Alcohol Education and Policy in Schools

Zero tolerance - what does it actually mean and how can we enforce it?

CONSISTENCY NOT HARSH PUNISHMENTS MAY BE THE KEY FACTOR IN EFFECTIVE POLICY IMPLEMENTATION

When it comes to writing an effective school alcohol policy, many factors need to be taken into consideration. It is vital that the policy receives senior leadership support and is developed through a whole school approach to drugs and alcohol which includes consultation with the whole school community and integrating drugs education, support and prevention.

It helps to start with the question: “What are we trying to achieve in school through our alcohol policy?” For example – are we writing a policy that aims to reduce the harm of alcohol use among our student population or are we writing a policy which is concerned only with preventing alcohol use on the school premises?

Many schools adopt a zero tolerance policy to both alcohol and drugs and so asking: “What does a zero tolerance approach actually mean?” is also a useful starting point in policy development.

Although in the UK, the number of young people who drink alcohol has fallen over the last ten years, the most recent ‘Health Behaviours in School Age Children’ survey found that England has the ninth highest levels of early drunkenness of the 38 countries that are part of the survey. Subsequent research using that data found correlations between experiencing early drunkenness and other risky behaviours at 15 years of age.

There has also been recent research which looks at the impact of different approaches of alcohol policy in schools and concludes that consistency of enforcement may be the key factor in effective alcohol policy implementation rather than having harsh penalties for students.

An interesting aspect of this research is that it used students’ reports of school policies and implementation and so is likely to reflect actual practice more closely than an examination of formal policy documents. It was found that Year 8 students who perceived policies to be poorly enforced, in that students could drink on school grounds and get away with it, were more likely to drink on school grounds the following year. However, student perceptions of harsh penalties were not related to their probability of drinking on school grounds.

The likelihoods of both binge drinking and alcohol-related harms were reduced among students reporting exposure to alcohol harm minimisation messages (agreeing that in their school “We are taught how to use alcohol safely”).

Exposure to abstinence messages (“We are taught to say no to alcohol”) was significantly associated with less binge drinking but not alcohol-related harm. Students who thought that someone breaking rules about drinking in school would be counselled by a teacher on the dangers of alcohol use were less likely to binge drink and experience alcohol-related harms.

The findings of this research resonate with attempts to in the UK to reshape the concept of ‘zero tolerance’. A definition of zero tolerance which means that a negative behaviour will be dealt with by exclusion may be too simplistic and given the research – may not be the most effective approach in dealing with the harm caused by alcohol use among the student population.

A redefinition of zero tolerance to mean that schools will make every attempt to identify drug and alcohol issues before they become problematic, will intervene quickly, every time, without hesitation may be a good starting point for an alcohol policy.

For further information and support in writing your schools’ alcohol and drugs policy – please see pages 4 and 6.
Young People, Caffeine & Energy Drinks.

Is caffeine a problem?

A growing number of schools are anecdotally reporting an increasing and worrying trend of pupils consuming large quantities of caffeine drinks.

Caffeine is a potent and fast acting drug - it changes the way we feel, it stimulates the central nervous system and provides an energy rush. Caffeine is a stimulant found naturally in coffee beans, tea leaves, cocoa beans (chocolate) and kola nuts (cola) and added to soft drinks, foods, and medicines.

Caffeine use can affect people in a number of different ways depending on how they feel, their mood, their physical size and how much they consume.

Maximum consumption recommendations

When it comes to caffeine and young people’s use, in the UK, there are no clear recommendations for daily caffeine limits (either for children, young people or adults) so we have to look elsewhere for information and advice.

In Canada, the guidelines are that children should have no more than:

- 45mg per day for 4-6 year olds
- 62 mg per day for 7 – 9 year olds
- 85 mg per day for 10 – 12 year olds

Other experts have recommended similar limits of 2.5mg per kg of body weight and 100mg per day for adolescents.

Energy Drinks

Energy drinks are widely accessible and available to children and young people and the marketing and branding of energy drinks often appeals to younger age groups. One only has to look at the names of some of them to see the appeal to teens. Energy drinks have high levels of caffeine and sugar and other ingredients that often make health claims. The EU requires drinks with more than 150mg of caffeine a litre to be labelled as having “High caffeine content”. The British Soft Association recommends labelling energy drinks as not suitable for children or pregnant women.

Research

A recent survey found that 24% of children aged 6 – 10 surveyed in the UK had drunk energy drinks in the past year. The survey, which was conducted across 16 countries in Europe, found that boys are more likely to consume energy drinks than girls.

