Gender and Drug Education

A briefing paper for Drug Education Practitioners

drug & alcohol EDUCATION AND PREVENTION TEAM
A joint Alcohol Concern and DrugScope project

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PURPOSE OF BRIEFING
The briefing summarises:

- key differences in prevalence of drug use amongst young men and women of school age;
- the reasons young men and women give for their drug use;
- the risk and protective factors for drug misuse amongst young people;
- the principles of effective drug education and some key differences in learning styles between boys and girls;

and identifies:

- some teaching and learning strategies which build on the findings from this review;
- areas where practice could be improved and recommendations for further research.

WHO IS THE BRIEFING FOR
The briefing will be of particular relevance to drug education practitioners working in school and youth work settings, including:

- Teachers/tutors and other staff who deliver drug education
- Those with responsibility for co-ordinating drug education
- Head teachers/Principals
- Learning Support Assistants
- Youth workers who deliver drug education
- And other providers of drug education.

The information in this briefing may also be of interest to researchers, curriculum developers and policy makers.

TERMINOLOGY
Children and young people
For the purpose of this briefing 'children' refers to those under 11 years of age. 'Young people' refers to those between 11 and 19.

Pupils
'Pupils' refers to those children and young people in schools.

Drugs
The definition of a drug given by the United Nations Office on Drugs and Crime is:
A substance people take to change the way they feel, think or behave.

The term 'drugs' unless otherwise stated, is used throughout this briefing paper to refer to all drugs including medicines, volatile substances, alcohol, tobacco and illegal drugs.

Drug use
Drug use is drug taking, for example, consuming alcohol, taking medication or using illegal drugs. Any drug use can potentially lead to harm, whether through intoxication, breach of law or the possibility of future health problems, although such harm may not be immediately apparent.

Drug misuse
Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It may be part of a wider spectrum of problematic or harmful behaviour.

SMOKING, DRINKING AND ILLEGAL DRUG USE AMONG YOUNG PEOPLE

Smoking

- Overall, among 11 to15-year-olds, girls are more likely to be regular smokers than boys – 10 per cent compared to 7 per cent. *(Drug use, smoking and drinking among young people in England in 2004, Headline Figures, Department of Health (DH) 2005)*
- Among 11 to 15-year-olds, the overall higher prevalence of smoking among girls than boys was found among the ages 14 and 15. Fourteen per cent of 14 year olds girls and 26 per cent of 15-year-old girls said they were regular smokers, compared with 11 per cent of 14-year-old boys and 16 per cent of 15-year-old girls. *(Drug use, smoking and drinking among young people in England in 2004, Headline Figures, DH 2005*).

Drinking

- Among 11 to15-year-olds, there is no difference between boys and girls in the prevalence of drinking alcohol in the last week (23 per cent). Previous surveys have shown that boys were more likely than girls to have drunk in the last week. *(Drug use, smoking and drinking among young people in England in 2004, Headline Figures, DH 2005*).
- Among those who drank aged 11 to15, boys drank an average of 11.3 units in the previous 7 days in 2004 compared with 10.2 units drunk by girls. *(Drug use, smoking and drinking among young people in England in 2004, Headline Figures, DH 2005*).
- Six out of 10 boys and 50 per cent of girls aged 11 to12 had tried at least one alcoholic drink. *(Beinart 2002, cited in Young People's Drinking Fact Sheet, Alcohol Concern 2005*).
- Amongst 11 to12-year-olds, 9 per cent of boys and 5 per cent of girls described themselves as regular drinkers. This figure rises to 39 per cent for boys and 33 per cent for girls amongst 15 to 16-year-olds. *(Beinart 2002, cited in Young People's Drinking Fact Sheet, Alcohol Concern 2005*).

Illegal drug use

- Among 11 to15-year-olds, prevalence of drug taking was slightly higher among boys than girls. In 2004, 18 percent of boys had taken drugs in the last year and 11 per cent in the last month. Equivalent figures for girls were

17 per cent and 9 per cent. *(Drug use, smoking and drinking among young people in England in 2004, Headline Figures, DH 2005*).

