CWP
Drug & Alcohol Education Curriculum Overview

Year 1 | Year 4
Year 2 | Year 5
Year 3 | Year 6

Year 1
Medicines and People Who Help Us

Lesson 1: Staying Healthy
Lesson 2: Medicines
Lesson 3: Who gives us medicines?

Year 2
Keeping Safe

Lesson 1: Risk
Lesson 2: Hazardous Substances
Lesson 3: Safety Rules

Year 3
Smoking

Lesson 1: Why People Smoke
Lesson 2: Physical Effects of Smoking
Lesson 3: Smoking and Society

Year 4
Alcohol

Lesson 1: Effects of Alcohol
Lesson 2: Alcohol and Risk
Lesson 3: Limits to Drinking Alcohol

Year 5
Legal and Illegal Drugs

Lesson 1: Legal and Illegal Drugs
Lesson 2: Attitudes to Drugs
Lesson 3: Peer Pressure

Year 6
Preventing Early Use

Lesson 1: Cannabis
Lesson 2: VSA and Getting Help
Lesson 3: Help, Advice and Support

Teaching Drug and Alcohol Education

What is Drug and Alcohol Education?
The most recent guidance on Drug Education was issued in 2004, 'Drugs: Guidance for Schools' (DfES). Drug education is part of the National Curriculum Science Orders which are mandatory for all primary pupils. Delivery can also be through well planned Personal, Social and Health and Economic Education.

Drug and Alcohol Education is an important aspect of the curriculum for all schools, it aims to develop knowledge, skills and attitudes:

Knowledge
Increase pupils' knowledge and understanding and clarify misconceptions about:

- the short and long term effects and risks of drugs
- the rules and laws relating to drugs
- the impact of drugs on individuals, families and communities
- the prevalence and acceptability of drug use among peers
- the complex moral, social, emotional and political issues surrounding drugs.

Skills
Develop pupils' personal and social skills to make informed decisions and keep themselves safe and healthy, including:

- assessing, avoiding and managing risk
- communicating effectively
- resisting pressures
- finding information, help and advice
- devising problem-solving and coping strategies
- developing self-awareness and self-esteem.

Attitudes
Enable pupils to explore their own and other peoples' attitudes towards drugs, drug use and drug users, including

- challenging stereotypes
- exploring media and social influences.

The Coalition Government have underlined their commitment to children's entitlement to high quality drug and alcohol education in the new Schools' White Paper, **The Importance of Teaching, DfE 2010.**

We will ensure there is space in the school day, and resources for school leaders, to guarantee a truly rounded education for all....Children need high-quality sex and relationships education so they can make wise and informed choices. Children can benefit enormously from high quality Personal Social Health and Economic (PSHE) education. Good PSHE supports individual young people to make safe and informed choices. It can help tackle public health issues such as substance misuse...

Who should teach drug education?

DfES Drugs: Guidance for Schools (2004) states that:
'Teachers should always maintain responsibility for the overall drug education programme. External contributors should not be used as substitute teachers, nor should they constitute the entirety of a school's drug education programme. When working directly with pupils they should add a dimension to the drug education programme that the teacher alone cannot deliver'.

The Importance of Teaching (DfE 2010) states that:
'We know that teachers learn best from other professionals and that an 'open classroom' culture is vital: observing teaching and being observed, having the opportunity to plan, prepare, reflect and teach with other teachers'.

What is the best approach for the delivery of drug education?
Teachers should lead on the delivery of drugs education. This provides a consistent approach which is enhanced by a teacher's prior knowledge of a class and individual pupils.

- Visiting agencies, organisations or individuals should not be used as substitute teachers, nor should they constitute the entirety of a school's drug education programme.
- An active learning approach should be adopted to ensure that all pupils are fully engaged.
- Methodology should extend knowledge, develop and practise skills, explore attitudes, values and expectations.
- Drug education should start at reception and continue until at least Year 11, building skills and knowledge year on year.
- It is for schools to decide how drug education is organised but it is imperative that there is sufficient lesson time for learning to take place as well as opportunities for pupils to actively participate and reflect and consolidate their learning.
- World wide research identifies interactive teaching techniques such as discussion, small group activities and role play as the most effective form of teaching drug education.

The Christopher Winter Project supports schools with continuing professional development by modelling good practice in the classroom.

Policy Development

The process of developing a drug policy should not be the responsibility of one person but should involve the whole school community, with strong support from the senior leadership team. Schools need to establish mechanisms for involving all staff (teaching and non-teaching), pupils, parents/carers and the governing body in the development, implementation and review of the drug policy. Key external agencies may also be involved.

