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**MAKING
THE
GRADE.**

School prevention, identification and responses to drug-related harm

 **Mentor**

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Volteface
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that informs the public
debate around drugs
through excellence in
policy, research
and advocacy.

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Executive Summary

This report considers how the UK's education system responds to drugs by examining the approaches taken to preventing, identifying and responding to illegal drug use and selling in schools. It looks at the policy frameworks that these responsibilities operate within and considers how efficacious they are in safeguarding children and young people from drug-related harm.

Key Findings

New and Emerging Challenges

Higher numbers of children are using illegal drugs and 'new' drugs, such as Lean and Xanax, have become more readily available. Significantly more young people are being prosecuted and convicted for supplying Class A drugs, which is indicative of rising child criminal exploitation such as 'county lines'.

At the same time, more young people are turning to social media for information, where screening of content is negligible and platforms are being infiltrated by drug dealers.

These developments urgently demand high-quality, sustained drugs education in schools and the implementation of drugs policies and interventions that effectively safeguard young people.

Prevention

The need for universal drugs education in schools

Historically, there has been an absence of frequent, high-quality, early drugs education in mainstream schools. In recent years, the prioritisation of performance targets has further squeezed PSHE (Personal, Social, Health and Economic education) out of timetables and funding cuts to schools and local support services have limited training and delivery.

An increasing rate of exclusions has put pupil referral units (PRUs) under significant strain and examples were given to Volteface and Mentor of PRUs that would 'firefight' instead of investing in preventative measures. However, it was found that timetable flexibility, pragmatism around drugs and close multi-agency links did facilitate the delivery of drugs education in the PRUs.

Government guidance on mandatory drugs education

The Government is to be commended for its decision to make drugs education mandatory in all primary and secondary schools by 2020. However, a number of concerns remain about the draft guidance set out in the policy. The guidance does not require schools to: collaborate with pupils, parents and local partners; draw on recommended resources from the Department for Education; deliver sustained drugs education; provide drugs education for children in sixth forms and other education settings targeted towards 16 to 18-year-olds; or teach topics relating to real life situations and decision-making. The guidance does not specify any additional funding and there are concerns that they will be just another burden placed upon an already overstretched education system.

Considered thought must be given as to how statutory drugs education will be implemented to prevent this potentially watershed moment from becoming a mere tick-box exercise.

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Identification

Where a young person is using or selling drugs their willingness to disclose this can depend on their expectations of how their school will respond. Non-statutory guidance from the Association of Chief Police Officers and the Department for Education does not advise schools to share their drug policy with pupils. Young people in focus groups held by Volteface and Mentor could only guess as to what action their school would take. Most assumed the response would be punitive or, at the very least, confidentiality would be broken, and thus said they would be reluctant to speak to an authority figure about it.

Mainstream schools' ability to identify risk factors or early indicators of harm has been compromised by a reduction in staff contact time, PSHE (Personal, Social, Health and Economic education) lessons, pastoral support and the withdrawal of external services.

PRUs have come under significant criticism for being a fertile ground for exploitation and the initiation or continuation of substance use. However, examples were given to Volteface and Mentor of PRUs where small classroom sizes, regular meetings with pupils, close multi-agency links, and familiarity with drug-related harm made them well-placed to monitor pupil health and safety and foster trust in pupils.

Response

Where a pupil is involved in a drug-related incident, non-statutory guidance advises that they should have early access to support and that exclusions should be treated as a last resort. Evidence has shown that exclusions can erode trust in authority figures, increase the likelihood of drug use or exploitation, and have a damaging impact on life chances.

Official data has shown that drug and alcohol-related exclusions in mainstream secondary schools have risen significantly in the past five years and at a higher rate than other exclusion types.

This increase was attributed by contributors to this report to rising drug use and exploitation into the drugs trade, which many saw to be a consequence of cuts to school staff, internal pastoral services and external young person support services that could have provided early interventions. Increasing focus on performance targets has also created incentives to expel disruptive or under-achieving pupils.

Many contributors highlighted that PRUs tended to be more pragmatic towards drugs and would try and keep the young person attending the PRU, rather than exclude them, if drug-related harm was identified.

With no statutory guidance stipulating how schools should respond to drug use or selling, it is deeply worrying that the potential for an unfair and inconsistent and, at times, discriminatory approach to drug-related incidents exists.

Conclusion

With children facing new and emerging challenges around drugs, there is an urgent need for the UK's education system to adopt approaches to drug use and selling which are consistent, evidence-based and, most importantly, promote the best interests of young people.

Though PRUs have been criticised for putting children at a greater risk of drug-related harm, this report identified examples of good practice, which other educational settings would do well to learn from.

If the Government's plan to make drugs education mandatory in all schools by 2020 is to have the impact it should, politicians and policy-makers must be willing to face the realities around young people and drug use and prioritise equipping them with the best tools and support available.

Recommendations

1. The Government's draft guidance on making drugs education mandatory in schools by 2020 should be amended so that it requires schools to: implement a health education policy and programme that has been co-produced with pupils, parents and local partners; draw from Department for Education recommended resources; deliver drugs education in sixth forms and other educational settings for 16 to 18-year-olds; deliver drugs education, at least, every year; and cover topics that relate to real life situations and decision-making.
2. The Department for Education should provide funding for schools to support the implementation of mandatory drugs education.
3. The Department for Education should ensure that the core content for initial teacher training includes delivering drugs education, and identifying and responding to drug use and selling.
4. Teachers should aim to build trusted relationships with pupils and provide a safe space for them to confidentially ask questions about drugs.
5. A safeguarding alert should be made when an assessment is made that there is an immediate or significant risk of harm to a young person. Before breaking confidentiality, staff should decide on next steps in partnership with the young person, ensuring they are at the centre of any process.
6. The Government should partner with pupils, parents and relevant professionals and draw on best practice to co-create statutory guidance that advises schools on how they should respond if there is evidence or disclosure of drug use or selling. Drug use and selling be understood as an indicator of vulnerability, rather than criminality.
7. School drug policies, explaining how the school would respond if there was evidence or disclosure of drug use or selling, should be up-to-date and circulated to pupils, parents, school staff and local partners at least once a term.
8. Exclusions, 'off-rolling' and the provision of pastoral support should receive greater scrutiny by Ofsted and additional funding should be made available to help schools meet this expectation.

Introduction

As part of their statutory duty to promote pupils' wellbeing, schools have a clear role to play in preventing, identifying and responding to drug-related harm.¹ In this report, Volteface and Mentor examine prevention, identification and responses to illegal drug use and selling in primary and secondary schools, pupil referral units (PRUs) and sixth forms in England. It considers the policy framework these responsibilities operate within and how efficacious they are in safeguarding children and young people from drug-related harm.

Drug-related harm has been defined as substance use and exploitation into the illicit drugs trade, named in short as 'drug selling'. Problematic parental substance use is an important indicator of child drug-related harm, but will not be examined in this report as it holds unique challenges and requires a separate body of work. It is also recognised that alcohol and tobacco are drugs which can inflict harm. There are specific challenges surrounding how schools approach legal and illegal drugs, but there is not the scope within this research to give sufficient attention to them both.

This report will make the case that drugs should have a firm place on the education system's agenda by taking a fresh look at the drug landscape and the threats this may pose to young people's wellbeing. It will then turn to the state of universal drugs education in schools, and consider whether the Department for Education's 'Relationships Education, Relationships and Sex Education (RSE), and Health Education guidance' will improve the standard of delivery.² Finally, the report will look to instances where drug-related harm occurs, with consideration given to how schools facilitate disclosure of use or involvement by pupils, identify harm, and respond to drug-related incidents. Throughout, comparisons will be made between the different school types. All schools discussed in the report are state-funded.

By examining each of these areas, this research aims to provide a comprehensive review of the extent to which schools are protecting young people from drug-related harm.

¹ Department for Education. Association of Chief Police Officers. 2012. DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf, Department for Education. 2019. Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. February 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf

² Department for Education. 2019. 'Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers'. February 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf

Methodology

The findings from this research draw on a mixed methodology of interviews, focus groups and Freedom of Information (FOI) requests sent to the Department for Education and the Ministry of Justice.

A total of 29 interviews were conducted with school staff, professionals who facilitate drugs education in schools, and professionals who provide young person support services outside of the education system. A small number of interviews were conducted with current and ex-pupils of mainstream schools and PRUs.

Interviewees were given an information sheet and consent form, outlining the aims of the research and what would be involved, and were asked to sign, date and return these forms. The interviews were semi-structured, allowing flexibility for the interviewee to discuss in-depth areas that were of relevance to them or which they felt were pertinent to the research.

The DSM Foundation assisted in connecting Volteface and Mentor with schools in London and Surrey, and a PRU in Harrogate was accessed through Volteface's internal contacts. Two Volteface researchers facilitated the focus group in London and the focus group in Surrey, with one researcher facilitating the focus groups in Harrogate. In total, 25 pupils were consulted with during four focus groups: one Year 12 group at a sixth form in London (x7); one Year 10 group at a secondary school in Surrey (x8), one Key Stage 3 group at a PRU in Yorkshire (x5) and one Key Stage 4 group at the same PRU in Yorkshire (x5). The demographic responses of the pupils in the focus groups were: 50% Male / 50% Female, 40% BAME / 60% White.³

When conducting the focus groups, there were protocols surrounding consent due to the age of the pupils involved. School staff were sent information sheets and consent forms to give to parents, which included the aims of the research, what the focus group would involve, and what the participants would receive for their time. The consent forms were signed and returned through staff at the school and only students who had consent from their parents were able to participate. It was advised by the PRU that parental consent was not required as there was an internal policy of ongoing parental consent for PSHE-related projects.

Participants were reminded at the beginning of the focus group that all contributions were confidential and that they were able to withdraw from the research at any time. There were no school staff present while the focus groups were being conducted, but it was disclosed to pupils that, if any welfare concerns were raised throughout the focus groups, this would be escalated to a member of school staff. Pupils were asked a set list of questions, but there was flexibility for the participants to talk about issues that were meaningful or particularly relevant to them. Once the focus group was completed, each participant received a £10 Amazon voucher for their time.

³ Demographic questionnaires were not completed by the Key Stage 3 group at a PRU in Yorkshire (x5).

New and Emerging Challenges

Rising Drug Use

The Smoking, Drinking and Drug Use among Young People in England⁴ survey indicated that, between 2006 and 2014, drug use amongst 11 to 15-year olds was steadily declining.⁵ However, findings from the 2016 survey showed that drug use amongst this population is now rising, with 12 and 13-year olds seeing the largest increases (see Table A).⁶

Age	Took drugs in the last year (%)		% Increase
	2014	2016	
11 years	4	5	25
12 years	4	8	100
13 years	7	13	86
14 years	14	17	21
15 years	19	27	42
Total (11-15)	10	15	50

Source: NHS Digital (2017)

The risks posed by child substance use can be understood by “the immediate damage caused to developing minds and bodies, and the risk of developing addictions and behaviour which last long into adulthood”.⁷ This risk can include: lifelong substance use disorder,⁸ psychiatric disorder, fragmented peer and personal relationships, and problems adjusting to work.⁹

Moreover, evidence shows that there are higher levels of drug use amongst excluded students, which suggests a relationship between using drugs and being excluded from school.¹⁰ Additionally, if young people are using drugs, this increases the likelihood of them coming into contact with dealers and being exploited.¹¹

An FOI request sent to the Home Office for a breakdown in age for trends in last year drug use for 16 to 18-year-olds revealed that there does not appear to be any significant trends for these ages and that drug use tended to fluctuate year on year (see Table B). This suggests that the recent trend of rising drug use among young people is specifically affecting children aged 15 and under.

