



# Quality Standards for the delivery of Drugs Education

Guidance for External Agencies and Schools

KCC Schools Drugs Education Advisors

April 2010

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

Kent County Council SDEA's Quality Standards for delivering Drugs Education  
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## 1. Introduction

### 1.1 Background

- 1.1.1 Quality awareness is essentially defined as: having knowledge of quality – which implies, in the case of public services – having knowledge of what the client or customer expects from the service provider. (Doherty and Horne, *Managing Public Services*, 2002)
- 1.1.2 Quality standards imply that there must be a reasonable match between the intent of the design and the actual service delivered.
- 1.1.3 In 1998, Government introduced the concept of “Best Value” which emphasises robust performance management as being at the heart of any drive to secure continuous improvement and to deliver high quality services. Best Value provides the statutory basis upon which councils plan, review and manage their performance in order to deliver continuous improvement in all services and to meet the needs and expectations of service users.
- 1.1.4 It is widely, professionally acknowledged that external agencies have a valuable role to play in supporting the delivery of drugs education to young people and that there is a need for a co-ordinated, joined up, holistic approach which reflects good practice in drugs education and locally and nationally agreed standards and guidelines.
- 1.1.5 The Updated Drugs Strategy (2002) proposed an expansion of provision and improvement in the quality of drug education and states “All schools [are] to provide good quality substance misuse education”. (Home Office, *Updated Drugs Strategy*, 2002)

### 1.2 Principles

The following principles are recommended to underpin high quality drugs education

- 1.2.1 Many people use drugs of some description in the course of their lifetime. Drugs are mood and behaviour altering substances and include many medicines, caffeine, nicotine, alcohol, illegal drugs and “legal highs”.
- 1.2.2 Not all young people experiment or use drugs. The majority of young people of school-age have never used an illegal drug. Most will at some stage be occasional users of drugs for medicinal purposes and some will try tobacco and many will try alcohol. Some will continue to use on a regular basis. (DFES, *Drugs: Guidance for Schools*, 2004)
- 1.2.3 Drugs use by young people does not always end up as problematic drug use. It will depend on certain drug, set, setting and risk factors. Facing up to this awkward fact in no way condones drug use or ignores the reality that a minority of drug users will come to harm.

The United Nations Office on Drugs And Crime define drugs as “a substance people take to change the way they feel, think and behave.”



- 1.2.4 Legal drug use (for example alcohol use) can cause problems in society and to the individual. It is not just illegal drug use that can be problematic.
- 1.2.5 Most problematic drug use does not involve young people under the age of 18. Focussing on young people and drugs can sometimes reflect how adults feel about young people's ability to make informed decisions.
- 1.2.6 Research shows that there is not much overt peer pressure to use drugs and that young people use drugs for more covert reasons relating to peer preference. (Coggans and Mckellar, 1994, Drug Use Amongst Peers: Peer pressure or peer preference?)
- 1.2.7 Young people of high self esteem are just as likely to use drugs as those with low self esteem, although low self esteem does correlate with problematic use.
- 1.2.8 It is not recommended good practice for drugs education to be delivered in a hypocritical, propagandist way. Young people cannot be shocked or scared into not using drugs. (DfEE, 1998, Protecting Young People, - Good Practice in drug education in schools and the youth service)
- 1.2.9 It is not recommended good practice for drugs education to be influenced by commercial or political interests. Drugs education should be based upon sound educational principles that underlie the teaching of other subjects and reflect current research into what is effective in delivering the aims of drugs education. . (Cohen J, 1996, Drug Education: Politics, Propaganda and Censorship and (DfEE, 1998, Protecting Young People, - Good Practice in drug education in schools and the youth service )
- 1.2.10 Certain experimentation and trying new things in adolescence is common. Adults encourage young people to take risks in other areas of their lives (eg. Sport). Drugs education, whilst not condoning drugs use needs to accept that some young people are more likely to take risks than others.

