



# DRUG PREVENTION ADVISORS IN SCHOOLS

Guidelines And Recommendations For Effective Involvement Of External Experts

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**EUROPEAN**  
**HEALTHY**  
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# 1 Introduction

This publication was written for drug prevention advisors and schools wanting to utilise such advisors, but it might also be of use to anyone connected to school-based drug prevention programmes. The publication offers information about the type, role and work of this group of professionals as well as information about ad-hoc experts and visitors that participate in drug prevention programmes. It can be used as a model, guideline or checklist to be put into practice or as a document for comparison. Some examples of different types of drug prevention advisors are presented at the end of this publication.

Many school-based drug prevention programmes are not invented, developed or implemented by schools themselves. In many cases external experts or advisors are consulted for the selection, implementation and evaluation of these programmes. In this brochure these people are referred to as drug prevention advisors. They are often selected by the schools themselves, offer their services to schools as independent consultants or are appointed by the authorities.

Drug prevention advisors in school education have an important role to play. They have specific, yet often mixed roles of initiator, drug prevention expert, trainer and evaluator. To maintain good relationships and co-operation between schools and drug (prevention) advisors, it is important that schools know who they are dealing with and what they can expect from 'their' advisor. It is important that schools define their needs and expectations in advance, so that they can stay in control of drug prevention activities in their school. This advance preparation also helps advisors understand what is expected of them and within what framework they should operate.

Advisors need to be aware of the influence they have in schools. After all, they are often hired as 'the expert'. This position requires knowledge of how the educational system in general and the specific school in particular work. Furthermore, advisors need to take into consideration what is most appropriate for the schools with which they work and as such be as objective and independent as possible. This is a major challenge, since most advisors are committed to a specific approach to or programme for school-based drug prevention that often constitutes an important part of their work.

This publication is part of the project 'The European Healthy School & Drugs', a European co-operative project aimed at promoting innovation and development of quality criteria for school-based drug prevention. This publication is part of a series of other publications, including a manual titled '**Making Schools a Healthier Place – manual on effective school-based drug prevention**' (Gallà et al., 2002), a monitoring tool for schools, as well as a brochure for those concerned with improving the social climate in schools. A publication has been developed for policymakers containing information and recommendations for greater consistency between drug policy making and school-based drug prevention. References to 'the manual' (also indicated by: → manual), refer to the above mentioned publication.

## 2 Drug prevention advisors in schools and their work

### 2.1 A school is a world in itself

For young people school plays an important part in their day-to-day life. Schools themselves are microcosms with their own rules, regulations, social structures and cultures. Every school is different compared to another.

The majority of young people spend a significant part of their childhood and adolescence in school, which is the reason why those involved in health promotion and drug abuse prevention like to make use of the school structure to deliver their message.

Despite the fact that schools are microcosms of their own, the outside world does influence everyday school life and the lives of the school population. Schools must find ways to connect to the broader society and prepare their students for (adult) life. This is the reason why many schools run health promotion and drug prevention programmes. The case that such 'behaviour-oriented' programmes should be part of the schools' curriculum is not self-evident. There are still many people in education who believe that teaching life skills to young people is the task of the family, not that of the school.

Nevertheless, more and more schools feel it is their job to give attention to life skills that allow young people to avert risky behaviour regarding their own health and that of others. Such tasks are, however, relatively new and often the educational staff has not been trained properly to deal with health education and risk reduction. Furthermore, schools often have limited staff, time and/or funds for such programmes, even if mandated to do so by law. These are some of the main reasons why schools involve outside experts as drug prevention advisors.

In some countries like The Netherlands and Belgium, the government has given local and regional health promotion services the task to support schools in setting up a health promotion curriculum.

External advisors need to be aware of the differences between the schools in which they work and be sensitive to the character of each. Drug prevention in schools needs to be 'tailor-made' for each specific school.

### 2.2 What is a school-based drug prevention advisor?

An advisor in school-based drug prevention is defined as an outside person who provides support and information in the selection, implementation and/or evaluation of a school-based drug prevention programme. There are different types of such intermediaries, each with different roles and perspectives.

In this publication two categories of advisors in school-based drug prevention are defined. The first consists of advisors who are structurally involved as external partners during the complete implementation process of a programme. The second category consists of incidental visitors to the school that either deal with drugs and drug addiction from a professional perspective (the police, medical doctors, etc.) or that have experience with drug addiction and/or addicts (former drug users, family of drug users). The latter usually recount personal experiences with addiction or drug use, usually with the purpose of convincing young people of the dangers of drug use and the consequences it may have for users and their social surroundings.

The reader should be aware of the fact that this is a general overview of the most common types of intermediaries and their most common tasks and roles. However, the overview is not exhaustive. Other types of experts with different roles may exist, depending on the culture and nature of drug prevention in a particular country or school, or depending on the assignment for which the advisor is hired.

### 2.3 Reasons for involving a drug prevention advisor in school

The reasons schools involve drug prevention advisors as intermediaries in a school-based drug prevention programme may vary from school to school and from country to country. Some of the main arguments for involving such experts are:

- **Lack of expertise:** the school does not have the required knowledge about drugs, drug use, abuse and addiction at its disposal.
- **Need for a 'critical' friend:** there is a need inside schools to have an external critic evaluate the school's drug prevention policies and offer constructive criticism from an outside perspective.
- **Time & cost effectiveness:** schools often do not have the time and money to develop a programme of their own and hesitate to 'reinvent the wheel'.
- **Mandatory involvement:** some governments have set standards for school-based drug prevention that must be followed. Specific agencies or advisors might be assigned to assist schools in the implementation of such standards.

### 2.4 Types of school-based drug prevention advisors

Most schools can choose from a wide range of drug prevention advisors. In order to ensure a good working relationship and co-operation between schools and drug prevention advisors, it is important that schools know the people they are dealing with and what they can expect from 'their' intermediary. In turn, advisors must know what is expected of them and within what framework they can operate. Advisors need to be aware of the influence they exert in schools, as they are often hired as 'the expert'. The checklist in **chapter 4** can assist schools in selecting the (type of) school-based drug prevention advisor best suited for their school. Advisors involved in the process of running a school-based drug prevention programme usually have

mixed roles of expert, critical advisor (critical friend), educator and/or coach. They are outside persons professionally involved with the school either because their job is to promote public health (health promotion workers, drug prevention and addiction workers) or they are independent consultants (often providing a specific 'off the shelf' programme). However, advisors may also be voluntary, non-professional persons such as 'expert' parents, a member of the school board, student peer-educators, religious leaders, etc.

Below are some of the most common types of intermediaries and their role in a drug prevention programme. These experts co-operate with the school for a long period of time and contribute to various parts of the implementation process in schools.

#### **Expert on drugs, drug use and addiction**

These experts convey knowledge about drugs, drug abuse and addiction. They deliver the 'technical content' to a school-based drug prevention programme, either by means of lectures or in developing material. These experts may be not only scientists or medical doctors, but also health and addiction service workers who do not have a specialised task regarding school-based drug prevention.

**Keep in mind:** experts in the field of drugs and drug prevention are one of the most common types of intermediaries. One disadvantage of this type of expert is that they may not have sufficient knowledge and understanding of the educational system and the specifics of working in a school setting, including pedagogical and educational skills.

#### **Health education professional/school drug prevention worker**

This type of expert not only conveys knowledge about drugs and drug abuse, but also has pedagogical and educational skills for health promotion and drug prevention. These advisors usually have a good knowledge of government regulations concerning adolescent drug policies. They often play an important role in drug prevention programmes,

either directly with the target group or in the training of educators.

**Keep in mind:** this type of intermediary is often available in regions where drug prevention in schools has been prioritised and made part of a structural youth health promotion policy. These intermediaries are usually employed by (local) governments (where they may be bound by governmental guidance), or are part of private (non-profit) organizations, where they may be linked to a specific approach or programme. In some countries, school psychologists - who are part of the school staff - have been trained in health promotion in a school setting. One disadvantage of outside experts playing a large role in drug prevention in schools may be the school becoming dependent on their input and services, which may not be continued indefinitely. Another risk of giving outside experts a large role is that the school then lacks a feeling of 'ownership' towards the project.

#### **Private/freelance drug prevention consultant**

Many drug prevention programmes are developed and marketed by foundations or private (commercial) companies that offer paid services to schools. These consultants may provide information and advice on how to set up, implement and/or improve drug prevention programmes.

**Keep in mind:** consultants generally have extensive knowledge and experience of the programme they provide. They are not necessarily affiliated with or even aware of policies of the (local) authorities. They are paid for their work, providing exactly those services that schools request. The downside is that they might be too expensive for long-term involvement and are often linked to a specific approach or drug prevention programme. The latter may become a problem when consultants feel a (financial) need to sell their products while their programme might not be the best for the school.

#### **Ethical and religious advisor**

Schools with a religious foundation or that

follow a specific educational concept (i.e. Montessori, Rudolf Steiner) are sometimes linked to a specific religious or other specific value-based community. These communities often provide advice on ethical and lifestyle issues, such as sex education as well as drug prevention. As a result these advisors are often influenced by the views of those communities.

