

term solution to the problems posed by *Tackling Drugs Together*. Now that we have finally moved away from simplistic "Just Say No" approaches (even though DARE goes further than this) there is clearly no alternative to effectively-planned, progressive drug education programmes led by well-trained and supported classroom teachers but seen as a partnership with the local community. If local authorities tried to be more creative with GEST provision there would be no need to grasp at deceptively-attractive packages such as DARE.

We invited a leading UK proponent of DARE, Inspector Dave Scott of the Nottinghamshire Constabulary, to respond. — Ed.

There are many substantial flaws and misrepresentations in Phil Barnett's apparently limited research into the 1995 UK version of DARE.

What he sees fit to dismiss as 'engaging the community in the short term with stickers in shop windows' actually amounts to about 50% of the programme mobilising the community and using a highly-qualified representative local steering group to guide the officers in each District or Borough Council area. This community-initiated ownership generates substantial local benefits in that:

- It demands the education of adults.
- It creates the environment outside school where any project (not just DARE) will survive and flourish.
- It becomes a catalyst for educational/business partnership.
- It confidently and openly shows support from all the other significant agencies in the area, therefore celebrating the positive attributes of PSE.

DARE is not 'police officers taking over the teachers' role'. What primary-school teacher could not use, to good effect, a reliable and consistent visiting speaker to help with PSE in a structured way? Head teachers, class teachers, parents and governors are all consulted. The class teacher is always present, and feedback is actively sought on every occasion.

The 'company' is not run by the police. It is convenient, best practice, and economically sound to let a Board of Trustees run it, particularly so that it does not have a 'police angle'. The Board of Trustees is representative and reads

like the Board of any charity.

The focus of DARE cannot be considered narrow except by those who have only read the headlines. We could not survive rigorous checks in 25 countries if the focus was still the old (and correctly outlawed) abstinence campaign.

I would also like to add that the evaluation so confidently quoted by Phil Barnett, a meta-analysis of eight past DARE evaluations, was never published by the funding body, the US National Institute of Justice, because it did not meet professional academic standards.

DARE is an effectively-planned, progressive programme which exceeds all the requirements of the National Curriculum and *Tackling Drugs Together*. Its popularity and persistence is because it is genuinely and compellingly community-based, encompassing all the benefits of peer, adult, and community education.

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Tania Beavet was the Research Officer with Loddon NHS Trust Health Promotion Service for the duration of this project.

Tania Beavet Parents, schools, and sex education

Are parents aware of their right to withdraw their children from sex education? Can they foresee a need to exercise that right? Do they feel that they are kept sufficiently informed about what the school is doing? Do schools feel happy with what they are offering?

The 1993 Education Act Amendment 62 gave parents the right to withdraw their children from any 'sex education' that did not include work covered by National Curriculum Science Orders. We decided to conduct a year-long project within the Loddon NHS Trust District to look at the ways in which parents and schools communicate with each other regarding sex education.

We initially contacted all 16 secondary schools within the area covered by the project. The plan was to conduct semi-structured interviews with PSE co-ordinators, governors, and parents, but although the initial feedback from schools was positive, the parents' response to the letters of invitation to be interviewed was low, and several schools dropped out of the project.

To boost the parental representation, self-completion questionnaires were sent home by pupil post to 60 parents (representing Year 9 and Year 11 pupils) in each of two schools.

The final tally of data came from 31 interviews with governors, PSE co-ordinators, and parents, and 55 postal questionnaires returned by parents.

Main findings

Parents and sex education

1. The majority want schools to have a role in

the provision of sex education.

A parent commented: *I don't mind answering questions, but I'm glad they get lessons at school because I wouldn't be too sure about how to start.*

2. The majority want the right to withdraw their children from sex education. The criterion for withdrawal would be connected with the quality and method of delivery rather than a general objection to the topic being taught.

3. However, very few thought it was likely that they would want to withdraw their child.

Parents and schools

1. The majority of parents were satisfied with the programme at their children's school, and did not make any suggestions for change, even though they were invited to do so.

2. In fact, parents did not seem to know much about the sex education programme and the materials used. Despite this, they felt that communication between the school and themselves was good.

3. Ease of access to the school and to relevant teachers, by being able to telephone rather than having to make an appointment to visit, was considered very important.

A parent commented: *All the staff there are very accessible and easy to talk to, you don't feel as if you are being a nuisance.*

4. Some parents expressed a wish for a more detailed timetable of the PSE programme so that they might be prepared for discussion or questions arising as a consequence.

Parents as 'sex educators'

1. In contrast to the national study (*Parents, Schools and Sex Education*, HEA, 1994), the majority of parents said they felt comfortable discussing sexual matters with their children, but they did not perceive their children as being comfortable in discussing the topic with them.

A parent commented: *It can be a bit difficult, my daughter will talk to me but my son is getting to the age where he would be embarrassed.*

2. However, they were aware that not all children would have the sort of relationship with their parents that would facilitate communication, and for this reason they thought that schools should provide information on local sources of advice on sexual health matters.

A parent commented: *I think they get most of their stuff from friends, it was the same when I was at school, there are some things you don't*

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