### 1.3 The aims of the quality standards document

- This document has been written in order to provide awareness and guidance for external agencies who deliver in schools and for schools, of the quality standards for drugs education in KCC schools and other education establishments.
- Raising awareness of quality standards for drugs education delivery will aim to ensure that all delivery, whether in the school classroom, or another appropriate setting, provides a consistently high quality educational experience for the end service user - the young person.
- This document is intended to be used for the purpose of performance monitoring drugs education which is delivered by external agencies/individuals (both commissioned and non commissioned) to young people in schools or alternate youth settings.



- Quality standards can also enable and equip those involved in delivering drugs education to deliver effective and appropriate, research based drugs education, identify where there are training and development needs for delivery staff, and to work within the school's/setting's drugs education policy.
- This document reflects good practice in drugs education from over 15 years of research, with further guidance and reading suggested at the end of the document. It is not a comprehensive guide to delivering drugs education and is to be read in conjunction with the DfES document "Drugs: Guidance for Schools" (2004). In no way is it to be used as a substitute for professional training in drugs education, but in addition to core competency training that all deliverers should have received.

## 2. High quality Drugs Education

For guidance on the aims of drugs education and research into effectiveness see **Drugs: Guidance for schools** (DfES, 2004 Page 18, Section 2)

### 2.1 Background

- 2.1.1 High quality drugs education is a major component of drug prevention and should be set in the context of a whole school approach, which will be supported by a school's achievement of Healthy School status. Drugs education also has a role in reducing the risks associated with drug use, reducing the amount of drugs used and helping people to choose not to use drugs. (DFES, Drugs: Guidance for Schools, 2004)
- 2.1.2 Research demonstrates that normative education is a potentially powerful strategy for changing alcohol and drug use among young. (Hansen, WB and Graham JW, 1991, Preventing alcohol, marijuana and cigarette use among adolescents: Peer pressure resistance training verses establishing conservative norms.) Normative education can provide informal and formal opportunities to address attitude development and behaviour and discuss what influences young people's decision making.
- 2.1.3 Research shows that certain models of drugs education can achieve modest reductions in the consumption of cannabis, alcohol and tobacco, and delay the onset of their use. Early usage is an indicator in problematic use later on in life. (DFES, Drugs: Guidance for Schools, 2004)
- 2.1.4 The links between drug use and social inequalities are well recognised in literature and research. (Bambara C. et al, 2009, Strategic Review of Health inequalities in England post 2010 .) Social deprivation can impact upon young people's health, including their decision about whether to use drugs as a coping mechanism. High quality drug education can contribute towards decreased harm and increased safety for young people, their families and their communities. (DfEE, 1998, Protecting Young People, - Good Practice in drug education in schools and the youth service).
- 2.1.5 Peer support, mentoring and education can be a valuable and productive way of educating young people about drugs. (DFES, Drugs: Guidance for Schools, 2004)



### 3. Quality Standards for Drugs Education

#### 3.1 The Delivering Agency

##### 3.1.1 High quality drugs education is delivered by staff/agencies who:

- have been appropriately trained and continually seek professional development opportunities in order to improve their performance;
- have relevant experience, understanding, knowledge and skills;
- work to the principles described in this document and adopt a grounded pupil-centred approach to learning which may involve assessing educational needs;
- are competent educators and facilitators, do not provide input outside their area of expertise and are aware of their own professional limitations;
- negotiate input to ensure that it meets the needs of pupils and is consistent with the overall aims of the schools drug education programme;
- integrate into the school's programme, rather than delivering an isolated event;
- work in partnership with the school with regard to the school's policy for working with external agencies;
- have been appropriately cleared to the relevant legal requirements according to their contact with pupils;
- are aware of when and how to refer participants on to relevant sources of support;
- are available to support the school in disseminating the lessons learnt;
- share evaluation of their input with relevant bodies, such as commissioners and stakeholders.

