Evidence briefing

PSHE ASSOCIATION

KS1-5

Drug education

*Please read this guidance before teaching the lessons

QUALITY ASSURED RESOURCE
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Effective drug education

This briefing accompanies the PSHE Association teacher guidance and suite of drug education lessons for key stages 1 to 5, developed for the Office for Health Improvement and Disparities (OHID). It draws together key research into effective drug education within a wider PSHE education curriculum. It is intended for PSHE leads and teachers who are beginning to teach about substances and their associated risks, or who are reviewing their existing PSHE education curriculum content.

Where does drug education fit within our school's approach?

A whole school approach to prevention

The aim of teaching children and young people about alcohol, tobacco, vaping and other drug use is to support them in delaying first substance use, reduce harm, and prevent the development of harmful patterns of substance use in adulthood. This is to reduce the health (physical and mental) and social consequences that can impact upon an individual's quality of life and future aspirations, and to promote positive health and wellbeing[1]. Effective teaching about drugs through PSHE education is one key element of prevention work. However, to achieve its aims, this teaching should be implemented as one aspect of a wider whole-school approach. The joint guidance from UNESCO, UNODC and WHO identifies the following as beneficial in supporting preventative education[2]:

- School environments that promote healthy and positive friendships between children and young people, positive relationships with the school, and links between the school and the local community.
- Substance-free (including tobacco- and nicotine-free[3]) school premises that have a supporting policy that prohibits the possession, use and distribution of substances by all members of the school community. This should include staff, as their positions as role models within the school can influence pupils' perceived norms.
- A substance policy outlining sanctions in response to substance-related incidents, but that keep pupils in school, such as in-school suspensions or withdrawal of privileges. Measures that increase pupil contact with the criminal justice system should be avoided. For example, out-of-school exclusions can increase antisocial behaviour and interrupt the supportive link between pupil and school.
- Universal teaching of age-appropriate knowledge regarding substance use, alongside development of personal and social skills and attitudes relating to substance use that help to protect children and young people from harm.
- Selective pastoral intervention for pupils at higher risk of, or already involved in, substance use, following key guidance such as the NICE guidance on targeted interventions[4] [5]

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[1] Advisory Council on the Misuse of Drugs, 2015. *Prevention of drug and alcohol dependence: Briefing by the Recovery Committee.*

[2] United Nations Educational, Scientific and Cultural Organization, United Nations Office on Drugs and Crime & World Health Organization, 2017. *Education sector responses to the use of alcohol, tobacco and drugs* (Vol. 10).

[3] World Health Organization, 2023. *Freedom from tobacco and nicotine. Guide for schools.*

[4] National Institute for Health and Care Excellence, 2019. *Alcohol interventions in secondary and further education.*

[5] National Institute for Health and Care Excellence, 2017. *Drug misuse prevention: targeted interventions.*

- Balanced approaches to substance-related incidents in which sanctions keep the pupil in school and focus on health-promotion. For example, signposting internal or external sources of support, such as young people's drug services, health and social services and/or counselling.

In addition to the child protection and safeguarding duties outlined in the Department for Education's guidance: Keeping children safe in education, the Home Office6 also provides guidance for schools in relation to the exploitation of young people through county lines. These guidance documents advise schools on the signs of exploitation to be aware of, and the safeguarding protocols they should follow if they have any concerns.

Drug education within the PSHE education curriculum

Drug education has been part of PSHE education for over thirty years, with its introduction designed to respond to an increase in drug misuse. The role of schools and PSHE education in developing confidence and resilience in young people was identified in the government's 2021 Drugs Strategy: "From Harm to Hope"[7]. In September 2020, Relationships Education (in primary schools), Relationships and Sex Education (in secondary schools), and Health Education (in both) also became statutory[8] – including specific reference to drug, alcohol and tobacco education.

We recommend that drug education continues to be taught within a planned, spiral curriculum in PSHE education lessons. This ensures teaching is enhanced by, and enhances, the wider PSHE education curriculum and facilitates progression of learning that is age and developmentally appropriate.