4 NHS Digital. 2017. 'Smoking Drinking and Drug Use Among Young People in England'. 2016. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>.

5 Data is not available for prevalence of substance use for children aged under 11.

6 This data excludes psychoactive substances looked at for the first time in 2016, in order for the impact of the change to be seen.

7 Mentor UK. 2017. 'Drug prevention programmes in schools: What is the evidence?'. p.4. <https://mentoruk.org.uk/wp-content/uploads/sites/3/2017/07/drug-prevention-final.pdf>.

8 Jordan, C. Anderson, S. 2017. 'Sensitive periods of substance abuse: Early risk for the transition to dependence'. *Developmental Cognitive Neuroscience*, 25, pp.29-44.

9 Poudel, A. Gautam, S. 2017. 'Age of onset of substance use and psychosocial problems among individuals with substance use disorders'. *BMC Psychiatry*, 17(10).

10 McCrystal, P. Percy, A. Higgins, K. 2007. 'Exclusion and Marginalisation in Adolescence: The Experience of School Exclusion on Drug Use and Antisocial Behaviour'. *Journal of Youth Studies*, 10(1).

11 UNODC. 2018. 'Drugs and Age: Drugs and associated issues among young people and older people'. P.17. https://www.unodc.org/wdr2018/prelaunch/WDR18_Booklet_4_YOUTH.pdf.

Table B: Took Drugs in Last Year - Aged 16 to 18

Age	Took drugs in the last year (%)				% Increase
	2014/15	2015/16	2016/17	2017/18	
16 years	10.4	13.1	9.1	13.1	26
17 years	17.6	15.7	17.9	14.7	-16.5
18 years	21.4	22.6	15.7	21.6	0.9
Total (16-18)	16.5	17.1	14.2	16.5	0

Source: Freedom of Information request sent to the Home Office - data from the Crime Survey for England and Wales (2019)

Use of New Drugs

In recent years, there have been indications that new types of drugs are being introduced to young people. Whilst there is little available data on the increased use of Xanax (a benzodiazepine) and Lean (a codeine drink), FOI requests by the BBC revealed that children as young as 11 are being treated for Xanax ingestion.¹² Recent statistics for substance misuse treatment for young people indicates that 315 young people aged between 13 and 18 were treated for benzodiazepines in 2017-18.¹³ This is the first year that treatment for benzodiazepines has been recorded. In 2015, 204 deaths were linked to Xanax misuse.¹⁴

“We’ve got a small cohort of young people, some with additional needs but extremely vulnerable, using Xanax but we’ve also got reports from within schools that young people are using them for experimental/recreational use and professionals don’t know about this new and emerging drug scene.”

(Area Manager of young people’s drug and alcohol service)

A study that surveyed mostly drug workers and police officers to identify emerging drug trends, discovered that there has been a rise in young people drinking Lean, which is codeine usually in the form of a cough syrup, mixed with a soft drink such as Sprite or lemonade.¹⁵ The study found that teenagers were taking the drink as a party aid and that it was “linked with rap and hip hop culture, social media and mentioned by celebrities in songs”. Interestingly, they discovered similar trends with Xanax, with one drug trainer interviewed in the study stating:

“Xanax has become a thing over here [in the UK]. In the US, Xanax is linked to celebrity culture, people rapping and singing about getting a Xanax script if you are having a hard time. There’s YouTube videos and social media memes.”¹⁶

Xanax is widely prescribed in the US and can be accessed through private prescription in the UK. As Xanax is rarely prescribed in the UK, much of the illicit supply is counterfeit, rather than diverted prescription medication.¹⁷ Studies have shown that young people are more likely to perceive prescription drugs as ‘safe’, particularly when compared to illicit substances.¹⁸

12 Izundu, C. 2018. 'Xanax: Children as young as 11 taking anxiety drug'. BBC. 3 May. <https://www.bbc.co.uk/news/health-43431453>

13 Public Health England. 2018. Substance misuse treatment for young people: statistics 2017 to 2018. <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2017-to-2018>

14 Phillips, N. 2019. "Xanax" linked to more than 200 deaths. BBC. 5 February. <https://www.bbc.co.uk/news/health-47055499>.

15 Shapiro, H. Daly, M. 2017. 'Highways and buyways: A snapshot of UK drug scenes 2016'. DrugWise. <https://www.drugwise.org.uk/wp-content/uploads/Highwaysandbuyways.pdf>.

16 Ibid., p.15.

17 Byrant, B. 2018. 'Fake Xanax: The UK's Biggest Ever Dark Net Drugs Bust'. BBC. 10 March. https://www.bbc.co.uk/news/resources/idt-sh/fake_xanax_the_uk_s_largest_ever_dark_net_drugs_bust

18 Fleary, S. Heffer, R. McKyer, E. 2013. 'Understanding Non-prescription and Prescription Drug Misuse in Late Adolescence/Young Adulthood'. *Journal of Addiction*, 3.

“This generation, there’s just loads of young children doing, taking drugs and stuff, but I don’t think it would have happened as much as before, but now it’s happened a lot.”

“When I was younger, it was just smoking cigarettes and alcohol. There wasn’t all this stuff.”

“Yes, now it’s just loads of different things, loads.”

(Secondary school Year 10 focus group participants)

New Avenues to Drugs

Recent reports reveal that *drugs are now more available to young people, as they are increasingly being sold on social media platforms such as Instagram and Snapchat.*¹⁹ Alongside being able to purchase drugs through these apps, a report by the Scottish Government revealed that social media has widened the pool of young people who can be exploited, as they can be recruited on an ad-hoc basis to be drug couriers or runners through these platforms, rather than through gangs.²⁰ This buying, selling and advertising of illegal drugs on mainstream social media is concerning as these platforms are heavily integrated into young people’s lives²¹ and, without appropriate education, this can risk normalising illegal drugs.

“I feel like it’s more normal because people see it on social media and then they don’t know what to do about it.”

(Secondary school Year 10 Focus Group Participant)

County lines and exploitation

Tackling ‘county lines’ and exploitation has increasingly become a focus for police and politicians, with the Government opening the National County Lines Coordination Centre in September 2018.²² A National Crime Agency (NCA) report found that county lines cases have more than doubled in the past year and the majority of referrals were for 15 to 17-year-olds.²³ The NCA report explains that this age group is likely targeted for exploitation because “*they provide the level of criminal capability required for the offending model, but remain easier to control, exploit and reward than adults.*”²⁴ As highlighted above, it has also been reported that drug dealers are increasingly grooming children and young people via social media.²⁵ One interviewee described how a young person might be exploited into the drugs trade:

“So one of my friends... well, actually, quite a few of my friends... we used to hang around with some older people so what happens is, the old people approach people that they know take drugs and they say to them, ‘right, do you want to sell for me and I’ll give you this much. Once you’ve sold it all, give me this amount of money back and then keep the rest of the money for yourself or I will exchange that money you’ve earned for drugs.’ [They start with] weed, really, then if the big dealer gets involved with cocaine and stuff like that, ecstasy tablets, then the runner – we call them runners – will just go along with it because at this point they’re scared to say no.”

(Former PRU pupil, 17)

Drug dealers and county line offenders typically target children who display vulnerabilities such as poverty, family breakdown, behavioural and developmental disorders and exclusion from mainstream schooling.²⁶ They also target children who have had previous involvement in criminality, including other drug offending.²⁷

¹⁹ Moyle, L. Childs, A. Coomber, R. Barratt, M. 2019. ‘#Drugsforsale: An exploration of the use of social media and encrypted messaging apps to supply and access drugs’. 63, pp.101-110.

²⁰ Fraser, A. Hamilton-Smith, N. Clark, A. Atkinson, C. Graham, W. McBride, M. Doyle, M. Hobbs, D. 2018. ‘Community Experiences of Serious Organised Crime in Scotland’. Edinburgh: Scottish Government.

²¹ Marsh, S. 2017. ‘Youth workers warn of rise in drugs purchases through social media’. The Guardian. 31 December. <https://www.theguardian.com/society/2017/dec/31/youth-workers-warn-of-rise-in-drugs-purchases-through-social-media>

²² Home Office. Victoria Atkins MP. 2018. ‘National County Lines Coordination Centre to crack down on drug gangs’. <https://www.gov.uk/government/news/national-county-lines-coordination-centre-to-crack-down-on-drug-gangs>

²³ National Crime Agency. 2019. ‘Country Lines Drug Supply, Vulnerability and Harm 2018: Intelligence Assessment’. <http://www.nationalcrimeagency.gov.uk/publications/993-nac-19-095-county-lines-drug-supply-vulnerability-and-harm-2018/file>

²⁴ Ibid., p.4.

²⁵ Fraser, A. Hamilton-Smith, N. Clark, A. Atkinson, C. Graham, W. McBride, M. Doyle, M. Hobbs, D. 2018. ‘Community Experiences of Serious Organised Crime in Scotland’. Edinburgh: Scottish Government.

²⁶ National Crime Agency. 2019. ‘Country Lines Drug Supply, Vulnerability and Harm 2018: Intelligence Assessment’. <http://www.nationalcrimeagency.gov.uk/publications/993-nac-19-095-county-lines-drug-supply-vulnerability-and-harm-2018/file>

²⁷ Ibid.

A FOI request sent to the Ministry of Justice showed that there has been a sizeable increase in young people being prosecuted and convicted for the offence of possession with intent to supply a controlled drug (see Table C).

Given the context of police cuts²⁸ and an emphasis in recent years on policies of youth diversion,²⁹ it is likely that this data reflects an increase in young people being exploited into the illicit drugs trade, rather than a conscious policy decision by police to criminalise young people who supply drugs. Worryingly, prosecutions for possession with intent to supply a controlled drug increased by 42% from 2012/13 to 2016/17 for those 18 and under, but decreased by 0.3% for over 18s during the same period, indicating that this is a trend which is specifically affecting young people.

Table C: Possession with Intent to Supply a Controlled Drug - Aged 18 and under³⁰

Age	Prosecutions % Change 12/13 to 16/17	Convictions % Change 12/13 to 16/17
13 years	-66.7%	-50.0%
14 years	62.5%	100.0%
15 years	83.3%	89.7%
16 years	31.3%	41.8%
17 years	30.7%	46.0%
18 years	51.1%	56.5%

Source: Freedom of Information request sent to the Ministry of Justice (2019)

Further analysis of the FOI data reveals that this trend has primarily been driven by an increase in prosecutions and convictions for possession with intent to supply Class A drugs. The 2016/17 data shows that 69% of prosecutions and 64% of convictions are for Class A drug offences, with heroin, crack cocaine, cocaine and MDMA most commonly reported for both categories. This data supports the NCA’s conclusion that county lines is primarily facilitating the supply of Class A drugs.³¹

Sources of Information about Drugs

Whilst teachers and parents are still described by young people as the most helpful sources for information about drugs, young people are now contending with the emergence of alternative sources of information, such as social media, where there is negligible screening of content.³² A 2016 NHS survey found that 56% of young people viewed the internet as a helpful source of information when it came to drug use.³³ With fewer gatekeepers monitoring online sources, it is more likely that young people will be receiving incorrect information about drugs.

²⁸ Institute for Fiscal Studies. 2017. ‘Police workforce and funding in England and Wales’. <https://www.ifs.org.uk/uploads/publications/bns/bn208.pdf>

²⁹ “In the last decade there has been an 85% reduction in the number of children entering the system for the first time”. Youth Justice Board. 2018. The Youth Justice Board for England and Wales Annual Report and Accounts 2017/18. London: Youth Justice Board for England and Wales, p.6.