In the UK, 69% of teenagers had drank an energy drink in the last year and UK teenagers reported drinking on average 3.1 litres per month compared to around 2 litres per month drank by teenagers from other countries. 23% of young people surveyed in the UK drank energy drinks 4-5 times per week and about 8% said that they drank around a litre or more in a single session (over a typical 2 hour time period).

The main reasons that young people gave for drinking energy drinks were taste, the need for energy, to improve performance during athletic activities and the need to stay awake.

Effects of caffeine

Both for children and adolescents, caffeine consumption has been found to be inversely related to the amount of night time sleep. Young people with a high caffeine intake also reported feeling tired in the morning and having difficulty sleeping. As tolerance to caffeine can be built up over time, one child may experience side effects more readily than others. Caffeine withdrawal symptoms (headaches, irritability and difficulty in concentrating) have also been reported by adolescent heavy caffeine users, as have symptoms of caffeine dependence.

Education and action

The Abbey School in Faversham has recently completed a pupil initiated project, in partnership with KCA, which led to a series of lessons about caffeine being delivered to Years 7, 8 and 9 and the implementation of a complete ban on caffeine drinks in school.

Evaluation shows that six months after the ban, students feel that there is less ‘hyper’ and ‘aggressive’ behaviour at school and analysis is currently being conducted to assess whether behaviour and attendance has improved.

Given the fact that we know that Primary School aged children are consuming caffeine, educating about caffeine could start on Key Stage 2, and sit alongside education about other legal drugs – such as alcohol and tobacco.

The Kent Drugs Education Practitioners Forum is currently looking at how to take the education pioneered at The Abbey School forward and hopes to soon disseminate lesson plans for the delivery of caffeine education in school. If this is something that you would be interested in for your school, please contact:

Kate Craib at: kate.craib@projectsalus.co.uk
And the winner is........

Drug Related Incidents Training 6th June 2014 (Maidstone)
We are holding some training for Welfare and Pastoral Staff in legal highs, supporting young people with drugs related issues and dealing with drug related incidents.

Please contact Kate Craib at kate.craib@projectsalus.co.uk for more information.

Module 1 Drugs Education Training - July 4th 2014 (Maidstone)
We will be holding a Drugs Education Training session for teachers at our Maidstone Training venue on July 4th 2014.

The aim of this training is to equip staff to be able to teach drugs education to the required Ofsted framework standard.

Please contact Kate Craib at kate.craib@projectsalus.co.uk for more information.

SAFETY IN ACTION WORKSHOPS FOR PRIMARY SCHOOLS

Project Salus are hosting a Safety In Action event for Year 6 pupils in October 2014.

This is an activity based programme which aims to develop children’s competence and confidence in responsible citizenship and safety skills.

Pupils participate in different scenarios which cover the issues of drugs, rail safety, road safety, fire safety, electrical safety, anti-social behaviour, first aid and safety in the home.

This year Safety In Action for all Shepway District Primary Schools will be held at Folkestone School For Girls on the week of 20th October.

Transport is arranged for each school that participates and the sessions last for either a morning or an afternoon. Further details can be obtained from Martin Carter: martin.carter@projectsalus.co.uk

The Kent Secondary Schools Drugs Education Drama Competition was held on 17th March 2014 at The Tower Theatre, Folkestone.

Last September Secondary Schools in Kent were invited to submit a short piece of drama which was researched, written, produced and performed by students – which looked at young people’s issues surrounding ‘Legal Highs’ or new psychoactive substances.

Close call
There were 16 entries for the competition preliminary judging round.

These initial entries were whittled down to just three finalists – Hextable School, Barton Court Grammar School and Borden Grammar School.

These schools were invited to attend the final and perform their production live to an audience which included a panel of judges comprised of Drug Education professionals from around Kent.

The judges had a difficult task! The final scores were very close as all of the schools did such a wonderful job.

Hextable School triumphed and went on to win £300 for their school drama department, with Borden Grammar coming second and winning £200 and Barton Court winning £100 as third place.

The competition was presided over by Phoebe Smith - who expertly entertained the audience in between performances.

Next Year’s Competition
We will soon be launching the 2014/15 Drugs Education Competition.

Teachers report that participation in the Competition fits well with GCSE and BTEC Drama requirements, that the chance to experience a day at a working theatre (for the finalist schools) is a valuable experience for the students involved and that taking part in the competition is a high quality way to deliver drugs education.

“It’s so much more effective in delivering drugs education than standing up in front of a class and reciting facts”, stated one teacher whose class group had taken part in a previous Competition.

