

Drugs education in schools

The Daniel Spargo-Mabbs Programme

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INTRODUCTION

This report provides a brief description of the Daniel Spargo-Mabbs (DSM) drugs education programme and the findings from a formative assessment of some of its main components. Formative assessment of a programme that has already started is intended to provide feedback that can assist the further development of the programme; it can indicate where a programme may need revision and identify aspects of the programme that appear to be working well or not so well. Formative assessment generally uses research methods that collect stakeholder perceptions and experiences; it may include information from observations and from the examination of relevant documents (e.g. teaching materials). Formative assessment is the first step in an evaluation cycle that includes process and outcome evaluations. The work resulting in this assessment was a collaborative effort between researchers and students who were undertaking a dissertation as part of an MSc.

The first section below provides an overview of the DSM programme. This is followed by a description of the methods used to carry out the assessment. We then provide the findings separated into three sections:

- The play and the workshop: what is delivered
- Delivering the programme: Teachers' experiences and perceptions
- Workshops for parents and carers

Each of the three sections highlights recommendations for the future development of the programme. Finally, there is a brief summary of evidence from research and how the DSM programme is incorporating the evidence base in its development.

THE DSM PROGRAMME

The Daniel Spargo-Mabbs (DSM) Foundation is a charity which aims to provide evidence based and innovative drug and alcohol educational resources and programmes (<http://dsmfoundation.org.uk/>). The Foundation was set up by the parents of Daniel Spargo-Mabbs who died in January 2014, aged 16, having taken MDMA at a rave. The DSM Foundation works with young people, parents, schools/colleges, professionals and community organisations to equip young people with skills and knowledge to help them make safer choices about drugs. Resources can be used flexibly as part of PSHE (Personal and Social Health Education) or in shorter bite sized form time sessions. There are four key elements to the overall programme:

The core programme, 'Making Safer Choices', is an evidence-based drug and alcohol education programme for students and parents. It comprises a spiral curriculum of age-appropriate sessions for students in years 7-8, 9-11, and sixth form. The programme consists of five or six fifty minute sessions during PSHE lessons and twenty minute form time sessions delivered by the schools' own teachers, and pre and post session student questionnaires. The sessions include information on: drugs and alcohol, their effects and what the law says, discussion around issues such as different motivations to take drugs, staying safe, risk factors, peer pressure and resilience. Harm reduction strategies are also included, especially for older students. Teacher training, including drug awareness and briefings, is offered to teachers who deliver the programme.

Theatre in Education performances of a play ('I Love You, Mum - I Promise I Won't Die') is based on what happened to Daniel. In 2014 the DSM Foundation commissioned playwright Mark Wheeler to write a play about what happened. It is a two act verbatim play based on interviews with Daniel's family and friends, entitled 'I Love You, Mum - I Promise I Won't Die'. The play was first publicly performed in March 2016 and was then adapted to take into schools, colleges and the community as a Theatre in Education tour. Starting in January 2017, Stopwatch Theatre, a professional Theatre-in-Education company delivered 75 performances and post-performance workshops in a nine-week tour to London schools, colleges and community organisations, to young people and

parents/carers. Over 10,000 young people saw the play (Daniel Spargo-Mabbs Foundation, 2017). A further ten-week tour took place in Spring term 2018 and reached audiences of around 14,000. Members of the cast deliver post-performance workshops, using a script and schedule developed by the DSM Foundation. In 2017, a full text of the play was published by Bloomsbury (Methuen Plays for Young people and Schools list) and has been widely used by schools and colleges for students to study and perform within the classroom and for productions in schools and community youth theatres. Some schools have gone on to use DSM Foundation PSHE drug and alcohol education resources.

Youth Ambassadors (YAs) are 16-18 year olds who are recruited because of their personal qualities, their commitment to DSM aims and to making a difference in the lives of other young people. They have to gain a reference from a teacher at their school or college, or from an adult who knows them in a professional capacity, and commit to the DSM charter. YAs receive induction and training to enable them to speak in their schools or communities to their peers and to parents, to represent and support the DSM Foundation at events and activities, to inform drug and alcohol education planning and policies in their schools, and to create messaging for other young people about the risks of drugs and alcohol and making safe choices. They also advise the Trustees and team on plans and developments in the work of the Foundation, from a young person's perspective.

Workshops for parents and carers are delivered in educational and community settings. The workshops provide information about exposure to drugs and the factors that motivate drug use decisions by young people, issues of risk, teenage brain development and what young people need to know. Practical suggestions are offered regarding what parents/ carers can do to support their children and help them remain safe, and where to go for further information and help if needed.

METHODS

How we studied the three aspects of the programme (detailed above) is described briefly below. Further information on the methods can be obtained from the authors. Each of the three aspects of the study was submitted separately for ethical approval to the Middlesex University Research Ethics Committee. School and teacher anonymity has been respected and the findings sections do not identify schools or individual teachers.

The Play and the workshop

The research is based on a sample of seven¹ secondary schools that hosted a performance of the 'I love you mum' (ILYM) play in the 2018 London schools tour. Researchers carried out observations of the performances and the follow-up workshop (n=8), brief telephone interviews conducted with teachers (n=7), and a focus group with the cast members (n=4). The aim was to examine the perspectives of teachers, students and cast members on the use of theatre performance as a technique for raising awareness about drug issues and influencing attitudes. In addition, to further our understanding of the development of the ILYM play specifically and TIE more broadly, interviews were conducted with Fiona Spargo-Mabbs (Dan's mum and founder of the DSM Foundation), Mark Wheeler (playwright) and Adrian New (director Stopwatch Theatre). The interviews and focus group were recorded, with permission, transcribed by a professional transcriber and analysed thematically. The DSM Foundation facilitated access to the schools.

Eight performances of the play were observed in seven secondary schools, with one school hosting two performances for different year groups. One researcher attended the performance and observations were conducted by three researchers (FA,KD,RH). The students were in years 9-13, with five of the performances to Year 9. Observations were recorded on a template, including comments on the physical space (e.g. acoustics), level of engagement for the play and workshop and audience reaction to the play.

¹ Two further performances were scheduled to be observed but they were cancelled as a result of weather related school closures and there was insufficient time to reschedule them.

The seven teachers who were interviewed had responsibility for organising and planning the performance/workshops for the schools. The schedule was designed so that it would take around 10 to 15 minutes to complete and covered topics such as motivations to host the play, expectations and experience of the performance. One researcher (FA) undertook all the teacher interviews. The focus group with the cast members was conducted by FA and explored their experiences of performing and also delivering the workshop e.g. audience reactions, responding to questions, dealing with disruptions. The individual interviews lasted around an hour; two were conducted by telephone and one face-to-face, and explored the origins of the play, the creative process involved in the production ILYM and also TIE more broadly.

Teachers' experiences and perceptions of delivering the programme

In assessing issues around the delivery of the programme, a sample of seven teachers from different schools delivering the programme to students in years 9-11 was interviewed. The sample was purposive aiming to gain an insight into any challenges arising in delivery. The researcher (NS) was introduced by the DSM founder to the head teacher in a number of schools who was then emailed with information about the study, a copy of the participant information sheet and the consent form to be used with participating teachers. Head teachers were asked for a list of email addresses for those teachers implementing the programme in Years 9-11, and their agreement to contact the teachers directly. Teachers were then emailed with information about the study including its aims and objectives, the researcher's contact details, the participant information sheet and consent form, and an invitation to participate in the study by arranging an interview. Interviews took place by telephone using a semi-structured interview schedule that provided plenty of flexibility and space for teachers to express their views and introduce issues not covered in the schedule. On average, interviews lasted around 30 minutes. Drawing on issues highlighted in the literature, data was collected on: the teachers' perspectives on what works well and does not work so well, the challenges and issues they encounter, and their opinions on possible ways to amend or improve the programme; at the end of the interview the interviewee was given an opportunity to ask any questions and/or bring up anything that had not been covered. Interviews were transcribed by the researcher and analysed thematically.

