

Beyond the lesson plan

DRUG PREVENTION AND EARLY INTERVENTION

This briefing paper is **part of a series** produced by the Drug Education Forum, for schools and others involved in drug education or informal drug prevention.

The Drug Education Forum

The Drug Education Forum was funded by the Department of Education between 1995 and 2012 to inform and improve drug education in England. The DEF has been a reference hub of best policy and practice, analysing complex data and providing expert analysis and commentary for smaller and non-specialist organisations, as well as national members.

The DEF contributed extensively to government consultations, and was involved in key developments in drug education. As a free expert resource for practitioners nationwide, it also had significant impact at local level.

This briefing paper is one in a series of six published in March 2012; author Claire James. The series comprises:

- The principles of good drug education
- Principles for supporting school drug education
- Beyond the lesson plan: Drug prevention and early intervention
- Engaging parents in drug education
- Learning from life skills programmes in drug education
- Legal highs

Further copies of these papers can be downloaded from www.drugeducationforum.com

For further information, please contact:

Andrew Brown
Director of Programmes, Mentor
67-69 Cowcross Street
London EC1M 6PU
andrew.brown@mentoruk.org

Schools have a duty to promote children and young people's wellbeing,¹ and are also required to promote pupils' spiritual, moral, social and cultural development.² As part of this they have a responsibility to help young people manage risk, reducing the likelihood they may be harmed by use of legal and illegal drugs. Good drug education is a significant part of this, but what may be overlooked is the impact that schools (and other services) can have beyond this by providing a supportive environment for young people.

Having a positive relationship with school is well established as a protective factor against drug misuse. Through its support of all young people, the school can reduce the likelihood of pupils disengaging, getting into trouble at school and persistently absenting themselves. Such disaffected pupils, particularly those absent from school or excluded, are most likely to start drinking and smoking early and to move on to using and misusing other drugs. Evidence suggests that schools have a constructive part to play in nurturing pupils and giving them a sense of belonging.

This briefing paper covers school ethos (prevention), and ensuring young people get the support they need (early intervention). It also discusses the evidence that random drug testing may be counterproductive.



Definitions

'Drugs' – all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs

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

'Drug misuse' – drug taking which harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour. Drug misuse will require treatment.

Where schools are effective at engaging pupils, they are more likely to feel that they are valued as individuals, that their efforts are recognised and that they can trust teachers. Pupils in these schools are more likely to value education, see school rules as legitimate, and adopt school values and norms including those around drug use. In contrast disengaged young people may adopt identities in opposition to the values of the institution.

Ironically, if the school environment is perceived by students to be unsafe, drug use may be seen as a way to stay safe: a means of establishing a 'tough' reputation to gain respect from peers and avoiding isolation by bonding with a protective friendship group. However, behaviours engaged in to appear tough can further alienate these students from teachers and make other students feel less safe in school, creating a vicious circle. For other students, drug use can be an escape from stress, about exams, bullying or family problems.⁴

A body of mainly US research has linked attachment to school to healthy development, including avoidance of early and risky substance use. This attachment is higher in warm and supportive schools with a caring, inclusive ethos that emphasise pro-social values, encourage cooperation, show concern for pupils as individuals, allow pupils to participate in decision-making and offer extracurricular activities. The US Wingspread Declaration on School Connections identified four factors contributing to school connectedness: adult support, belonging to a positive, stable peer group, the physical and social school environment and whether young people believe that education is important and relevant for their future.⁵

Students having good relationships with school staff, particularly teachers, appears to be essential to creating a healthy school environment. Where students have caring and supportive relationships with teachers they report feeling safer in the school, being less inclined to participate in risky health behaviours including drug-taking, and more satisfied and engaged with school both academically and socially.⁶

School ethos

School effect on drug use

A positive relationship between pupil and school is well established as a protective factor against drug misuse.³ Partly, this is because the factors that predispose young people to disengagement from school are the same ones that put them at risk of early drinking and smoking early and later drug misuse. However, schools also play an active role in determining the outcome of this relationship, and research evidence suggests that the school itself influences levels of drug use among its pupils.

As would be expected, the greatest influences on levels of drug use in a school are the social backgrounds and characteristics of its pupils. However, once this has been taken into account, schools that are successful in engaging their pupils tend to have less drug use. For example, in a study in the West of Scotland, higher levels of smoking, drinking, and drug use were found in schools containing more pupils who were disengaged from education and who knew fewer teachers, and in larger schools independently rated as having a poorer ethos.

