

FACING UP TO THE NATIONAL CURRICULUM

When the government announced its plans for the new National Curriculum, some saw this as the death knell for drugs education — at the very least, said the specialists, it would be set back ten years. So why all the gloom?

Christine James and Lorraine Lucas

IN RECENT YEARS there has been a strong movement to locate drugs education within personal, social and health education (PSHE), now separately timetabled in many secondary schools. But when the subjects to form the core and foundation of the National Curriculum¹ were announced, PSHE was not among them. The implication drawn was that the government saw this area of work as a low priority.

Despite strong representations, the government has not changed its mind. Instead, health education is one of a number of areas under consideration by a cross-curricular working party whose role is to suggest how they can be accommodated under the new curriculum. The concern is that health education and drugs education with it would be lost to the syllabus by being dispersed across the foundation subjects — a 'subject-based' approach.

Whatever the outcome of the working party — which should be reporting this summer — there is already considerable pessimism. Local authority drug education coordinators provide most of the in-service training for teachers on drugs education. In January ISDD carried out an enquiry to find out what these coordinators thought about a subject-based approach to drugs education.

A questionnaire was sent out asking for

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comments on ISDD's *DrugWise Curriculum Guide*, part of the *DrugWise* drugs education pack for use in secondary schools. The guide adopts a subject-based approach, with sections on how to incorporate drug issues into subjects such as maths, history, drama, etc, and how this can be related to the national criteria for GCSE. Our questionnaire sought views on the ideology and practicalities of doing drugs education within subjects. About a third of the coordinators replied. The key points to emerge, based on the 32 replies, are summarised below.

◆ All the coordinators were familiar with a subject-based approach and most had used the relevant part of the *DrugWise Curriculum Guide* with teachers during training or had referred teachers to it. No one mentioned having trained groups of subject teachers.

◆ Coordination was seen as a major problem by nearly everyone. A particular concern was that a subject-based approach would make it difficult to deliver a consistent message. Respondents stressed the need for schools to nominate a 'coordinator' to prevent important issues being lost, to avoid repetition, and to ensure some uniformity of approach.

◆ Many were concerned about testing, on which the National Curriculum places great stress, and felt that it would be inappropriate and/or difficult to test pupils on drugs education. Because it is more difficult to evaluate there were fears that drugs education will not be valued and will be likely to be left out.

◆ Many felt that subject teachers did not possess the necessary skills to take on drugs education — at least, not without considerable

in-service training. Most agreed that subject teachers would be capable of delivering facts but, because teaching styles in subject areas are not sufficiently participative, they would not be able to cope with work around attitudes and skills. Most coordinators consider these aspects of drugs education to be at least as important as the factual elements, so this was thought a serious drawback.

◆ There were doubts about whether subject teachers would be sufficiently motivated to take on education about drugs. Some felt that while subject teachers may be enthusiastic about their own chosen speciality, they may see 'drugs' as an unwelcome add-on and therefore give such work a low priority.

◆ Overall, most coordinators were strongly in favour of retaining drugs education within PSHE where possible, although some admitted that it may be necessary to adopt a more pragmatic approach in future. There was particular concern that the expertise built up over the last few years among PSHE teachers would be lost if a subject-based approach was introduced.

These initial findings suggest there is little enthusiasm for a subject-based approach to drugs education among the very people who may be responsible for promoting it. Are their fears completely justified? Or is it a case of preferring to stay with what you know, rather than looking for the positive aspects of change? We'll look at the main objections in turn.

Coordination. There is no doubt that tackling any issue on a cross-curricular basis requires

Drug themes in the curriculum

Some ideas on how drug issues might be incorporated into subject-based education. See main text for an example related to English teaching.

MATHEMATICS. Measuring danger: measuring alcohol content in terms of standard units, discussing the meaning of degrees of proof; working out if someone would be over the legal limit (to drive) if they consumed a variety of drinks at different times of the day; discussing what constitutes safe drinking.

ART. Persuasion: analysing existing persuasive material relating to legal or illegal drugs, eg, cigarette advertising, government anti-injecting campaign. Finding out what devices are used, assessing how successful they are and translating this into personal persuasive projects.

HISTORY. Drug use in times of stress: discussion of life and conditions in the trenches in the two world wars and the role that sharing cigarettes played in comradeship and keeping up morale; relating this similar issues in present day situations.

GEOGRAPHY. Drugs and the economy: international trade in legal and illegal drugs; for example, for some Third World countries exports of plant-derived drugs to the West are one of the main ways of generating foreign exchange; similarly the West exports alcohol and cigarettes to Third World countries.

RELIGIOUS EDUCATION. Religion and its contribution to attitudes and behaviour: comparing the prohibitions of certain drugs in Western (Christian) society with the teachings of Islam, for example in relation to alcohol use; encouraging pupils to form their own opinions about such issues.

PHYSICAL EDUCATION. Drugs and fitness: looking at the effect of various drugs on physical activity and ability; discussing the use of stimulants and steroids and their dangers.

