DRUGS POLICY

IN

SCHOOLS

by

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DECLARATION

I declare that the contents of this thesis are entirely my own work and that it has not been submitted as an exercise for a degree at this or any other University.

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SUMMARY

This study is a qualitative investigation of drugs policy and practice in six Irish post-primary schools. The research was carried out by semi-structured interviews with individuals and small groups: teachers, students, principal teachers and parents, and by documentary analysis of school policies where available. The six schools cannot be regarded as a representative sample of schools throughout Ireland; it is better to regard the experience of the six schools as a collective case study illustrating the issues involved in making and implementing policy.

The aim of the research was to examine the nature of each school's policy and the process by which it was developed, and to look at how the policy is implemented in practice, comparing both policy and practice with what is regarded in the literature as "good practice".

It was found that in their policy documents schools express clear aims for a drug-free school environment and for educational programmes which address knowledge, attitudes and skills, to enable students to make healthy decisions about drugs. Many schools have combined pastoral care with discipline in the management of drug-related incidents. However, the policies often failed to inform practice. Some students and teachers were unaware of the policy content. Teachers of health education were confused about their aims – to educate or to prevent drug use? Teachers and students seemed to share an implicit expectation that drug education ought to prevent drug use, even outside the school; but the literature and the experience of teachers indicates that this goal is rarely achieved by any educational programme. Students and teachers found the spiral curriculum of the health education programme repetitious; there was little evidence of programmes taking into account what the students already knew and no evidence of harm prevention or of the study of socio-cultural dimensions of drug use.

Within the school, some staffs overlooked the role of supervision in maintaining the school as a drug-free environment, while others took this seriously. Both staff and students considered that this contributed to lower levels of smoking in the school.

ACKNOWLEDGEMENTS

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LIST OF ABBREVIATIONS

AA	Alcoholics Anonymous
CAD	Community Awareness on Drugs
CSPE	Civics, Social and Political Education
EHB	The former Eastern Health Board which has now become the Eastern Region Health Authority
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENHPS	European Network of Health Promoting Schools
ERHA	Eastern Region Health Authority
EU	European Union
HMSO	Her Majesty's Stationery Office
Home Ec	Home Economics
HPS	Health Promoting School
INHPS	Irish Network of Health Promoting Schools
ISDD	Institute for the Study of Drug Dependence
NCCA	National Council for Curriculum and Assessment
NEHB	North Eastern Health Board
NWHB	North Western Health Board
Ofsted	Office for Standards in Education
PC	Pastoral Care
PE	Physical Education
RSE	Relationships and Sexuality Education
SAPP	Substance Abuse Prevention Programme
SHB	Southern Health Board
SPHE	Social, Personal and Health Education
UK	United Kingdom
USA	United Stales of America

Drugs Policy in Schools

Chris Murphy

CHAPTER 1: INTRODUCTION

This study is a qualitative investigation of drugs policy and practice in six Irish schools. The research was carried out by semi-structured interviews with individuals and small groups: principal teachers, other teachers, students and parents, and by documentary analysis of school rules and policies where available. The aims were:

(a) to determine the nature of each school's policy and the process by which it was formulated,

(b) to examine each school's practice, comparing and contrasting it with the school's policy, seeking to identify both contributory and inhibitory factors to adoption of policy and its implementation,

(c) To assess policy and practice in the light of what is indicated in the literature as "good policy" and "good practice".

This study is a process evaluation of the formulation and implementation of policies which in turn address the content of educational programmes and the management of drug-related incidents. The six schools surveyed cannot be regarded as a representative sample of schools throughout Ireland, for two main reasons. First, they are too small in number and not randomly selected. Secondly, Perri et al have pointed out that due to local cultural variations it is unwise to generalise from particular examples in matters of drug use:

> Drug taking and altitudes can be associated at the local level, but these relationships were not consistent nationally and therefore are not significant at the national level (Perri et al, 1997: 10).

It is better therefore to regard the experience of the six schools in the research as a collective case study illustrating the issues involved in policy making.

1.1   The Irish Context

The Irish context with regard to school drugs policy is one of change: some schools have formulated a policy on drug issues, some are in the process of doing so, and others have not addressed this matter. Some Health Boards have recently become active in assisting schools to draw up a policy on drugs. The Minister for Education has announced a project to assist schools in drawing up school plans (Martin, 1999). The impetus for action appears to come from recent events in courts of law as well as from the Government and its Departments of Education and Health.

The Government White Paper *Charting our Education Future* (1995), which "outlines policy directions and targets for future development" (p-ix), identified three main strands to the promotion of health and well-being in schools:

> School climate,
> The involvement of parents and the wider community,
> Positive interventions
> (Department of Education 1995: 161).

"Positive interventions", according to the White Paper, are to include (inter alia) "the development of a school policy on personal and social education" and, at national level, "the development of programmes relating to tobacco, alcohol and substance abuse and the promotion of healthy lifestyles"(p.163).

In 1997 the Department of Education published an Information Booklet: *Substance Misuse Prevention — Outlining a multi-strand Approach for Boards of Management, Teachers, Parents and other Educators,* which encouraged the establishment of policies and procedures.

> School staffs are increasingly meeting issues to do with the use of substances -they may hear rumours or be informed of pupils using particular substances; a pupil may tell that s/he or members of her/his family are using particular substances, or substances may be found in the school. It is important that school staffs have discussed these issues and that clear policies/procedures are in place in order to deal effectively with these situations-should they arise, in partnership with parents (Department of Education, 1997; 24).

At the same time the Irish Network for Health Promoting Schools (INHPS) with backing from the European Network (ENHPS) established a pilot project with forty schools (twenty

primary and twenty post-primary) using a whole-school approach to health promotion. The project focused on the same three areas: the school environment, links with parents and community, and the health education programme (Lahiff 1998: 1). The schools found that when they joined the network, the Social, Persona! and Health Education (SPHE) programme was often taken more seriously, as a report on the project indicates:

> [In schools in the INHPS] SPHE tends to receive a higher priority in planning, structuring and time tabling, and the various elements of SPHE 'fit together' under the Health Promoting School umbrella (Lahiff 1998: 24).

The National Council for Curriculum and Assessment (NCCA) meanwhile developed a syllabus for SPHE, compiling a draft Junior Cycle curriculum in 1998. SPHE is to be allocated one period per week in the junior cycle in schools by September 2003. The curriculum has ten modules, which appear in each year of the three-year cycle, "substance use" being the title of one module.

> Topics and skills should be revisited often under different headings and from a variety of perspectives within a spiral and developmental programme (NCCA 1998: 5).

The Department of Education developed and produced two programmes, *On My Own Two Feet* (1994) and *Walk Tall* (1999) for second-level and primary schools respectively, the first of which is often known as SAPP (the Substance Abuse Prevention Programme). The School Handbook for *On My Own Two Feet* emphasises the importance of school policy, of a whole-school approach, and of parent involvement (Department of Education 1994, School Handbook: 49f».

The Health Boards in Ireland (of which there are ten since 1st March 2000) form an important part of the context. Many have employed Education Officers and/or Health Promotion Officers with a mandate to assist in implementing health education at local level. Some have produced educational materials. The North Western Health Board (NWHB) produced a *Healthy Living* series commencing in 1992 and *Health Kicks* in 1998 and 1999; the Mid-Western Health Board produced *Bi Follow* for primary schools and these materials were accompanied by training courses for teachers.

This involvement of the health sector in education is in keeping with Department of Health Policy.

> The Department of Health will continue to liaise with the Department of Education on the development and dissemination of suitable materials for inclusion in social and health education programmes in schools (Department of Health 1994: 48)

Policy planning was directly addressed in *Guidelines for schools: Developing Policy on Alcohol, Tobacco and Drug Use,* a resource pack produced by the Southern Health Board in 1999. It addresses both the process and content of policy, advocating the whole-school approach, the involvement of parents and students (who had largely been overlooked in previous policy formation) and covers both educational programmes and the management of drug-related incidents (Southern Health Board, 1999).

The National Alcohol Policy (1996) formulated by an interdepartmental committee of the State recognises that teachers will need training for the methodology of health education programmes:

> This new methodology is a radical approach for teachers who have traditionally been used to didactic teaching. Therefore both pre-service (teacher training) and in-service (current teachers) training in health education methodology is necessary to empower teachers with the skills and confidence to deliver quality health education in a single subject and/or a cross-curricular setting in a school (Department of Health 1996: 32).

Of the documents cited above, the National Alcohol Policy is the most explicit in its commitment to policy and programmes for drug education and prevention;

> The Departments of Health and Education will maintain their co-operation in the development of health education programmes and resources for teachers, youth workers, parents and young people. The Department of Education will
> - Encourage schools to have a clear policy on substance use (drinking, smoking, drug-use) which is known to all students, teachers and parents.
> - Develop the school curriculum to include a significant level of education for health as part of the core curriculum based on lifeskills education (Department of Health, 1996:60f).

The official documents referred to above focus mainly on the methods and climate for drug education. None of them addresses the aims of drug education — whether primary prevention or harm reduction or a combination, or simply the passing on of information and skills and the exploration of attitudes.

A court case in November-December 1999 led to an upsurge in enquiries about school drugs policy, according to a number of drug education Officers (Casey and O'Shea, verbal communication).

> Two students brought court proceedings last month seeking to overturn their expulsions, imposed the day after a teacher discovered they had smoked cannabis at a private party at a bar outside Dublin (Irish Times, 11th December 1999).

Mr Justice Kearns said that a court should not lightly interfere with the autonomy of the school, or its capacity to discipline students. The case was dropped after the school agreed to readmit the boys under "stringent conditions". This court case was referred to in the interviews for this research in a way which indicates that it has prompted school staffs to consider their need for a policy.

1.2   The European Context

European trends indicate at policy level a growing emphasis on education and prevention and less emphasis on punishment. However, in law enforcement practice there is no evidence of such a trend, as arrests for drug use are not decreasing in relation to overall drug-related offences (EMCDDA 1999: 26). Although there are variations from country to country, the overall trend is "towards a balanced approach", taking a middle way between repression and tolerance. Harm reduction "is increasingly recognised as an important tool in national and local drug policies" (p. 19),

> The aim of reducing the risks caused by drug use is emphasised in some member states, providing a legal basis for 'harm reduction activities'.

> Some countries put new emphasis on the danger of addictive substances regardless of their legal status (EMCDDA, 1999: 26).

Prohibition of possession and /or use of drugs is the norm in all fifteen EU drug control systems. Legalisation is not considered an option in any national drug policy. However, there are indications of "a shift towards decriminalising some behaviours linked to consuming and possessing drugs for personal use... modifying the penalties and measures applied to it [drug consumption]" (p.l9).

The report indicates a belief in the school as an agent of prevention, with involvement of parents and trained teachers:

> Teacher training and parental involvement are crucial and are promoted throughout the EU, although the role of the family, and especially parents, varies.
>
> School is still the main setting for prevention activities and more countries now believe that these should start as early as possible. Substantial evidence shows that school programmes can at least postpone drug use among young people (p. 17).

The word "can" in the last sentence is significant; as will be discussed in the literature review, it has been found that many school programmes do not postpone drugs use.

1.3   The United Kingdom Context

Because much of the literature about policy and best practice derives from the UK it is worth while to summarise the context there. The government issued a White Paper *Tackling Drugs Together* in 1994, the year before the Irish White Paper on education. *Tackling Drugs Together* emphasised education and prevention in conjunction with vigorous law enforcement and accessible treatment (President of the Council, 1995). The emphasis on education and prevention was continued in the 1998 anti-drugs strategy document *Tackling Drugs to build a Better Britain,* whose aim was "to help young people resist drug misuse in order to achieve their full potential in society" (President of the Council, 1998, quoted in Wyvill 1999: 353).

Also in 1998 the Department for Education and Employment issued *Protecting Young People –- good practice in drug education in schools and the youth service* asserting that drug education is most effective as part of a wider personal, social and health education programme, and that collaboration is important between all interested parties, both within the school and in the local authority area (Department for Education and Employment 1998, quoted in Wyvill 1999:354).

In 1995 the National Curriculum set out statutory requirements indicating what pupils should be taught at each of four key stages (ages 5-7, 7-11, 11-14, 14-16 years); this is currently being updated.

Although drug education appears in the science curriculum, schools are free to decide for themselves how best to organise drug education for their pupils within science class, as appropriate within other subject areas, or as part of a broader programme of personal and social or health education (Department for Education 1995, in Wyvill 1999: 356). The 1998 document claims that "drug education works best" in the latter setting.

There is no statutory obligation on schools to have policies on drug prevention and drug-related incidents. However, the Office for Standards in Education (Ofsted) monitors schools' policies and practice in drug education and management of incidents and in 1997 reported that 70% of secondary schools had recently either reviewed existing policies or written new ones (Ofsted 1997).

Usage of the terms "drug" and "prevention" will be addressed in the literature review, as will the question of what outcomes may be expected from the actions of a school under the heading of prevention.

1.4 Research Questions

In this context, this study asks the following research questions:

In the schools surveyed, what is the drugs policy?

How does this compare with what is regarded as good policy in the literature?

What were the processes by which this policy was adopted? What difficulties were encountered?

What is the practice in the school with regard to

- classroom teaching and educational programmes
- management of drug incidents

- school ethos and systems
- involvement of parents and the wider community?

How does this practice compare with school policy?

How does practice compare with good practice in the literature?

The research does not aim to study outcomes in terms of levels of drug use of prevalence of drug-related incidents.

CHAPTER 2: LITERATURE REVIEW

Drug education in schools has been described a highly charged topic about which people hold widely differing opinions. Two points of view are described by Ives and Clements

> At one end of the spectrum of opinion about use are those who believe that abstinence from drugs which are illegal to use is the only acceptable way to behave. Such people favour abstinence approaches such as 'just say no' campaigns, although some have become convinced that abstinence messages by themselves are not necessarily effective in encouraging non-use.

> At the other end of the spectrum of opinion are those who hold the view that it is not the school's job to prescribe or proscribe behaviour and that young people need to make up their minds about drug use. This group tends to advocate approaches to drug education that give information about drugs, about their use in various societies, and about their effects. Allied to this position is the growing acceptance that a significant number of young people will, in making up their own minds, choose to use drugs. Any educational response will therefore need to lake this into account and aim to encourage sensible and less damaging drug use (Ives and Clements 1996: 18).

