

Drug, alcohol and tobacco education

curriculum guidance for schools at key stages 1–4

Teacher's booklet



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Introduction

What is drug, alcohol and tobacco education?

Drug, alcohol and tobacco education is an explicit, planned component of personal, social and health education (PSHE). Aspects of drug, alcohol and tobacco education are included in the statutory teaching requirements for science. Drug, alcohol and tobacco education provides a context for enabling pupils to increase their knowledge and understanding of drugs, alcohol and tobacco, and to explore attitudes and develop skills for making healthy, informed choices. It should be supported by: school values and an ethos that have been developed by all members of the school community; positive relationships within the school and between the school and the wider community; and whole-school policy and practice that is consistent with the aims of the drug, alcohol and tobacco programme. The development of this whole-school approach is supported by the National Healthy School Standard, see www.wiredforhealth.gov.uk

What substances do pupils learn about?

Drug, alcohol and tobacco education includes learning about:

- over-the-counter or prescription medicines, including anabolic steroids;
- legal substances such as poppers (amyl nitrate), caffeine, alcohol and tobacco;
- volatile substances, eg glues, gases, aerosol propellants; and
- illegally produced, owned or supplied substances such as those covered by the Misuse of Drugs Act 1971, eg cannabis, ecstasy, amphetamines, cocaine (including crack cocaine).

Pupils gain knowledge of these through planned learning opportunities **appropriate to their age and needs**.

What is the purpose of this guidance?

This guidance forms part of the DfES drug, alcohol and tobacco education training package for teachers (see www.teachernet.gov.uk/PSHE), which aims to promote high standards of teaching and learning in drug, alcohol and tobacco education.

The materials are intended to be used as part of a wider programme of training and support. Their content is based on some of the relevant aspects of the non-statutory framework for PSHE and citizenship at key stages 1 and 2, the non-statutory framework for PSHE at key stages 3 and 4, and the citizenship programmes of study for key stages 3 and 4. They also link with the programmes of study for science for key stages 1–4. The materials support teachers as they plan, develop and review drug, alcohol and tobacco education to meet the needs of pupils at key stages 1–4.

The materials can be combined with other aspects of PSHE as schools review and develop their schemes of work. The units exemplify a range of teaching and learning activities for each key stage. These may be adapted for different topics, purposes and age groups, and for drawing together a range of other guidance on planning and delivering drug, alcohol and tobacco education.

Detailed guidance already exists for planning and reviewing drug, alcohol and tobacco education and for developing school policies. LEA school drug, alcohol and tobacco advisers and others involved in

supporting schools are encouraged to refer to:

- ‘Drug Prevention and Schools’, DfEE Circular 4/95;
- *Protecting young people: good practice in drug education in schools and the youth service* (DfEE, 1998);
- *Drug education in schools: an update* (Ofsted, 2000);
- *National Healthy School Standard Guidance and Getting Started – a guide for schools* (DfEE/DoH, 1999);
- *The right responses: managing and making policy for drug-related incidents in schools* (SCODA, 1999); and
- *The right approach: quality standards in drug education* (SCODA, 1999).

A review of Circular 4/95 is in progress. Following this, the DfES will send a revised circular to schools.

Further support for policy development and the continuing professional development of teachers can be found at www.teachernet.gov.uk/PSHE

Who is the guidance for?

This guidance is for teachers responsible for delivering drug, alcohol and tobacco education, programme coordinators, school drug coordinators, PSHE coordinators, and lead governors and senior managers with responsibility for developing the whole-school approach. It is recommended that those who deliver drug, alcohol and tobacco education have received sufficient training and support to ensure that they are confident, in terms of content, approaches and teaching styles.

What does the guidance include?

The guidance consists of seven exemplar units of work and this *Teacher’s booklet*.

The *Teacher’s booklet*:

- summarises current guidance on planning and delivering drug, alcohol and tobacco education;
- provides guidance on planning provision that meets the specific needs of pupils in the school community;
- outlines the knowledge, skills, understanding and attitudes pupils could be expected to have gained by the end of each key stage;
- suggests appropriate teaching and learning approaches; and
- emphasises the need to build in mechanisms for monitoring and evaluating provision from the start.

The exemplar units of work:

- illustrate a range of appropriate teaching and learning activities;
- highlight links with science, citizenship and other subjects;
- provide starting points for schools to develop their drug, alcohol and tobacco education programmes;

- show progression between key stages (but can also be adapted for use with different age groups); and
- may be supplemented with (or replaced with) other materials, eg existing LEA programmes or school-developed resources.

What are the requirements for drug, alcohol and tobacco education?

Schools must provide drug, alcohol and tobacco education that meets the requirements of the national curriculum programmes of study for science. See *The National Curriculum Handbook for primary teachers in England* (QCA/99/457), *The National Curriculum Handbook for secondary teachers in England* (QCA/99/458) and appendix 1 of this booklet.

It is up to schools to decide what drug, alcohol and tobacco education is provided beyond that required by the programmes of study for science. However, schools have a statutory duty to provide a balanced and broadly based curriculum that:

- promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society; and
- prepares pupils for the opportunities, responsibilities and experiences of adult life (Education Act 1996, section 351).

Schools should ensure that their overall drug, alcohol and tobacco education provision contributes positively to these whole-curriculum aims.

Non-statutory guidance

The non-statutory frameworks for PSHE and citizenship at key stages 1 and 2, and for PSHE at key stages 3 and 4, provide the context for developing drug, alcohol and tobacco education. See appendix 1 for details.

Schools are advised to use these frameworks alongside the national curriculum. The PSHE frameworks complement the statutory citizenship programmes of study for key stages 3 and 4.

Appendix 2 draws on the frameworks for PSHE and citizenship at key stages 1 and 2 and PSHE at key stages 3 and 4, and the programmes of study for science and citizenship. It outlines the knowledge, skills, understanding and attitudes pupils could be expected to have gained by the end of each key stage.

How does drug, alcohol and tobacco education in schools contribute to national strategies and targets?

The National Drugs Strategy

Schools have an important role to play in helping to deliver the government's National Drugs Strategy, *Tackling Drugs to Build a Better Britain* (HMSO, 1998). This includes helping young people to resist drug misuse in order to achieve their full potential in society.

Local Drug Action Teams (DATs), which include representatives from education, are required to produce a Young People's Substance Misuse Plan, charting the local drug scene and showing how the needs of young people in the locality will be met. The plan includes policies on crack cocaine where relevant. School drug education is an important part of such a plan. DATs should ensure that local problems are addressed in an holistic way, involving schools, parents, the youth service, further education providers, the community and statutory agencies.

Further up-to-date information about the government's National Drugs Strategy and its targets, plus sources of information, help and advice (including a downloadable leaflet about the proposed reclassification of cannabis) can be found at www.drugs.gov.uk

Alcohol

Alcohol is addressed by several national strategies, and has been incorporated into local action on health, education, crime and safety. For example, the Crime and Disorder Act (1998) requires that alcohol be addressed in local audits and plans. In addition, many DATs now include alcohol in their remit, and have established local targets in their action plans.

For information about the developing National Alcohol Harm Reduction Strategy, see the Cabinet Office Strategy Unit website www.strategy.gov.uk/

Tobacco

The government aims to halt the rise in children smoking. Using statistics for England from 1996 as a baseline, the set target is to reduce smoking among children from 13 per cent to 9 per cent or less by the year 2010, with a fall to 11 per cent by 2005. See *Smoking Kills – A White Paper on Tobacco* (The Stationery Office, 1998).

Section 1: How to use the guidance

This guidance should be used as part of a wider programme of staff development, to help teachers acquire the knowledge, skills and confidence to provide high-quality drug, alcohol and tobacco education. Provision should be based on pupil needs, and should be monitored and evaluated.

The exemplar units are neither intended to be prescriptive nor to comprise a complete programme of drug, alcohol and tobacco education. They are examples of teaching and learning activities that may be developed in the context of the PSHE and citizenship framework, and the PSHE framework, and which link with the programmes of study for science, citizenship and other curriculum areas.

The units should be used as starting points for schools to develop drug, alcohol and tobacco programmes that respond to the specific needs and priorities of all their pupils, regardless of their ethnicity, background and communities.

The units may be delivered as part of discrete PSHE programmes, within other subjects or as off-timetable activities or events. They have been organised to ensure progression in knowledge, skills and understanding, with activities that build on prior learning. The units are also flexible, and many of the ideas are transferable to other key stages if adapted for pupils' age, stage of development and level of maturity. Teachers should decide which units or activities to use, which year group the units suit best, whether to use one or more units, and in which order the activities should be carried out. They also need to consider how to adapt the activities to meet the specific needs of their own pupils and how to combine them with other materials to form a complete programme of drug, alcohol and tobacco education.

The guidance can, therefore, be used:

- as part of training and support for teachers delivering drug, alcohol and tobacco education;
- to inform all staff and governors, plus relevant colleagues from other agencies and community groups, about the planning process, involving them in decisions about provision;
- to clarify ways of assessing pupils' needs and involving them in the planning process;
- to support whole-school planning to ensure that provision is linked to the needs of all pupils, and that appropriate decisions are made about delivery and staffing;
- to provide a range of activities from which teachers can select, and which can be amended, adapted or combined with other materials to ensure that all pupils' needs are addressed; and
- to suggest appropriate teaching and learning approaches to ensure that pupils have opportunities to develop the knowledge, skills, understanding and attitudes they need to make decisions about drugs, alcohol and tobacco.

What policies should schools develop?

Schools should have policies that describe their drug, alcohol and tobacco education provision and their approaches to dealing with drug-related incidents (Circular 4/95, DfEE). These policies should form part of a whole-school approach to promoting the health and education of all members of the school community. Links should be made with the school's behaviour policy to ensure that the school responds consistently to different forms of inappropriate behaviour. Guidance on policy development can be found in:

- *Protecting young people: good practice in drug education in schools and the youth service* (DfEE, 1998);
- *The right approach: quality standards in drug education* (SCODA, 1999); and
- *The right responses: managing and making policy for drug-related incidents in schools* (SCODA, 1999).