These examples are taken from the *DrugWise Curriculum Guide*, part of the *DrugWise* drug education pack for secondary schools.

good coordination. Health educators have seen the concentration of their subject into a single area of the curriculum (PSHE) as a great improvement on the way it was — in some cases still is — carried out in some schools: an uncoordinated hotchpotch of ideas often resulting in repetition, omission and bored pupils. If these pitfalls are to be avoided it will be essential that those responsible for coordination² get the recognition, status and financial incentives needed to ensure their success.

Testing and assessment. The National Curriculum does greatly stress testing. Each foundation subject will have a set of attainment targets, defined as testable objectives in terms of knowledge, skills, understanding, aptitudes, etc. For example, one attainment target in the science curriculum stipulates that pupils should "know about the risks of alcohol and solvent abuse and how they affect the body processes".

We cannot agree with a respondent from our enquiry who said that he would be very unhappy for a young person to 'fail' simply because he or she did not know about the risks of solvent abuse. Putting aside for the moment the pros and cons of assessment, and its effect on young people, we cannot see the argument for making this area of knowledge a special case immune from testing.

However, reservations about testing may have less to do with information, and more to do with the teaching, skills and attitudes, which most coordinators consider so essential. Many attainment targets for the foundation subjects are already skills-based, so assessment techniques will in any event need to be developed in this area. If 'communication skills' and 'assertiveness' are considered important aspects of drugs education, then it ought to be possible to find ways to test for these too.

Attitude-testing is more of a problem, especially if the work focuses on the *pupils'* attitudes. Even if they could be tested accurately, no one would seriously suggest that pupils who had the 'correct' (as defined by drugs educators) attitudes should get more marks than those who did not. However, if we were to shift the focus and look at attitudes from a historical perspective — how our attitudes to various drugs have changed over time — then it would be possible to test for such understandings.

However unpalatable some may find the idea of assessment, drugs educators cannot afford to ignore it. If in the future the 'serious curriculum' is to be that which is testable, then drugs education must rise to this challenge or slip back to second-class status in the syllabus.

Incompetent teachers? Whatever the truth of the assertion that subject teachers lack the skills to deal with drugs education, this seems an unhelpful attitude to adopt in the present situation. Shouldn't we perhaps be looking at what subject teachers *can* offer rather than berating them for what they cannot? English teaching provides a concrete example. (See panel for more suggestions.)

In our enquiry someone suggested that they wouldn't like to see pupils set questions such as 'Drugs make you write better poetry — Discuss'. We agree: such an exercise would be unlikely to do much for English or for drugs education — but surely we can do better. Given that English is basically concerned with communication skills — an important element of drugs educa-

tion — a more profitable exercise might go something like this.

Pupils would be asked to read and comprehend various pieces of information on organisations concerned with tobacco, drugs, and alcohol abuse. They would then be asked to write an appeal letter saying which of these should be the beneficiary of a fundraising event and why. Not only would this satisfy the requirements of an English lesson (in terms of comprehension and writing), but it would also give information about help available for drug users and, by the pupils' choice of organisation, raise questions about attitudes to drug users.

Of course, it would be possible for teachers just to concentrate on questions of grammar and style, but we are sure that many teachers, with a little encouragement and support, would be capable of widening the discussion.

Disinterested teachers? If subject teachers are to be accused of being narrow-minded because they are reluctant to include drugs within their own field of expertise, might not the same accusation be levied at drugs educators reluctant to acknowledge the contribution other disciplines can make to drugs education?

Obviously attempting to cram drugs into every subject simply for the sake of it is a recipe for disaster and unlikely to enthuse anyone. If subject teachers are to be motivated to take on drug issues then one of two things must happen. Either it must be demonstrated that drug issues are an important aspect of the syllabus, backed up by reference to attainment targets, or teachers must be shown how drug issues can provide grist to the mill for other types of learning — such as in the English example above.

On present information it seems likely that a subject-based approach to drugs education would need to do both.

What about PSHE? A subject-based approach to drugs education does not imply PSHE no longer has any role to play. It seems unlikely that PSHE will disappear completely from timetables, especially in schools where it is firmly established. PSHE could still be used to complement 'drugs work' within subjects.

Alternatively, skills could be shared by introducing 'team' or 'pair' teaching, with subject and PSHE specialists working together. For this to succeed all concerned will need to put some effort into repairing the rift which has developed in secondary education between the subject-based curriculum and PSHE, a rift which does not exist in primary education.

NOT EVERYONE is so pessimistic about the future of drugs education under the National Curriculum. For a few, the imminent upheaval has provided the context and the motivation to rethink not only *where* drugs education might take place, but *why* they are doing it. The traditional aim of drugs education in schools — stopping young people experimenting with drugs — needs challenging, not least because there is very little evidence to show that any of the approaches used can achieve this aim. What is needed is to develop broader educational aims and to begin to ask not only 'What can subjects offer drugs education?' but also, 'What can education about drugs do for other areas of the curriculum?' As one drug education coordinator put it, "What we need is more education and less propaganda". ■

1. Encompassed in the Education Reform Act 1988. In addition to religious education, the core and foundation subjects in the curriculum are English, maths, science, technology, history, geography, art, music, physical education, and a modern foreign language. Altogether these are to take up 70 per cent of curriculum time.

2. Many schools already have a nominated health education coordinator. With the advent of the National Curriculum we may see a new breed of teacher whose job will be to oversee not just health education but other cross-curricular issues such as economic awareness.