

CLEAR D: Evaluation of a primary school (KS2) drugs education programme .

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Preface

This paper focuses on children's learning about drugs and drug misuse through a community partnership in the Thames Valley Police area. It is referred to as the 'Combined Local Educational Approach Relating to Drugs' (CLEAR D), a drugs education programme with year 6 pupils (aged 10-11) in the High Wycombe/Marlow area. The project has run since 1995, a partnership between Thames Valley Police, Buckinghamshire Health Promotion, Youth and Community Services (Drugs Prevention Education for Adults Project) and schools. Today it is thriving and expanding.

An evaluation was commissioned to investigate the effectiveness of this programme. It addressed issues of process as well as of outcomes. It has worked with a large sample of the schools and children involved (about a third of the total) and sampled all aspects of provision. It has compared CLEAR D pupil outcomes with a comparison group from a similar socio-economic area which has no similar taught programme.

Executive Summary

A. Project Management and Delivery

- a) **Other similar projects** CLEAR D, a drugs education programme with ten year olds, is more cost effective than any other comparable programme.
- b) **The research** The evaluation balances what managers and teachers think of the programme, how the programme has been implemented, and outcomes of the pupils' own understanding and attitudes. Data was taken from before, immediately after, one year after, and two years after CLEAR D sessions.
- c) **Control groups** Since the task was to assess how pupils benefited from CLEAR D, a comparison group who had not received CLEAR D was used for comparison.
- d) **Delivery** Some elements of provision are constant: the police sessions; the sessions with parents; the teacher training sessions. The main variation in delivery comes with the input of teachers within individual schools, before and after the police sessions.
- e) **Police input** Police sessions were professional, interactive and enjoyed by pupils.
- f) **Teacher input** Some of the activities on problem-solving and decision-making could be covered by teachers before the police sessions enabling the police to focus on drug use. Ensuring a close link with National Curriculum science would be helpful to teachers. There is no agreement over what class teachers actually do, and this a potential weak link. In producing a syllabus covering what they should do before and after the

police sessions, teachers should be involved, materials should be identified or designed.

- g) **Teacher training** It would be helpful if *all* teachers involved with Key Stage 2 Science received drugs education guidance through in-service training.
- h) **Special schools** A special school version needs to be developed in consultation with special school teachers.
- i) **Secondary school needs** There is a tension to be resolved of how to continue this important work at a crucial time in children's development, and how to respond to the even more crucial period in years 7-8 when experimentation with drugs, tobacco and alcohol begins to escalate as youngsters come into contact with older peers.
- j) **Presentations to parents** Parents are given a very professional presentation by someone very up-to-date on youth and drug trends, are given good written materials, and are able to see and handle specific drugs. Schools could do more to involve their staff in these sessions.
- k) **Forum** A steering group provided a helpful forum for discussion and planning and should continue to be helpful.
- l) **Age group** All agreed that the primary years were a proper time to introduce drugs education. The research data reveals that pupils already have some knowledge of drugs

B. Pupil outcomes

- a) **Knowledge about drugs** The chief benefit of CLEAR D is that children become knowledgeable and confident about illegal drugs. Although with CLEAR D pupils, grammar school pupils were more knowledgeable than secondary modern pupils, the latter were considerably more knowledgeable than the comprehensive comparison school.
- b) **Active drug users** The number of actual drug users by the age of 14 is tiny, a few individuals overall and not more than 2% of the CLEAR D sample. Of these even fewer can be described a regular users. However, in the comparison school, 5.9% of the year 7 respondents (6/102) admitted taking drugs; and 10.4% (8/77) in year 8 [compared with 9/256 or 3.5% of CLEAR D year 8 pupils].
- c) **Numbers offered drugs** A larger number of 13-14 year olds have been offered drugs, but this is still small in terms of total numbers, and most say they refused the offer. Their negative comments about drugs indicate that most are protected by their own common sense.
- d) **Primary-secondary school transfer** The transfer to secondary school is a key factor in escalation in drug use. Despite the increased incidence of drug offers among CLEAR D Year 8 pupils, fewer become users (3.5% against 10.4% in the comparison school).
- e) **Peer pressure** Transfer to secondary school is accompanied by increased peer pressure in most cases.
- f) **Attitudes to drugs** The whole sample, including the comparison group, was dominated by negative attitudes towards drugs. It is a strong feature of this age group, whether given formal teaching or not. Their attitudes towards dealers was generally negative, often abusive, and almost never positive. This makes this age (10-14) an important time for schools to be involved with drugs education, since the pupils are not resistant.
- g) **Tobacco** A much lower proportion of year 7 pupils said they had started smoking in CLEAR D schools (13.7%) as compared with the comparison school (34.3%). In year 8, 40.8% had started smoking in CLEAR D schools compared with 44.2% in the comparison school. The clearest explanation is that later transfer to secondary school has delayed the onset of smoking, but pupils rapidly catch up. Virtually all pupils recognised smoking as dangerous to health.
- h) **Alcohol** Alcohol consumption is widespread by year 8 but most claim to drink moderately. A separate factor with alcohol is social class - children from middle class affluent schools are much more likely to have been introduced to alcohol in controlled amounts. There were great differences between different schools. Children from poorer backgrounds (and this

includes the comparison school) use alcohol less. There was however some misunderstanding about amounts and strengths which school could clarify.

- i) **Solvents** In general, although there was clear understanding of the dangers by some, there was sufficient ignorance to suggest that solvent abuse is given a much higher profile in schools.
- j) **Medicinal drugs** There was a general lack of appreciation of the dangers of overdose with medicinal drugs, which could be easily rectified in science education.
- k) **Enough knowledge?** Pupils do not always know that they do not have sufficient knowledge, so are vulnerable to getting out of their depth without realising it. The significance, for example, of being offered an LSD stamp might escape them until it is too late.

C. Recommendations

- a) to develop stronger guidelines for teachers including a drugs education syllabus and supporting materials
- b) to develop an input in science education (on harmful substances) on overdosing with medicinal drugs and about solvents and solvent abuse, cautioning pupils of their dangers
- c) to offer focused Science in-service provision on drugs education
- d) to continue drugs education with year 6
- e) to develop drugs education for year 8 pupils, involving secondary school teachers
- f) to continue supporting the Steering Group
- g) to review parental participation, perhaps linked with year 8 provision
- h) to review Thames Valley Police delivery processes to broaden the expertise and to offer support to schools in year 8

Section 1. The Project

Background and History

Current operations come under the strategies stemming from the May 1995 White Paper, 'Tackling Drugs Together' (Cm 2846) which concentrated on crime, young people and public health. Prevention strategies have been formulated and put into operation by the Drugs Prevention Initiative (DPI) which has funded local drug prevention projects through twelve local teams and seeks to work with a range of partners. DPI work with local Drug Action Teams (DATs) and Drug Reference Teams (DRTs) to develop local provision. Education is highlighted as an important strategy to prevent uptake of drugs. Objectives are to reduce the acceptability of drugs; to protect communities from drug-related crime; and to reduce health risks from drug misuse. These are of equal weight and inter-dependent.

By 'prevention' they mean

- abstinence or (for users to) return to abstinence
- delayed onset of drug experimentation
- avoidance of escalation of drug-taking by groups
- reduced misuse of drugs overall.

1998 White Paper The 1998 White Paper '*Tackling Drugs to Build a Better Britain*' was launched on 27 April with cross party support. At a time when in some areas over 40% of 12 year old girls were said to have been offered drugs, it recommended that drugs education be introduced into primary education, including some work from the age of 5. Creative strategies will be needed since no additional money has been available (except for £5m expected to be seized from traffickers; £1.4 billion a year is estimated as current spending on the drugs problem with hidden costs accounting for 3-4 times that amount). The White Paper shifts resources away from reacting to

problems to prevention and treatment. Drugs, it emphasised, should be raised throughout the primary and secondary years. National targets will be set and drug testing and treatment orders will be used as an alternative to prison.

CLEAR D grew out of the 1995 White Paper - an idea for a local initiative relating to drugs in partnership with schools. It was first explored in the Neighbourhood Watch conference. There was at that time a South Bucks Substance Use Group (SBSUG - now overtaken by the South Bucks Drugs Reference Group, or DRG) involving health, police, youth and community services, and social services. A local strategy began to emerge. The discussions linked drugs both with *health* and with *crime*, although the crime elements came to the forefront in setting the initial aims. Those involved recollected that they had had drugs education in their secondary years (72.5 % in year 10), but felt they ought to have had it in primary/middle years (35.9% were for years 6-7; 36% for year 8). The providers, particularly the police, felt that drugs-related school input was reactive to school requests which came too late to change attitudes since the focus tended to be on years 10-11 (ages 14-16).

The decision was made in 1995 to introduce a drugs education programme for primary school children in year 6 (age 10-11). This was conceived as a multi-agency initiative which would bring together into a coherent whole work done by teachers, police, the youth and community service, and the health authority.

CLEAR D is a partnership, set up to deliver drugs awareness initiatives to children, parents and teachers within existing resources, between the following agencies

- Thames Valley Police (especially the Crime Reduction section),
- education (volunteer schools and their teachers, and the education authority),
- Buckinghamshire Health Authority (Health Promotion Department),
- Youth and Community Services (D.P.E.A.P. - Drugs Prevention Education for Adults Project, an independent charity sponsored by the Youth and Community Service).

Central to strategic thinking about drugs education and reduction is the Drugs Action Team (DAT) - a multi-agency influence group of strategic planners responsible for issues responding to the White Paper *Tackling Drugs Together*. The DAT works through the local Drugs Reference Group (DRG). It is to be noted that CLEAR D existed before the Drugs Reference Group came into operation, although there were at that time other mechanisms for policy co-ordination.

Operation The project package includes in-service training for teachers, parent's evenings, and inputs by a Schools Liaison Officer from Thames Valley Police in primary schools. This drugs education work with children in local primary schools has been a major part of the workload of a team of School Liaison Officer in the Thames Valley Police High Wycombe area: this replaced his earlier more varied caseload which included work with secondary school age pupils. The leader retired in 2004 and has been replaced.

Professional accountability is provided through the partner organisations. Complicated issues of staff deployment are involved. Fortunately policy, priorities and funding levels have been maintained in each of the partner organisations. It is important that each partner finds that the programme is enabling them to achieve their objectives and targets. The schools taking part in CLEAR D are volunteers but only 6/41 schools had not opted in. The majority of children in the area are therefore given drugs education at the age of ten.