Workshops for parents and carers

In order to explore the experiences and perceptions of parents and carers, a mixed research design, involving questionnaires and short follow-up interviews after delivery of the parent workshops, was employed. Ten workshops took place from February to May 2018 in schools and church halls around London and the South East. Parents and carers attending these workshops completed a total of 378 anonymous feedback questionnaires. Participants answered questions on how relevant, interesting, informative and useful they found the workshop; what other types of information or support they would like to access; and how they would like to access this information or support. They were also given the opportunity to comment on other issues. The questionnaires were analysed using SPSS software.

The researcher (KT) also conducted short semi-structured qualitative interviews with participants at the end of the workshops which focused on their experiences of drugs education as parents or carers, their expectations for the workshop, what they learned from it, how they might change the ways they discuss substance use with their children, what they felt worked well in the workshop and what could be improved. A total of 49 interviews were conducted with participants who were able and willing to stay behind after the workshop. These interviews lasted between 10 to 12 minutes in length. The interviews were audio-recorded, transcribed, coded and analysed using NVivo software.

FINDINGS

The play and the workshop

Observations of the performance

Prior to the performance students were given clear instructions by the teachers about what was expected of them in terms of behaviour (e.g. not talking) and to be respectful of the actors. All the researchers (FA, KD, RH) who observed performances noted that the students were highly engaged throughout the play and the workshop. One of the actors introduced the play, explaining it was a real story and that the words are taken from interviews with Dan's family and friends. The students were quickly immersed in the play, reacting to shifts in tone as it moved from the light-hearted narrative about Dan, his friends and their teenage antics, the plans for the evening, through to the rave where Dan collapses, and the hospital scene where the gravity of his condition is explained to his parents, then the impact of his death on his family and friends. Students became subdued and some were visibly shocked as the events unfolded. There were a few students, mostly girls, who became tearful, whilst others appeared to be holding back their emotions. Teachers' were present to supervise the students, and although they occasionally had to reprimand students (e.g. for chatting, fidgeting), mostly they had little to do. What was noteworthy was how teachers who had brought work in (e.g. marking) soon stopped and were as absorbed in the performance as their students. The applause at the end of performances we observed was spontaneous and sustained.

The actors' perspective

The actors reported that across the different schools where they perform, students are highly engaged, which they thought was because it is a powerful 'real story' that uses the words of the people at the centre of Dan's story. They also thought it was important to inform the audience from the outset that it was a real story as this appeared to 'hook them in' straightaway: the introduction had been added for the 2018 tour and they had noted a difference. The actors reported that the strongest emotional response came

from students in Year 10 and 11 (age 14-16); one described it as the 'sweet spot', as they are at the point where they have experienced some contact with drugs, either directly or indirectly.

The workshop and actors' reflections on the workshop

The play itself covers a number of substances including tobacco, alcohol and ecstasy use and after a short break the cast then led an interactive workshop about drugs. During the short break students were allowed to talk and they chatted excitedly. The actors explained the 'ground rules' of the workshop e.g. hands up if they wanted to answer, no shouting out, and on the whole students respected these. The cast said that for the workshop they moved from being actors to facilitators but emphasised that they were not drug educators, rather they saw their role as to "plant seeds for discussion".

The workshop included a true/false quiz about substances (e.g. you can be found guilty of supply even if you do not take money) and a discussion about the answers. For the cast, the main focus of the workshop was on misinformation, which they saw as particularly important for older students (Year 10 [age 14/15] and above) who have knowledge and probably experience (direct or indirect) of drug taking - so think they know it all, as one actor explained "...in a sense we're trying to reflect the same attitude that Dan was coming in with, which was someone who did think he knew what he was doing". The cast reported that they had found that the majority of students did not realise that weed and cannabis are the same. One actor explained how they try to use whatever answers are given in a positive way:

"So they can give us completely the wrong answer, but we'll say okay that's interesting, let's talk about that, let's break that down, let's explore further".

There is also a role-play in which a student volunteer has to resist the attempts by a friend (played by a cast member) to get them to try drugs. This followed on from a section on different versions of drug dealing. The students were animated and keen to participate, offering answers to questions and there was no shortage of volunteers for the role-play. Those students who took part in the role-play very much got into character and this section appeared to be popular with students. The cast felt that the

role-play worked very well for students in Years 9-11 (aged 13-16) who engaged enthusiastically.

The actors thought that the workshop was an integral part of the experience as it allows information about drugs to be related back to Dan's story. The example one actor gave was that in discussing the risk of not knowing the amount of the actual drug contained in a pill/powder they can point out that MDMA in the bag that Dan took was a lethal dose and whoever of that group of friends took the contents of the bag "would not have come out at the end of the night". The combination of providing factual information and the real story was thought to be particularly powerful. In addition, the actors hoped that the workshop allowed students to think about the choices they make, what might influence those choices and being able to own those choices. There were occasions when they had not been able to deliver the workshop and the actors did wonder how the experiences of students who had participated in a workshop compared to those who had not as the latter are left having watched an emotional piece of theatre with no opportunity to explore the issues raised.

Teachers' perspectives on the play

The teachers interviewed had a range of roles, most of which incorporated PSHE or pastoral care and were all involved in arranging for the ILYM play to be performed at the school. They were unanimously positive about the performance and workshop.

Good reputation and word of mouth approval

Teachers reported that the school had booked the performance motivated by previous positive experiences, for instance, a talk from Dan's Mum in assembly, good feedback about the DSM foundation, or because of recommendations from other schools. In one case, a police officer assigned to the school had recommended DSM Foundation having seen the performance elsewhere. Only one of the teachers said they felt the motivation for the school to book the performance, at least in part, was to address concerns that had been raised about drugs in their own school.

Some teachers mentioned that they had received an unsolicited call or email from the DSM Foundation that had prompted them to consider booking, and the fact that the performance was free or nearly free was noted as a motivating factor for getting in touch. One teacher remarked that it is always a bit nerve wracking to let outsiders work with your students if you have not seen them before, so having word of mouth recommendations was reassuring.

Acceptance by parents

The teachers stated that, generally, parents did not raise any concerns about the performance or drug prevention work. Schools had made parents aware that drugs prevention/awareness was on the curriculum via the school timetable but none had gone into any particular detail about it, or sought permission explicitly for these sessions. Where parents had attended, the feedback to teachers had been very positive. In one school, feedback about the performance had been left on the school Facebook page, which the teacher read out to the researcher:

“Have just attended the brilliant play performed by the StopWatch Theatre Company, both my children have now seen it with the workshop that follows at school as part of drugs education.’ ‘I found it extremely moving, informative and such a powerful way of getting a really important message across.’ ‘Fiona did a fantastic drugs awareness talk for parents last season and was also there this year to answer questions. Well done to (the school) to partner up with such a forward thinking Foundation and thank you for helping us with this tricky subject”

“And another parent has come back and said, ‘I agree, I would urge all teenagers, parents to see the play, brilliantly performed, what inspirational people Dan’s parents are” (Teacher 2)..

Challenges: funding and curriculum pressures

Funding was mentioned, not as a barrier, but the teachers were aware that performances were either free, or subsidised and that they might not be in the future.