Factors that have a negative impact on the teacher-student relationship include school rules that are perceived to be unfair (more likely where these are established and enforced by teachers without student input or consultation) or applied inconsistently. Young people may see teachers as out of touch with the realities of their lives, which is particularly a problem in contexts of poverty and disadvantage.⁶

While schools cannot eliminate all young people's fears, insecurities or risk-taking, there is much that they can do to build children and young people's confidence and sense of 'belonging' within school. Schools can also give children and young people 'someone to turn to' when in trouble.

Classroom management

Use of effective classroom management and teaching methods to foster a positive learning environment can minimise pupil disengagement and truancy. Schools with a good ethos are characterised by energetic lessons where time-wasting is minimised and where high performance is expected from the outset. Clear rules and expectations of responsible behaviour help to reduce disruption when combined with effective teaching that engages pupils.

A focus on the intrinsic benefits of learning also contributes to a positive school ethos. This involves helping young people to master skills and knowledge and to value improving on their own past performance rather than focusing on comparisons with other pupils. Setting suitably high standards, and providing students with immediate and positive feedback on their performance, can promote this.

Good Behaviour Game

The Good Behaviour Game (GBG) is a way of managing class behaviour during lessons by dividing pupils into teams which during short periods of the day are given the chance to earn prizes and praise by keeping to simple rules for good behaviour. Research from randomised trials in the US, Belgium and the Netherlands has shown that the GBG can reduce disruptive and aggressive behaviour in classrooms, and improve children's ability to focus and work independently.

The game is carried out over 1-2 years in a class at ages six and seven, but the impacts last much longer. It is most effective with those children who are most at risk: young boys who exhibit more aggressive and disruptive behaviours in early childhood. The first long-term trial in Baltimore found it halved the probability of young men experiencing some form of drug abuse or dependence from 38% (in the control group) to 19%, while regular smoking in the group was reduced to 6% compared to 20% of control young men.⁷

There has been a feasibility study in the UK with six primary schools in Oxfordshire with promising results.⁸ Throughout the year in which the study took place, children increasingly regulated their own behaviour and stayed within the rules of the game in normal classroom situations: by the end of the year, the number of infractions were around a third of what they had been at the beginning.



Pupil participation

The research evidence on the impact of pupil participation⁹ suggests that it is linked to improvement in behaviour, self-esteem and self-confidence, and social and communication skills, while school ethos, happiness and teacher-student relationships are all reported to improve or even be transformed. While the evidence of impact on academic achievement is less clear cut or direct, nowhere was it seen to suffer as a result of participatory activities by students.

Guidance on increasing pupil participation based on the National Healthy School Standard includes the following approaches:

- Enabling the school council to be more effective.
- Pupil involvement in reviewing the curriculum by providing feedback on content and teaching methodologies.
- Pupil advocacy, support and mediation for other pupils.
- Pupil input into policy development, for example bullying or drug education.
- Pupil representatives on policy working groups, including mechanisms to consult with peers.
- Pupils taking responsibility for some aspects of school, such as keeping the site litter free, break-time snack sales, changing displays and the garden.

Rules on behaviour, including drugs, are more effective when they are clearly understood by everyone and are felt to be fair. This is more likely where they have been developed in a process that includes students, parents and teachers. Another briefing paper in this series focuses on involving parents in drug education including policy development.

Schools may be concerned that in sharing pupils' issues with parents and others to improve school policies, issues may emerge that could be detrimental to the school's reputation.

School environment

One of the factors that have been identified as indicating a school with a positive ethos is the quantity of recent student artwork on display.¹⁰ Many of the aspects of pupil participation suggested above could help improve the school's environment: both the physical environment and in terms of interactions amongst staff and pupils.

Reducing bullying: reducing drug use

The Olweus Bullying Prevention Program originated in Norway and has been shown to significantly reduce bullying in schools.¹¹ It is implemented in schools for two years when pupils are aged 9-12 or older, and includes development of firm boundaries between acceptable and unacceptable behaviour through the consistent application of non-physical, non-hostile consequences when rules are broken; classroom meetings with students to increase knowledge and empathy; parent involvement; and individual interventions with children who bully and get bullied.

A study in Norway examined whether changing the school environment in this way would also reduce drug use, following up pupils for four years. While there was no effect on the proportion of students drinking alcohol at least occasionally, there was a significant impact on heavier drinking. For example, by age 15-16 just over 30% of non-Olweus pupils had got drunk at least six times in the past year but just over 20% in Olweus schools. The programme also reduced the use of cannabis.¹²

Supporting individuals

Children and young people misusing drugs

The DfE 2012 drugs advice for schools makes clear their responsibility for identifying pupils at risk of drug misuse, and ensuring support is available, including distinguishing those who require general information and education, those who could benefit from targeted prevention, and those who require a more detailed assessment of their needs.¹³ All members of staff need to feel confident in identifying pupils who may be experiencing difficulties and accessing support for them, and to understand policies on confidentiality.

