

What do we mean by...?

Needs Assessment

An effective needs assessment pinpoints issues that are relevant, and perhaps of concern, to children and young people. For example, knowing which drugs are of most concern may help determine the skills and information that will be most useful to the group.

Also, a needs assessment can flag up individuals with pressing issues. When needed, help and support may be sought from local targeted services and specialist drug and alcohol services that have expertise in addressing the early intervention in respect of a child or young person's drug related needs.

You do not have to be a professional drugs worker to conduct a basic needs assessment or conduct screening and there is guidance available to help you through the process.

What is an appropriate needs assessment?

Key Stages 1 and 2

The 'draw and write' (or 'Jugs and Herrings') approach is appropriate for this age group. You can find information on this approach at: <http://tinyurl.com/yayej3m> (page 95 has an example exercise)

Key Stages 3 and 4

UNESCO provides [a free needs assessment resource](#). Alternatively, SHEU provides a needs assessment tool that is already used extensively in the UK (although it must be purchased). You might also use exercises such as quizzes or graffiti sheets, or a similar draw and write technique based on the Jugs and Herrings approach, with age-appropriate content. Feedback from pairs, small groups and class discussions, perhaps compiled by volunteer scribes from among the students, can help gather information to inform programme planning. Students can help refine these intentions to further assure relevance and engage the students' enthusiasm for the programme.

Drug Use Screening Tool (DUST) (sometimes called Substance Use Screening Tool, or SUST)

The Drug Use Screening Tool helps those working with children and young people to identify whether they have drugs or alcohol related needs. It can be administered by teachers or practitioners, although some prior training is recommended. For further information and a copy of a recommended DUST, go to: www.tonicconsultants.com/products

Your local Drug (and Alcohol) Action Team may have developed their own screening tool for use in your area.

Early Intervention and Specialist services

It is important that there are strong relationships between universal services – like schools and youth services – and local targeted and specialist young people's drug and alcohol services. They can conduct more detailed individual needs assessments for students who you know may be at risk of developing drug problems and ensure they get appropriate support. Good practice involves bringing services to the student, perhaps using the Common Assessment Framework to assess the level of need. Avoid 'referring' the student.

Risk and Protective Factors

The table below details some of factors associated with risks that can lead to drug misuse problems and some of the factors that can protect young people from drug misuse and its associated harms. Multiple risk factors are associated with a higher likelihood of drug related problems and of those problems being complex.

Protective Factors		Risk Factors		
		1. Belonging to a 'vulnerable' group	2. Social and Cultural Factors	3. Interpersonal and Individual Risk Factors
<ul style="list-style-type: none"> • Positive Temperament • Intellectual Ability • Supportive Family Environment • Social support system • Caring relationship with at least one adult • In education/ employment / training 	<ul style="list-style-type: none"> • Young sex workers • Young offenders • Looked after children • Mental health problems • School non-attenders • Drug misuse by parents • Abuse within the family • Homeless 	<ul style="list-style-type: none"> • High levels of neighbourhood crime • High levels of poverty and decay • Easy drug availability • Areas where there is widespread social acceptance of drug use • Lack of perception of the risks from drugs 	<ul style="list-style-type: none"> • Physiological and psychological factors • Family dysfunction • Behavioural difficulties • Academic problems • Association with peers who use drugs • Early onset of drug or alcohol use 	

When you come to design and teach drug education, you should keep in mind that some of your students may be particularly vulnerable to drug misuse (especially through the presence of one or more risk factors). You should not assume that children or young people from a certain background will, or will not, develop problems.

Normative education

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) explains the normative component of drug education as:

Addressing normative beliefs means to correct the very widespread belief of young people that drug consumption among their peers is normal and frequent, by providing feedback of survey data showing actual prevalence rates and through guided class discussions on opinions toward substances. Normative education seeks to undermine popular beliefs that drug use is prevalent and acceptable.

The EMCDDA have a questionnaire for measuring the normative beliefs around prevalence and one which looks at whether young people approve of drug taking. These can be downloaded [here](#). A presentation on the theory of the social norms approach to drug education can be seen on the Drug Education Forum's website [here](#).

Strengthening social skills

This is arguably the most important aspect of drug education, helping young people to develop skills which lead them to be able to cope with and manage situations involving drugs, to identify and avoid risky situations, and to be able to avoid particularly harmful drug misuse.

It is useful because evaluations have shown that children/young people with stronger social skills are more able to resist peer pressure, avoid risky drug misuse, and abstain from drug misuse for longer.

The EMCDDA have questionnaires which help educators to assess whether their programmes are developing decision making skills, assertiveness, and self esteem amongst others. They can be found [here](#).

Prevention - Universal, Selective and Indicated approaches

These terms are used to distinguish between prevention approaches that work with different groups of children and young people.

- **Universal prevention** programmes are delivered to all children and young people in a group.
- **Selective prevention** targets groups that are deemed to be at risk of drug misuse by virtue of their membership of a particular population segment, for example young offenders, those who are excluded or truant from school, or students who are members of a gang.
- **Indicated prevention** in educational settings focuses predominantly on identification, intervention, support and sometimes referral of students with behavioural problems; independent of whether they already use drugs.

Whole School Policy

The content of a whole school policy should refer to:

- How the policy will be developed
- Where the policy can be found and how it will be disseminated to staff, students and parents/carers.
- The context of the policy and its relationship to other policies
- Local and national guidance on drugs
- The purpose of the policy: its functions and how it relates to the school ethos
- Where and to whom the policy applies
- Definitions and terminology
- The school's stance towards drugs, health and the needs of students
- Staff with key responsibility for drugs
- Aims and content of drug education
- Methodology and resources: teaching methods, resources and external contributors
- Staff support and training
- Assessing, monitoring, evaluating and reviewing drug education
- Management of drugs at school
- Police involvement in drug-related incidents
- The needs of students: particularly what internal and external support structures are available to them
- Accessing external support: relationships with local specialist support agencies
- Information sharing
- Involvement of parents/carers
- The role of governors
- Liaison with other schools
- Liaison with other agencies