“But we were the last school that received the funding, so we had different people in the audience and different funding bodies who were asked if they could come and watch to try and get more funding, because obviously you need to pay for the actors, the set, it’s just very cost effective and the schools as I’m sure you appreciate have a massively tight budget and if money is going to be cut, it’s going to be cut on things like this as opposed to a teacher who needs to be standing in front of the classroom. So it’s a really tricky one, I just hope that we’ll be able to fund further performances in the future” (Teacher 6).

One school said they had asked parents to make a small contribution to the fee, but they felt that, as the school was in an affluent area, this did not exclude any pupils.

Finding time within the curriculum was highlighted as a struggle, but not impossible. The curriculum is very full, but the schools managed to juggle lessons and priorities and fit them in. One school organised it just after the end of the school day as they did not wish to disrupt the academic curriculum. Teachers mentioned that the Foundation was very flexible in terms of when and where the performance takes place. Most felt it was a priority subject that they were keen to cover. None of the teachers mentioned any problems regarding the physical space available.

Effective approaches

a) Hopes and expectations

The expectations of the teachers were fairly straightforward. They wanted to improve the understanding and knowledge of the students and to introduce the issue of drugs and risk in a way that provided ‘authentic voices’ so that children were open to the messages. They wanted students to understand the possible consequences not just for the individual but for everyone around them. They felt that a true story, about someone just like them, would enable students to understand that they are not ‘invulnerable’, it could happen to anyone. The question of hopes and expectations of the teachers naturally flowed into them talking about what it was about the performance that made it effective.

b) Facilitators

Having 'outsiders' delivering a PSHE topic that teachers felt under-confident about, and in a way that was engaging, was felt to be very valuable.

"I mean frequently when you have staff members presenting a PSHE programme, firstly staff are often not fully equipped, not equipped, but they're not specialists in areas of drugs or sexual health, you know this is just not their areas of expertise, and I think within a very busy school day often, not enough time is given to these topics. But on top of that I think pupils do respond a lot better to outsiders coming in. I think with the topic of drugs, you do often get a lecture style of 'don't do this and don't do that' and a lot of young people just close down, because they don't want to be told. I think drama as a medium is something which, I think they really do respond to. It's very moving but without being lecture style and they could really relate to what they were watching" (Teacher 4).

The actors' ability to come across with enough authority to remain in control of a large group of pupils whilst also being knowledgeable, engaging and fun, was important.

The majority of the teachers mentioned how engaged the students were by the performance and particularly the workshop.

"I thought it was done very well, I thought it really did, from the children being there they were massively caught up in it and I don't think I had to, there was not one single student that I had to make eye contact with to get them to focus or anything like that. They were wrapped up kind of, they were enthralled from the start, right up to the finish. And even with the workshop at the end which sometimes there's potential when you ask for people to participate, ask for people to vote, it can sometimes descend into a little bit of chaos and it can lead to behaviour deteriorating. But because they were so engaged actually they were really on it and they didn't need to be reminded that much at all about only give your answer, it's not a conversation with the person and so on and so forth" (Teacher 1).

One teacher commented on the myth-busting section of the workshop and how well she felt it worked. The actors corrected some points of misinformation held by the pupils.

"I really enjoyed the workshop afterwards. I think that the students were really engaged in questioning and they loved being asked questions here. So being given the opportunity to share some of their knowledge, even though it was interesting that actually they got quite a few things wrong, which is nice for them. Although they don't like to get things wrong, actually they're the things that they will remember forever, because they got them wrong"(Teacher 3).

c) Empathy and relevance to pupils

Teachers felt that the students were able to empathise and relate to the story because Dan was like them, similar in age and background, similar likes and dislikes. In some cases the students knew he had lived very nearby; in one case a child had known people personally affected by Dan's death. This brought the story closer to home. These similarities made the story relevant to the students.

"We found the more we have where it's, well when it's relevant I guess it suddenly it becomes a bit more use to them and the fact that he was a local lad, the fact that he went to a school relatively similar in its nature to (the school), means that the boys can actually um, they can relate to it much more and so therefore they will think maybe it could happen to me. Hopefully it won't, but it will give them the opportunity definitely to think about that" (Teacher 1).

The relevance of the performance was covered further in comments about the age range that watched it. Most of the teachers felt year 9 and 10 students, were best suited to the content – some felt some of the drug terminology used went over the heads of the more naive pupils. Others felt the older children found it to be a bit low level for them.

"They (DSMF) say it's for Year 9's up, but for me I would, although it was good for my Year 11s to see because they were able to look at it from a drama perspective, I didn't feel as though that perhaps it was pitched to the right level. I would say that that performance and the way it was performed would be better suited to the Year 9s and to the Year 10s. When I spoke to my sixth form students afterwards they just kind of, sometimes I just and I don't know whether it's our students or not, but they

just maybe felt a little bit patronised at times. You know they're quite serious, they can be quite serious about things and perhaps it was a bit young at times. Does that make sense?" (Teacher 3).

The teachers were asked about the relevance of the performance in relation to the diversity of their school population and whether there were any issues in relation to this; none felt that there were.

The role of friends in initiating drug taking, and how friendship groups are affected by a tragic death such as Dan's was highlighted as one reason the performance was able to make itself relevant to the pupils.

"What was really powerful about the content was the way they put the emphasis on friendship and there's lots in the play about friends and the role of friends and then when they did the sort of short workshop afterwards, the actors really explained that you know, the stereotype you have of the drugs pusher isn't someone who's ... in reality it's.. you're probably going to be getting drugs from your friend like, first off. So I think that was really, really powerful and the friends in the play talking about, you know, was it my fault my friend died? You know, I thought that emphasis was really, really powerful for young people, because they find it easier to imagine a friend being hurt than they find it for themselves to be hurt. So I don't think they identified massively with Daniel if you know what I mean, but I do think they identify quite strongly with all the friends." (Teacher 2).

d) Exploring responsibilities, potential consequences and options

It was important to most of the teachers that the key message of the play was not as blunt as 'don't do drugs', but that it covered issues such as responsibility for oneself and others, the importance of asking questions, developing decision making skills, looking at options and the potential consequences of risky behaviours generally. A lot of what the teachers said they felt were the key messages, applied to other health risk behaviours such as sexual health, involvement in gangs etc.

"I think it's you need to be careful of the decisions you make and ensure that you are aware that any decision you take as you grow up can have far reaching

consequences. And I think it's very useful that it's linked into drug education as well, but I feel that that message could almost be placed with a number of different things. I think that is, like I said to you before, my main message in PSHE is that you as an adult you get bombarded with lots of things you can, should, maybe couldn't, would do kind of thing and just to be equipped to make a rational, sensible decision about that." (Teacher 1).

Two schools were not planning any specific follow-up work with students around drug prevention work after the performance, but one school had had a 'talk' in assembly from Fiona and the other had provided some informal follow-up with one specific student who had come forward with an issue after watching the play. Of the remaining five schools, various plans had been made to have a rolling 'drop-down' day and use it for further work, to introduce the subject to younger year groups (year 7 & 8), using some adapted resources from the DSM Foundation. Some schools had drugs as a part of their PSHE lesson plans and the performance would be used as a starting point for a conversation and further exploration.

Suggestions for improving the performance and workshop

There were very few suggestions as all the teachers were impressed with the performance and workshop and delighted with the engaging way that both were carried out with large groups of students. All of the teachers would recommend the performance and workshop to others, and when asked if they would change anything about the performance or workshop all teachers said no; but then some suggestions were made when prompted a little further. These included:

- tailoring the content for a slightly older age group when the audience was Year 11 or above
- having some handouts with more information or a website where you could get help, as the workshop was, necessarily, brief
- one teacher suggested that, at the end of the workshop it would be useful to bring the focus back to Dan, so that the final memory was the risk and potential tragedy associated with drug use, rather than the excitement and fun of the workshop.