**Keep in mind:** drug prevention usually does not take place in a value-free, objective environment. Many schools in Europe are private, such as parent-run schools or schools run by a (religious) foundation. Although ethical and/or religious advisors may have an encouraging and initiating role as far as school-based drug prevention and other lifestyle issues are concerned, their interests may primarily lie in upholding the norms and values their communities advocate. This may not coincide with an effective approach in school-based drug prevention when value systems collide. For example, a 'just-say-no' approach to drugs, advocated from the moral perspective of a 'drug-free society' in which young people are not provided with objective information about the immediate risks of wrongful use of drugs, may put them at even greater risk if they do experiment with drugs.

#### **Police/Law enforcement**

In many schools police officers are invited into the classroom to take part in a drug prevention programme. One of the most widely known programmes is Drug Abuse Resistance Education (D.A.R.E), which is run in a large number of schools in the United States and the United Kingdom. Similar projects are being run in the Netherlands ('Doe effe normaal': Just act normal!) and in Belgium, though these usually have a broader scope compared with those in USA and UK. Research has shown that the effectiveness of these programmes is limited. Drug abuse is not being reduced, while students are sometimes confused about the role of the police.

**Comments:** It is somewhat controversial that police officers are invited to classrooms to talk to students about using illegal drugs,

while at the same time representing the law that prohibits young people from using illegal drugs at all. Since the police work strictly within the boundaries of the law, their message cannot be different than 'Just Say No to Drugs', an approach which has proven to be ineffective and sometimes even counterproductive. It makes risk reduction messages (e.g. 'safe' use of drugs) or a discussion on personal experiences with drug use practically impossible. The police officer cannot be both a prevention expert and a law enforcement officer at the same time, since the two roles collide. Another point of concern is that programmes that involve police officers often have secondary, sometimes hidden agendas, for example improving the relationship between police and local youth in order to gather information about how students get drugs, who supplies them, etc. While these may be legitimate aims in and of themselves for law enforcement, they are very inappropriate in building a safe and open atmosphere in which drug use can be discussed with young people. Some programmes (mainly in the United States) extend the 'law enforcement' principle to the students in the classroom, where they are encouraged to report possible drug use among friends or family to the advisor. Such involvement is totally in opposition to the aims of drug prevention, since it jeopardises social relationships between students and their peers and next of kin.

### **Independent outsider**

Since drug prevention is not a value-free topic, which sometimes requires schools to revise their way of educating young people (e.g. by focusing on improving the social climate, participation and empowerment), it is sometimes valuable to have an outsider's view of the educational and social processes taking place inside the school. Independent outsiders can give feedback to the school and to those groups having a stake in the school without having to impose consequences, which a school inspector or official evaluator might have to do.

**Keep in mind:** an outsider can provide useful feedback and have access to information and perceptions of groups

having a stake in the school, provided that the outsider is indeed independent. Often schools make the mistake of involving a friend of the headmaster or an outsider with very outspoken views about the school and its supporters. Such an advisor would be treated suspiciously and not be able to get a clear objective picture about the running of the school.

### **Evaluator/education inspector**

External evaluators may be professional consultants, experts, government appointed evaluation task forces (e.g. school inspectorate), research institutions, or participative councils (made up of representatives of those having a stake in the school, e.g. students, teachers, parents and guardians). Their role is to monitor and/or evaluate the progress of a school in school-based drug prevention, which is sometimes linked to a standardised set of regulations, objectives and/or expected outcomes.

**Comments:** as many school-based drug prevention programmes are financed by governments, parents, guardians or other organisations, an outside evaluation of the effectiveness and the impact of programmes is often required. Some of these sponsors insist on employing external evaluators who report directly to them. However, it is very important that the school and the body requiring evaluation obtain an accurate picture of the situation in a school prior to the start of the prevention programme. They should also agree upon clear indicators of progress, success and measurable output criteria. If this is not the case, external evaluation can become a very frustrating exercise, especially when the expectations of both parties are different.

More information about the relationship between schools, policymakers and those who fund prevention programmes is provided in a separate publication (Gallà, 2003).

## 2.5 Roles of school-based drug prevention advisors

An important question when selecting an intermediary concerns the role a school expects an intermediary to play in the selection and/or implementation and evaluation of a school-based drug prevention programme. How do intermediaries envision their role? Advisors often have specific expertise they want to offer to the school and should have a clear idea of what their role in the prevention programme should be. It is important that the school – as the ‘owner of the prevention process’ – and the advisor both clarify that role before the collaboration begins.

### Initiator and motivator

In some cases, for example where schools are obliged to set up a school-based drug prevention programme, an intermediary is hired with the specific request to help the school identify and develop a suitable prevention programme. In this case, the advisor functions as a knowledge-provider and motivator, a person who provides the school with options from which to choose.

A possible trap for advisors in an initiating role is that the school is not adequately involved in defining either the prevention needs or the approach chosen. The result may be that the programme does not meet expectations, that those with a stake in the school (e.g. teachers, parents) are not willing to participate in the programme or that the programme does not suit the working culture inside the school. Advisors in this position must also be aware that the long-term sustainability of a programme may become more difficult when participants are told what a programme should look like and how it should be implemented. This is especially true when the activities and working methods are not in line with existing practices in the school.

### Content provider

An important element of school-based drug prevention concerns factual knowledge about drugs and drug abuse, including the

psychological, social and legal consequences for young people experimenting with drugs. Most teachers and parents do not have correct information about drugs and drug use. Apart from facts and figures, schools need to be able to recognise the difference between experimental and problematic drug use in students. The way schools deal with their student’s drug use either on school premises, off school premises during out-of-school activities or during student’s leisure time is another important area of concern. School drug policies should aim to regulate, not to ignore problems or make them bigger than they truly are.

Sometimes external content providers are used as educators, presenting information about drugs and drug use to students by means of lectures and information material. Schools that use drug prevention advisors for this purpose only and do not embed information in a wider range of prevention activities will not see any positive results for their efforts. Furthermore, it is questionable if content providers should actually conduct educational activities, since it then makes the school dependent on their input. In addition, content providers often do not have the pedagogical skills to work with students.

Furthermore, schools must be aware that an ‘off-the-shelf’ prevention programme developed solely on scientific insights and implemented directly in their school often does not work well because the specific school setting is not taken into account.

### Coach/trainer

Most prevention programmes include education and training modules for school staff and others, such as students and parents. Many drug prevention advisors also conduct coaching and training activities themselves in a wide range of issues, including drugs and drug addiction, effective prevention measures, communication skills and interactive delivery methods, needs assessment methods, project management, implementation strategies, etc.

As trainers and advisors educate school staff and other stakeholders in the practical implementation of a programme, often with the aim of sustainable development, the trainees gradually become trainers themselves.

### **Evaluation**

External evaluation, whether by central or local government, whether through inspection or other quality assurance mechanisms, attempts to ensure that quality education (and prevention) is provided, that schools use resources efficiently and that they provide value for money. While external evaluation is driven primarily by a need for accountability, a school may combine this with an improvement perspective. External evaluation can offer feedback to schools on their strengths and weaknesses, draw up action points, offering support or resources to meet their targets, both for the general educational process and for specific drug prevention activities [MacBeath, Schratz et al., 2000: 91].

### **Critical friend**

Independent outsiders can assume the role of critical friend. Such an advisor is a trusted person who asks provocative questions, provides data for examination through another perspective and offers a friendly critique of a person's work. A critical friend takes time to fully understand the context of the work and the outcomes the person or group is trying to achieve. The friend is an advocate for the success of that work. The value for schools of having a critical friend is gaining an outside perspective, a reference point and connection with a wider field of knowledge. External support and networking with an 'enlightened eye' can be challenging and motivating. The critical friend is a powerful concept, perhaps because of its inherent tension: friends inject a high degree of unconditional positive regard, whereas critics can be conditional, sometimes negative and intolerant of failure (MacBeath, Schratz et al., 2000: 158).

MacBeath (2001:19) gives another reason for involving an external expert such as a 'critical friend'. Schools tend to gather information about attitudes and behaviour of different groups in the school community. The monitoring tool as developed within the 'European Healthy School & Drugs' project is an example of a such a collection instrument. A critical friend with expertise on how to handle such data may prove very beneficial to the school and help avoid pitfalls, breaches of student privacy and other problems that might occur due to incorrect use of statistical information.

## 3 Guidelines And Recommendations For Drug Prevention Advisors

### 3.1 Introduction

In chapter two some of the main types of advisors and their role in schools were presented. The involvement of advisors by a school is a two-way street. On the one hand, there is the demand and/or need formulated by the school. On the other hand, there is the professional ethos of the advisors, their knowledge, skills and experience. These two sides need to work in harmony. This may not always be easy to attain.

Problems may occur when schools formulate a wish or need in contradiction to the professional insights of the advisor. For example, a school may ask for a one time only lecture about drugs and drug addiction, in which the advisor is asked to exaggerate risks and promote a 'just say no' approach without giving information about risk reduction in cases where students do experiment with drugs. Such intervention cannot be classified as 'drug prevention' since it will have no positive effect and provides students with incomplete information at best.