The units

There are seven units. The layout of the units with a commentary about the purpose of each section is shown below.

Title

The title indicates the content of the unit. Unit A is designed for use at key stage 1, units B and C at key stage 2, units D and E at key stage 3 and units F and G at key stage 4. However, units are flexible and may be adapted for use at different key stages.

Expectations

This broadly describes what most pupils will know and be able to do after completing the unit.

About the unit

This sets out the main focus of the teaching and learning. It outlines the knowledge, skills and understanding that the unit will develop. Examples of links with work in other subjects are also provided.

Where the unit fits in

This indicates the aspects of PSHE, citizenship and science that are addressed by the unit.

Drug, alcohol and tobacco education guidance at key stage 2

Unit C Building knowledge and understanding about drugs and alcohol – practising skills to deal with situations

About the unit

In this unit, children build their knowledge and understanding of the effects and risks of using drugs and alcohol through enquiry and research. 'Draw and write' activities, quizzes and games are used to identify what children already know and understand about drugs and alcohol. Children reach a definition of what a drug is and identify a range of substances to be investigated. They work together to research basic information about the effects and risks of commonly available drugs, including medicines, volatile substances, tobacco and cannabis. They explore people's reasons for drinking alcohol, and different attitudes to it. They discuss why drugs are illegal or restricted. They develop their communication skills through a formal debate as part of a scenario on whether a new drug should be restricted.

The knowledge and understanding built in this unit can be used in conjunction with unit B 'Risk-taking and resisting unhelpful pressure', which focuses on risk-taking and decision-making skills and dealing with unhelpful pressure or influences. Unit B also focuses on tobacco.

The unit links with unit 5A 'Keeping healthy' in the science scheme of work. It builds on the knowledge, understanding and skills gained in the key stages 1 and 2 citizenship scheme of work. The activities could also be linked with work in English and RE. Some links are included in the 'Points to note' section.

Where the unit fits in

This unit addresses the following aspects of the key stage 2 non-statutory framework for PSHE and citizenship and the key stage 2 programme of study for science:

PSHE and citizenship

Developing confidence and responsibility and making the most of their abilities

Pupils should be taught:

1a to talk and write about their opinions, and explain their views, on issues that affect themselves and society

Preparing to play an active role as citizens

Pupils should be taught:

2a to research, discuss and debate topical issues, problems and events

2b why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules

2c to reflect on spiritual, moral, social and cultural issues, using imagination to understand other people's experiences

Developing a healthy, safer lifestyle

Pupils should be taught:

3a what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health, and how to make informed choices

3d which commonly available substances and drugs are legal and illegal, their effects and risks

3e to recognise the different risks in different situations and then decide how to behave responsibly, including sensible road use, and judging what kind of physical contact is acceptable or unacceptable

Breadth of opportunities

During the key stage, pupils should be taught the **Knowledge, skills and understanding** through opportunities to:

5d make real choices and decisions

5g consider social and moral dilemmas that they come across in life

5h find information and advice

Science

Pupils should be taught:

Sc2.2g about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health

Expectations

Expectations should be adapted according to the needs, age, stage and maturity of the children. It is expected that by the end of this unit most children will: understand what is meant by the term 'drug' and know that different drugs have different effects. They give basic information about some drugs and explain the effects drinking alcohol has on the body and on behaviour. They offer some reasons why laws restrict drug use. They research information using ICT, written literature and by asking people, and then present their findings to the class. They express an opinion and listen to the views of others.



Resources

This suggests useful materials and sources of information from organisations that may be helpful in delivering the unit.

Resources

Resources include:

- the DfES PSHE website – www.teachernet.gov.uk/PSHE (information on resources and links to other websites)
- the cross-government drugs website – www.drugs.gov.uk/ReportsandPublications/General/CannabisReclassificationInfo (information about the proposed reclassification of cannabis)

Many groups and organisations produce online resources that are relevant to citizenship. QCA has not printed these website addresses as it recognises that they can and do change, often at short notice. So that we can monitor and maintain a reliable and useful resource, the website addresses of the following organisations can be accessed through www.qca.org.uk/pshe

- Wired for Health (includes activities for finding out about drugs)
- Galaxy-H (includes activities for finding out about drugs)
- Alcohol Concern
- DrugScope

NB: care should be taken when encouraging children to access websites



Possible teaching activities

These activities are designed to enable pupils to develop the knowledge, skills and understanding outlined in the objectives. They may be adapted and amended to fit in with the school's priorities and provision for drug, alcohol and tobacco education.

Learning outcomes

These indicate the knowledge, skills and understanding that pupils should have developed through the teaching and learning activities. They provide opportunities for checking progress and reviewing work with pupils.

Points to note

This section can include points on teaching the content of the unit, planning and management of work, possible alternative activities and links with other subjects. Links with other units and references to appropriate sections of the *Teacher's booklet* are also provided.

Learning objectives

These outline the knowledge, skills and understanding that are the focus of the unit.

Learning objectives

Children learn:

- that the term 'drugs' covers a range of legal and illegal substances
- about the effects and risks of using drugs
- to identify gaps in their knowledge
- how to use a variety of sources of information
- to talk with others who can provide information
- how to present information to others

Possible teaching activities

What do we already know and understand about drugs?

- Use a 'draw and write' activity to assess the children's current levels of knowledge and understanding about drugs. Display and discuss the children's answers. Explain that drugs can include medicines, alcohol, tobacco, illegal drugs, glues and other volatile substances, as well as everyday substances such as caffeine. Negotiate with children a definition of what is meant by the term 'drug'.
- Ask the children in small groups or pairs to think more about a particular drug. Supply each group or pair with a large sheet of paper divided into three. Ask the children to write in one section everything they know about the drug, including whether it is legal to have, sell or share it. In the second section they could write all the questions they have about the drug. Ask the children to present the sheet to another group or pair, or to display the sheets around the room. Let other children add to the appropriate columns what else they know about the drug, possible answers to the questions, or any additional questions they might have.
- Explain that the children will now research some drugs to find the correct answers to their questions. Draw from the children any ideas they have about where they might find the information.
- Ask the children in pairs or threes to research one of the drugs from the previous activity (excluding alcohol), using a range of sources of information, eg *leaflets, other literature, ICT, and people, eg primary care workers, the school nurse, the police*, where possible. Ask them to find out:
 - different names for the drug (including any slang names)
 - what it looks like
 - different ways it is used
 - how it affects the user (both positive and negative effects)
 - the harm or consequences associated with using it (can be divided into short- and long-term effects)
 - whether it is legal to have or to sell it
 - the answers to any other questions they want to know
- The children present their findings as a poster or leaflet that they will show the class and then display for the rest of the school, and take home to discuss with their parents. During presentations encourage the other children in the class to check that they have answered all the questions from their earlier activity, and to correct any misconceptions they had. They could fill in a chart for this purpose. Discuss ways the children could find further information.
- The children reflect on what they learnt, identifying new information they gained and the sources they found most helpful.

Learning outcomes

Children:

- describe what is meant by the term 'drugs', including that it can be used for a range of legal and illegal substances, and give some examples of these
- work cooperatively in pairs or small groups to find information
- find answers to simple questions about drugs, using different sources of information including ICT
- identify basic information about a drug, and understand the drug's effects and the risks of using it
- communicate information to others in simple terms through a poster presentation or a leaflet

Points to note

- Establish ground rules before these activities. See page 20 of the *Teacher's booklet*.
- Link with science: unit 5A 'Keeping healthy' in the key stages 1 and 2 scheme of work.
- For more information about 'draw and write' activities and other ways of identifying pupils' needs, see appendix 4 of the *Teacher's booklet*.
- There may be considerable differences between children in their current knowledge, understanding and experiences. There may be a need to take into account the different needs of boys and girls.
- An information evening for parents may be helpful to explain what children will be learning during this unit.
- Be aware of home situations, such as parents who are drug users, and the school's policy on confidentiality and disclosure. Make sure the children are aware of this policy. Ensure that national or local helplines and other sources of support are clearly displayed in the school and that children know where to find the information.
- Children could find out about any drugs but should explore commonly available ones, eg *medicines, tobacco, volatile substances*. Alcohol will be explored in depth in the next activity.
- Help the children report the positive as well as the negative effects when people use the drug. Encourage them to think about a range of harms associated with using the drug, eg *how it affects the user's health and lifestyle*, as well as how it might affect other people around them.

Aspects of the PSHE and citizenship framework at key stages 1 and 2, the PSHE framework at key stages 3 and 4 and the programmes of study for citizenship at key stages 3 and 4 addressed by the units

Unit number and title	PSHE and citizenship framework	Other curriculum areas
Key stage 1		
Unit A 'Keeping ourselves and others safe'	1c 2a 2d 3c 3f 3g 4a 4b 4d 5c 5d 5h	Science Sc2 2d
Key stage 2		
Unit B 'Risk-taking and dealing with pressure'	1c 2a 2e 3a 3e 3f 4a 5c 5d 5g 5h	Science Sc2 2g
Unit C 'Building knowledge and understanding about drugs and alcohol – practising skills to deal with situations'	1a 2a 2e 3a 3d 3e 5d 5g 5h	

Unit number and title	PSHE framework	Other curriculum areas
Key stage 3		
Unit D 'Drugs, alcohol, tobacco and the law – a local, national and global issue'	2b 2d 3d 3k 4c 4g 4h	Citizenship 1a 1d 1f 2a 2b 2c 3a 3b 3c Science Sc2 2m
Unit E 'Why do people use drugs?'	1b 1d 2b 2d 2f 2g 3a 3b 3d 3e 4d 4e 4g	Citizenship 1b 1f 1h 2a 2b 2c 3a Science Sc2 2m
Key stage 4		
Unit F 'Managing risk'	2a 2b 2e 2g 2h 4a 4d 4e 4g 4h	Citizenship 1a 3a 3b Science Sc2 2m
Unit G 'Giving and receiving support'	1d 2c 2e 2f 2g 3c 3d 3e 3f 3j 3k 4a 4b 4c 4d 4e	Citizenship 1f 2b 3a 3b 3c

NB: the units may be adapted for use at different key stages.