Summary and recommendations

Students were clearly engaged in the performance of the play and actively participated in the workshop. The teachers' views about the performance and workshop were unanimously positive. In booking the performance they relied heavily on reassuring messages and recommendations about the Company from other schools. Funding was a consideration, with some teachers reporting that the fact the performance had been free or low cost was a crucial factor, whilst for some (mostly private) schools the cost was not such an issue. Schools appreciated the flexibility shown by the DSM Foundation in fitting into the busy school schedule and accommodating the needs of the school. Teachers valued the input of 'outsiders' who covered a subject area that they could feel unconfident about and delivered the subject in a way that was engaging, thought provoking and relevant. The skills of the actors in grabbing the emotions of the children throughout the performance, and also in managing the children during the workshop were key to keeping order and attention on the main messages. Messages about decisions, responsibilities and consequences, not just for individuals but also for their families and friends, were clear.

Teachers and actors both felt that the combination of a real story that uses authentic voices and the factual information given in the workshop was a powerful one. The few occasions when there was no workshop did concern the actors, as students did not have an opportunity to explore the issues raised by this emotional piece of theatre. Teachers made some suggestions for enhancing the workshop, including, tailoring the content for the older students (Year 11 and above) and providing information handouts which also include sources of further information e.g. websites. The majority of schools were planning follow up activities on drug issues and welcomed the support of DSM Foundation in planning and delivering these.

Box 1: Recommendations

- The performance and workshop are a powerful combination and should be delivered together to allow for an informed discussion of the issues raised by the play in a supportive environment.
- To continue to seek ways (e.g. through grants) to enable subsidised performances to be offered to schools who otherwise would not be able to take up the opportunity.
- To consider providing a brief information handout at the end of the workshop which includes sources of further information e.g. websites.
- To explore tailoring the information in the workshop for different age groups.
- The performance and workshop can be viewed as planting 'seeds for discussion' and the DSM Foundation should continue to encourage and support schools to have follow-up activities as part of an ongoing conversation on drug issues.

Teachers' experiences and perceptions of delivering the programme

The programme's overall approach, structure and materials

Teachers were aware that the programme is based on evidence regarding effective school-based drug education programmes and strategies. (See the 'Evidence from Research' section below). All seven teachers agreed that they would recommend this programme to colleagues and that the teaching material made their students think about their attitudes and values. More specifically, they reported that this programme's approach took account of the social aspects of drug use and was informed by psychosocial theories of drug use. For example, it supported students to build their personal resilience to make safe choices in relation to peer pressure and harm reduction instead of adopting the "just say no" approach. It focused on teaching and supporting students to develop and enhance resistance to peer pressure; students were supported to learn through their own thinking and discovering, and by keeping them engaged. This delivery method, teachers agreed, has more impact on students instead of focusing on increasing the students' knowledge of facts about drugs or evoking fear by using scare tactics to discourage them from engaging in risky behaviours.

Six out of the seven teachers interviewed reported that they deliver the whole programme by following all the lesson plans accurately and using all of the teaching material provided. Overall, views were positive about the programme structure, content and ability to stimulate and sustain interest. Teachers favoured the clear structure and accessibility and reported this to be a user-friendly programme that allowed them, for example, to put emphasis on a particular issue that had generated a class debate or discussion. Typical comments were:

"I like the structure. I think it is clear. Well thought out. And we can still have a flexibility of deviating from it or emphasizing some things over others if there is particular discussion going and is going well you can run with it a bit longer" (T2)

"I very much like the flexibility this is one of the topics that, depending on the groups that you are teaching, you really need to tailor it to what their interests are

to what their questions are, what they know already, what they think they know, what they do not know. So I think the flexibility is very important” (T6)

T1 reported that it was an advantage that the programme can be delivered either in twelve 15 minute sessions during form time or six 45 minute session. T4 supported this, noting that being able to deliver the programme in 45 minute sessions gave the opportunity to “*dive deeper*” and you “*did not have to rush it*”. The materials could also be used flexibly, as T1 commented:

“Having material that teachers can give out and use almost as it is and then go through it with the students, is actually really helpful. [...] I guess is having stuff that is easily accessible to both staff and students”.

However, as has been found with other drug education programmes, sometimes the materials are used in conjunction with other resources or in ways that deviate from the intended delivery method. One of the teachers (T7) stated that they liked the flexibility this programme offers, but that they only used the teaching material for the harm reduction session and the drug information sheets as they preferred using their own ‘hybrid’ in-house programme.

What works well

Apart from a positive view of the programme’s general approach, materials and delivery structure, teachers picked out the personal element of the programme and the involvement of parents as key elements that worked well.

The personal element

The ‘real life’ basis of the programme was identified as a key factor in its success. One teacher explained that,

“It is a programme that was developed in direct response to a real life tragedy. It was very much within our time and that is part of the power of it. DSM is a real person, with a good family background. That is part of the power, that his parents and some of their supporters, developed it because they are determined that ordinary kids should make safer choices” (T1).

Comparing the DSM programme with others in his experience, T6 told us that many programmes are “quite dry, factual, resource based”, and lacking in the personal element.

“[...] you cannot beat having, especially real people or interviews with real people, actually talking about their experiences. I think most students take that away more than they take away a lot of the facts, figures and stats” (T2).

The personal element was reinforced through the participation and presence of the family and founder. Teachers discussed the impact made on students by the family coming in and talking about how their son’s death had affected them and there were many comments about the emotional effect of the talk delivered by the founder:

“Definitely having the speakers into school. Having the external person coming in who has got the experience. The personal impact story, having FSM speak is very powerful for the boys” (T7).

“[...] The things that had the most impact were the family talking about the effect. It drew an emotional response from a lot of our girls which was very interesting to see” (T4).

Involving parents

From the literature, we know that involving parents in prevention programmes is difficult. Teachers remarked on the strength of this programme, in particular the talk by the founder, in reaching parents:

“I think the fact that a lot of their parents went to the talk as well, really impacted discussions at home which I think is very helpful” (T6).

Challenges in delivering the programme

The main issues identified by teachers were teachers’ lack of time and knowledge, and students’ lack of interest and prior knowledge about drugs.

Problems of time constraints were similar to those reported from programme evaluations in the literature. Teachers in this study felt that there were plenty resources

but too little time to use the material as effectively as possible and as frequently as necessary. It was mentioned that it was important to get all teachers involved in the follow up discussions to attend the founder's talk prior to delivering the programme, but in some cases, timetabling did not give teachers that opportunity. Regarding their own knowledge about drugs, teachers felt there was a general lack of up-to-date and research-based knowledge on drugs, a crucial element for effective delivery of the programme. According to one interviewee:

"[...] It is more about upskilling teachers with context and information about drugs. I think if you have a knowledgeable teacher doing this programme they will do very well. The only thing I would be concerned about running this within a school, is if you get a teacher who is not knowledgeable about drugs. I would feel less confident if teachers did not have subject content knowledge at their disposal. [...] Therefore, the provision of more things to upskill teachers with a higher level, above and beyond the level they hope to pass on to the children so they have got that understanding and then they can start to make decisions about how and when to present". (T3)

A particular challenge for delivery of the programme's content on being safe around drugs was seen to arise because of the illegal status of drugs. The problem, according to T6 was how to frame the issues of remaining safe (harm reduction):

"... this is not specific to this programme, I think it is an issue with delivering this sort of content in schools in general, it is the way that you frame it. ... when I was at school it was 'just say no' but it did not work; this is why we do not use it anymore and that is completely understandable. Now is about informing students, which I completely and utterly agree with. I think that is great".