Problems may also occur when a school asks for a school-based drug prevention programme proven successful in changing the behaviour of students, but the advisor is an independent consultant working with an 'of-the-shelf' programme whose effectiveness has not been (scientifically) evaluated. The advisor cannot truthfully claim that it is effective. Will the school be informed about the lack of evidence or will it be claimed that the programme is suitable and effective? This question is very relevant, since only a few school-based drug prevention programmes have been systematically evaluated and many of those programmes that have been evaluated are not effective at all (Cuijpers, 2002).

These are examples of some of the dilemmas with which drug prevention advisors may be confronted at times. A professional approach to the job is required, based upon professional standards and know-how. This chapter presents some guiding principles for such

intermediaries in school-based drug prevention. These principles concern the position of the advisor in the school, an example on how advisors should work with schools and some suggestions for a professional code.

In the framework of the project 'The European Healthy School & Drugs', a systematic review of scientific evidence and a collection of generally supported practical guidelines for effective prevention have been brought together (Gallà et al., 2002:23-38). When combined, we believe the chance for effectiveness of a school-based drug prevention programme can be increased considerably. In annex 1 a summary of the main criteria can be found. For a more extensive review, please refer to the manual.

### 3.2 The position of drug prevention advisors in school

In this section we present some fundamental criteria regarding the role and position of drug prevention advisors in the school community in which they aim to work. The attitude of advisors regarding their role in the school has a great impact on the level of success possible. If advisors are not accepted or are misunderstood by the school, their skills, knowledge and experience will go to waste.

#### **Beginning and end of co-operation**

It is always advisable that a school and an advisor establish a clear written agreement on expectations, perceptions and activities in the beginning. In that way both parties know with whom they are dealing. The advisor should make it clear to schools that either party can terminate the relationship when it is no longer satisfactory.

#### **Responsibility**

The school is and should always remain responsible and fully in charge of prevention activities. The school is entrusted with the education and care of its students. This responsibility cannot be transferred

to an external advisor. Of course, the responsibility of the school for the drug prevention programme does not diminish the obligation of the advisors to provide professional, reliable and efficient support to the school, in accordance with the professional code to which they adhere.

### **Independence of the advisor**

It is important that an advisor is as independent as possible because the effectiveness of the activities in the school depend on the acceptance of and trust in the advisor by the target groups. This may be difficult in those cases where the advisor is an official evaluator appointed by the authorities.

### **Distance and objectivity**

Drug prevention advisors are external experts hired by schools to give support in developing or running a drug prevention programme. This position requires a certain professional distance between the advisor and the school. Advisors should not take sides in discussions about aims, objectives and approaches, but rather coach the school in an objective way towards a mutually agreed solution.

### **Promoting co-operation**

The more the advisor works together with all those involved in the schools, the higher the level of acceptance of possible actions. This is especially true when the intermediary has an advisory role regarding school policies and regulations and/or an evaluative role. If the school can reach its own conclusions, advisors can limit their input to that of supervisor or coach.

### **Adapting to the school's needs**

The intermediary should adapt to the working process inside the school and identify with the school culture and structure. If not, a mismatch may occur between the envisaged prevention programme and the day-to-day school activities.

### **Awareness and attitude**

A high degree of awareness by advisors in regarding their role in school is essential. They should show a positive attitude towards the school and its population. Good advisors listen to everyone in the school and negotiate, when possible and if necessary, when interests or views differ. Instead of imposing an approach, they should encourage participation of all (including students) in the planning and decision making of drug prevention activities. In order to stimulate the schools' self-innovative potential, they should encourage the initiation and sharing of ideas. Advisors should promote openness and refuse to work with 'hidden agendas'.

MacBeath et al. (2001) provide some additional suggestions and characteristics of a positive role for a 'critical friend', that have much relevance for other types of (drug prevention) advisors.

### **Helpfulness**

Is the advisor a helpful person? The input of an intermediary can be very valuable, especially in schools where the issue of dealing with drugs is mostly difficult due to the sensitive nature of the issue, or a lack of openness and communication. However, an intermediary should never complicate a sensitive situation more than it already is.

### **Relationship with students**

The involvement of students in explicating their needs, desires and expectations in school-based drug prevention is of importance for the success of a prevention programme. Students need to be consulted and involved in the prevention process, either as participants in the planning and implementation process or as peer reviewers, peer counsellors or peer educators [[→ manual chapter 2 & 4](#)].

### **Relationship with teachers**

Does the advisor have a positive, stimulating relationship with those teachers (and others) involved in the implementation of the drug prevention programme in school? This is important because drug prevention programmes are mostly run and supported by

a group of motivated teachers in a school. Getting their support and trust is of great benefit for successful implementation.

### **Communication skills**

Does the advisor have the communication skills necessary to explain his views, approach, background philosophy and know-how to all groups relevant for the success of the programme?

### **Self-reflection**

One last important characteristic of drug prevention advisors and their position in schools concerns their level of self-reflection and ability to handle criticism of their own position and functioning. Advisors who coach school staff and others involved, who have trusted positions inside the school and an important role in stimulating people to run a project on an often sensitive issue such as drugs and drug use should be able to evaluate their own work and stimulate the people they work with to criticise them when necessary.

### **Common pitfalls**

Despite the fact that some schools or people in them are sometimes hierarchic, inflexible and irresponsible the advisor should not rush to judge. Schools that have difficulty in changing culture and behaviour might have a long history of 'attempting to change', that was never carried out. External changes imposed on the school (change of policy and external demands) might also reduce adaptability to new circumstances. In the manual 'Making Schools a Healthier Place', attention is given to the management of change inside schools [[→ manual § 4.3.2.4](#)].

Another pitfall for an advisor concerns the importance of not assuming a directive role in the prevention activities. The school needs to carry out the activities if they are to be effective and sustained in the long run. If the school does not support the prevention programme, something went wrong in the needs assessment, planning or implementation.

## **3.3 Checklist for advisors**

A checklist is presented below for the first steps, from an advisor's perspective, from the first contact with a school, as well as reflections on his or her position vis-à-vis the school. In chapter 4 a similar checklist is presented from the perspective of the school.

### **Step 1: First contact**

- Set up an appointment with the contact person at the school to clarify the assignment given to you as advisor. Provide information about yourself and your experience or the 'track-record' of your organisation. Provide details about your prevention philosophy and approach. Make clear whether you adhere to any professional code or standard.
- Ask the school to indicate to what extent it can provide the minimum resources required to run a prevention programme, including time, money and manpower.

### **Step 2: Gathering and analysing information**

- Arrange a second meeting with other stakeholders (incl. students, teachers, parents) from the school. Ask the school to create a representative workgroup that will be involved in the development of the drug prevention programme or intervention [[→ manual chapter 5](#)].
- Gather information that describes the context in which the assignment was formulated. This includes the perception of the problem by the school, its seriousness and consequences for the school and its population.
- Can you identify specific causes or (behavioural) determinants that contribute to the problem?
- Do you think a drug prevention programme or intervention can be developed that can influence these causes or determinants? For example, if student substance abuse is linked to a deprived social environment

in the school's physical surroundings, can a prevention programme alleviate that negative influence in any way?

- Decide whether you think you are able to meet the requirements; in other words, are you the suitable person for this assignment?

### **Step 3: Problem formulation**

- Define the problem and discuss it with the working group. Do they recognise the problem from your description? [[→ manual chapters 3 & 5](#)].
- Ask them for their input on the proper direction for a response to the problem. Incorporate this input in your advice about what steps to take next.

### **Step 4: Formulation of a response to the perceived problem**

- Define the target group(s) for the prevention activities and involve them in the problem perception and the formulation of the response.
- Formulate a framework for intervention. Define aims, using, for example, the SMART approach [[→ manual tool 3.1](#)]. Then propose relevant activities.
- Involve others in this definition process and have them take responsibility whenever possible. Discuss the framework with the school and make adjustments when necessary.

### **Step 5: Formalising involvement**

- The school representative (e.g. a lead person or the prevention co-ordinator) needs to work with others in the school in order to define mutual conditions, needs and demands for the implementation of the prevention programme. The advisor can ask the school (taking account of the needs and input of the different stakeholders) to come to a common position, so that the advisor only has to negotiate with one key person in the school who is given a mandate to do so, thus ensuring

clarity. When you and the school reach an understanding on the definition of the problem and a suitable drug prevention approach to tackle it, then it is advisable to draw up a written contract. This mutual agreement should spell out the tasks of the advisor, the expectations of the school and the terms of the advisor (e.g. available resources and – if relevant – the fee for services). A general description of the problem and the outline of a plan of action, as well as a timetable should be included in the agreement. In annex 2 there is a sample agreement between a drug prevention advisor and a school.

### **Step 6: Getting started**

- Translate the framework into a concrete plan of action complete with measurable outcomes.
- Depending on the aims of the prevention programme, conduct a 'baseline' measurement on those indicators that will be reviewed during the monitoring and evaluation processes. For this purpose you could make use of the monitoring tool developed in the framework of the project 'The European Healthy School & Drugs' [[→ manual tool 6.1](#)].

### **Realism**

Since many prevention programmes have not been objectively evaluated, 'hard evidence' of a programme's effectiveness is often not available. Furthermore, it is difficult to prove that a specific intervention had an effect on the drug consumption patterns and behaviour of the targeted groups (e.g. students).