Rationale The reasons given for developing this initiative were that:

- drug misuse (especially alcohol and illegal drugs) impacts on all other crime (for example theft, violence, vandalism, and disorderly behaviour);
- a combined programme by contributing agencies could be more focused and avoid duplication;
- ten was felt to be a crucial age for influencing children.

Responding to drug misuse was a part of the major objectives of each of the partner organisations, each with a different focus - crime reduction, health issues, community support for parents, support for young people, and meeting educational targets. Working together was perceived as a way of supporting each other and maximising effectiveness. Each partner, by contributing to the larger project, benefits from the leverage of additional funds drawn from the budgets of other partners. Thus the police activity is augmented by teacher training and work with parents. Health promotion benefits from the interest of police in crime reduction, social and youth services in supporting individuals and families, and schools in delivering health education. Schools gain from the interest of other agencies in drug related issues. Youth and community services benefit if an anti-drugs culture is developed amongst young people.

Aims The aims of the initiative, as originally stated in the initial defining document, were, over a five year time span

- to reduce drug abuse
- to reduce drug related youth offending

These address the police interests but not the priorities of other partners. The partners stressed that these aims had not been carefully considered at the time but were put together in haste for the initial presentations. The more detailed operational aims were more closely defined in a Steering Group meeting. These were stated as follows:

- to reduce crime
- to change attitudes to unhelpful drugs
- to help children become more informed and more discriminating
- to contribute to building self worth and self esteem
- to develop the confidence of teaching staff in this area
- to educate parents about drugs
- to raise awareness among contributing agencies
- to establish drugs education in the primary school curriculum

These require data on pupils' learning, set against a baseline and compared with other pupils not involved in the scheme. This evaluation has investigated knowledge, attitudes expressed, and behaviour patterns claimed, by year 7 and year 8 pupils who have been through the programme, and has compared this with similar data from a comparison group which has not. They also require the triangulated views from all concerned about how they see the effectiveness of their contributions. It must be stressed however that the nature, scope and scale of this evaluation does not allow for inspection, so judgements cannot properly be made on teaching quality. Another aspect of this second question concerns the nature of the partnership and communications between partners, including communication between children, parents and teachers.

Programme

CLEAR D was set up as a menu of specific activities, all of which should be implemented. This was designed to place the police input in a proper context so that the class teacher followed up the first police session and prepared children for the second session on specific illegal drugs. A session with parents was planned so that parents were in a position to answer any questions that children might raise at home, and perhaps make drugs a natural part of home conversations. The program in outline was as follows:

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|--|
| Health Promotion - teacher briefing session |
| Thames Valley Police - first session with pupils |

Teacher-led sessions with pupils
Thames Valley Police - second session with pupils
Youth Service/Youth Justice - session with parents.

Primary school teaching materials

Primary schools received and used *Drugs Education: a practical guide for primary school teachers* produced by Bristol Drugs Prevention Team (Bristol: Groups in Learning). This offers information and discussion for teachers, and step by step material lesson plans, worksheets, quizzes, games. The exercises and activities cover each primary school year. Also being circulated is *Respect: your life, your choice* (National Children's Safety Books/Thames Valley Police) produced for older children but with ideas which are adaptable for use with year 6 children.

Section 2. Other drugs education initiatives for primary schools

We contacted other Health Promotion services around the country and had replies from thirteen who had substantial drugs education programmes which include training for primary school teachers. A number of other areas gave primary teachers access to broader training programmes. Project Charlie, an American personal and social education program which includes drug awareness was given a formal evaluation (see below). Theatre and puppet workshops, family involvement, a schools newspaper and staff in-service training were all used as strategies.

Two project evaluations

Project Charlie (Hackney): the Home Office Evaluations

Project Charlie received a longitudinal evaluation under the aegis of the Home Office (Drugs Prevention Initiative) because its use was widespread, particularly in America. Project Charlie is a package for teachers covering schoolwork in personal education throughout the primary years. The acronym stands for 'Chemical Abuse Resolution Lies in Education' It is a four year life skills programme for primary schools with a section on drugs education. Its workbooks were developed in Edina, Minnesota for American children. It was launched in Hackney in 1990 as a pilot programme of the Home Office's Drugs Prevention Initiative and implemented between 1991-3. It was evaluated by McGurk and Hurry (1995) with a follow-up evaluation in 1997.

The follow-up evaluation obtained data from 14 year olds involved in the project several years before. This took the form of attitudinal tests and questionnaires about actual behaviour, to check whether those who had the programme are less likely (or as likely) to try drugs/glue/drink/tobacco as those who had not.

The general findings were that Project Charlie pupils had a greater knowledge of drugs, are more able to resist peer pressure, and to produce more and higher quality solutions to social dilemmas (and giving fewer solutions of poor quality). However, Project Charlie children, as compared with the control groups, showed the same amount of self esteem and did not differ in attitude to drugs, intention to use drugs, or the actual use of drugs. The report recognised that the pupils were still very young, and noted that teachers were generally enthusiastic about the scheme. Among the recommendation was to embed drugs education into the primary school national curriculum as normal rather than exceptional.

In exploring the drugs education literature, the Report noted three main approaches to drugs education:

- **fear arousal** techniques were regarded as ineffective and in some cases counter-productive in the long term
- **information-based programmes** can become moral crusades, or make drugs seem interesting. The assumption that young people who experiment with drugs are unaware of risks need not be soundly based.

- **life skills approaches** assume that drug taking a consequence of poor coping strategies.

There are still questions to be asked about these approaches. Any one approach can be regarded, by itself, as problematic. Fear arousal that is seen as scaremongering may be counter-productive, yet materials which do not point to consequences are only telling part of the story. These consequences, in the broader educational context, may well be important in delaying or preventing experimentation. Information-based approaches that seek neutral ground may make drugs appear attractive, but full and balanced information needs to deal with personal danger, health issues, addiction, and risks. A life-skills approach assumes a connection between self esteem and personal responsibility for health which may itself not be firmly based. Coping with peer pressure is viewed as a critical factor; but this approach can also help to develop peer pressure as a positive force. It may be more helpful to see these three approaches as elements within a balanced programme. This would imply that our aim should be to foster personal responsibility, and to enable better informed decisions based on a full knowledge of the risks.

DARE (Drug Abuse Resistance Education)

DARE, also American is for pupils aged 9-12. It consists of 17 weekly sessions given by police officers, involving life skills, information on drugs, self esteem building and problem solving (see Hurry and Lloyd 1997:9). A DARE programme with year 5 pupils in a school in Mansfield, Nottinghamshire, was evaluated by Whelan and Moody (1994). A follow-up study with three participant schools and two non-participants studied for comparison (Whelan and Culver 1997a, 1997b) was conducted with 80 year 6 pupils who had been given DARE that year. The research found increases in understanding and articulation, but, in the light of the extensive nature of the intervention, questioned the extent to which behaviour had been affected, in comparison with other schools which had not received it. It is possible that feedback taken soon after the intervention is too soon to show a difference in behaviour patterns, and the children too young to have become drug users. An analysis of American evaluations of DARE (Ennett et al 1994a; 1994b; and see Hurry and Lloyd 1997:8-14) contrasted *interactive* approaches with *non-interactive* input (i.e. lectures) by experts and concluded that interactive approaches have a much greater impact on longer-term attitudes and behaviour.

Section 3. Methodology

Constraints

This evaluation was qualitative, focusing on pupils attitudes and understanding, and school management issues. It was funded by Health Promotion, with a very tight timescale.

Pupil questionnaires asked a range of questions to confirm their particular point of view in different contexts, and to confirm their answers with written comments. We sought perspectives before and after the taught programme, and obtained data from pupils one and two years after the programme. There are some answers which can be expressed as percentages, and where this is possible we do this. An analysis begins to produce significant results where comparisons are made, where different groups respond in similar or contrasting ways.

Strategies This evaluation has obtained two broad areas of data

- first to test out student attitudes, responses, understanding and choices
- and secondly gathering data from all parties and partners involved in this project relating to priorities, strengths and successes, weaknesses and failures, opportunities and threats.

In other words, the first broad question is whether the drug education programme has actually changed attitudes and behaviour; the second is whether it has been efficiently and effectively managed. The following strategies and instruments have been used.

Steering Group A Steering Group consisting of representatives of each of the partner agencies involved in the project has met quarterly. This has been viewed as a data collection instrument - a focus group - with agendas which probe aspects of the collaboration e.g. aims; historical background; macro-political issues; communications. It has also been used to obtain feedback on questionnaires, to suggest appropriate interviewees, to respond to hypotheses. A degree of critique was generated by this group and improvements implemented during the research process.

Pilot interviews

Interviews were conducted in a school which has been part of the CLEAR D initiative since its inception and pilot year in 1995. The purpose was to discover the school's perceptions about the project, to determine how it was conducted and how each agency/party operated, and to clarify plans about data collection relating to pupils. The staff were very enthusiastic about CLEAR D overall. The question schedule formed the basis of the teacher questionnaire used subsequently. The initial thoughts about instruments collecting data from pupils were discussed and the teachers' views fed into this. Particularly important was the insight that pupil questionnaires should encourage responses from all children, including those with low literacy levels, and so the pre-course questionnaire used story and pictures to supplement text.

Feedback from teachers

One of the aims of the research is to assess school responses:

- how CLEAR D is regarded by schools,
- how schools contribute to the programme, and
- how well prepared and trained teachers feel themselves to be in drugs education.

To supplement the initial information gathered in the pilot interview; a questionnaire was sent to all the teachers involved with the project.

Feedback from parents

CLEAR D involves training sessions with parents: the research set out to report on how these are conducted, with what success in terms of attendance and parent response. This will be achieved

- by interviewing the staff who take the parent sessions and
- by
- observation of a parent session.

Feedback from managers

The views and perceptions of those in decision-making positions regarding CLEAR D in each of the contributory agencies have been taken through individual interviews and group discussions at the Steering Group.

There was a particular emphasis on the extent to which managers found their general objectives covered by the collaboration, and how they viewed the strengths, weaknesses, opportunities and threats.

Assessment of children's knowledge and attitudes

A critical evaluation task was to determine whether the teaching about drugs has been effective in both short and longer term. Older pupils were asked also how this teaching might affect their behaviour. Data on pupils' *knowledge* and *attitudes* was taken: before the taught programme; after the taught programme; one year on; two years on. Comparisons were generated in the last two cases with data from a

comparison group in a similar but different area, which has not had CLEAR D or a comparable intervention.