Teachers felt that, as is the case with other programmes, students were sometimes apathetic and lacked interest. Some lessons were seen to work better than others with students and made it easier to keep their interest. In particular, teachers had to deal with the attitude, "Oh yeah we know this, there is nothing new for us to learn here" (T2). This attitude had to be countered because most students were not as knowledgeable as they thought they were. T4 mentioned that there was:

"[...] A major lack of knowledge from the girls before they started. Our girls were not aware of laws about drugs, the effects of drugs beforehand. It links to a very

small part of our Biology curriculum for GCSE. It was not covered in the curriculum before so it meant that the girls started from scratch and took a bit longer”

Perceptions of impact on students

Teachers mentioned three main ways in which they felt the programme had impacted on students: strengthening resilience, awareness of the risks of taking drugs, and awareness of the impact of their behaviour on parents, relatives and friends.

Strengthening resilience to make safer choices – one of the programme’s aims – was seen as successful:

“[...] The emphasis is right with DSM and the focus is correct on making safe choices I think what is really good is that it does not really linger on the drugs themselves but rather quite a lot on the reasons and impact of it. [...] So, it is very about personal decision-making and the whole focus is safer choices. It is more about the choice they are making rather than the drugs themselves. I think that allows the students to access their own starting points and make sense of themselves. Because it is also about focusing on such things as peer pressure and harm reduction. In general it allows us to make links to other areas and that is important”. (T3)

The majority of teachers also agreed that the programme made young people more aware of the risks associated with drug use:

“[...] It made them more aware and reflective. It definitely gave them time to reflect on their own behaviours, of their friends’ and family’s”. (T4)

“[...] I think their awareness of risk has improved, they are more aware of the risks. I think also, with having the personal story, they can relate to, it is something that can happen to them”. (T7)

The programme was also seen as successful in raising young people’s awareness of the impact their drug use may have, not only on themselves but on their family and friends:

“[...] I think particularly the reason why the third lesson (Impact of substance misuse) is so powerful is because I think they do not realise how much they mean

to other people. When you are a teenager you do not realise, you think that everybody hates you. I think, it looks quite startling to them. Lots of them would get really upset and particularly for their parents. They did not realise the impact that kind of thing might have on their parents. [...]". (T5)

While agreeing with that last comment, T6 added a note of reservation:

"...giving that information and that knowledge, they would definitely hold it and the resources were great, but, how much it went in and would have stuck with them, I think is difficult"

Summary and recommendations

The interviews with the seven teachers indicated that overall the programme was well perceived. The structure and content of the programme was viewed favourably and its flexibility was particularly appreciated. It was recognised that sometimes the programme materials were used in conjunction with other materials and programmes although most teachers said they delivered the programme as intended. The personal elements of the programme were praised as engaging both students and parents/carers and the common experience of viewing the play was reported as a useful mechanism for encouraging discussion between parents and children as well as for classroom follow-up sessions. Teachers felt that the programme impacted on students in three important ways: it helped to strengthen resilience; it raised awareness of the risks involved in using drugs; it raised awareness of the effects of drug use on parents, friends and other people. A number of suggestions were made for ways in which the programme content and delivery might be amended or improved (see box 2). Finally, it was noted that difficulties could arise in trying to provide a 'harm reduction' message, including advice on how to stay safe if using drugs, in the context of the illegal status of drugs.

Apart from the programme itself, organisational factors presented challenges. These included: lack of time to use the resources as effectively as possible or as frequently as teachers thought necessary; timetabling which restricted teachers' opportunities to participate; the need to 'upskill' teachers – which might be addressed through providing additional training and might help teachers to counter apathy and lack of interest in the topic among some students.

Box 2. Recommended amendments or improvements to the programme

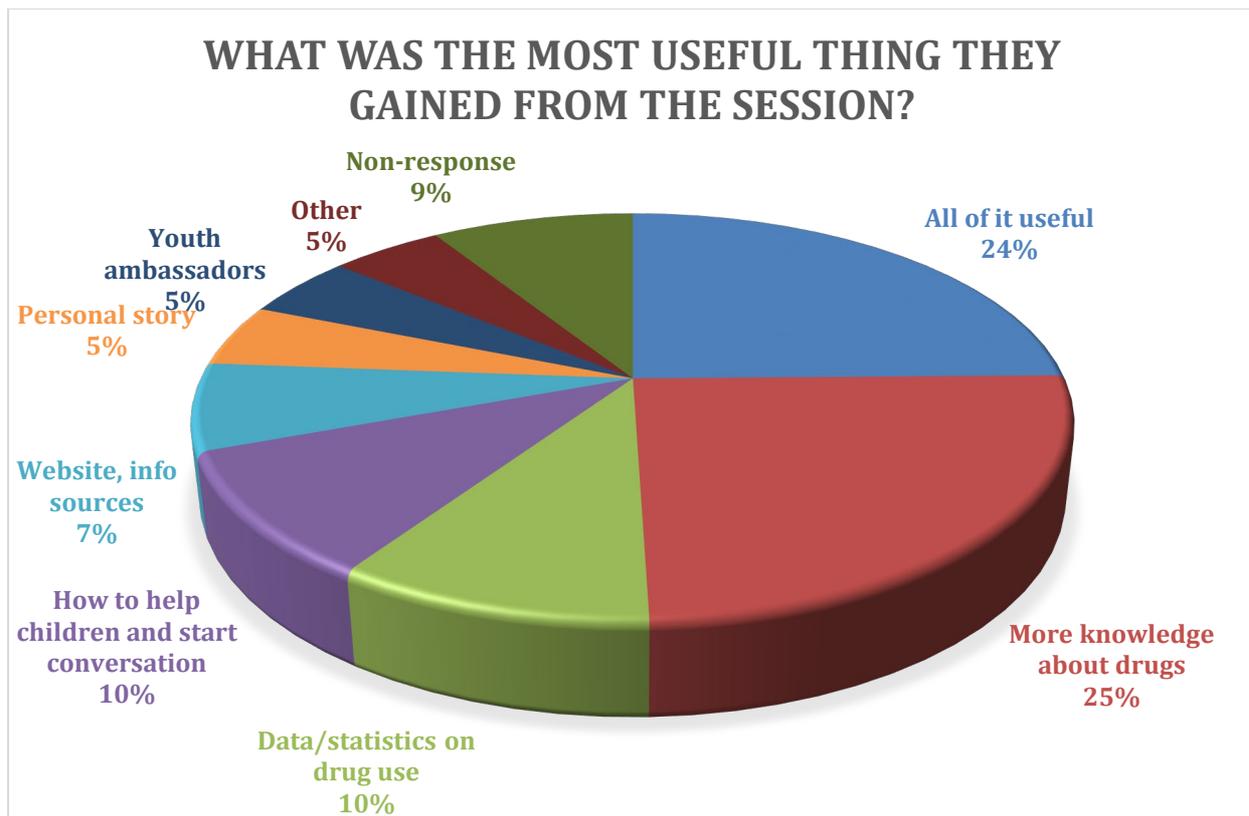
- Three teachers felt there was a degree of repetition in the teaching material relating to DSM's story, including the talk and the first few sessions. This might be reviewed.
- Resources that are given out, such as keyrings, should all have information on them.
- More videos of interviews and stories with real people could be added: "*... even if it is a 5 minute clip, of maybe somebody who experimented with cannabis in their early years, and then maybe the effects that this has or how it progressed to harder drugs. They take these things away*". (T2). It was also thought helpful if stories could be run across several short videos, possibly with two or three characters – this was thought to be a powerful way to get information across to young people.
- It would be useful to add videos with families from ethnic minorities. "*...Because a lot of our girls, the vast majority of them come from an ethnic minority and to sit there and see a white boy it would not mean as much as either seeing a female or someone from a different background*". (T4)
- Adding a range of case studies to choose from was suggested. "*There are some case studies that are not necessarily applicable to our school. [...] We would like a range of case studies that we could pick from that would fit our students.*" (T7)
- A way to enhance flexibility could be by designing a 'top-up' or shortened version of the programme. "*[...] I think maybe, in our school we do it across all 3 year groups I think they get it more than once; then they are like 'oh we have done this already'. [...] So it might be good to have a sort of 'top up' maybe 1 or 2 lessons only to remind them, for people who have done it already, to remind them. So it might be good to have a sort of shortened version*".
- Provide yearly updated factsheets and summary documents on new drugs, drug trends, changes in the law. "*[...] It might be good to have follow up information*".