Section 2: How to plan drug, alcohol and tobacco education

All pupils should have opportunities to develop knowledge, skills and understanding about drugs, alcohol and tobacco, and to explore a wide range of attitudes towards their use. Planning should address:

- the development of a whole-school approach to drug, alcohol and tobacco education;
- the most appropriate way of meeting statutory requirements in science, and of using non-statutory guidance in PSHE;
- the specific needs of different localities and communities, eg with regard to crack cocaine;
- the specific needs of pupil cohorts and individuals, including pupils with special educational needs and drug-, alcohol- or tobacco-related problems;
- the requirements of the statutory inclusion statement;
- the specific needs of different black and minority ethnic groups within the community; and
- the involvement of partner agencies, parents and others in the local community, as well as pupils and school staff, in planning drug, alcohol and tobacco education and reviewing related school policies.

Existing guidance can support schools in the process of reviewing current provision, identifying gaps and taking steps to address them. See:

- *The right approach: quality standards in drug education* (SCODA, 1999); and
- *National Healthy Schools Standard: Guidance* and *National Healthy Schools Standard: Getting Started – A guide for schools* (DfEE/DoH, 1999).

Developing a whole-school approach

Drug, alcohol and tobacco education has implications for the whole school. It includes what is planned and taught as part of science, PSHE, citizenship and other subjects, as well as the way the school responds to drug-related incidents and the systems in place to support pupil welfare. It also requires a school ethos that promotes positive relationships and respect for and between all members of the school community.

School policies for drug, alcohol and tobacco education and for managing drug-related incidents should be consistent with each other, with policies relating to smoking, alcohol and medicines, and with the whole-school approach to promoting pupils' personal and social development. For example, all members of the school community and its visitors, including those attending events when the school premises are lent to outside bodies, should adhere to the rules on smoking.

Questions to support the planning of a whole-school approach to drug, alcohol and tobacco education

The following questions will help to establish a process of consultation and decision-making. This in turn will promote an integrated system for identifying and responding to pupil needs, arising from their own or other people's drug, alcohol or tobacco use. The process of consultation can also contribute to a broad understanding by other agencies and members of the wider community of the aims of the curriculum and the school's behavioural expectations.

1. What are the needs and priorities of the pupils in this school?

- What are the particular characteristics of our school community, eg geographical context, diversity, inclusion, equality of opportunity? Are there any local drug-, alcohol- or tobacco-related issues that we need to be aware of, eg crack-related crime?
- How do these characteristics affect the needs of all our pupils, including those for whom English is an additional language and those who have special educational needs?
- Who has been consulted about pupils' needs and priorities regarding drug, alcohol and tobacco education? Pupils? Parents? School staff? Governors? Other bodies such as the police and drug and alcohol agencies? The wider community/community groups, including black and minority ethnic groups?

2. What are pupils already learning about drugs, alcohol and tobacco?

- What aspects of knowledge, skills and understanding are currently being addressed through:
 - science?
 - PSHE and/or citizenship programmes?
 - off-timetable events and specialist days, eg drug education conferences and health weeks
 - pupils' active participation in the school, eg in developing and reviewing drug, alcohol and tobacco policies through class, year and school councils/peer-led drug and alcohol initiatives/organising sessions for stopping smoking?
 - pupils' involvement in community initiatives, eg Drug Action Team or Primary Care Trust priorities?

3. What already works well and meets our priorities?

- What do we know about effectiveness in drug, alcohol and tobacco education? (See appendix 3.)
- What do pupils and staff consider works well? How do they think it could be improved?
- Does it meet identified priorities? Are there any gaps?
- Are the needs of all pupils reflected in policies and curriculum provision and, where necessary, is that provision differentiated to meet the needs of individuals or groups?

4. How can we build on what we are doing already?

- Can we:
 - consult pupils more frequently about their needs and priorities, and involve them more fully in policy development and review?
 - develop discrete modules or individual sessions to complement other aspects of the school's provision?
 - identify opportunities in other subjects, eg drama?
 - increase pupils' responsibility for off-timetable events and extra-curricular activities by involving them in helping to organise and run these events?
 - make more effective links with local and national priorities and initiatives, eg those regarding crack cocaine?

5. What else do we need to do?

- How will staff training and support needs be met?
- How will opportunities for pupils to reflect on their learning and to assess their progress and achievement be included in provision?
- How can we improve links with parents and community groups?

6. Who can help?

- Are we using all sources of local support effectively, eg LEA School Drug Advisers, PSHE/citizenship advisers, healthy school coordinators, teacher networks, Drug Action Teams, Drug and Alcohol Reference Groups, the police, health promotion advisers, local drug and alcohol agencies (including those addressing the specific needs and concerns of black and minority ethnic communities), national organisations? (Appendix 5 has further sources of help and support.)

The school drug coordinator and lead governor have key roles in managing this process, and in ensuring that the policy and curriculum are regularly reviewed through ongoing consultation. Support is available from the LEA School Drug Adviser.

The National Healthy School Standard supports the effective implementation of drug, alcohol and tobacco education in schools within a whole-school context. Local healthy school programmes have been accredited to support schools in meeting the Standard. These include criteria for developing a whole-school approach, as well as specific criteria for drug (including alcohol and tobacco) education. Other specific criteria also have a bearing on drug, alcohol and tobacco education, including those for PSHE, local/school priorities, citizenship, emotional health and well-being, and safety. Involving the whole-school community, including pupils, in policy development and implementation is a key feature of the Standard. Refer to *National Healthy Schools Standard Guidance* and *National Healthy Schools Standard: Getting Started – A guide for schools* (DfEE/DoH, 1999) (see appendix 5 for details).

How can we identify the specific needs of our pupils and the community?

Needs will vary widely according to the experiences and beliefs of individual pupils or groups of pupils and their families, and the local school setting, for example whether particular drugs such as crack cocaine are commonly available or there are problems with illegally-sold alcohol.

Children at the foundation stage will have some knowledge of drugs (including medicines), alcohol and tobacco, and will have been exposed to parental, family, peer, school, media and community views on them.

Throughout the key stages, increasing numbers of pupils are likely to have had their own experience of using drugs (including medicines), alcohol and tobacco. An assessment of current levels of knowledge, understanding, attitudes and self-perceived needs before planning the programme, or at the start of activities, can highlight misconceptions and draw on relevant real-life experiences, using them as starting points for teaching.

It is important to ensure that topics and issues relating to drug, alcohol and tobacco education are revisited as pupils mature. This will enable them to develop the knowledge and understanding, skills and attitudes to deal with the different situations they may encounter.

Where possible, schools should also work with other schools to find ways of ensuring progression between phases. LEA advisers may be able to support and facilitate these links.

Programmes will need to be adapted for pupils with learning difficulties and those for whom English is an additional language.

Pupils from vulnerable groups may need specific programmes of support. Advice on meeting their needs may be provided by LEA School Drug Advisers.

Pupil needs may be identified by:

- involving pupils in needs analysis through curricular activities similar to those used for a variety of PSHE and citizenship topics (see appendix 6 of *Citizenship, A scheme of work for key stage 3, Teacher's guide* (QCA, 2001));
- using local data, eg from the Drug Action Team (DAT) on the number of young people in need of support because of substance misuse; from the police on the number of alcohol-related arrests and on crack-related crime; from the health authority on smoking targets for the local area;
- using surveys, eg those organised by the health authority or DAT; those commissioned from university research teams and other professional organisations; pupil-led surveys. Note that care must be taken when asking pupils about their own behaviour; surveys should be carried out within defined boundaries that make clear the aims of the survey, and that pupils are not obliged to divulge information; and
- using school data, eg on the number of drug-related incidents or number of pupils using school-based support services such as the school nurse.

Why should parents, carers and the wider community be involved?

Parents and carers should be involved in planning the drug, alcohol and tobacco education programme, and should be consulted during the development of related school policies. They should also be given information about what their children will be taught, and access to support and information about drugs, alcohol and tobacco. This can be achieved through, for example, parents' evenings, PTA meetings, sending home newsletters and questionnaires, open days, and shared learning activities that involve parents/carers in homework activities. Note that homework tasks that form part of preparation for a topic have a greater impact on learning than those which involve finishing work started at school.

The exemplar units include suggestions for home-based activities across the key stages. Schools should:

- ensure that parents/carers are fully informed before children are asked to undertake tasks at home;
- provide alternative support when there is no appropriate adult available for the child to work with;
- be prepared to respond to situations where substance misuse is a problem in the home, working with local drug and alcohol agencies where appropriate.

Links with community groups may be helpful in supporting parents and pupils for whom English is an additional language.

LEA advisers may be able to support work with parents, community groups and other agencies.

The National Healthy School Standard also supports partnerships with parents/carers and other outside agencies. See *National Healthy Schools Standard Guidance* and *National Healthy Schools Standard: Getting Started – A guide for schools* (DfEE/DoH, 1999).

How does drug, alcohol and tobacco education fit in?

Drug, alcohol and tobacco education should be located within wider provision for PSHE, which enables pupils to increase knowledge and understanding, explore attitudes, and develop skills for making healthy, informed choices, including choices about drugs, alcohol and tobacco.

Provision for drug, alcohol and tobacco education within wider PSHE may be planned and coordinated through:

- discrete, timetabled PSHE lessons;
- other subjects/curriculum areas, eg science, citizenship;
- off-timetable activities and school and community events; and
- pastoral care and guidance.

Further information about the potential contribution of other subjects to drug, alcohol and tobacco education can be found in *Opportunities for drug and alcohol education in the school curriculum* (DrugScope/Alcohol Concern, 2001).