When formulating results, do not focus only on students' level of knowledge, attitudes and behavioural changes that need to be implemented, but also on indicators of the level of programme implementation, the satisfaction and changes perceived by the target groups, etc. Include both sides of the working relationship when evaluating outcomes of the programme. If the school does not live up to its promises and tasks, the advisor cannot work properly either.

### 3.4 Suggestions for a professional code for drug prevention advisors in school

*"If you do not tell the truth about yourself you cannot tell it about other people."* Virginia Woolf.

#### Why have a professional code for advisors?

As with other consultants of public and private organisations, the job of drug prevention advisor is not a licensed profession in most countries. Almost anyone can set up a business or organisation in the field of drug prevention. In some countries there are specific courses in higher education in the health field (promotion, information, education, management or psychology). Courses that specialise in drug addiction, prevention and treatment are scarce.

The lack of official recognition and professional standards has not stopped organisations in many European countries from setting up their own professional standards, based upon a broad consensus within the profession. Drug prevention officers or their organisations often adhere to such a professional standard voluntarily. Schools can ask advisors whether they do so or not. Some private consultants may set their own conditions which they incorporate into written agreements.

Most countries do not have a specific professional code available for school-based drug prevention advisors. Codes that do exist are usually drawn up for a broader group of professionals such as health promotion & education officers. Below, there are a number of conditions likely to be found in professional codes where they do exist. Once again, this list is not exhaustive, but might function as an example for professionals who are interested in setting up their own standards or who wish to 'check' how they do in their daily practice.

When intermediaries are asked to provide assistance to schools in selecting a school-based drug prevention programme, they should first inform the school about some basic things. They must disclose whether they have any involvement in and/or specific

experience with the programmes being presented as a possible alternative or with any of the bodies offering the programme to the school in question. Otherwise a conflict of interest may arise.

#### A General principles

- The drug prevention advisor is aware of the latest professional standards and codes of the profession and works in accordance with these standards.
- The advisor assumes responsibility for all actions and is accountable for the results.
- The advisor represents the profession and should act as such in daily conduct.
- Final responsibility for any intervention remains with the advisor's counterpart (e.g. a school), notwithstanding the advisor's obligation to carry out duties to the best of his/her ability and in accordance with professional standards.

#### B Professional standards and quality

- The advisor's work will be based on insights from the profession and up-to-date knowledge of theory, practice and research in the thematic field of operation.
- Advisors should be aware of both the extent and the limit of their own expertise.
- The advisor must acquire knowledge about the current practice, culture and working methods in education.

#### C Transparency

- The advisor should provide schools with his CV, including information about those diplomas, certificates, qualifications and practical experience that are relevant for the task of intermediary.
- The advisor should make the background philosophy, norms and values adhered to clear to school counterparts. Schools have a right to know with whom they are dealing and whether the advisor's views

(about drugs and drug abuse) correspond with that of the school community.

- The advisor will conduct a transparent and thorough assessment of the needs, interests and perceptions of all stakeholders, including students.
- If at all possible, schools should be provided with a copy of any professional code to which an advisor adheres.

#### **D Methodology**

- The advisor follows a systematic approach in response to the problem faced.
- The advisor should make an independent professional evaluation of the relevance of the information and analysis on which the intervention is based.
- The advisor should explain the choices proposed regarding the approach to the work. This is done by means of a systematic presentation of the activities that are being conducted and their results.

#### **E Professional working methods**

- The advisor conducts a systematic analysis of the needs of the school and translates this analysis – in co-operation with the school – into specific interventions and/or an action plan.
- The advisor is able to offer a written justification of the intervention and/or action plan, in which the relevance of the chosen approach is proven and in which choices and decisions that have been made are explained.
- The advisor works in a systematic way, taking into account the needs and demands of the school concerned.
- The advisor promotes transparency, openness and communication throughout the prevention activities.
- The advisor stimulates the flow of information and communication among all concerned.

#### **F Target groups**

- The advisor specifies the specific target groups of the intervention, including 'difficult to reach' groups or 'groups at risk', for whom the intervention may have a specific added value.

#### **G Respect and empowerment**

- The advisor respects the value system, culture and working practices of the school and its population for whom the work is being done.
- The advisor is made aware of and works with relevant school policies.
- The advisor promotes independence of the specific target groups of the school-based prevention programme.
- The advisor aims for a sustainable development of drug prevention in schools, empowering the school community to continue to run prevention activities without depending on an external expert.
- The advisor promotes participation and empowerment of the target group(s) of the intervention, especially when the health and well-being of (young) people is involved.
- The advisor is objective and independent and provides only reliable information.
- The advisor does not mislead the target group(s) of the intervention, for instance by working with a hidden agenda.
- Unless regulations forbid, the advisor respects the confidentiality and privacy of the target group(s) and is obliged to maintain the secrecy of all information that might be traced back to individual persons. Furthermore, the advisor handles information that can be traced to groups of individuals with extra caution. If confidentiality cannot be guaranteed, the advisor should inform the target groups accordingly.

## 4 Schools And Drug Prevention Advisors

### 4.1 Working with advisors from a school's perspective

In chapters 1 and 2 the main reasons why schools may want to involve an outside advisor in their drug prevention activities were presented. If a school decides to co-operate with an advisor, it is of great importance that mutual expectations, perceptions, roles and tasks are made explicit. In chapter 3 guidelines and recommendations relevant for the work of the advisor were listed. In this chapter a checklist for schools is presented, which can be used to prepare for and select an external drug prevention advisor.

### 4.2 Checklist for the selection of a school-based drug prevention advisor

This checklist should be useful for schools that plan or are instructed by the (educational) authorities to hire an external advisor for the development and implementation of a school-based drug prevention programme. The checklist is based on the assumption that a school selects its own advisor after thoroughly informing itself about choosing a partner. In many cases, drug prevention advisors contact the school with a proposal to develop and run a programme. Sometimes this contact is made because it is their job as health promotion officer for schools to do so while in other cases it might be a non-profit organization (NGO) with a prevention programme it would like to present to the school.

Even if the authorities appoint a drug prevention advisor, it still is important to go through the different points of the checklist. Even if the school is not able to select its advisor independently, the proposed procedure will clarify expectations and the mutual relationship.

#### I Pre-selection phase

In this phase, the school attempts to identify the reasons, needs and problems that are the basis for wishing to implement (or change) a school-based drug prevention

programme. Subsequently, expectations are spelled out and an overview of the available resources is drawn up.

This process is carried out step by step:

- 1 Needs assessment:** the problem and/or need is defined (in chapter 5 of the manual, a step by step needs assessment model is presented).
- 2 Clarify the school's philosophy and culture:** clarify in advance what type of drug prevention philosophy ties in best with the school's ethos, its way of working and its social climate.
- 3 Programme of demands:** based on needs, define a 'programme of demands', which can be used as criteria for the selection of a programme and the recruitment of an external advisor. Do not expect quick gains in school-based drug prevention. The formulation of a school's drug policy (including information, rules and guidance about drugs and drug use in school) might seem relatively easy, but it requires time, effort and communication if it is to be respected by all in the school.  
  
The school may find it useful to call in an external expert in order to assist with the assessment of its needs. However, it is advisable not to commit the school – at that point – to any additional programme or activity (unless obliged to do so by the authorities).
- 4 Freedom of choice:** determine if, and to what extent your school is free to choose its own approach and programme for school-based drug prevention, or whether you have to adopt programmes or approaches prescribed by the (educational) authorities.
- 5 Inventory & overview:** make a list of existing school-based drug prevention programmes that you know that are

available from public (health) services and/or private organisations.

- 6 Available resources:** determine in advance what the budget available for the drug prevention programme and the hiring of an external advisor is. Can external funding be found? Also, see if and how much time is available for the programme. If a school has limited time (and does not want to invest too much time in a programme) a more 'ready-made' programme could be selected, in which the external advisor has a larger role.
- 7 Involvement of the school as a whole:** determine who inside the school will be involved in the selection of the programme and who will make the final decision.

## II Selection phase

- 1 Select candidate advisors:** based on the analysis of the available programmes matching the pre-determined criteria, draw up a shortlist of school-based drug prevention advisors who potentially fit them.
- 2 Arrange interviews:** arrange meetings between the school selection team (representing all groups in school) and the advisors on the shortlist. Ask the same questions in each interview in order to compare answers.

The following questions can be asked in the interviews:

- Who is the advisor, what is the advisor's background? Ask for a CV.
- What is the advisor's philosophy on drugs, drug use and school-based drug prevention programmes?
- What services does the advisor provide? Ask for examples and material.
- Is the advisor independent or is the advisor connected to anyone or group in the school (e.g. friend of the head teacher)?
- Ask for references from other schools and to see results of previous interventions.

- Ask for proof of the effectiveness of the advisor's approach.
- Ask who the advisor's main competitors are.
- Observe the advisor's non-verbal communication skills. If the advisor does not communicate clearly, focuses on one member of the selection committee only or refers to only one group in the school, this is probably not the person for all groups in the school.

- 3 Choose your advisor:** make a selection, taking into account the answers to these questions in the interviews, the available programmes and the resources available in the school. The selection should be made by the selection committee, preferably through consensus.