- Among 11 to15-year-olds in 2003, boys were more likely to have been offered drugs than girls – 39 per cent of boys compared to 34 per cent of girls. *(Drug use, smoking and drinking among young people in England in 2004, Headline Figures, DH 2005*).
- Among 16 to 24-year-olds in 2003, males were much more likely than females to have reported using an illicit drug in the last year – 35 per cent compared to 23 *per cent. (Statistics on young people and drug misuse: England 2003, Statistics Bulletin 2004/13, DH 2004*).
- During the period 1994 to 2000, males were more likely to have used drugs than females. *(Office for National Statistics 2004*).
- Steroid use amongst school age pupils is very low. Among 16 to 24-year-olds, 0.3 per cent had used Anabolic Steroids in the last year in 2004/05. of which the majority were male (Drug Misuse Declared: Findings from the 2004/05 British Crime Survey, 2005). However, use can vary locally and is used both for cosmetic and performance enhancing reasons. Steroid misuse is highest amongst gym users and high performance sports enthusiasts, though not exclusively, and therefore use is likely to be higher amongst males than females (*Druglink Guide to Drugs*, DrugScope 2004).

RISK AND PROTECTIVE FACTORS

The epidemiological evidence (above) suggests that being female is a risk factor for smoking, while being male may be a risk factor for binge drinking and steroid use. However, there are many other risk factors for drug misuse amongst young people, and these should also be taken into account when planning drug education and prevention programmes for young people.

Other risk factors for drug misuse by young people include:

- Chaotic home environment
- Parents who misuse drugs or suffer from mental illness
- Behavioural disorders
- Lack of parental nurturing
- Inappropriate and/or aggressive classroom behaviour
- School failure
- Poor coping skills
- Low commitment to school
- Friendship with deviant peers
- Low socio-economic status
- Early age of first drug use
- Being labelled as a drug misuser.

(The Right Responses – Managing and making policy for drug related incidents in schools (DrugScope 1999).

Conversely, the following are said to be protective factors:

- Strong family bonds
- Experiences of strong parental monitoring with clear family rules
- Family involvement in the lives of children
- Successful school experiences
- Strong bonds with local community activities
- A caring relationship with at least one adult.

(The Right Responses – Managing and making policy for drug related incidents in schools (DrugScope 1999).

WHY DO BOYS AND GIRLS USE DRUGS DIFFERENTLY?

The information about risk factors summarised above is based largely on epidemiological evidence and correlational studies. These studies show weak but cumulative relationships between various social factors and drug related behaviour of young people. This means that the more risk factors present, the more likely it is that an individual will demonstrate the behaviour in question. For example a girl, growing up in a family where parenting is characterised by poor communication and with a sibling who smokes, is more likely than other girls in her peer group to be a smoker. However, the presence or absence of these factors cannot predict which girl will become a smoker and which will not with absolute certainty. So epidemiological evidence alone is not a sound basis for planning educational interventions. Qualitative and cultural studies, which examine the reasons young people give for adopting certain behaviours also provide useful information for the practitioner. Most of the published studies refer to gender differences in smoking behaviour and use of alcohol.

Smoking

The differences in smoking prevalence amongst girls and boys have been recognised for some time (Woodhouse, 2004). Some evidence suggests that there are gender differences in the reasons young people give for smoking. For example, girls are more likely than boys to say that smoking helps them to maintain a low body weight and have a positive body image (Woodhouse, 2004). Girls also more often report that tobacco use helps them to control their mood and helps them feel good (Barton, 1998). Some research suggests that smoking may be an important step towards identity formation for young girls, especially at times of transition. For example when pupils move from primary to secondary school girls move from relatively large, flexible peer groups to smaller, narrower peer groups where peer influence is strong (Lloyd et al,1998). In parallel with this, some research suggests that young women who smoke report higher levels of self confidence than their peers (Woodhouse, 2004).

Alcohol

Not much is known about differences in reasons for drinking in a school-age population, although overcoming shyness in social situations has been cited by both boys and girls (Lynch and Blake, 2004). Honess et al (2000), cited in *Teenage Kicks?* (Newburn and Shiner, 2001), highlights young people's experiences with alcohol vary sharply with age and notion of transitions into adulthood. They found among 12 to 13-year-olds, there was a desire to move on from childhood status, and this pressure was seen to be particularly strong for boys. Balding (2004) found, in the survey for young people aged between 10 to 15 in 2003, wine was the most popular drink among females and beer or lager the most popular among males. Females are also more likely to drink spirits either in the form of pre-mixed spirits such as Bacardi Breezer or more traditional spirit drinks. Some authors suggest that there are strong cultural meanings associated with different kinds of alcoholic drinks for young people, as well as taste preferences (Hendry, 1993).

