

12.2 School Curriculum for Substance Misuse

Improvement Project Title: School Curriculum for Substance Misuse
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Aim statement 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021
Link to Local Outcome Improvement Plan: Stretch Outcome 12 12.1 Increase support for children and young people at risk of developing drug and alcohol problems by working with Integrated Children Services 12.3 Enhance early intervention and preventative treatment for those at greatest risk of harm from drugs and alcohol Stretch Outcome 4. 90% of children and young people will report that they feel mentally well by 2026
Why is this important? In line with the requirements of Curriculum for Excellence (CfE) all Aberdeen City schools are required to deliver a Health and Wellbeing Curriculum. One of the six organisers within Health and Wellbeing is Substance Misuse. It is vital that colleagues responsible for the delivery of these programmes have access to high quality, current information and this is delivered consistently across all schools. The Scottish Government Personal and Social Education Review (2019) in its conclusion highlighted the importance of providing teachers with effective and up-to-date resources. As part of the review, young people said that substance misuse education in PSE classes was outdated and did not focus on the issues that young people were concerned about. There is a need to develop resources to enable all teachers to feel confident in delivering a progressive, cohesive, relevant substance misuse curriculum. The evidence base, across the world, for effective strategies for preventing future drug and alcohol issues for young people is very weak. There is no evidence to suggest a single solution is effective. The summary of evidence published by the Scottish Government in terms of what does work in education and prevention can be summarised as: programmes that are holistic (ie not drug / alcohol specific), skills and resilience based, multi-sectorial, age appropriate and with suitable intensity are beneficial; stand alone, one off, fear arousal approaches are not effective. For further information see https://www.gov.scot/publications/rights-respect-recovery/pages/5/ Currently, in Aberdeen, we do not have a partnership strategy that demonstrates that we take a “best practice” multi-sector approach to tackling and preventing drug and alcohol issues for young people. We require to have in place assurance that there is a consistent, age appropriate approach to educating all young people regarding drugs, alcohol and associated health and wellbeing issues. This approach requires a partnership approach based on evidence, best practice and measurable outcomes. There is an existing Curriculum for Excellence (CfE) substance misuse pack developed locally and available for schools. However, it is not consistently used and aspects of it no longer reflect emerging patterns of behaviour. Most young people will not develop long term drug and alcohol problems. The risk to young people is from experimental use of substances and related accidents, poisonings and behaviour. In

2017 and 2018 on average 4.5 young people under 18 were taken to the Emergency Department per month.

There is evidence to suggest that young people experiencing other adverse life challenges may be at risk of developing longer term substance use issues. Data gathered from adults accessing specialist drug treatment report early teenage years as being the key stage for starting drug use.

Within the adult population of Aberdeen there are an estimated 35,300 hazardous drinkers and 10,000 harmful / dependent drinkers. Aberdeen is an outlier in the number of alcohol related hospital admissions and in relation to alcohol related mortality. Along with a number of lifestyle behaviours alcohol is a significant factor in the long term health and wellbeing of the population and young people require to appropriately educated and skilled to manage these challenges.

It is difficult to know the scale of drug and alcohol use amongst young people. Anecdotally there does seem to be an increasing concern raised by parents, police and schools across the region.

Anecdotally we understand that the process that is used to report substance use incidences in schools could be improved to give a more accurate level of reporting and intelligence. There is a need to ensure that these young people are offered consistent support and appropriate interventions in relation to their substance use.

School is not the only environment where education takes place and as part of an overall plan for supporting young people work needs to take place across a number of different sectors and settings including:

- Support for wider community based groups
- Community based education
- Colleges
- Parents requiring knowledge of alcohol, drugs and wider health and wellbeing issues
- Diversionary activities

We also need to ensure we have appropriate resources, policies and protocols to manage the issues safely and effectively on a partnership basis.

Measures: (How will we know if a change is an improvement?)

Outcome Measure

- % of schools delivering a progressive, cohesive and relevant substance misuse curriculum (Baseline still to be determined as part of new guidance teacher's role)
- Number of pupils from pre-school through to S6 complete the relevant Health and Wellbeing Outcomes from the Curriculum for Excellence (As part of the project working with Quality Improvement Officers to ensure this can be measured effectively)

Process Measures

- % of teachers and school staff who self-report increased confidence in delivering the substance misuse curriculum
- % of pupils who self-report an improved understanding of the harms of alcohol and drugs and understanding of harm reduction measures
- % of schools who have clear pathways to support young people to address their substance use
- No. of parents attending training
- % of parents and community members who self-report feeling informed and able to support children and young people in their substance misuse curriculum

Balancing Measure

- % of young people participating in diversionary / community activities

Change ideas

See driver diagram attached.

- Upskilling parents/carers and wider community to enable them to reinforce messages delivered as part of the substance misuse curriculum
 - Training for parents/carers
 - Information sessions/events on protecting your children
 - Develop community led support groups
 - Promotion of diversionary activities available
 - Addressing stigma
- Amend reporting of school exclusions, near miss reports and police intelligence reporting and establish a partnership group to analyse this information and provide action to support curriculum delivery
- Develop a clear pathway to support young people to address their substance misuse. Taking account of young people experiencing adverse life challenges to ensure the correct support is in place.
- Employ a guidance teacher to develop a range of substance misuse resources as part of the curriculum with the aim of educating young people on the hazards of alcohol and drug use and addressing stigma. This will include:
 - Development of teaching material
 - Identify appropriate training for school staff

Potential risks and/or barriers to success & actions to address these

- Staff capacity
- Ability to recruit to post to develop the curricular resource
- Competing priorities in schools
- Engagement of parents
- Duplication of effort – need to value what is already working
- Sensitivities around substance misuse and peer pressure for children and young people

Project Team:

Lesley Stopani, - ACC Schools – Lead, ACC
Lauren Mackie – Health Improvement Schools, ACHSCP
Dr Tara Shivaji – Public Health Consultant, NHS Grampian
Sheila McDerment – Police Scotland
Donna Cuthill – PTA Lead
Martin Smith – Locality Manager
Maggie Hepburn – ACVO
Claire Bloomfield – ADP Support Data lead
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Gillian Robertson – ADP Support
Michelle Cochlan – Improvement Adviser

Outline Project Plan - Set out your initial plan about the timeline for your project.

(This should be reviewed regularly)

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none">• Project team established• Initial baseline established• Draft charter developed• Charter submitted to CPA Board	Complete Oct 2019 Complete Sep 2019

Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Identify school(s) for initial testing • Identify wider community for initial testing • Engaging with customers and colleagues on change design • Evaluate overall achievement to date and plan further PDSAs or move to implementation 	Oct 2019 Already identified Sep 2019 Dec 2019
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	Apr 2020 Apr – Sep 2020 Oct 2020
Spreading Changes (Project Score 9-10)	Assess opportunities for spreading change to other areas where applicable	Dec 2020

Key: **In order to achieve this aim..**

We need to ensure...

Which requires...

Ideas to ensure this happens

