning activities being deployed.

Managing discussions. Three issues emerged from looking at how discussions were managed:

- Ethical questions arose in some instances relating to how disclosures were handled. There is often a tension between wanting to encourage open and honest contributions to discussion whilst ensuring that a classroom ethos of confidentiality and security is established, either by intention or default.

- Structuring discussion in order to maximise whole-group learning requires good preparation and a clear understanding of the teacher's role in moderating and monitoring the process. While some very good examples of this were observed other teachers were observed to slip quite quickly from moderating to a more didactic role.

- Pupil engagement was an essential element in good discussion-based activities but not the only factor to be considered. In some instances, however, observers noted that pupil engagement was being seen primarily as an end in itself rather than the means to another end: constructive and appropriate drug education.

Specialist inputs. The PSHE specialist teachers whom we observed tended to be more comfortable with interactive approaches to drug education than their colleagues who were class teachers or year group tutors. This would seem to be an area for further development in CPD and in-service training, and also in general initial training for primary and secondary teachers.

Some of the lessons delivered by expert visitors were amongst the most didactic ones observed, although they would probably not describe themselves in these terms. This may have something to do with their need to quickly establish rapport with a group they do not know and also to establish their street credibility. It may also have something to do with the need to cover a lot of ground in a relatively short time (usually either a one-off visit or a series of three). Perhaps in these circumstances time-consuming open discussions and brainstorming activities may be seen as an optional extra to enhancing the young people's information base and getting the key messages over to them. This may be less of a problem where teachers and visitors are clearly working together in a planned programme.

Approaches to drug education. The heavy reliance on information acquisition as the main learning approach gives some cause for concern, given that research tends to suggest that it is not particularly effective as a means of helping young people to make healthy choices or help them to understand and effectively resist the various pressures to experiment that they are likely to encounter. This is a 'safe' approach for teachers who may lack the confidence to approach drugs education in other ways because they feel that they do not have the appropriate knowledge or experience or may feel uncomfortable with open-ended, participatory and activity based learning.

It is possible that in planning a programme of drug education lessons in either a primary or secondary school more thought needs to be given to getting the balance right in terms of content, resources, methods and approaches. Essentially the issue seems to be how best to juggle complementary aims and objectives that may be best achieved in different ways. For example, many teachers are implicitly wedded to the rational information acquisition model of learning, where the children and young people just need to be given 'the right information' in order to make 'the right decisions'. Even where there was an emphasis on open discussion and interactive approaches we often noted a tendency for teachers to still be promoting specific messages and making clear value judgements about the use of drugs, including those which may be legal but where social acceptability is contested within society.

Similarly, while active and interactive learning approaches certainly engage the pupils more than didactic frontal talk - unless the talk is delivered by someone who has a high level of credibility or novelty value with their audience and seems to "know what they are talking about". However, the fact that the pupils are enjoying their lessons, are on-task and actively participating in discussions does not necessarily mean that they are learning what the lesson planners intended. Steps also need to be consciously taken to ensure that the pupils are making connections between what they are discussing and finding out about and the underlying objectives of changing behaviour, harm reduction or making informed choices. However, an area of the curriculum where, traditionally learning is not assessed or even monitored, and which is often perceived by teachers, pupils and parents, as of low status, may well experience problems here.

PART D
QUALITATIVE RESEARCH

1.0 CONTEXT

This section sets the scene for the main qualitative findings and contextualises respondents' subsequent accounts and views of the drug education they receive or used to receive. It begins by briefly describing the respondents themselves (1.1) and the schools they attended or used to attend (1.2). It then examines their general perceptions and experiences of school and the factors which shaped their attitudes towards learning (1.3). Finally it discusses respondents' general perceptions and experiences of drugs and the role, if any, of drugs in their lives (1.4).