The range of topics coming under the heading of 'drug policy in schools' in the literature includes drug education and prevention, the content and delivery of programmes, management of drug incidents, training, partnership with parents, dealing with the media;

the literature on these topics will be reviewed here. First, however, the underlying principles will be considered, leading on to the aims of policy, the process of formulating and implementing policy, the management of the policy itself and of drug-related incidents, the content and delivery of programmes, and other issues which have been addressed in the literature.

2.1   Underlying Principles

Butler (1994) drew attention to "the cultural and political complexities and ambiguities which are inherent in this field [of drug education]" (p.126). Referring to Zinberg's *Drug, Set and Setting* (1994), he describes the "Public Health Triangle" as a framework which may "alert the observer to the range of causal models which may plausibly be proposed in

explaining drug and alcohol problems".

Figure 1: The Public Health Triangle

Substance

Individual   Context
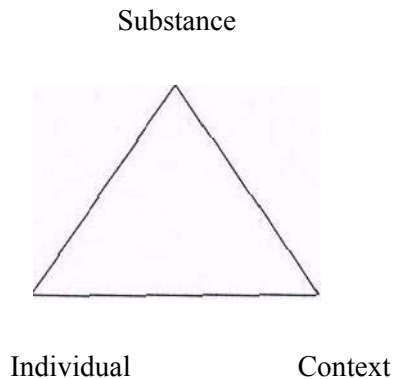
This framework will be useful as a tool to locate the models of drug education in the schools surveyed.

Butler traces drug prevention back to the 1960s when the focus was on information about substances and their harmful effects on the individual:

> It appears that the expectation of the Minister for Health was that the Working Party on Drug Abuse would propose the introduction of drug education programmes for Irish young people which would (a) be authoritative, (b) focus on the individual and (c) largely consist, in terms of content, on the presentation of information on the negative aspects of drugs (Butler 1994: 130).

As early as 1974, Goodstadt and others pointed out that substance-based information giving was ineffective or counter-productive as a means to preventing drug use (Goodstadt 1974 quoted in Dorn and Murji 1992: 10).

Writing in the United States, Szasz (1995) remarked that the language we use "constitutes much or even all of the ensuing problem."

> We had no problem with drugs until we quite literally talked ourselves into one-we declared first this and then that drug as 'bad' and 'dangerous'; gave them nasty names like 'dope' and 'narcotic'; and passed laws prohibiting their use. The result: our present problem of drug abuse and drug addiction (Szasz, 1995: 11).

In the UK, Bunton (2000) pointed out that, although mere has been a shift away from the individualisation of drug problems towards a contextualising of drug behaviour, elements

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of individual-focused and drug-focused approaches persist. The UK *Government's Ten Year Strategy for Tackling Drugs* (1998), for instance, includes the acknowledgement that "all drugs are harmful". The 'transtheoretical' or 'stages of change' model of Prochaska and DiClemente is cited by Bunion as an example of an approach which individualises the risk; it has become immensely popular, but "this could be attributed more to its ability to capture the spirit of the times than to its scientific support. There have still been remarkably few outcome studies on the model…" (Bunion 2000: 2).

Many authors have highlighted the scapegoating of drug users which arose from approaches which individualise drug problems and which also can have an influence on policy.

> Scapegoating, individualist political ideologies disempower drug users and communities, they also influence professional knowledge and practice….
>
> Drug use defined as disease and crime can make drug users into 'super-deviants' subject to quarantine, imprisonment, involuntary treatment and mandatory sentencing (Bunton 2000, citing Reaves and Campbell 1994).

Bunton describes the current development of the public health perspective which began to emerge in the 1970s.

> The new strategies are replacing concerns for potentially 'dangerous' individuals with a combination of factors of risk- Professions now focus on populations at risk rather than face-to-face individual contact. Welfare for individuals in need is transformed into the system for monitoring the health and welfare of populations at risk (Bunton 2000:1).

"It could he," he concludes, "that we are about to see a shift away from the individualising conceptions of drug misuse and the development of models of prevention and education that neither neglect or over simplify socio-cultural processes" (p. 3).

2.2   Terminology

The same complexity applies to the use of words like 'drug', 'education' and 'prevention'.

Uses of the word 'drug':

A review of the literature concerning drug policies in schools reveals a variety of uses for

the word 'drug', from the sense of "illegal drugs" to an inclusive sense, encompassing alcohol, cigarettes, solvents and medicines in its scope, as well as other drugs (Grube and Morgan 1986, Coggans el al 1991; 61, Chapman 1992: 9, Edwards et al 1993: 3, Dorn and Murji 1992, Keene 1997). The word "substances" is likewise used in both senses.

School policy documents usually address cigarettes and alcohol separately from "other" drugs. In this thesis it will often be necessary to follow this practice, dealing separately cigarettes and alcohol, while recognising that they also are often included in the meaning of the word "drugs".

Uses of the word 'prevention'

Dorn and Murji prefer to avoid a strict definition of prevention:

> Though it may seem tempting or even rigorous to set up clearly defined and fixed relationships between the terms, prevention, demand reduction, harm minimisation, we think it inadvisable.

> Drug prevention incorporates demand reduction but goes wider.... We do not think it helpful to adopt a strict definition that, when applied, tends to cut practical responses up into little bits (Dorn and Murji, 1992: 5).

Keene indicates the wide range of uses of the word:

> Drug prevention means different things to different people. It can mean stopping people misusing drugs. It can simply mean educating people about drugs or it can involve 'demand reduction'. Or it can mean preventing the harm caused by drugs (often called secondary prevention) and teaching healthy lifestyles (Keene 1997: 93)

Keene emphasises the distinction between drug education and drug prevention, adding that this distinction is often not clarified in local and national policy documents. Many policies seem to imply that "if you educate people about drugs then this will prevent them using them" (p.94). In her chapter on Drug Prevention and Education, Keene opts to use the word "prevention" only for programmes designed specifically lo prevent drug misuse.

2.3   Drug use with Design

"Drinking with Design" is the title of an article by Brain, Parker and Cam-worth describing research into the purpose or function, as they perceive it, of young people's use of alcohol and illicit drugs. The research found that young people "purposely sought a 'buzz' (intoxication) from these psychoactive repertories which they framed as a consumption decision." Furthermore, it was noted that this functional and apparently pleasure-seeking pattern of consumption is now being found in "otherwise conventional, conforming youth", not merely in groups which could be described as delinquent or damaged. The authors argue that "policy initiatives as welt as theoretical explanations should adjust to 'post-modernity' so that such consumption can be better socially managed" (Brain et al 2000: 5).

Based on qualitative interviews with drug misusers, Keene (1997) found that there are three kinds of misusers: recreational, high-risk and dependent misusers, each with differing perceptions of safety or risk and of the benefits of taking drugs- The benefits which recreational users mentioned included allowing people to relax, to be sociable, to provide a good time; and "almost all the respondents referred to the 'buzz', 'rushes' and 'out of body experiences'" (p.25). Keene also found "an unequivocal awareness that the misuse of drugs is risky and that, although precautions may be taken, there is always some danger" (P.24).

Brain, Parker and Camworth remark that, while 'moral panics' persist about under-age drinking, far less informed debate has occurred in respect of young people's drinking patterns and the way licit and illicit are blurring. While acknowledging that for a small minority of contemporary youth conspicuous consumption of alcohol may symbolise defiance and may link with delinquency, a greater number of drinkers are shopping around, exercising the kind of selection and purchasing skills which other consumers use. Their research included a school survey, the sample being representative of the area's socio-economic groupings, aged 13 to 16 years. 12% of the sample were non-drinkers; 60% of the sample drank weekly or less frequently while 28% drank more than once a week. More

than four fifths of the 28% who drank more than once a week had also taken a drug, mostly cannabis, but what is significant in a discussion of 'normalisation' is the 60% who drank at most once weekly: nearly half of these had also 'taken a drug'. The authors conclude:

"These are essentially 'normal' patterns for 1990s youth, thereby posing a challenging ' policy problem" (Brain et al 2000: 10).

The high-risk misusers spoke less about the buzz and more about not being able to cope without drugs, using drugs to self-medicate for specific problems or just to feel good. The dependent users spoke about avoiding withdrawal symptoms, being addicted, feelings of failure, craving and uncontrollability. Non-drug-users were also interviewed as part of Keene's research. They spoke of drug misuse as dangerous, stupid, not done by their friends, addictive and risky.

Keene suggests that interventions — prevention, harm minimisation and treatment — should be matched to the needs of the client rather than be determined by the intervening agent or agency (p.xiv).

These patterns of drug use are similar to those found in Irish samples (Grube and Morgan 1986 and 1990, Morgan and Grube 1994, EMCDDA 1999). A recent survey of Health Behaviours of School Pupils in the Eastern Health Board region found that more than half of 15 -18 year olds drank alcohol at least once a month; nearly half of the boys and one-third of the girls of that age group have tried cannabis at least once; one quarter of the boys and one sixth of those girls smoked cannabis within the previous four weeks and over one quarter of that age group were smokers of cigarettes (Rhatigan and Shelley 1999).

If, as is done by Brain et al, these patterns of use are labelled 'normal' it is not to imply that they are engaged in by a majority of students, but that in any group of second-level students a significant minority, or sometimes a majority, are likely to be current users of cigarettes, alcohol and cannabis. If education programmes and school drug policies are to be of relevance they will have to take account of these patterns of use and of the particular patterns in each target group.

Teachers were likely to overtook the element of choice in drug use. Coggans et al in their review of Scottish drug education found that only 1% of teachers, when surveyed on their 'beliefs about the causes of students' drug use, attributed it to a choice on the part of the user; 79% attributed it to situational factors or to problems. However, the authors note that • the sample of teachers who answered this question was small — only 83 — so any conclusions drawn must be tentative (Coggans et al, 1991: 45).

2.4   Aims of School Drug Policy

There are many different views as to what the aims of a school might be in relation to drugs, and as to what should be set down in the school's policy document; this is further complicated by the different meanings of words like education, prevention, harm reduction. The aims can be centred on educational goals such as the teaching of knowledge, understanding, skills and the exploration of attitudes; or the aims can include (in addition to these) a wish to influence behaviour, to deter people from starting to use drugs or to encourage those who are already using to stop or to use less. The aims could include harm reduction, focused on safer ways of using for those who do. The aims can be to influence behaviour while the student is within school premises or at school events; or it can aim to influence the student's behaviour at any time. Finally the aim can be to provide health education or to promote healthy behaviours, in which case drug prevention is situated in a wider context of health education or health promotion. Table 1 lists these aims along with terms which are sometimes (but not consistently) used to describe the aims. In the real, complex world of course these aims are not pursued singly but in various combinations.
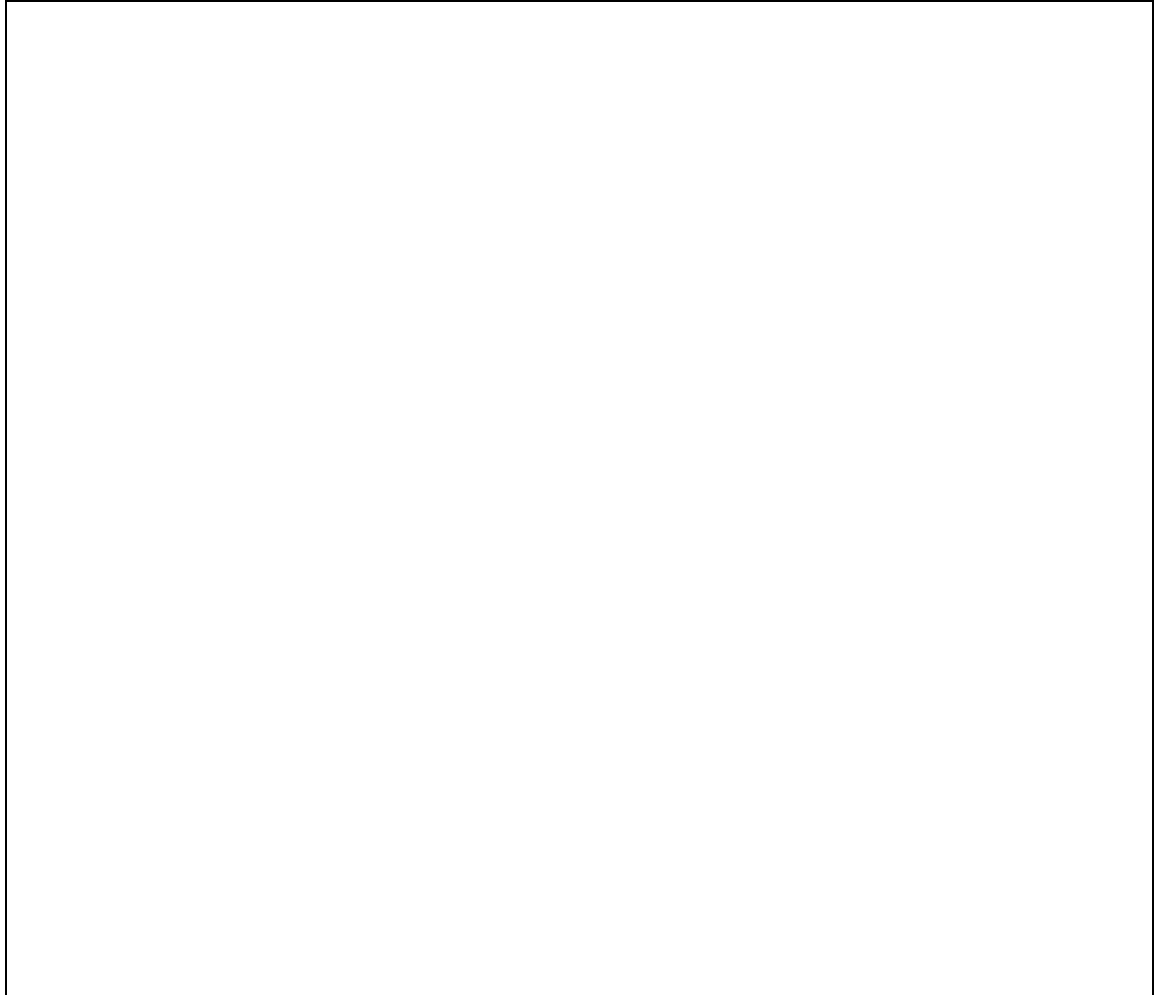
It is important to distinguish between the educational programmes in a school and other elements of school practice such as supervision, sanctions, counselling and involvement of parents, which may also contribute to the achievement of the school's aims. It is quite conceivable that the aims of the educational programme would not coincide with the overall aims of the drug policy; that the educational aims would be limited to specific aims which will be discussed below.

Gossop (1993) emphasises that aims of drug education should be realistic.