Involving the whole school community will ensure that people's views, feelings and needs are taken into account; that they fully understand their roles and responsibilities and that they feel ownership of, and commitment to, the resulting policy.

All schools are expected to have a policy which sets out the school's role in relation to all drug matters. Those without a drug policy should develop one as a matter of urgency.

Policy Content
School policy on Drug and Alcohol Education should include the following:

1. School context

Including the development process and how the whole school community was involved, how the policy will be disseminated and the date for review.

2. Definitions

The term 'drugs' refers to all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

3. The purpose of the policy

Identify the functions of the policy and show how it reflects the whole school ethos and the whole school approach to health.

4. Roles and responsibilities

State where and to whom the policy applies, e.g. all staff, pupils, parents/carers, governors and partner agencies working with schools. Specify the school's boundaries and jurisdiction of the policy's provisions. Clarify how the policy applies to pupils educated in part within further education or other provision.

5. The needs of pupils

Outline the mechanisms for addressing the wider pastoral needs of pupils and how pupils are made aware of the various internal and external support structures. Specify the school's approach to ensuring that sensitive information is handled in line with the school's child protection procedures.

6. Involvement of parents/carers

Include the policy for informing and involving parents/carers of incidents involving illegal and other unauthorised drugs. Outline the school's approach to encouraging parental involvement in developing and reviewing the policy and in their child's drug education.

7. The role of governors

State the arrangements for ensuring that governors are well informed on drugs issues as they affect the school. Outline the role of governors in policy development and overseeing the drug education programme, as well as contributing to any case conferences called or appeals against exclusions.

8. Curriculum content

- Include the aim of drug education and outline key learning objectives
- Specify or refer to the content of the drug education to be provided (with reference to the frameworks for PSHE Education and the National Curriculum Science Order).
- Outline the arrangements for timetabling, staffing and teaching.
- Indicate how the needs of pupils will be identified and how they will be involved in determining the relevant content of the programme.
- Outline the provision for vulnerable pupils and those with SEN, and how the issues of pupils' diversity will be addressed in the programme.

9. Methodology and resources

- Outline teaching methods that will be used to involve all pupils in active learning.
- Name principal resources and specify their storage location.
- Specify external contributors who may support drug education and outline how their contribution will be managed.

10. Continuing Professional Development

Outline induction and drug awareness training arrangements for all staff (including site managers, lunch-time supervisors, teaching assistants, relevant governors and new members of staff). Outline specific continuing professional development opportunities for teachers of drug education and how learning will be cascaded.

11. Assessment, monitoring, evaluation and reviewing

State how the teaching of drug education will be monitored and assessed. State plans for evaluating the programme using this information.

12. Management of drugs at school

- Describe the policy on dealing with drug paraphernalia and suspected illegal and unauthorised drugs. Outline storage, disposal and safety guidance for staff.
- Make explicit the school's policy on searches, including personal searches and searches of school and pupils' property.
- Outline strategies for responding competently and fairly to any incidents involving illegal and other unauthorised drugs and the range of options for responding to the identified needs of those involved.

- Outline procedures for managing parents/carers under the influence of drugs on school premises.

13. Location and dissemination
Links to other policies e.g. behaviour, health and safety, medicines, confidentiality, pastoral support, school visits and child protection.

The Context for Drug and Alcohol Education

Young people grow up in a society where drugs of all kinds are widely used. Alcohol is used by a large number of adults. Despite the well documented health risks, alcohol can be purchased legally by anyone over 18. Young people are surrounded by media images of drug use, often glamorising the use of certain drugs or of getting drunk. As a result, young people are highly aware of drugs. Around 90 per cent of 11-15 year olds have heard of drugs such as heroin, cocaine and cannabis. Less well known drugs such as LSD, poppers and methadone are known by around half of pupils. Although figures show a decline in drug use amongst children and young people, continuing Drug and Alcohol Education at primary and secondary school is key to the reduction.

The survey, **Smoking, drinking and drug use among young people in England in 2009, NHS,** looks at drug use amongst 11-15 year olds. The findings are summarised below:

Alcohol
In 2009, around 540,000 (18% of young people) drank alcohol in the last week. Half (51%) of pupils aged between 11 and 15 had at least one alcoholic drink in their lifetime.

