teaching strategy, is the assessment method. This problem stems from the nature of a self-directed learning contract. No two learning contracts are the same and the type of work subsequently produced would be varied.

Further research
Finally, the use of self-directed learning in health and social care education is a relatively new idea. Thus, it provides an area, which requires further research. For example, research is needed to develop the concept to include evidence-based practice, which is a process in which clinical questions are the stimulus for health and social care students to seek evidence and critically evaluate the evidence before applying the evidence to practice. Research is also required to find a way of incorporating computer technology into self-directed learning, which would help health and social care students to seek for clinical evidence necessary to support their practice through electronic resources.

References

Dr David Regis, SHEU’s Research Manager has some Good News about Drug Education
In the 2003 Education and Health (vol.21 no.3), we reported on a link between lower drug use and usefulness of drug education. Now we are able to provide more evidence. "The deped-up generation - drugs and drink grab the young", and, "Kids of today are happier - no wonder, the dobe and boozie they get through".
The Schools Health Education Unit has been following trends in large samples of pupils from six to thirteen years old since 1987. While there are concerns, there is good news in the figures too.

Trends
One of our latest publications, Trends: Young People and Illegal Drugs (2004), shows evidence of drug education working. If we look at young people's understanding about the dangers involved, the findings show that more pupils in 2004 say that they get to know their friends and that more pupils in 1987 said that they had never heard of OxyContin. This is the evidence in support of effective drug education. If we look at the pupils' understanding about the dangers involved, the findings show that more pupils in 2004 say that they get to know their friends and that more pupils in 1987 said that they had never heard of OxyContin. This is the evidence in support of effective drug education.

Offered and taking drugs
Compared with two decades ago, school children are much more likely to encounter illegal drugs and are much more likely to use them than before.

Looking at young people's encounters with drugs - whether they have been offered or refused and whether they have used them - we see a dramatic rise in the ten years between 1987 and 1997. In the eighteen years between 1997 and 2004, reports of ever having tried drugs dropped significantly, then levels recovered to around the same level as 1995-1996, peaking around the 25.30% level for Year 10 pupils.

Cannabis
The reports of drugs used mainly feature cannabis and some of the things that are generally true about young people and drugs are not true for cannabis. For example, most Year 10 pupils' responses about their knowledge of drugs is either not heard of or heard of but don't know much about it, or always used to use. For cannabis, the single most common response is "only heard of, with 40% of Year 10 pupils choosing this response. Generally, as young people get older, they become certain that a given drug is unsafe. For cannabis alone, Year 10 pupils are less likely to say that the drug is always unsafe than the Year 9 pupils.

Other drugs
For offers of other drugs than cannabis, reports of whether they have ever been offered and whether they have been prescribed at just under 36% in 1999 and has remained around that level since. For offers of cannabis, 1999 was just one point on a rising trend, with about 35% of Year 10 pupils ever having been offered cannabis in 1999, rising to around 45% of them in 2004.

Refusing offers
The proportion of those young people who say they have been offered a drug can be compared with the proportion who refuse to try it. This gives us a minimum figure for those who have successfully refused an offer of a given drug. For example, just 30% of Year 10 pupils who have been offered ecstasy have ever taken it - which is consistent with the reports of 80% of pupils saying that they think ecstasy is always unsafe to use. Between 1998 and 2004, the proportion of Year 10 pupils who have been offered cannabis rose from less than 30% in 1998 to about 35% in 2000 and to nearly 65% in 2004. However, while the proportion who had ever taken cannabis rose from 20% in 1998 to more than 30% in 1999, it has remained under 30% ever since. So, even though cannabis has apparently become more popular, it's been used by more young people than have ever purchased cigarettes. Young people who have ever tried cannabis are more likely than 1987 and have never heard of OxyContin. This is the evidence in support of effective drug education.

Effective model
In July 2003 Tacedac was funded by DfEE to continue work with four secondary schools in England and Wales to develop effective models of alcohol peer education. The work with these four pilot schools, in Cardiff, Middlesbrough, Leicester and London, was informed by a review of relevant literature and a scoping activity to identify existing examples of alcohol peer education work with young people. The substantive work with schools began in January 2004 and much of the peer educator's work continued during the autumn term (2004). The work at the Lancaster School in Lancaster is described here as an example of how the effective models of alcohol peer education were developed. The Lancaster School is an urban comprehensive with 1,250 male students from a variety of different cultural and ethnic backgrounds including white, South Asian and Somali. The school had not previously been involved in any peer education work.

Tacedac is a leading voluntary sector organisation in the field of personal, social, health and citizenship education, with expertise in providing support and training on alcohol and drug education with young people.

Tacedac (www.tacedac.com) provides support for professionals, professional groups, parents and carers by delivering effective training, consultancy, project evaluation and publications.

Alcohol education
The organisation is working with over thirty secondary schools to help them develop peer education projects focusing on alcohol education. Young peer educators in these schools recognise that alcohol use is a major issue for many teenagers. They want to help challenge the culture of binge drinking.

For many years the focus of drug education in schools has been on illegal substances yet alcohol is the most commonly used drug amongst teenagers. The Tacedac project aims to increase the focus on alcohol education.

Effective model
Studies have shown that peer education can be a particularly effective methodology for drug education. The Health Development Agency Drug use prevention among young people: a review also noted that, Overall, research results appear to be positive and suggest that peer-led approaches are more effective than other approaches.