There is an urgent need to reassess what drug education can realistically be

expected to achieve. It is vital that everyone realises that it cannot eliminate drug taking. What it could do is to reduce the amount of harm that people suffer as a result of their drug taking.

Cohen (1996b) suggests that realistic aims of drug education might include:

> To increase pupil knowledge and understanding of drug use and related issues; To explore a range of opinions and attitudes towards drug use and enable pupils to arrive at their own informed views;
> To develop a range of skills related to drug use and enable pupils to make their own informed decisions about drugs (p.27).

Dorn and Murji, in their review of English language literature found ample evidence to indicate that school educational programmes do not stop or delay the onset of drug use among students. In the context of educational programmes, Dorn and Murji (1992) concluded that "aims might be more realistic where they focus on reduction «n levels of consumption rather than on prevention of initiation" (p.4). In reference to the different approaches, they concluded that

> Information-type programmes (whether 'scare' or 'balanced') are shown not to delay or reduce initial use, though there remains the possibility that the information may have a role in slowing transitions to heavier or particularly hazardous modes of use (Dorn and Murji 1992: 4).

They found the deficits approach ineffective, resistance programmes inconclusive, alternative approaches having potential if linked to broader community initiatives.

The aim of providing a safe and healthy environment in the school, is more likely to be achieved by consistent supervision than by educational inputs, Dorn and Murji considered 'policing' as a preventive measure, describing it as an approach too new to be assessed. While this reference is to low-level policing in the community (the criminal justice system paying *greater* attention to sellers of drugs and to drug users, while *reducing* the severity of sanctions) it may have application in schools in the form of supervision by teachers, m the community context, Dorn and Murji (1992) concluded:

> Enforcement must be considered an integral part of any local prevention strategy.... A fit between enforcement and other elements of a prevention policy is obviously important and this requires multi-agency negotiation and compromise (…between the schools, health care providers and local police) (p.35).

In the school, 'policing' has its parallel in supervision by teachers or other staff. Only one

document was found to address this issue: *Health Kicks* (1998), which is a resource to help schools to develop a smoke free school policy, produced by the NWHB.

> Pupils need to be supervised during break and leisure times. While this already happens via the teachers on yard duty, it is difficult to target the smoking corners. However, this needs to be done so that pupils get the message that there is a consistent follow-through on policy (NWHB 1998:6).

Supervision of students would seem to be important in pursuit of the aim of having in the school a health and smoke-free environment. Writers appear to have paid little attention to this aspect of prevention but the role of supervision deserves more attention, in the light of findings which show that the educational programme cannot reasonably be expected to influence behaviour to the extent of ensuring a healthy, smoke-free and drug-free environment in a school.

2..5   Process

The process of policy formulation is also discussed in the guidelines and other literature:

> Open discussion and participation will enhance ownership and increase the commitment to implementing and making the policy work as well as being a valuable educational experience for the school community (SHB 199:5).

There is a variation in the degree of participation recommended, with tone set of guidelines recommending that a policy committee be set up with, ideally, equal representation of staff, students, parents and board of management (SHB 199:5); another recommends "consultation with students, parents, staff and board of management" prior to finalizing the policy (NWHB 199:11).

Policy should be based on the needs of the school community, taking account of existing rules and policies, and based on wide consultation to identify the needs for drug prevention in the school (SHB 199: 6).

2.6   Management of Drug Incidents

Chapman (1991) reminds us that trust, and not suspicion, is the foundation stone for good

education and discipline.

> Overall it is better to focus on the quality of staff/student relationships; the trust generated thereby should enable staff and young people to work together and allow young people to gain confidential help if required (p.16).

He notes that it is not advisable to guarantee confidentiality in all cases (p. 17), and on the question of discipline he adds:

> Clearly a school needs to maintain a disciplined structure and within this have tight, clearly-defined boundaries over the use of substances in school. However the application of punitive action towards drug users could well be counterproductive, neither benefiting the school... nor the individual... (p. 17).

This is echoed by many writers including Cohen (1996b) and Parker et al (1995). Cohen offers clear guidelines for deciding whether or not to maintain confidentiality, whether or not to refer a student for counselling to an external agency, and when and how to involve parents (1996b: 50-3).

If the management of drug incidents is to be consistent with the underlying principles already discussed then the possession or use of a drug would be assessed in reference to the public health triangle which takes account of the drug, the user and the context. To scapegoat the individual would be to ignore the context role of the school itself, which might need to improve relationships between staff and students, provide more consistent supervision or update its educational programme.

Cohen suggests four considered steps:

1. Take your time. Do not rush into ill thought-out decisions;
2. Assess the situation, its seriousness, the options (both disciplinary and caring);
3. Anticipate the consequences of sanctions on the individual, their family, other pupils, the whole school, the wider community;
4. Consider how the situation relates to the school's policy and practice about other behaviours.

Such a policy clearly demands a management structure which enables it to be implemented (Cohen et all 991: 13).

2.7   Educational Programmes

(a)   Aims of the Educational Programme

What does the literature say about good practice in the educational programme itself? Already mentioned is the value of realistic aims, clarifying for instance whether the programme is focused on knowledge, understanding, attitudes and skills or if it also aims to influence behaviour. "Many practitioners in health education and drug prevention", says Keene (1997: 98), "often tend to ignore a great deal of the theory and research in their own field, particularly that concerning the influence of attitudes on behaviour". They believe that knowledge and attitudes influence behaviour, but in so believing they "ignore the contemporary importance of advertising and the media, and perhaps more importantly they underestimate the importance of social factors" (Keene 1997 p.99). They also ignore the findings of the many researchers, who found very little impact of these approaches on drug-taking behaviour.

The importance of matching the programme to the target audience has been mentioned by many writers (Cohen 1994, Keene 1997), but this should take account not only of what they already know, but of their drug-using behaviour. This is not always easy to accomplish.

> In any one class of primary and secondary school pupils, we can anticipate that there will be pupils for whom the emphasis should be on prevention, whereas for others harm minimisation should be a priority (Keene,1997: 110 quoting Williams and Keene, 1995).

At the very least this implies that a teacher should survey the students to find out what they have already done and what they have learnt. Over and above this, it implies that didactic methods be replaced with general interactional and skills-based methods, possibly with involvement of other professionals, and that drug specific education be situated in a context of other health, life and social skills (Keene 1997; 111). Dorn and Murji (1992) suggest that in practice drug prevention will be a compromise between ideals of best practice and constraints such as competition for resources (p.39).

(b)   Content of Educational Programmes

If the content of programmes is to be consonant with the underlying principles, and if the public health model is accepted, educators should view drug use in its socio-cultural context in addition to consideration of drugs and users themselves. A study of the context can include both the "micro" context of group of people who socialise together, and the "macro" context of world-wide trade. The scope for cross-curricular development of these themes is limitless but it must be co-ordinated (Cohen 1995: 26, Chapman 1991: 12). Connections between drug education and the rest of the curriculum are also relevant.

> Many drug and health educators argue that it is difficult to implement education about decision-making skills and to develop self-esteem in educational contexts that consistently take away young people's ability to make decisions and which are damaging to their self esteem. The more radical in this group would argue that all schools do this. Others would point to particular features of education that tend to detract from the development of decision-making skills. Clearly the ethos of the school is very important... (Ives and Clements 1996: 20).

In the UK it is mainly at key stage 4 that socio-cultural factors are introduced in the official curriculum; prior to that the focus lies mainly on a line (in the public health triangle) between the drug and the individual. In Ireland a draft curriculum for Social, Personal and Health Education (SPHE) for Junior Cycle is currently awaiting ratification. The Irish draft curriculum is less specific than that in the UK, and is geared towards the age group roughly corresponding to key stage 3 in the UK; in each year there is reference to "social implications of drugs" in a way which leaves it to the school or individual teacher to develop or to ignore this theme as they wish. Other parts of the Irish SPHE draft programme address relevant health and personal issues including belonging and integrating, self management, communication, relationships and sexuality, and decision making. Schools and teachers, then, have scope to develop the programme as they see fit.

(c)   Delivery of Educational Programmes

That drug education requires a "new methodology" has already been mentioned (p.4). The role of guest speakers in health education deserves consideration. It is clear, even without referring to other writers, that if an approach is planned which takes account of knowledge and behaviour of students, a large input into the preparation process must be provided by those who know the students.

Cohen argues that teacher-led (rather than guest-led) drug education has a number of advantages: teachers know their students; guests may sensationalise the drugs issue or use discredited approaches or focus too much on the drugs to the neglect of the students' issues.

> Outsiders may usefully supplement a teacher-led programme but their input needs to be carefully planned. Perhaps more importantly any programme should be negotiated with the young people themselves because if drug education is to succeed at all it must be acceptable by the people who are going to receive it (Cohen 1996a: 13).

2.8   Peer Facilitated Programmes

Dorn and Murji reviewed peer-facilitated prevention in the context of resistance approaches, which are aimed at helping people who supposedly have weak resistance skills to become better at coping with peer pressure. The assumption that young people use drugs because they are lacking in resistance skills has been questioned by Cohen (1996b) and Coggans and McKellar (1994) who found that drugs are often sought by users rather than pressed upon them (p-10). Ives and Clements (1996) distinguish between peer pressure and peer influence, the latter being the influence of a situation or environment where young people choose to associate with others who make similar drug-related choices to themselves (p. 19). The benefits of peer-facilitated approaches were experienced mainly by the peer facilitators themselves, who made gains in knowledge and affect (self-esteem and attitudes towards school) (Dorn and Murji 1992: 22, quoting Resnick and Gibbs 1988: 82-3).

Peer led work can take a variety of forms: peer-led discussion, peer outreach programmes, one-to-one tutoring, peer teaching programmes (Dorn and Murji 1991: 40). The main goals of peer led programmes are provision of meaningful activities and opportunities to participate; 'positive' peer pressure; provision of skills and competencies through training. Some do not mention drugs specifically, while others do. Both kinds have been evaluated as successful (ibid).

Three points of controversy were identified by Ives and Clements (1996): whether or not trainers should control the message and the way it is delivered by peer facilitators, how the peer-led approach knits in to the rest of the curriculum, and whether harm reduction should be advocated as well as (or in place of) abstinence (p, 19-20).

No less than other approaches, it is reasonable to expect that a peer-led approach should be used only if it fits in with the underlying principles of the school and its policy. It is not an end in itself.

2.9   Monitoring and Evaluation of Policy

Monitoring (looking at the process of implementation of policy), evaluation (looking at outcomes) and review or revision of the policy, are procedures which can help to ensure that the policy does not become just a piece of paper on a shelf- Many policy guidelines include this as a topic to be written into the policy itself, recommending not only a commitment but also a stipulation of who should take responsibility for it, and how it should be done.

Policy on the management of incidents may include an indication of what records are to be kept and by whom; if records are kept, these will help in monitoring of the process. Assessment of outcomes of the educational programme raises a number of questions including whether examinations should be used.

Ives and Clements cite Stears who indicates that external examination can confer status on a subject (Ives and Clements 1996: 18 quoting Stears et al 1995: 179). The survey on Health Education in the EHB area found that teachers felt that the civics programme (CSPE) had gained status when it was made an examined subject in the State Junior Certificate examination.

> There appeared to be competition for a time-tabled slot between CSPE and SPHE, with CSPE, as an examined subject, often the 'winner'— displacing established SPHE programmes. Teachers were concerned that as more subjects became examined, particularly religious education, there will be less space for SPHE on the timetable (Elliott 1999: 15).

There are contrary opinions as to the advisability and the feasibility of evaluation, especially evaluations which rely on "before and after" testing. Williams and Keene (1995) write:

> Daly and Richards (1991) have urged caution in the reading of the results of evaluation studies which rely too heavily on quantitative data and argue that insufficient attention has been paid to recognising that health-related interventions occur in a social system and that the system has a mediating effect on the outcomes (p.238).

Keene (1997) also pointed out that short term outcome evaluations give little indication of long term changes in attitudes and behaviour, nor any detail about the processes involved (p.115). Yet it is important for teachers to receive feedback on their educational programmes and there are numerous ways in which this can be done. Cohen lists some: verbal feedback at the end of sessions, structured observation of students as they work, checklists for individuals or groups to fill in, graffiti sheets, interviews, quizzes (to measure knowledge levels), questionnaires (for attitudes, likes, dislikes etc.) art, composition, journals, problem-solving activities (Cohen 1996b: 35). These methods can provide teachers with indicators to help them evaluate progress and plan for future sessions.

2.10   Involvement of Parents

In the EHB's survey of SPHE, at twelve of the fifteen consultation meetings teachers commented on the importance of involving parents in health work within the school and of integrating home and school health education/prevention so that students receive consistent and complementary messages.

> They were aware that sometimes these messages are contradictory, particularly regarding the perceptions of the dangers of alcohol consumption. Teachers felt that there needs to be a shared responsibility for students' health between home, community and school; and for some teachers there was too great an expectation placed on the school to deliver health education (Elliott 1999: 22).

The range of issues arising among parents is huge, from parents with specific health problems, including substance misuse, to parents suspicious that their child might be using illicit drugs (ibid). From this it is clear that uniform approaches will not work for parents.

As with students, ways have to be found to address and meet the differing starting points and the differing needs.

The EHB survey on SPHE revealed some of the creative ways in which schools have included parents in their children's education and school life:

Sending information home about the health education programme
Health education programmes for parents
Health literature for parents
Health events for parents and students
Discussing health at parent meetings
Inviting parents to take part in health campaigns
Parent functions of a social nature
A welcoming parents' room
Home-school-liaison service
Inviting parents to attend when there is a guest speaker.

Robertson (1996) reported on Fast Forward's educational sessions with groups of parents where, instead of the usual information-based approach, they attempted to help parents to understand a young person's perspective on drugs. A significant minority of parent groups resisted the young people's perspective and dismissed its validity, but the majority were grateful for the opportunity. What they most wanted was to feel confident when talking to their own children (Robertson. 1996: 11).

Chapman suggests that there are certain basic elements for parents which might be part of any school policy:

> A statement for parents outlining school policy [not necessarily the whole policy], with a positive encouraging approach;
> An opportunity for parents to explore concerns about drugs (Chapman, 1992: 6).

As was mentioned in the section on process (2.5), many writers also recommend the involvement of parents in formulating and reviewing the policy itself.

2.11   Media

Some sets of guidelines suggest that a policy should include a short section identifying procedures for dealing with the media especially if, after a drug-related incident there is any media interest (Cohen 1996b: 54).