Before CLEAR D teaching

Baseline data of children's knowledge about drugs is assessed through a 'draw and write' questionnaire/worksheet. This is adapted from a research project at Southampton University (Williams et al 1989) called 'Jugs and Herrings' (said to be child-talk for drugs and heroin although this research revealed no similar misunderstandings, albeit a great variety of spellings). This was designed for varying literacy levels (drawing is one technique used) and serves a secondary purpose of becoming a focus of teacher discussion in preparation for more explicit work on drugs. This questionnaire (coloured yellow) used a story of two children finding a bag of drugs and asking questions about what might be in it, who might have dropped it, what this person might have been like, a test of their knowledge of legal and illegal drugs, and two '*what would you do if...*' questions. The questionnaire was secondarily designed to be a good stimulus for the teacher to begin a discussion with the children prior to the visit of the Police Constable. These were sent to every school and their return facilitated. A quarter were returned giving an acceptable cross-sample to determine a general baseline of knowledge. This was supplemented by pupils' responses in the discussion at the beginning of the Police Constable's session, a brainstorm around the theme of drugs which reveal that the class as a whole are able to compile a very full list of drug-related information.

After CLEAR D teaching

A blue questionnaire/worksheet for pupils to fill in shortly after the CLEAR D sessions with Thames Valley Police sought to determine short-term knowledge, understanding and attitude change gained through the two CLEAR D sessions. Responses overall were so similar (with all pupils totally rejecting drugs as bad/stupid/dangerous) that the overall generalisation of the short-term effectiveness of the programme in putting children off drugs can be regarded as reliable, but not necessarily helpful over the longer term.

One year on

A green questionnaire for pupils one year after they had received CLEAR D in school was prepared and sent to twelve schools - ten were returned giving 365 individual responses. Most of these are in the same schools in which they were given drugs education, since the area transfers pupils to upper schools at the end of year 7. The questionnaire targets behaviour (viz. whether they have smoked, had alcohol or taken drugs) as well as their attitudes and knowledge (although a degree of false reporting of behaviour might occur). A final worksheet asks for solutions to a drug-related incident (smoking, Ecstasy and glue sniffing are used). The question is asked after a brief scenario: *what could he/she do?* If the word *should* had been used, the tone of a vast majority of general responses suggests that there would have been an unambiguous '*don't*' which would not have added to our information. The *could* introduces a distancing from the normative: they could react in ways which the respondent would not advise. How the pupils deal with this creates a point of some interest.

Two years on

Pupils in year 8 were given the same (green) questionnaire. These had now transferred to upper schools. Two upper schools were sampled, giving 256 responses each covering pupils from around 20 primary/middle schools. Because of the education system, a grammar school and a secondary modern school were chosen.

Comparison group

The same year 7 and 8 data was obtained from a comprehensive school in another town with a similar semi-urban catchment where drugs are an issue in some districts of the locality, as is the case in High Wycombe. To answer the evaluation question,

are pupils more aware and knowledgeable than pupils who have not had CLEAR D or a similar programme, comparative data was needed, and was obtained from years 7 (102 responses) and year 8 (77 responses), to compare with the questionnaires from CLEAR D pupils. These pupils differed also in that they transfer to secondary school for year 7, whereas the CLEAR D group which (unusually in the English school system) transferred for year 8.

Data sets

| Instrument | Respondents |
|-------------------|---|
| Steering group | Inter-agency |
| Interviews | Teachers, Headteachers, Inter-agency managers |
| Observations | Class inputs Parents evenings |
| Questionnaires | Pupils (year 6, pre), Pupils (year 6, post), Pupils (years 7), Pupils (year 8), Control school pupils, Teachers |
| National survey | Health promotion agencies |

Ethical issues

The project as a whole faced the ethical issue of whether to (or not too) introduce children to issues of drugs. Some were aware of drugs around them, and some were not. All would become very aware of drugs once they transferred to secondary school. The extent to which we should ask about drug use in the anonymous questionnaires was discussed at steering committee and the strong advice given by headteachers was that this would not be a problem. The issue of not wishing the questionnaires to be intrusive into school time was addressed by giving the questionnaire a combined use as a data collecting device and a teaching aid.

Section 4. Teacher perspectives

Group interview of teachers

Teachers who had taught the programme for three years were interviewed for their views on the principles and logistics of CLEAR D. Their views are represented in this section.

1. Year 6 is, they felt, the perfect time for beginning drugs education. The pupils are interested and engaged; a year younger and many have not the experience or understanding to make most of the provision; a year older and they are less accepting.
2. Pupils start with a broad knowledge drawn from television and siblings. The initial brainstorm quickly fills the board with examples of drugs, helpful and harmful.
3. Drugs education is part of Key Stage 2 National Curriculum Science, 'the body', with a particular focus on what helps and harms the body. The school uses the Channel 4 programmes on good health entitled 'Drugs', 'Under pressure', and 'You choose'.
4. The school nurse assists, particularly on medical substances.
5. Parents have been responsive. There was good attendance in the first year parents evening, but last year it was a bit disappointing. They felt that this may have been because only year 6 parents were invited. This year, all parents and feeder school parents also will be invited. Many parents perceive this to be an area on which they need to be more informed, often because they have older children also.

6. There were some religious objections but Jehovah's Witness parents did not object; but Exclusive Brethren parents were not keen. [
7. Some year 7 children who had done CLEAR D in year 6 had a visit from a customs and excise officer who found they had an excellent grasp of drug smuggling and drug dangers. In general they understood and discussed examples from TV. They also showed increased awareness of nicotine and alcohol. Pupils were asked to bring in relevant newspaper cuttings they came across; these were displayed and discussed.
8. Discussion on drugs continued in the longer term through Personal and Social Education sessions in years 6 and 7.
9. Posters and pictures were used to make recognition explicit. It was felt inappropriate to bring the drugs themselves into the classroom. There was no feeling among staff or parents that teaching is too explicit.
10. The Police School Liaison Officer was felt to make an excellent contribution. We talked of the qualities needed in this post. The school emphasised sensitivity, truthful, not shaken by children's questions, clear communication. Not every police officer has these qualities, and careful selection is needed.
11. The start of the class session enables pupils to brainstorm what they know of drugs and substances, legal and illegal, helpful and harmful. They show a wide range of ideas. Not all writing tasks are appropriate for some children.
12. CLEAR D is not assessed on the school record-keeping grid.

Conclusions:

These teachers felt that CLEAR D is effective in terms of pupil knowledge, understanding and interest. They feel that the classroom intervention by the Police is effective and well done, whilst recognising that this might not be the case if less skilled personnel are used. They felt that drugs education has begun to be mainstreamed into the ordinary science curriculum.

Teacher questionnaires

Each school involved in the scheme was sent questionnaires for the teachers of CLEAR D classes. The return was disappointing but the following additional points were made. One described the year 6 pupils as quite knowledgeable, except on medicine overdoses where they only had a little knowledge. A few were said to be not very knowledgeable. The classteacher felt that CLEAR D had been very helpful, and that the children had responded positively. They valued the visit of an outside expert who could answer the children's questions. They noted some input before and after the police visits, and continued reinforcement in both science and personal and social education. They felt CLEAR D had been supportive of them. They felt that drugs education, and health education generally, should take place at an early stage in the primary school.

A second school similarly found the pupils quite knowledgeable except on medicine overdoses, but with a minority who were less knowledgeable. The school found CLEAR D quite helpful, and the children positive to it. They felt that it brought drugs into the open in a non-threatening way, that the contact with the police was helpful, and that it gave access to expert knowledge. They felt it particularly helpful to children who have no home experience of drugs and might be vulnerable later. This school followed up with class discussions which emphasised that taking illegal drugs was wrong because it was against the law, and that it is bad for health. The staff had felt supported. They also raised issues of drugs with year 4 pupils: they felt that there must be drugs education by year 6 since many pupils are exposed to drugs in the local environment.

Another school found their pupils only a little knowledgeable overall. They found CLEAR D helpful and the children interested and positive. They particularly felt that the giving of information was the most helpful part of the programme. The school reported that the programme was supported by science and personal and social education, in which helpful

and harmful drugs, and peer pressure were covered. A visit to Hazard Alley further gave drugs a part in a general safety scheme. They felt quite well supported but would have liked more visual material, as most of the children were very ignorant and needed to visualise some of the drugs being mentioned. In general they thought that drugs education should begin as early as possible.

A special school argued for more visual material to make drugs education more accessible to special needs youngsters, suggesting a video presentation. The emphasis here was that with special needs youngsters, the session needs to involve the children with hands-on activities, avoid too much talk from the front and be light and humorous.

Section 5. Partnership issues

CLEAR D claims that multi-agency partnership is one of its main features. There had been a forum for partnership discussion in the early days, but that had declined. During the evaluation, a Steering Group brought the partners together and in addition to providing information to the evaluator, this group cemented relationships between the partners once more. The following discussions are pertinent:

1. **aims, purpose and history of CLEAR D.** This process, whilst recognising historical views and formal documentation, renegotiated the partnership agenda. The details of this discussion has informed this report.
2. **definition of drugs** the Police thought in terms of illegal drugs, legal but harmful drugs, and medicines. This includes tobacco and alcohol. They are interested in the people involved, the means of taking drugs (e.g. syringes) and the effects and consequences. Reducing crime is an important longer term goal. The school also thought in terms of helpful and harmful drugs since this figures in National Curriculum science. Teachers are concerned with all effects including accidental doses and overdoses. This view promotes health to be the predominant issue, although without sidelining concerns about crime and nuisance. In terms of a child's disclosure of being at risk, schools have clear procedures to follow, and there are child protection procedures and support to draw upon. Some children will experience drug taking at home, and some babies are born heroin addicts. Parents are less concerned with tobacco and alcohol, but tend to panic over illegal drugs such as heroin. Yet three quarters of 10 year olds have tried alcopops and some parents have even packed these for them in their lunch-boxes. There is a feeling that 'legal' means 'acceptable' which needs to be tackled on health grounds at the very least.
3. **progression** work on drugs continues into the upper schools. A play on drugs is put on by a professional group in the Swan Theatre for year 8, which is linked with sessions in school. Some primary-secondary liaison meetings have been held and others are planned.
4. **parents** schools do not hold parents' evenings every year. There is variation on whether all parents are invited or year 6 parents only. The extent of parental concern is hard to measure but some parents' evenings have a low turnout.
5. **'Protective behaviour'** Strategies used with domestic violence may provide appropriate parallels in some cases, e.g.
 - awareness raising,
 - who to approach to help,
 - listen to deep feelings e.g. about what is acceptable and what is not,
 - realise children have a right to feel safe,
 - nothing is too awful to be talked about.
6. **communications** It was agreed that communications had been well developed in the early stages but had become less effective over time. Communication over the dates of Police input in schools was particularly highlighted. The group felt that the existence of the Steering Group had been particularly helpful.