Government guidance for schools recognises the value of peer education. For example the English guidance states that 'Peers are often seen as a credible source of information and advice' research shows that often the pupils who benefit most from peer education are the pupils educators themselves', ('Drugs Guidance for schools', DfES, 2004). In addition, others have noted that 'there is some suggestion that peer-led prevention programmes can enhance teacher-led programmes', (Alcohol Harm Reduction Strategy for England, Cabinet Office, 2004). The Welsh guidance states that, 'Research shows that young people value approaches that provide access to peers and credible adult experts, in addition to teachers/ youth workers'. (Welsh Assembly Government, Consultation (2004)), Alcohol Concern, www.alcoholconcern.org.uk provides a range of informative fact sheets providing statistics on Young People's Drinking' is particularly useful.

Boys on Booze
The students created the 'BBO = Boys on Booze' peer education team. A variety of staff, particularly the Assistant Head and the Head of Year 9, supported the peer educators. The school also had strong support for the project from the Leicestershire City Advisory Teacher for Drugs.

The 'BBO' team met twice a week after school to carry out research. They felt that they are reliable, represent a range of personalities and have 'street credit'. They have designed and distributed 'Pink Elephant' factual leaflets about alcohol to staff and students.

In September 2004 the peer educators started the year with a PowerPoint presentation to Year 7 students in Assemblies. This was followed up by interactive peer education activities. The 'BBO' team plans to be involved in training new peer educators during 2005 when we will set an information point in the school.

The BOB team
The peer educators enjoyed being part of the BOB team.

Helen Lee is Development and Training Manager at Tacedac. For correspondence e-mail: helen@tacedac.co.uk.

Helen Lee
Young people challenging the culture of binge drinking
Peer education is an excellent way of involving and empowering young people at the same time as prioritising alcohol education. Tacedac is working with over thirty secondary schools to develop effective models.
Role models

The peer educators have been important that there was a considerable age gap between them and the recipients of the peer education: ‘Year 7s look up to us only a few years older; Younger kids, a majority, can see us as role models, and...’

City of York Peer Education Project

Six secondary schools in York were involved in a peer education project that ran for three years. Alcohol education was an integral part of the project. Four Year 10 students from each school attended two weekend training sessions run by youthworkers.

Partnership

Partnership working has been crucial to the success of the project. Local Education Authority Advisory Teachers have provided the schools with ongoing support and guidance. Within the schools a variety of staff and students have been involved including teachers, learning mentors, Connexions Advisers and school nurses. The work has also been supported by Drinks Planet Britain.

UK Peer Alcohol Education projects

Many peer education projects focusing on sexual health promotion and drug education have been developed throughout the UK over the last 15 years. However, only a few projects have focused specifically on alcohol education.

Recent alcohol peer education projects in secondary schools are highlighted here.

Alcohol Project (TAP)

taught by y .
"The project was implemented in 2002 and ran until March 2004. Thirty-thousand students from 12 schools have been trained as peer educators. The project is run by a local drug and alcohol service (DAS), and is funded through Children’s Fund.

The peer educators have worked with a forum of representative primary and secondary schools and with seven youth and community groups. The peer educators also took part in the Coordinating Board of the DAS Project.

They found the Tadice alcohol education project was particularly useful in helping to plan and deliver alcohol education sessions. The project has been particularly successful in involving health service professionals amongst young people in Guernsey and we have spent some time analysing why Guernsey has become the first area of the country to go smokefree.

Towards the end of March 2005, the UK media attention was focused on the forthcoming election and Prince Charles and Camilla’s wedding.

As a result, most people will have missed a major social change that has taken place: a significant change in the way that Channel Islanders view smoking.

The Channel Islands voted to ban all smoking in enclosed public and working places. This is not the first time that the islands have taken action to improve health in the community.

The Health Promotion Unit The Island’s Health Promotion Unit worked in association with the Schools’ Health Education Unit in Exeter: between 1997 and 2004 researchers regularly carried out health-related behaviour questionnaires in Guernsey. The surveys covered various topics including fitness, alcohol, drugs and eating patterns. A key element was tobacco.

Guernsey Adolescent Smokefree Project

One of the leading organisations in Guernsey is the Guernsey Adolescent Smokefree Project. At GASP our aim is to reduce the percentage of smoking amongst young people in Guernsey and we have spent some time understanding why Guernsey has become the first area of the country to go smokefree.

Female surr in the Guernsey Smokefree area country series

Surveys

The surveys were statistically robust, allowing us to benchmark with other communities. We also made a point of asking the same questions year on year which enabled us to make longitudinal comparisons.

The following information was excited from the surveys:
- Patterns of smoking amongst young people
- Reasons for smoking and not smoking
- Attitudes to smoking
- Intentions to stop and continue smoking

The findings were comprehensive.

The numbers of young people reporting that theyhad smoked at least one cigarette during the last seven days was less than half the students who smoked in 1997 (in this year the island’s package of non-smoking initiatives was in place). Among year 8 students only a third as many youngsters had smoked compared to their 1997 contemporaries.

Nearly twice as many young people in the UK as in Guernsey.

Only 3% of year 6 students think that they will smoke when they are older.

30% fewer families smoke than in the UK.

Such statistics have lead to positive impact on our project. For example:

We have been able...