2.12   Partnerships

There is a growing awareness of the value to be gained from partnerships where the school is part of a wider community-based drug prevention effort. Dorn and Murji recognise that, of the various modalities in which communities can collaborate, the 'most realistic approach' is one which tries to match locally available skills to the needs of clients. For instance, schools might develop cross-curricular and culturally relevant educational programmes, police might carry our their policing duties in a relevant modus operandi, parents might meet together to develop parenting skills for the local context. An inter-agency prevention plan would be drawn up: "successful delivery of such drug education depends on clear policy objectives and supportive management structures" (Coggans et al 1991: 13). Dorn and Murji's findings suggest that key steps in planning should take account of: capabilities of local prevention partners; interests of the groups to be 'targeted'; aims (and possible negative side effects) based on the first two; methods of prevention related to the above; and a budget. The plan should include provision for monitoring the process and evaluating the outcomes (Dorn and Murji 1992: 29).

2.13 Training

That teachers — and the whole school staff — need to be trained for drug education and prevention, health education and health promotion, is clear and is frequently mentioned in the literature. Chapman suggests that a draft policy might include

> Provision for the training of staff involved in drug education or pastoral work. Drug awareness sessions should lake place on an occasional but regular basis, especially where there has been a large turnover of staff (Chapman 1992: 6).

Coggans et al in their review of drug education in Scotland found that teachers who had attended two levels of training had greater confidence in their adequacy for the role of drug educator. (The first level was in-service training on drug education, drugs and drug use; the second was staff development in the school,) However they found that while teachers who had attended only the first level training felt more confident in their role, it did not necessarily mean they were more expert in the role. There were indications that experience of using drug-education materials was a better predictor of high levels of drug-related knowledge than was experience of in-service training (Coggans et al 1991: 11).

Coggans et al also found that the extent of training had no simple relationship with the teachers' involvement in drug education, pointing to the need for advanced planning as well as adequate training to ensure that those who have received training will be in a position to use what they have learnt.

In Ireland the most-used training programme for drug education for teachers has been the SAPP, where teachers are trained outside school hours and are provided with the pack *On my Own Two Feet* (Department of Education et al 1994). An unpublished survey in 1997 of all 760 Irish post-primary schools received responses from 592 schools. 298 schools (just 50%) said they had teachers on staff with over 50 hours of training in SPHE; between them they had 895 such teachers, hi 108 schools (18% of respondents) the training was provided by SAPP, with Health Boards (10%) and Departments of Health and Education (10%) being next in line, followed by a diverse list of "others" (McMahon, 1997: 2-4).

201 schools (34%) claimed to have a written policy and plan for SPHE and 284 (48%) had a co-ordinator for SPHE / RSE (Relationships and Sexuality Education). Whole staff in-service days on these topics had been conducted in 49 schools (8%).

409 SAPP tutors were also surveyed and 83% of these claimed to be using SAPP materials in their teaching (ibid.).

In the qualitative survey of SPHE in post-primary schools in the EHB area teachers stated that it is very difficult to get released for training (for any training, not just SPHE). They

also highlighted a problem of trained teachers not being time-tabled to deliver courses, sometimes for several years (Elliott 1999; 25). Some wished to see SPHE included in undergraduate and postgraduate training courses as soon as possible.

In these surveys half of the schools have teachers trained in SPHE, and one third have an SPHE plan or policy.

The following chapters will describe the methodology used in this research project and the findings about the process of formulating and implementing drug policy in six Irish schools.

CHAPTER 3: METHODOLOGY

3.1   Preliminary

Seven post-primary schools were selected, to include a variety of characteristics: in city suburbs or country town, in the Irish Network of Health Promoting Schools (INHPS) or not, in the Vocational Education system or not, in an area designated as disadvantaged or not. An effort was made (based on information already known, or obtained on first contact with the schools) to include schools at different stages of formulation of a written policy. Five of the chosen schools were of mixed gender; two were all-girls' schools, lint of these two, only one took part in the survey.

In this text the schools have been numbered 1 to 7, corresponding to how long they have been involved in writing a drugs policy. Schools 1 and 2 have the longest-established policy, while school 6 has not commenced. School 7 did not take part in the survey. An eighth school was selected for a pilot study which did not form part of the research. These numbers, however, will not be appended to quotations from individuals or from school policies in this report, because to do so would jeopardise the anonymity and confidentiality promised to contributors. The number of schools was small; people who know the schools would be able to recognise the school and then be able to attribute quotations to specific individuals such as the principal. Quotes are attributed simply to Students, Teachers, Principal or Parents.

Table 2 indicates the characteristics of the schools.

Letters were sent to the principals of the selected schools between September and December 1999, and these were followed by phone calls. The letter indicated that the purpose of the research was to identify the factors encountered by schools with regard to the prevention of drug and alcohol problems, including the practical issues which either help or hinder the process. It added that it did not matter whether the school had a written

policy or not, and it gave assurance of anonymity: that neither individuals nor the school would be identified in the thesis. It asked for clearance to interview the relevant individuals and groups, for fifteen to twenty minutes each. This allocation of time was to enable the interviews to be conducted within class periods. In fact most interviews ran to thirty minutes. A copy of the letter is to be found in Appendix 5.

One school did not reply to either letters or phone calls; consequently only six schools are included in the research.

TABLE 2: Characteristics of the Schools in the Survey

School No.	Situation	In INHPS	In designated Dis-advantaged Area	Type of School	Gender	Sur-veyed	Written Policy Formulated
1	Satellite town near Dublin	Yes	No	Community School	Mixed	Yes	1998
2	Satellite town near Dublin	No	No	Community School	Mixed	Yes	1998
3	Suburban Dublin	No	No	Community College VEC	Mixed	Yes	2000
4	Suburban Dublin	No	No	Community College VEC	Mixed	Yes	Commenced 2000
5	Suburban Dublin	No	Yes	Voluntary Private	Mixed	Yes	No
6	Country Town	No	No	Secondary Private	Girls	Yes	No
7	Suburban Dublin	No	No	Secondary Private	Girls	No	
8	Suburban Dublin	No	No	Secondary Private	Girls	Pilot Study	No

3.2   Data Collection

The research data were collected in two ways: written documents and semi-structured interviews with individuals and small groups. Those interviewed included the principal or person in charge of health education, teachers, students and parents, providing a triangulated perspective on the findings.

Schools varied in their ability to provide the desired documents for data collection. Appendix 1 indicates what data were collected.

The groups of teachers and students interviewed comprised two, three or four people, with two exceptions when there were six to eight students. The choice of three or four was again for practical reasons, to enable the interviews to take place during school hours. To guard against the possibility that one person's opinion would dominate the group, care was taken explicitly to invite members to express differing opinions.

The interviews were tape-recorded and transcribed, with the exception of two, when notes were written shortly after the interview. The author, who explained the purpose and assured anonymity, conducted all interviews. As indicated at the end of chapter 1, questions focused on policy (written or otherwise), the process of formulating it, the school's practice in management of drug incidents and in educational programmes, the difficulties or obstacles encountered, the perceived strengths, weaknesses and outcomes of policy and practice. Staff training and policy review were also investigated.

3.3   Data Analysis

From the transcripts of the taped interviews, themes were identified and listed — sixty-two in all (see Appendix 2). These themes were then grouped into clusters and the clusters arranged into a framework, which is presented in Appendices 3 and 4.

The data from the interviews and documentation were then revisited, using the framework

to manage the data. An effort has been made to embrace all the data, to include differing views, to examine the processes at work, to compare and contrast policy and practice, and to evaluate policy and practice against what is regarded in the literature as good practice.

CHAPTER 4: FINDINGS

4.1   Management of Findings

The interviews generated a list of sixty-two themes which are listed in appendix 2. From this list the following framework was devised, which incorporates all of the themes. The framework is divided into two sections: Policy Formulation, Policy Content and Practice. The framework is then used as the basis for presenting the findings.

PART 1: FINDINGS ABOUT POLICY FORMULATION

4.2   Initiation of the Process of Policy Formulation

Only schools 1 and 2 had a written policy at the time of the survey; school 3 completed a draft in early 2000, schools 4 and 5 commenced the process of policy formulation by dedicating part of a staff in-service training day to a workshop on the topic and school 6 had made contact with the local Health Board to enquire about policy. In two schools it was an individual teacher with an interest in policy (one an art teacher, another in pastoral care) who initiated this process; in a third it was the principal and a group of teachers who had attended a session for teachers and principals in the training for SAPP. The principal said:

> At the cup of tea that evening we said "look, we've been threatening to collaboratively do something." I just issued invitations from that and people responded. I put a note in our daily staff newsletter and gave everybody the opportunity to come. Teacher-wise, there might have been four or five teachers and I think there were three parents and three students- Once I issued the invitation it was self-propelling after that; I didn't have to drive it.

A committee was set up to accomplish the task in two schools (teachers, parents and students in one case and teachers alone in the other), whereas the third school left it to the individual teacher who had initiated the process.

> She was the one, really, who put it all together, in conjunction with the principal, with teachers, with consulting parents. She would have looked at policies in other schools and got a lot of guidance from the Health Board (Teacher).

The process lasted twelve to eighteen months, except in school 1 where it was accomplished in four months. In all cases, time was mentioned as an important factor. Committees comprising only teachers met in lunch breaks; others met after school. The principal said:

> I would have no problem giving time during school hours but already there is huge erosion of time. Everything is happening inside school time — in-service seminars. It's when teachers have to come out of the classroom to go on a day's training, or they are sick, or they have a personal day's leave that their tuition doesn't get done. That's the only problem.

These Findings show that in the initiation of policy, while there are some common features there are also considerable variations. All schools have had an individual who drives the process; some had a committee to draft the policy, others relied on an individual; the time-span was four to eighteen months; some focused on drugs, others on health.

The schools which do not have a written drugs policy nevertheless have a purposive course of action with regard to disciplinary matters, consisting of written codes of discipline and rules and unwritten practices such as supervision and sanctions. These effectively constitute a policy. The formulation of these codes of discipline has not been included in the scope of this thesis.

4.3   Purpose of Policy

There appeared to be a discrepancy between what was written down and what was regarded by teachers and principals as the purpose of the policy. They saw it as to provide clarity especially in the case of a drug-related incident.

> In any group of fifty people it is difficult to have cohesion, and people like clarity. Ultimately a policy should provide that… (Principal).

A teacher said:

I suppose what it's really good for is: if an incident occurs, that's where you refer to. You know, you are not going to recall everything in it at that stage but you have something and you know 'I can refer to that, what do I do now? Exactly what are the steps I should be taking now?'

A review of the policy documents from the schools illustrates that policy may focus on the drugs issue or may take a wider focus, situating the drugs issues in the context of health promotion. For example, the aims of the policy are expressed as follows in one school:

To improve the students' knowledge and understanding of drug use, abuse and misuse,
To educate students to make healthy decisions about drug use,
To provide clear guidelines for dealing with drag related incidents,
To encourage parents to interact with the school regarding drug-related issues,
To establish links with local community and statutory agencies (Policy Document).
The policy document from another school situates the drug policy in a health context:

We endeavour to promote the well being of students by:

- Providing a safe and healthy environment
- Promoting positive health behaviour
- Increasing knowledge about health
- Promoting self-esteem of students
- Working in partnership with parents and students.

4.4   Resources for Formulation of Policy

m this section we are referring to resources for the formulation of policy, not resources for the educational programmes in the classroom. The resources most frequently referred to are the Health Boards. Two schools are situated in the North Eastern Health Board (NEHB) area: both of these had close contact with the NEHB, one as a pilot school in the development of the Social, Personal and Health Education (SPHE) programme, and the other as a pilot school in the Health Promoting School project (INHPS). "The Health Board was very interested and gave a huge amount of help," said one teacher. "I'd say most schools in the NEHB area who are in the SPHE would have developed some sort of drugs policy," said another. Schools in the Eastern Region Health Authority area, formerly the Eastern Health Board area, report that it is only in the years 1999-2000 that the Health Board is developing a support system for schools drawing up a written policy.

As mentioned before, teachers who attended training in the Substance Abuse Prevention Programme (SAPP) also received support and encouragement in policy formulation. All of the above schools mentioned that they obtained copies of policies from other schools. Two sets of guidelines were mentioned: a draft from a teacher in the Vocational Educational Sector and guidelines from the Southern Health Board (SHB) published at the end of 1999. In addition to these, some schools mentioned having made contact with Gardai and local community and statutory services.

Apart from references to SAPP (the programme developed jointly by the Departments of Health and Education together with Mater Dei Counselling Centre in Dublin) the Department of Education was not mentioned as a resource. On the contrary, disappointment in the Department of Education was expressed in nearly every school.

> The Department are putting a big emphasis and a big pressure on schools to be accountable and to have statements, statements of policies, statements of aims, school ethos... (Teacher).

> We're not getting it [time] from the Department (Teacher).

> It's too easy for... the Department to say 'Well, you have the time'(Principal).

These findings show that only a limited number of resources are available and that the schools are not resourced with time to draw up policies. Health Boards are gradually developing resources which are highly spoken of by schools.

4.5   Consultation

The composition of the committees which draw up policies has already been mentioned. Throughout or towards the end of the drafting process, schools have consulted with other staff members, parents and students, m one school, there was no consultation with students as there were no 5th and 6th year students at the time. hi the case of other schools, drafts were circulated to the parents' committee and students' councils inviting comments and proposed amendments. The wider body of parents and students were invited to view the draft document and to make similar recommendations if they wished. No indication was given as to how many responded to this invitation.

One principal spoke of consultation as an important means of getting people to own the policy:

> I have mentioned the actual need for time to work through a policy and it needs as many staff to be involved at different stages as possible. Two people writing a policy — it may be a brilliant policy — but to get ownership is a huge thing (Principal).

In another school the students were about to be consulted:

> Well we're actually, if you like, testing it with students — senior students in particular we are targeting, to go through it, to get their views on it, — is it fair? — just to get, to try and have a partnership arrangement in all the stakeholders, which arc not only the teachers or the parents; at the end of the day the students as well (Principal).

One student considered consultation of students more important than parents. "The parents are not going to be in the school, you know what I mean" (Student).

The findings show that in principle schools are willing to consult staff, students and parents, m practice this often means consulting a small sample (perhaps a representative body), while others are invited to contribute if they wish.

4.6   Dissemination

What happens to the policy when it has been formulated? How is it distributed to staff, parents and students? Two teachers in the same school have differing opinions.

> Teacher 1; Well, it would have been given to every member of staff, so some would have read it, some may not have.
> Teacher 2: It would have been distributed. It would have been put into all our pigeonholes. I think at the time there was some time given to it as well. I would think that most people have read through the content of it and would at that stage have been familiar.