Where drug-related incidents or behaviour problems which may be related cause disciplinary measures to be triggered, it is important to remember that absence from school is a significant risk factor for problematic drug use. While targeted activities and alternative learning can be useful, grouping high risk young people together in the absence of a structured programme can reinforce norms around drug use and risky behaviour.

Because the issue of drugs can be very sensitive for schools, it is important that they can access trusted sources of advice and support to help them join up prevention and drug education with targeted work and to enable pupils to access treatment where appropriate.

Nottingham DrugAware

In Nottingham schools are supported to meet the DrugAware standard which covers policy development; staff training; an 'enhanced universal drug education curriculum' based on children's needs; involving parents and carers; and raising awareness by celebrating schools' successes.

An important part of this is making sure that children and young people affected by their own or others' drug misuse can access help at an early stage. Schools and other services use Ngage, an interactive tool to enable young people to talk about the issues they are facing and assess the additional needs of young people affected by drug use. Support is delivered either within school through a mentor, teaching assistant or school nurse or by referral to an external service. Earlier referrals result in a shorter treatment time needed and a very low rate of return to treatment compared with later intervention which is more usual.

Permanent exclusions for drug and alcohol incidents in participating schools were reduced by 50% over 2 years, alongside a 400% increase in referrals into structured drug treatment from educational settings.¹⁴



Children and young people affected by others' drug misuse

Consideration of the needs of these children and young people and other young carers is essential. An effective policy would include the following elements:

- At least one trained designated person able to deal with the problems that might arise with the children of drug and alcohol misusers.
- Constant vigilance of known vulnerable young people and provision of additional pastoral support.
- Ensuring children and young people have easy access to information about other sources of support if they do not wish to disclose family issues.
- Knowing how to access sources of support for the child and family, including adult services, and when to involve other agencies.
- Encouraging and supporting participation in supervised extra-curricular activities.
- Critical incident plans and clear arrangements for liaison with the local social services team and child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use.
- Professional development which includes a broad understanding of the impact of parental drug or alcohol misuse on children.
- Policies to tackle the stigma and bullying that these young people may face.

Further information is available from the resources at the end of this briefing paper.

What doesn't work

Random drug testing and sniffer dogs

There are significant negative impacts of random drug testing in schools, including use of sniffer dogs. Evidence that random drug testing might reduce drug use is unclear: the largest study to date found that drug use was no lower in US schools that had implemented a drug-testing programme.¹⁵

The importance of 'school connectedness' as a protective factor against drug use has been explained above. Random drug tests may be seen as a statement that the school does not trust its students, and there is evidence to suggest that young people subjected to random drug testing become more negative about school.¹⁶ Young people who may never have thought of themselves as potential users of illegal drugs suddenly find themselves treated as such. This may damage both their attachment to school and their conviction that 'people like me don't take drugs'. Those who are already smoking cannabis may reduce their use as a result of random testing, but they may switch to drugs that are less easily identifiable than cannabis, in particular alcohol.¹⁵

Responses to a young person's positive drug test result carry risks as well as benefits. For example, the young person may start to self-identify as a drug user, perhaps altering their peer group or feeling that their relationship with teachers has changed. Where they are temporarily or permanently excluded from school, it should be noted that absence from school is a known risk factor for being drawn into drug misuse and can also reduce access to support services. It is therefore crucial that measures targeted at young people using drugs are proportionate, and random drug testing is not an effective way of identifying those in need of support. A simple chemical test cannot distinguish between occasional recreational, even one-off, drug use and more problematic patterns of use. False positives are also a risk. Depending on the test used, they are likely to be effective in detecting cannabis and miss other drugs such as alcohol.

While random testing may give the comforting illusion that the problem of drugs has been 'dealt with', some young people may pass under the radar and others test positive as a result of occasional, or one-off use.

If schools are considering using sniffer dogs to carry out random testing they should be aware of the guidance of the Association of Chief Police Officers that states "the use of drugs dogs to 'frighten' pupils into not bringing drugs onto school premises should be resisted [...] ACPO recommends that drugs dogs should not be used for searches where there is no evidence for the presence of drugs on school premises."¹⁷

Given all these risks, schools are advised to invest their funding in evidence-based prevention and effective early intervention and support for young people.