1.1 Respondent Characteristics

Respondents included both current pupils and school leavers, and ranged in age from 8 to 20 years. A fairly even mix of males and females took part. The sample was drawn from both rural and urban areas of Scotland, and the majority of respondents attended state schools, although four groups comprised individuals from independent schools. A further two groups were drawn from a special educational needs secondary school in an urban area. (See section A5.3 for an overview of the achieved sample for the qualitative research).

Each group was made up of individuals who currently or recently attended the same school and considered themselves good friends. In the case of older respondents, these friendships had often lasted for a long time. For example, one group of 17-18 year old boys from a rural town had been friends since nursery school and had attended the same primary and secondary schools together. They seemed to know each other well and now spent their own time socialising with one another.

Individuals within each friendship group tended to be fairly similar in terms of background, interests, and aspirations. Respondents from the more disadvantaged areas spoke of struggling, sometimes chaotic home backgrounds, and of drug use and crime problems in their local communities. In contrast, respondents from more affluent areas described having fairly healthy, stable family backgrounds. Respondents also shared the same kinds of interests. For example, one group of 17-18 year old boys were keen on sports such as golf, rugby and swimming, while another groups of respondents enjoyed music and 'gigging' together. In terms of aspirations, respondents from more affluent areas tended to share similar ambitions regarding further study, while more disadvantaged respondents were less certain about what they wanted to do in the future. School leavers from these areas had usually left secondary school at an early stage (eg. during fourth or fifth year) to pursue fairly manual work (eg. as a joiner or at a local plastics factory).

1.2 School Characteristics

As described in section A5.3, qualitative research respondents were selected from ten of the schools which had participated in both the survey and the observation. School-age respondents were selected from among current pupils in the ten schools, and school-leavers were selected on the basis of having attended the same schools.

The schools reflected a range of different characteristics and approaches to drug education. Their key characteristics are summarised below, based on information obtained during the Observation research:

School A, Primary, Statutory
This is a very small primary school, with the equivalent of only two full time teachers, located in a rural area. The drug education programme is usually delivered internally, by a class teacher for example. Resources used include the Police Box, 'Learning for Life', and the Health Education section of a Citizenship pack.

School B, Primary, Statutory
This is a primary school with nearly 20 teachers, located in a socially disadvantaged urban area. Some parents of pupils attending the school are thought to use drugs. The school drug education programme draws upon a variety of materials and resources including the Police Box, TACADE, and the Crimestoppers package, 'Living Well, Living Safe'. The school also brings in local theatre companies to do performances for pupils about drugs.

School C, Primary, Statutory
This is a small primary school with just over ten teachers, located in a socially disadvantaged area of a rural town. Some parents of pupils attending the school are thought to use drug and a number of the school's pupils have social problems and learning difficulties. Drug education is taught as part of the school's health programme which is delivered in blocks, usually during the spring term. The programme draws on a variety of resources including World of Drugs, the Police Box, and several video-based packages.

School D, Secondary, Statutory
This is a Catholic secondary school with nearly 80 full time teachers, located within a disadvantaged urban area. The school does not have a clear, continuing health programme although drug lessons are delivered through Personal Social Education (PSE). These lessons are based on a handbook that was developed by a member of the school's own teaching staff, using materials she received during in-service training. The school organises 'health days' for each year group throughout the school year, and also makes use of outside agencies such as community police and a local alcohol support group.

School E, Secondary, Statutory
This is a secondary school with over 70 teachers, located within an urban area. There is some concern that cannabis is prevalent within the local community and is even used by some pupils during school time. Drug education is delivered through the school guidance by the social education teacher. The school programme is largely based on the 'What's the Score?' package. The school tends to adopt more of an informed choice approach. Pupils receive four weeks of drug education during S3, then three or four sessions during fourth year, and two sessions during fifth year. External agencies, including the police and local theatre groups, are also involved in delivering drug education to pupils.

School F, Secondary, Statutory
This is a Catholic secondary school with around 65 teachers, located within a rural town with pockets of disadvantage. The school has a wide catchment area. The school drug education programme is based on the school's own package and is taught during guidance class.