One principal said "among both the parents' council and among the staff it won ready acceptance."

However, when it comes to the wider body of parents and students the indications are that there is a lack of awareness of the policy. One parent, who is on the parents' council explained that the policy document is given out when a student enters the school. If the young person becomes involved in drugs a couple of years later it is only the parent with an excellent filing system who wilt be able to lay their hands on the document. She added that a number of parents have recently expressed an interest in having the policy explained in greater detail at a talk or seminar.

One policy document has a section which is to be signed by students and their parents prior to entry into the school, but in practice this does not happen; instead, the older code of behaviour and discipline is signed at the start of each academic year, A teacher in that school said:

> My understanding of this is that if there was a problem they might be asked to sign (Teacher).

Students who were already in the school when the policy was formulated confirmed that they had not signed it and one suggested that the policy would not apply to her.

> If they say "according to this ..." I'd say "excuse me, I never signed that. You can't put that in front of me now".

One said she had never seen the policy; another said "I have ... I've seen it in the school somewhere."

One principal said, about communicating the policy to students: "They may get a summary of it. I don't see them all getting a copy of it."

In one of the schools the principal was unable to lay his hands on a copy at the time of the interview.

These findings indicate that a weak link in the policy process in the lack of communication of policy to students and parents and (in the opinion of some) to teachers. Some have never seen the policy; others have seen it and 'parked' it.

4.7   Obstacles to Policy Formulation

When asked if there had been any resistance from staff to the policy, in all cases teachers and principals said 'no'. The obstacles to accomplishing the task tend to be to do with time and resources. One principal said:

> There are a copybook full of policies that are needed. For example, on Friday morning we have a staff meeting, and draft policies on career breaks, on job-sharing, on student retention, three draft policies will be coming before staff, a!l very valuable, vital; all have taken a lot of work to get them to this stage. There are a dozen more that need to be done in order for staff to feel 'yes, this is the hymn-sheet we are singing from' (The tape has recorded a sigh at this point) (Principal).

A teacher in another school said "we are drugged out! We've had lots of meetings..." One teacher who had spearheaded the policy formulation claimed to have become an expert typist as she had to do the word-processing of the drafts.

Other obstacles mentioned were:

> There's a very long and drawn-out process involved (Teacher).
> Some parents won't agree with it (Student).
> We've caught people with alcohol, we've caught people with drugs and the parents have threatened to sue the school (Teacher).
> As soon as you start going down the road of putting down clear black and white policy you're to some extent removing the possibility of dealing with every case on its own merits (Principal).
> None of us are experts in the field (Teacher).
> Having to lake anybody's rights into account, the legal position is a very sensitive area for schools and parents (Teacher).

One teacher pointed out that these so-called obstacles could be overcome: they are difficulties, not impediments.

The findings show that the main difficulties expressed were lack of time, lack of expertise, fear of tying oneself down, and an anxiety concerned about legal implications. There was no evidence of resistance among teachers, and although some teachers and students expected some objections to policy from parents, none of the parents interviewed expressed any resistance.

4.8   Outcomes of Policy Formulation

The main outcome of the process has been the text itself of the policy documents which wilt be discussed further in the next section. One principal said "The method was satisfying in that it was a group of teachers and students and parents." He added that the group had to clarify its own standpoint.

> It meant that we had, as a group, to face questions and to decide our own values. We wouldn't for example, have come up with the position of that unknown school that featured legally in Dublin, "you're out if you had any connection with substance or substance abuse". We wouldn't have been happy lo have that conclusion — almost automatic exclusion. But it took a long time to come up with or agree on, but it was a very valuable value (Principal).

Other teachers, as already cited, appreciated the benefit of having the document, as a resource to be consulted if an incident occurred.

PART 2: FINDINGS ABOUT THE CONTENT AND IMPLEMENTATION OF POLICY

4.9   Content Of Policy

A review of the available written policies indicates that the content in alt cases includes an introduction (including aims or principles), followed by sections addressing prevention, education and counselling, and management of incidents. Issues of confidentiality and disclosure, staff training and development, and review of the policy are addressed in some of the documents. Appendices to the policy documents often include lists of support organisations and guidelines for specific incidents.

Issues which have given rise to reflection and debate among those drafting policies include:

- The health promotion context of policy
- The caring, pastoral approach versus discipline
- Education versus supervision
- The relationship between rules and policy

- How to maintain flexibility and discretion
- Limits on confidentiality
- Legal issues and involvement of Gardai
- Consultation and communication with staff, parents, students.

This section will review how these issues have been dealt with and will also look at resources available and obstacles which have arisen in respect of policy content.

(a)   Health Promotion

Teachers in all the schools, including those without a written drugs policy, aspire to promote the health of staff and students and the drug policies and rules are situated in this context.

> The school wants to have a safe and healthy environment for all its students, staff and external users (Policy).

> I think the principal emphasises very much on health problems ... Not so much on the grounds of discipline ... How bad it is to smoke in terms of health rather than as a feature of discipline (Teacher).

Only one school explicitly spelled out its health strategy in its policy, listing how the staff endeavour to promote well being. This has already been cited in section 4.2.

The students in the same school perceived that health was promoted in practice although some problems exist.

> *Student 1:* The sports facility, like, even extracurricular sports in the school is huge.
> There's a major emphasis in this school on Gaelic and soccer... For every year, for everyone, there is some sport or activity after school that you can get involved in.
> *Student 2:* And most of the football team don't smoke. We know that.
> *Student 1:* And PE is very good as well — they have a new rule in. Even if you don't have your year in, they have gear here in the school, that you have to wear to do PE in...
> *Student 2:* Manky, due a wash.
> *Student 1:*... unless you have a valid excuse, a really good one, a doctor's note ... so there is a major emphasis actually on health. You see there is no smoking everywhere, all round the school at all times, everywhere.
> *Interviewer:* And healthy eating?
> *Students 1 and 2:* Yeah.

Student 2: You get it in PC (Pastoral Care) and all that.
Student 3: You get it in Home EC.
Student 1: And biology as well.

One student said that if she were designing a school she would include strict anti-smoking measures:

> Health class once or twice a week, where you'd see your [physiological] system and all. Stick horrible posters in front. Fit smoke alarms everywhere. I wouldn't even let the teachers smoke (Student).

The findings indicate that, although all school policy documents mention health promotion as the context for drug prevention, some mention it only in passing and drug prevention is the aspect of health promotion which receives most attention.

Students in other schools either did not mention or gave less acclaim to their school's promotion of health. "Hardly anyone does PE; I think its disgraceful" said a student in another school (perhaps exaggerating somewhat for effect).

(b)   Care or discipline?

In discussing the management of drug incidents, staff in every one of the schools had addressed the question of whether a student should be suspended or expelled for the use of drugs (especially illegal ones) or whether a caring or pastoral approach should be taken, offering support or counselling to the student. In every school the preferred option was the caring approach, with certain limits.

> We decided to take a pastoral approach. A person would be suspended for certain offences. But they'd be offered readmittance if they take part in some kind of programme, such as seeing a counsellor. Junior Liaison, family support. We want to offer support (Teacher).

> There is no longer, I would say, a tendency to automatically slap suspension, expulsion, unless it's absolutely blatant, perhaps somebody going so far as to push drugs (Principal).

> I suppose we'd have come down on the pastoral side as opposed to the "hang them and flog them" side. But ... (fortunately it hasn't arisen) where there might be

somebody dealing in drugs in the school, that wouldn't be tolerated under any circumstances (Principal).

Policy documents vary in their commitment to care and support. Two include the provision that where a student has been suspended their return to the school will usually be subject to the student receiving external counselling or follow-up.

One of these adds:

> The school recognises that this [managing a drug incident] is a very difficult task, which needs to be addressed sensitively. The school will work with parents to ensure that the students' needs and issues are dealt with appropriately (Policy).

A third policy document is more explicit about the caring approach, but it counterbalances this with consideration of the impact on the school community

> The intervention of the school will be compassionate, student-centred and holistic, The student's best interests will be the dominant consideration, equal only to the school's concern for the welfare of its other students (Policy).

In practice, suspensions from school are usually followed by readmittance after one or two days and even expulsions have been rescinded and the student readmitted. In either case — suspension or expulsion — the students were required to agree to certain undertakings.

Some people prefer to emphasise the disciplinary aspects as a deterrent to drug use. When a principal met with the parents' committee to present the newly drafted policy, explaining how the policy group had chosen the caring approach, one parent said she would prefer that the students would not know this.

> Some of the students not knowing would mean a parent has a threat over the child like: "if you're caught smoking or drinking or taking drugs you *do* know you're going to be expelled right away." 1 would be open of those parents who would say that. Just "if you're caught, you're out," regardless of what I say and do at these meetings. It's just an added little threat (Parent).

This quotation illustrates a belief that tough sanctions can act as a deterrent to drug use within the school. However, the findings in the next section suggest that supervision is more important than sanctions in maintaining a drug-free environment.

The findings show that schools try to balance discipline with care, especially in more serious incidences of drug use. They do this by implementing sanctions followed by an effort to reintegrate the student on certain conditions, and with parental involvement. None of the schools has held smoking cessation or reduction groups, although two of them in their policy recognise the possibility of doing so.

(c)   Supervision

With regard to prevention of drug use, a number of approaches are used: education in the classroom, awareness weeks, posters in the corridors, counselling, the school ethos itself, rules and the imposition of sanctions when a rule is broken. Within the school environment, another factor comes in to play: supervision, yet this is not mentioned as a preventive factor in any of the policy documents. The most frequently encountered drug is nicotine; and the school policies all distinguish between tobacco and other drugs, having stricter sanctions for the 'others'. Students frequently mentioned the risk of "getting caught" as the reason for not smoking in the school. Staff, too, mentioned the value of vigilance, although it is not regarded as having precedence over other values such as education and the building of good relationships between staff and students.

One principal expressed it in this way:

> Schools are full of rules, and rules as such are not what keep the system going because so much of the system depends on trust, and good relations between people. To the best of your ability, that's where most of your energy should be going, rather than chasing where rules are being broken (Principal).

A teacher in another school explained the sequence of sanctions:

> We don't have a discipline problem in school. It's quite well supervised at break-times; the pupils are supervised, there would be great vigilance (Teacher).

This research has not assessed outcomes in terms of the numbers smoking; however students and teachers were asked about their perceptions of smoking rates. In the same school the students were asked if they could get away with smoking, for instance, in toilets.

> Ah no. They go out at lunchtime, under the bridge, not during school time (Students).

If a teacher sees them smoking under the bridge, the students may get a formal complaint, but "if they were first or second years they [the teachers] would probably pick on them more" (Student).

Other students had a similar story. They would not smoke in school grounds; there were about four places they might smoke and even there the principal sometimes comes to check. Students said:

Student 1: Even in the last year there's been a major visible cut down of people smoking. Student 2: Yeah, because a lot more people are after getting caught and [principal] is driving around to everywhere, practically every day, checking out whether people are down there or whatever (Students).

The other students agreed; two of these students were smokers and two non-smokers. The interviewer asked a smoker; "Do you agree with this policy of trying to clamp down-on the smokers?"

Yeah, because people will just end up starting or people'd just end up smoking more if you could (Student).

Another student added:

Yeah, they just have a major fear which is good — that they're intimidated once they know that they're in school and that there's a risk of a teacher walking by or something; you find less people smoking in school Whenever its a school day they might only smoke three or four cigarettes but during the weekend there's like ten or fifteen smoked in a day.

Vigilance, however, is also practised by the smokers:

No, they do [smoke]. They just go down there and someone stands out waiting for the parent (sic) to come down. ["Parent" is probably a Freudian slip for "principal"] (Student).

Students are aware of the presence or absence of vigilant teachers.

[Smoking] in the toilets; they're completely against that now. They weren't up to last week; they got really strict. They have slackened off again; there's no teachers in the toilets, or a prefect. The smoke alarm goes off all the time, especially the girls' (Student).

The deterrent value of supervision contrasts with that of education. On the topic of classroom inputs, one spoke in praise of a video but his fellow-students questioned his evaluation:

> …and it showed, like, the lungs and how black it was and everyone was just totally turned off by it. And, like, your heart and everything like that, and then the black tar.

> *Student 2:* You still smoke, though, don't you?
> *Student 1*: Yeah
> *Student 2:* You know what I mean!
> *Student 1:* Yeah, but still it kind of scared me a bit and 1 have kind of cut down. I have really and I'm trying to quit as well.

The theme of supervision cropped up throughout the interviews. There was some support for allowing students over 16 to smoke, but this is currently prohibited by law. There was considerable support, among smokers and non-smokers, for deterrent measures such as supervision and sanctions.

The findings therefore indicate that for the purpose of maintaining the school »s a healthy environment, supervision is important.

Only one of the policies made reference lo the role of staff who are supervising students:

> Staff should not permit pupils to smoke on any school trip and should actively discourage smoking in public places (Policy).

(d) Flexibility

There was considerable evidence that school staffs wish to retain discretion to handle each drug incident on its own merits. The fear of tying oneself down was given as an obstacle to formulation of policy in two schools.

> As soon as you start going down the road of putting down clear black and white policy you're to some extent removing the possibility of dealing with every case on its own merits (Principal).

However, a policy can incorporate this flexibility.

> In all dealings with students who have used drugs or abuse substances each case will be treated individually (Policy).

In practice, the schools exercise flexibility in three ways: in whom they "catch", in imposition of sanctions and in subsequent procedures.

With regard to smoking, teachers in most schools are more likely to "catch" juniors than seniors and to impose sanctions on them.

> If you're caught, like. you get suspended but it depends on what age you are. The seniors are let away with it more (Student).

> Most of the time if he [the principal] comes down [while students are smoking] he just tells you to go back to the school (Senior student).

> Once you're a senior you're left alone (Student).

> It depends on the teacher really (Student).

These findings show an inconsistency between policy and practice. For instance, no policy states that seniors will be treated more leniently than juniors, yet this is seen to be the practice. No one suggested that the practice should be otherwise; some suggested that the policy should be changed to allow seniors to smoke.

However, in the more serious issues, such as repeatedly breaking the no-smoking rule or possessing illegal drugs, it appears that sanctions are imposed in accordance with policy and discretion is exercised within this framework. For instance, students, regardless of age, have been suspended, or fined, in accordance with the policy for repeated smoking offences or possession of cannabis.