Section 6. Perceptions of CLEAR D in each agency

Thames Valley Police

CLEAR D was first designed as a response to the fact that the police were being asked to do one-off sessions with years 10 and 11, when it was already too late to influence many pupils. The Police wished to work with an age at which pupils are open and might be influenced to think twice about drugs. The decision was then made to work with year 6, in preference to working with older pupils. Thames Valley Police have an important commitment to work with schools, including drugs education, and made this the prime focus of School Liaison Officer work in the High Wycombe area. The Police Service feel that they put a great deal into CLEAR D through the salaries and on-costs of the DIs responsible. These visit each primary school twice (involving most primary schools in the area) in a rolling programme. They would like the evaluation to indicate the effectiveness of this programme, and to point them the way forward into the next phase, to ensure that resources are properly focused. The decision to work with year 6 means that they are less available or indeed scarcely available at all - for upper school work.

Youth and Community

DPEAP originally emerged from the Substance Misuse Group to address drugs education with parents. It is still in existence but has no direct source of funding (although some reserves have been accumulated from fees). This reserve pays for an employee (10 hours per week) who runs parents evenings supported by permanent staff. Working with parents is a strategic objective of the Youth and Community, and CLEAR D therefore contributes to their overall work. (CLEAR D constitutes only 15% of all parents evenings). If CLEAR D had not existed, something similar would have been needed.

The pilot stage was felt to be "ground-breaking", dismissing a number of stereotypes and opening up some reluctant schools to DPEAP. It encouraged the sharing of information, skills and techniques and established good rapport. It was a good example of inter-agency working. The full weight of the partners gave credibility to drugs education.

There were however some tensions, as when dates required for parents evenings were not convenient. The area has suffered 38% cuts and it is becoming a continual struggle for DPEAP to continue. Nevertheless, the Service is committed to the work in general terms.

Youth and Community considers the early work of CLEAR D to have been very important, helping to make primary schools more open to drugs education and confident to tackle it. However, it was felt that it needs updating, as both deliverers and receivers may be getting bored of it. The Service identified teacher training as an aspect that requires attention to get the schools on board with the whole philosophy of the programme. There is a tendency for schools to regard CLEAR D as little more than a visit from the Police; some teacher returns explicitly confirm this.

Health Promotion Department (HPD)

Two senior managers were consulted. Before CLEAR D, inputs on drugs to schools were given by each of the partner agencies. These began to co-ordinate their work through the Substance Misuse Group (SMG) and to develop a consistency of message. An education and prevention group was set up (under the auspices of the SMG) and this group developed CLEAR D. A considerable amount of HPD time was devoted to the project, and a senior manager oversaw and evaluated the work. CLEAR D was helpful to Health Promotion as it promoted a way of working through partnership and met the objectives of the SMG. Drugs education is felt to be central to HPD, and CLEAR D is one aspect of this work.

In the first year, a great deal of dynamism developed as the partners began to work together.

"It was an exciting new way of working to bring together the organisations which went into schools and make sure that the approach offered on drugs education was both co-ordinated and consistent. It was an obvious concept and yet no one had thought to pull these strands together before."

Working in partnership is championed as a good concept and structure in wider health Department meetings. It encourages different agencies to get to know each other and to understand the way each other work and it avoids duplication of effort. Working in primary school also broke new ground. CLEAR D was now felt to be "no longer fresh and vibrant",

"quite bleak now and somewhat worn out", and in general has "lost its way". This was put down to pressures within partner organisations, and evolving school agendas. It is impossible to control the dynamics of the project in the face of changes within the partner organisations and their view of priorities. Each of the partners have difficult funding issues.

A Health Promotion Specialist for Young People is operationally involved. The project meets organisation objectives on drugs education and emphasised multi-agency work. This helps in funding decisions on the use of staff time, since objectives are being reached. It is considered to have been an effective project.

Education Authority

In addition to feedback from teachers and headteachers, a senior manager was consulted. CLEAR D emerged from existing work and was perceived as a Police project. It contributes to drugs education explored elsewhere in in-service training. This is the responsibility of an Adviser. CLEAR D is supported and seen as particularly appropriate to 'old fashioned schools'. There are other existing materials available. CLEAR D appears popular and clearly engages schools. There may be overlap between CLEAR D training and other in-service provision, which needs examining.

Section 7. Effectiveness: Inputs

School Liaison Officer (SLO) Input

In schools except special schools, the SLO gives two one hour sessions with each class, often in tandem. These sessions were sampled in the evaluation. The SLO indicated that these follow the same pre-planned format. The process is shortened in special schools, and contains less written work.

Session 1.

The first part of the session is devoted to a brainstorm. For the initial question, who decides if you take drugs, answers such as doctors, hospital, mum and paramedics were named. Putting the word 'drugs' on the centre of the board, the question 'what can you tell me about drugs' brought out a sequence of responses. 'Legal' and 'illegal' came out early. Other responses were structured by the SLO under the themes:

legal – e.g. tobacco, alcohol, glue, tippex, marker pens, caffeine

illegal – e.g. ecstasy, cocaine, crack, spliff, cannabis, heroin,

medicines – e.g. calpol, ventoline, antibiotics, nurofen, sleeping pills

people – e.g. drug dealers, teenagers, stupid kids

effects – e.g. death, addiction, stealing

ways – e.g. syringe, spoon

places – e.g. night-clubs

Asked where they had learnt about drugs, they replied from: TV, parents, papers, magazines and teachers.

They recognised that addiction led to stealing, first from the family; and that drug dealers were in it for the money.

They completed a true/false worksheet for which most were able to answer accurately. It relied however on a reasonable level of literacy which held some pupils' back.

Analysis: the session showed that the class had a combined knowledge of illegal drugs in broad outline. This is not to say that most pupils shared this, since examples were given by individuals. The analysis of the pre-course questionnaire shows that two-thirds of the class have only a sketchy knowledge. There is also a question over whether the true/false worksheet could be organised by the teacher, enabling the SLO to make other use of this last 20 minutes.

Session 2

The pupils put together an impressive list showing they had remembered the previous session. Discussion focused on many of the items. The discussion moved to why people take drugs. Suggestions taken from children included:

- depressed
- to impress
- peer pressure
- stay awake
- feel good, hyper
- addiction
- body building
- medicines/pain killers
- tricked

The SLO gave a summary, emphasising experimenting and peer pressure. The discussion moved to taking risks. E.g. impure drugs and addiction are risks.

A worksheet was given about risks in which children were asked to mark the most risky/ risky/ less risky. These covered a wide range of circumstances (fireworks, railway lines etc.) and included dirty needles, drink driving and cigarettes.

There followed a discussion of 15 drugs: to arrange their names on cards in order of risk. The children identified the five illegal drugs as most dangerous with some debate about the order. Caffeine placed at bottom (tea, coffee, coke). Medicines were identified. A good discussion followed, in particular about solvents.

The discussions were not value free but punctuated by observations by the SLO such as 'crime is used so people can purchase drugs; 'hope you will not take them'; 'the police do not like stealing'.

The session finished with the question 'who decides?': the class responded spontaneously 'we do'.

Analysis: the quality of the discussion was high. The children were interested and well behaved and many answered questions keenly. Quieter ones did not respond so readily. The tone was not preachy but both information giving and helping understanding, seeking responses through clear questioning. The variation between whole class discussion and the ranking activity involving cards with named drugs gave a good variation of activity. The risk worksheet could have been organised by the teacher between the sessions, so the SLO could focus on the message during the concluding section.

DPEAP input

One 1.5 hour parent session was observed in a middle class school. 20 parents were present. (This can vary according to schools, from as low as 3 parents. A school with 75% Asian intake had 8 parents at the open evening, with two from Asian families).

Parents were given a quiz to bring in knowledge about drugs in a fun way. The answers gave an opportunity to pass on complex information about drugs. Parents appeared to score highly but were interested in the detailed discussion. There was a good supply of leaflets (mostly from the Health Education Authority) alongside a display of drugs and drug artefacts. A PowerPoint slide presentation worked through issues relating to availability, costs, varieties and how to recognise symptoms. Alcohol and tobacco were not neglected and seemed to be taken seriously by the parents. There was plenty of time for informal discussion as parents viewed the display table.

The parents reported this to be a helpful and worthwhile session.

Section 8. Effectiveness: Children's Learning

(understanding, attitudes, behaviour)

Analysis of pre-course questionnaire

This 'draw and write' questionnaire (focusing on two children who find a bag of drugs) is analysed in three schools in detail (identified as schools A, B, and C). The responses gave qualitative rather than quantitative data and is best presented school by school. Returns from other schools were received after the evaluation finished and follow a similar pattern. (Full analysis is to be conducted).

School A

24 boys and 24 girls completed the questionnaire (2 boys spoiled their returns). Most identified the drugs as illegal (15 boys, 15 girls). 10 girls gave complex answers naming a variety of drugs, against 4 boys. 12 boys and 7 girls named one drug only. One boy and 5 girls included tobacco (1 girl only referred to cigarettes). 1 girl mentioned alcohol. 9 boys and 9 girls gave vague answers such as 'drugs'; 1 boy referred only to medicine and doctors.

Most (22;22) thought that a drug dealer or addict (or both) had dropped the bag. All except one boy identified this figure as male. 9 boys and 7 girls identified an actual person and gave name and/or address. 12 of each group offered a stereotype 'druggie'. Where a judgement was expressed, it was negative (6 boys and 12 girls). One girl used the word 'cool' but in an ambiguous context. The ages of the dealers was evenly spread through the teens, 20s and 30s but girls were more apt to think of school age pushers (5) or older teenagers (8) [boys 1+5]. One boy, who had identified medical drugs, saw this person as a doctor.

Most thought that the person who lost the drugs was either going to sell or take them (or both) - boys 21, girls 21. Three described how the person was running away. 8 girls (but no boys) thought the drugs were to be given away or shared. Two girls saw the woman who dropped the bag as a helpless victim of a bullying or threatening man.