Protective factors, such as supportive friendships and healthy coping strategies, can build pupils' resilience and help to prevent substance use; these are developed through a number of topics within PSHE education[9] [10]. Therefore, it is important that when planning their PSHE programme, schools consider situating drug education alongside related topics that can contribute to protective factors, such as:

- Healthy lifestyles and health-related decisions
- Managing risks and personal safety
- Mental health and emotional wellbeing
- Forming and maintaining positive relationships
- Media and digital literacy
- Planning for the future

As with all topics in PSHE education, drug and alcohol education is most effective when taught in line with best practice principles[11]. This includes establishing a safe learning environment through the development of PSHE education ground rules, the use of distancing techniques and the safe handling of pupils' questions. For further guidance on safe and effective practice, see the accompanying Teacher Guidance or visit the PSHE Association website.

Beyond these basics of best practice, however, there are specific questions relevant to the effective teaching of drug and alcohol education, which are explored in further detail below.

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[6] Home Office, 2023. *Criminal exploitation of children, young people and vulnerable adults. County lines.*
[7] HM Government, 2021. *From harm to hope: a 10-year drugs plan to cut crime and save lives.*
[8] Department for Education, 2019. *Relationships education, relationships and sex education (RSE) and health education.*
[9] Public Health England & UCL Institute of Health Equity, 2014. *Local action on health inequalities: Building children and young people's resilience in schools.*
[10] Association for Young People's Health, 2016. *A public health approach to promoting young people's resilience.*
[11] CEOP, 2016. *Key principles of effective prevention education.*

1. How should we talk to young people about addiction and problematic substance use?

The Department for Education (DfE) statutory guidance for Health Education states, in the secondary content, that pupils must know:

"*the physical and psychological consequences of addiction, including alcohol dependency*".

Addiction is a commonly used but often misunderstood term. In some cases, it is used to label people (an 'addict') and, as such, has contributed to stigma related to substance use and associated health issues. While some people may use the label 'addict' about themselves, it should not be used by teachers to discuss people who experience problematic substance use, as it narrows the identity of others to a single characteristic[12] and limits the scope of teaching about problematic substance use. When discussing the risks of substance use, pupils may bring up the topic of addiction but may not fully understand the concept, or may be influenced by the media and potentially limited or stereotyped portrayals.

When discussing substance use with pupils, it is important to avoid creating a binary in which a person who uses substances is either 'addicted' or not, as this may contribute to misconceptions. For example, that only those who are 'addicted' experience the harms of substance use, or that support services are only for those people who are 'addicted'. These perceptions may act as a barrier to pupils accessing early help and support. This is especially the case when discussing alcohol use, which is relatively normalised in the UK. It may be more beneficial to refer to 'problematic and harmful patterns or episodes of substance use', as this can encompass a range of scenarios that may increase risk in different ways across a variety of substances. For example, a single episode of use, 'binge use', mixing of substances, and continued or regular use, can all potentially be harmful and lead to problems.

When challenging pupils' stereotyping - or misconceptions - of addiction, it can be helpful to refer to these features of the clinical diagnosis of substance use disorder:

- The characteristic feature is a strong internal drive to use substances
- Ability to control use is impaired
- Increasing priority is given to use over other activities
- Use of substances persists despite harm or negative consequences
- Experiences are often accompanied by a subjective sensation of urge or craving to use the drug
- Physiological features of dependence may also be present, including:
    - tolerance to the effects of the drug
    - withdrawal symptoms following cessation or reduction in use of the drug
    - repeated use of the drug or pharmacologically similar substances to prevent or alleviate withdrawal symptoms

(adapted from the DSM-5)[13]

[12] UK Drug Policy Commission, 2012. *Dealing with the stigma of drugs.*
[13] American Psychiatric Association, 2013. *Diagnostic and statistical manual of mental disorders (DSM-5®).*

It is also important for pupils to understand that they can seek advice and informal or specialist support regarding their own, or others', substance use without necessarily experiencing any of these features.

Care should be taken when discussing or responding to questions about addiction. Ensure that your responses do not focus on blame, but recognise that although people decide to use substances, there are various risk factors that can make it more likely that some will experience harm or develop problematic patterns of use (e.g. socio-economic factors, mental health and family relationships.) It is also important to emphasise the range of support available in school, locally, nationally and online, and encourage help-seeking behaviours. This should be discussed with the understanding that drug treatments and other forms of support are effective and that most people will recover from problems they experience. However, different forms of support may be needed by different individuals, and that for some, this may mean that long-term and multiple episodes of support are needed.

