

Blueprint Drug Education Research Programme

Summary of delivery report and practitioner report research findings

November 2007

Blueprint is the major research programme implemented in 2003 – 2005 between three Government Departments (Home Office, Department for Children, Schools and Families and Department of Health). It was designed to pilot the effectiveness of an evidence-based (1) (2) drug education programme in schools in England. It was intended that the findings from the pilot stage would be used in development to a full trial.

Blueprint was formulated by exploring the existing world-wide research evidence. The ‘promising approaches’ were used as a basis for the programme design. The evidence showed that a multi-component programme, delivered to pupils aged 11-13 held most promise in educating children about the world of drugs (including alcohol, tobacco, volatile substances, illegal drugs and medicines).

The 5 components were:

1. Schools
2. Parents
3. Media
4. Health policy
5. Community

The programme was implemented in 23 schools in 4 areas of England and targeted pupils, their schools and teachers, parents and wider communities. 6 schools acted as comparators.

A report exploring the impact and outcomes of the Blueprint programme will follow in Spring 2008. This paper explores the conclusions and implications for policy development, for classroom practitioners and for programme designers and are all drawn from the research report which focused specifically on the delivery of the Blueprint Programme. In this ‘Delivery Report’, the context for the researchers’ conclusions is the evaluation of a large number of field observations of a structured drugs education research programme being delivered in each of the five components’ settings. For example, the schools component relates to delivery of the drugs education curriculum in a normal PSHE classroom setting. Delivery of the parents’ component refers to the parent-related activities, including school-parent communications and the parenting courses that were offered. Thus, the implications and inferences offered here must be seen as originating in that context, although in many cases, they may well have wider application such as Extended Schools, Healthy School Programmes and the National Parenting Agenda.

Further details on the Blueprint Programme and the full Delivery Report and Practitioner Report are also available from www.drugs.homeoffice.gsi.gov.uk

The paper is in two parts:

Part 1 key points of learning for drug education policy makers

Part 2 key points of learning for drug education practitioners and programme designers

Part 1: Key Points of Learning for Policy Makers:

Schools:

Teaching and organisation:

- Secondary school teachers still have limited expertise in the methodology of teaching PSHE
- High quality and intensive training is vital to increasing the competence and confidence of teachers (implications for both initial teacher training and Continued Professional Development)
- Where there is high quality training, teachers can delivery programmes with high fidelity to the original plan
- Explicit clarity of purpose and underpinning principles of purpose increase teacher commitment and quality of delivery
- Teachers need clear guidance on PSHE teaching pedagogy, especially to understand and effectively use the experiential / active learning cycle (used in PSHE as a key tool)
- PSHE programmes need to plan explicitly to use specific methodologies across the curriculum (such as normative education / risk taking / problem solving) to enable pupils to gain a cohesive and coherent experience
- The delivery model of weekly lesson versus collapsed timetable seems to be of little importance – although some pupils do tire and may lose some concentration
- Use of classroom support (external school advisers, internal teaching assistants) needs careful management and structuring to gain full benefit
- Ownership of a new programme is important when asking local teams to take on a new area of work - e.g. a local healthy schools team taking on a new priority
- The focus should be on a social influences approach to drug education. Most Blueprint pupils paid little attention to the personal consequences of drug misuse, particularly the longer-term implications for their health, or the consequences for others. They focused more on immediate consequences for themselves, particularly loss of face with friends and peers, or negative self image.

Pupils:

- PSHE materials should be fully differentiated to meet the needs of mixed ability groups
- Pupil learning benefits from highly structured and clearly defined learning aims, objectives and activities
- High quality of pupil and teacher facing materials engage and excite participants.

Parents:

- Recruiting parents of secondary school children to participate in drug education is challenging

- Parents are hard to engage, particularly in areas of disadvantage
- Recruiting parents to drug prevention activities may be a much longer term process than expected. Longer planning times would also allow for increased engagement with local agencies
- Parents appear not to like being asked to participate in groups and have a reluctance to take part in activities
- There are advantages in accessing parental support and recruitment where schools have well developed systems for parental contact
- In drug awareness sessions it would be helpful to include ways for parents to address the impact that their own purchase and consumption of drugs (including alcohol and tobacco) may have on their children
- Clear links between class and home activities can benefit both children and parental learning.

Media:

- Media work is an important part of a multi component programme – it can increase commitment and ownership by all partners
- Use of a highly experienced agency is helpful
- Comprehensive briefing and specific training on drug issues is highly beneficial for key media team members
- Building trust and respect between key partners is important for effective media work
- Account needs to be taken of school experiences with the media – which vary greatly - and these experiences may predict a positive or more hostile response
- Providing comprehensive support to schools on handling the media helps schools cope positively with press interest.