School G, Primary & Secondary, Independent

This is a small independent school located within a rural area, with over 50 members of teaching staff. Alcohol and to a lesser extent cannabis are widely used within the local community, which is quite affluent. The school has a fairly structured and progressive programme of drug education for pupils across all stages, which is largely delivered by community health workers employed by the local council. The early stages of the programme focus on providing pupils with essential information about drugs and strategies to resist, while later stages address attitudinal issues and the legal and other consequences of drug use.

School H, Secondary, Independent
This is an independent school located in a fairly affluent urban area, with over 100 teachers. Drug education is delivered by guidance tutors during PSE and is based on the school's own package (which is based on the 'Know the Score' campaign). The school favours more of an informed choice approach. Recently, community police officers have become less involved in drug education delivery at this school because drugs are considered to be only a minor problem within the school.

School I, Secondary, Special Educational Needs
This is a special educational needs school located in an urban area, with the equivalent of around 11 full time teachers. The local area is described as having a real and substantial drugs problem. Some pupils are thought to use drugs. The school drug education programme is based on materials sourced from the local authority. The school previously used the 'What's the Score?' programme which was supplemented with externally sourced materials. Teachers adapted the package to reflect the needs of pupils but there were some difficulties administering this prescriptive programme to pupils with special needs.

1.3 Perceptions and Experiences of School

This section explores respondents' general attitudes towards school and their perceptions of what makes a good lesson and teacher.

1.3.1 General attitudes

Attitudes towards school varied. Respondents who had academic aspirations or who actively participated in school activities (eg. sports, drama) tended to be more pro-school, while those who were less engaged tended to be less enthusiastic:

> *"Boring."*
> Male, P5-P7, School A, Primary, Statutory

> *"It's not that bad but it's a bit strict."*
> Female, 17-18, School D, Secondary, Statutory

Several were keen to describe their school's strengths; for example, one group of ex-independent school pupils stressed that, far from being an academic hothouse, the school catered for all needs and equipped its pupils with a broad range of skills:

> *"The school made you quite well rounded 'cause you weren't just academic. You were doing everything else. There were so*

Appendix A: Observation Schedule

EVALUATION OF THE EFFECTIVENESS OF DRUG EDUCATION IN SCOTTISH SCHOOLS

SCHOOL:	**YEAR GROUP:**	**CLASS:**	**DRUG ED PACKAGE:**
TEACHER/OTHER:	**NO. OF GIRLS:**	**NO. OF BOYS:**	**DATE:**
LOCAL AUTHORITY:	**START:**	**FINISH:**	**OBSERVER:**

Use the box below to draw the layout of the classroom and add notes relating to the classroom, e.g. is it a general classroom or a PSE specific classroom? Is there work on the wall? Is there anything relating to drug education in the classroom? Etc.

Time	Narrative of Lesson	Pupil & Teacher Interactions
	Narrative of Lesson • The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	**Pupil & Teacher Interactions** • How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Introduction (Note lesson objectives and how they are explained. Note any link made to previous lessons.)	

Time	Narrative of Lesson • The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	Pupil & Teacher Interactions • How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Activity 1	

Time	Narrative of Lesson • The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	Pupil & Teacher Interactions • How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Activity 2	

Time	**Narrative of Lesson** • The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	**Pupil & Teacher Interactions** • How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Activity 3	

Time	**Narrative of Lesson** • The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	**Pupil & Teacher Interactions** • How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Activity 4	

Time	**Narrative of Lesson** • The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	**Pupil & Teacher Interactions** • How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Activity 5	

Time	Narrative of Lesson	Pupil & Teacher Interactions
	• The content, teaching and learning strategies and approaches used. • How the class is organised, how group work is set up, when pupils work in pairs, • Whether activity is skills based, fact based, problem solving etc	• How teacher questions pupils, what is asked and how pupils respond. • If pupils ask questions, what type of question, and how teacher responds. • How pupils interact with each other, in groups, pairs, individually • Summarise discussions and interactions and note pupils engagement and understanding.
	Review and Reflection (Note: how the lesson ends, if class are asked what they have learnt, if teacher reviews lesson OR if there is no 'end' to the lesson.)	