2. How should we talk to young people about alcohol consumption?

The DfE statutory guidance for Health Education states, in the secondary content, that pupils should know:

"*the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.*"

When discussing alcohol, pupils should be made aware that an alcohol-free childhood is the healthiest option[14]. When discussing alcohol use by adults, it should be noted that alcohol is not necessary for a healthy lifestyle, has no medicinal properties and that harms from alcohol can include immediate risks such as accidents, and longer-term harms that can develop over many years. Highlighting the statistics and recommendations from the chief medical officer's low risk drinking guidelines[15] may be helpful. However, it should be explained to pupils that while these practices reduce risk, they do not eliminate it. It is also helpful to highlight that for adults who choose to drink alcohol, it is safest to consume fewer than 14 units a week and explain that this is a maximum limit, not a target.

When teaching about alcohol, the cultural context of the UK is relevant. Pupils may have parents who have been drinking for many years and it is important to consider this when teaching, to ensure that these pupils are not inadvertently alarmed. Conversely, there are many adults who choose not to drink at all, and may do so for religious, health or other personal reasons. It is important to provide an opportunity to explore different perspectives on alcohol consumption. While exploring faith perspectives, it is also important to recognise that while some religions may prohibit the use of alcohol, there may still be some individuals of those religions who choose to drink. It may be helpful to acknowledge these cultural and religious differences during lessons, reflecting the context of the school community, recognising that while pupils may feel that learning about drugs and alcohol is less relevant to their lives at present, they may benefit from this learning in the future (e.g. with increased independence, and when perhaps having to manage conflicting influences from friends, family
and society.)

[14]Department of Health, 2009. *Guidance on the consumption of alcohol by children and young people.*
[15]Department of Health, 2016. *UK Chief Medical Officers' Low Risk Drinking Guidelines.*

3. How should we talk to young people about tobacco and vaping?

Effective drug education helps young people to develop knowledge about, and skills and attributes relating to, tobacco or vape use. It is important to be aware that nicotine vapes (e-cigarettes) are an effective way of quitting smoking for adults[16], and teaching should be sensitive to the fact that pupils and/or their parents may use vapes (e-cigarettes) as a way to reduce their own smoking. When delivering lessons, highlight the known risks of tobacco use, while also acknowledging that vaping is
not risk-free.

While NICE recommends that children and young people who have never smoked should not vape, you should avoid attempting to induce feelings of shock, fear or shame in pupils who have used vapes (e-cigarettes) or continue to do so, as this can cause pupils to reject the intended messaging[17].

4. What teaching strategies are most appropriate for drug education?

When planning to teach about substance use, it is important to consider how the content is relevant to the lives of pupils in the classroom and ensure that teaching approaches do not cause harm. The following evidence-based principles will help to ensure that classroom practice is effective, relevant and safe:

- Teaching should equip pupils with the knowledge, skills, attitudes and attributes that contribute to self-efficacy, and enable supportive behaviours such as help seeking. Information-only approaches, or those based solely upon mass media campaigns, do not equip pupils with the relevant skills to navigate situations involving substances in the real world18.
- Sharing positive social norms in activities can support behaviour change and promote safe and healthy choices19. For example, knowing that 99% of 11-15-year-olds are not regular smokers, and that 88% of 11-15-year-olds have never smoked20, can give a young person confidence in their own choice not to smoke, and relieve the internal pressure that can be created by the belief that 'everyone else is doing it'.
- Content must be developmentally appropriate, including: planning to teach substance-specific information only as the average age of first use approaches, or ages in which use of a substance increases21; and responding to local and national data, baseline assessment, and the knowledge and experience of pastoral staff and the designated safeguarding lead to assess appropriateness.
- Shock or fear-arousal tactics must be avoided as these can be both ineffective and harmful. This is because such approaches may be too 'close to home' or re-traumatising for some pupils;