Health policy:

- This is a less well explored area which is showing promise and needing further research
- Working across health and education policy areas is time and resource consuming
- It is important to include ways to link drug supply reduction with demand reduction, particularly with supply reduction being tied in to school programmes (e.g. under-age sales)
- Care should be taken at local planning levels that a current focus does not divert undue attention onto particular products or communities - i.e. with limited resources a focus on video crime can affect work on underage alcohol sales adversely
- Develop the potential to raise retail sales of alcohol / tobacco and volatile substances as part of the Citizenships Curriculum
- Magistrates are key stakeholders in underage sales activities and there is a need to ensure that the severity of offences are fully recognised and taken into account.

Community:

- There is little research in this area – this poses both a practical and a design problem for future work
- There is a need to develop a model for the community element of a multi-component drug prevention programme
- It is important to be very clear about key issues within the broad term ‘community’

Community continued...

- The definition of ‘the community’
- The boundaries of ‘the community’
- The specific aims for ‘the community.’

Multi-componenty:

- Creating maximum links between components will ensure increased understanding, ownership and thus impact
- It is important to ensure that the relationships between partners / component leads is part of a planned process and that adequate time and opportunity is given to this. Creating and maintaining a shared vision is vital to this process
- It is important that all partners should understand particularly the role that they, and others play in the overall plan and why the work has been designed in this way
- When delivering a complex multi-component programme there are advantages of introducing some phases in a progressive way (reduce overload) but in a time limited intervention the advantages may be compromised by a reduced time for the delivery of the latter phases
- It appears hard for schools to develop and maintain links with external partners as their main contact time is often intensive and inward facing
- Communicating with a school through one key contact person has a number of advantages
- When delivering a complex multi-component programme it is vital to allow enough time for groundwork, planning, testing and refining all elements of the work to ensure maximum value for money
- Where there are a range of stakeholders involved in a programme it is important that they are as fully engaged as possible – e.g. understanding the direct benefits of a programme to their own targets / agenda.

Part 2: Key Points of Learning for Practitioners and Programme Designers:

Schools:

- High quality, intensive training in pedagogy and drug knowledge is vital to confident and competent teaching – it is important that teachers understand why and what they are doing
- Modelling and practicing of specific PSHE teaching techniques is an important way to prepare teachers for delivery
- PSHE programmes need to plan explicitly to use specific methodologies across the curriculum (such as normative education / risk taking / problem solving) to enable pupils to gain a cohesive and coherent experience
- Pupil learning benefits from highly structured and clearly defined learning aims, objectives and activities
- High levels of active and interactive learning and high quality of pupil and teacher facing materials increase pupil participation in drug education and PSHE in general
- Differentiated, well presented and exciting materials are needed to reach the needs of all pupils
- 15 x 50 minute lessons over two years seems appropriate to meet the pupil needs

- Good lesson preparation is important to ensure there is adequate time to review and reflect on learning
- The delivery model of weekly lesson versus collapsed timetable seems to be of little importance- although some pupils do tire and may lose some concentration
- It appears possible to deliver drug education lessons in traditional settings (science labs) without compromising the learning outcomes
- Use of classroom support (external school advisers, internal teaching assistants) needs careful management and structuring to gain full benefit
- Using one key internal person for contact and co-ordination is beneficial for all partners.

Parents:

- Recruiting parents of secondary school children to participate in drug education is challenging and may be part of a long term process
- Face-to-face recruitment by a known person may be a more effective way to recruit
- It appears that recruitment strategies may work in one school may not work in another
- Establishing the needs of parents in planning a course is important
- Many parents do not seem to enjoy working in groups or using a more participative delivery model
- It is important to consider in the planning and delivery how to support parents who themselves may drink, smoke and or take drugs themselves
- Materials for parents are an important part of a drug prevention programme and are useful to parents.

Media:

- Schools may need help and support to maximise their use of the press, particularly when working in sensitive areas such as drug prevention
- Being part of a high profile media campaign is a useful way of maintaining awareness and interest in drug prevention.

Health policy:

- Work on retailer compliance on underage sales can be an important part for multi-component drug prevention programmes
- Integration of aspects of retailer / underage sales in a drug education curriculum is a valuable.

Community: (Programme Designers)

- A clear definition of 'community' is important
- Develop a set of clear drug prevention goals – both short and long term
- Ensure adequate resourcing.

References :

1. Tobler N.S. and Stratton H.(1997) Effectiveness of school-based drug prevention programmes: a meta-analysis of the research. *Journal of Primary Prevention* 18 (1) 71-128
2. Dusenbury L & FalcoM (1995) Components of effective drug abuse prevention curricula. *Journal of School Health* 65 (10) 420-425