³⁰ A FOI request was sent to the Ministry of Justice asking how many people were prosecuted and convicted for drug-related offences from 2012/13 to 2016/17. The request asked that the data be broken down by age, individual drug and offence.

³¹ National Crime Agency. 2019. ‘Country Lines Drug Supply, Vulnerability and Harm 2018: Intelligence Assessment’. <http://www.nationalcrimeagency.gov.uk/publications/993-nac-19-095-county-lines-drug-supply-vulnerability-and-harm-2018/file>

³² Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019, p.9. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf

³³ NHS Digital. 2017. ‘Smoking, Drinking and Drug Use Among Young People in England’, 2016. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

“If young people want information they would usually turn to their mobile phone or their electronic device like their tablet. In the past you would need to go somewhere or speak to somebody for information. These days the information is in the palm of your hand. It’s trying to ensure that young people are accessing the right information. When we go in to schools and we have done a session on whatever topic and you ask, ‘are there any other questions?’, you usually get some young person ask a question about a particular video they have seen on YouTube or about a particular article.”

(Service manager of drug and alcohol service)

Interviews conducted for this study revealed instances of young people being increasingly confused or ill-informed around UK drug laws, particularly cannabis. Contributors felt that this could be down to: global drug policy shifts, such as the legalisation of cannabis in some countries and states;³⁴ UK medical cannabis legislation;³⁵ police deprioritisation of drug offences in some UK constabularies;³⁶ and the normalisation of drug use,³⁷ facilitated by social media and online sources that lack credibility.

“A lot of kids today just think it’s perfectly normal to smoke cannabis, ‘oh, it’s only cannabis. It doesn’t matter’. So, that’s the attitude that we’re facing... I think deep down they know that it’s illegal but they think, ‘well it’s ridiculous, why should it be illegal? It’s no worse than smoking. I don’t see what harm I’m doing’... I think it’s increased over the last couple of years. There’s been an attitude of, ‘it’s okay. It’s only cannabis’... It’s so readily available and a lot of people are doing it.”

(Education welfare officer and deputy safeguarding lead)

“There’s so many young people I talk to that don’t even think, I’ll say, ‘well cannabis is illegal. It’s a class B,’ ‘But it’s not really, is it?’. You go, ‘no really, it is.’”

(Drugs education practitioner)

The unprecedented rate at which the drugs landscape is moving urgently requires high-quality, sustained drugs education and the implementation of drug policies and interventions that effectively safeguard young people.

34 Room, R. 2014. ‘Legalising a market for cannabis’. *Addiction*. 109(3), pp.345-351; Kassam, A. 2018. ‘Canada becomes second country to legalise cannabis use’. *The Guardian*. 20 June. <https://www.theguardian.com/world/2018/jun/20/canada-legalises-cannabis-senate-vote>

35 Home Office. Sajid Javid MP. 2018. ‘Government announces that medicinal cannabis is legal’. <https://www.gov.uk/government/news/government-announces-that-medicinal-cannabis-is-legal>

36 Mills, J. 2016. ‘These police forces have stopped prosecuting people with drugs for their own use’. *Metro*. 20 October. <https://metro.co.uk/2016/10/20/these-police-forces-have-stopped-prosecuting-people-with-drugs-for-their-own-use-6201702/>

37 Coomber, R. Moyle, L. South, N. 2016. ‘The normalisation of drug supply: The social supply of drugs as the “other side” of the history of normalisation’. *Drugs: Education, Prevention and Policy*. 23(3), pp.255-263.

Prevention

The Current State of Drugs Education in Schools

Drugs education

Mentor advises that the ultimate aim of drugs education programmes should not just be to provide knowledge and understanding of the issue, but to “change behaviour through enhancing some of the factors which protect against substance misuse”. Possible desired outcomes may include: complete abstinence, delayed uptake, reduced use in the short-term, safer use, and reduced use over a lifetime.³⁸

Studies suggest that some drug programmes do have a positive effect on behaviour and future drug-taking.³⁹ The Cochrane review evaluated the effectiveness of universal school-based prevention interventions in reducing drug use compared to usual curricula activities or no intervention. The review conducted most of the studies in America and found that school programmes based on a combination of social competence (improving personal and interpersonal skills) and social influence approaches (focusing on reducing the influence of society in general on the onset and use of substances) had better results than the other categories. These programmes showed, on average, small but consistent protective effects in preventing drug use. Information alone, even when correct, was not proven to be effective in preventing drug use.⁴⁰

There are limited studies on the effectiveness of delivering harm reduction information as part of drugs education. One cluster randomised controlled trial (cRCT) of school children in Northern Ireland and Glasgow found that the ‘Steps Towards Alcohol Misuse Prevention Programme’ (STAMPP), a harm reduction intervention, could be effective in reducing heavy episodic drinking.⁴¹

Though there is evidence that drugs education can protect young people’s wellbeing, a 2015 Mentor study that surveyed teachers and students in mainstream secondary schools in England concluded that drugs education can be best characterised by its low frequency of delivery, late delivery and patchy adherence to established evidence-based standards.⁴²

In a follow-up study, Mentor identified that there can be value-driven barriers to delivering drugs education, namely that schools were concerned that it would encourage drug use, result in reputational damage, or lead to a negative response from parents. Teachers were also reluctant to teach the subject due to the stigma surrounding drugs, felt it would be inappropriate for teachers to deliver it, or that it was outside of the remit of their role, or were uncomfortable delivering it.⁴³

“Think there is also still an anxiety for mainstream schools... if [pupils] are having drugs education, the schools fear that that means they are holding their hands up to say that there is some sort of drug problem in the school, and so they are kind of cagey about that.”

(Treatment service development lead)

It was reported by interviewees that there can be further barriers to delivering drugs education in a primary school or sixth form setting as pupils are perceived to be too young or too old to need it.

38 Mentor UK. 2017. ‘Drug prevention programmes in schools: What is the evidence?’, p.5. <https://mentoruk.org.uk/wp-content/uploads/sites/3/2017/07/drug-prevention-final.pdf>

39 Scottish Government. 2016. “What works” in drug education and prevention? Health and Social Care. Edinburgh: Scottish Government. 28 Mentor UK. 2017. ‘Drug prevention programmes in schools: What is the evidence?’, p.5. <https://mentoruk.org.uk/wp-content/uploads/sites/3/2017/07/drug-prevention-final.pdf>

40 Faggiano, F. Minozzi, S. Versino, E. Buscemi, D. 2017. ‘Universal school-based prevention for illicit drug use’ (Review). *Cochrane library*.

41 McKay, M. Agus, A. Cole, J. Doherty, P. Foxcroft, D. Harvey, S. Murphy, L. Percy, A. Sumnall, H. 2018. ‘Steps Towards Alcohol Misuse Prevention Programme (STAMPP): a school-based and community-based cluster randomised controlled trial’. *BMJ Open*. 8(3), e019722.

42 Thurman, B. Boughelaf, J. 2015. ‘We don’t get taught enough’. *Mentor. Drugs and Alcohol Today*. 15(3), pp.127-140.

43 Milliken-Tull, A. McDonnell, R. 2017. ‘Alcohol and drug education in schools’. *Mentor Adepis. Health Attitude*. October. <http://mentor-adepis.org/wp-content/uploads/2017/12/Mentor-ADEPIS-Mapping-Report-October-2017.pdf>

Within primary schools, even where young children are not exposed to drugs, they may be beginning to receive misinformation about drugs from their peers and the internet.

Extract of dialogue from PRU key stage 3 focus group

- P: Did you know anything about drugs at primary school?
- P: No.
- P: Yes. In Year 6 I did.
- P: No we did not.
- P: Conversations go round the playground.
- I: **So you didn't hear it from teachers but you heard it from friends?**
- P: Yes.
- P: You were the one who started the conversations.

It must also be recognised that the age of criminal responsibility for drug-related offences is 10 years of age.⁴⁴

Not providing drugs education in sixth form, or other education settings for 16 to 18-year-olds, was seen by those interviewed for this report as a missed opportunity, as this may well be the time in a young person's life when they begin experimenting with drugs, come across 'new' drugs that they may not have been taught about in secondary school (see page 12) or be preparing for university where drug use is more common.⁴⁵

"I'm going to university next and, like you said, your parents aren't around, you have to be your own responsibility now, you have no one else I guess. Everyone knows there's drugs at uni so you should really have all the information before you get there."

"In uni you can also take a lot of prescribed drugs."

"Yes, prescribed drugs because sometimes people take them and you're like, 'it's fine because they're prescribed', but they're still not good."

(Sixth form Year 12 focus group participants)

In its 2015 survey of teachers, Mentor identified that there were several institutional constraints that prevent teachers from delivering quality drugs education. These were: not enough space in the curriculum; insufficient resources to secure relevant teaching materials, guidance and external support; and a lack of specialist training in the delivery of drugs education.⁴⁶ A subsequent study also found that teachers may be unaware of the free, evidence-based resources available, revealing that 82% of primary schools and 75% of secondary schools were unaware of Mentor's 'Alcohol and Drug Education and Prevention Information Service' (ADEPIS) programme.⁴⁷ These combined factors can lead to teachers lacking confidence in delivering drugs education and having concerns that they will do more harm than good.⁴⁸ It is currently not a statutory requirement for initial teacher training to include drugs education.⁴⁹

"When I speak to teachers, what we hear consistently back from them is that this is a subject that makes them really quite nervous. They're scared of doing it wrong. They're scared of making things worse."

(Chief executive, drugs education charity)

Since the 2015 Mentor report was published, there has been evidence of schools experiencing further institutional barriers to the delivery of drugs education.

44 Government. 2019. 'Age of criminal responsibility'. <https://www.gov.uk/age-of-criminal-responsibility>

45 National Union of Students. 2018. 'Taking the hit: Student drug use and how institutions respond'. <https://www.nusconnect.org.uk/resources/taking-the-hit-student-drug-use-and-how-institutions-respond>

46 Thurman, B. Boughelaf, J. 2015. 'We don't get taught enough'. Mentor. Drugs and Alcohol Today. 15(3), pp.127-140.

47 Milliken-Tull, A. McDonnell, R. 2017. 'Alcohol and drug education in schools'. Mentor-Adepis. Health Attitude. October. <http://mentor-adepis.org/wp-content/uploads/2017/12/Mentor-ADEPIS-Mapping-Report-October-2017.pdf>

48 Ibid.

49 Mandy, S. 2016. 'A framework of core content for initial teacher training (ITT)'. July 2016. Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/536890/Framework_Report_11_July_2016_Final.pdf

Research published by the Department for Education in 2017 found that the most common barrier to furthering pupils' character development through PSHE lessons "was time and staff capacity, in the context of competing pressures around academic performance" and targets.⁵⁰ Schools felt that the Government and Ofsted's performance and assessment framework does not give "sufficient credence to the work they were doing to support mental health and wellbeing" and has resulted in schools sidelining or even overlooking the importance of this topic.⁵¹ A National Union of Teachers (NUT) survey found that 84% of teachers agreed that "the focus on academic targets means that social and emotional aspects of education tend to be neglected".⁵²

Interviews with drugs education professionals have revealed that, where drugs education is being delivered, it is reportedly increasingly common for pupils to take part in 'drop-down days', where they will be taken off timetable, once a year or less, and will receive education on all PSHE subjects in one day.⁵³ This form of delivery goes against recommended guidance that PSHE delivery should be sustained and based upon a progressive and holistic model.⁵⁴

"They organise it in terms of a carousel of workshops. So they get a bunch of outside speakers in... and then the pupils come in and move round five or six workshops in the day. So, in that day you could be learning about drugs and alcohol, sexual health, online safety. Sometimes there's fairly random stuff in there because we've got to find someone to do something and they've got a slot to fill in... you just feel like by the end of the day these poor children have had their heads full of really important stuff and, however engaging the workshops are, how much of that actually sticks when it's so important?"