If you are interested in having your school participate next year – please contact Kate Craib for further information.
Assessing Drug Education Needs

The Governments’ Alcohol and Drugs Education and Information Service - ADEPIS have recently published a factsheet on how to assess the drug education needs of your school. The factsheet can be downloaded from their website: http://mentor-adepis.org

ADEPIS state that in order to ensure the development of an effective alcohol and drug education programme, teachers and responsible members of staff have to be able to build on pupils’ current knowledge, skills, values and pro-social behaviours – both in terms of alcohol and drugs, general life-skills and values.

“Consideration of these different areas should be the starting point for an accurate, needs-led and age appropriate programme of alcohol and drug education.”

Drugs Education Needs Assessment Survey

How can schools collect information and analyse pupils’ current knowledge, skills, values and behaviour?

Project Salus have designed a needs assessment survey which will assist schools in assessing their drug education needs. This will be launched in June 2014.

The survey looks at the use of alcohol, tobacco, illegal drugs and legal highs and is designed to be used as a structured activity in the classroom.

Each student can log on to the survey and complete a number of questions. The results of the survey are confidential and the only personal information asked about the student is their age.

The results of the survey are then analysed by Project Salus and returned to the school and detail not only how many students say they are using which substances but also what the students believe other students and young people their age are using.

The results will also inform the Drugs Education Advisory Service about trends in young people’s drugs use so that resources and information for schools can be targeted appropriately.

If you would like to participate in the survey please contact Kate Craib to receive your log in details.

Drugs Education and Incident Management Policy Guidance

Project Salus are pleased to announce that their guidance on writing Drugs Education and Drugs Incident Management policies is now available.

All schools should have a drugs education and drugs incident management policy. These will be inspected by OFSTED as to the quality and realism and the process of consultation undergone in writing the policy.

Your schools’ policies should be an expression and clarification of your school’s attitudes and approach to drugs education and incident management for staff, pupils, parents and prospective parents.

They should provide a framework within which the whole school community can operate with security and confidence and a basis for identifying where your school has succeeded or needs to reconsider its approach.

The guidance – which is available individually for both Primary and Secondary schools summarises years of nationally recognised good practice and is packed with useful information which - if followed - will assist schools in writing new policies or reviewing existing policies.

Furthermore, Project Salus offer a full policy consultation service and staff development package for schools.

For a copy of the relevant guidance documents or for more information about our services, please contact Kate Craib.

Are you Drug Savvy?

Here are the answers to the Drug Savvy quiz in Issue 1. How did you do?

**Question 1**: 19%.

**Question 2**: False.

**Question 3**: False.

**Question 4**: False (although it is a factor – it’s not the main factor)

**Question 5**: False (it’s alcohol).

Did you get them right? If not – maybe you should come on some drug education training!
What Drugs related services do Project Salus offer to schools?

We have been delivering the School Drugs Education service since 2002. Our service has been recognised as highly relevant in local and national strategic and operational contribution, for the impact on the standard of drugs education in schools and on wider mental, physical, health and well-being inequalities.

Our Advisers ensure that all Local Authority schools, teachers, Local Children’s Trusts, parents, children and young people have access to appropriate drug education, information and advice in order to support school improvement, Hidden Harm, National Healthy Schools Programmes and the Local Children’s Trust Action Plans.

They are also on hand to advise schools and Children’s Trusts on safeguarding and child protection incidents involving drugs or alcohol. This is achieved through the development of effective partnership networks including the Kent Drugs Alcohol Action Team, Kent Police, KCA UK, KCAP and other working groups within the Borough Councils.

Our Advisers have also played a major part in addressing the needs of schools through policy development and local initiatives, providing an impartial, strategic service concerned with raising standards in the classroom, quality assurance and safeguarding children and young people.

What training do we offer to schools?

Introductory Module (2 hours) examines attitudes, understanding of drugs, their effects and risks, identification of signs and symptoms of use, and theory, best practice and impact of education

Module 1 (6 hours) explores understanding and management of incidents, searches, referral and care pathways, legislation, overview of education within school community and teaching methods

Module 2 (6 hours) explores different teaching methods, what works and how, implementing normative and peer approaches, reviewing policy, consultation and dissemination, evaluation and development of curriculum

Welfare and Pastoral (6 hours) explores the most appropriate way for pastoral staff to support students who may be using drugs or at risk of using drugs

Alcohol/Tobacco Education (6 hours) focuses on delivery of either alcohol or tobacco education for Key Stages 2, 3, 4 or 5

Incident Management (3 hours) focuses on effective management of drugs incidents in schools

Other services

- Incident Management advice and support - to ensure a balanced, coordinated response that recognises legal, practical and publicity issues for the school
- Policy consultation and development
- Co-delivery of education
- Drugs Education Needs Analysis
- Focus day co-ordination, training and delivery

Module based interventions for young people
- Parent/Carer information sessions
- Curriculum development

CONTACT DETAILS

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