Workshops for parents and carers

Parents' and carers' experiences and perceptions of the programme

The results of the feedback questionnaires filled in by parents and carers indicate very positive assessments of the workshops. All respondents reported that they found the parent's workshop interesting with 90% indicating that they found it 'very interesting' and 10% 'interesting'. All respondents indicated that they found the parent's workshop useful with 85% finding it 'very useful' and 15% 'useful'. All respondents said that they found the parent's workshop relevant with 89% finding it 'very relevant' and 11% finding it 'relevant'. All the respondents also found the workshop informative with 87% finding it 'very informative' and 13% finding it 'informative'. The majority (78%) felt *definitely* better equipped to support their children to make safer choices about drugs after the workshop and 22% felt *a bit* better equipped.

When asked what was the most useful thing they gained from the workshop in an open-ended question, 25% of the respondents felt that all components of the workshop were useful, 25% felt the most useful thing was that they had gained more information and knowledge about drugs, 10% found the data and statistics presented most useful, 10% felt the information on how to discuss drugs with their children was most useful, 7% said the website and information sources were most useful, 5% said that the most useful thing was that the workshop was based on a personal story, 5% said that the youth ambassadors were the most useful component about the workshop, and 5% mentioned other things as most useful such as the fact that the same provider offered workshops for both children and parents, the emphasis on the child's perspective and the discussion at the end of the workshop. Nine percent of participants did not respond to this question (see pie chart below).



In the qualitative interviews at the end of the workshop, some of the participants elaborated on what features of the workshop were most effective and/or useful for them. Good information in the form of statistics and facts was seen to be very important and helped them to understand the scale and nature of the problem. They also found the personal experiences of the Youth Ambassadors useful, the open discussion with them at the end of every workshop beneficial, and the young people's viewpoints, which were presented throughout the workshop, very helpful:

The personal story and having the young people (reference to the Youth Ambassadors) and actually having facts...It was factual, you put numbers on things, and you know it was proper information and places where you could actually go to find out more. (Participant 4, Workshop 2)

The information provided in the workshop was viewed as very useful by the participants and a tool which will support them in the conversations about drugs with their children. As these participants commented:

I think it can be reassuring as much as anything. We never know whether we are doing a good job as a parent or not...being informed about what is out there, what to look out for, what can happen whether we are doing the right things or not, it can be reassuring as well as alarming. (Participant 4, Workshop 2)

It raises awareness certainly...It highlights the fact that it can happen to anyone. No one is insured by any stretch of the imagination and it's better to be well prepared to deal with it rather than when it happens to you...you panic and lose control and then the worst happens. (Participant 2, Workshop 8)

Some of the participants also commented that they found it useful that they had the same workshop/same story (i.e. Dan's story) as their children had during the school day. This provided a common reference point for them and something that they could use to begin the discussion with their children.

How the workshop will influence discussions with their children

In the qualitative interviews, participants were asked how the workshop would help them discuss issues regarding substance use with their children. They agreed that they all felt better informed and more confident to discuss these issues with their children. The personal story of Fiona and Dan had a great impact on them and underlined the importance of open and honest communication with their children. Hearing the personal experiences of the Youth Ambassadors helped them to understand the perspectives of young people and the reasons why young people get involved in substance use. Some of the participants commented on how they will approach discussing drugs with their children in the future:

I've discussed drugs...I will probably do it in a much more sort of knowledgeable way, a little bit more knowledgeable than before the workshop. (Participant 3, Workshop 1)

Explaining it and not being so 'parental'...if they have an issue. (Participant 6, Workshop 3)

It's given me some ideas about being more accepting and recognising they [drugs] are out there and being able to sort of start a discussion that is not panicky or judgmental. (Participant 7, Workshop 1)

I really liked the approach of the young girl [reference to one of the Youth Ambassadors] and to say, 'Yes, we are here with you and you are safe...just be who you are' and try to encourage their self-esteem. (Participant 1, Workshop 9)

The need for further support and information

When asked if there was more information or support that they would like to access, about one-third of the participants (35%) said they did not need any more information at the moment and about two-fifths (42%) did not respond to the question. Those respondents who did want more information (23%) mentioned a wide range of things including more information about how to start the conversation with their children, more strategies for parents on how to cope with drugs, access to the slides and videos shown, linking in on social media, information on the harm and damage to the individual user, more information on how children take drugs, more workshops, more information about the 'escape plan' to help their children in tricky situations, more information about the differences between girls and boys in relation to drug use, and providing a copy of the presentation in booklet form.

In the qualitative interviews, some respondents suggested that they would like some real life examples of conversations with children about substance use. They also mentioned that they would like the information tailored to specific age groups. As these respondents suggested:

More help with how to talk about drugs to our children. I think this is something that I would appreciate more support on...the conversations to have. (Participant 7, Workshop 3)

It would have been helpful if we'd known what information to give to what age group, you know like it's obviously different what you do with year 9s and what you

do with Sixth Formers and I couldn't quite get my head around that. (Participant 7, Workshop 1)

Some of the respondents wanted to know more about Dan's story and would have liked the opportunity to see the play (see section above on theatre). They also wanted to know more about the impact that Dan's death had on his friends and more about the strategies that are used by young people who do not use drugs:

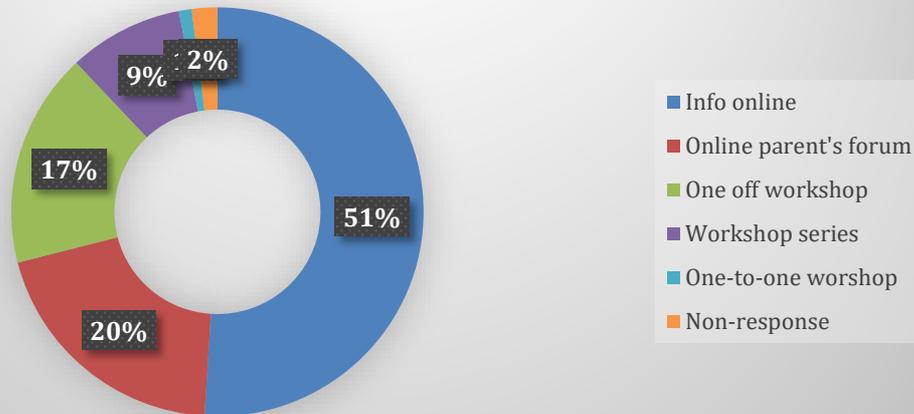
I would want to know what happened with his friends and the impact it had on them and how that's developed. (Participant 6, Workshop 3)

I think providing more on the strategies of peers. How they avoid situations, how they stopped themselves, how they stood up for their own beliefs and their conscience, more of that. (Participant 2, Workshop 4)

One of the challenges mentioned by the parents/carers was keeping up with changes in technology and social media, so that they understand what their children are engaging with and how they access and share information. For some of the parents and carers, this was an area where they pointed out that they needed more information, help and training.