However schools choose to provide drug, alcohol and tobacco education, it should have clear objectives and learning outcomes, which are appropriate to pupils' age, ability and level of maturity, and which incorporate the statutory requirements of the programmes of study for science. It is also important that programmes meet the needs of pupils for whom English is an additional language.

The overall programme should be coordinated across the curriculum and from year to year. This will provide continuity, ensure progression, and give pupils and teachers opportunities to reflect on their progress in developing knowledge, skills and understanding and exploring attitudes and values.

How should drug, alcohol and tobacco education be monitored?

Monitoring provides information about the quality of provision, and should be planned as an integral part of the coordination and management of the programme. It ensures that the agreed programme is followed and that pupils have equal access to learning experiences that meet the needs identified during planning. The monitoring process can also help to identify the ongoing training needs of staff, and ensure that communication about different aspects of provision is effective.

Monitoring activities include:

- observing lessons;
- monitoring lesson plans;
- gathering evidence through staff or pupil questionnaires;
- sampling evaluations and assessments; and
- holding focus group discussions.

Ofsted reports provide an external perspective that is helpful in the monitoring process (see page 17 for information on how Ofsted inspects drug, alcohol and tobacco education).

Why is it important to evaluate drug, alcohol and tobacco education?

Evaluation establishes the effectiveness of provision in meeting pupils' needs and agreed aims, and improves the quality of teaching and learning. All those involved in the planning process can be involved in evaluation, for example pupils, teachers, parents, governors, outside agencies, members of the wider community.

- **Pupils and teachers** should carry out regular evaluations of units and activities as part of the assessment process, reflecting on what they have learnt.
- **Pupils, teachers and visitors to the classroom** can evaluate activities and events to determine whether these met their objectives.
- **Summative assessments** of pupils' learning at the end of a term, year or key stage can contribute to programme evaluation.
- **Parents and community members** can take part in evaluation activities, or complete questionnaires about the effectiveness of the programme.

The exemplar units include activities that illustrate how pupils can evaluate aspects of the programme and assess their own progress and achievement.

Schools may take part in longer-term evaluations to determine the effectiveness of drug, alcohol and tobacco education. These may include periodic surveys of young people's knowledge, attitudes and behaviour, which can be compared over time, or longitudinal surveys, which follow individuals or cohorts for a period of years to establish the longer-term impact of provision. Such long-term evaluations are likely to be organised by local authorities, Drug Action Teams or national bodies.

The results of evaluations should be fed into programme reviews to ensure that provision keeps pace with changing needs, for example when local priorities change, when there is a new national initiative on, for example, crack cocaine, or when there is new legislation, such as changes in the laws relating to drugs.

What will Ofsted report on?

In **primary schools**, Ofsted inspectors will evaluate and report on drug, alcohol and tobacco education within PSHE and citizenship. Although a separate subject section on PSHE and citizenship is not required, inspectors will evaluate children's achievement with reference to the four strands of the non-statutory framework for PSHE and citizenship (see the *National Curriculum Handbook for primary teachers in England*, QCA/99/457). They will also consider whether the school enables children to make healthy, informed choices, by:

- increasing children's knowledge and understanding (as appropriate to their age and need) of drugs and the potential effects drugs can have on them;
- challenging existing attitudes;
- developing their perceptions of self-worth and self-esteem; and
- helping them to develop and practise skills, eg resistance skills.

In addition, primary schools will be judged on their policy for the management of drug-related incidents. See Appendix: Further Advice on Sex and Drug Education in *Inspecting Subjects 3–11: guidance for inspectors and schools* (Ofsted, 2000).

In **secondary schools**, drug, alcohol and tobacco education will be inspected as part of PSHE, with inspectors evaluating standards and achievement, provision in the curriculum, teaching and learning, and other factors that affect quality. Schools will be judged on how well they care for their pupils and ensure that those at moral or physical risk are identified and supported. Inspectors will also judge the effectiveness of a school's policy for managing drug-related incidents. For further details, see *Inspecting Personal, Social and Health Education 11–16* (Ofsted, 2001), with guidance on self-evaluation.

What teaching and learning approaches should be used?

As with all PSHE and citizenship education, in drug, alcohol and tobacco education **the way** pupils learn is integral to **what** they are learning. It is important to create a supportive learning environment (see pages 19–20) and provide a range of teaching strategies to meet the needs of all pupils.

Participatory approaches such as group work, role-play, simulations, drama, discussion, debate, structured games and action research should be used, as well as more formal styles. The use of interactive teaching styles will ensure that the programme clarifies and extends knowledge and information, explores attitudes and values, and allows skills to be developed and practised. Pupils should have opportunities to research and investigate problems and issues, and to communicate their views and opinions to their peers and adults in the school and wider community.

Learning outside the classroom should be included in planning, so that pupils benefit from well-organised visits, community activities and involvement in wider school projects (for example organising information and advice centres, reviewing policies and providing peer support). Guidance on the use of visitors is included on pages 24–25.

This variety of approaches, both inside and outside the classroom, caters for the different learning styles and levels of intelligence of all pupils.

Hard-hitting messages

Hard-hitting messages, including those which describe real life stories of young people whose lives have been destroyed by drugs, should play a part in teaching and learning approaches. However, such messages should be part of a well-planned programme that includes the development of skills and the exploration of attitudes. Further guidance on the use of hard-hitting messages will be included in the revision of Circular 4/95 (DfES).

Guidance on approaches to teaching and learning relevant to teachers of drug, alcohol and tobacco education, as well as other areas of PSHE and citizenship, can be found in:

- appendix 5 of *Citizenship, A scheme of work for key stages 1 and 2, Teacher's guide* (QCA, 2002);
- appendix 6 of *Citizenship, A scheme of work for key stage 3, Teacher's guide* (QCA, 2001); and
- section 4 of *Sex and Relationship Education Guidance* (DfEE, 2000).

Appendix 3 gives an overview of the most effective content and delivery styles of drug education, based on a review of 120 programmes.

What teaching and learning opportunities should be provided?

Pupils should have the chance to develop knowledge, skills and understanding through opportunities to:

- **take responsibility**, eg by helping to draw up classroom and school rules; acting as a peer supporter; liaising with outside visitors; taking responsibility for their own learning (by making informed choices within learning activities, reflecting on and recording what they have learnt and achieved, and setting targets to establish next steps);
- **feel positive about themselves**, eg by giving and receiving positive feedback; recording evidence of their progress and achievements; developing interests that enable them to socialise without drugs, alcohol or tobacco;
- **participate**, eg in groups of different sizes and composition, including single-gender groups to meet the different needs of boys and girls; in workshops and events related to drug, alcohol and tobacco education; in developing and reviewing school drug, alcohol and tobacco policies; in action research projects related to local drug, alcohol and tobacco targets; in activities that provide alternatives to those associated with drugs, alcohol or tobacco;
- **make real choices and decisions**, eg about issues affecting their health and well-being, such as diet, exercise and smoking;
- **meet, talk and work with people**, eg by using visits and visitors appropriately; meeting, talking and working with people such as community drug and alcohol awareness workers, health professionals, emergency service professionals;
- **develop relationships**, eg with pupils from other schools or year groups through projects or peer support schemes; with adults from the wider community through citizenship activities;
- **consider social and moral dilemmas**, including the varied attitudes and values underpinning some of the issues they encounter in drug, alcohol and tobacco education, eg by considering other people's experiences; demonstrating their own skills and attitudes through role-play;
- **find information and advice**, eg through helplines and websites; by learning to provide information to others; and
- **prepare for change**, eg by anticipating the challenges of new and widening social groups as they get older; considering the choices they may have to make, including choices about drugs, alcohol and tobacco.

(See *The National Curriculum Handbook for primary teachers in England*, pages 138 and 141, and *The National Curriculum Handbook for secondary teachers in England*, pages 190–191 and 193–194.)

Wherever drug, alcohol and tobacco education takes place, and whatever opportunities and approaches are chosen, it is essential that a secure learning environment is established. Pupils should have time to reflect on all their experiences across the curriculum, identifying what they have learnt. This will enable them to transfer their knowledge to situations in their own lives, now and in the future.

Creating a safe and secure learning environment

Drug, alcohol and tobacco education raises sensitive and controversial issues, as well as the potential for disclosure of private or illegal activity and issues of child protection. It is essential that a safe and secure learning environment is created, in which professional boundaries are clear, mutual respect is

maintained and sensitive issues can be discussed. Pupils need to be engaged in their learning, see its relevance to their lives and reflect on their personal experiences. However, it can be inappropriate and unhelpful for either teachers or pupils to talk about their own experiences or those of named others. Teachers should manage the learning environment carefully. At the outcome of teaching and learning activities relating to drug, alcohol and tobacco education, pupils should talk about and agree ground rules for discussion, including rules for talking about their own or other people's experiences. Once ground rules have been established, pupils should be reminded regularly of their importance in handling personal and sensitive issues appropriately during class and group discussion. Ground rules help to minimise embarrassment, inappropriate and unintended disclosure, and comments of a negative nature made towards other pupils, whether intentional or not. Further guidance on ground rules can be found on page 49 of *Citizenship, A scheme of work for key stages 1 and 2, Teacher's guide* (QCA, 2002); and pages 38–39 of *Citizenship, A scheme of work for key stage 3, Teacher's guide* (QCA, 2001).

Other ways for teachers to manage a secure learning environment include:

- using distancing techniques, eg role-play, scenarios based on real situations, boxes in which pupils can place anonymous questions or concerns to avoid having to voice them in front of the class;
- ensuring that teachers and their pupils understand school policies on drugs, alcohol and tobacco and policies on pupils disclosing confidential information, and follow up concerns in a more appropriate setting outside lessons;
- presenting themselves as facilitators for pupil learning, rather than as the sole authority on matters of fact or opinion;
- ensuring that outside visitors adhere to the school's policies and programme aims; and
- linking drug, alcohol and tobacco education into the whole-school approach to supporting pupil welfare; making pupils aware of sources of support both inside and outside the school.