External contributors should not be used as substitute teachers, nor should they constitute the entirety of a school's drug programme. When working directly with pupils they should add a dimension to the programme that the teacher alone cannot deliver.

Teachers should be the main providers of drug education. External contributors, if used, should be involved in a planned way, and where they can add value to the school's programme by providing additional perspectives and approaches.

#### 3.2 Needs assessment

##### 3.2.1 High quality drugs education should:

- reflect the views and learning needs of pupils, take into account previous learning and pupils' existing knowledge and understanding;
- be relevant and appropriate to the age and ability of pupils including pupils with special educational needs;
- be relevant to pupils' particular circumstances and take into account pupils' diversity, including pupils: who require regular medication, whose parents/carers or relatives use or misuse drugs, who have missed substantial amounts of schooling or who are vulnerable to drug misuse;
- take into account trends in local drug use.

Establishing existing knowledge, beliefs, experiences and what young people want to learn will help to develop aims and learning objectives. It will ensure that the content is both credible and relevant to pupils and provide a baseline against which the programme can be evaluated.

Drug education programmes should be planned in line with department guidance and statutory requirements. All pupils are likely to know something about drugs, although this knowledge may be inaccurate, incomplete or based on myth.



### 3.3 Curriculum Design

3.3.1 Whenever drugs education is located in the curriculum it should:

- be explicitly planned as part of a cohesive and progressive programme;
- adopt a holistic and person centred approach which encompasses all aspects of young peoples' well-being, (for example physical, psychological, emotional, social and spiritual well-being);
- enable participants to meet their learning outcomes by developing their knowledge/ understanding, skills & attitudes towards drugs use and drugs users;
- allow enough time for teachers to conduct regular assessment of learning and involve parents/carers in the design and evaluation where appropriate as part of a wider community approach.

Teachers may need to focus more on developing pupils' confidence and skills to manage situations which require making decisions about drugs.

Teachers should pay particular attention to enabling pupils to seek help and support when they need it.

Teachers, external contributors and pupils should understand the connections between the different aspects of the programme.

Drug education should be delivered through well-planned PSHE and citizenship provision. Schools are expected to use the non-statutory frameworks for PSHE and citizenship at Key Stages 1 and 2, PSHE at Key Stages 3 and 4, the statutory citizenship programme of study at Key Stages 3 and 4 and the statutory requirements within the National Curriculum Science Order for all phases as the basis for developing drug education.

### 3.4 Equality and Diversity

3.4.1 High quality drugs education:

- provides opportunities for planned differentiation;
- develops and promotes an understanding of individual and collective rights and responsibilities in relation to young peoples' drugs use;
- plays a part in the reduction of social inequalities in schools and in the community;
- has relevance for all pupils and takes into account the Race Relations (Amendment) Act 2000;
- is sensitive to the fact that pupils may have varying attitudes towards drugs which are influenced by their cultural and religious backgrounds and their life experiences, values and beliefs.

Working closely with parents/carers, youth workers and the wider community, including religious and community leaders, will help to alleviate concerns and ensure that the drug education programme is relevant and sensitive to the culture, ethnicity and diversity of pupils.

The stigma attached to drug misuse within the South Asian, Chinese, Roma gypsies and Traveller communities is particularly acute and parents/carers may have concerns about their children discussing such matters or bringing drug education materials into the home. It is, nevertheless, important for all pupils to be prepared for drug-related situations and decisions they may face.



### 3.5 Delivery

#### 3.5.1 High quality drugs education delivery:

- uses appropriate, effective, active teaching methods and strategies that cater for the range of attainment levels of pupils and their diverse needs;
- includes the use of participatory and experiential methods and contains well integrated messages about the possible impacts of drug use and misuse to allow for opportunities for discussion and exploration of attitudes;
- is created and delivered in a safe climate where all opinions can be addressed in safety and where boundaries and working agreements/ground-rules are established and explicit;
- uses appropriate, informed strategies to manage sensitive and controversial issues;
- includes sufficient lesson time for learning to take place, as well as opportunities for pupils to actively participate and reflect and consolidate their learning;
- promotes assessment for learning: makes pupils partners in their learning;
- is non biased, non-judgemental, respectful and sensitive and uses appropriate language.