(Director, drugs education charity)

The pressure of performance targets can also mean that schools simply do not have the time to arrange, be trained in, or deliver drugs education.

Funding cuts have been blamed for teachers not being sent on training courses or external providers not being commissioned by schools to deliver drugs education. Analysis of official data reveals that:

- Total school spending per pupil fell 8% in real terms between 2009/10 and 2017/18.⁵⁵ This is in addition to a 55% real-terms cut in local authority service spending and a real-terms cut of more than 20% to school sixth-form spending per student between 2009/10 and 2017/18.⁵⁶
- Spending on children's special educational needs and disabilities (SEND) has increased from £61 million in 2015-16 to £195 million in 2017-18. It has been reported that councils are having to withdraw funds from overall schools budgets to cope with the demand, which will be impacting on provisions in mainstream schools.⁵⁷
- Local authority public health grants, the primary funding stream for substance misuse services, is being cut by £700 million in real terms between 2014/15 and 2019/20.⁵⁸ This equates to a reduction of almost a quarter in spending per person. More specifically, 118 councils that responded to an FOI sent by the Institute for Alcohol Studies stated that they are spending a total of £452 million on alcohol and drugs misuse strategies from public health grants this year, compared with £535 million in 2013/14 – a cut of 15.5%.⁵⁹

Interviewees reported that local authorities are less likely to commission drugs education services or attach drugs education onto substance misuse service contracts. Substance misuse service providers also commented that it has become more difficult to deliver drugs education on a goodwill capacity, due to increased pressure on their caseloads in the wake of cuts to their primary funding stream - local authority public health grants.

50 White, C. Gibb, J. Lea, J. Street, C. 2017. 'Developing Character Skills in Schools: Qualitative case studies'. Final Report- August 2017. London: Department for Education, p.8.

51 Ibid, p.56

52 Hutchings, M. 2015. 'The impact of accountability measures on children and young people: emerging findings'. NUT. 4 April. <https://www.teachers.org.uk/news-events/press-releases-england/school-accountability-resulting-narrow-priorities-and-anxious-children-research-shows>

53 House of Commons Education Committee. 2015. 'Life lessons: PSHE and SRE in schools'. House of Commons. February 15th, pp.21-22.

54 PSHE Association. 2017. 'Framework for professional development in PSHE education for newly qualified teachers'. PSHE Association. NAHT. <https://www.pshe-association.org.uk/system/files/PSHE%20Association%20Framework%20for%20Professional%20Development%20for%20Newly%20Qualified%20Teachers.pdf>

55 Belfield, C. Farquharson, C. Sibieta, L. 2018. 'Annual Report on Education Spending in England'. London: Institute for Fiscal Studies.

56 Ibid.

57 Jayanetti, C. Savage, M. 2018. "'Devastating' cuts hit special educational needs". The Guardian. 10 November. <https://www.theguardian.com/education/2018/nov/10/councils-face-crisis-special-needs-education-funding>

58 Terrence Higgins Trust. 2018. 'Cuts to public health are cuts to the NHS: The need for continued investment in public health and prevention services'. <https://www.tht.org.uk/sites/default/files/2018-11/Public%20health%20and%20sexual%20health%20funding%20updated%20Oct%20FINAL.pdf>

59 Institute of Alcohol Studies. 2017. 'Substance misuse treatment funding down 16% since 2013'. August. <http://www.ias.org.uk/What-we-do/Alcohol-Alert/August-2017/Substance-misuse-treatment-funding-down-16-since-2013.aspx>

Mentor found that teachers often cited their lack of expertise and confidence as a reason for avoiding delivering drugs education⁶⁰ and those interviewed for this report doubted that teachers would be filling the gap left by external providers, particularly in the context of dwindling resources. A report published by Mentor showed that the vast majority of teachers do not receive training in drugs education.⁶¹

“It does feel like there is something of a reliance on external partners to come in and deliver that programme. Then as things have become tighter and tighter financially, I’m not sure that schools are necessarily picking up the slack.”

(PSHE Coordinator)

In response to this, frontline professionals reported that they are increasingly seeing schools commission unqualified drug educators, who advertise their services as free or at a low cost.

“One of the things we hear are people marketing themselves as specialists and they go in with programmes that, at best, have no impact and, at worst, have negative impact.”

(Drug educator)

The 2015 Mentor school survey did not report on PRUs, schools for those excluded from mainstream education. However, in its guidance for schools, it has advised that “particular attention should be given to drug education for pupils who are vulnerable to drug misuse, including those at risk of exclusion and those excluded from school, to ensure that their specific needs are addressed”.⁶² Mentor highlights that drugs education is a priority for these pupils and it should be developed to address their specific needs, as they are more likely to be using drugs, are at a higher risk of developing problematic drug use, and some may have been excluded as a result of a drug incident.⁶³ The 2015 survey showed that it is unlikely that a young person will have received drugs education prior to attending a PRU, which places PRU staff under greater pressure to fill this gap.⁶⁴

Professionals said that PRUs tended to be more open to drugs education being delivered in their schools, which was attributed to: an expectation of higher rates of drug use and selling among the children who attend and, thus, a more pragmatic approach being taken towards drugs education; parents being less likely to object to the delivery of drugs education; timetables having more flexibility built into them with more time given for PSHE subjects; and close connections with external agencies who can support the delivery of drugs education.

“The PRUs, they’re much more welcoming because obviously they’re going to have young people who, I think if you looked at the stats you would find that they were more likely to be linked in with any behaviours that you were looking at. So the PRUs tend to be more welcoming.”

(PSHE Coordinator)

However, as in mainstream school settings, there can be variation in the prioritisation and proactive planning of drugs education in PRUs, with some not providing drugs education and instead opting to ‘firefight’ individual cases of drug-related harm or just delivering universal drugs education in reaction to localised incidents.

Contributors raised concerns that increasing pressure on PRUs, as a result of rising exclusions, will make it more difficult for staff to put proactive measures in place.

Government Plans for Mandatory Drugs Education

This research has painted a poor picture of the provision of drugs education in England – one that has been deprioritised, devalued and, at times, treated with suspicion.

⁶⁰ Milliken-Tull, A. McDonnell, R. 2017. ‘Alcohol and drug education in schools’. Mentor-Adepis. Health Attitude. October. <http://mentor-adepis.org/wp-content/uploads/2017/12/Mentor-ADEPIS-Mapping-Report-October-2017.pdf>

⁶¹ Milliken-Tull, A. McDonnell, R. 2017. ‘Alcohol and drug education in schools’. Mentor-Adepis. Health Attitude. October. Pg. 17 <http://mentor-adepis.org/wp-content/uploads/2017/12/Mentor-ADEPIS-Mapping-Report-October-2017.pdf>

⁶² Mentor-Adepis. 2004. ‘Drugs: Guidance for schools’, p.48. <http://mentor-adepis.org/wp-content/uploads/2013/07/2004-Drugs-Guidance-for-Schools.pdf>

⁶³ Ibid, p.32

⁶⁴ Thurman, B. Boughelaf, J. 2015. ‘We don’t get taught enough’. Mentor. Drugs and Alcohol Today. 15(3), pp.127-140.

Therefore, it is significant that, by 2020, the Government plans to make it compulsory, and subject to Ofsted inspection, for all schools to deliver age appropriate drugs education to primary and secondary school children.⁶⁵

The Children and Social Work Act 2017 placed a duty on the Secretary of State for Education to make the new subjects of Relationships Education at primary schools and Relationships and Sex Education (RSE) at secondary schools compulsory through regulations. Following consultation, the Department for Education decided that it would also make Health Education, the subject that drugs education falls within, a compulsory subject as well.⁶⁶ This essential move has the potential to instigate a sea change in drugs education in school.

“First of all, that there’s guidance, it’s a really good thing. We need to celebrate that, and I think so often all of us in our space, because we’re passionate about getting this right, our first duty is to pick holes but the fact that it’s there and the fact that it’s being taken seriously, I think, is a really good thing.”

(CEO, drugs education charity)

In July 2018, the Department for Education published the draft statutory guidance for ‘Relationships Education, RSE and Health Education’ and asked for views, including whether it provides sufficient information and support to schools in teaching the subjects.⁶⁷ The consultation ended in November 2018 and, in February 2019, the final draft guidance was published.⁶⁸

The consultation resulted in only very minor changes to aspects relating to drugs education in the draft guidance.⁶⁹

In the following section, Volteface and Mentor seek to highlight the strengths and weakness of the guidance, as conveyed to researchers during interviews and focus groups.

Those interviewed commended the Government for making drugs education a compulsory subject as this may assist schools in overcoming concerns as to whether it is appropriate to deliver drugs education to young people. This is particularly the case for primary school children, who were cited as an age group for whom there is significant divergence of opinion.

However, as one contributor explained:

“Doing it is one step. Doing it well is the next step and kind of the most important part of it really.”

(Director, drugs education charity)

When outlining the mandatory topics to be covered in the delivery of drugs education, the Government’s draft guidance encourages schools to respond to local public health and community issues, so that they may best meet the needs of the community and adapt materials and programmes to meet the needs of pupils.⁷⁰ It also advises that “specific thought should be given to the particular needs and vulnerabilities of the pupils” in PRUs.⁷¹

⁶⁵ Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf 51

⁶⁶ Department for Education. 2018. ‘Relationships education, relationships and sex education, and health education’. <https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/>

⁶⁷ Department for Education. 2018. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. Draft for consultation: July 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf

⁶⁸ Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781150/Draft_guidance_Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education2.pdf

⁶⁹ Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019. https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/180718%20Consultation_call%20for%20evidence%20response_policy%20statement.pdf

⁷⁰ Ibid., p.41.

⁷¹ Ibid., p.40.

However, the guidance does not advise that schools should consult with pupils, parents or local partners, such as police or substance misuse services, to identify how programmes can be tailored. Those interviewed felt it was essential that these stakeholders are consulted with as they will be able to give schools insights into the drug-taking landscape and ensure that school drugs education programmes consider any unique vulnerabilities that pupils may be facing. There is also evidence that parental involvement in drugs education protects against early onset of use and problematic use.⁷²

The draft guidance also does not advise schools to have a written policy on health education, the subject that drugs education falls within, whereas it does advise that schools should have a policy for relationships education and relationships and sex education.⁷³

The guidance does signpost to Mentor-ADEPIS as a recommended resource to be used when delivering drugs education and advises that “schools should also consider drawing on the expertise of the main subject associations who often quality assured third party resources”.⁷⁴ This recommendation is highly valuable as recent studies have shown that the majority of teachers in primary and secondary schools are unaware of the Mentor-ADEPIS programme.⁷⁵ However, it is only suggested that schools draw on recommended resources, this is not a requirement.