## III After the selection

- 1 Agreement:** after the selection, make sure that both the objectives of the advisor's work and the expected (and often promised) outcomes are set out in an agreement, in order to avoid any later confusion about the role of the advisor.
- 2 Project plan & timetable:** ask the advisor to draft a project plan, including the individual steps in the development of the school-based drug prevention programme and a timetable for the individual phases.
- 3 Input from the school:** ask the advisor beforehand what the school needs to contribute to implement the programme.
- 4 Consequences:** ask the advisor what possible negative and/or unexpected consequences may occur as a result of the school-based drug prevention programme.
- 5 Confidentiality:** the rules on privacy and confidentiality pertaining to drugs, drug abuse and drug prevention that apply to others in the school, should also apply to and be guaranteed by the external advisor.

**6 Evaluation:** build in regular interim evaluations with the advisor. Find out the strengths and weaknesses in the programme and its implementation (see Chapters 6 and 7). This is where the written agreement comes in: check whether the aims and objectives have been reached and the timetable followed. The advisor should explain why certain activities might be delayed or changed. Change in itself is not bad, as long as the advisor can justify it while maintaining the objectives of the programme. If necessary, adjust the programme and change the advisor.

**7 Sustained development and continuity:** school-based drug prevention is an ongoing process, as new young people enter school every year. It is not certain that school-based drug prevention advisors can provide advice and support for prolonged periods. In some countries, specialised services (educational and/or health authorities) have been given the task of providing support for prevention activities in schools in their region. However, the best way to sustain drug prevention is to incorporate the prevention activities in the school's educational and social curriculum. School-based drug prevention advisors should encourage schools to adopt these policies. Advisors should assist schools in realising this objective.

**Important:**

The school is always in control of running the school-based drug prevention programme. The school is responsible for the education and the well-being of its students and staff. This responsibility cannot be transferred to an external advisor. The school therefore needs to appoint a co-ordinator who also is the contact person for everyone inside and outside school.

## 5 Ad-hoc intermediaries and visitors

In many drug prevention programmes external experts and other types of ‘visitors’ are invited to the school to give a presentation or conduct a discussion with students, parents or others. Although these visits can have an added value, it is important to realise that their effect is not always clear and sometimes even counterproductive.

Such visits should be integrated in a broader drug prevention programme in the school. Visitors can provide a colourful and fascinating illustration of what is taught about drugs, addiction and consequences of drug use. However, the message of the visitors should suit the drug prevention programme as a whole. Below are three of the more common types of ad-hoc intermediaries and visitors.

### 5.1 The police and drug prevention

Police involvement in school-based drug prevention, mentioned in chapter 2, is one type of drug prevention advisor. In countries such as the United States, the United Kingdom and also the Netherlands and Belgium, police officers represent a limited to a very large share of the number of drug prevention advisors in secondary schools.

Apart from the large role the police have in certain drug prevention programmes in schools, law enforcement officers are sometimes invited to schools to present a viewpoint based on practical experience. This input can be interesting, but once again, it should be embedded in a broader prevention programme.

The police are also sometimes contacted by schools in cases of drug-related incidents on the school premises. Schools should not wait for such an incident to occur to establish first contact with the local police force in regards to what procedure to follow in case of drug related incidents. The question whether the school should contact the police when a situation occurs depends on the seriousness of the incident,

the culture of the school and the laws of the country that may oblige schools to contact the police in any drug-related issue at school.

The Department for Education and Employment in the UK (DfEE 1998] advises schools and police to appoint a contact person for dealings with the police. Furthermore, schools should be aware of local police policy regarding drug use. A mutual agreement about police involvement in cases of drug incidents needs to be worked out. Stating mutual expectations and possible consequences of a drug related incident improves transparency and makes things clear for all involved, including students.

### 5.2 Former drug addicts

Schools sometimes also invite ex-addicts into the classroom as a scare-tactic. The message is that students who use drugs might end up like these former drug addicts. In this type of intervention, former addicts are often very motivated to promote a life without drugs. However, without the proper context, this type of prevention activity has either no effect or a counterproductive effect. Many young people see (hard-) drug addicts as ‘losers’.

The counterproductive effect is that the ex-drug user claims that although drugs are very bad for a person’s health, he has apparently survived. If he is charismatic, then using drugs may intrigue students rather than scare them away from drugs, which was the intended purpose. The initial ‘fearful message’ may have a short-term effect, but the fact that the former addict has survived may create less rather than more concern among students about the dangers of drug abuse. The message these visitors convey is often more a subjective and warning than objective. Furthermore, they usually do not address the causes for starting to abuse drugs and becoming addicted (social, emotional, financial, problems, etc.) but focus on the drugs

themselves as the cause for addiction. This does not concur with the fact that most young people merely experiment with drugs and do not get addicted.

### **5.3 Family and friends of (former) drug addicts**

Another category of visitors is friends and family of (former) drug addicts. For example, the parents of a drug user who died of an overdose of heroin, or the girlfriend of a drug user whose relationship crashed because he smoked cannabis or used ecstasy every day and was no longer able to communicate with her in a satisfying way.

Although these interventions can have an emotional impact upon students, their effect is unknown. Students may identify better with peers and might recognise certain problems. But again, objectivity and a balanced story are necessary.

The problem with this type of presentation is also that the substances themselves may be presented as the main cause for the decline of the beloved family member, boy- or girlfriend. Other causes, such as mental disorders (e.g. depression, loneliness), family or relationship problems, are disregarded, while these problems may have triggered the problematic use of drugs. However, these factors are not always recognised by the drug user or his surroundings, including his next of kin.

## 6 Examples Of Drug Prevention Advisors With Practical Experience

The following pages contain examples of drug prevention advisors, showing some of the differences in method, approach and services offered to schools.

### 6.1 The prevention officer as 'coach' in the development of drug prevention in schools

A large number of schools in Flanders use the project 'Drug Education In Schools'. This project has two aims:

- a. **To teach schools how to implement a policy concerning drugs**
- b. **How to deal with drugs and drug use in schools whenever it occurs**

The first aim is attained by training teachers and parents and by implementing a set of regulations about drugs and drug use at school. To fulfil the second aim, teachers are trained more intensively in recognising drug use in students.

The training sessions are conducted by prevention officers from municipal and regional (mental) health services. Due to the involvement of these services, schools have swift access to psychosocial services whenever a student shows elements of problematic drug use and needs to be referred to professional services.

The project first started in 1991 and has been developing ever since. The Flemish organisation 'Vereniging voor Alcohol- en andere Drugsproblemen' (VAD, Association for Alcohol and other Drug problems) is the co-ordinator of the project; the actual contacts with schools are maintained through the regional and provincial (mental) health and addiction services.

#### First contact

Usually a school contacts the VAD or the (mental) health and addiction service in its region. A prevention officer then sets up a meeting with key people from the school.

The prevention officer presents the project's approach, to which the schools must agree if they want to participate in the project. This approach can be summarised as follows:

*The project (and therefore the school) has to focus on all legal and illegal drugs and involve everyone in the school (teachers, students, parents, non-teaching staff, school management). The project will pay attention to all aspects of drug use, the soothing and relaxing aspects as well as the negative ones, so that an objective picture can be drawn. Finally, the school needs to agree that a long-term policy for drug prevention in schools be developed.*

This ensures that schools do not participate in the project on an ad-hoc basis, but that they agree to a long-term commitment regarding to drug prevention.

Once the school has agreed to the above-mentioned approach, a working group is set up inside the school. It commits itself to this approach and, based upon a needs assessment (e.g. through a 'quick scan' (Gallà 2002:48-50), formulates realistic aims for the drug prevention programme in their school. An essential element in this approach is the positive message it conveys: the school will learn how to handle the drug phenomenon instead of being afraid of it or ignore it.

#### Services

The prevention officer will coach the working group in its activities. These activities are adapted to the school's needs as much as possible. There are two main tracks that can be followed, namely a context oriented track or an individually oriented track.

#### The context oriented track entails:

- Analysis of the social climate in the school and classroom;

- Co-operation with external services, for example judicial and addiction services;
- Optimising school regulations regarding (legal and illegal) drugs;
- Development of an intervention plan (what the school does when confronted with drug abuse);
- Development of an educational plan (what systematic prevention activities are planned for the students).

#### **The individually oriented track entails:**

- Education and training for school staff;
- Education and training for parents;
- Prevention activities for students.

In the action phase, the school chooses the track that best matches its needs and sets up its own implementation schedule. Not every activity has to be done at the same time.

The prevention officer continues to support the school as long as necessary. However, the project aims to transfer know-how to the school. After a time, the working group in the school will gain enough expertise to become more and more independent.

The actions in the two tracks are complementary. Once both tracks have been implemented, the school develops an integrated school-based drug prevention programme. The school has to constantly adjust the programme in light of the results achieved. Drug use trends among youth change constantly. Drug prevention is therefore never 'finished'. It is a continuous process like any other educational activity. Finally, schools should try to integrate the school-based drug prevention programme in the general health promotion policy of the school.

#### **Practical arrangements**

Co-operation between the prevention officer and the school is mainly based on oral agreements. Written agreements are rare, mainly because prevention officers work in fixed regions and have built stable and long-term relationships with schools based in their area. The progress made regarding the adopted work plan provides information about the co-operation as well.