Guidance on issues of confidentiality and disclosure can be found in:

- annex 5 of *The right responses: managing and making policy for drug-related incidents in schools* (SCODA, 1999);
- appendix 6 of *Citizenship, A scheme of work for key stages 1 and 2, Teacher's guide* (QCA, 2002);
- appendix 9 of *Citizenship, A scheme of work for key stage 3, Teacher's guide* (QCA, 2001);
- section 7 of *Sex and Relationship Education Guidance* (DfEE, 2000).

How do we assess progress and achievement?

Those aspects of drug, alcohol and tobacco education that form part of the programmes of study for science at key stages 1–4 must be assessed in accordance with the requirements of national curriculum science (see *Assessment and reporting arrangements* booklets published each year by QCA, and the reporting arrangements for key stage 4 published by DfES in circular 17/99 – *Reports on Pupils Achievements at Key Stage 4 and beyond*).

Pupil and staff assessments should be used to evaluate how effective the activities are in meeting the aims and objectives of the programme, and to inform planning and future teaching.

Assessment in drug, alcohol and tobacco education should:

- be planned from the beginning as an integral part of teaching and learning;
- provide regular opportunities for pupils to give and receive feedback on their progress and achievements, helping them to identify what they should do next;
- involve pupils in discussion about learning objectives and desired outcomes;
- include pupils as partners in the assessment process, eg through self-assessment and peer-assessment;
- enable pupils to identify and gather evidence of their progress in developing knowledge, skills, understanding and attitudes; and
- reflect the principles of inclusion and the range of pupils' learning styles and levels of intelligence, enabling **all** pupils to demonstrate their achievement.

Methods of assessment in drug, alcohol and tobacco education include:

- self-assessment, eg pupils writing simple evaluations of their feelings about their learning in particular activities and comparing answers to factual quizzes at the start of the lesson with answers at the end;
- group assessment, eg pupils reflecting on how well they worked as a group, the problems they faced, how they overcame them, and what roles individuals in the group played;
- peer assessment, eg pupils identifying things they have learnt from each other; providing constructive feedback on presentations or contributions to discussions; and
- teacher assessment, eg through observation and listening, written work, drawings, role-play, drama, discussions, noting how pupils contribute to the life of the school (through being engaged in consultation about the programme or policy-making, etc).

It may be helpful for teachers to read the draft guidance on assessment in citizenship (see www.qca.org.uk/citizenship), which includes principles for, and approaches to, assessment that are common to both citizenship and PSHE.

Inclusion

When developing teaching and learning activities for drug, alcohol and tobacco education, teachers should refer to and apply the statutory requirements and guidance on inclusion set out in *The National Curriculum Handbook for primary teachers in England* (QCA/99/457) and *The National Curriculum Handbook for secondary teachers in England* (QCA/99/458).

Pupils with learning difficulties may need more help in understanding what sorts of behaviour are acceptable, and in developing the confidence and skills to resist drugs (alcohol and drug misuse may be one of a number of symptoms of emotional or behavioural difficulties). Further guidance is available in *Planning, teaching and assessing the curriculum for pupils with learning difficulties – personal, social and health education and citizenship* (QCA/01/749) or at www.nc.uk.net/ld

Teachers should also work with EAL (English as an additional language) colleagues to ensure that lessons/activities are accessible to all pupils. Where necessary, key messages should be translated and links made with community groups which can offer support.

Teachers may find appendix 5 of *Citizenship, A scheme of work for key stage 3, Teacher's guide* (QCA, 2001) helpful in addressing issues of diversity.

Teachers must take account of potential barriers to learning arising from pupils' personal circumstances, for example where pupils have parents/carers who misuse drugs or alcohol, or are themselves experiencing problems with misuse. All those working with pupils need to understand the policies and whole-school approach relating to drugs, alcohol and tobacco, which should aim to support pupils' welfare.

Teachers need to be able to recognise when pupils' needs cannot be met entirely in school, and when they need to contact specialist sources of help, for example:

- social services;
- youth workers;
- Connexions advisers; and/or
- drug and alcohol services (including those that target specific communities).

Pupils who are receiving support from drug and alcohol services are still entitled to drug, alcohol and tobacco education in school. Guidance on developing policies for identifying welfare needs and referring pupils can be found in *The right responses: managing and making policy for drug-related incidents in schools* (SCODA, 1999).

The Young People's Substance Misuse Plans developed by local DATs target young people aged 5–19 and their families, and focus particularly on the needs of the vulnerable. They aim to provide an integrated, holistic approach to the information, education and support offered by schools and other services. Such support ensures consistent messages and complements the work of schools, helping them to operate in partnership with other agencies.

The following examples illustrate how schools have planned their programmes to meet the particular needs of pupils with learning difficulties, and of pupils receiving external support for substance misuse problems.

Drug, alcohol and tobacco education for pupils with special educational needs

Teachers at one special school used 'draw and write' activities to establish the knowledge and understanding of pupils at key stage 4. They then used a programme that integrated a range of resources and learning materials, including videos, worksheets and CD-ROMs. Active participatory learning methods were employed. For each session, teachers charted the effectiveness of the materials and approach by observing the way pupils responded and by recording their ideas, using a scribe where necessary. At the end of the programme, they evaluated the different approaches and resources using information gathered through 'draw and write' activities and observation, and made recommendations for future provision, both for this group and for subsequent year groups.

NB: this approach is also appropriate for use in mainstream primary and secondary schools.

Meeting the needs of those with drug-, alcohol- or tobacco-related issues

A group of year 8 and year 9 pupils at another school were involved in a drug-related incident, and there was a need to develop a response that balanced punishment, deterrent, support and education. Some of those involved disclosed that they were using some drugs regularly and had experienced a range of other substances. In addition, some, but not all, had other behavioural problems and lacked motivation in class. They stated that the drug, alcohol and tobacco education offered by the school had not been interesting, appropriate or effective. As a result, the school worked with a local drug agency to:

- increase knowledge and understanding of drug-related issues among school staff;
- develop a targeted programme of support and education in conjunction with the PSHE teachers;
- provide pupils with one-to-one interviews and help in accessing specific advice and support; and
- provide a drug education course led by an agency worker and a teacher, which the pupils involved in the incident attended in their own time.

Training and support for teachers

It is essential that those involved in providing drug, alcohol and tobacco education have opportunities to develop skills, knowledge and confidence in addressing such issues with pupils, and can access ongoing support in developing provision.

Ofsted has reported that drug, alcohol and tobacco education is more effective when taught by specially trained teachers (see *Drug education in schools: an update* (Ofsted, 2000)).

The DfES PSHE website includes additional information and materials to help teachers identify their training needs for delivering PSHE, including drug, alcohol and tobacco education. It also provides a resource bank that can support teaching programmes. See www.teachernet.gov.uk/PSHE

School Drug Advisers and other LEA advisers can support the use of this guidance, providing training and support for teachers and information about resources and inter-agency networks.

Training and development activities can include:

- team teaching or working alongside expert visitors;
- teacher observations supported by mentoring/coaching;
- participation in action research and collaborative enquiry, supported by teaching networks;
- training courses, the lessons from which should be disseminated to other staff; and
- group activities, including discussion about and planning of the curriculum within the individual school.

For information about the DfES continuing professional development strategy, see www.dfes.gov.uk/teachers/cpd

Resources

A set of criteria has been developed to help teachers select appropriate resources for drug, alcohol and tobacco education. Details of these criteria can be found in *The right choice: Guidance on selecting drug education materials for schools* (SCODA/Drug Education Forum, 1998). In summary, materials should be selected on the basis that they:

- reflect the school's values and beliefs about drugs, alcohol and tobacco;
- are flexible enough to meet the needs of different pupils, including those with special needs and those with English as an additional language, and help teachers to assess those needs;
- offer a range of activities, including active and participatory ones;
- give accurate and balanced facts and do not aim to shock or horrify;

- provide suggestions and opportunities for assessing pupils' learning;
- show which learning outcomes of the statutory and non-statutory curricula they address, and state their target age;
- accommodate different curriculum models and school timetables;
- offer teachers guidance on the knowledge, skills and understanding required to deliver the materials;
- encourage parental involvement and offer support for parents;
- have already been successfully used in schools;
- support a curriculum that is meaningful and accessible to all pupils; and
- are culturally inclusive and free of stereotypes.

The Council for Racial Equality (CRE) publication *Learning for All: Standards for racial equality in schools* (CRE, 2000) includes a checklist for ensuring that resources are free from stereotypes, and that they include positive images of different cultural groups.

Useful resources for drug, alcohol and tobacco education can be found on the DfES PSHE website at www.teachernet.gov.uk/PSHE and the Drug Education and Prevention Information Service (DEPIS) on the Department of Health website at www.doh.gov.uk/drugs/depis

Drug, alcohol and tobacco information

Leaflets and information about substances can be obtained from a range of sources and agencies. See appendix 5 for a list of useful organisations and website addresses.

A factsheet has been produced for professionals who work with young people and in the drugs field, highlighting the impact that the proposed changes in the law on cannabis will have. This is available to download from the cross-government drugs website at www.drugs.gov.uk/ReportsandPublications/General/CannabisReclassificationInfo; printed versions can also be ordered.

Further guidance will be made available on the DfES PSHE website: www.teachernet.gov.uk/PSHE

The use of visitors to support drug, alcohol and tobacco education

Outside visitors and agencies can be an important resource in drug, alcohol and tobacco education. Many LEAs have established inter-agency networks to support the work of schools, and have protocols and quality standards for the use of visitors. Your School Drug Adviser and/or PSHE and citizenship adviser will be able to provide information about these. In the context of a planned, negotiated, school-led, coordinated and evaluated programme, schools may be able to draw on expertise from a range of agencies and organisations, for example:

- drug or alcohol services;
- health promotion specialists;
- the police;
- Primary Care Trust representatives;
- school nurses;
- theatre in education groups; and
- the youth service.