The draft guidance stipulates that primary school pupils should be taught:

- The facts about legal and illegal harmful substances and associated risks, including smoking, alcohol use and drug-taking.⁷⁶

And secondary school pupils should be taught:

- The facts about legal substances and illegal substances, including drug-taking and the associated risks, such as the link to serious mental health conditions.
- The law relating to the supply and possession of illegal substances.
- The physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.
- The physical and psychological consequences of addiction, including alcohol dependency.
- Awareness of the dangers of drugs which are prescribed but still present serious health risks.
- The facts on harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.⁷⁷

The guidance stipulates that pupils should be taught “the facts” but not on what information teachers should be providing to pupils, leaving schools with a large amount of discretion. As teachers are not required to teach from recommended resources, there is the possibility that some teachers will choose not to use resources, or use resources which may provide misleading information.

“It’s not part of your job to have a good in-depth subject knowledge about drug issues... You would certainly have a big variety in the message that was put across. Again – I am generalising – in an area like mine or in my school, I don’t think there is much knowledge about drugs at all apart from the severity that they can cause or the extremes of drug addiction. And, therefore, you wouldn’t necessarily have a balanced discussion about it... Obviously teachers could be supported by resources, but it all depends on what resources say and which ones they choose.”

(Primary school teacher)

72 North, P. 2017. ‘Icelandic Youth’. London: Volteface.

73 Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019, p.11. https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/180718%20Consultation_call%20for%20evidence%20response_policy%20statement.pdf

74 Ibid., p.46-48.

75 Milliken-Tull, A. McDonnell, R. 2017. ‘Alcohol and drug education in schools’. Mentor-Adepis. Health Attitude. <http://mentor-adepis.org/wp-content/uploads/2017/12/Mentor-ADEPIS-Mapping-Report-October-2017.pdf>

76 Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019, p.34.

77 Ibid., p.37.

Those who participated in Volteface and Mentor’s focus groups explained that they already have to contend with less credible information from their peers and the internet, and would expect teachers to be a trusted source.⁷⁸

“If it’s coming from the school then you’d expect it to be true and stuff, wouldn’t you? So you’d know the actual harms and not just something someone has told you.”

(PRU key stage 4 focus group participant)

The Department for Education has made no indication in the draft guidance that it intends to introduce drugs education as a mandatory curriculum topic for initial teacher training.

Contributors to this report also commented that essential topics had been omitted from the curriculum proposed for drugs education – most notably, those relating to ‘real life’ situations such as: awareness of child criminal exploitation; understanding of the reasons why people may sell drugs and the risks and consequences attached to selling drugs, including on social media; awareness of the risk and consequences attached to buying drugs, including on social media; harm reduction advice; understanding of hidden harm, where parental substance misuse can impact on a child; advice on decision-making during pressured situations; managing risk in a social context, for example, looking after friends at parties; advice on how to cope with emotional challenges without resorting to alcohol or drugs; and advice on how to have difficult conversations about drugs with friends and family members.⁷⁹

“There should be more advice on how to deal with people around you because now there’s lots of people that use drugs and just telling you the risks and stuff doesn’t really help with that.”

(Secondary school Year 10 focus group participant)

Examples of real life situations discussed in the guidance include advising pupils to know what the law says about broader safeguarding issues, and pupils knowing about the relevant legal provisions for substance misuse and criminal exploitation.⁸⁰ The guidance also advises, under sexual health, that secondary schools pupils should know how the use of alcohol and drugs can lead to risky sexual behaviour.⁸¹ It recognises the growing influence of social media on young people’s lives by advising pupils learn how to keep themselves safe online and how to navigate different types of online content they may be using to learn about drugs.⁸²

The guidance advises that “pupils should be taught how to judge when they, or someone they know, needs support and where they can seek support if they have concerns. This should include details on which adults in school (e.g. school nurses), and external sources of support, can help”.⁸³

The guidance also places an emphasis on pupils being taught how to build resilience, advising that they should understand “the contribution that hobbies, interests and participation in their own communities can make to overall wellbeing”.⁸⁴

A missed opportunity in the guidance is the limited steer given around how drugs education should be delivered. The guidance⁸⁵ states that “schools are free to determine how to deliver the content set out in the guidance”. Although it does advise that: “effective teaching in these subjects will ensure that core knowledge is broken down into units of manageable size and communicated clearly to pupils, in a carefully sequenced way, within a planned programme or lessons.”⁸⁶

78 NHS Digital. 2017. ‘Smoking Drinking and Drug Use Among Young People in England’, 2016. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

79 Mentor UK. 2017. ‘Drug prevention programmes in schools: What is the evidence?’ <https://mentoruk.org.uk/wp-content/uploads/sites/3/2017/07/drug-prevention-final.pdf>

80 Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019, p.30. https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/180718%20Consultation_call%20for%20evidence%20response_policy%20statement.pdf

81 Ibid., p.29.

82 Ibid., p.9.

83 Ibid., p.36.

84 Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019, p.35.

85 Ibid., p.8.

86 Ibid., p.8.

The draft guidance does not stipulate how often drugs education should be delivered, only indicating what pupils should be taught by the end of their primary and secondary school careers. Evidence-based practices advise that drugs education should have sustained delivery, rather than ‘one-off’ sessions, which young people may be absent for.⁸⁷ There is the risk that drugs education will be delivered as a bonus ‘bolt-on’, not a key subject to be included in holistic education.

With regards to lesson delivery, the guidance advises that teaching should “include sufficient well-chosen opportunities and contexts for pupils to embed new knowledge so that it can be used confidently in real life situations”.⁸⁸ Again, the guidance does not require teachers to draw from a recommended evidence base that would advise on which opportunities and contexts would have the maximum impact.

The guidance also does not require drugs education to be delivered in sixth forms or other educational settings for 16 to 18-year-olds, even though high levels of drug use and selling continues to persist in them.⁸⁹

Those interviewed for this report raised concerns that the guidance does not provide for any new funding and that, without additional resources for training and delivery, this will just be another burden placed upon an already overstretched education system.⁹⁰ The ‘Relationships Education, RSE, and Health Education Impact Assessment’ estimates that implementing the proposed policy, under which RSE, relationships education and health education is made mandatory via regulations and new statutory guidance, will cost state schools £24,818,703.⁹¹

Without considered thought being given to how statutory drugs education will be implemented and delivered, this potential watershed moment in drugs education risks becoming a mere tick-box exercise.

Identification

Statutory drugs education in schools is likely to ‘lift the lid’ on drug-related harm,⁹² but education alone will not be sufficient to safeguard young people.

Schools should have the capacity and confidence to identify indicators of harm and effectively support young people with this. Pupils should feel empowered to know what their choices are and be confident in the knowledge that they will be at the centre of any process.⁹³

Young people’s expectations of how their school would respond if there was a drug-related incident can significantly influence their willingness to disclose their involvement with drugs.⁹⁴ Non-statutory guidance from the Department for Education and the Association of Chief Police Officers (ACPO) strongly advises that schools should have a written drugs policy to act as a central reference point for all school staff, setting out the school’s role in the management of drugs within school and on school trips. It also advises that pupils should have early access to support through the school and other local services, and that exclusion should not be an automatic response, with permanent exclusion only to be used in serious cases.⁹⁵

However, there is no requirement for schools to adhere to this guidance and, if schools do decide to implement a school drug policy, the Department for Education and ACPO do not advise that this policy is shared with pupils.

During focus groups with mainstream secondary, PRU and sixth form pupils,⁹⁶ young people told Volteface and Mentor that they could only guess what action their school would take if there was evidence or disclosure of drug use or selling. Instead, their perceptions were informed by comparable school policies or personal experiences. Most young people assumed that their school’s policy would be punitive, with some participants commenting that they felt it was unfair that they would not have full knowledge of what action would be taken until they were directly experiencing it.

“Obviously you’re not supposed to bring it in, but it’s just knowing what’s going to happen because someone might bring drugs into school and think, ‘oh right, well I’ll only be excluded tomorrow and then I’ll be back the next day’, and then they’re permanently excluded or something.”

(PRU key stage 4 focus group participant)

As it was typically assumed that the school’s immediate response to drug use or selling would be punitive, most focus group participants said that they would be reluctant to disclose drug use or drug selling.⁹⁷

“The rhetoric of you being bad, essentially, if you use... That stigmatisation is alive and well. It’s just seen as a naughty, bad thing to do rather than another thing which they might need support with.”

(Young person’s drug and alcohol worker)

Even when young people thought that the situation would be treated as a safeguarding concern and support offered, they were still reluctant to disclose due to concerns that they would have little involvement or influence over a process that would likely inform their parents and professionals from outside of the school or people they did not know. In the context of drug selling, participants were concerned about the consequences disclosure would have on other people involved and the repercussions this may then have for themselves.

⁸⁷ Thurman, B. Boughelaf, J. 2015. ‘We don’t get taught enough’. Mentor. *Drugs and Alcohol Today*. 15(3), pp.127-140.

⁸⁸ Department for Education. 2019. ‘Relationships Education, Relationships and Sex Education (RSE) and Health Education: Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers’. February 2019, p.8. https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/180718%20Consultation_call%20for%20evidence%20response_policy%20statement.pdf

⁸⁹ A Freedom of Information request was sent to the Home Office asking how many 16 to 18-year-olds had taken drugs in the last year. The request asked for data from 2014/15 to 2016/17 and that it be broken down by age. The response revealed that drug use amongst 16 to 18-year-olds was higher than the national average, reported to be 9%. See Table B; A Freedom of Information request was sent to the Ministry of Justice asking how many people were prosecuted and convicted for drug-related offences from 2012/13 to 2016/17. The request asked that the data be broken down by age, individual drug and offence. The response revealed that prosecutions and convictions for supply-related offences among young people aged 18 and under were highest among 16, 17 and 18-year-olds. See Table C.

⁹⁰ Belfield, C. Farquharson, C. Sibieta, L. 2018 ‘Annual Report on Education Spending in England’. London: Institute for Fiscal Studies.

⁹¹ Department for Education. 2018. ‘Relationships Education and Relationships and Sex education: Impact Assessment’, July 2018, p.19. https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/RSE%20impact%20assessment%2010.7.2018.pdf

⁹² Walsh, K. Zwi, K. Woolfenden, S. Shlonsky, A. 2015. ‘School-based education programmes for the prevention of child sexual abuse’. *Cochrane Systematic Review - Intervention*.

⁹³ James, C. 2012. ‘Reviewing your drug and alcohol policy: A toolkit for schools’. London: Mentor.

⁹⁴ Berridge, B. McCann, T. Cheetham, A. Lubman, D. 2018. ‘Perceived Barriers and Enablers of Help-Seeking for Substance Use Problems During Adolescence’. *Health Promotion Practice*, 19(1), pp.86-93.

⁹⁵ Department for Education. Association of Chief Police Officers. 2012. DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies, p.3-7. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

⁹⁶ Focus groups were not conducted with primary school pupils.

⁹⁷ Berridge, B. McCann, T. Cheetham, A. Lubman, D. 2018. ‘Perceived Barriers and Enablers of Help-Seeking for Substance Use Problems During Adolescence’. *Health Promotion Practice*, 19(1), pp.86-93.

Worryingly, some young people who participated in the focus groups were concerned that, if they were to ask a factual question about drugs, this would be perceived by the school as evidence of current or intended drug use or selling and that their parents would be informed or other disproportionate action would be taken.

"If I was asking a general question... teachers are more likely to be like, 'why are you asking this?'... 'Why are you asking?' and then you'd be like, 'I just want to know'. They'd be like, 'okay', but it depends on the extent you ask. If you're digging and digging then they'll tell your parents, more likely anyway."