If respondents were to access further information or support, they were asked what method they would like to use to access this. Almost half (51%) said they would like the information available online, 20% would like to use an online parents' forum, 17% would like a one-off workshop, 9% would like a series of workshops and 1% said they would like a one-to-one session and 2% did not respond to this question.

Format for Further Information and Support



Respondents to the questionnaire were asked if they wanted to add additional comments at the end of the questionnaire. Around two-fifths (39%) of the respondents took the opportunity to make additional comments. Overwhelmingly, the additional comments (28%) were praise for the workshops indicating how useful and informative the participants found them. Other comments included participant requests for the slides and links to the videos used in the workshop, more workshops to focus on how to approach the conversation with their children, more information and discussion about what to do if their children are already involved in drugs and drug use, that sessions be arranged for senior children and repeated regularly, and to offer workshops for parents of younger aged children (i.e. primary school age).

Summary and recommendations

Overwhelmingly, the parents and carers responded extremely positively to the workshops. The results of this study show that they found the workshops useful, interesting, relevant and informative. Those who attended the parent/carer workshops found the interactive character of the workshop, the PowerPoint presentation, the video and statistics useful. At the end of every workshop, the vast majority of them felt better equipped to discuss the risks of drug and alcohol use with their children. As the parents reported, they found the youth ambassadors' opinions and the discussion with them at

the end of the workshop useful because they represented the young person's point of view around substance use and prevention. The involvement of the youth ambassadors in these parent workshops seems to be an important feature for participants and needs to be a key component of future work with parents.

The workshop, which was based on real life stories (i.e. the personal story of the Spargo-Mabbs family), made them realise that this experience can happen very easily to any parent. Because the same organisation delivers the parent workshop in the evening and the pupil's workshop in school, Dan's story provided a common reference point for parents and children and a lead-in for parents to begin the discussion around substance use. After the workshop, they felt better informed and more confident to help their children to deal with risky situations. They felt more prepared to discuss substance use with their children and give them guidance and strategies to cope with risky situations. However, they suggested they would like more information or training on the actual methods to deal with risky situations and concrete examples of how to start the conversation with their children about substance use. The use of social media by young people to communicate with each other and increasingly to arrange the purchase of drugs were areas that the parents found daunting in terms of their knowledge and skills. This is an area that possibly requires more attention in future workshops with parents and carers.

Box 3 Recommendations

- Involvement of youth ambassadors in parent/ guardian workshops should be retained as an essential feature of the workshops
- Continue the interactive nature of the workshops as an important engagement and communication mechanism
- It would be useful to provide more information or training on methods to deal with risky situations
- More concrete examples on starting a conversation with children about drugs would be helpful
- More attention could be paid to issues around the use of social media, access to drugs and drug purchasing

EVIDENCE FROM RESEARCH

What makes an effective programme?

There is a considerable body of literature evaluating school based intervention programmes aiming to prevent or reduce substance use. Most studies focus on tobacco and alcohol, a few studies are concerned with illicit drug use (often concentrating on cannabis use), and some cover more than one substance. For example, in an overview of systematic reviews, Das et al. (2016) identified 46 systematic reviews of which only 2 were concerned with drug use interventions alone, 8 were of alcohol programmes, 16 included studies of interventions targeting combined substances and 20 were of tobacco use. Similarly, Onrust et al. (2016) found 228 evaluated programmes on smoking, 154 on alcohol use and 110 on drug use. These reviews have indicated that drugs education delivered in schools can be effective and have highlighted specific programmes that have been well evaluated (e.g. Lee et al. 2016); but it has also been noted that it is low to moderate quality review level evidence (Bates et al., 2017). More importantly, perhaps, the literature identifies common characteristics of effective programmes and indicates the need to take account of students' developmental stages in programme development.

Characteristics found to be common across effective intervention programmes included:

- based on accurate information, having appropriate theoretical framework(s) and supported by empirical research
- having a focus on harm minimisation and skill development (e.g. refusal skills, self-management skills)
- challenging norms (e.g. alcohol and other drug use is not as widespread as young people might think)
- using interactive styles and methods and maximising students' interest by using up-to-date materials and information
- promoting student resilience and social connectedness
- encouraging strong relationships and communication between students, parents and stakeholders

- programmes incorporating elements of several prevention models and which are multi-component

(UNODC 2018; Das et al. 2016; Lee et al. 2016; Warren 2016; see also Faggiano et al. 2014; Foxcroft and Tsertsvadze 2011).

The role of parents and the value of parental inclusion in drug prevention programmes is generally agreed, but studies have reported the difficulty of securing parental involvement and evidence for the effectiveness of a parental component – or on how best to engage parents - is unclear (see discussions in: Warren 2016; Midford 2009; Cuiypers 2003). At the same time, several studies conclude that a comprehensive approach that includes school, family and community is more likely to prove effective. Based on the findings of 13 studies: one review concluded that: “With regard to primary outcomes, according to these studies, community-based multi-component initiatives can prevent the use of drugs, alcohol and tobacco” (UNODC 2018:42).

However, in a systematic review and meta-analysis of school based programmes to prevent and reduce substance use, Onrust et al. (2016), pose a key question: What works for whom? Characteristics and elements of effective programmes do not necessarily work well for all young people at all stages of their development. Guided by a developmental perspective that takes account of differences in the psychological and cognitive needs and capacities of the target group, Onrust et al. examined the literature for evidence of effectiveness at four developmental stages: elementary school children, early adolescents (grades 6 and 7), middle adolescents (grades 8 and 9) and late adolescents (grades 10-12). Their findings indicated clear differences between the age groups in terms of the effectiveness of intervention components²:

- early adolescents (grades 6 and 7): effectiveness is predicted by social skills training, self-control training, problem solving or decision making skills training, making a public commitment not to use substances, applying techniques from cognitive behavioural therapy, and mentoring. These predictors are all related to superior effects (p57).
- middle adolescents (grades 8 and 9): there were no significant predictors of

² The authors also looked separately at ‘high risk’ students within each of the four groups. There were some differences regarding which components were effective for ‘high risk’ students.

effectiveness of programmes for this group. The authors suggest that this negative finding may be due to the fact that focusing on the danger of peer influences on substance use might not be very beneficial, as middle adolescents are extremely oriented on the needs, expectations, and opinions of their peers, reward-seeking behaviour culminates in middle adolescence and approval by peers is believed to be rewarding in itself (p57).

- late adolescents (grades 10-12): effectiveness is predicted by self-control training and adjustment of the social norm (p57-58).

Studies have also considered the part played by programme implementation in determining the effectiveness of programmes. The duration of the programme (Das et al., 2016, cite 15 or more sessions as having a stronger effect) and the need for 'booster' sessions or continuous exposure (UNODC 2018) are mentioned in several reviews, as is the need for appropriate training and support for teachers (UNODC 2018; Waller et al. 2017) and the problems of competing for time and space in already crowded curricula (Milliken-Tull & McDonnell 2017; Warren 2016; Thurman and Boughelaf 2015). Who delivers the programme (the role of teachers compared to peers and outsiders) has been recognised as important, with peer involvement considered likely to have positive effects and with due regard to "the delivery agent.... the amount and quality of training they receive, how credible the person delivering the programme is considered to be by those receiving the programme" (Warren 2016:18). Apart from teachers, peers and the police there has been little attention paid to other stakeholders delivering prevention programmes in school settings.