Risk awareness

There is some evidence that young men and women perceive and explain drug related risk differently, with young women showing more empathy towards drug users than young men, and young women being more likely to recognise wider

social harms from drug use than young men and at an earlier age (McWhirter et al, 2004).

GOOD PRACTICE PRINCIPLES IN DRUG EDUCATION

The Department for Education and Skills (DfES) published their revised guidance on drugs for schools *Drugs: Guidance for Schools (DfES 2004).* Practitioners should refer to this document for guidance and support in planning and delivering drug education and supporting all young people.

The document provides guidance on all matters relating to drug education, the management of drugs within the school community and drug policy development.
Copies of the guidance can be downloaded from
www.dfes.gov.uk/drugsguidance
Hard copies are available from DfES publications by calling 0845 602 2260, quoting reference number DfES/092/2004.

For practitioners working in Further Education institutions, it will be useful to also refer to *Drugs: Guidance for Further Education Institutions (DrugScope and Alcohol Concern 2004). This document can be downloaded from DrugScope website www.drugscope.org.uk and Alcohol Concern website www.alcoholconcern.org.uk*

Drugs: Guidance for schools (DfES 2004) does not specifically refer to gender differences in drug education, however the guidance clearly outlines the expectations for drug education as follows:

- Drug education should enable pupils to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.
- Drug education should take account of pupils' views, so that it is both appropriate to their age and ability, and relevant to their particular circumstances.
- Drug education in the classroom should be supported by a whole-school approach that includes the school's values and ethos, staff training and the involvement of pupils, staff, parents/carers, governors and the wider community.
- Drug education should be delivered through personal, social and health education (PSHE) and citizenship and fulfil the statutory requirements of the National Curriculum Science Order. It should start in primary schools and develop through each of the Key Stages to ensure continuity and progression.

The guidance states that the aim of drug education is to provide opportunities for all young people to develop their knowledge, skills and attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions. It states that drug education should:

- Increase knowledge and understanding and clarify misconceptions about:
  - The short and long term effects and risks of drugs
  - The rules and laws relating to drugs
  - The impact of drugs on individuals, families and communities
  - The prevalence and acceptability of drug use among peers

The complex moral, social, emotional and political issues surrounding drugs.

- Develop personal and social skills to make informed decisions and keep themselves safe and healthy, including:
  - Assessing, avoiding and managing risk
  - Communicating effectively
  - Resisting pressures
  - Finding information, help and advice
  - Devising problem-solving and coping strategies
  - Developing self-awareness and self-esteem.
- To explore their own and other peoples' attitudes towards drugs, drug use and drug users, including challenging stereotypes, and exploring media and social influences.

Drug education should include teaching about all drugs, including illegal drugs, alcohol, tobacco, volatile substances and over-the-counter and prescription medicines. However, there may be occasions when you would need to focus on particular drugs. *Drugs: Guidance for Schools,* DfES (2004) states that given the prevalence, availability and social use of alcohol in our society, it should be a priority to educate young people on the effects of alcohol and how to reduce alcohol related harm. This can be achieved by taking a harm reduction approach. This approach accepts that many, although not all, people drink, and seeks to enhance young people's abilities to identify and manage risks and make responsible and healthy choices. This however does not suggest that alcohol misuse is condoned or that all young people drink.

Many young people overestimate how many of their peers use drugs (*Drugs: Guidance for schools*, DfES 2004). It is important to correct misconceptions such as these through 'normative education' by exploring attitudes and discussing what influences young people's decisions.

GENDER AND EDUCATION

There are no published studies which consider the effectiveness of interventions targeted at boys or girls. However, the National Healthy School Standard (NHSS) stress that local NHSS programmes should seek to meet the needs of both boys and girls. Research for the NHSS, *NHSS Drug Education* (including alcohol and tobacco) (Health Development Agency, 2004*)* revealed that boys have particular needs with respect to drug education. In particular, boys said that girls' magazines addressed sensitive issues such as drug use and that this encourages girls to talk to each other and seek advice if they want it. Boys' magazines were less likely to include this kind of information and as a result the boys reported feeling isolated and did not know where to get help. Boys also wanted more information about the effects of drugs on the body.