One-off sessions, talks to large groups and short sessions, such as registration time or form tutor time used alone, are not recommended.

Drug education shares the features of well-taught lessons in any subject and adopts the core principles of teaching and learning.

### 3.6 Monitoring, Evaluation & Assessment for learning

#### 3.6.1 High quality drugs education programmes:

- have systems in place for monitoring and assessing the quality of teaching and systematically record what is taught, including deviations from the planned programme and including how feedback from pupils will be recorded,
- assess pupils' learning in accordance with the requirements of the National Curriculum through established procedures which take into account the knowledge and understanding they have gained, the skills they have developed and put into practice, and how their feelings and attitudes have been influenced,
- include plans for how the effectiveness of the programme will be evaluated, taking into account the stated aims and objectives, what has been learnt, and feedback gained from pupils, teaching staff, parents/carers,
- are evaluated by the deliverers and reviewed, updated and changed as appropriate to ensure that the content is brought up to date with changing local patterns of drug use, the changing needs of pupils, and evaluation and research findings. (DFES, Drugs: Guidance for Schools, 2004)

Monitoring and evaluation of teaching and curriculum provision enable schools to gather information about the quality, relevance and effectiveness of the drug education programme

Evaluation seeks to find out how effective the teaching activities and materials have been in achieving the aims of the programme and meeting the needs of pupils.

There is a distinction between assessment for learning and monitoring and evaluation. Formative assessment for learning involves pupils in reviewing and reflecting on their progress and understanding how they can improve their learning. Summative assessment of learning ensures what pupils know, understand and can do.



## References/Further Reading:

Craib K - *Planning to meet customer and quality requirements* – Diploma in Management Studies (2008) (copies available on request)

Doherty and Horne, *Managing Public Services, Implementing Changes- A thoughtful approach* - Routledge (2002)

Juran JM and Gryuner FM – *Quality Planning and analysis* – McGraw-Hill (1980)

Gaster L – *Managing Quality in Public Services* – Oxford University Press (1996)

NICE public health guidance 7 - "Interventions in schools to prevent and reduce alcohol use among children and young people" (2007)

DfES - "Drugs: Guidance for Schools" (2004)

Standing Conference on Drug Abuse - *The Right Approach: Quality Standards in Drug Education*, SCODA, London. (1999)

Kent County Council Children, Families & Education - *Exemplar Schools Drugs Policy - Education and Incident Management* (2007)

*Updated Drugs Strategy* – Home Office (2002)

Cohen J, 1996, *Drug Education: Politics, Propaganda and Censorship* (Druglink ISDD March)

Bambara C. et al, *Strategic Review of Health Inequalities in England post 2010 task group 8*, University College London, May 2009

Hansen, WB and Graham JW, 1991, *Preventing alcohol, marijuana and cigarette use among adolescents: Peer pressure resistance training verses establishing conservative norms*, Preventative Medicine, 20, 414-430

Coggans and Mckellar, 1994, *Drug Use Amongst Peers: Peer pressure or peer preference?* Drugs education, Prevention and Policy I (i)



# Quality Standards for the delivery of Drugs Education



## Quality Standards for Drugs Education Checklist

### The Delivering Agency

The staff / delivery agency:

- are familiar with the quality standards
- have been appropriately trained (and where appropriate, accredited),
- work to the appropriate values base
- have relevant experience, understanding, knowledge and skills
- ensure that they have access to a range of high-quality support and continuing professional development opportunities and is supported to reach the quality standards where necessary by developing adequate systems to continue their own professional and personal development
- are aware of their own professional limitations, clear about professional boundaries and aware of when and how to refer participants on to relevant sources of support
- are skilled in creating and delivering in, a climate where all opinions can be addressed in safety and where boundaries and working agreements/ground-rules are established and explicit
- are available to support the school in disseminating the lessons learnt
- use appropriate, effective teaching and evaluation techniques
- work in partnership with the school with regard to the school's policy for working with external agencies

### Needs assessment

- the education provided is grounded firmly within an assessment of needs
- local drugs education priorities have been identified and are reflected in the education provided
- a drugs education needs analysis has been conducted with the pupils and the results are reflected in the learning objectives
- the education provided includes opportunities for differentiation to account for pupils learning needs

### Curriculum design

- the model of the education provided is reflective of national evidence-based guidelines and best practice
- the education provided enables pupils to expand their knowledge and understanding, develop their practical skills & challenge their attitudes about drugs
- the education provided enables pupils to appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions
- the lesson planning clearly shows how the activities facilitate learning
- the learning outcomes have been identified to the young people concerned
- National key stage content guidelines are reflected in the setting of learning objectives
- evidence, learning and evaluation of previous drugs education programmes has been considered, reflected in planning & incorporated into the setting of learning objectives as appropriate
- there are opportunities for participants to examine their sense of self esteem and personal awareness and there are specific links to the SEAL and other parts of the PSHE programme
- the education has been cross referenced to current drug education provided elsewhere in the curriculum
- structured opportunities for transference of learning into the home are provided



# Quality Standards for Drugs Education Checklist

## Equality and Diversity

- the education provided pays particular attention to pupils who are vulnerable to drug misuse, including those at risk of exclusion and those excluded from school, to ensure that their specific needs are addressed
- the education provided takes into account the impact that health inequalities have on the young people's decision making around drugs use
- the education provided challenges discrimination, stigma and prejudice which may infringe or limit equality of opportunity, human rights and dignity. This includes, valuing diversity and creating safe, co-operative, yet challenging teaching environments in which young people can feel motivated to learn
- the education provided supports and promotes partnership, multi-agency and multi-disciplinary approaches where appropriate
- the education provided is free from racial, gender, sexist & other stereotypes
- the education provided promotes an understanding of rights and responsibilities towards oneself and others
- parents/carers are given information about their child's drug education and have opportunities to become involved in planning and evaluation

## Delivery

- the teaching includes a mix of content, methods and teaching styles, (for example, the use of participatory and experiential methods) & allows opportunities for discussion and exploration of attitudes
- schools/settings give their support to the drugs education being delivered
- the allocated curriculum delivery time allows for needs assessment, planning, delivery and reflection
- the education engages young people's intellect, experience, thoughts and feelings
- the education programme makes use of existing resources, materials and exercises which should be up to date and reflect the principles outlined in these recommended quality standards
- the education challenge misconceptions that young people hold about the norms of their peers' behaviour and their friends' reactions to drug use. This 'normative education' is important because young people often overestimate how many of their own age group drink, smoke or use illegal drugs

## Evaluation and Assessment

- plans have been made for how the effectiveness of the programme will be evaluated, taking into account the stated aims and objectives, what has been learnt, and feedback gained from pupils, teaching staff, parents/carers
- procedures are in place to systematically record what is taught, including deviations from the planned programme
- procedures for assessing pupils' learning has been established, taking account of the knowledge and understanding they have gained, the skills they have developed and put into practice, and how their feelings and attitudes have been influenced
- a formative monitoring process is in place to ascertain whether the learning outcomes from each lesson have been met
- systems are in place for monitoring and assessing the quality of teaching
- plans have been made for how feedback from pupils will be recorded
- the drug education programme is reviewed and amended to ensure that the content is brought up to date with changing local patterns of drug use, the changing needs of pupils, and evaluation findings