(Sixth form Year 12 focus group participant)

One focus group participant said that they could not even say they were asking for a friend as this could be treated as a sign that they were actually referring to themselves. Professionals interviewed for this report said that reduced funding for young person substance misuse service providers has limited their capacity to have wider school outreach, which has potentially provided fewer opportunities for young people to approach professionals independent from the school to ask for information with the assurance of confidentiality.⁹⁸

The young people spoken to in focus groups said they did feel more at ease asking a trusted staff member⁹⁹ or asking questions in a space where the topic would be relevant, such as PSHE lessons. However, most participants were strongly adverse to asking a member of staff for harm reduction advice, regardless of how trusted they were or the situational context, as they felt that this would be taken as clear evidence of current or intended drug use.

"I think they would listen to you, talk to you, give you what they know and then they'd report you."

(Sixth form Year 12 focus group participant)

In addition, focus group participants commented that they felt most teachers would not have the competency to provide harm reduction information or that they would refuse to answer their questions.¹⁰⁰

Sources of information that had fewer consequences attached, such as peers and the internet, did hold appeal, although participants recognised that these were less reliable. The participants agreed that they would prefer to try and resolve any problems they may be facing on their own and would approach an authority figure or a parent as a last resort, rather than as a first port of call.

Regardless of the school's policy and how well known this is to pupils, it should be expected that there will be young people who will be reluctant to disclose, whether that is due to fear of repercussions¹⁰¹ or because they have not recognised that the situation they are in is problematic.

"I would imagine it would be quite hard for a young person... to recognise that they've got a problem, it would probably be quite extreme if they were to... and then to actually be brave enough to go and find help, really. So probably it's more about the school team, looking out for the signs really."

(Drug and alcohol educator)

Identifying drug use or selling requires schools to retain staff who are aware of the indicators and who have the capacity to identify them. During interviews and focus groups, very few examples were given of schools that identified drug use or selling through coercive measures, such as personal searches, drug dogs or drug testing. The literature raises concerns that identification of drug use or selling through coercive measures can undermine trust between young people and school staff, which may impact on young people's willingness to report their drug use.¹⁰² The Department for Education and ACPO recommend against using drug dogs and drug testing where there is no evidence for the presence of drugs on school premises. However, they acknowledge that schools are free to go against this and make use of such strategies if they wish to.¹⁰³

⁹⁸ Milliken-Tull, A. McDonnell, R. 2017. 'Alcohol and drug education in schools'. Mentor-Adepis. Health Attitude. October. <http://mentor-adepis.org/wp-content/uploads/2017/12/Mentor-ADEPIS-Mapping-Report-October-2017.pdf>

⁹⁹ Berridge, B. McCann, T. Cheetham, A. Lubman, D. 2018. 'Perceived Barriers and Enablers of Help-Seeking for Substance Use Problems During Adolescence'. Health Promotion Practice, 19(1), pp.86–93.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² McKeganey, N. 2005. 'Random drug testing of schoolchildren: A shot in the arm or a shot in the foot for drug prevention?' York: Joseph Rowntree Foundation.

¹⁰³ Department for Education. Association of Chief Police Officers. 2012. DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies, p.6. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

With regards to searching a pupil, it is not legally required for schools "to make a record of the person searched, the reason for the search, the time and the place, who was present and note the outcomes and any follow-up action", although the guidance does recommend that schools do this.¹⁰⁴

It is concerning that schools are able to implement measures which the Department for Education and ACPO strongly advise goes against the best interests of the child.

Contributors to this report suggested that it is far more effective for schools to identify harm by building trusted relationships with pupils and looking out for risk factors or indicators of harm.¹⁰⁵

"With young people, when you work in school, I simply think that it takes a lot of work to develop that relationship with a young person. Young people have got their guard up if they are doing something they know isn't quite 100% right or if they are doing something they know really they shouldn't be doing. I think it takes a lot of time to develop that relationship and for the young person to be comfortable to talk to an individual about anything. We see that in the service."

(Young person's substance misuse worker)

In an independent review of the quality and effectiveness of initial teacher training (ITT) courses, the Government recognised that teachers play a role in identifying harm.¹⁰⁶ The Department for Education published a framework of core content for ITT courses, advising that providers should:

*"Emphasise the importance of emotional development such as attachment issues and mental health on pupils' performance, supporting trainees to recognise typical child and adolescent development, and to respond to atypical development."*¹⁰⁷

However, there is no specific mention of drugs and the framework does not advise that teachers should be taught how to identify drug use and selling.

Contributors to this report raised concerns that there can be additional challenges for sixth form staff in identifying drug-related harm as the student population can be more transitory, with less staff contact time. Where pupils attend a sixth form or college that is separate from their secondary school or PRU, this initiates a transition period which can increase the risk of substance use or exploitation as peer networks change. Upon arrival, young people may not know any of the staff and it can take time for trusted relationships to be built.

"If I was doing drugs now and I wanted to go to a teacher, I wouldn't go to any of the teachers here because I've only been here for a certain amount of time... I wouldn't know who I would go to. I wouldn't go back to my old school. I trust the teachers the most because I've been there for a long time but I wouldn't go back to them."

(Sixth form Year 12 focus group participant)

It was also explained that it has become increasingly difficult for mainstream schools to identify risk factors or early indicators of harm. They have faced significant funding cuts¹⁰⁸ which, for some schools, will have led to reduced staff contact time as classroom sizes grow.

"They've got too many students to worry about so why would they worry about you?"

(PRU key stage 4 focus group participant)

¹⁰⁴ Department for Education. Association of Chief Police Officers. 2012. DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies, p.4-5. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

¹⁰⁵ Lewing, B. Doubell, I. Beevers, T. Acquah, D. 2018. 'Building trusted relationships for vulnerable children and young people with public services'. London: Early Intervention Foundation.

¹⁰⁶ Carter, A. 2015. Carter review of initial teacher training (ITT). Department for Education.

¹⁰⁷ Manday, S. 2016. 'A framework of core content for initial teacher training (ITT)'. July 2016. Department for Education, p.17. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/536890/Framework_Report_11_July_2016_Final.pdf

¹⁰⁸ Belfield, C. Farquharson, C. Sibieta, L. 2018. 'Annual Report on Education Spending in England'. London: Institute for Fiscal Studies.

Together with an increased focus on performance targets,¹⁰⁹ this has pressured some schools to reduce pastoral services¹¹⁰ and remove PSHE from timetables¹¹¹ – spaces in which honest and open conversations may have taken place. The withdrawal of external services that historically provided drugs education and outreach in schools has also been felt.¹¹²

Those Volteface and Mentor spoke to provided examples of PRUs where small classroom sizes,¹¹³ regular meetings with pupils, close multi-agency links, and familiarity with drug use and selling can make them well-placed to monitor pupil health and safety and foster trust in pupils, which can facilitate the identification or disclosure of pertinent information. The Home Office commissioned a report on county lines which included a case study of a PRU in Stockport that provided a specialist multi-agency approach, highlighting its close links with mainstream schools, children's mental health services and other organisations.¹¹⁴

"In the PRU, they had really good links with the police and social services and social workers and youth justice workers... I had someone from [a drug and alcohol service]... I had a support worker from there, she used to come and pick me up from school then take me for lunch or dinner or whatever, and she had these things on her laptop, like videos, and it was a little short film about teen education, drugs and then the outcomes. Then you used to get homework to do on it and stuff. So yeah, the PRU referred me to her. Then they'd probably get the police to come in and talk about it. I had a PCSO [Police Community Support Officer] who used to check up on what I was doing and, if she saw me in town, she'd always come up to me and offer me a lift home and stuff like that."

(Former PRU pupil, 17)

"It's like here they actually care about you."

"In mainstream, all they care about is their record, isn't it, getting you through your GCSEs."

"They care about their salary, that's the only thing."

"Here there's less of you, isn't there."

"I think there's a bigger problem in one of these schools [PRUs] because obviously that could be the reason that some people got kicked out and stuff whereas it's a smaller problem in mainstream schools so they don't really need to do a lot about it because it isn't a massive problem for them."

(PRU key stage 4 focus group participants)

However, PRUs have also come under significant criticism for being places where drug use and selling is highly prevalent. The most notable criticism comes from the same Home Office report, which found that:

"A high proportion of children involved in county lines appear to be outside of mainstream education, with many in pupil referral units (PRUs) where they may be required to attend for a only a few hours each week, and, where if they do attend, appear disengaged with the provision on offer. This leaves children with significant free time to continue county lines involvement and no effective support to engage in the learning that could help them to develop alternative, legitimate career paths."¹¹⁵

Where there is infrequent attendance, and thus limited contact time with staff, the PRU's capability to identify drug-related harm will be compromised.

Contributors to this report also raised concerns that, where there is high staff familiarity with drug use or selling but inadequate training or poor recruitment, this can have a normalising effect with regards to these activities. Examples were given of PRUs where staff did not have the competence to identify early indicators of harm and respond accordingly.

"We know that the support workers in Pupil Referral Units are paid peanuts, essentially. So the level of understanding, the education around what a behaviour is and why it manifests and what might be the driver behind that, all those type of things, are not normally taken into consideration because we haven't got a skilled and diverse enough staffing within our PRUs to be able to start addressing what essentially is more of a therapeutic issue which could be a real can of worms or serious trauma."

(Young person's drug and alcohol manager)

PRUs have also come under significant pressure in the wake of rising exclusion rates from mainstream schools,¹¹⁶ which may have compromised their capacity to identify risk factors or early indicators of harm.

While examples of good practice were identified in PRUs, there can be significant variation in the quality of provisions.

¹⁰⁹ White, C. Gibb, J. Lea, J. Street, C. 2017. 'Developing Character Skills in Schools: Qualitative Case Studies'. Final Report- August 2017. London: Department of Education.

¹¹⁰ Adams, R. 2019. 'School heads write to millions of parents over funding cuts'. The Guardian. 8 March. <https://www.theguardian.com/education/2019/mar/08/damian-hinds-faces-criticism-from-head-teachers-worth-less-parents-letter>

¹¹¹ House of Commons Education Committee. 2015. 'Life lessons: PSHE and SRE in schools'. House of Commons. February 15th, pp.21-22.

¹¹² Institute of Alcohol Studies. 2017. 'Substance misuse treatment funding down 16% since 2013'. August. <http://www.ias.org.uk/What-we-do/Alcohol-Alert/August-2017/Substance-misuse-treatment-funding-down-16-since-2013.aspx>

¹¹³ Hart, N. 2013. 'What Helps Children in a Pupil Referral Unit (PRU)? An Exploration into the Potential Protective Factors of a PRU as Identified by Children and Staff'. Emotional and Behavioural Difficulties. 18(2), pp.196-212.

¹¹⁴ Hudek, J. 2018. 'County Lines Scoping Report'. JH Consulting. St Giles Trust. Missing People, p.26.

¹¹⁵ Hudek, J. 2018. 'County Lines Scoping Report'. JH Consulting. St Giles Trust. Missing People, p.3-4.

¹¹⁶ House of Commons Education Committee. 'Forgotten children: Alternative provision and the scandal of ever increasing exclusions'. Fifth Report of Session 2017-19. July. HC 342.

Response

Where a drug-related incident occurs, non-statutory guidance for schools advises that pupils should have early access to support and that exclusions should be treated as a last resort¹¹⁷. Accordingly, contributors provided examples of schools that would respond to evidence or indicators of drug-related harm by providing supportive interventions, for example, by referring the young person to external support services.

However, examples were also given of schools that would ignore indicators of drug use or selling and would be reluctant to allow external services into the school to offer support, as a consequence of inter-school competition and concerns about reputational harm.