THE LESSON OVERALL

What was the overarching concept behind the lesson as a whole?

To what extent do you think pupils took these ideas on board?

To what extent do you think the lesson impacted on pupils' understanding of drugs?

What proportion of the pupils appeared to be engaged during the overall lesson?

One or two	Around one quarter	Around half	Around three quarters	All/Almost all
1	2	3	4	5

How suitable did you think the classroom was for the different activities in the lesson you have just observed?

QUESTIONS RELATING TO THE ACTIVITIES

ACTIVITY 1

Was the classroom setting conducive to this activity? **Yes** **No**
If not, please explain why below:

What was the overarching concept behind this activity?

What proportion of the pupils appear to be actively engaged?

One or two	Around one quarter	Around half	Around three quarters	All/Almost all
1	2	3	4	5

ACTIVITY 2

Was the classroom setting conducive to this activity? **Yes** **No**
If not, please explain why below:

What was the overarching concept behind this activity?

What proportion of the pupils appear to be actively engaged?

One or two	Around one quarter	Around half	Around three quarters	All/Almost all
1	2	3	4	5

ACTIVITY 3

Was the classroom setting conducive to this activity? **Yes** **No**
If not, please explain why below:

What was the overarching concept behind this activity?

What proportion of the pupils appear to be actively engaged?

One or two	Around one quarter	Around half	Around three quarters	All/Almost all
1	2	3	4	5

ACTIVITY 4

Was the classroom setting conducive to this activity? **Yes** **No**
If not, please explain why below:

What was the overarching concept behind this activity?

What proportion of the pupils appear to be actively engaged?

One or two	Around one quarter	Around half	Around three quarters	All/Almost all
1	2	3	4	5

ACTIVITY 5

Was the classroom setting conducive to this activity? **Yes** **No**
If not, please explain why below:

What was the overarching concept behind this activity?

What proportion of the pupils appear to be actively engaged?

One or two	Around one quarter	Around half	Around three quarters	All/Almost all
1	2	3	4	5

Appendix B: Post-Observation Proforma

EVALUATION OF THE EFFECTIVENESS OF DRUG EDUCATION IN SCOTTISH SCHOOLS

Date **School** **Observer**
Teacher **Class**

To obtain teacher's view of the observed lesson:

1. How did you feel the lesson went?

2. Were there any learning activities which worked particularly well?

3. Were there any learning activities which did not work too well?
Probes: Reasons why; reflections on what could have been done to make it work better

4. Were any changes made to specific learning activities in the lesson plan? If so, can you talk through the reasoning behind this?

5. If you were to make an overall judgement, what were the main messages which most of the pupils picked up from the lesson?

6. Were there any pupils who were not getting as much out of it as you hoped? Why was that? Can you identify ways in which they can be helped to participate more or stay more focused on task? *[N.B. Refer to the pupils identified as consistently disengaged.]*

7. If you were teaching this lesson again would you make any changes? If so, which changes and why?

8. Clarification of the background of the teacher delivering the lesson:

Class teacher:
Form tutor:
Outside speaker:
PSE specialist:

Did the teacher have PSE training?

Views on teaching Drug Education:

Additional Observer's Notes

Appendix C: Contextual Proforma

EVALUATION OF THE EFFECTIVENESS OF DRUG EDUCATION IN SCOTTISH SCHOOLS

Date	**School**	**Observer**
	Teacher	**Class**

Information about the school catchment area, particularly local issues with drugs:

Information about the school and problems related to drugs (where this can be discussed comfortably):

The Health Education Programme encompassing Drug Education:

Programme in use:

Adaptations to programme (where applicable):

Appendix D: Qualitative Research Discussion Guide

- Introduction:
    - Introductions
    - Explain rationale for voice recorder
    - Explain rationale for open discussion - not questionnaire
    - Clarify purpose of research (experiences of drug education)
    - Set ground rules
    - Offer reassurances
    - No right or wrong answer, just opinions we are interested in
    - Confidentiality

- Warm-up:
    - School life/education
        - Experiences at school (likes and dislikes, favourite and least favourite lessons)

    - Health issues and education
        - What kind of health issues do you think affect people your age (eg. smoking, nutrition)? What do you know about these? Where did you hear about them (eg. friends, media)? Have you had any lessons on them at school? If so, what were the lessons like?