In this project, the prevention officer usually has one permanent contact person inside the school. The contact person is part of a working group of 6-8 persons. The working group involves all groups (students, parents, teachers, etc.) in its activities. The actual running of activities is done mainly by the contact person and working group. The prevention officer mainly functions as a resource person and coach, except for special occasions such as informative evenings for parents.

#### **Monitoring and evaluating**

There is no structural monitoring and evaluation system built in this prevention programme at the school level. Evaluation is usually done orally and might therefore be less direct and honest. Schools can take the initiative to participate in the drug-prevention monitoring programme of the Flemish VAD.

The services of the prevention officer are free of charge and state-funded. A fee is charged [€ 150/day] for special events such as training sessions and presentations. The fee is sometimes negotiable. Financial problems should never be a reason to withhold schools services.

The prevention officer works with the standardised 'Drug Policy in Schools' programme. Although methods and programme elements may change over time, the prevention officer does not offer other programmes. Finally, the prevention officer can refuse to co-operate with a school if that school does not agree with the basic approach regarding drug prevention as offered by the prevention service. Services may also be refused

if a school has difficulties with its own functioning as an educational institution.

Contribution: Peter Aertsen, Stichting Welzijnzorg Antwerpen [B]

## 6.2 Life skills education

Tacade is a not-for-profit non-governmental organisation based in the UK. It provides teaching materials, training and consultancy to support drug, alcohol and tobacco education in primary and secondary schools throughout England, Wales, Scotland and Northern Ireland. With specific reference to secondary schools (12 to 18 year olds) it has a range of materials, which enable students to develop the knowledge, social and personal skills and the attitudes (e.g. self-confidence, self esteem) necessary for them to make informed choices regarding drug, alcohol and tobacco use.

- **ASK:** Drug education materials for use with 11 to 14 year olds with mixed abilities including students with learning difficulties. The ASK materials (**Attitudes, Skills and Knowledge**) contain 49 trigger sheets which may be used to form the basis of a session on a particular area of drug education or used on a one to one basis with vulnerable young people.
- **Respect It!** These materials provide a comprehensive alcohol education programme for students aged 11 to 16. It is structured, progressive and developmental.
- **Alcoshots** is a resource developed by young people for young people aged 14 to 19. It aims to raise young people's awareness and to promote sensible, appropriate drinking behaviour. It contains 12 photographs showing young people in alcohol related situations, discussion questions and fact files, background papers on first aid, project process and young people's drinking. Alcoshots is designed for use with young people in schools and informal youth settings.
- **Smoke Rings** is a smoking education card game. It is an interactive and fun

way for young people to learn about smoking issues. It enables young people to increase their knowledge about smoking, its personal and health effects, the impact on the environment and the role of the tobacco industry and governments.

### First Contact

Schools and Local Education Authority Advisers approach Tacade to purchase resources, organise training or consultancy. Tacade does not provide training for individual schools but rather works with groups of schools usually via the Local Education Authority (LEA). Schools and LEA Advisers are made aware of the services and resources Tacade can offer through published brochures, professional networks, conferences and journal articles. Tacade is very well established in the UK having been in existence since 1967.

Tacade works in partnership with the Lions Clubs in the UK. Lions Clubs life skills officers work with their local schools and LEAs to help schools purchase Tacade resources and training.

Staff at Tacade and the LEA, school or Lions Club discuss, usually via the telephone, what support and assistance the schools require. The arrangements are confirmed in writing.

### Services

Tacade provides training for groups of schools rather than individual schools. Individual schools can purchase Tacade materials and will often receive support utilising these resources from School's Drugs Advisers or Personal, Social, Health and Citizenship Advisers or Healthy Schools Co-Ordinators who work for Local Education Authorities. Tacade usually confirms working agreements in writing with LEA representatives.

A range of intermediaries support drug education in schools in the UK including organisations like Tacade; School's Drugs Advisers; Personal, Social, Health and Citizenship Advisers; Healthy Schools Co-ordinators. However schools must

take a leading role in the development and implementation of drug education policies and programmes. Tacadé encourages a whole school approach to drug education involving students, teaching and non-teaching staff, senior managers, governors, parents and caretakers, and relevant community organisations.

Most UK schools have one teacher, often a member of the senior management team, who takes a co-ordinating role in the development of drug education in the school. A range of people are involved in the development and delivery of drug education (as mentioned above).

### **Monitoring and evaluating**

The monitoring and evaluating of drug education varies between schools, as it is not systematic across the UK. Many schools ask students to comment on their drug education lessons. Some schools in the UK are involved in a national survey of school students' attitudes and behaviour in relation to health, including drug use. Aspects of drug education are included in the science curriculum, so students may be tested on their knowledge and understanding of this element of drug education.

### **Long term perspective**

The implementation of drug education in UK schools varies between schools. Drug education is only a small component of school life. Programmes such as the National Healthy Schools Standard have helped to integrate drug education into a whole school approach to mental, emotional, physical and spiritual health. However, there is a need for ongoing support by specialist intermediaries for the foreseeable future. Intermediaries can help support schools to constantly improve their personal, social, and health education and address new challenges as they emerge.

Contribution: Helen Lee, TACADE [UK]

## 7. Concluding remarks

The answer to the question of what type of advisor is required depends on the type of programme a school wants, the time and effort it has for such a programme and the level of expertise available in the school to implement the programme successfully. The selection of an intermediary should therefore always be accompanied by a needs assessment [→ manual chapter 3 & 5]. Based upon that needs assessment, a programme is selected with specific features. For each of these features the school has to determine whether it requires external advice or not.

When the school is obliged to run a specific programme or involve an intermediary appointed by the educational authorities, the choice of expert is easier. However, the fact that an intermediary is appointed by external authorities does not preclude the possibility of schools reaching a common understanding about perceptions, expectations and tasks with such a person.

### **What expectations should schools have of intermediaries?**

Advisors are usually outside persons involved for a limited period of time (duration of a project, specific phase in a programme). Advisors are not part of the school's everyday life. A school should aim to incorporate prevention in its educational and social programme, so that continuity can be assured.

### **Realistic expectations**

The expectations of schools towards drug prevention advisors and prevention programmes should be realistic and therefore modest. Most school-based drug prevention programmes have only a limited effect on the behaviour of students. Furthermore, while advisors provide additional services, their effectiveness is always dependent on the school in question.

### **Professional approach**

The interests of the school should not conflict with the professional standards of the advisor. Sometimes external advisors are asked by schools to run a brief intervention, for instance when there has been a drug incident at school. The quality criteria that have been developed in the framework of the 'European Healthy School & Drugs' project show that programmes that offer a 'whole school approach' are more effective. One-time interventions have no effect.

### **Communication strategy**

Drugs and drug-abuse (both licit and illicit) often have a negative connotation in most European countries. Schools that are confronted with drug-related incidents at school or that want to run a school-based drug prevention programme from an educational and health promotional point of view, often find themselves in a precarious position. A school labelled as 'having a drug problem' has a very hard time improving its public image. A school that is the first in a local community to run a school-based drug prevention programme might be stigmatised by public opinion or the media as a 'drug school' even if there are no drug incidents at all. If this is the case, both the advisor and the school need to think of a public relations strategy or can set up a prevention programme with additional schools at the same time.

### **Confidentiality**

Since an advisor aims to create an open atmosphere at school so that the issue of drugs and drug use can be discussed between students and others in the school, the confidentiality of all (students, teachers and others) must be respected. If confidentiality cannot be guaranteed, for instance because the intermediary has to write a public report or because there are legal obligations to report any drug incidence,

then this should be made clear to all involved in the school beforehand.

### **The need for innovation**

Advisors who work for a (semi-) governmental organisation, such as a municipal (mental) health and addiction service, might not feel pressure to find new clients all the time. Many such services receive limited funds and means to do their job, since drug prevention is often prioritised only in word, but not in terms of continued budget allocations. These advisors may feel pressed because they have to cover a broad range of schools and have limited time to spend on each school in their sector, let alone adapt the programme to new innovations and insights.

The fast rate of change in youth culture and drug usage requires continual updating of knowledge, approaches and programmes to meet new demands from schools and target-groups. It may be that a project has already been widely implemented for some time and as such has become an established long-term prevention programme. In such cases it is sometimes easier to slightly modify existing programmes rather than adopt a totally new one even though these might be based on scientific research and 'best practice'. This lack of innovation is a real risk for all prevention programmes.

### **Benefits of partnership**

This publication aims to provide both drug prevention advisors and their clientele with information and practical guidelines in order to streamline and smooth their co-operation. From past experience, the involvement of drug prevention advisors in school – when following these guidelines, the do's and don'ts presented in this publication – has given positive results, creating a mutually beneficial situation. The sharing of expertise, experience and ideas both within schools and with the 'outside world' is an important factor in the successful development and implementation of drug prevention programmes.

# Annex 1

## Criteria For Effective School-Based Drug Prevention

The criteria presented underneath have been adapted from the chapter 2 in the manual 'Making Schools a Healthier Place'.

### What is effective school-based drug prevention?

There is limited scientific evidence available what makes prevention work. Most scientific research has been done in the United States. Although some criteria or components for an effective school-based drug prevention programme can be derived, it is still unclear what specific activities have a concrete result, how intensive a programme should be, or what elements in a prevention programme are essential for success. A breakdown has been given below of three types of criteria that – when combined – can improve the effectiveness of prevention programmes.