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[16] Cochrane Database of Systematic Reviews, 2024. *Electronic cigarettes for smoking cessation.*
[17] NICE guideline, 2021. *Tobacco: preventing uptake, promoting quitting and treating dependence.*
[18] United Nations Educational, Scientific and Cultural Organization, United Nations Office on Drugs and Crime & World Health Organization, 2017. *Education sector responses to the use of alcohol, tobacco and drugs* (Vol. 10).
[19] European Monitoring Centre for Drugs and Drug Addiction, 2019. *European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use.*
[20] NHS, 2021. *Smoking, Drinking and Drug Use among Young People in England, 2021.*
[21] United Nations Educational, Scientific and Cultural Organization, United Nations Office on Drugs and Crime & World Health Organization, 2017. *Education sector responses to the use of alcohol, tobacco and drugs* (Vol. 10).

inspiring for 'thrill-seeking' pupils who are attracted to risk, danger or new experiences22; and contradict the experiences of pupils or their knowledge of their peers' experiences23.

- The use of external visitors should be considered carefully, especially taking care to avoid ex-substance user testimonials, as these may unintentionally glamorise the use of substances, or draw attention away from the types and patterns of substance use that will be more relevant to pupils' own experiences24. If external visitors are used, this should be embedded within a planned, developmental approach to drug and alcohol education within the school's PSHE education curriculum:
  - Local support services may encourage help-seeking behaviour and their expertise may add interest to the subject.
  - Police officers may be able to support teaching about the law relating to substances. Guidance is available from the PSHE Association to ensure that the contributions of police officers are safe and of maximum benefit to teachers and pupils.
  - Schools should choose visitors carefully and co-plan lessons to avoid developing a perception that substance use is something that 'everyone is doing' or unintentionally providing inspiration or instruction on how to take part in risky behaviours. Further guidance from the PSHE Association is available on selecting and working with external visitors.
- Sources of support in school, in the local area and online should always be signposted within lessons.

5. How do we decide when to teach substance-specific information?

To ensure teaching is relevant to pupils and reduce the risk of inadvertently increasing pupils' perceptions of peer use or inspiring curiosity about substances, plan to teach substance-specific information only as the average age of first use approaches, or ages in which use of a substance increases[25]. Conversations between the PSHE education lead, pastoral staff and the designated safeguarding lead; parental engagement; baseline assessments that ascertain pupils' starting points; and national and local data, can be used to assess and identify the appropriate points at which to safely introduce substance-specific information.

Using data

National data sources can help to assess national need for substance-specific information. The PSHE Association lesson packs, which accompany this briefing, introduce and revisit teaching about specific substances according to the needs indicated by national data. For example, alcohol is introduced in late key stage 2 and early key stage 3 as pupils approach the age of instances of first use, and is then revisited in late key stage 3 as data shows an increase in use after this point.

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[22]European Society for Prevention Research, 2019. *Position of the European Society for Prevention Research on ineffective and potentially harmful approaches in substance use prevention.*
[23]European Monitoring Centre for Drugs and Drug Addiction, 2019. *European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use.*
[24]European Monitoring Centre for Drugs and Drug Addiction, 2019. *European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use.*
[25]United Nations Educational, Scientific and Cultural Organization, United Nations Office on Drugs and Crime & World Health Organization, 2017. *Education sector responses to the use of alcohol, tobacco and drugs* (Vol. 10).

It is important to note, however, that different local, social and cultural contexts may alter the point at which the introduction of substance-specific information is most effective in different schools. Data sources such as your local authority's Joint Strategic Needs Assessment (JSNA) can help to identify priorities for your local area. A range of data sources are signposted at the end of this briefing.

Addressing synthetic, misrepresented and adulterated substances

When addressing specific substances in lessons, it is crucial to acknowledge the rise in the availability of synthetic, misrepresented, or adulterated substances.

Synthetic substances are often cheaper than 'traditional' substances (such as alcohol, consumed in settings such as nightclubs and festivals). This may not only change how much of a substance young people might take and the settings in which they do so, but may also enhance the risk of accidental overdoses due to varying concentrations of active ingredients[26].

There is also greater potential for substances to be misrepresented or adulterated, such as CBD vapes being laced with THC or synthetic cannabinoids, or containing higher levels of heavy metals due to unregulated production[27]. Young people may therefore not understand exactly what it is that they are consuming, nor its purity, or potency.