- Drugs education:
    - Do you remember getting any drugs education at school? What types of drugs did you learn about (eg. do they mention tobacco and alcohol as well as recreational drugs?)? Did you feel that you talked more about one type of drug than another?

- Recall of drugs education at school:
    - Implementation and delivery
        - What year group(s) were you in when they had lessons about drugs? How often did you get these lessons? Can you remember how the lessons fitted in the school timetable (eg. were lessons about drugs conducted during PSHE class or at registration time?)
        - Who taught the lessons - was it your teacher or a visitor (eg. health professional)? What did you think about the person that took the lessons? Did they seem to know what they were talking about? Did they have up-to-date information? Did you feel comfortable talking about drugs with this person? If you were going to get drug education who would you prefer to take the lessons? Why?

    - Basic content and ideas (tap into own experiences of drug use throughout):
        - What do you think was the main purpose of the drug education you did at school (eg. was it to get you to say 'no' to drugs, or was it to help you make informed choices, etc?)?
        - What kind of approach did the lessons take? For example, were you provided with lots of new information about drugs eg. factual information about different types of drugs and the consequences of taking them? Were you ever given information about how to take drugs 'safely' (eg. keep hydrated)? If so, what did you think about this? Did you ever act upon the information you were given?
        - Did you learn about how many people take drugs? About social attitudes to drugs?
        - Do you remember talking about how you might cope in a situation where other people are using drugs and encourage you to try it? If so, what sort of advice were

you given? Was it realistic? Can you imagine using this advice in a real life situation? Have you ever been in a situation where you might have had to use this advice?

- Format of lessons and use of materials:
    - What types of tasks and activities did you have to do as part of the drug education you did at school? Was there a lot of writing involved (eg. in workbooks)? Were the lessons quite interactive? For example, did you participate in class/group discussions or role-play exercises?
    - What types of materials did you use? For example, did you use printed materials like leaflets and educational books? Were you shown any visual aids (eg. mock samples of different drugs)? What do you remember about these?
    - What types of tasks and materials did you like best/least? Why? Which ones do you feel you learned the most from?
    - Would you change anything about the tasks or materials to make the lessons better?

  - Perceptions of credibility, accuracy and reliability:
    - How helpful did you find the lessons? Was the information you were given relevant to your own lives or situations? Was it too advanced? Too basic?
    - Did you believe what you were told about drugs? Did you think the information you were given was accurate?
    - Were you comfortable with the tone of the lessons? For example, did you find them quite helpful and informative? Or were they a bit patronising? Did you feel like you were being told what to do?
    - How did the information about drugs that you received at school compare with the information you get from other sources (eg. friends, family, the media). Which would you trust most/least? Which do you think has the most influence on you?

- Impact of drugs education:
  - Knowledge:
    - Did you learn anything new from the drugs education you did at school? Eg. new facts about drugs, the consequences of drug use, anything new about the legal issues?

  - Affective outcomes:
    - Was there anything in the drug education you did at school that made you think about drugs in a different way? Think differently about people who use drugs? Was there anything that made you think differently about yourself in any way?

  - Skills:
    - Did the lessons provide you with any useful skills? For example, do you feel better equipped to cope with peer pressure? Is it easier now to make decisions about whether or not to use drugs? Did you learn any skills that you could use in other situations (ie. not related to drug-use)?

  - Conversations with friends and family about drugs:
    - Did the lessons make you talk to your friends or family about drugs? If so, did the way you talked about drugs change after the lessons? If so, how?

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