(e)   Confidentiality

The issue of confidentiality has two aspects. Students who admit or are found to be using an illegal drug are not given any guarantee of confidentiality. This is explicitly stated in two policy documents, though not in the earliest drafted policy, which says that each case will be treated "in strict confidence"; but it goes on to say that parents will be informed and where the law requires or where it is deemed prudent, the Gardai will be informed.

However, confidentiality among staff was mentioned by students in another context, that of discussions in class about the use of drugs. The students expressed reluctance to talk about their own drug use in class.

Student 1: Even if the teacher says "I'm not going to say anything" because the school has zero tolerance on drugs, they're not going to say "yes I do hash" because they know they'll only get into trouble over it.
Student 2: And then the teachers will tell other teachers because its just a gossip (Students).

The issue is perhaps not so much about confidentiality as about an unclear policy concerning an admission in school of a drug activity outside school. If teachers wish to survey their students' rates of use of cigarettes and other drugs, or if they receive disclosures in the course of a discussion on drugs, the findings indicate that students wish such disclosures to be treated with confidentiality.

A third aspect of confidentiality — more accurately, an issue of privacy — mentioned by some students was the importance of being able to contact the counsellor without being seen to do so by other students. A room with a glass panel on a busy corridor was not ideal in their eyes (Students).

(f)   Obstacles to Implementation

This section looks at difficulties in the way of implementation of policy.

The place of SPHE in the school curriculum was mentioned, in two schools, as a difficulty. The fact that Civics, Social and Political Education (CSPE) now has a formal curriculum and an examination at Junior Certificate level is perceived as diminishing the emphasis on SPHE.

CSPE is eating into the health education programme.... The Government were training all of us to do things like SAPP and so on, we had a lot of people interested, it was going well, we were pushing it, we had got the time-tabling sorted; all of a sudden CSPE seemed to be brought in as an exam subject (Teacher).

SPHE is seen as a gap filler in the timetable. It's extra hours; it makes up one's hours. I know there were teachers teaching SPHE last year who didn't have any course done (Teacher).

It does not follow that SPHE should also be an examination subject. "Must everything be an exam class? There are some things that need not be examined", said more than one teacher. One suggested that by time-tabling SPHE to certain times of the day when

students are more alert, the school could promote its value more (Personal communication, Teacher).

A related difficulty is that within SPHE, drugs constitute just one of many topics to be addressed.

> We would decide to spend maybe six weeks. I used to use the SAPP manuals. We would look through that and I would pick different topics, ... do maybe six. We would never do more than that. And then move on to something else (Teacher).

A cross curricular approach is adopted in some schools but it is unplanned.

> It [drugs] may come into other subjects, civics, religion, I'd bring it into science. I think most people who teach those other subjects bring it in anyway and often we would work a little bit together, if somebody needed help (Teacher).

One group of teachers narrated many 'stories' whose meaning appeared to express the difficulties facing schools in trying to prevent drug problems in an environment where drug use and problems are widespread. They described an ex-student who took her own life, another student whose parents were neglectful because of their own drinking, parents who refused to accept that their own son had been found in possession of cannabis, a principal who had spent days in court in a case about an accusation of possessing drugs, a girl collapsing from using ecstasy at a local pub, dealers hanging around the school, an ex-student dying in circumstances thought to involve drug dealing. The stories seem to say that to these teachers drug prevention is an uphill struggle.

Students and staff also referred to lack of training as an obstacle.

> None of us are expert in the field (Teacher).

> *Student 1:* How many teachers here that are doing health education are actually qualified to teach health education?
> *Student 2:* Is there an actual qualification for health education?
> *Student}:* I don't think so. They have this course stuff on. I have a few friends in the music business who actually teach in schools, some teach religion, some teach health education. They studied English and music in college.
> *Student 2:* So we could do it ourselves.
> *Student 1:* We could, 'cause we've got more qualifications than them.

The findings about obstacles centre on the educational side of prevention and have very little to say about the disciplinary side. The main obstacles are to do with resources — time, training and expertise. The environment where the students live is seen as an obstacle by some, but this suggests (though it was not explicitly stated) that these teachers see themselves as having a role in attempting to influence the behaviour of students outside the school.

4.10   Managing Incidents: Prevention, Rules. Sanctions, Enforcement

(a)   Prevention

All the available policies include a statement on prevention mainly detailing the *means of* prevention. Only one states *what* it aims to prevent:

> The school will seek to prevent substance abuse and the improper use of drugs... (Policy).

The interviews addressed the question of the sphere of influence of the schools: do they aim to prevent substance misuse only within the school or are they seeking also to influence students' lives outside the school? The policies tend to focus on what happens within the school:

> The school wants to have a healthy environment.... Students will be encouraged to be responsible for their own actions and to appreciate they each have a vital role in the maintenance of a safe, healthy and happy school (Policy).

None of the schools has set itself the aim of reducing, eliminating or preventing drug use by students; they aim rather to promote positive health behaviours, and to enable students to increase control over and improve their health.

The means of prevention mentioned in the policies are the educational programme, the school ethos, the provision of counselling and the involvement of parents. The "school ethos" is not clearly defined, but indicators mentioned by the teachers include: the policy itself, the emphasis on health given by teachers, posters in corridors, awareness weeks, and the degree to which particular rules are enforced.

Schools divide drugs into three subgroups: smoking, alcohol and "illicit drugs and solvents". None of the available policies mentioned medication.

(b)   Smoking Policy

Staff smoking is confined to a restricted area, and in one school there was no smoking area for staff. Visitors are expected to conform to the no-smoking rules.

Students found smoking in one school may be asked, with their parents, to sign a bond undertaking not to repeat the offence; breaking the promise results in a £50.00 fine. Students found smoking "will be reported to the year head and suspended" according to policy in a second school, and in a third "the student will be fined £2.00 and parents will be informed by a note in the students' journal". Five repetitions of the offence (in the last-mentioned school) will result in suspension. Policy documents recognise the addictive nature of smoking and one mentions the possibility of smoking cessation or smoking reduction groups. The school with the £2.00 fine stands out as having a more lenient sanction than the others.

In two schools, staff and students reported that there is very little smoking within the school grounds while in the other four smoking did go on. hi one of the non-smoking schools senior students sometimes leave the school at lunch time for a smoke, even though they are not supposed to smoke while in uniform. One might ask what are the factors which contribute to these two schools having very little smoking within the premises? Without drawing conclusions about cause and effect, some of the facts are that one is the school where teachers do not smoke and where sanctions are imposed in accordance with the policy (Teachers). The other is a smaller school with close contact between staff, students and parents (Teachers). Both schools are in towns separate from Dublin, where, according to students, word travels between community and the school. In both schools, students perceive that they would not easily get away with smoking in the school premises.

In the school with the heaviest sanctions, five students had been suspended for two days for smoking in toilets. It was over two months since anyone had been asked to sign a bond not to smoke in school, and in the last three years two people paid a £50.00 fine for breaking a bond which they and their parents had signed (Principal), The principal regarded

suspension as a more effective approach and he uses the threat of suspension as a way to involve the parents:

> I give parents the opportunity to come back to me before the actual suspension takes place and if they can make a case I will listen.

A student in a different school, who had been suspended for smoking, pointed out that the suspension had little effect on him as his parents already knew that he smoked.

In most schools, students reported being able to smoke by doing so in remote places and keeping a look out. The imposition of sanctions, if caught, depended on students age and on the teacher who caught them.

> Some of the teachers give you a £ 2.00 fine, but that's all they can do. Some of the teachers don't, they give you a warning, say "ah, don't. Stop that now" (Students).

One school has a system of conduct reports known as the Yellow Card for minor misconduct and Red Card for major. Smoking is a Red Card offence which "may" warrant suspension, but on a first offence would usually not do so. Parents are contacted for a Red Card misdemeanour.

These findings indicate the range of sanctions imposed for smoking. As for their effectiveness, that will be discussed later.

(c)   Alcohol

Incidents involving alcohol are rare. Where a student comes into school under the influence of alcohol, both policy and practice are that a parent or guardian is contacted. Disciplinary sanctions such as suspension may follow.

> Our primary approach would be a pastoral one, to make sure that they can be taken home and that they can be looked after, and then we would look to see the causes, and discipline would come maybe third (Principal).

In one school, however, students believed that the school would not say anything if a student came in with a smell of drink.

They wouldn't have proof that they're after being drinking and that. They can't say anything either. It's your own business (Students).

This school's rules do not specifically address this occurrence, but the principal maintained that if the alcohol use was "obvious and blatant" he would immediately contact parents.

Students and staff reported a number of incidents where schools had suspended students for drinking outside the school after an event (such as a play or outing) where there was an association with the school, even though uniforms were not being worn.

(d)   Illicit Drugs and Solvents

School policies distinguish between possession, using and supplying drugs. Gardai will be called where drugs are found, and cases of sharing or dealing are normally reported to them. The policies include guidelines for a staff member on the course of action to follow in a drug/solvent incident. These guidelines include taking care of the student, contacting parents or guardians and the relevant people in the school, not giving promises of confidentiality and keeping records.

Policies also include guidelines for when there is a suspicion that a student is using or supplying drugs. Teachers expressed concern about the legal implications of expressing suspicion to parents.

> If you suspect somebody [of using illegal drugs] it's just so very difficult and such a serious issue that you just follow the drugs policy. That's the idea of it (Teacher).

The guidelines include consultation with appropriate staff, meeting with the student, efforts to verify the suspicion, and communication of the suspicion to the parents, giving them an opportunity to voice their worries.

Students cited examples of students found with cannabis being suspended and later readmitted, and they perceived the Board of Management as having discretion in this matter.

> Anything caught, more serious than alcohol or cigarettes, straight away they're put up in front of the Board of Management.... Like the Board of Management have the

choice to expel them if they want but if they feel that they aren't dealing in school and it's just for their own use, they normally suspend them — unless they're caught again [and then] they're out (Students).

Students from different schools also recalled isolated incidences of cannabis and 'speed' being used in the school, which did not come to the notice of teachers.

The findings suggest that the use of illicit drugs or solvents is rare in the schools, and for them to come to the attention of staff is rarer still. When this does happen, the Board of Management do not automatically expel; they seek ways to reintegrate the student into the school community.

4.11   Educational Programmes

(a)   Can Educational Programmes Influence Behaviour?

Although school policies describe one role of the school as "enabling students to increase control over and improve their health," there is sometimes an assumption that health education programmes should influence behaviour by discouraging or preventing drug use both inside and outside the school.

The interview data have been carefully perused to see if this assumption is present, and to check whether it came from the interviewees or was introduced by the researcher. This was adjudged by examining whether the topic came spontaneously from the interviewees or whether, during the interview, there were prior questions from the interviewer which might have prompted others to make this assumption.

In some instances the topic *was* introduced by the researcher; for instance, to one group of teachers: "OK, does it [drug awareness] have any influence on them [the students]? To which a teacher answered "I don't know, I often wonder."

However there were instances where the topic was introduced, unsolicited, by interviewees, once by a teacher and in other instances by students.

Students in one school said:

> They're kind of saying don't go near ecstasy, acid; they're gonna give you bad effects, they're going to affect you in the long run.

> Alcohol or smoking they used to [mention] when you were in first year... to scare you away from that.

Another student, unprompted, complained:

> You know everything about drugs. They are coming in telling you this is bad, this is bad; everybody knows that. It's still not going to stop everybody from doing it.

Another perceived the message of drug education as an imperative "don't touch it" although she would have wished it to be otherwise.

> You'd learn more if they said 'such and such happened [to] a nameless person.' That would give you an example, instead of saying "don't touch it," end of story.

All of these students show evidence of the expectation that drug programmes ought to act as a deterrent, but the findings do not provide any indication as to where this expectation originates — whether it is from the students, teachers, parents or elsewhere.

A teacher also referred to this expectation, and the impossibility of fulfilling it.

> The difficulty is, in terms of drugs — kids taking drugs — is firstly persuading them not to, so it's education versus 'you kind of change your attitude.' With some of them we can educate them about drugs, which you do in programme like SPHE ..,. But at the end of the day it's they'll need to change themselves. No matter what we do they're not going to change (Teacher).

It is interesting to note that in interviews with parents this assumption was not obvious, at least not in the context of educational programmes, hi the context of rules, supervision and sanctions the parents did expect the school to try to prevent smoking and other drug use while the students were in school.

These findings suggest strongly that the expectation that drug education should influence behaviour is often present either implicitly or explicitly.

(b)   Organisation of Programmes

Drug and alcohol education in the schools surveyed is usually part of the SPHE programme: sometimes this goes by another name ("PC [Pastoral Care] *is* SPHE"). The programme is allocated one period or one hour per week; the school involved in the development of the SPHE programme has an hour per week right through to sixth year, while other schools have less, such as second to fifth year. One school included drug education in their civics class, but this has suffered now that the civics curriculum has been defined. Drugs and alcohol might be the focus of only six weekly classes out of a full year's programme.

Small groups are seen as preferable to full size class groups. One school allocated three teachers to two classes to reduce numbers in the group.

Some schools have appointed a co-ordinator, This person's role may include ensuring that resource materials are available to teachers, assisting teachers in identifying training courses, bringing teachers together for planning meetings to co-ordinate the teaching programme.

One school assigned an SPHE class to every teacher, all taking place simultaneously throughout the school. This is being re-evaluated as not all teachers feel competent for the task. Students in that school said that some teachers treat it as a study class, letting students get on with homework.

There was very little evidence, in the findings, of co-ordination from year to year. The curriculum is a "spiral" one, revisiting the same topics, supposedly at greater depth, each year. Teachers change position and even change schools with the result that continuity is easily lost (Teachers).

The repetitious nature of SPHE was mentioned by students in many schools, though not in the school where drug education was situated in the civics curriculum.

> By the time you get to fifth year the kids are going "alcohol again! Drugs again!" ... You're very much going over the same topics (Teacher).

> We've heard all the drug talks already, dozens of times, the information and the health risks. Once you hear that once, its said. But we got talks off a drug addict and I think that was quite effective because you hear the effects it had on her and her life (Student).

(c)   Programme Content

The findings do not give a clear picture of programme content but from quotations such as the preceding one it is clear that content focuses to some extent on information about drugs and consequences.

> There's a good module in the fifth year book on drug awareness, and of course it deals with alcohol, nicotine and tobacco, the whole lot of them. If you are doing a project with them they would very often pick something on smoking or drugs or alcohol (Teacher).

The students' opinion differed from the teachers'.

> It's really exciting, riveting stuff ... not! [The "not" was added by a different speaker, but the first speaker made it clear that he was being sarcastic.] We were told this is how you use it, etc. It was really stupid, boring.