Misrepresented substances being sold online, is also an important issue to address, particularly as young people may turn to the internet for medication when they struggle to access mental health services. Attempts to find substances to 'self-medicate' can lead to young people buying dangerous "street benzos" which can have severe health consequences. Teaching therefore needs to acknowledge the role of medical professionals in the prescription and safe use of medicines, and the risks of taking non-prescribed drugs. Lessons should also promote access to support services and explore healthy coping strategies when addressing mental health and emotional wellbeing.

Approaches in Years 1 to 4

Substance-specific information is often less relevant to the lives of younger pupils, however lessons relating to household products, over-the-counter medication and prescription medication can help pupils to understand relevant safety information and practise foundational skills such as managing risk and seeking help. For example, pupils will benefit from understanding the purpose of medicines prescribed by health professionals and that sharing prescribed medicines with others is dangerous[28].

This is also an opportunity for pupils to rehearse skills they may need to use in their lives, such as checking use-by-dates and dosage of medicines, the types of support that a person might need within the home or externally (for example from a GP) and early responses to emergency situations. This teaching will lay the foundations upon which later teaching about alcohol, tobacco, vaping, and illegal drugs can be built.

6. How should we approach issues related to drug distribution?

[26] UNODC, 2021. *Synthetic Drug Strategy.*
[27] European Monitoring Centre for Drugs and Drug Addiction, 2023. *European Drug Report 2023: Trends and Developments.*
[28] European Monitoring Centre for Drugs and Drug Addiction, 2019. *European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use*

When teaching about drugs, it is important to recognise that some pupils may be exposed to, or exploited by, county lines drug operations[29]. Teachers should be equipped to recognise signs of such involvement and to understand the dynamics at play. For example, the role of grooming, debt bondage and isolation from supportive peers and family. If concerns arise, staff must follow their school's safeguarding protocols.

Lessons can also play a role in addressing how drug consumption supports exploitation and explore the concept of moral disengagement, where pupils might rationalise harmful behaviours. Examples of moral disengagement can include:

- Minimising actions and consequences: For example, describing drug-dealing as 'just a job', without considering the impact the drug trade has on others, or thinking that using or selling drugs doesn't hurt anyone directly.
- Comparing to other crimes: For example, highlighting the impact of other crimes to make the impact of drug use and the drug trade seem less significant in comparison.
- Shifting responsibility: For example, framing drug use as only being a societal problem without considering any individual responsibility, or believing that one person's choices around drug use won't make a difference due to other people still using drugs.

Sensitive exploration of these thought patterns can help young people to be less susceptible to moral disengagement.

Additional materials to support schools' drug education

Guidance and resources

- PSHE Association – Drug education lesson pack: lesson plans, resources, PowerPoint slides and detailed teacher guidance for key stages 1-5 on drug and alcohol education.
- Handling complex issues safely in the PSHE education classroom: detailed advice about establishing a safe classroom environment for discussing complex issues.
- Key principles of effective prevention education: an evidence review of good practice in prevention education, applicable to many areas of PSHE education.
- Police in the classroom: a handbook, research and resources ensuring police contributions to PSHE education are safe and of maximum benefit to teachers and pupils.
- Selecting and working with visitors and speakers: a guidance document, planning checklist and podcast containing important advice on ensuring external visitors and speakers make a safe and effective contribution to the PSHE classroom.
- ASH briefing for local authorities on youth vaping: briefing to help local authorities respond to concerns about youth vaping.

Data sources

Below is a selection of data sets that can be used in addition to local and school data, parental engagement, pupil voice activities, pupils' prior learning and the expertise of pastoral and safeguarding colleagues, to tailor a school's PSHE education curriculum.

- NHS - Smoking, drinking and drug use among young people in England: Data sets exploring national trends in young people aged 11-15.

[29] Home Office, 2023. *Criminal exploitation of children and vulnerable adults: county lines.*

- Home Office - Alcohol and drug statistics: Data sets exploring national trends in alcohol and drug use.
- Association for Young People's Health – Key Data on Young People: A source of information bringing together key data from a wide-range of data sets.
- Office for Health Improvement and Disparities - Public Health Profiles: Local health profiles that includes data on under 18 alcohol hospitalisations.
- Office for Health Improvement and Disparities - Young people's substance misuse treatment statistics 2022 to 2023: Data on national trends in the young people under 18 seeking treatment for substance misuse.