Most (18 boys and 21 girls) recommended handing the bag to the police, although teachers and parents were also mentioned. One boy would have left them there, one girl offered a dispute in which Michael would have taken the drugs and Yasmin handed them in. One girl identified the drugs as cigarettes and had the children divide them up and smoke them.

When asked what would they do, the police still predominated but other forms of help such as teachers and parents were also discussed. A number (5 in all suggested leave it or throw it away).

The concept of helpful drug was not understood by 6 boys and 5 girls but the remainder spoke of doctors, nurses or chemists. A majority of the boys (15) had a poor grasp of specific drugs and were not able to tell apart the helpful from the harmful. The girls were better, but still 10 did not understand the nature of particular drugs. Of those who did have a better grasp (8 boys and 14 girls) few rightly distinguished all drugs on the list as helpful or harmful.

The list of people who might give them harmful drugs included drug pushers and strangers, but friends/teenagers also featured strongly. Two boys listed relatives here.

The three scenarios had virtually unanimous results. 19 boys and 23 girls identified safe-ish means of dealing with the syringe (but too many said they would pick it up and take it to someone). Most said it was a health risk, some pointing to the substance that might still be in it, and some mentioning germs or aids. The vast majority (and all the girls bar one) would refuse the alcohol and the cigarette, sometimes on health grounds and sometimes because they are underage/too young, or simply that it is not allowed.

Conclusions: in general the class saw drugs mainly in terms of illegal drugs. 40% were vague. Of the 60% who identified particular drugs, boys tended to mention one only, and girls tended to give more complex answers. Girls tended to make more negative judgements about illegal drug dealers and had views about drug sharing not expressed by boys. Most looked to the police as their first line of defence. Except for one response, the children viewed pushers as males.

The concepts of helpful and harmful drugs needs to be explored, including the harmful use of helpful drugs (e.g. overdoses). Children have a rudimentary knowledge of particular drugs, and this needs developing. Many health and safety issues were thrown up by responses to the syringe: these need developing also. Reactions to tobacco and alcohol provides a good baseline for further development, but they need to develop clarity over the reasons - issues of health, addiction, risk.

No questionnaire mentioned glue sniffing in any form.

Only a minority of children had a clear idea of different types of drugs. Cannabis (under various names, especially 'weed'), Ecstasy, cocaine, spliff, crack, heroin, crack, morphine, 'brown sugar', tobacco, alcohol all featured. Some gave precise instructions on how to roll a joint ("...I understand", said one).

School B

This provides an interesting contrast in that the school has a 75% Asian intake (69 returns). A large minority (22%) regarded the drugs as medicine, the remainder (78%) as illegal. One in three mentioned tobacco or alcohol also. A greater proportion gave complex descriptions of drugs, and no one gave vague answers. This contrasts sharply with School A in which most answers were vague or simple. These children were knowledgeable about drugs. Descriptions of drug dealers were more general and stereotyped, with few examples (2 only) of specific identifications with real people. They were divided about whether the deals were over 20 or under 20, and only one example of a secondary school age pusher. Most assumed the drugs in the bag were to be sold or taken; but one drew a picture of a couple kissing with the caption 'kiss and slip the drugs into his mouth' (a standard but not well known way of getting drugs into prison); and two said that the drugs (cigarettes) had been left deliberately 'to get children addicted and killed'. Most had sensible solutions on what to do with the bag of drugs (4 however would have kept them). The group was better on understanding helpful drugs but a sizeable group (15) explicitly said (using the same words) that all drugs listed are potentially harmful, probably reflecting a teacher's comment. Most thought that harmful drugs would come from strangers or pushers, but 13 said 'friends' and 10 'anyone'. On the disposal of the syringe, the vast majority gave safe and responsible answers, often seeing the syringe as dirty and a source of disease (Aids was mentioned 5 times). On whether to accept a drink of cider, 10 would drink it, 46 would not. A number said they didn't know what cider is, 3 wouldn't drink 'because it might not be cider'. Equal proportions said this was for health reasons, because they were not allowed, and because they are Muslims. One said he/she would pretend to - a suggestion of peer pressure. Most (55) said they would refuse the cigarette; if reasons were given these were mainly on health grounds (24)

School C (44 returns)

Most (30) of these children had a very detailed knowledge of illegal drugs (a handful so explicit that it must have come from experience) with the rest (14) giving knowing but simpler versions, generally mentioning only one drug by name. Other responses were in line with A and B but on the question asking them to identify particular drugs, most (38) recognised most of the harmful drugs, usually including alcohol and tobacco. This was a very high accuracy level. Most again said they would refuse the alcohol and cigarette but a minority (6) were more tolerant to the cider. In general, health grounds were given as explanations.

Returns from other schools were received at the end of the data collection process. These do not add to the detail given above, but generally revealed the children, as in schools B and C, as quite knowledgeable about illegal drugs. One school's returns were marked as being done after the police sessions.

Post-course feedback

This was a simple evaluation sheet asking pupils to identify what they have learnt. It is set out in terms of knowledge, opinions and behaviour. The returns were very similar from each school which returned them.

Returns were dominated by the strong negative perception that drugs are to be avoided. A few had taken on board the distinction between medicinal and illegal drugs, and a number poured their negativity out against alcohol and tobacco also. Most vow adamantly not to ever smoke, drink alcohol or take drugs. Many make health assumptions that drugs can kill, maim, or drive a person mad. They virtually all declare the intention never to take drugs. One said, not in joke

"I think illegal drugs should be banned".

It should be stressed that these sessions themselves had not taken such a negative line but sought to be informative.

There are dangers that when children later see that drugs do not automatically kill or maim, they will come to view this extreme response as childish. Reasons for such views do not feature strongly, but need to be developed to give substance to their gut feelings. The concept of responsible drinking and excess is not found in the outright hostility to alcohol. Health issues sure as cancer and addiction do begin to appear. Responses are mostly very

black and white, with variations on the word 'stupid' featuring strongly. Children need to be gradually led in later years through a more sophisticated analysis.

Typical comments were (corrected for spelling):

drugs are dangerous/ can kill you /make you ill /can wreck your life /can put you in a coma

Ecstasy can kill you straight

People that take them get addicted to them

You can get hallucinations from some drugs

Drugs are a very bad idea

People who take drugs lead a very sad life

I am going to try to stop other people from taking them

I am not going to go to night-clubs where I know they sell drugs

If you sniff Tippex, glue, nail varnish remover you can get very ill and you could die

Anybody who takes them are immature and pathetic/ I think that people who take drugs are wallies

I am going to lead a nice life because I don't want to get addicted to them

I am not going to smoke at all even if my friends call me horrible names I will just find some more sensible friends.

I am going to go to night-clubs. But if anyone says, Take this tablet. It will keep you going all night, I will say NO.

I think they are a waste of money

I think that more children should learn about drugs

I am going to make sure my children don't smoke or take illegal drugs

I know that the decision of taking drugs relies on us

As a sign of tension to come, one said

'I think that smoking should be banned'

but then

'I am going to try a cigarette when I'm older to see what makes it so addictive'

and also

'I am going to drink alcohol.'

Such responses are very rare (one only from this school)

Interesting issues are raised. What could account for the major change in attitude between ages 10 and 14+? From 'drug takers are morons' to a willingness to experiment? There are various factors:

- extreme views on health - drugs/tobacco will kill ... They don't, in most cases, and certainly not immediately. The risks might later appear stimulating and adventurous, like fast driving, sky diving and bungee jumping
- fear of and respect for authority and punishment breaks down later as autonomy begins to develop. Attitudes based only on teachers' or police exhortation will be vulnerable.
- views on drug supply may at first be based on stereotyped notions of 'pushers' but there lose effectiveness when drugs are supplied by friends and fellow students. The pusher can be viewed instead as a hero, a risk-taker, to be admired and emulated: as one student replied when asked what she thought about pushers 'They're rich!'; others said 'brave'.

This suggests ways of approaching drugs education in secondary years:

- better information on the effects of drugs on the body and on social relations. Although health risks will be set in a less paranoid background, there is room for honesty about real dangers of damage and death. This may also prepare pupils to recognise a high for what it is.
- better information about 'pushers'. Their stereotype of the profiteer may lead them to avoid such people, but most 'pushers' are their friends and colleagues in school, who may not be profiteering. More awareness of the penalties for selling drugs might help to inhibit this form of supply.
- more emphasis on autonomous choice, that you avoid drugs not because you have been told to, but because you have decided to protect your body and avoid undue risks. One pupil gave as a danger of alcohol, 'Being told on'.

Year 7 Questionnaires

Pupils who had received CLEAR D a year previous, from a sample of twelve schools [10 responded, giving 365 individual returns] filled in a questionnaire to ascertain their knowledge, attitudes and behaviour. Clear trends were visible, from which some schools stood out as different or exceptional. This could be extreme: on alcohol, schools varied from virtually no experience of drinking alcohol (for example where there are large Muslim intakes) to close on 100% in some middle-class areas. We will present detailed figures here and try to draw conclusions

Knowledge about drugs

Complex knowledge: 275 [76%]; vague 87 [24%]

Have you ever smoked a cigarette?

Often 4; a few times 46; once 4; never 310 (i.e. 14.8% have smoked even though they clearly understand and describe the health risks)

Have you ever had an alcoholic drink?

Often 45, a few times 207, once 2, never 110 (69.8% have drunk alcohol). Pupils generally were sensible about the dangers, noting that there is little risk in light drinking, at family celebrations and generally under parental guidance, but condemning drunkenness and drink driving. The taste of alcohol was described as pleasant and refreshing. The greatest exposure to alcohol in a controlled way was in middle-class areas; the least exposure is in schools with a high proportion on Muslim pupils, for whom alcohol is banned on religious grounds.

Have you been offered illegal drugs

Yes: 28 [10.6%](cocaine, crack, pot/weed/spliff/cannabis, and scunk were mentioned); No: 335 [89.4%]. It was rare for those who had been offered drugs to have taken them: this was admitted in only 4 cases.

Have you sniffed glue/solvents:

Yes: 70 [19.3%]; No: 293 [80.7%]. Glue, nail varnish, gas, prit stick glue, flavoured erasers, paraffin and bleach were mentioned. Obvious cases where a positive response was clearly not an example of substance abuse were not included, but some of the current positive figure may have also been similarly innocent. The figure, of 1 in 5 sniffing glue or other substances, does not mean that this many have 'glue-sniffed' - but there is clearly need for greater information about what is or is not harmful.