Resources

- Blueprint (2004) School Drug Policy Review Process. Home Office <http://bit.ly/yVMqEE>
- Centers for Disease Control and Prevention (2009) School connectedness: Strategies for increasing protective factors among youth. Atlanta, GA: US Department of Health and Human Services <http://1.usa.gov/xRm7D5>
- Department for Education and Skills (2004) Promoting children and young people's participation through the National Healthy School Standard. Department for Education and Skills <http://bit.ly/yPlhyb>
- Davies, L., Williams, C and Yamashita, H., with Ko Man-Hing, A. (2005) Inspiring schools. Impact and outcomes: Taking up the challenge of pupil participation. Esmée Fairbairn Foundation <http://bit.ly/y5nVoa>
- Chan, G., Foxcroft, D., Coombes, L. and Allen, D. (2012) Improving child behaviour management: An evaluation of the Good Behaviour Game in UK primary schools. Oxford Brookes University and Oxfordshire County Council <http://bit.ly/yJFTrn>
- British Association for Counselling and Psychotherapy (2011) School-based Counselling Operating Toolkit. Welsh Assembly Government. <http://bit.ly/An0yf0>
- The Children's Society STARS Project www.starsnationalinitiative.org.uk - a website for anyone working with children, young people and families affected by parental drug and alcohol misuse.
- The Princess Royal Trust for Carers, in partnership with The Children's Society (updated 2011) Supporting young carers: a resource for schools <http://bit.ly/fXMu93>
- The Princess Royal Trust for Carers (2007) Young Carers: Guidance for Schools and Local Authorities <http://bit.ly/zcs80W>



Many thanks to the following for their help and advice:

The Drug Education Forum Advisory Group
 Professor Chris Bonell
 Lesley Johnson, Enfield Council
 Joanna Manning, The Children's Society
 Joss Smith, Adfam
 Colin Noble
 Anna Power, Nottingham City Council
 Arabella Yapp, Lambeth Council

References

- 1 Children Act 2004; Education and Inspections Act 2006
- 2 Ofsted (2011) Framework for school inspections from January 2012. Ofsted
- 3 Dillon, L., Chivite-Matthews, N., Grewal, I., et al. (2007) Risk, protective factors and resilience to drug use: identifying resilient young people and learning from their experiences. Home Office.
- 4 Fletcher, A., Bonell, C., Sorhaindo, A. and Strange, V. (2009) How might schools influence young people's drug use? Development of theory from qualitative case - study research. *Journal of Adolescent Health* 2009, 45(2), 126-32.
- 5 Centers for Disease Control and Prevention (2009) School connectedness: Strategies for increasing protective factors among youth. Atlanta, GA: US Department of Health and Human Services
- 6 Bonell, C., Harden, A., Wells, H., Jamal, F. et al. (forthcoming) The effects of schools and school environment interventions on health: systematic review, evidence mapping and synthesis
- 7 Kellam, S. et al. (2008). Effects of a universal classroom behavior management program in first and second grades on young adult behavioral, psychiatric, and social outcomes. *Drug & Alcohol Dependence*, 95(1), S5-S28
- 8 Chan, G., Foxcroft, D., Coombes, L. and Allen, D. (2012) Improving child behaviour management: An evaluation of the Good Behaviour Game in UK primary schools. Oxford Brookes University and Oxfordshire County Council
- 9 Davies, L., Williams, C and Yamashita, H., with Ko Man-Hing, A. (2005) Inspiring schools. Impact and outcomes: Taking up the challenge of pupil participation. Esmée Fairbairn Foundation
- 10 Rutter, M. (1979) Fifteen thousand hours: Secondary schools and their effects on children. Harvard University Press
- 11 Olweus, D. and Limber, S. (2010) The Olweus Bullying Prevention Program. In Jimerson, S., Swearer, S. and Espelage, D. (eds.) *Handbook of Bullying in Schools: An International Perspective*. Chapter available online at <http://bit.ly/xUXcGd>
- 12 Amundsen E. and Ravndal E. (2010) Does successful school-based prevention of bullying influence substance use among 13- to 16-year-olds? *Drugs: Education, Prevention and Policy* 17(1), 42-54
- 13 Department for Education and Association of Chief Police Officers (2012) DfE and ACPO drug advice for schools. Department for Education
- 14 Power, A. (2011) Drug education and early intervention in Nottingham City schools. Presentation at the Drug Education Forum's Pathways Seminar
- 15 McKeganey, N. (2005) Random Drug Testing of School Children: A shot in the arm or a shot in the foot for drug prevention? Joseph Rowntree Foundation
- 16 Goldberg, L., Elliot, D., MacKinnon, D. et al. (2003) Drug testing athletes to prevent substance abuse: Background and pilot study results of the SATURN (Student Athlete Testing Using Random Notification) study. *Journal of Adolescent Health* 32, 16-25
- 17 Association of Chief Police Officers (2006) Joining Forces. *Drugs: Guidance for police working with schools and colleges*. Association of Chief Police Officers