> In the first year we had a retreat.... we had a couple of loud and outspoken people in our class, including myself, we expressed that we wanted to talk about life etc. That had more impact on me I know, from first year 'til now I can still remember that, but I can't remember last week's health education class because it was so boring (Students).

> Health education is a doss class (Student).

> Crap, we knew it all (Student).

In some schools the students were divided in their opinion of drug education. The style of the teacher seem to be as important as the content.

> *Student 1:* She doesn't take our opinion—it's always her.
> *Student 2:* You can't judge a health education class on her, she's brutal.

> *Student 1:* Ah, but we've had different health education teachers throughout the year. Every year is different.
> *Student 2:* Teacher X is a brilliant health education teacher.

In another school:

> *Student 1:* They just flew around the whole subject of drugs, like.
> *Student 2;* They would avoid saying some things, they wouldn't say some things because, like, they are not allowed. They might offend some people.
> *Student 1:* They can't give their own opinion.
> *Student 2:* If you're trying to talk to people about drugs and stuff and you say like "I can't say that" and "I can't say that," that's stupid, I think.

Students dislike being "told the facts":

> There are split views in the classroom and most teachers turn around and go "keep it orderly and let's open this up" and next minute you get a full-blown discussion about it. But then again you get some teachers that are really kind of "I'm here to tell you the facts". They don't listen to your opinions, some of them (Student).

Other students expressed similar opinions.

> *Student 1*: Mr. Y. Does it — hash and cannabis — he'd let you discuss it. It's good in a way.
> *Student 2:* Boring in another way.
> *Student 1*: He'd ask you questions on how you feel about it.
> *Student 2*: He'd put you on the spot.
> *Student 1:.* It can be good, but when they keep going on and on it gets boring.

This criticism was not confined to the drug and alcohol component of health education. It was also directed at education on relationships and stress, when taught 'out of a book', without the teacher disclosing personal altitudes or listening to students' opinions (Students).

A parent also thought that the students should learn the full facts about drugs, not just the "drastic" information, as she called it.

> You have to say it can be quite pleasurable. I agree with that. I have actually said that to my son, I have said that people do get a nice feeling from it but there are long term effects (Parent).

The findings indicate that the content and style of health education is regarded as repetitious and boring by many students, often focused on information which they have already heard, The management of health education often involves small groups of teachers identifying topics which are then taught in a way that is based on the resources available to the teacher rather than on the students' needs.

(d)   Alternative Approaches

Two schools held drug awareness weeks in 1999. Students did projects in a cross-curricular approach, and a visiting group performed a play in each class in one school. Parents were invited to an information evening with a Garda speaker and Community Awareness on Drugs (CAD) ran a course on Parenting for Prevention.

One principal expressed disappointment in the turnout of the parents.

> It was disappointing. The week was rolling beautifully and I've no doubt the students were going home saying what they were doing, posters they were making and poems they were writing.... I suspect, reflecting on it last year when the week was over there was a tendency to avoid it, because we know enough about it, or it's an issue people don't like to talk about. It's just one of those things. It's negative, uncomfortable feelings, with fears around (Principal).

However, the awareness week was "highly successful" and this year the theme of Self Esteem was selected for an awareness week, with no evening for parents.

Schools have had visiting speakers, from AA, AIDS Alliance, prisoners to speak in the classroom to students.

> Outside speakers are a help when in addition to our own programme. They were aimed at senior students (Teacher).

> We brought people in from AA ... and you could hear a pin drop because this is real... (Teacher).

> It was a laugh, it would [put you effusing heroin]. Especially the fellas that came in who had been on heroin. It would put you off (Student).

The greatest acclaim for a guest speaker went to an ex-pupil of the school who had had "a very bad drug problem but she has since given it up with the help of a treatment programme."

> That was more effective than say someone standing up in front of us saying this does this to you and this interferes with your liver.

> She told us the good and the bad (Student).

But the agitated teacher was finding guest speakers difficult to get.

> I'd love if somebody, somebody like you, gave a talk to the kids which would make more sense. I'm ringing up for .... I tell you they're not coming out to the school. I rang up the Guards. I rang up other people (Teacher),

These findings show that alternative approaches (awareness weeks and projects) and guest speakers are popular, and that they do not take the place of a mainstream programme but are additional to it. Whether the speaker is a teacher or a guest, students like to interact with the person, discussing attitudes and experience more than facts.

4.12   Training

The SAPP training programme was the most frequently attended training course. Approximately nine to twelve teachers from at least two of the schools had attended this course. In contrast to this, however, a talk from a Garda was offered to the staff in one school as training:

> I would have given a half-day to staff development on the drugs area where we had somebody from the drug squad in and the same show, if you like, was offered to parents. It was purely information, but certainly a message was put across in a comical fashion and he certainly did the business (Principal).

One teacher recognised a need for much more.

> I'm 47 now and I've been teaching for 20 years. 1 actually think I should be taken out of the system and retrained for six months. I've done the SAPP, I've done Computers in education, which I did off my own bat, I did learning to learn and truancy. But it's not the same as sitting down and having a definite programme for six months.

An additional approach to training lies in the partnership approach which is practised when a Health Board education officer facilitates staff to plan a policy, or when a school participates in the SPHE or Health Promoting Schools (HPS) project. In every school which had participated in any of these programmes, teachers spoke highly of the experience.

> If we didn't have him [the Education Officer] what would we do? We'd be swimming around in the dark (Teacher).

We were pleased with the wide definition of health promotion that we came across when we joined the HPS and in particular the concept that health promotion in schools was as much promotion of healthy attitudes in relationships and in dealing with people (Principal),

We're one of the pilot schools since they first started SPHE so we've been in it since the school opened. We've in-service for all the tutors every year, twice a year. We evaluate and they give us ideas, you know. It's very beneficial. You talk with other teachers, what's working for them and what's not working for them (Teacher).

A major problem mentioned in several schools was that teachers change job and the benefits of training are wasted.

The findings indicate that although considerable numbers of teachers have attended training courses, there are few who regard themselves as experts in the field. '

4.13   Influences: What really influences Behaviour?

The researcher, interested in the expectations that education should influence outcomes, asked about students attitudes to smoking, drinking and other drug use, and about what influenced them in the development of their attitudes and behaviour.

Cigarette smokers recognised the addictive nature of the habit, and distinguished between reasons for starting and reasons for continuing (the latter being mainly "addiction"),

Non-smokers of cigarettes listed the main influences as personal experience of seeing family members who were iii from smoking, personal disgust for the habit, parental disapproval, family disapproval, media, school lessons showing black tissues.

Smokers differed among themselves. "I like smoking" said one. "It was a peer thing, but not pressure: I started because I see everyone doing it," said another, "Peer Pressure," said another, "not just peer pressure — looking up at people." "It's your decision." "There's ads for smoking."

A teacher reflected on the meaning of smoking — a transition to adulthood.

> I suppose they [smokers in the act of smoking] have a value too, that they're doing something they shouldn't be doing.

The subtle desire to keep up with peers was described, in the context of cannabis, by students.

> It's very common.
> I think some of them — it's like their friends do it.
> It's peer pressure.
> I think peer pressure would account for maybe 70% of it, of why people actually start. The rest of it could be just curious. Say if their friends are smoking hash and then they'd be like "oh yeah, come on, have some, have some." And [if you say no] they'll exclude you, when they're going to use it the next time. They'll say "ah well he doesn't do it, we won't put any pressure on him. You stay—we're just going down here for a while," and you're kind of left (Students).

Family and friends were also cited as an influence in altitudes to taking heroin.

> They would murder me if they found it out. So I wouldn't be bothered. Not worth the hassle for a few minutes or a few hours.
> My mates — none of them would touch drugs, and they wouldn't let me either (Students).

With regard to alcohol use, family were the moderating influence.

> My mother doesn't mind, she says "in moderation", but my Dad is really anti-drinking because there's a history of alcoholism.

On the other hand, friends, or in once case, being Irish, were seen as influences in favour of drinking.

> It's Irish. Everyone drinks. There's over how-many pubs in this area? One street they are side by side, four or five pubs in it.

This finding is very clear: students attribute to the school very little influence on their drua-related behaviour outside school.

CHAPTER 5: DISCUSSION

5.1   Principles and Practice

The relationships between education, supervision and prevention are not addressed in policy documents, yet the findings have shown that these relationships are important. Fundamental to such discussion is the meaning of prevention: what are the schools trying to prevent?

School policies, although they express it in different ways, have a common initial aim; to have healthy students in a healthy environment. From this. starting point they proceed to address two tasks: prevention and the management of drug-related incidents. Education is seen as a means to prevention, along with counselling, the school ethos and partnership with parents. None of the policies elaborates the meaning of prevention, but the findings have shown that among school staff, students and parents there is often an expectation that drug education would influence the behaviour of students not only on the school premises and during school hours but also outside those times and places. This expectation is all the more subtle by virtue of being implicit, unspoken, often attributed to someone else rather than owned by the speaker (as in the frustrated conclusion of the teacher: "no matter what we'll do, they're not going to change").

It is possible that this subtle expectation is a construct in the mind of students who, reluctant to assume full responsibility for any harmful consequences of drug use, seek to attribute blame or influence on the school or other authority figures, Verification of whether or not this is so lies beyond the scope of this research. What did emerge was an ambivalence among students who insisted on the one hand that they make their own choices and on the other hand that if they ran the school they would include dramatic lessons and posters aimed at deterring smoking.

The findings also show clearly that students believe that their choice of behaviour outside school — in the evenings, week-ends or holidays — is more strongly influenced by their family, friends, life experiences and environment than by what they learned at school. The

frustrated teacher is right : no matter what he docs, the students are going to make up their own minds, based mostly on other factors, or as one smoker said "just because I want to."

This implies that the educational programmes have little direct influence on the drug-related behaviour of these students, whether inside or outside the school. This conclusion is in keeping with the findings and writings of Dorn and Murji (1992), Cohen (1996b), and Bagnall (1991), who indicate that a variety of approaches have had little proven effect in terms of delaying initiation into drugs or reducing consumption. School programmes may indeed have an impact on the knowledge, attitudes, skills and understanding of students, but this does not necessarily translate into reduced or delayed drug use.

However, the findings of this research show that for the aim of having a drug-free environment within the school, one approach is effective: supervision. Students indicated that the fear of getting caught was more relevant than the size of the threatened fine or sanction. As one teacher said, the eleventh commandment is "thou shalt not get caught," and students appear to moderate their behaviour in proportion to their perception of the likelihood of getting caught.

Dorn and Murji (1992), mention that "formal social controls are effective only in so far as they reinforce the prevailing moral climate" (p.32). That the prevailing moral climate favours the drug free (and to a lesser degree smoke-free) environment in the schools surveyed, is shown in the fact that several students said that in a school of their own design the same rules would obtain.

Formal social controls, as referred to by Dorn and Murji, include targeting the user, targeting purchasers and sellers of drugs; the context of the studies reviewed by Dorn and Murji is the community, not the school, and sanctions in most cases are legal penalties. To suggest that the same patterns might apply within schools can be no more than an unproven hypothesis at this point. Dorn and Murji do not cite any outcome studies of "low-level enforcement", but they suggest that a "fit" between enforcement and other elements of prevention policy is important. In the context of the school — if the parallel is applicable — this would imply first that the disciplinary and vigilant aspects of enforcement should be

consonant with the educational messages and secondly that school policy be consonant with local enforcement policy in families, the community and the police. The validity of Doro and Murji's statement is illustrated by the finding that students whose parents disapprove of smoking are (they said) unlikely to smoke at school and that the student whose parents know that he smokes is not deterred by sanctions.

Implications in the above, point to the importance of the school using supervision as a means of prevention and doing its best to "sell" its drug policy to parents and the local community, and of course to its own staff, so that they will support it. This is probably more easily achieved in the case of illegal drugs than tobacco smoking, for there is greater consensus in the "prevailing moral climate" in respect of illegal drugs than tobacco. However, in some communities where cannabis is widespread there may not be such a consensus, and schools are likely to have greater success in preventing its use if they base their rules on a rationale which is credible and which is clearly explained in a way which elicits backing from others.

It is clear too that schools will have a much greater chance of success if the task they set themselves is confined to preventing drug use in the school premises during the school day and school events without claiming or aiming to prevent it outside those limits. Would a statement of this aim by the school be acceptable to parents? The parents interviewed gave no cause to believe that they would not accept such a policy; they recognised that the family is the prime educator, and that in tackling issues in the community (such as a shop selling cigarettes to under 16s) the school "can only do so much". By confining its scope to these events and to what happens in the school during the school day a number of possible benefits might result: (1) The unachievable expectation of influencing behaviour outside the school would be removed from the teachers, (2) staff would be able to use a matching 'fit' of education and supervision as tools of prevention and (3) the responsibility for behaviour outside the school would rest clearly with students and families.

Alternatively, schools could continue to search for approaches and programmes (if they exist) which do convince students not to use drugs, even outside the school. It may be helpful for all schools to state explicitly what the aims of the educational programme are,

so that there are no unspoken or assumed expectations. The education programme and the disciplinary approach should fit together, and the disciplinary rules should be backed by a well argued rationale which is communicated to staff, parents and the community to elicit, in so far as is possible, their support for prevention efforts within the school.

5.2   Educational Programmes

The findings suggest that the content and pedagogy of drug education, as it is taught in the schools, is of very uneven quality, often basic and elementary, sometimes excellent and thought-provoking. Sometimes the class period is treated as a free study period. Sometimes it is well taught, sometimes badly taught by untrained teachers, in contrast to other subjects where the material is often complex and the teachers highly trained.

The policies themselves say little about the educational dimension. They mention the programmes available — SPHE, SAPP, the Health Promoting Schools programme and the 'Healthy Living' series from the NWHB — and in some cases they list the goals of these programmes rather than the goals of the school. By so doing, the schools surveyed have, either fortuitously or knowingly, avoided committing themselves in their policy to unattainable goals of influencing students' drug-related behaviour outside the school.

The policies reviewed in this research were of similar content, very brief on the matter of educational programmes, but in line with what Cohen recommends (cf section 2.7, p.27).

However, the research found no indication that the policy statement or the stated aims were referred to when classes were being prepared. As one teacher said "this is kind of ad hoc. You do your best". There was no indication that the pedagogy was based on the needs of the students, nor oriented towards specific aims. It was often aimless.

This points to weaknesses in planning and co-ordination, in relating the content to the aims of drug education, and in the delivery of programmes.