Have you ever taken an illegal drug?

Yes: 6 [1.6%]; No: 353 [98.4%].

Do you feel that you know enough about drugs?

Yes: 187 (52.8% of responses) No: 167 (47.2% of responses). A strong feature of the responses was the 'Yes, but' or 'sort of' reaction - many felt that they knew a reasonable amount but that there were gaps in their knowledge, which they identified as, for example

'I don't know what the side effects are'

'I don't know what they are made of'

'I wouldn't recognise them as illegal drugs in case someone offered me one'

The final question gave three scenarios and asked what the characters should/could do. On the light of the abundant negative comments about illegal drugs a question posed with 'should' would have received predictable results. It was instead posed with 'could'. If responses were analysed in terms of negativity to drugs, they are predominantly hostile. A more detailed figure however was obtained by examining how many proposed that giving in to peer pressure is a realistic option, and gave smoking the cigarette/taking ecstasy/sniffing the glue as one of the characters' options. Some did so straightforwardly - "smoke it!"; others were judgemental - "take the tablet and die!". 84 [28%] advised this option, 212 [72%] did not. The figures are however more complex: one school was so much against the trend with most pupils having giving in as an option that one suspects interference when the test was being done. Individual schools have the following (rounded) percentages suggesting taking the drugs: 4%; 23%; 28%; 11%; 15%; 34%; 75%; 12%; 47%; 35%. If this aberrant figure is excluded the overall percentage becomes 24.6%. This compares with 37.3% for the comparison group (see below) although this figure is itself lower than some individual CLEAR D schools. This suggests that CLEAR D in itself cannot give quality strategies for coping, but that this needs to be constantly on teachers' agenda. Many responses suggest 'get better friends' which makes a helpful starting point; but many suggest 'pretend to take it to keep in with them' which would continue the temptation and pressure. Many, a majority in some schools, urge the characters to educate the tempters, to 'tell them how harmful and stupid it is'. With focused teaching, this figure could rise rapidly.

Year 8 questionnaire results

Knowledge about drugs

Complex knowledge: school A 108 [77.7%]; school B 113 [96.6%]; **total 86.3%**

vague: school A 31 [22.3%]; school B [3.4%]; **total 13.7%**

Have you ever smoked a cigarette?

Often A: 9, B: 4, **total: 13 [5.2%]**; a few times A: 49, B: 40, **total: 89 [35.6%]**; never A: 81, B: 67, **total: 148 [59.2%]**; (i.e. 40.8% have smoked even though they clearly understand and describe the health risks). Although virtually all pupils recognise health risks, 2% (5 pupils) made comments such as 'no one ever died from fags'; '5 a week is safe'; helps to relax because my parents argue so such'; 'good as a stress reliever'. Largely health issues were identified as problems, but there were other concerns: 'in case you're caught'; 'makes you smell'; 'costs a lot'; 'makes your teeth yellow'.

Have you ever had an alcoholic drink?

Often A: 16, B: 32, **total: 48 [18.8%]**; a few times A: 86, B: 80, **total: 166 [65.1%]**; never A: 36, B: 5, **total: 41 [16.1%]**; (83.9% have drunk alcohol, a large rise in comparison with year 7). Pupils generally advised restraint and saw little risk in light drinking (identified as infrequent, small measures, and type of drink: alcopops and beer were sometimes classified as 'light', spirits to be avoided). They saw dangers in drunkenness (long term health as well as short term effects, including aggressive and stupid behaviour) and drink driving. Addiction, alcohol poisoning, and alcoholism were frequently mentioned. A few noted that they were too young and might get into trouble.

Have you been offered illegal drugs

Yes: A 21, B 24 **total 45 [17.6%]** (cocaine, pot/weed/spliff/cannabis, dove, and LSD stamps were mentioned); No: A 118, B 93, **total 211 [82.4%]**. It was rare for those who had been offered drugs to have taken them: this was admitted in only 7 cases.

Have you sniffed glue/solvents:

Yes: A 15, B 7, **total 22 [8.6%]**; No: A 124, B 110, **total 234 [91.4%]**. There is greater awareness of the dangers of glue-sniffing in these returns with comments about dying and messing up the brain. Some of these positives may still be innocent (i.e. that they have smelt solvents accidentally), but a hard-core of around 5% who may have abused solvents seems to be the best estimate.

Have you ever taken an illegal drug?

Yes: A 8, B 1, **total 9** [3.5%]; No: A 131, B 116, **total 247** [96.5%]. The positive responses identified speed, cannabis, weed, spliff, skunk, and blow as the drugs. One said he had been tricked into taking a tablet, two could not refuse a friend, one wanted to try it, one (a response with attitude) said it was 'because everyone else was' taking them (presumably at a party) and another said that all his friends were doing it. Responses suggesting habitual users are very few, perhaps 2 or 3 in this sample. All but two said they remembered the police input on drugs.

Do you feel that you know enough about drugs?

Yes: A 65, B 74, **total 139** [55.4%]; No: A 69, B 43, **total 112** [44.6%]. There was greater perceived confidence in school B where only 36.7% said they wished to know more. In school A, those who felt they knew enough were (just) in a minority [48.5%]. There is no strong correlation with their actual knowledge base: many with complex knowledge already recognised that there were things they still didn't know. For many, thinking had not gone beyond 'I know enough not to take them'.

The final question gave three scenarios and asked about possible endings for the scenario. Again there was a general negativity to drugs. In school A, 45 [32.8%] proposed giving in to peer pressure as one of the characters' options; but in school B 93 [79.5%] did so, the highest total of any school. One explanation is that these able pupils were more responsive to the word 'could' to allow for a scenario of which (from the questionnaire as a whole) they did not approve. Yet their comments, which this question sought deliberately to elicit, were sometimes disturbing: e.g. 'take it for the experience'; 'see if he liked it'. Replies such as this reveal a (cerebral) readiness to experiment not found in such numbers in any other school data. It is a matter of some interest when, and to what extent, the desire to experiment takes over from the revulsion expressed in the vast majority of these questionnaires, including school B.

Comparisons with comparison group

Since a crucial part of the evaluation is to ascertain the effectiveness of the year 6 provision, the knowledge and attitudes of years 7 and 8 pupils who had done CLEAR D were compared to pupils who had not. The comparison pupils were in a different town but with a comparable profile, with a mix of populations including some areas where there is particular concern about drugs. The same questionnaire was administered to years 7 and 8 in the comparison group as given to former CLEAR D pupils. This tested knowledge, and asked for anonymous self disclosure of attitudes and behaviours. It is hard to guarantee accuracy of self-disclosure although respondents tended to be frank and open and the few who gave frivolous responses were clearly identifiable (e.g. when the substance one sniffed was his dog). We can therefore have confidence in the data which resulted.

There were 102 year 7 returns. The figures below are therefore not quite true percentages.

In one Year 7 form in the comparison school, all admitting to drinking alcohol (7 out of 17 often), over half (10 out of 17 or 59%) admitting to substance abuse, 5 having been offered drugs and 4 having taken illegal drugs. Most of this form felt that they knew enough about drugs but their actual knowledge was vague. This was clearly an exception in the school as no other class had a remotely similar profile. Most pupils were decisively against drugs and drug dealers and declared the intention not to take drugs in the future. The issues raised were primarily those of health and safety.

Year 7 [n=102]:

Knowledge about drugs

Complex knowledge: 72; vague 30

Have you ever smoked a cigarette?

Often 7; a few times 28; never 67 (i.e. 34% have smoked even though they clearly understand and describe the health risks)

Have you ever had an alcoholic drink?

Often 19, a few times 70, never 12 (over 88% have drunk alcohol). They were sensible about the dangers, noting that there is little risk in light drinking, but condemning drunkenness and drink driving.

Have you been offered illegal drugs

Yes: 18 (cocaine, poppers and pot were mentioned); No: 84.

Have you sniffed glue/solvents: Yes: 22; No: 80. Glue, nail varnish, gas, paraffin and bleach were mentioned. Obvious cases where a positive response was clearly not substance abuse were not included, but some of the current positive figure may have also been similarly innocent.

Have you ever taken an illegal drug?

Yes: 6; No: 96.

Do you feel that you know enough about drugs?

Yes: 54 (57% of responses) No: 41 (43% of responses). Many of those who said they know enough had low scores in knowledge about drugs; many of those who said they did not know enough had high scores on knowledge about drugs. There was in general no hard correlation between actual knowledge demonstrated and perception of need. That is to say, the claim to know enough is not a marker of being knowledgeable and informed about drugs.

Year 8 questionnaire results [n=77]

Knowledge about drugs

Complex knowledge: 37 [48%]; vague: 40 [52%]

Have you ever smoked a cigarette?

Often 5; a few times 28; never 43; once 1 (i.e. 44% have smoked even though they clearly understand and describe the health risks, an increase on year 7). No one defended smoking as safe.

Have you ever had an alcoholic drink?

Often 6, a few times 55, never 16 (79.3% have drunk alcohol, less than in year 7). They noted that there is little risk in light drinking, but condemned drunkenness and drink driving. One said that drinking whilst pregnant can damage the baby; another that it affects your sexual performance.

Have you been offered illegal drugs

Yes: 12 [15.6%]; No: 65 [84.4%].

Have you sniffed glue/solvents: Yes: 7 [9%]; No: 70 [91%]. These appeared to be genuine cases of solvent abuse; two said they had only done it once. One said 'I was stressed and it helped me relax'.

Have you ever taken an illegal drug?

Yes: 8 [10.6%]; No: 67 [89.4%]. These were grass, spliff, ganga, blow (most common), cannabis, ecstasy.

Do you feel that you know enough about drugs?

Yes: 32 (51.6% of responses) No: 30 (48.4% of responses). Again, many of those who said they know enough had low scores in knowledge about drugs; many of those who said they did not know enough had high scores on knowledge about drugs. 15 (almost one in five) made no response at all to this question.

Section 9. Conclusion and recommendations

Other similar projects This evaluation has attempted to assess the effect on pupils of a programme of drugs education given to ten year old children in year 6, named CLEAR D. There are no other studies of similar programmes whose results can be directly compared. Two other evaluations have however been interesting, and their differences from CLEAR D instructive.