More general educational research does suggest that there may be differences in the ways boys and girls learn which may be of value when planning and delivering drug education.

Research into links between brain structure and learning is at an early stage. However there is evidence that there are clear and comprehensive brain differences in girls and boys worldwide (Gurian, 2001). Reviews suggest that girls' and boys' brains work differently and have shown how hormones and socialisation

processes affect these differences. These differences start in the womb and accelerate through adolescence and can influence how girls and boys learn (Gurian, 2001). While achievement of boys and girls (in terms of learning) may be similar, boys and girls tend to have different preferred learning styles. This can, in turn be exploited by practitioners by incorporating different teaching styles into their work.

Gurian's review suggests that boys:

- tend to be better at abstract reasoning;
- tend to work silently;
- enjoy jargon or coded language;
- like symbolic texts, diagrams and graphs, and they get into an author's imagery patterns;
- seem to need movement to stimulate their brains and to manage and relieve impulsive behaviour (kinaesthetic learning style).

And girls:

- like to talk things out as they learn and put ideas into clear, everyday language;
- prefer written texts and tend to be more interested in the emotional workings of literary characters;
- don't need to move around as much while learning and are better at managing boredom;
- tend to prefer concrete reasoning.

A UK based study (Cawdell, 2000) that aimed to identify barriers to boys learning and achievement in a primary school highlighted further factors, which could promote learning amongst boys. These included:

- giving boys more responsibility in paired and shared learning tasks;
- careful grouping of pupils to complement pupils' individual strengths;
- developing a strong partnership with home at an early stage;
- presenting boys with short, achievable tasks;
- clear lesson structures.

The report also strongly recommended modifying learning materials to balance gender bias in content or style and monitoring and analysing gender differences in the interactions between teachers and pupils to inform practice.

It is important to point out, however, that in any class of boys and girls there is likely to be wide variation within and across the genders, so that there will be girls who learn best while moving around (kinaesthetic learners) as well as boys who sustain their attention well and are co-operative.

WHAT DOES THIS MEAN FOR DRUG EDUCATION PLANNING AND DELIVERY?

The general principles of effective practice in drug education are increasingly better known and have been articulated in *Drugs: Guidance for schools (DfES 2004*). However, much of children's learning about the world of drugs is opportunistic and unplanned and often takes place outside the classroom or other formal settings. For these reasons teachers and other drug education practitioners should clarify the prior knowledge, understanding and experience of the group they are working with. In addition this briefing suggests that, drug education practitioners need to be aware of possible gender differences in drug related

behaviour, as well as other risk factors, when planning the delivery of drug education and prevention for specific classes or groups. Practitioners also need to be aware of differences in how boys and girls interpret drug related risks, the reasons that boys and girls give for their drug use, and the needs expressed by boys and girls themselves about how they want to receive information about drugs.

Boys and girls may have different preferred learning styles that practitioners can take into account when planning their work with young people. For example:

- Activities that are based on the facts about drug use may appeal more to boys than girls, especially if children/young people are set a task to manipulate the data and re-present them in another format (raw data as percentages, or in the form of histograms or diagrams).
- Girls may be particularly well engaged with tasks based on good literature or which involve them in exploring lifestyle factors and real life stories of drug users.
- Girls are more likely to learn well in small group discussions, whereas boys might gain more from group work if given an individual task prior to a group activity.
- All kinaesthetic learners will benefit from opportunities to be active during their learning, whether this means creating a visual display, role-play, or reviewing the work being done, rather than oral feedback.
- Magazine style formats which communicate information about drugs, with question and answer pages are likely to appeal to boys as well as girls, and can be used to stimulate group discussion.

It is important that all pupils, whether boys or girls, kinaesthetic, visual or auditory learners have the opportunity to develop ways of learning which are not solely based on their neurological or social predisposition. This suggests that a well-planned drug education programme tailored to the needs and experiences of the group concerned, should provide a balance of teaching and learning styles.

RECOMMENDATION FOR FURTHER RESEARCH

- Detailed literature review of the evidence for gender differences in learning styles.
- Qualitative research with pupils about how they prefer to learn about the world of drugs, exploring different teaching and learning strategies.
- Classroom based research exploring how strategies to accommodate differences in learning styles could be implemented.
- Evaluation of pupils' learning where gender differences have been taken into account when planning drug education.

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