Details of local agencies can be obtained from the Home Office National Drugs Strategy website at www.drugs.gov.uk

LEA School Drug Advisers can help schools identify suitable visitors.

Used appropriately, visitors can:

- contribute specialist knowledge or expertise to support the development of school policies;
- support or train teachers and parents;
- support members of the school who may be in need of specialist help; and
- enhance drug, alcohol and tobacco education, adding a dimension that the teacher alone could not deliver.

Visitors should not be used as substitute teachers, nor should they offer contributions outside their area of expertise. Teachers need to be clear about the desired learning outcomes of the planned activities before deciding who is best able to help achieve them.

Visitors should:

- work alongside the teacher and not be left alone with individuals or groups of pupils;
- reflect the aims of the school's programme and approaches in the messages they give and the methods they use;
- be clear about school policies on confidentiality and disclosure;
- be particularly clear that their roles, responsibilities and boundaries when taking part in curriculum activities are different from when they are counselling individuals; and
- where appropriate, support teachers in following up any disclosures.

Allowing pupils to select and invite an appropriate visitor, or to prepare questions for a visitor, can address some of the PSHE learning opportunities, as well as the citizenship curriculum. Teachers should help pupils reflect on what they have learnt from any visits.

NB: any visitor who has regular or unsupervised contact with young people should be police-checked.

Some LEAs have published guidance on selecting and using appropriate visitors as part of PSHE and citizenship provision. Information can also be found in:

- *Making the most of visitors – using outside agencies in school drug education* (Tacade and London Drug Policy Forum, 1997); and
- *Executive Briefing: Drug Education in Schools: Identifying the added value of the police service within a model of best practice* (Association of Chief Police Officers (ACPO) Drugs Sub-Committee with Roehampton Institute, 1999).

Appendix 1: Drug, alcohol and tobacco education within the national curriculum

Statutory requirements

Science

Key stage 1	Pupils should be taught: Sc2 2d about the role of drugs as medicines
Key stage 2	Pupils should be taught: Sc2 2g about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health
Key stage 3	Pupils should be taught: Sc2 2i the role of lung structure in gas exchange, including the effect of smoking Sc2 2m that the abuse of alcohol, solvents and other drugs affects health Sc2 2n how the growth and reproduction of bacteria and the replication of viruses can affect health, and how the body's natural defences may be enhanced by immunisation and medicines
Key stage 4	Pupils should be taught: Sc2 2m the effects of solvents, alcohol, tobacco and other drugs on body functions

Non-statutory guidance

The chart below shows the aspects of the framework for PSHE and citizenship at key stages 1 and 2, and for PSHE at key stages 3 and 4, that contain specific references to drug, alcohol and tobacco education.

PSHE and citizenship

Key stage 1	Pupils should be taught: 3f that all household products, including medicines, can be harmful if not used properly
Key stage 2	Pupils should be taught: 3d which commonly available substances and drugs are legal and illegal, their effects and risks
Key stage 3	Pupils should be taught: 2d basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risks of misusing prescribed drugs
Key stage 4	Pupils should be taught: 2e about the health risks of alcohol, tobacco and other drug use, early sexual activity and pregnancy, different food choices and sunbathing, and about safer choices they can make

The citizenship programmes of study for key stages 3 and 4 also include opportunities to address aspects of drug, alcohol and tobacco education. See appendix 2.

Appendix 2: Content and progression in drug, alcohol and tobacco education

Table 1: Content of drug, alcohol and tobacco education

The table below shows how the statutory requirements of the science ('Sc') and citizenship ('Ct') programmes for progression as pupils develop their knowledge, understanding, skills and attitudes.

	Key stage 1	Key stage 2	Key stage 3	Key stage 4
Knowledge and understanding	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 2d to agree and follow rules for their group and classroom, and understand how rules help them (<i>eg simple safety rules</i>)* ■ Sc2 2d about the role of drugs as medicines ■ PSHE and Ct 3f that all household products, including medicines, can be harmful if not used properly ■ PSHE and Ct 3g rules for, and ways of, keeping safe, including basic road safety (<i>eg rules for medicines</i>)*, and about people who can help them to stay safe (<i>eg the police, health professionals</i>)* 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 2b why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules ■ Sc2 2g about the effects on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health ■ PSHE and Ct 3a what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health, and how to make informed choices ■ PSHE and Ct 3b that bacteria and viruses can affect health and that following simple, safe routines can reduce their spread ■ PSHE and Ct 3d which commonly available substances and drugs are legal and illegal, their effects and risks ■ PSHE and Ct 3f that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong ■ PSHE and Ct 3g school rules about health and safety, basic emergency aid procedures and where to get help ■ PSHE and Ct 4g where individuals, families and groups can get help and support 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ Ct 1a about the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people ■ Ct 1f about the work of community-based, national and international voluntary groups ■ PSHE 2b how to keep healthy and what influences health, including the media ■ PSHE 2c that good relationships and an appropriate balance between work, leisure and exercise can promote physical and mental health ■ Sc2 2m that the abuse of alcohol, solvents and other drugs affects health ■ PSHE 2d basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risks of misusing prescribed (<i>and over-the-counter</i>)* drugs ■ PSHE 2h basic emergency aid procedures and where to get help and support <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE 4h find information and advice 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ Ct 1a about the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems (<i>eg in relation to drug, alcohol and tobacco laws</i>)* ■ Ct 1c about the work of Parliament, the government and the courts in making and shaping the law (<i>eg laws on use, misuse and supply, the reclassification of substances, etc</i>)* ■ PSHE 2a to think about the alternatives and long- and short-term consequences when making decisions about personal health ■ Sc2 2m the effects of solvents, alcohol, tobacco and other drugs on body functions ■ PSHE 2e about the health risks of alcohol, tobacco and other drug use, early sexual activity and pregnancy, different food choices and sunbathing, and about safer choices they can make ■ PSHE 3j to know about the statutory and voluntary organisations that <i>relate to drug, alcohol and tobacco use</i>*

* denotes examples (*in italics*) that are not included in the frameworks or national curriculum programmes of study

Skills	Key stage 1	Key stage 2	Key stage 3	Key stage 4
<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 1b to share their opinions on things that matter to them and explain their views (<i>eg about illness and taking medicines</i>)* ■ PSHE and Ct 1c to recognise, name and deal with their feelings in a positive way ■ PSHE and Ct 2c to recognise choices they can make, and recognise the difference between right and wrong ■ PSHE and Ct 3a how to make simple choices that improve their health and well-being <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 5a take and share responsibility (for example, for their own behaviour; by helping to make classroom rules and following them; by looking after pets well) ■ PSHE and Ct 5d make real choices ■ PSHE and Ct 5e meet and talk with people ■ PSHE and Ct 5h ask for help 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 1a to talk and write about their opinions, and explain their views, on issues that affect themselves and society ■ PSHE and Ct 2b why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules ■ PSHE and Ct 3e to recognise the different risks in different situations and then decide how to behave responsibly, including sensible road use, and judging what kind of physical contact is acceptable or unacceptable ■ PSHE and Ct 3f that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong ■ PSHE and Ct 4e to recognise and challenge stereotypes <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 5e meet and talk with people ■ PSHE and Ct 5h find information and advice (for example, through helplines; by understanding about welfare systems in society) 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE 2f to recognise and manage risk and make safer choices about healthy lifestyles, different environments and travel ■ PSHE 2g to recognise when pressure from others threatens their personal safety and well-being, and to develop effective ways of resisting pressures, including knowing when and where to get help ■ PSHE 3a about the effects of all types of stereotyping, prejudice, bullying, racism and discrimination and how to challenge them assertively ■ PSHE 3d to recognise some of the cultural norms in society, including the range of lifestyles and relationships (<i>eg recognising that not all young people use drugs, alcohol or tobacco</i>)* ■ PSHE 3k to communicate confidently with their peers and adults <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE 4c participate (for example, in developing and putting into practice school policies about <i>drugs and alcohol</i>)* ■ PSHE 4e meet and work with people (for example, people who can give them reliable information about health and safety issues, such as school nurses, community drug awareness workers) ■ PSHE 4h find information and advice (<i>eg about drug misuse</i>)* 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE 1d to recognise influences, pressures and sources of help and respond to them appropriately ■ Ct 2a to research a topical political, spiritual, moral, social or cultural issue, problem or event by analysing information from different sources, including ICT-based sources, showing an awareness of the use and abuse of statistics ■ PSHE 2b to use assertiveness skills to resist unhelpful pressure ■ PSHE 2g to seek professional advice confidently and find information about health ■ PSHE 2h to recognise and follow health and safety requirements and develop the skills to cope with emergency situations that require basic aid procedures, including resuscitation techniques ■ Ct 3a to use their imagination to consider other people's experiences, and be able to think about, express, explain and critically evaluate views that are not their own ■ Ct 3b to negotiate, decide and take part responsibly in school and community-based activities ■ PSHE 3c to challenge offending behaviour, prejudice, bullying, racism and discrimination assertively and take the initiative in giving and receiving support <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE 4c participate (<i>eg in an initiative with local shopkeepers to highlight the law on selling tobacco to young people</i>)* ■ PSHE 4h find information and provide advice 	

* denotes examples (*in italics*) that are not included in the frameworks or national curriculum programmes of study

	Key stage 1	Key stage 2	Key stage 3	Key stage 4
Attitudes	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 2a to take part in discussions with one other person and the whole class (<i>eg by exploring attitudes to medicines and other substances</i>)* ■ 2b to take part in a simple debate about topical issues <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ 5b feel positive about themselves ■ 5c take part in discussions ■ 5g consider social and moral dilemmas that they come across in everyday life (<i>eg attitudes towards smoking and alcohol</i>)* 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ PSHE and Ct 1b to recognise their worth as individuals by identifying positive things about themselves and their achievements, seeing their mistakes, making amends and setting personal goals <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ 5a take responsibility ■ 5b feel positive about themselves ■ 5g consider social and moral dilemmas that they come across in life (<i>eg attitudes towards smoking and alcohol</i>)* 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ Ct 1a about the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people (<i>eg by considering attitudes towards law-breaking and the criminal justice system in relation to drugs, alcohol and tobacco</i>)* ■ PSHE 3b how to empathise with people different from themselves <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE 4b feel positive about themselves ■ PSHE 4g consider social and moral dilemmas 	<p>Pupils should be taught:</p> <ul style="list-style-type: none"> ■ Ct 1a about the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems (<i>eg by considering attitudes towards the law and the role of the criminal justice system in relation to drugs, in the UK and elsewhere</i>)* ■ Ct 2a to research a topical political, spiritual, moral, social or cultural issue, problem or event (<i>eg young people's attitudes and values in relation to substance use</i>)* by analysing information from different sources, including ICT-based sources, showing an awareness of the use and abuse of statistics <p>During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:</p> <ul style="list-style-type: none"> ■ PSHE 4b feel positive about themselves ■ PSHE 4g consider social and moral dilemmas

* denotes examples (*in italics*) that are not included in the frameworks or national curriculum programmes of study

Table 2: Progression in drug, alcohol and tobacco education

This table shows how knowledge and understanding, skills and attitudes are developed progressively across the key stages. Content relating to rules and laws about drugs, alcohol and tobacco has been extracted from table 1 to illustrate progression.

