An Assessment of Drug Education Provision in Schools in England

Introduction

The purpose of this paper is to investigate the provision of drug education in schools in England by exploring the views of young people and teachers. The study synthesizes the commonalities between experiences of teaching and learning and, in doing so, offers insight on policy and practice.

Methodology

The paper incorporates two separate studies: a survey of 590 secondary school pupils in London that explored the collective experience among young recipients of drug education; and a survey of 288 teachers in primary and secondary schools throughout England, which was supplemented by twenty in-depth interviews. The analysis thus provides professional insight on the current status of drug education provision, as well as fulfilling the need to represent the voices of young people in wider discussions around the subject.

Limitations

The research incorporated a relatively small number of schools and results only accessed the views of young people in London; the results therefore require further substantiation. There is also a need for further exploration of ADEPIS, including comparison with schools that develop drug education practice independent of external guidance.

Rationale

Twenty years since the publication of the UK’s first national drugs strategy, which valued ‘an effective programme of drug education in schools’, schools arguably have not adopted high-quality practices (Stothard, 2000). While the ‘all the awful facts approach’ has lost credibility, it continues to be enacted by some schools (Ashdon, 1999), along with other techniques that have known negative outcomes (Stead & Angus, 2004; Oftsted, 2013). Although there has been an array of national guidance for school-based drug education (Davenny & Farkas, 1995; Butcher, 2004; DEIS, 2004; McIntyre, 2008; DE, 2002; DE, 2013b; Keshock, 2014; Edington et al., 2014), this has not led to consistent, high-quality provision.

PSHE (personal, social, health and economic) education is often unclear and under-resourced, leading to low quality drug education. This is partly due to the non-statutory status of PSHE, which offers little incentive to schools to invest in drug education. "This is discussed in 'Policymaker's objectives'. Recent investigations by Ofsted suggested inconsistent practice:

- In 2010, a quarter of schools ‘required improvement’ in PSHE according to Ofsted, with drug education in particular suffering due to inconsistent teaching, poorly-planned lessons and a lack of curriculum time.
- Not Yet Good Enough (Ofsted, 2013) found that PSHE is failing in 40% of schools. Ofsted’s conclusion that students largely had good knowledge about the effects of drugs but deficiencies in broader skills suggests that many schools deliver information in isolation.

Evidence of inconsistent and low-quality practice prompted Mentor to carry out research to better understand the current status of drug education and its impact on young people; and to provide a platform for supporting schools to improve provision, which resulted in the development of ADEPIS: the Alcohol and Drug Education and Prevention Information Service.

Conclusions

Key constraints for providing quality drug education

1. A lack of curriculum time. The varying level of importance placed on PSHE, and consequently on drug education, impacts on the number of hours that teachers are able to devote to education around alcohol and other drugs. This then results in fragmented, topic-style teaching, rather than holistic, continuous learning.

2. A lack of financial capacity. Schools often rely on external providers to deliver classes. However, recent budget cuts to providers, such as local authorities, and a lack of financial capacity in schools has rendered many schools unable to secure ‘quality-assured’ external support.

3. Non-specialist teaching. Drug education is often delivered by non-specialist teachers with no specific teaching training on relevant topics and teaching methods. As a result, teachers display varying levels of confidence when approaching drug education.

Common trends highlighted by the two studies

1. Low frequency of drug education delivery: 40% of LYP respondents received drug education once per year or less. The majority of schools from the ADEPIS survey provided less than 2 hours of drug education per year.

2. Drug education generally starts in Key Stage 3, with increased time spent with older students.


4. Low priority given to normative education: Less than 50% of LYP respondents recalled learning how many young people use drugs.

5. Significant number of schools fail to deliver quality drug education: varying levels of confidence and expertise among school teachers, mainly related to lack of training and CPD. Only 63% of LYP respondents claimed they "trust the drug education they get in schools." Only 47% of teachers recognised the importance of challenging use-related myths and misconceptions.

Policy Implications and Recommendations

The two studies reveal a number of obstacles to providing quality drug education, some of which may be delayed by the continuing development of ADEPIS. However, these challenges also have implications for national policy, as the major obstacles identified by teachers are directly related to the non-statutory status of PSHE:

- The lack of centralised authoritative direction contributes to the constraints outlined in the paper: lack of curriculum time, lack of financial capacity, and non-specialist teaching.
- Science is the only statutory subject delivering drug education; however, this is largely confined to physical and biological understanding of drugs. "Structured learning opportunities" that develop knowledge, skills and confidence are expected to be offered as part of PSHE education, but the non-statutory status of PSHE often renders drug education neglected (Oftsted 2013).
- The decentralization of education authority (Clark, 2012) and the increasing independence of state schools, and especially academies, have afforded schools more discretionary choice around PSHE, further increasing the potential for drug education to be marginalised.
- The lack of statutory recognition also correlates with the insufficiency of PSHE teacher training.

There is therefore a need for an authoritative source of centralised guidance and support for drug education to ensure sufficient curriculum time and equip teachers with specialist training, thus enhancing the overall quality of PSHE and drug education.

References

Barker, S., et al. (2013) Drugs and Alcohol Education (Alcohol Interventions) A School Drug Education/PSHE (Personal, Social, Health Education) 