Project Charlie is a four year primary school programme of personal education with particular interest in peer pressure and self esteem, on the assumption that those most vulnerable will lack self esteem but can be taught coping strategies. This comes with an American curriculum pack for British teachers to use or adapt. CLEAR D however covers

only one term with a sharp focus on drugs. It is likely that a range of personal and social education activities will be offered independently.

DARE involves police input in school for 17 weekly sessions in year 6, a very heavy commitment of police resources. CLEAR D offers in contrast only two police sessions and is therefore a potentially cost effective intervention.

The evaluations of Project Charlie and DARE showed real but small benefits to pupils. These help us to have realistic expectations of CLEAR D's effectiveness.

Methodology The evaluation has tried to balance what managers and teachers think of the programme, how the programme has been implemented, and outcomes of the pupils' own understanding and attitudes. For ethical reasons, questionnaires have been confidential and did not require pupils to name others as users. Data was taken from before, immediately after, one year after, and two years after CLEAR D. They were completed in a class lesson and used as an aid to discussion.

Validity This questionnaire data is based on pupils volunteering information and verification of their statements is neither possible nor feasible. These sections cover only a part of the questionnaire and a view on the reliability of the respondent can be gained by the whole return: some contained flippant or abusive answers. Most gave written responses as well as underlining an option (e.g. yes, no, often, a few times, never) giving the response a context and allowing a more complex view to come out. Questions about knowledge did not lead pupils but invited them to state what they knew. In our view, instances of false reporting were rare; in a very few cases, the whole questionnaire provided comments which gave rise to suspicion. Within the large numbers of questionnaires returned, this is not a significant problem. Using other techniques for their own data collecting instruments, the Project Charlie evaluation similarly found few examples of false reporting.

Sampling Decisions have to be made on sampling. The most significant data, the years 7 and 8 questionnaire, came from every pupil in one third of the schools involved. The schools with year 7 pupils were chosen as those who have been involved from early days, covering a range of geographical areas within the patch. On year 8, data was taken from two upper schools, one grammar and one secondary modern, again covering about a third of pupils originally involved. Pupils were in this case asked to indicate whether they had received CLEAR D and name their primary school to provide a cross check.

Control groups Since the task was to assess how pupils benefited from CLEAR D, a comparison group who had not received CLEAR D was used for comparison. Since CLEAR D was offered to every pupil in participant schools, and most schools participated, it was neither possible nor considered desirable to have groups of pupils from whom CLEAR D was withheld. Therefore, a comprehensive school from a different locality was chosen to provide data from years 7 and 8. No comparable drugs education project had been offered to these pupils in year 6 but they had received a personal and social education programme in their secondary school. This school provided around half of the number of returns as from the CLEAR D schools.

The structure of provision

CLEAR D is not a set programme with workbooks, but a structure within which each partner makes their own decisions about how to implement it. Some elements are relatively fixed: the police sessions with children follow the same format; the sessions with parents are structured with slides and visual aids to offer the same experience to all. Although sensitive to the needs of individual schools, the teacher training sessions are conducted by the same team using the same resources. The main variation in delivery comes with the input of teachers within individual schools, before and after the police sessions. The police sessions are intended to come within this wider delivery.

Police sessions

Samples of the two police sessions were observed. They were professionally done, using interactive techniques rather than lecture format. The pupils were involved throughout, answering questions, offering suggestions, contributing to a brainstorm, and taking part in a ranking exercise of harmful drugs. They also considered peer pressure, leading to the theme that we decide for ourselves. The two sessions are full, putting on pressure to complete everything in each session which can make it difficult to summarise with children what has been learnt. Some of the activities on problem-solving and decision-making could be covered by teachers before the police sessions enabling the police to focus on drug use. This implies producing a brief syllabus for teachers and examples of possible activities such as those already circulated in police materials to schools. Introducing a close link with National Curriculum science would be helpful to teachers.

Special schools receive a truncated version of the sessions, and feedback showed this to be an area of concern needing urgent development. Sessions with special schools may well have to be different, but need more visual materials and interactive 'hands-on' sessions. Some older children expressed the view that it would be helpful to see what drugs looked like; police and schools perhaps need to think through the issues involved in taking this forward. After reviewing the content of these police sessions, a special school version could be developed in consultation with special school teachers.

The police operation has been spearheaded by one person, but the responsibility is gradually being shared, providing a larger pool of expertise. There is a tension to be resolved of how to continue this important work at a crucial time in children's development, and how to respond to the even more crucial period in years 7-8 when experimentation with drugs, tobacco and alcohol begins to escalate as youngsters come into contact with older peers. There may be a role for the local beat officers in this.

Parent sessions

Parents are given a very professional presentation by someone very up-to-date on youth and drug trends, are given good written materials, and are able to see and handle specific drugs. In the session observed, the presenter was not supported by any teacher at the school. For the school, this is a training opportunity missed, and gives parents an implied message that drugs are someone else's concern. That particular session was well attended with 21 parents present. Others have attracted few parents and some have been cancelled owing to lack of numbers. Schools may need to review their strategy, but it would be a pity if the attempt to inform parents was abandoned.

Teacher training sessions

These are given on request to teachers who are or may be involved in drugs education. Some staff receive further training through county in-service provision. It would be helpful if all teachers involved with Key Stage 2 Science received drugs education guidance.

Teacher involvement

Teachers are expected to be present during the police sessions, partly because the Police Constable is a visitor and not a qualified teacher; and partly for purposes of continuity, since the teacher will be following up the sessions in later work. There is no agreement over what class teachers actually do, and this a potential weak link. In producing a syllabus covering what they should do before and after the police sessions, teachers should be involved, materials should be found or designed, and the whole experience helped to augment curriculum expectations for science and social and personal education.

Partnership issues

A steering group which met termly during the evaluation provided a helpful forum for discussion and planning. Discussions on the aims of the programme, and communication issues, were particularly helpful. Feedback generally suggested that CLEAR D had begun with great enthusiasm but had entered a trough as it became established and communication between partners became more sporadic. The steering group has helped the CLEAR D partners to refocus and establish patterns for team working.

Age group Teachers and managers agreed that the primary years were a proper time to introduce drugs education. There is in key stage 2 science education into helpful and

harmful substances which is closely related to the objectives of CLEAR D. Both questionnaires and brainstorming sessions in the classroom reveal that pupils already have some knowledge of drugs by year 6 and many can name illegal drugs. However, the knowledge in some can hide the lack of knowledge in others, which the pre-course questionnaires revealed.

Pupil Knowledge about drugs The chief benefit of CLEAR D is that children become knowledgeable and confident about illegal drugs. Although with CLEAR D pupils, grammar school pupils were more knowledgeable than secondary modern pupils, the latter were considerably more knowledgeable than the comparison school (a comprehensive). See figures in Annex table 10 (p.4 above).

Active drug users The number of actual drug users by the age of 14 is small, a few individuals overall and not more than 2% of the CLEAR D sample. Of these even fewer can be described as regular users. Others said that they had been tricked into taking something, or had tried something to please a friend, and had no intention of taking any more. A regular user might comment on how they had problems which they wanted drugs to dispel, but there are (fortunately) insufficient examples of users to construct a reliable profile of the user. Some however regard drugs as normal, gave positive responses to what they think of drug pushers, and regarded drugs as a solution rather than a problem. In the comparison school, 5.9% of the year 7 respondents (6/102) admitted taking drugs; and 10.4% (8/77) in year 8 [compared with 9/256 or 3.5% in CLEAR D schools]. See figures in Annex table 1 (p.3 above). The drugs identified as taken were marijuana, amphetamines, Ecstasy.

Numbers offered drugs A larger number of 13-14 year olds have been offered drugs, but this is still small in terms of total numbers, and most say they refused the offer. Their negative comments about drugs indicate that most are protected by their own common sense. A few however give in to peer pressure where friends offer drugs. Commenting on a drug related scenario, many pupils replied 'get better friends' showing a common appreciation of the dangers of bad company. In year 8, more CLEAR D pupils were offered drugs than in the comparison school yet much fewer became users. Year 7 is not a fair comparison since in the comparison school, pupils had already moved to the comprehensive whilst in CLEAR D schools they remained in their primary/middle school, transferring for the beginning of year 8. When data was collected, pupils had had one year in the upper school. See figures in Annex table 2 (p.3 above).

This suggests that the transfer to secondary school is a key factor in escalation in drug use. Despite the increased incidence of drug offers among CLEAR D Year 8 pupils, fewer become users (3.5% against 10.4% in the comparison school).

Attitudes to peer pressure These were studied through a question on whether pupils are dared to do dangerous things; and through responses to three drug related scenarios. Although overall the results are complex and inconclusive, some data is suggestive. In year 8, when both CLEAR D and comparison groups are in secondary schools, the CLEAR D schools measure 46.5% had been dared to do dangerous things at least sometimes, as compared with 54.5% in the comparison school. The group least affected were girls in the secondary modern school (26.9%); grammar school girls measured 49.1%, secondary modern boys 58%, and grammar school boys 51%. The comparison school measured 54.5%, with the data undifferentiated by sex. The sharpest comparison is with year 7 pupils, of whom 32% overall of CLEAR D pupils (still in their primary/middle school) had been dared to do dangerous things. The comparison comprehensive measured 49%. Again, transfer to secondary school is accompanied by increased peer pressure in most cases. A possible explanation for the low score among secondary modern girls could be that they are more supportive of each other because of lower competitiveness and increased feelings of vulnerability in the 'big' school.

Responses to 'what could they do' scenarios divide on ability rather than on gender: more able CLEAR D pupils (defined by selective schooling) although less tempted by drugs themselves, allow taking the drugs/cigarettes/solvents as a clear option for the fictional characters, taking 'could' literally. The comprehensive and secondary modern pupils tend not to do so but interpret 'could' as 'should' and are somewhat reluctant to include 'take it' in their list of options. Of all the returns, the comparison school showed greatest reluctance (23.4% against 31.6% [secondary modern] and 79.4% [grammar]).

Attitudes to drugs The whole sample, including the comparison group, was dominated by negative attitudes towards drugs. It is a strong feature of this age group, whether given formal teaching or not. Their attitudes towards dealers was generally negative, often abusive, and almost never positive. The most a non-negative pupil might normally say is that they do it for the money. Only some of the very few users felt that dealers gave a valuable service. This general negativity shows up also in the extreme reluctance in considering using drugs, considering them as dangerous. This makes this age (10-14) an important time for schools to be involved with drugs education, since the pupils are not resistant. Whether they have or do not have something like CLEAR D does not affect this negativity. However, proportions of pupils who become users increased less rapidly in CLEAR D schools than in the comparison.