	By the end of key stage 1, most children:	By the end of key stage 2, most children:	By the end of key stage 3, most pupils:	By the end of key stage 4, most pupils:
Knowledge and understanding	<ul style="list-style-type: none"> ■ PSHE and Ct 2d agree and follow rules for their group and classroom (<i>eg simple safety rules</i>)*, and understand how rules help them ■ PSHE and Ct 3g know rules for, and ways of, keeping safe (<i>eg school rules for medicines; simple safety rules for medicines</i>)*, including basic road safety, and about people who can help them to stay safe 	<ul style="list-style-type: none"> ■ PSHE and Ct 2b know why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules ■ PSHE and Ct 3g know school rules about health and safety (<i>including those relating to medicines, alcohol, tobacco, solvents and illegal drugs</i>)*, basic emergency aid procedures and where to get help 	<ul style="list-style-type: none"> ■ Ct 1a know the legal and human rights and responsibilities underpinning society, basic aspects of the criminal justice system, and how both relate to young people ■ PSHE 2d know basic facts and laws, including school rules, about alcohol and tobacco, illegal substances and the risks of misusing prescribed (<i>and over-the-counter</i>)* drugs 	<ul style="list-style-type: none"> ■ Ct 1a know the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems (<i>eg in dealing with those who break the laws related to drugs, alcohol and tobacco</i>)* ■ Ct 1c know the work of Parliament, the government and the courts in making and shaping the law (<i>eg the law relating to drug use, misuse and supply, the reclassification of substances, etc</i>)*
Skills	<ul style="list-style-type: none"> ■ PSHE and Ct 5a take and share responsibility (for example, for their own behaviour; by helping to make classroom rules and following them; by looking after pets well) 	<ul style="list-style-type: none"> ■ PSHE and Ct 2b know why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules (<i>eg rules about medicines and other substances</i>)* 	<ul style="list-style-type: none"> ■ PSHE 3a know about the effects of all types of stereotyping, prejudice, bullying, racism and discrimination and how to challenge them assertively ■ PSHE 3b know how to empathise with people different from themselves ■ PSHE 4c participate (for example, in developing and putting into practice school policies <i>about drugs and alcohol</i>)* 	<ul style="list-style-type: none"> ■ Ct 3a use their imagination to consider other people's experiences and be able to think about, express, explain and critically evaluate views that are not their own ■ Ct 4c participate (<i>eg in an initiative with local shopkeepers to highlight the law on selling tobacco to young people</i>)*
Attitudes			<ul style="list-style-type: none"> ■ Ct 1a know the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems (<i>eg by considering attitudes towards law-breaking and the criminal justice system as it relates to young people, for example in relation to drugs, alcohol and tobacco</i>)* 	<ul style="list-style-type: none"> ■ Ct 1a know the legal and human rights and responsibilities underpinning society and how they relate to citizens, including the role and operation of the criminal and civil justice systems (<i>eg by considering attitudes towards the law and the role of the criminal justice system as it relates to young people, for example in relation to drugs in the UK and elsewhere</i>)*

* denotes examples (*in italics*) that are not included in the frameworks or national curriculum programmes of study

Appendix 3: What works in drug, alcohol and tobacco education

This section draws on research carried out by Nancy Tobler (see 'Prevention is a two-way process', *Drug and Alcohol Findings* issue 5, summer 2001) which identified some components of effective drug education. Schools may find it helpful as a checklist when evaluating their programmes.

Knowledge

- of long-term physical and psychological effects of drug, alcohol and tobacco use;
- of short-term effects.

Attitudes

- feedback from school surveys on drug norms;
- correction of the perception of universal drug use;
- consideration of media and social influences that lead to use.

Interpersonal skills

- refusal;
- assertiveness;
- communication;
- safety.

Intrapersonal and interpersonal skills

- building self-esteem;
- coping skills;
- stress reduction techniques;
- goal-setting;
- decision-making/problem-solving.

Delivery

- participatory;
- inclusive;
- structured activity to promote peer interaction;
- practice in drug refusal skills;
- role-plays that are pupil generated;
- sufficient practice time;
- peer modelling of appropriate behaviour;
- supportive comments from the group.

Appendix 4: Identifying pupil needs in order to plan the drug, alcohol and tobacco curriculum

1. Involving pupils in needs analysis through curricular activities

The units in this pack contain activities for establishing pupils' needs in terms of knowledge, skills and understanding about drugs, alcohol and tobacco, and assessing whether these are met. They (and other activities) include:

- **group/class brainstorming**, eg recording all group/class comments/ideas about a particular drug, the reasons why people drink alcohol, etc;
- **'draw and write' activities**, which invite pupils, without prior knowledge, to draw a picture or write a story about a particular issue/situation, eg imagining that a person drops a bag of drugs and drawing what is inside it;
- **graffiti sheets**, eg placing sheets around the room with the names of different substances on them. Pupils can write down on the sheets anything they know, think or believe about any of the substances;
- **using photographs, pictures and objects** to stimulate discussion, eg giving pupils pictures of medicine containers (or empty containers), bottles of alcohol, cigarette papers, lighter fluid, etc and asking small groups to prepare a scene around them. Pupils could demonstrate resisting unhelpful pressure or giving advice to a friend. Discuss the presentations with the class;
- **pupil-to-pupil interviews or surveys**, eg pupils designing and using questionnaires during break-time to ask about (amongst other things) awareness of local support agencies;
- **a round** where each pupil contributes something they know, eg naming different medicines or different ways in which people take drugs;
- **short quizzes**, eg on knowledge about drug-related laws. Pupils revisit the questions at the end of the session to assess how much they have learnt;
- **self-assessment tasks** to enable pupils to reflect on their current skills, eg asking for, giving and receiving advice and support, informed decision-making, assertiveness, etc.

As well as helping to ensure that programmes respond to pupil needs, the process of involving pupils in planning can address other aspects of the PSHE and citizenship curriculum. Developing skills of participation and responsible action is a requirement of the citizenship programmes of study; participation is a component of the 'Breadth of opportunities' section of the PSHE frameworks; and pupil participation is a central theme of the National Healthy School Standard. The citizenship schemes of work for key stages 1 and 2, key stage 3 and key stage 4 (see www.standards.dfes.gov.uk/schemes) provide guidance and examples to help schools plan opportunities for pupils to participate.

One example of this is where a primary school used a local education authority (LEA) area model for planning their drug, alcohol and tobacco education. The model suggested finding out from the pupils their existing knowledge, understanding and skills (using activities selected from those listed above) half a term in advance of the scheduled drug, alcohol and tobacco education programme. The teacher used the results of the activities in planning the programme, and selected from a pool of teaching and learning activities developed by the LEA, adapting them to meet the specific needs of the pupils. The activities included evaluation sessions to assess how far the provision had met these needs. A similar approach may be used in secondary schools.

2. Establishing needs using data

School data, for example on the number of drug-related incidents or the number of pupils using school-based support services, can also be used to gather evidence of pupil needs. The LEA School Drug Adviser can help to identify sources of local data to contribute to this process, eg data gathered by the Drug Action Team (DAT), police or other local agencies. The LEA, DAT or health authority may also have commissioned research specifically for the local area, and DATs will have statistics on how many local young people need support because of substance misuse. Schools can use such data to ensure that provision is consistent with local initiatives to reduce the misuse of drugs (such as crack cocaine), alcohol or tobacco. Participation in local initiatives can also contribute to the citizenship curriculum, for example the involvement of pupils in campaigns to reduce illegal tobacco sales. School Drug Advisers and Healthy School Coordinators can support schools in working in partnership with other organisations.

An example of this approach is where a school wanted to gain an overview of some local issues regarding the use of drugs, alcohol and tobacco. The school worked with the LEA School Drug Adviser, who had been involved in gathering data for the DAT's Young People's Substance Misuse Plan. This also incorporated local data from Customs & Excise and the police.

The data indicated relatively low levels of illegal drug use amongst young people in the area, but high levels of counterfeit and illegally imported cigarettes and alcohol. The school planned activities for year 6 children using scenarios related to offers of 'bootleg' cigarettes and alcohol, and input from the police school liaison officer on the legal consequences of importing and selling tobacco and alcohol.

3. Establishing needs through surveys

Whether or not pupils have their own experiences of drug, alcohol or tobacco use will have an impact on their needs. Some data on behaviour can be gathered through anonymous surveys. These should be carefully constructed within well-defined boundaries. Professional organisations and university research teams can support the development of surveys.