“Some schools, you know, the police will call them up and say, ‘we know there’s a gang problem in your school. We want to run these sessions’. And the school will be like, ‘no, no’, because they don’t want to be seen as having a gang problem. So they will just ignore the problem completely. But they are just worried about Ofsted and what parents think, basically, about their school’s reputation.”

(Area manager for children and young people’s services)

Those Volteface and Mentor spoke to also gave examples of schools that would use exclusion as a first port of call if a pupil was found to be using or selling drugs. Punitive responses, such as isolation, fixed-period exclusions or permanent exclusions, can erode trust in authority figures and potentially reduce the likelihood of a young person, or those in their network, then disclosing further information and seeking or receiving help.¹¹⁸

“It only takes one young person to disclose something and it to be handled really badly for it then to take a very long time to undo that damage because that will ripple throughout the whole student network. Then it will be actually you don’t go to a teacher and tell them.”

(Consultant, specialist young people-focused consultancy service)

Exclusions, whether drug and alcohol-related or not, can also increase the likelihood of a young person using substances,¹¹⁹ being exploited or further exploited¹²⁰ as the pupil may have more free time, become or feel psychologically impacted on by the exclusion, or experience shifting peer networks. The 2018 Home Office commissioned report into county lines highlighted that “exclusion from school does appear to be a highly significant trigger point for the escalation of county lines involvement for children who might be on the fringe of such activity.”¹²¹

“If you’re with someone and you see them, you can see how that person is developing or changing or maturing or regressing in some way, shape or form. At least then, you can start those conversations or speak to colleagues, other professionals about it. Has anyone else noticed any certain behaviours, etc.? Whereas if we just exclude young people and they just go under the radar, anything is up for grabs then.”

(Service manager, drug and alcohol service)

Young people are at the greatest risk of drug and alcohol-related exclusion when they are of secondary school age, with primary school and sixth form students experiencing lower rates of exclusions.¹²²

¹¹⁷ Department for Education. Association of Chief Police Officers. 2012. DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies, p.3-7. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

¹¹⁸ Berridge, B. McCann, T. Cheetham, A. Lubman, D. 2018. ‘Perceived Barriers and Enablers of Help-Seeking for Substance Use Problems During Adolescence’. Health Promotion Practice, 19(1), pp.86–93.

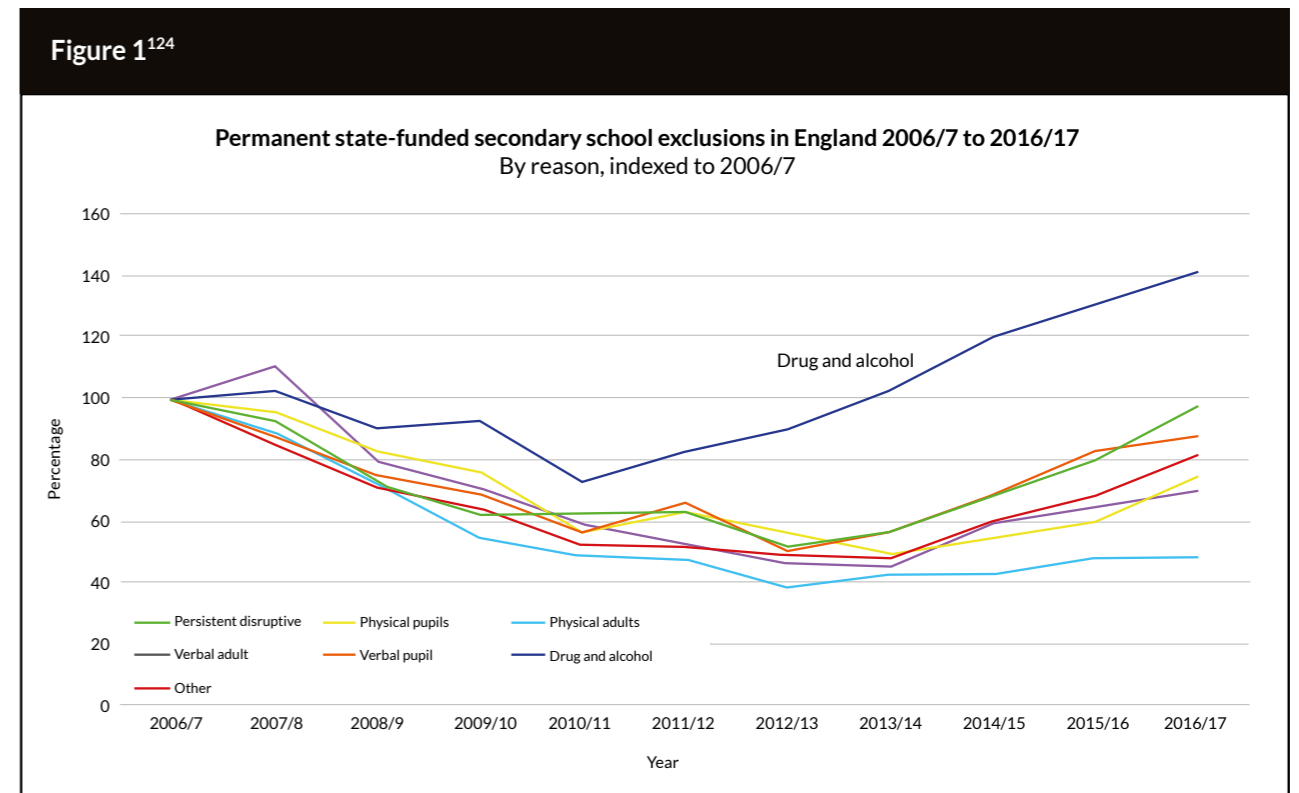
¹¹⁹ NHS Digital. 2017. ‘Smoking Drinking and Drug Use Among Young People in England’, 2016. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

¹²⁰ Hudek, J. 2018. ‘County Lines Scoping Report’. JH Consulting. St Giles Trust. Missing People.

¹²¹ Ibid., p.20.

¹²² A Freedom of Information request was sent to the Department for Education asking for data on drug and alcohol exclusions (permanent and fixed-period) to be broken down by age, gender and ethnic group in the past five years from 2012/13 to 2016/17. It was also asked that the data be broken down by school type.

It is concerning that drug and alcohol-related exclusions in mainstream secondary schools are on the rise, increasing by 57% for permanent exclusions and 34% for fixed-term exclusions between 2012-13 to 2016-17.¹²³ As seen from Figure 1, the rate of increase is much greater compared to other reasons for exclusion.



Other** includes: other, sexual misconduct, damage, theft, racism and bullying.

Source: Department for Education, Permanent and fixed-period exclusions in England: 2016 to 2017, underlying data: <https://www.gov.uk/government/collections/statistics-exclusions>

According to those interviewed by Volteface and Mentor, the increase is partly attributable to rising drug use¹²⁵ and exploitation into the drugs trade,¹²⁶ which many saw as a consequence of cuts to school staff, internal pastoral services and external young person support services that could have identified early indicators of harm and delivered interventions before the school reached the point of exclusion. Contributors also commented that schools do not have the resources to cope with these behaviours once they have escalated to the point to the point of exclusion.¹²⁷

¹²³ Department for Education. 2018. Permanent and fixed-period exclusions in England: 2016 to 2017. <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2016-to-2017>

Department for Education. 2017. Permanent and fixed-period exclusions in England: 2015 to 2016. <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2015-to-2016>

Department for Education. 2016. Permanent and fixed-period exclusions in England: 2014 to 2015.

<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2014-to-2015>

Department for Education. 2015. Permanent and fixed-period exclusions in England: 2013 to 2014.

<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2013-to-2014>

Department for Education. 2014. Permanent and fixed-period exclusions in England: 2012 to 2013.

<https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2012-to-2013>

¹²⁴ Re-created graph which was originally produced by Gavin Hales, Senior Associate Fellow, The Police Foundation

¹²⁵ NHS Digital. 2017. ‘Smoking Drinking and Drug Use Among Young People in England’, 2016. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2016>

¹²⁶ National Crime Agency. 2019. ‘Country Lines Drug Supply, Vulnerability and Harm 2018. Intelligence Assessment’. <http://www.nationalcrimeagency.gov.uk/publications/993-nac-19-095-county-lines-drug-supply-vulnerability-and-harm-2018/file>

¹²⁷ House of Commons Education Committee. ‘Forgotten children: alternative provision and the scandal of ever increasing exclusions’. Fifth Report of Session 2017–19. July. HC 342; Bushby, E. 2018. ‘Headteachers blame funding cuts as schools expel 40 pupils each day’. The Independent. 19 July. <https://www.independent.co.uk/news/education/education-news/school-exclusions-children-rise-england-funding-cuts-headteachers-behaviour-a8454516.html>; <https://edexec.co.uk/vulnerable-special-needs-pupils-at-risk-of-exclusion-due-to-funding-cuts/>;

"I think it would be hard not to mention the cutbacks in services generally... for the last decade, youth support and youth services have been completely stripped back. You've got pastoral teams being depleted, you've got early help teams... in certain parts of the country, the thresholds now for early help are far higher than they [were], so it doesn't really seem to actually meet that 'early help'... 'early help' seems to now be a bit of a misnomer, in that you need to have quite complex needs to be able to access support... If investment is not going into public health and child and adolescent services, then you are going to have issues. It's just a consequence of underfunding... I don't think there is any surprise at all that you have got problems around increased exclusions."

(Treatment service development lead)

An increasing focus on performance targets and league tables has also incentivised schools to exclude pupils who are being disruptive or who are less likely to achieve, or informally exclude them through an increasingly common practice known as 'off-rolling', defined by Ofsted as: "Removing a pupil from the school roll without a formal, permanent exclusion or by encouraging a parent to remove their child from the school roll, when the removal is primarily in the interests of the school rather than in the best interests of the pupil."

Drug and alcohol-specific off-rolling data is not available, but Ofsted found that "between January 2016 and January 2017, 19,000 pupils dropped off school rolls between Years 10 and 11 – that is 4% of pupils. Around half of that number did not reappear on the roll of another state-funded school".¹²⁸

Due to the illegality of drugs, professionals interviewed for this report also gave examples of schools that were unaware that other actions could be taken, besides excluding the young person, if they were found to be using or selling drugs.

"I guess because of the legality, I guess that's where the [headteacher] goes, 'we don't want drugs on the premises. It's not allowed. We'll exclude you if this continues. Letters will go home etc.', rather than maybe looking at what's going on for you.. I guess there's always that fear from schools. If they're not shown to be tough on drugs then is that looking as if they're okay with it or they're not responding?"

(Drugs education practitioner)

Comparisons were made between young people selling drugs and victims of child sexual exploitation, who – until the early 2000s – were seen as 'prostitutes' who were perceived to be engaging in criminal behaviour, and thus should be responded to punitively.¹²⁹ Contributors felt there should be a similar shift in thinking, where child drug use and drug selling is considered as a safeguarding concern, and treated as an indicator of vulnerability, rather than criminality.

Many contributors to this report gave examples of PRUs that were more pragmatic towards drugs and likely to try and provide supportive interventions and keep the young person engaged in the school, rather than opt for exclusionary measures. This was attributed to lesser concern of reputational harm, staff familiarity with drug use and selling and an understanding that, if they were to exclude the young person, there would be nowhere else for them to go.

