

D1 Drug education in schools 2002/03

In 2004, following consultation, the Scottish Executive Education Department took the decision that the Drug Education in Schools surveys were no longer required on an annual basis. These surveys had been designed to monitor a 2002/03 national target, which had been adequately met. However, drug education in schools remains both a national and local level priority.

The following statistics were previously published in Drug Misuse Statistics Scotland 2003 and relate to 2002/03.

Key Points

Overview of drug education in schools

- In 2002/03, 99 per cent of schools in Scotland provided drug education, compared to 98 per cent in 2001/02. The figure is 100 per cent for Local Authority primary and secondary schools but is lower for special schools and non LA schools. ([Table D1.1](#))
- In 2002/03, 99 per cent of schools provided education on controlled drugs (compared with 98% for 2001/02) and this had also increased for all other types of drug education (the safe use of medicine, alcohol, tobacco and solvents). ([Table D1.1](#))
- Ninety-eight per cent of schools provided drug education to each pupil at some point during their schooling, and 97 per cent said that each pupil will receive drug education which provides progression and continuity throughout their schooling (compared with 97% and 94% respectively for 2001/02). ([Table D1.1](#))
- Ninety-four per cent of schools reported providing drug education that was in line with current national advice. ([Table D1.1](#))
- Fifty-six per cent of schools with drug education programmes had revised them within the last two years, and a further 40 per cent within the last two to five years. ([Table D1.2](#))
- In 2002/03, 84 per cent of schools had written procedures for managing incidents of drug misuse that are in line with current national advice. These proportions were 83 per cent for primary schools, 90 per cent for secondary schools and 87 per cent for special schools. Local authority schools were more likely than other schools to have such procedures. ([Table D1.3](#))
- Seventy-two per cent of schools with written procedures for managing incidents of drug misuse had revised them within the last two years, and a further 26 per cent within the last two to five years. ([Table D1.4](#))

Background information

Information was collected on the drug education provided by all schools in Scotland. Each school was required to give details of whether they provided drug education, what type of drug education they provided and their procedures for managing incidents of drug misuse and tobacco smoking.

Responses were obtained from 99 per cent of local authority schools and 94 per cent of all other schools.

Source

The Drug Education in Schools, 2002/03 survey was published by the Scottish Executive Education Department on 23rd September 2003. Copies of the Statistical Publication Notice can be found at <http://www.scotland.gov.uk/stats/bulletins/00284-00.asp>

Notes

1. The survey covers all primary, secondary and special schools but not pre-school education centres. The results exclude responses from a small number of special schools for whom provision of drug education is not appropriate for some or all of their pupils, due to complex learning difficulties.
2. For the purposes of this survey, drugs are defined as mood changing substances including medicine, alcohol, tobacco, solvents and controlled drugs such as, for example, cannabis, cocaine and heroin.
3. Current national advice on drug education is set out in the following:
 - *How Good is our School?* (The Scottish Office, 1996) - performance indicator 1.2 (quality of course or programme).
 - *A Route to Health Promotion* (Aberdeen City Council, HEBS, HMI, 1999).
 - HELP UP-DATE on drug and nutrition education (LT Scotland Curriculum File No 9).
 - 5-14 national guidelines on health education.
4. A school is defined as providing drug education to each pupil if every pupil who stays at that school 'from start to finish' will receive drug education at some point. To provide 'progression and continuity', it would be expected that each pupil would receive drug education at several stages during their time at a particular school.
5. For drug education to be in line with national advice, it must be provided to every pupil and provide pupils with continuity and progression in their learning. It must also include education for all of the following areas: safe use of medicine, alcohol, tobacco, solvents and controlled drugs. All drug education has to take account of the age, stage and maturity of the children involved and it is accepted that education on controlled drugs may not be appropriate until later in primary school.
6. The methodology has changed since last year as schools are now classified as not following national advice if they report that they don't fulfil all of the criteria. In addition, the survey now takes account of the fact that infants (P1-P3) are not expected to be taught about controlled drugs.
7. The methodology has also changed since last year as schools are now classified as not having written procedures for managing incidents of drug misuse which are in line with national advice, if the school reports that they do not have written procedures in place.
8. Current national advice on managing incidents of drugs misuse is set out in the following:
 - HMI reports : *Issues in health education and promotion* (1996) and *Drug and nutrition education* (1999).
 - HELP UP-DATE 1998.
 - Guidelines for the Management of Incidents of Drug Misuse in Schools (SDST, SEED, 2000).
9. The Drug Education in Schools, 2002/03 survey is a National Statistics publication. National Statistics are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.