The issue of fidelity – implementing the programme as intended - and the dilemma posed by the need for flexibility to ensure that a programme is suited to the target group has been recognised (see: Stead et al. 2007; Waller et al. 2017; PHSE 2016; Faggiano et al., 2014). While programme fidelity is needed to ensure evidence-based practice (Faggiano et al. 2014), it has been argued that, teachers' knowledge and autonomy in choosing appropriate learning and teaching methods and materials (implying the need for programme flexibility and adaptation) are significant facilitating factors (Cholevas and Loucaides; 2011). Waller et al. (2016) suggest that to address the apparent conflict between the requirements of fidelity and adaptability, programmes

need to identify critical core elements and complimentary flexible components that can be used to adapt the programme to the target group and to the implementation practicalities.

Finally, there is the issue of outcome measures. Many programmes (with the exception of some alcohol programmes) state that the primary outcome is to prevent drug use or delay the onset of drug use. Other outcomes, related to knowledge, awareness, skills acquisition, safety or harm reduction are not used as measures of effectiveness of the programme (see: Quek et al. 2012 for an example of a harm minimisation programme using theatre in education approaches). Hastings et al. (2002), in a discussion of the NE Choices programme, provides interesting insight into why this apparently well designed and well implemented programme did not work – ie the evaluation found that it did not change behaviour. It is of particular interest in this report because it included a drama component. In short, the authors note conventional explanations for the failure to change behaviour as: issues of intensity, lateness of delivery (after nearly a third of young people had experimented with drugs), the need to strengthen teacher, parent and community elements, competing priorities on the curriculum, problems of engaging parents. However, applying a more ‘radical’ analysis, Hastings et al. focus on the achievements of the programme which included that it was founded on the idea of free choice and that the young people received it enthusiastically finding it credible, realistic and thought provoking:

“They weren’t saying ‘Don’t take them’...You’ve got to give them the choice, that’s the whole point...They said ‘This is what happens to you when you take drugs and it’s okay to decide whether you want to’.” (cited in Hastings et al. 2002:11)

“It was like the effects on other people as well, to your family and friends.” (cited in Hastings et al. 2002:11)

The core component of the programme was drama which proved to be appropriate and engaging for the young people and also stimulated discussion between children and parents.

Hastings et al. point out an inherent contradiction in the programme which is highly relevant when we come to look at the DSM programme: “On the one hand, ... it (the

programme) was built on concepts of free choice, reflecting the view that health promotion – on drugs, or any other topic - should enable people to make informed and empowered decisions about the various risks and opportunities that life throws at them, not proscribe or prescribe specific behaviours. On the other hand the programme had very clear behavioural objectives and a sophisticated research programme to establish whether the young people did as they were supposed to do – a case of freedom of choice, provided you make the right choice. In short, the defining creative theme is at odds with the programme’s basic design.” An alternative approach, they suggest, is to move towards ‘relationship marketing’ – building long-term relationships over a much longer period, believing that drug prevention efforts can work, and making young people feel more confident and empowered in their drug related choices. This entails considering outcome measures other than immediate behaviour change as valid.

Theatre in Education (TIE)

Theatre in Education (TIE), is a kind of theatre, offered by professional drama companies, or TIE teams, working specifically on educational projects with schools. It differs from the use of drama in education in that the latter relies on teachers and students. It is claimed that TIE originated in the UK in the 1960s as part of a movement towards student led, ‘progressive’ educational methods that encouraged more dynamic and interactive teaching approaches. Various forms of drama were introduced as part of the educational curriculum. Valverde (undated:10) comments that: *“One of the most outstanding features of TIE is the fact that it involves much more than the presentation of a play, consisting as it does of a whole programme of work. The staging is part of an educational project covering some curricular or cross-curricular topic and including previous and further work at the school”*. She goes on to cite Jackson (1993:4) who described TIE as a *“co-ordinated and carefully structured pattern of activities, usually devised and researched by the company, around a topic of relevance both to the school curriculum and to the children's own lives, presented in the school by the company and involving the children directly in an experience of the situations and the problems that the topic throws up”*. TIE programmes usually involve workshops, training for teachers, information packs and opportunities for interaction between performers and audience (see: Quek et al. 2012; Safer and Harding 1995 for examples).

There is considerable support for the use of TIE and studies have indicated its value in eliciting an emotional response as well as a cognitive effect, in engaging young people (parents and communities), and in having some measurable effects on knowledge, attitudes and, to a limited extent, behaviour across a range of target groups (Quek et al. 2012; Joronen et al 2008; Guttman et al. 2008; Stephens-Hernandez et al. 2007; Starkey and Orme 2001; Safer and Harding 1995). However, there are few well-conducted evaluations of TIE (Joronen et al. 2008) and this is an area where further research would be useful.

How the DSM programme incorporates the evidence base

Quality standards for effective alcohol and drug education have been developed by Mentor-Adepis. The standards have drawn on existing national and international evidence for what is effective as well as on examples of good practice in alcohol and drug education and prevention. They “are designed to help schools and those that work with schools to shape the context and delivery of alcohol and drug education”. (<http://mentor-adepis.org/quality-standards-effective-alcohol-drug-education/>).

The standards aim:

- To help schools and others assess their own practice, in and outside the classroom, and make the case for appropriate support and resources.
- To help external providers of drug education assess their own practice and convey their aims, methodology, and approach to schools.
- To help schools have clearer expectations of external contributors, choose those that deliver to a high standard, and work more effectively with them.

The DSM Foundation has worked with the Adepis standards and has played a part in testing them. They were invited to be one of the providers piloting the quality standards assessment framework developed for the Mentor Adepis Quality Mark for providers of drug and alcohol education in 2016. These standards have remained the basis and benchmark of all the planning and resources developed by the DSM Foundation.

CONCLUSION

The DSM programme has been developed with regard to principles of good practice emerging from research and through self-assessment following the Mentor-Adepis guidelines. This formative assessment brings an outsider eye to bear on the programme for the first time. The assessment is modest as it relied on student assistance and on the university's small grant support. It examined key aspects of the DSM programme by considering the views and experiences of teachers and parents/carers, and by observation at performances of the play. Much remains to be done, including examination of the role of the youth ambassadors and research on the views, attitudes and behaviour of students. The assessment so far has indicated that the programme is very well received by teachers and parents/ carers and that the play is a valued core element of the programme. There were no recommendations for major changes. Rather ideas were offered for ways in which the programme could be strengthened and ways to extend its reach and ensure its appropriateness to different groups of young people. The fact that the play was free to schools was considered to be a major issue for uptake of the programme and it was felt important to continue to seek ways (e.g. through grants) to enable subsidised performances to be offered to schools.

Main suggestions drawn from the three parts of the assessment discussed above are shown in box 4 below. These relate to adding to the information content of the programme and signposting to other sources of information, increasing relevance by adding material likely to engage a wider cross section of young people, adapting to suit an older age range, increasing choice of material for teachers and incorporating a 'booster' version of the programme.

Box 4: Key suggestions

- Provide yearly updated factsheets and summary documents on new drugs, drug trends, changes in the law
- Provide a brief information handout at the end of the workshop which includes sources of further information e.g. websites
- Provide more information or training on methods of dealing with risky situations
- Add more concrete examples on starting a conversation with children about drugs
- Explore tailoring the information in the workshop for different age groups e.g. tailoring the content for a slightly older age group than year 11
- Add more videos of interviews and stories with real people; add videos with families from ethnic minorities
- Add a range of case studies for teachers to choose from
- Design a 'top-up' or shortened version of the programme
- Pay more attention to issues around the use of social media, access to drugs and drug purchasing

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