"It's not like this is a secret, but often official protocol is... bent because [schools] feel that if they follow the strict lines that they are supposed to follow, it won't be in the best interests of the child and I agree that is sometimes the case as well. For example, when kids come in when they have been smoking cannabis, the protocol would be to tell the child they have to go home and they can't be taught that day. But, sending them back out on the streets is not going to do that child an awful lot of good. And, if you can keep them in school for the day, then for me that is preferable to sending them back out again. You know, this is not the kids' fault, it's adults who have made some very bad choices in these children's lives, I think. And to blame the kids for that is just unproductive and it's not morally right."

(Academic)

"What we know is if mainstream schools had this approach, they wouldn't be excluding children at the rate they are..."

So, absolutely, let's recognise that PRUs do some really important work and share the learning."

(Consultant, specialist young people-focused consultancy service)

*"Teachers in mainstream [schools] aren't as understanding as they are here. The teachers in mainstream are d*****s really."*

"If you told them something, they'd just say, 'well I'm going to have to report that', or something like that and you're going to get into trouble for it really, aren't you?"

"Mainstream schools don't know how to handle stuff like that."

(PRU key stage 4 focus group participants)

It was reported to Volteface and Mentor that even if a PRU does not attempt to provide a supportive intervention, at the very least, they will avoid excluding the young person and continue to try and work with them after there is evidence or potential indicators of drug use or selling.

However, it was explained that, across the education system, there can also be significant variation in how drug use and selling is responded to. This is, in part, due to an absence of statutory guidance or any requirement for schools to have a standardised approach to drugs. The Department for Education and ACPO provide guidance for schools, but ultimately advise that they should follow their own disciplinary procedures when responding to drug-related incidents.¹³⁰

"We have some schools that are incredibly proactive around addressing young people and substance issues. So, they're on the phone asking for information and advice and referring in. Some schools are incredibly forward-thinking in bringing in emotional health and wellbeing support as a way of helping young people. Then, we have other schools that say, "we don't have drug use in our school", and don't refer in, or very rarely refer in. A recent example is a young person had been excluded multiple times. We received a referral from the third school that they'd been moved to. So, they'd been excluded on two occasions before any support was offered. This provides you with an example of some of what young people's substance misuse services experience."

(Area Manager of young people's drug and alcohol service)

"There was a gang going into secondary schools... [the] school was aware that some of their children were dealing drugs and they got an external service in to speak to their children. But, again, this is just a headteacher that decided something needed to be done. There wasn't an obligation on them to do this. I think it's up to heads to decide if the problem is so bad that they need to bring someone external in. But, it's very patchy and there is no regulation of it."

(Academic)

It is problematic that such variation in the approach taken by schools, owing to a lack of standardisation, leaves the door open for discrimination.

Contributors to this report acknowledged that some children and young people are treated more sympathetically than others and that this can depend on factors such as age, gender, ethnicity or academic capability. Data from a FOI request which broke down drug and alcohol-related permanent exclusions for 2016/17 by age, ethnicity and gender revealed that 14-year-olds are the age group most likely to be excluded, and that black Caribbean pupils are excluded at more than twice the rate of white British pupils.¹³¹ Males are also significantly more likely to be permanently excluded than females, making up 72% of exclusions.¹³²

It is deeply worrying that some young people are subjected to measures that can have a severely detrimental impact on their life chances, whereas other young people receive support simply because of personal characteristics, or because they attend a school that adopts a different ethos towards drugs.

¹²⁸ Ofsted. 2018. 'The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18': <https://www.gov.uk/government/publications/ofsted-annual-report-201718-education-childrens-services-and-skills/the-annual-report-of-her-majestys-chief-inspector-of-education-childrens-services-and-skills-201718>

¹²⁹ Lee, M. O'Brien, R. 1995. 'The Game's Up: Redefining Child Prostitution'. London: The Children's Society.

¹³⁰ Department for Education. Association of Chief Police Officers. 2012. DfE and ACPO drug advice for schools. Advice for local authorities, headteachers, school staff and governing bodies, p.7. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270169/drug_advice_for_schools.pdf

¹³¹ The rate of Black Caribbean pupils who were permanently excluded for drug and alcohol-related matters in 2016/17 was 0.018, compared to 0.008 for white British pupils.

¹³² The rate of drug and alcohol exclusions by ethnicity for the year 2016/17 was calculated using the school census data for January 2017: <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2017>
This data is from state-funded primary schools, state-funded secondary schools and 'special' schools as these are the school types which the Department for Education drew its statistics from, please see: <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2016-to-2017>

Conclusion

Children and young people in the UK are facing new and emerging threats to their wellbeing which schools must be prepared for.

Official data shows that more children are using drugs and more young people are being prosecuted and convicted for supplying Class A drugs, which is indicative of rising child criminal exploitation. Meanwhile, young people have increasingly been turning to new, alternative sources of communication and information, for which there are no gatekeepers to screen content. These trends demonstrate an urgent need for high-quality, sustained, drugs education and the implementation of drug policies and interventions that effectively safeguard young people.

The Government should be commended for its decision to make drugs education compulsory in schools. However, those Volteface and Mentor spoke to voiced doubts that this policy will deliver quality drugs education which adequately safeguards young people from harm. The concerns raised centred on a lack of funding from the Government to support schools' implementation of the policy, and no recommendations or guidance around schools working in collaboration with pupils, parents and local partners; drawing from a recommended evidence base; delivering sustained drugs education and drugs education in sixth forms; or teaching topics that relate to real life situations and decision-making.

In addition, this report raises concerns that an increasing focus on performance targets and cuts to school staff, pastoral services and external support services has left secondary schools ill-equipped to identify, respond to drug-related harm, as indicated by the rise in drug and alcohol-related exclusions.

Although Pupil Referral Units (PRUs) have faced criticism as environments of drug use and exploitation, contributors highlighted that PRUs tend to be more pragmatic around drugs and will try and continue to work with a young person if it was identified that they using or selling drugs. Examples of good practice were identified throughout this research, which mainstream settings would do well to learn from.

However, an absence of regulation means significant variation exists across the education system, potentially paving the way for discriminatory and unfair practices that can have a detrimental impact on some young people's life chances.

Making drugs education mandatory in schools is likely to 'lift the lid' on drug-related harm. We must ensure that schools are ready to rise to the challenge – the future of our young people depends on it.

Recommendations

1. The following amendments should be made to the Government's draft Relationships Education, RSE, and Health Education guidance that will make drugs education mandatory in primary and secondary schools by 2020:

- Schools should be expected to implement a health education policy and programme that has been co-produced with pupils, parents and local partners, such as police, substance misuse services and youth community hubs.
- Teachers should be expected to draw from resources recommended by the Department for Education when delivering drugs education.
- Drugs education should be delivered in sixth forms and other educational settings for 16 to 18-year-olds, in addition to primary and secondary schools.
- Drugs education should be sustained and comprehensively delivered, at least every year.
- The following topics should be covered during a young person's school career: awareness of child criminal exploitation; understanding of the reasons why people may sell drugs and the risks and consequences attached to selling drugs, including on social media; awareness of the risk and consequences attached to buying drugs, including on social media; harm reduction advice; understanding of hidden harm, where parental substance misuse can impact on a child; advice on decision-making during pressured situations; managing risk in a social context, for example, looking after friends at parties; advice on how to cope with emotional challenges without resorting to alcohol or drugs; and advice on how to have difficult conversations about drugs with friends and family.

2. The Department for Education should allocate funding to support schools in implementing mandatory drugs education.

3. To support teachers fulfill their statutory duties, the Department for Education should ensure that the core content for initial teacher training (ITT) includes delivering drugs education and identifying and responding to drug use and selling in schools.

4. School staff should aim to build trusted relationships with pupils and provide a safe space for them to ask questions about drugs, with the knowledge that confidentiality will be respected. Schools should recognise that pupils will not always want to ask for information about drugs from the school and should aim to provide resources on drugs and ensure there are regular opportunities for young people to anonymously ask questions about drugs. Schools should consult with local agencies, such as the police and substance misuse services, when pupils' questions go beyond the expertise of the school.

5. If there are any potential indicators of drug use or selling, school staff should strive to be 'professionally curious' and discover further information that is in the interests of the child.¹³³ A safeguarding alert should be made about a young person when an assessment is made that there is an immediate or significant risk of harm and, before breaking confidentiality, staff should decide upon next steps in partnership with the young person, ensuring that they are at the centre of any process.

6. The Government should partner with pupils, parents and relevant professionals, and draw on best practice, to co-create statutory guidance that advises schools on how they should respond if there is evidence or disclosure of drug use or selling. The guidance would have the flexibility to be tailored to individual schools. It is recommended that child drug use and selling should be understood as an indicator of vulnerability, rather than criminality, and that a whole-schools approach is adopted.¹³⁴

7. School policy which details how the school would respond if there was evidence or disclosure of drug use or selling should be up-to-date and circulated to pupils, parents, school staff and local partners at least once a term. When circulating the policy, staff should clearly explain it, ensuring that all stakeholders understand its contents, including the school's safeguarding responsibilities.

8. Exclusions, 'off-rolling' and the provision of pastoral support should receive greater scrutiny under Ofsted and additional funding should be made available to help schools meet this expectation.

¹³³ Action for Children. 2015. 'Child Neglect. Be Professionally Curious'. National Multi-Agency Child Neglect Strategic Work Group. <https://www.actionforchildren.org.uk/media/5287/child-neglect.pdf>

¹³⁴ Public Health England. Children and Young People's Mental Health Coalition. 2015. 'Promoting children and young people's emotional health and wellbeing'. London: Public Health England.

Appendix

Appendix A - Prosecutions and convictions for possession with intent to supply a controlled drug in England and Wales 2012/13 to 2016/17 by age¹³⁵

Prosecutions - raw numbers from 2012/13 to 2016/17						
Age	2012/13	2013/14	2014/15	2015/16	2016/17	% change 12/13 to 16/17
13 years	6	3	1	2	2	-66.7%
14 years	8	10	15	20	13	65.5%
15 years	36	60	57	43	66	83.3%
16 years	131	126	150	168	172	31.3%
17 years	277	284	315	328	362	30.7%
18 years	399	477	469	491	603	51.1%

Convictions - raw numbers from 2012/13 to 2016/17						
Age	2012/13	2013/14	2014/15	2015/16	2016/17	% change 12/13 to 16/17
13 years	4	3	1	1	2	-50.0%
14 years	5	9	14	18	10	100%
15 years	29	46	42	34	55	89.7%
16 years	98	108	124	141	139	41.8%
17 years	211	236	255	274	308	46.0%
18 years	271	276	316	343	424	56.5%

Appendix B - Permanent state-funded secondary school exclusions in England 2006/7 to 2016/17 by reason

Categories	2006/7	2007/8	2008/9	2006/7	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Persistent disruptive	2360	2180	1710	1460	1490	1460	1220	1320	1590	1890	2295
Physical pupils	1160	1110	960	880	650	730	640	570	640	695	860
Physical adults	680	600	490	370	330	320	260	290	290	325	330
Verbal adult	780	860	620	550	460	410	360	350	460	495	545
Verbal pupil	320	280	240	220	180	210	160	180	220	265	280
Drug and alcohol	400	410	360	370	290	330	360	410	480	520	565
Other	1850	1570	1310	1180	960	950	900	880	1110	1260	1505
Total	7550	7010	5690	5030	4360	4410	3900	4000	4790	5450	6380

**Other includes: other, sexual misconduct, damage, theft, bullying and racism

¹³⁵ A Freedom of Information request was sent to the Ministry of Justice asking how many people were prosecuted and convicted for drug-related offences from 2012/13 to 2016/17. The request asked that the data be broken down by age, individual drug and offence.

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