### Evidence-based criteria

These criteria were derived from a systematic review of existing professional literature on school-based drug prevention programmes. For the project 'The Healthy School and Drugs', the Trimbos Institute conducted a systematic review of the scientific literature in order to establish which characteristics determine the effectiveness of drug prevention programmes (Cuijpers, 2002). This review differs from most other evaluation studies, as it combines three different study categories, some of which involve the same types of programmes, but with an evaluation from a different perspective or the use of a different methodology.

Several well-designed studies are available that contain relevant information on the effective ingredients for school-based drug prevention programmes. These studies illustrate that school-based drug prevention programmes have the potential to reduce adolescent drug use. However, research has also demonstrated that most drug prevention programmes are not effective. Although a growing number of studies examine which characteristics determine

the effectiveness of a prevention programme, the precise ingredients for effective prevention are not yet known.

### The review focused on three major study categories:

#### 1 Effect studies and meta-analyses

Studies examining the effects of school-based drug prevention programmes can result in knowledge about types of programmes that are or are not effective. This study focused on meta-analyses, in which types of drug prevention programmes are compared with each other. In meta-analyses, the results of several studies are statistically integrated and it is assumed that they provide a better estimate of the real effect of interventions than individual studies. If effective and ineffective interventions can be identified, this knowledge can be used to define quality criteria.

#### 2 Studies that examine the mediating variables of interventions

Some studies of school-based drug prevention programmes examine which 'mediators' (defined as program characteristics) cause reduction in drug use.

#### 3 Studies that compare prevention programmes

Several studies have examined the characteristics of drug prevention programmes by comparing a programme with a specific characteristic with another programme without that particular characteristic. For example, many studies have compared peer-led and adult-led prevention programmes; prevention programmes with and without booster sessions; and programmes with or without community interventions. By combining the outcomes of each of these three types

of studies, effectiveness categories were developed, in which the strength of the scientific evidence is presented on a scale of 1 to 4.

### Strength of evidence categories

+	<b>Some evidence</b>	Convincing evidence from one of the three sources in support of the quality criterion
++	<b>Strong evidence</b>	The evidence from two of the three sources and/or the evidence leaves little doubt that this is an important criterion
+++	<b>Very strong evidence</b>	The evidence is so strong that there is hardly any doubt that this criterion is important
++++	<b>Proven</b>	Evidence leaves no doubt that the quality criterion is very important

The outcome of this review provides us with the seven quality criteria or 'effective ingredients' presented below. Please refer to the manual (Gallà et al., 2002) for further reading.

#### 1 Proven effects

The effects of a programme to be put in practice should be demonstrated by well-designed scientific research. This is an important criterion, as most drug prevention programmes have been shown not to have any effect on drug use or abuse. Only a small sample of drug prevention programmes is effective. This criterion is different than the other criteria printed below, as it does not indicate a characteristic of the programme itself, but rather requires that the effects be proved. However, it is an important criterion and therefore is retained in this list in first place. [+++]

#### 2 Interactive delivery methods

Universal school-based drug prevention programmes should use interactive delivery methods instead of non-interactive delivery methods. Interactive programmes provide contact and communication opportunities for the exchange of ideas among participants and encourage learning drug refusal skills. In interactive programmes, students receive feedback and constructive

criticism in a non-threatening atmosphere, enabling students to practice newly acquired refusal skills. Non-interactive programmes focus mainly on knowledge provision and some discussion.

The superiority of interactive programmes compared to non-interactive programmes has been clearly demonstrated in scientific analysis. [++]

#### 3 Based on the 'social influence model'

Prevention programmes based on the 'social influence model' are the most effective programmes available and prevention programs should adopt this model. The social influence approach to drug prevention is based on the idea that 'inoculation' in the classroom against active or indirect social pressure to use drugs will help prevent substance use. [++]

#### 4 Focus on norms, commitment not to use and intentions not to use

As part of the social influence approach, prevention programmes should focus especially on existing norms (knowledge of the prevalence of drug use among peers; social acceptability knowledge; normative expectations; friends' reactions to drug use); commitment of students to not use substances and intentions not to use. Research on mediating variables has shown norms, commitment, and intentions to be vital mediating variables. [++]

## 5 Adding community interventions to school-based interventions

Community strengthen the effects of school-based interventions. Community interventions include family interventions, mass media campaigns and community mobilising committees. The strengthening effect of community interventions has been demonstrated both in the meta-analysis and in comparative research. [++]

## 6 Use of peer leaders

The use of peer leaders may strengthen the short-term effects of prevention programmes. Therefore programmes should use peer leaders instead of – or in combination with – adult leaders, if possible. [++]

## 7 Adding life skills training to social influence programmes

Life skills elements may strengthen the effects of prevention programmes. However, there is insufficient research-based evidence on mediating variables proving that social skills training, enhancement of self-esteem, or focusing on psychological well-being increase the effects of prevention programmes. [+]

### Criteria based upon ‘best-practice’

Drug prevention is one of the few areas where science follows practice. Innovations are seldom initiated by scientific research. Most of the time they are the result of prevention practice. Below are criteria gathered from the best practical experience in the field that mainly focus on the scope of prevention programmes and their structure, planning and implementation.

### Content of prevention

- All types of substances should be targeted, including tobacco, cannabis, benzodiazepines (e.g. tranquillisers and sleeping pills) and solvents (e.g. glue).
- Depending on the social environment and the local (or national) prevalence of drug abuse, targeting should also include locally produced drugs.

- Include attention to experimental drug use. Abstinence-oriented prevention can also be included, if based upon a ‘safety first’ and/or risk reduction approach.
- Provide objective and reliable information about both the relaxing aspects as well as the risks and dangers of drugs and drug use.
- Emphasize protective factors (e.g. what precautions to take when using certain types of drugs) and risk reducing factors (e.g. drinking and driving).
- Do not moralise, but rather encourage young people to think for themselves.
- Focus on needs and priorities of the target group and the programme’s surroundings.
- Repeat the prevention message in an age-specific manner in later years, incorporating shifts in consumption from one drug to another (and therefore adjusting the message).

### Dealing with drug incidents

- Teachers and non-teaching staff about the complexity of recognising drug abuse in students, which includes training to identify the physical and mental characteristics of drug use in order to recognise ‘real’ drug-related problems and avoid making false accusations.
- Provide anonymous and safe counselling opportunities in schools, or information on referral to professional drug services.
- Counselling and access to information about drugs and drug use should also be available for others involved with the schools (teachers, non-teaching staff, and parents).
- Be honest and direct with students, and let them know if and when you cannot guarantee them confidentiality, were they to inform you of their drug use.
- Programmes should be consistent in terms of aims, objectives, activities and

expected outcomes; different activities should reinforce each other and not be contradictory.

### **School rules and regulations on drugs**

- Rules and regulations must be realistic: schools should not attempt to set rules that they cannot enforce, or assume responsibilities that belong to parents.
- ‘Moving’ the problem does not solve it. Schools often will expel students who have been caught using drugs. Removing a student from his or her daily social environment is probably the most ill-advised course of action and may place the student at even greater (social) risk. Professional counselling and guidance is a much better option.
- Rules apply to everyone in school, including teachers and non-teaching staff; sanctions should be in proportion to the offence.

### **Parents**

- Parents are important role models for children, both in positive and negative terms.
- A drug prevention programme in schools should provide parents with information about drugs and drug use.
- Schools are advised to communicate with parents about the drug prevention programme to be implemented in the school.
- Promoting communication between parents and their children about drugs is important.

### **Target groups**

- A school-based drug prevention programme requires a distinction be made between various types of drugs and approaches at different class levels, as each age group requires an age-specific strategy.

- Differentiate between prevention for the average student and at-risk student populations.

### **Participation**

- Search for ways (if not available already) to have students participate actively in the plan, design, implementation and evaluation of the programme.
- Parents and teachers themselves can be a target group for specific activities, but can also function as intermediaries.

### **Facilities and training**

- Make the training of different groups an essential element of the programme, not only regarding knowledge, but also in terms of techniques and attitudes (empowerment, personal coaching).
- Provide sufficient (staff) time for activities and interventions.
- Time-effective programmes have more support than time-consuming programmes.
- Teachers and others involved in school-based drug prevention (e.g. students) need information and training about substances and substance use.

### **Programme delivery**

- Ensure that sufficient time is reserved in the school’s curriculum so that all relevant aspects of a school-based drug prevention programme can be adequately addressed.
- Repeat the prevention programme regularly and try to adjust it to new groups of students.

### **Criteria for school effectiveness**

Although drug prevention in schools has its own specific aims, objectives and approaches, the link with what is going on in school is very strong. The structure and culture of a school have a great influence

on the way a prevention programme is implemented. MacBeath et al., (2001) have formulated eleven indicators that are important for the effectiveness of a school, or in other words, whether the school achieves its aim of providing a good learning environment for its students (and staff). We have elaborated upon these criteria and related them to the implementation of a school-based drug prevention programme.