For many people in the UK, alcohol is a socially acceptable drug and teenage experimentation with alcohol is considered a natural part of growing up. Despite media coverage to the contrary, fewer young people are drinking alcohol now than ten years ago. However, those who do drink are consuming more alcohol, more frequently. There is growing evidence of an increase in liver cirrhosis in young adults, which is linked to higher levels of alcohol consumption at an earlier age.

Tobacco
During the same period, approximately 180,000 (6%) young people aged between 11 and 15 were regular smokers (smoking at least once a week). Three in ten pupils had tried smoking at least once.

In contrast to alcohol consumption, smoking is no longer a mainstream activity. Changes to advertising, and changes in the law on smoking in public places, has resulted in smoking becoming more socially unacceptable. This is reflected in the decline in the number of young people smoking. Girls, young people experiencing poverty and those who have been excluded from school are all more likely to smoke than other groups.

Volatile Substances – Glue, Gas and Aerosols
3.3% of 11 year olds reported sniffing volatile substances compared with 7.2% of 15 year olds. Amongst those 11 and 12 year olds who had taken drugs in the last year, they were more likely to have sniffed volatile substances than to have used cannabis. By the age of 14, the reverse was true.

Pupils' first experience of drug use was most likely to be sniffing volatile substances (55%), followed by taking cannabis (41%) or sniffing poppers (9%).

The number of young people dying as a result of volatile substance (glue, gas, aerosols etc) abuse has been declining, but volatile substances are still the most lethal form of drug abuse by young people

Illegal Drugs

- Approximately 250,000 (8%) young people had taken drugs (including glue, gas and other volatile substances) in the last month, around 450,000 had taken drugs in the last year
- The proportion of pupils who had taken drugs in the last year increased from 5% of 11 year olds to 30% of 15 year olds.
- Pupils are most likely to have taken cannabis (8.9%) or to have sniffed glue, gas or other volatile substances (5.5%).
- Less than one in ten pupils thought that it would be OK for someone of their age to try drugs or take them regularly. They were slightly more tolerant of cannabis use than glue sniffing (9% thought it OK to try cannabis once, 5% to take it once a week), with cocaine the least acceptable of the drugs asked about.
- A third (33%) of pupils had never been offered drugs, compared with 42% in 2001. Pupils were most likely to have been offered cannabis (21%) or volatile substances (14%).

Whilst the figures on the use of illegal drugs by young people are worrying it is important to set them in context. Fewer young people report being offered drugs and of those who were, significant numbers refused them. Overall, the use of illegal drugs by young people in this country is declining.

Vulnerable Pupils

Vulnerable young people may not see their own drug use as a problem. Effective intervention must start early and be both intensive and sustained. There is usually a need to create a differentiated package of drug education which is based more on harm minimisation than in the 'mainstream'.

There are defining factors in a child's life, which although cannot predict drug misuse, can be key factors associated with the potential for drug misuse and/or associated conditions (e.g. mental health difficulties). However, in additional to risk factors there may also be 'protective factors' that can reduce the potential for drug or alcohol misuse.

Risk factors	Protective factors
Chaotic home environment	Stable home life, with good parental/carer supervision
Parents who misuse drugs or suffer mental illness	Stable home environment which involves a caring relationship with at least one adult
Behaviour disorders	Access to help and a knowledge of appropriate behaviour strategies, possible link to SEN
Lack of parental nurturing	Family involvement in the lives of children
Inappropriate /aggressive behaviour	Strong family and peer influences
School failure	Special educational needs support to create a successful school experience
Poor coping skills	Realistic self knowledge and self esteem, good knowledge of how to maintain good mental health
Low commitment to school	Regular school attendance
Friendship with deviant peers	Strong and supportive social networks
Low socio-economic status	Realistic understanding of money and basic economic principles e.g. debt
Being labelled as a drug misuser	Strong and supportive social networks, delayed onset of drug (or alcohol misuse)

Parental Misuse of Drugs and Alcohol

Pupils may be affected by parental misuse of drugs and alcohol. Possible identification factors of drug using parents are listed below. These factors are not an exhaustive list and may not by their presence create conclusive proof of substance misuse:

- pupil refusal or reluctance to go home
- pupils that are infrequent or sporadic attendees
- pupils that display excessively needy or clinging behaviour
- pupils that display high levels of responsibility or concern about parents or family members
- a young person not meeting growth and milestone development
- early onset of pupil substance use
- behavioural issues
- inappropriate behaviour
- young person often left unsupervised, without alternative care.

References

Drugs: Guidance for Schools, (DfES) 2004.
The Importance of Teaching, Government White Paper, (DfE) 2010.
Smoking, drinking and drug use among young people in England in 2009, NHS, 2010