Ofsted (1997) in its review of drug education in schools, found that

effective planning and co-ordination of a drug education often begins with mapping the existing provision [of drug education in the school].... A minority of schools [in UK] do not make any attempt to map the extent of their drug education curriculum and this generally results in unhelpfully fragmented provision (p.9).

There was no evidence whatever of such mapping having been carried out in the Irish schools surveyed and teachers often did not know what had been covered in the previous year.

The quality of delivery of programmes in schools varied widely, according to students and teachers. The research did not include an analysis of programme content; topics mentioned in the interviews included information about drugs, discussion of issues, as well as associated topics such as assertiveness, stress and health- No mention was made of harm prevention. Little mention was made of the role of drugs in society, which is included by Cohen in his list of aims and which is referred to in policy documents. This is an example of a topic which could be taught in CSPE, (the civics, social and political education programme) opening up dimensions of drug education other than those primarily concerned with health.

In summary, while the policy statements, though brief, are in line with what is recommended in the literature, there are weaknesses in translating policy into practice in drug education. Standards vary. Planning and co-ordination are often ad hoc, not oriented towards aims or based on what students already know. The content of programmes often overlook the civic and social dimensions of drugs,

The findings showed that the amount of training undergone by teachers of drug education and SPHE varies widely, from nil to 150 hours. Teachers spoke highly of the training they had received for the SAPP and SPHE programmes, one complaining that teachers going for training more recently are receiving less training, fewer hours. They value the training.

This research does not include findings on the relationship between training and the quality of the educational programmes. However, the teachers highlighted the need for a system which enables teachers to receive training and which addresses the competing demands on their time. In-service training cuts across teaching hours, which was mentioned as a

problem by teachers and principals; and SPHE competes with other subjects and issues such as RSE and bullying which also demand time and attention.

No-one proffered a way to resolve the conflict between these demands, but they gave voice to the opinion that the resolution should be sought at national level, in the Department of Education rather than be left to the schools. No teacher appeared to have addressed the issue of the different needs (in terms of prevention, education, harm reduction) of students in the same class group.

5.3   Monitoring and Evaluation

The purpose of monitoring is to see that agreed procedures are being used and, of evaluation, to discover their effects on the performance of pupils (Ofsted, 1997), The Ofsted survey found that over one half of schools had no system in place for monitoring and evaluating classroom practice (p.27).

One of the Irish schools had taken part in monitoring and evaluation sessions; this was as a pilot school in the development of the SPHE programme, when at the end of the year the SPHE teachers with the principal and two students would attend an evaluation session, Furthermore the Health Board staff had facilitated the school with review sessions on staff in-service days.

Methods for monitoring and evaluation which were identified in the Ofsted report included: feedback from students on individual lessons or whole topics, direct observation by the health-education co-ordinator or principal in the classroom, meetings between teacher and co-ordinator or principal to identify teachers' needs. As to evaluation by examination, opinions differed. Teachers agreed that CSPE had gained status and priority when it became an 'exam subject', but others did not like the idea of an examination in SPHE. Benefits of monitoring and evaluation include being able to identify the good practice that is often taking place, as well as the more obvious benefits of knowing if the

school is fulfilling its intentions and if (and how) the students are gaining from this (Ofsted 1997:27).

Most of the schools surveyed have yet to reap these benefits.

5.4   Policy Review

Guidelines such as those of the SHB recommend that the policy should be reviewed from time to time and some policy documents also include a statement saying that this will be done. No mention of policy review, however, was made during the interviews except in reference to some school rules (nothing to do with drugs) which had been revised at the request of students. It should be added that the researcher did not ask specifically about policy review, so no clear inference can be drawn from the non-mention of review.

5.5   Drug Education: Symbolic or not?

The question as to whether drug education is symbolic or not, deserves to be addressed here. Szasz (1995) claimed that a lot of drug prevention was ritualistic in nature (as is a lot of drug use), with a meaning that is for the benefit of the preventer rather than for the recipient, allowing the preventer to identify with other preventers of like mind and to feel justified in shunning, decrying or even punishing those who use drugs.

No questions in the research survey related directly to this issue. If drug prevention in the schools were symbolic, one might expect to find an "us and them" division between non-users and drug users or addicts, accompanied by a missionary zeal to ensure that students belong to the "us" and to punish any who become "them". There was little or no evidence to suggest that this was the case. Most teachers were aware of a certain amount of illegal drug use in the community where they were situated, and most would have assumed that some of the students used illegal drugs. The attitude towards those found doing so was not one of zero tolerance, but of support and containment. The attitude towards those who, as

one teacher said, make selling drugs a career option, was less tolerant, but not characterised by statements or descriptions which could be described as extreme or irrational.

Perhaps the strongest indicator that drug education is not merely symbolic is the decision made in every school to take a pastoral or caring approach to all drug related incidents. While this does not subtract from the imposition of sanctions, it indicates that Boards of Management are not engaged in a ritual opposition of drug use, but are willing to examine every case on its own merits.

Yet there are some indicators that the ritual element has not been completely exorcised. Dealers are generally regarded as wicked (both in policy documents and in the mind of principals who were interviewed); a young person who supplies cannabis to a friend can be labelled as a dealer and be banished.

Another indicator of a symbolic element in school drug prevention is the failure to explore the distinction between different categories of drug use — experimentation, recreational use, risky use, dependent use — and the issue of harm reduction. The interviews suggested that these issues had not been studied except, minimally, in the case of alcohol. This, together with the apparent lack of evaluation of outcomes, suggests that there is a ritual element in the delivery of programmes, as if to make the teacher and school feel happy that they have done their bit for prevention. However, this is conjecture; there are other possible explanations, such as the confusion that arises, in teachers' and policy-makers' thinking, from the complexity and relative novelty of these issues. Only when teachers are clear about the goals of their education and prevention will they be able to identify and banish the ghosts of ceremonial prevention.

5.6   Role of the Department of Education

The health strategy document "Shaping a Healthier Future" (Department of Health, 1994) made a commitment to continuing liaison between the Departments of Health and Education on the development and dissemination of materials. In the eyes of the teachers

surveyed, the Department of Health provides the "carrot" and the Department of Education the "stick".

The Department of Education was described as putting pressure on schools to come up with policies on several topics — bullying, RSE, student retention, career breaks, drug education and SPHE — as welt as a school plan. It was criticised for not providing resources in terms of time (paying teachers for the time spent, if it is not done during school hours), training, funding for secretarial and committee expenses, and guidelines, and for not devising a system which enables teachers to receive training without neglecting their other commitments.

The Health Boards were praised for providing consultancy, guidelines and training (in conjunction with the Health Promoting Schools project). The Department of Education was praised for its role in the SAPP during the developmental phase.

The role of the Department of Education in Ireland contrasts with that in the UK where schools are required to meet certain objectives (currently under revision) in drug education at four key stages of a child's education. The UK Department for Education has also provided resources for evaluations such as Ofsted's *Drug Education in Schools* (1997).

The Irish schools which have already drawn up a policy have done so largely on their own ("flying solo" as one principal said) and it is only in the current year, 2000, that Health Boards are gearing themselves to assist the schools in this task.

5.7   Conclusions

The process of developing a drugs policy in a school requires a great investment of time and energy. It becomes the occasion of much discussion, reflection, clarification on such issues as the interplay between discipline and pastoral care, and decisions have to be made on what is to become school policy. With a growing array of guidelines and assistance from Health Boards this task is becoming less daunting for the schools that undertake it, although it remains a challenging process.

After making such an investment, schools deserve to capitalise on it. Unfortunately it appears that the drugs policy is open to becoming devalued in a number of ways. First, through lack of communication it can be unknown to students and parents in the school, or forgotten by those (including teachers) who spend a number of years there. Secondly, it can be regarded as a manual to be taken out when a drug incident occurs, in which case its aspirations to promote health or a drug-free environment may be overlooked. Thirdly it can be completely disregarded by teachers preparing educational programmes, in which case the policy fails to inform or to add any value to their pedagogical work.

The policies reviewed in this study expressed clear aims for the school environment (that it should be healthy and drug-free) and for the educational programmes (to teach knowledge, understanding and skills, and to enable students to examine their attitudes, about drugs *and their place in our society).* Yet there is evidence that teachers and students embark on a different task in the health education class. There is an implicit, often unexpressed, expectation that drug education ought to prevent drug use, not only in the school but even outside. The literature and the experience of teachers has shown that this expectation is almost impossible to fulfil. Many opportunities for exploring socio-cultural aspects of drug use are lost because of the drug-prevention focus.

Meanwhile schools also overlook (in policy and to a large extent in practice) the value of supervision as a way to ensure that the school is a healthy, smoke-free and drug-free environment. The research has found that consistent supervision is a feasible and acceptable means to this end.

A move is discernible away from what one principal described as the "hang 'em and flog 'em" attitude to drug users, to a more pastoral, discerning and flexible approach in which sanctions are applied in a way which promotes growth and progress.

Schools will make their own task easier if they can clarify whether their aim is simply to educate or whether it is also to influence behaviour. If the former, then they have great scope for devising interesting programmes which move far from facts about drugs and their effects. If the latter, then programmes would have to take account of the current behaviour students as a starting point and this would rarely be uniform in any class group; harm

reduction approaches are likely to be more appropriate to some students, while total abstinence or primary prevention would suit others.

To achieve either aim, teachers and whole staffs will need training; furthermore, planning is needed at national and local level to ensure that the teachers, when trained, are given scope to use their skills for the benefit of individuals and the whole school.

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Table 2: Data obtained from schools

School	Literature	Principal Interviewed	Teachers Interviewed	Students Interviewed	Parents Interviewed
School 1	Policy	Yes	Yes	Yes	No
School 2	Rules, Policy	No	Yes	Yes	By Phone
School 3	Draft policy	Yes	Yes ~ bad tape: took notes	Yes	Yes
School 4	Rules, Disciplinary Code No policy	Not recorded	Yes	Yes	No
School 5	Rules Disciplinary Code, No policy	Yes	Yes - but not recorded	Yes	Yes
School 6	No	No	Yes	Yes	No
School 7 - no reply	No	No	No	No	No
School 8	No	Yes	Yes	Yes	No

Table 4; List of themes generated by the interviews (in order of occurrence)

1. Formulation
2. Benefits
3. Obstacles
4. Consultation
5. Communication
6. Parents
7. Students
8. Staff
9. Rules V- Policy
10. Review
11. Evaluation
12. Implementation
13. Smoking
14. Alcohol
15. Hash/E
16. Cops and Robbers
17. Health
18. Smoking Reduction
19. Incidents form perceptions
20. Formulation precedes objectives
21. Outcomes
22. Drug free School
23. Little influence on outside lives
24. Ambi valence
25. School Trips
26. Public: representing the School
27. Health Board Area
28. Relationship School and Parents
29. Difficulty involving parents
30. Parents' view: 'Expelled'
31. Students' view: Suspend
32. Court cases
33. Confidentiality
34. Non-smoking staff
35. Pastoral vs. Disciplinary
36. Time
37. Department of Education not resourcing
38. How to pull it together
39. Fear being held to it
40. Free to have discretion
41. Reluctance re. Drugs
42. Teacher resistance
43. Effort involved
44. Need to revise or else it gets out of date and then we end up bending policy
45. Few cases
46. Board of Management role
47. Dealing
48. Readmission
49. Student smoking room
50. Content
51. Guest Speaker
52. Repetition
53. Peer Pressure
54. Keep teachers happy
55. Progress
56. Aims
57. Bullying
58. Depression
59. School Size
60. Student influence on system
61. Attitude (anti-drug)
62. Suspension

Themes from Appendix 2, grouped and arranged into a framework

for presentation of the findings in Chapter 4.

Table 5:   Framework for Data Analysis
(Part 1) Policy Formulation

1. Policy Formulation	1.5 Dissemination
1.1 Initiation	Staff
Motivation	Students
Who initiates it?	Parents
Who drives it?	Others
Objectives	
1.2 Process	1.6 Obstacles
Committee	Resistance
Meeting when?	Difficulties
How long?	
1.3 Resources	1.7 Outcomes
Department of Education	Text of policy
Health Board	Benefits
Other	Other
1.4 Consultation	
Who	
How	
"Ownership" of the Policy	

Themes from Appendix 2, grouped and arranged into a framework

for presentation of the findings in Chapter 4.

(Part 2) Policy Content and Practice

2 Policy Content
2.1 Preliminary issues
2.2 Principles:
  Health promotion
  Care Vs. Discipline
  Supervision and Education
  Rules and Flexibility
  Confidentiality
  The Law, Gardai, Court cases
  Obstacles to Implementation
  Parents

2.3 Management of incidents
  Aims and objectives of prevention
  Smoking: Students
      Staff
      Smoking cessation/reduction
  Alcohol: In School
      Outside School
      In uniform, in public, outside school
Cannabis and other drugs

2.4 Educational Programmes
  Aims and limits
  Organisation of programmes - responsibilities, co-ordination
  Content of programmes
  Approaches to drug programmes
  What really influences their behaviour?

2.5. Training

2.6 Education, Review, Revision

Drugs Awareness Programme Crosscare
Clonliffe College
Dublin 3
Ireland

APPENDIX 5: Copy of Letter Sent to School Principals

01 December 1999

Dear

I am writing to ask for 20 minutes of your time.

I am trying to identify the factors (the helpful factors and the difficulties) encountered by schools with regard to prevention of drug and alcohol problems.

Prevention, as I see it, has two aspects - the pedagogical (classroom content) and the disciplinary (how drug-related incidents are prevented and handled). My primary interest is in the process that schools are going through in moving from a point where drugs were unknown to a point where they impinge in many ways on the life of the school and on what makes this process easy or difficult. (I do not want to prompt answers by giving examples)

To this end I would like to meet you for 20 minutes or so, to ask you about your observations in this regard.

I also wish to interview a few of the teachers to get their observations, again for about 20 minutes.

If possible I would like to interview a few students for about 20 minutes. Finally I'd like to meet one or two parents.

This survey is part of my research for an M.Sc. in Drug and Alcohol Policy in TCD, but I hope to make use of the findings by helping schools and the Department of Education to identify and overcome the real obstacles to prevention in schools.

The "school and the people interviewed will by completely anonymous and unidentifiable in the report and I will treat the information with confidentiality -1 will not disclose to others what is said, except in a general way which is not related to any identifiable school. There is a strict code of ethics, which I will follow.

My request to you is (a) that you would kindly offer me an opportunity to meet with you and (b) that you would facilitate my meeting some of the teachers and a few of the students.

I look forward to hearing from you.

Yours sincerely,

Chris A. Murphy
Director, Drugs Awareness Programme.