If a school is not effective in its teaching tasks, the running of an effective prevention programme will become very difficult. A lack of clear objectives for the educational process or a lack of transparency and involvement by all concerned in the school in the daily running of the school will complicate the implementation of an effective prevention programme.

#### **Professional leadership (1)**

- Schools are well-run and management pays attention to the needs and problems of all.
- The school policy contains clear rules on drugs.
- Rules are implemented by the school administration.
- The school expresses self-confidence.
- The school has a drug-incidence action plan.
- The drug prevention programme has realistic aims.
- The school administration facilitates the educational process and provides adequate resources for drug abuse prevention (time, staff, involvement).

#### **Shared visions and goals (2)**

- There is support by the whole school community for the prevention objectives.
- There should be no ambiguity in

prevention messages; no contradictory information or examples (e.g. health education teachers smoking in school)

#### **A learning environment (3)**

- A safe social atmosphere
- The school should work with modern and interactive teaching methods.

#### **Concentration on learning and teaching (4)**

- The educational process is at the heart of the school activities.
- The gap between what students learn and what teachers teach is reduced to a minimum, as teachers take note of their students' perceptions towards drug use and drug prevention.

#### **High expectations (5)**

- Teachers are committed to achieving success with every student without exception; 'second rate' students do not exist.

#### **Positive reinforcement (6)**

- A positive approach to students and their characteristics: solution-oriented instead of problem-oriented
- The school atmosphere should be characterized by positive relationships and mutual respect.

#### **Monitoring progress (7)**

- Monitor the impact of prevention efforts.
- Measurable aims have been defined within the school-based drug prevention programme.

#### **Student rights and responsibilities (8)**

- Participation
- Peer involvement

- Being taken seriously and taking others seriously.
- Encourage responsible behaviour in students and then trust students to act responsibly.

#### **Purposeful teaching (9)**

- Teachers are motivated, well-trained and professional.
- Teachers teach with clear objectives of what they want students to achieve.

#### **A learning organisation (10)**

- The school learns from mistakes and events that occur in connection with drug use; it adapts to new trends and developments, including shifting views and opinions in society on drugs and drug use.

#### **Home-school partnership (11)**

- Parental involvement is important for a comprehensive prevention approach.

## **Annex 2**

# **Samples of co-operation forms between drug prevention advisors and schools**

**Form 1: information form about drug prevention advice agency**

**Form 2: service agreement form between advice agency and school**

Source: David Uffindall, [UK]



# North Yorkshire Healthy School Scheme

## Partners in Education - support for schools (HS1)

**Education is not simply the responsibility of schools; partner agencies and individuals can often make valuable contributions, bringing added value to educational experiences. Please complete this form to indicate what contribution, and to whom, your organisation may be able to make.**

### Details of organisation

Name of organisation/service: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Contact person: \_\_\_\_\_

Position held: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Briefly, what is the main business of your organisation?

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Does your organisation have a particular political bias?

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Does your organisation have a particular religious bias?

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Does your organisation make a charge for services to schools?

(If Yes please indicate costs here or attach details)

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Which of the following areas do you cover? City of York [ ] N Yorks [ ]

Harrogate [ ] Selby [ ] Hambleton/Richmondshire [ ] Scarborough/Whitby/Ryedale [ ] Craven [ ]

**What can your organisation provide for schools?**

- Personnel to work with pupils/students?  
If Yes please specify: age range \_\_\_\_\_ Key Stage \_\_\_\_\_
  - Personnel to work with adults
  - Resources (please describe)
- 
- 
- 
- 

- Strategic help (e.g. policy development, guidance)
  - Sponsorship
  - Other (please specify, e.g. drama)
- 

**Which of the following areas could you contribute to?**

- Personal, Social & Health Education
  - Drugs, alcohol & tobacco
  - Citizenship
  - Emotional health & well-being
  - Healthy eating
  - Physical activity
  - Safety
  - Sex & relationship ed
  - Other ((please specify)
- 

**In what ways will you be able to contribute to work in schools?**

- Through assemblies
- Working with small groups
- Working with whole classes
- Working with staff
- Working with governors
- Working with parents
- Working with the wider community

**Preferred style of working**

- Talks/lectures
  - Workshops
  - Interactively
  - Training
  - Drama/role play
  - Other (specify)
- 

**Please return this form to:**

Penny Gregg HSS Co-ordinator 37 Monkgate, York YO31 7BP, Tel 01904 663300



# Partners in Education Support Agreement form (HS2)



**Please read this document fully before completing any section.**  
 Uncoloured areas require a school response and shaded areas a response from the provider of services. Dark grey boxes contain words that may be helpful in describing intended outcomes. If the provider/agency of the service has not completed Form HS1, recording details of services offered, then a form should be obtained from the Healthy School Scheme (see end of this page for details).

**School:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Post code: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Post held: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Agency:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Post code: \_\_\_\_\_  
 Contact person: \_\_\_\_\_  
 Post held: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Details of input	Numbers	Date(s)	Time(s)	Location
Tick target group <input type="checkbox"/> Pupils/students Age-range: _____ Key Stage: _____ Males, females or mixed group? (circle one) M      F      Mix				E.g. Hall, classroom
<input type="checkbox"/> Teachers				
<input type="checkbox"/> Governors				
<input type="checkbox"/> Non-teaching staff				
<input type="checkbox"/> Parents				
<input type="checkbox"/> Other (specify)				

## Learning environment details

Space required/available: (state preference for floor level if bringing equipment)

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Layout:

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Equipment needed:

Provided by: (tick)

School

Visitor

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## Lecture style

Theatre style  
Formal seating  
Circle  
No seating  
Hall  
Classroom  
Outdoor space  
Sports Hall  
Power points  
Extension cable  
Screen  
Tables  
OHP  
Water  
TV  
Video (VHS)  
Computer  
PowerPoint  
Flip chart

## Intended learning outcomes

(Consider the information that may be gained, any skills that will be acquired/rehearsed, attitudes and values that may be explored or anticipated behaviour change. In other words, what will participants learn feel or be able to do at the end of the session compared to before?)

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## Know

Understand  
Clarify  
Describe  
Explain  
Identify  
Appreciate  
Demonstrate  
Explore  
Discuss  
Feel  
Show

## How will the learning outcomes be achieved?

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## What methods will be used?

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## Lecture

Group work  
Role-play  
Case Studies  
Survey  
Debate  
Peer led  
Participatory  
Drama  
Writing  
Problem solving  
Games  
Simulation  
Thought showering  
Mind Maps  
Discussion

**Which people need to be informed about this activity?**

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**Who is responsible for dealing with this and by when?**

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Governors  
 (school principal)  
 Teachers  
 Non-teaching staff  
 Parents  
 Other pupils/students  
 Caretaking staff  
 Catering staff  
 LEA Advisory staff  
 Healthy Schools Co-ord  
 Other agencies  
 Neighbours  
 Community

**Special and sensitive issues**

Are there any special needs or sensitivities to be aware of?  
 If so what? (Do not name individuals)

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- Gender
- Capabilities:  
 hearing, sight,  
 speech, co-ordina-  
 tion, mobility etc
- Cultural, ethnic  
 background
- Religion

<b>How have the following been addressed?</b>	<b>Comment/ action</b>
Context of the input in relation to ongoing work:	Context
Application of school policies:	Policies
Application of national/LEA/Local guidance:	DfES Circulars
Appropriateness of materials/resources: (If dealing with SRE see DfEE Circular 0116/200 Sex & Relationship Education Guidance, 1.8, p8)	LEA Guidelines
Level of confidentiality:	Confidentiality
Ground rules / boundaries for working:	Resources
Responsibility for behaviour management:	Behaviour and discipline
The role of the teache (Note: national & local guidance states that the teacher should always be present)	Roles
Evaluation – responsibility for and feedback	Responsibilities
Follow-up work:	Follow up
Travel, map, parking, refreshment etc	

**Contingency arrangements in the event of late alteration of plans:**

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**Payment arrangements (if appropriate):** (Continue overleaf if necessary)

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Signed by school representative:

Date: \_\_\_\_\_

Signed by visitor:

Date: \_\_\_\_\_

**For information about the Healthy School Scheme or to obtain a Form HS1 please contact:**

Penny Gregg HSS Co-ordinator, 37 Monkegate, YORK, YO31 7PB (01904) 663300 e-mail: [pg7@york.ac.uk](mailto:pg7@york.ac.uk)

# Annex 3

## Bibliography

### Reference literature

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- **Gallà, M. & Daatland, Chr. & Lee, H. & Jaspers, D.** (2002) 'Making Schools A Healthier Place – Manual on Effective School-Based Drug Prevention'. Trimbos Institute, Utrecht [NL], ISBN: 90-5253-404-7
- **MacBeath, J. & Mortimore, P.** (2001) 'Improving School Effectiveness' Buckingham [UK]: Open University Press ISBN: 0-335-20687-5 (pb)

### Recommended reading

- **NvPG - Nederlandse Vereniging voor Preventie en GVO (2000)** 'Beroepscode Preventie en GVO 2000-2001', Woerden [NL]
- **TACADE & London Drug Policy Forum** (1999) 'Making the Most of Visitors – Using Outside Agencies In School Drug Education', Manchester [UK], ISBN: 0905-954-963





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*Netherlands Institute  
of Mental Health  
and Addiction*



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