Tobacco A much lower proportion of year 7 pupils said they had started smoking in CLEAR D schools (13.7%) as compared with the comparison school (34.3%). In year 8, 40.8% had started smoking in CLEAR D schools compared with 44.2% in the comparison school. The clearest explanation is that later transfer to secondary school has delayed the onset of smoking, but pupils are rapidly catching up. Virtually all pupils recognised smoking as dangerous to health. See figures in Annex tables 4-5 (p.3 above).

Alcohol In year 7, only 30.1% in CLEAR D schools had not drunk alcohol. 12.3% had had it 'often', and 56.7% more occasionally. In the comparison school, 11.9% had not drunk alcohol, 18.8% had it often, and 69.3% had it more occasionally. In year 8 the CLEAR D figure is up to 83.9% who had drunk alcohol, down to 16.1% who had not, compared in the comparison group with 79.2% who had had alcohol, and 20.8% who had not. Again, many pupils have changed their behaviour in their new secondary school. A separate factor with alcohol is social class - children from middle class affluent schools are much more likely to have been introduced to alcohol in controlled amounts. There were great differences between different schools. Children from poorer backgrounds (and this includes the comparison school) use alcohol less, largely because of the cost and the fact that it is less available at home. Overall, their attitudes towards drinking were 'sensible', that is, that harm came from drinking too much and having too strong drinks. There was however some misunderstanding about amounts and strengths which school could clarify. See figures in Annex tables 6-8 (pp.3-4 above).

Solvents It proved hard to achieve an accurate figure of solvent abusers since a number clearly state in their response that they had smelled the substances accidentally; and with some others it was difficult to be certain whether or not they were substance abusers. Many who said no they had not sniffed glue or other substances clearly stated that they considered this dangerous and even life threatening and so were aware of the implications. In general, although there was clear understanding of the concerns by some, there was sufficient ignorance for us to make the recommendation that solvent abuse is given a much higher profile in sessions on harmful substances. CLEAR D and comparison schools were roughly level in years 7 and 8, although much higher in year 7 owing to innocent misunderstanding of the question (23.7% and 21.5% in the comparison school). See figures in Annex table 9 (p.4 above).

Medicinal drugs There was a general lack of appreciation of the dangers of overdose with medicinal drugs, which could be easily rectified in science education. There is confusion also regarding solvents and solvent abuse, which could be rectified by cautioning pupils about potentially harmful substances. Such teaching about harmful substances is relevant also for younger children, who need to avoid such substances as bleach and petrol.

Enough knowledge? When asked whether they knew enough about drugs, generally similar proportions of years 13-14 year olds responded 'yes' or 'no' in all schools. It was noticeable that even some who showed no or vague knowledge still felt that they knew 'enough'. Some who showed detailed knowledge recognised that there were still many things they still needed to know. Our conclusion is that pupils do not always know that they do not have sufficient knowledge, so are vulnerable to getting out of their depth without realising it. The significance, for example, of being offered an LSD stamp might escape them until it is too late. See figures in Annex table 13 (p.4 above).

Conclusions

1. Project Management and Delivery

- a) **Other similar projects** CLEAR D, a drugs education programme with ten year olds, is more cost effective than any other comparable programme.
- b) **The research** The evaluation balances what managers and teachers think of the programme, how the programme has been implemented, and outcomes of the pupils' own understanding and attitudes. Data was taken from before, immediately after, one year after, and two years after CLEAR D sessions.
- c) **Control groups** Since the task was to assess how pupils benefited from CLEAR D, a comparison group who had not received CLEAR D was used for comparison.
- d) **Delivery** Some elements of provision are constant: the police sessions; the sessions with parents; the teacher training sessions. The main variation in delivery comes with the input of teachers within individual schools, before and after the police sessions.
- e) **Police input** Police sessions were professional, interactive and enjoyed by pupils.
- f) **Teacher input** Some of the activities on problem-solving and decision-making could be covered by teachers before the police sessions enabling the police to focus on drug use. Ensuring a close link with National Curriculum science would be helpful to teachers. There is no agreement over what class teachers actually do, and this a potential weak link. In producing a syllabus covering what they should do before and after the police sessions, teachers should be involved, materials should be identified or designed.
- g) **Teacher training** It would be helpful if *all* teachers involved with Key Stage 2 Science received drugs education guidance through in-service training.
- h) **Special schools** A special school version needs to be developed in consultation with special school teachers.
- i) **Secondary school needs** There is a tension to be resolved of how to continue this important work at a crucial time in children's development, and how to respond to the even more crucial period in years 7-8 when experimentation with drugs, tobacco and alcohol begins to escalate as youngsters come into contact with older peers.
- j) **Presentations to parents** Parents are given a very professional presentation by someone very up-to-date on youth and drug trends, are given good written materials, and are able to see and handle specific drugs. Schools could do more to involve their staff in these sessions.
- k) **Forum** A steering group provided a helpful forum for discussion and planning and should continue to be helpful.
- l) **Age group** All agreed that the primary years were a proper time to introduce drugs education. The research data reveals that pupils already have some knowledge of drugs

2. Pupil outcomes

- a) **Knowledge about drugs** The chief benefit of CLEAR D is that children become knowledgeable and confident about illegal drugs. Although with CLEAR D pupils, grammar school pupils were more knowledgeable than secondary modern pupils, the latter were considerably more knowledgeable than the comprehensive comparison school.
- b) **Active drug users** The number of actual drug users by the age of 14 is tiny, a few individuals overall and not more than 2% of the CLEAR D sample. Of these even fewer can be described a regular users. However, in the comparison school, 5.9% of the year 7 respondents (6/102) admitted taking drugs; and 10.4% (8/77) in year 8 [compared with 9/256 or 3.5% of CLEAR D year 8 pupils].
- c) **Numbers offered drugs** A larger number of 13-14 year olds have been offered drugs, but this is still small in terms of total numbers, and most say they refused the offer. Their negative comments about drugs indicate that most are protected by their own common sense.
- d) **Primary-secondary school transfer** The transfer to secondary school is a key factor in escalation in drug use. Despite the increased incidence of

- drug offers among CLEAR D Year 8 pupils, fewer become users (3.5% against 10.4% in the comparison school).
- e) **Peer pressure** Transfer to secondary school is accompanied by increased peer pressure in most cases.
 - f) **Attitudes to drugs** The whole sample, including the comparison group, was dominated by negative attitudes towards drugs. It is a strong feature of this age group, whether given formal teaching or not. Their attitudes towards dealers was generally negative, often abusive, and almost never positive. This makes this age (10-14) an important time for schools to be involved with drugs education, since the pupils are not resistant.
 - g) **Tobacco** A much lower proportion of year 7 pupils said they had started smoking in CLEAR D schools (13.7%) as compared with the comparison school (34.3%). In year 8, 40.8% had started smoking in CLEAR D schools compared with 44.2% in the comparison school. The clearest explanation is that later transfer to secondary school has delayed the onset of smoking, but pupils rapidly catch up. Virtually all pupils recognised smoking as dangerous to health.
 - h) **Alcohol** Alcohol consumption is widespread by year 8 but most claim to drink moderately. A separate factor with alcohol is social class - children from middle class affluent schools are much more likely to have been introduced to alcohol in controlled amounts. There were great differences between different schools. Children from poorer backgrounds (and this includes the comparison school) use alcohol less. There was however some misunderstanding about amounts and strengths which school could clarify.
 - i) **Solvents** In general, although there was clear understanding of the dangers by some, there was sufficient ignorance to suggest that solvent abuse is given a much higher profile in schools.
 - j) **Medicinal drugs** There was a general lack of appreciation of the dangers of overdose with medicinal drugs, which could be easily rectified in science education.
 - k) **Enough knowledge?** Pupils do not always know that they do not have sufficient knowledge, so are vulnerable to getting out of their depth without realising it. The significance, for example, of being offered an LSD stamp might escape them until it is too late.

3. Recommendations

- a) to develop stronger guidelines for teachers including a drugs education syllabus and supporting materials
- b) to develop an input in science education (on harmful substances) on overdosing with medicinal drugs and about solvents and solvent abuse, cautioning pupils of their dangers
- c) to offer focused Science in-service provision on drugs education
- d) to continue drugs education with year 6
- e) to develop drugs education for year 8 pupils, involving secondary school teachers
- f) to continue supporting the Steering Group
- g) to review parental participation, perhaps linked with year 8 provision
- h) to review Thames Valley Police delivery processes to broaden the expertise and to offer support to schools in year 8

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Annex: Comparisons between CLEAR D and comparison pupils

1. Admitted or claimed drug use

| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
|----------------|----------------|----------------|----------------|
| 1.6% | 5.9% | 3.5% | 10.7% |

2. Percentage of pupils offered drugs

| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
|----------------|----------------|----------------|----------------|
| 10.6% | 17.6% | 17.6% | 15.6% |

3. Daring to do dangerous things

| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
|----------------|----------------|----------------|----------------|
| 32% | 49% | 46.5% | 54.5% |

4. Have smoked

| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
|----------------|----------------|----------------|----------------|
| 13.7% | 34.3% | 40.8% | 44.2% |

5. Often smoke

| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
|----------------|----------------|----------------|----------------|
| 1.1% | 6.9% | 5.2% | 6.5% |

6. Have alcohol often

| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
|----------------|----------------|----------------|----------------|
| 12.3% | 18.8% | 18.8% | 7.8% |

7. Have alcohol occasionally

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 56.7% | 69.3% | 65.1% | 71.4% |

8. Do not drink alcohol

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 30.1% | 11.9% | 16.1% | 20.8% |

9. Admit to sniffing solvents*

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 19.3% | 21.6% | 8.6% | 9.1% |

* sometimes misunderstood to mean the accidental smelling of any substances

10. Knowledgeable about illegal drugs

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 76.0% | 70.2% | 86.3% | 48.0% |

11. Vague about drugs

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 24.0% | 29.8% | 13.7% | 52.0% |

12. Do you know enough about drugs? - yes

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 52.8% | 56.8% | 55.4% | 51.6% |

13. Do you know enough about drugs? - no

| | | | |
|----------------|----------------|----------------|----------------|
| CLEAR D Year 7 | Control Year 7 | CLEAR D Year 8 | Control Year 8 |
| 47.2% | 43.2% | 44.6% | 48.4% |