Schools need to be very careful when asking pupils about their own behaviour, and should do so only within defined boundaries that make clear the aims of any survey. Schools also need to stress that pupils are not obliged to divulge information if they do not wish to. Discussion as part of drug, alcohol and tobacco education should be distinct from the pastoral support system that enables pupils to come forward with their concerns, in accordance with policies for supporting their individual needs, and for confidentiality and disclosure. For guidance on dealing with sensitive and controversial issues, see appendix 6 of *Citizenship, A scheme of work for key stages 1 and 2, Teacher's guide* and appendix 9 of *Citizenship, A scheme of work for key stage 3, Teacher's guide*.

An example of this approach is where a school used a survey of health-related behaviour carried out by a university. The university provided the survey, analysed the data and gave a summary report to the school. The work was funded through the school budget for PSHE.

The results highlighted a higher than expected level of volatile substance use among year 8 and year 9 pupils, and a large increase in the number of pupils taking up smoking between years 7 and 8. As a result, the decision was made to update the drug, alcohol and tobacco education programme, in order to increase the focus on these issues in year 7 and revisit them in year 8.

Appendix 5: Useful contacts and resources

QCA produces the *Citizenship & PSHE update*, which is e-mailed to many LEAs, schools, colleges and other organisations. It can also be found on QCA's website at www.qca.org.uk/ca/subjects/citizenship

Schemes of work for citizenship are available on the DfES Standards site at www.standards.dfes.gov.uk/schemes

The DfES PSHE website supports the teaching of PSHE by providing a gateway to key information, organisations, resources, a teacher training needs identification tool and examples of good practice. The website address is www.teachernet.gov.uk/pshe

Useful organisations

Alcohol Concern

Waterbridge House
32–36 Loman Street
London SE1 0EE
Tel: 020 7928 7377

The Children's Legal Centre

University of Essex
Wivenhoe Park
Colchester CO4 3SQ
Tel: 01206 873820

Citizenship Foundation

Ferroners House
Shaftesbury Place
off Aldersgate Street
London EC2Y 8AA
Tel: 020 7367 0500
Fax: 020 7367 0501

Department of Health

Richmond House
79 Whitehall
London SW1A 2NS
Tel: 020 7210 4850 (line open from
9am to 5pm, Monday to Friday)
Minicom: 020 7210 5025

Drug Education Forum

National Children's Bureau

8 Wakley Street
London EC1V 7QE
Tel: 020 7843 6000
Fax: 020 7278 9512

Drug Prevention Advisory Service (DPAS)

Home Office
5th Floor
Government Office South West
The Pithay
Bristol BS1 2PB
Tel: 0117 922 7997

DrugScope

Waterbridge House
32–36 Loman Street
London SE1 0EE
Tel: 020 7928 1211

Institute for Citizenship

62 Marylebone High Street
London W1M 3AF
Tel: 020 7935 4777
Fax: 020 7486 9212

National Health Education Group

Secretary NHEG (K Lord)
School Development Service
Centre for Professional Development
Rosary Road
Oldham OL8 2QE
Tel: 0161 911 4243

National Healthy School Standard

Health Development Agency
Holborn Gate
330 High Holborn
London WC1V 7BA
Tel: 020 7061 3072

**National PSE Association for Advisers,
Inspectors and Consultants (NSCoPSE)**

Chair of NSCoPSE
224 Beechcroft Road
London SW17 7DP
Tel: 020 8672 1366

Ofsted

33 Kingsway
London WC2B 6SE
Tel: 020 7421 6800

Citizenship and PSHE documents

Title, order reference, price	Available from
Citizenship: a scheme of work for key stages 1 and 2 QCA/02/877 £25	QCA Publications PO Box 99 Sudbury Suffolk CO10 2SN Tel: 01787 884444 Fax: 01787 312950 www.standards.dfes.gov.uk/schemes/
Citizenship: a scheme of work for key stage 3 QCA/01/776 £25	QCA Publications PO Box 99 Sudbury Suffolk CO10 2SN Tel: 01787 884444 Fax: 01787 312950 www.standards.dfes.gov.uk/schemes/
Citizenship: a scheme of work for key stage 4 QCA/02/853 £25	QCA Publications PO Box 99 Sudbury Suffolk CO10 2SN Tel: 01787 884444 Fax: 01787 312950 www.standards.dfes.gov.uk/schemes/
<i>Drug Prevention in Schools</i> , DfEE Circular 4/95 004/95	DfES Publications PO Box 5050 Sherwood Park Annesley Nottinghamshire NG15 0DJ Tel: 0845 602 2260 Fax: 0845 603 3360 E-mail: dfes@prolog.uk.com www.dfes.gov.uk/circulars/4_95/summary.htm
<i>Protecting young people: good practice in drug education in schools and the youth service</i> (DfEE, 1998) PYPDRUGS	DfES Publications PO Box 5050 Sherwood Park Annesley Nottinghamshire NG15 0DJ Tel: 0845 602 2260 Fax: 0845 603 3360 E-mail: dfes@prolog.uk.com www.dfes.gov.uk/protect/index.htm
<i>Drug Education in Schools: an update</i> (Ofsted, 2000)	www.ofsted.gov.uk
<i>National Healthy Schools Standard: Guidance and Getting Started – A guide for schools</i> (DfEE, 1999) NHSSG and NHSSGS	DfES Publications PO Box 5050 Sherwood Park Annesley Nottinghamshire NG15 0DJ Tel: 0845 602 2260 Fax: 0845 603 3360 E-mail: dfes@prolog.uk.com www.wiredforhealth.gov.uk/healthy/Brochurenew.pdf
<i>The right choice: guidance on selecting drug education materials for schools</i> (DrugScope, 1998) TRCDRUG	DfES Publications PO Box 5050 Sherwood Park Annesley Nottinghamshire NG15 0DJ Tel: 0845 602 2260 Fax: 0845 603 3360 E-mail: dfes@prolog.uk.com

Title, order reference, price	Available from
<p data-bbox="284 512 730 589"><i>The right responses: managing and making policy for drug-related incidents in schools</i> (DrugScope, 1999)</p> <p data-bbox="284 618 395 645">TRRDRUG</p>	<p data-bbox="817 512 1098 728">DfES Publications PO Box 5050 Sherwood Park Annesley Nottinghamshire NG15 0DJ Tel: 0845 602 2260 Fax: 0845 603 3360 E-mail: dfes@prolog.uk.com</p>
<p data-bbox="284 736 699 790"><i>The right approach: quality standards in drug education</i> (DrugScope, 1999)</p> <p data-bbox="284 819 395 846">TRADRUG</p>	<p data-bbox="817 736 1098 952">DfES Publications PO Box 5050 Sherwood Park Annesley Nottinghamshire NG15 0DJ Tel: 0845 602 2260 Fax: 0845 603 3360 E-mail: dfes@prolog.uk.com</p>
<p data-bbox="284 960 746 1014"><i>Opportunities for drug and alcohol education in the school curriculum</i></p>	<p data-bbox="817 960 1305 1176">Marston Book Services Tel: 01235 465500 Fax: 01235 465555 E-mail: direct.orders@marston.co.uk (for orders) or Alcohol Concern Bookshop Tel: 020 7922 8667 Fax: 020 7928 4644</p>
<p data-bbox="284 1184 722 1211"><i>Alcohol: Support and guidance for schools</i></p>	<p data-bbox="817 1184 1305 1395">Marston Book Services Tel: 01235 465500 Fax: 01235 465555 E-mail: direct.orders@marston.co.uk (for orders) or Alcohol Concern Bookshop Tel: 020 7922 8667 Fax: 020 7928 4644</p>

Useful websites

The DfES PSHE website supports the teaching of PSHE by providing a gateway to key information, organisations, resources, a teacher training needs identification tool and examples of good practice. The website address is www.teachernet.gov.uk/pshe

QCA recognises that website addresses and contents can and do change, often at short notice. So that we can monitor and maintain a reliable and useful resource, the website addresses of the following organisations can be accessed through www.qca.org.uk/pshe

Alcohol Concern
BBC Health for Kids
British Crime Survey
The Children's Legal Centre
Citizenship Foundation
Cross-government drugs website
Department of Health
DfES Citizenship website
DfES PSHE website
Drug Education and Prevention Information Service (DEPIS)
Drug Education Forum
Drugs Prevention Advisory Service (DPAS)
DrugScope
Galaxy-H
Institute for Citizenship
Institute of Alcohol Studies
National Curriculum
National Drugs Helpline
National Healthy School Standard
– Lifebytes
– Mind, Body & Soul
– Welltown
Office for National Statistics
Parliamentary Education Unit
Portman Group
The RE site
Release
Religious Education Exchange Service
Roy Castle Lung Cancer Foundation
Schemes of work (on the DfES Standards website)
Sport England
Tacade
UK Youth Parliament
Wired for Health

Curriculum and Standards

Audience	Teachers responsible for delivering drug, alcohol and tobacco education, programme coordinators, school drug coordinators, PSHE coordinators and lead governors and senior managers with responsibility for developing the whole-school approach.
Circulation list	LEAs, ITT institutions, educational libraries and teacher centres.
Type	Guidelines.
Description	This guidance forms part of the DfES drug, alcohol and tobacco education training package for teachers, which aims to promote high standards of teaching and learning in drug, alcohol and tobacco education.
Cross ref	Lists of useful publications and websites in the <i>Teacher's booklet</i> .
Action required	The use of these materials is optional.
Timing	The revised national curriculum and the non-statutory frameworks for PSHE and citizenship at key stages 1 and 2 and PSHE at key stages 3 and 4 came into effect in August 2000. Citizenship became statutory at key stages 3 and 4 in August 2002.
Contact	See below.
For school use	

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For more information, contact:

Customer Services, QCA, 83 Piccadilly, London W1J 8QA (tel: 020 7509 5556)

www.qca.org.uk/

For more copies, contact:

QCA Publications, PO Box 99, Sudbury, Suffolk CO10 2SN (tel: 01787 884444; fax: 01787 312950)

Price and order ref: £15 QCA/03/1031

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