

Assessing school readiness to implement
substance misuse prevention: A mixed methods,
socio-ecological case study in Wales

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Abstract

Schools are commonly used as a mechanism for delivering substance misuse prevention, with curricula and policies the dominant modes of delivery. Few evaluations have explored the effectiveness of school policy, which suggests enforcement and implementation problems. A complex systems perspective of the school context may aid in understanding implementation failure; and prominent system parts which maintain the status quo.

The overall aim was to explore the development and implementation of substance misuse prevention policies in secondary schools in Wales. The first study undertook a policy analysis of education and health policies, applying Bernstein's (2000) transmission context, followed by semi-structured interviews with 5 regional and local policy makers. The second study explored the school context using semi-structured interviews with 9 teachers and 5 community stakeholders, to explore the relationship between structure and agency in policy implementation. Finally, a multi-level cross sectional analysis was conducted on 18,939 students aged 11-16 across 66 schools, and semi-structured interviews with 38 students (15 and 16 years) across 4 case study schools.

The policy analysis found schools have little choice in implementing education policies because of the power and control within the policy discourse. Schools have more control over substance misuse prevention, although implementation is constrained by the system. School teachers reported being under-resourced, under-skilled, and limited

by the curriculum and accountability across a narrow range of academic subjects. Cross-sectional analysis found 95.5% (n=63) schools had a substance misuse policy and no beneficial association between the involvement of students in policy development and illicit drug use.

This thesis suggests schools are poorly served to deliver substance misuse prevention, despite schools being positioned as part of the solution. More work is needed at the policy level to ensure substance misuse prevention is provided with greater power, resources and funding so that it is better implemented.

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List of acronyms

AIC- Akaike Information Criterion

AWSLCP – All Wales School Liaison Core Programme

BIC – Bayesian Information Criterion

DALYS – Disability Adjusted Life Years

EMCDDA – European Monitoring Centre for Drug and Drug Addiction

FAS - Family Affluence Scale

FSM - Free School Meals

HPS – Health Promoting Framework

ICC – Intraclass Correlation Coefficient

KPI- Key Performance Indicator

LNF – Literacy and Numeracy Framework

MDA – Misuse of Drugs Act

NPS – New Psychoactive Substances

PSE – Personal and Social Education

SEM – Socio-Ecological Model

SRE – Sex and Relationship Education

THC – Tetrahydrocannabinol

UNCRC – United Nations Convention on the Rights of the Child

WHO – World Health Organisation

WIMD – Welsh Index of Multiple Deprivation

WNHSS – Welsh Network of Healthy Schools Scheme

Chapter one- summary and overview of thesis

1.1 Background and Aims

Schools are commonly used as a mechanism for delivering substance misuse prevention, due to their ability to address a large population in a timely and economically efficient way (Moon et al. 1999; Townsend and Foster 2013), with curricula and policies the dominant modes of delivery.

Population health has been slow to attend to the context in which interventions are placed, with Pawson and Tilley (1997) and Moore et al. (2018b) arguing that mechanisms of change are always contingent on the context. Schools are complex systems and Hawe et al. (2009b) describe interventions as events in the system, and argues preventative interventions have paid insufficient attention to the dynamic properties of the context in which they are implemented; and further supported by Braun et al. (2010) who argue that policy makers have paid insufficient attention to the simultaneous demands placed on schools to deliver education and health promotion.

Very little is known about the development, implementation and evaluation of substance misuse policy. In order to understand how substance misuse prevention is implemented in schools, it is necessary to understand the system dynamics and characteristics prior to intervening. Attending to the dynamic interplay between the policy level and school level may reveal some understanding about contextual

variations and understanding of why some policies are implemented and can disrupt the system, whilst others flush out (Hawe et al. 2009b).

This thesis aims to understand how the policy discourse, and power and control dynamics create structures that facilitate or impede agency; and how agency disrupts or maintains the structure. There may be variations between contexts and actors given the complexity of the system dynamics, and as such a complex systems methodological framework is applied. The overall aim of this thesis is to assess school readiness to implement substance misuse prevention, from policy level operations to contextual variations and agentic practices.

1.2 Research Questions and Design

This thesis will be supported by the socio-ecological model and will address the following research questions:

Research Question One – How is the voice and message of Welsh Government transmitted through the national substance misuse policy to the school and teachers?

Research Question Two – How is substance misuse conceptualised in Wales and how does this impact children and young people?

Research Question Three – What are the barriers and facilitators for implementing substance misuse prevention in Wales from a policy perspective?

Research Question Four – How are the recognition and realisation rules acquired by school teachers?

Research Question Five – What are the barriers and facilitators for implementing substance misuse prevention in Wales from a school perspective?

Research Question Six – How does substance misuse prevention vary between schools and how may these contextual variations be associated with student drug use?

1.3 Overview of chapters

Chapter Two – Illicit drug use in young people and the need for health promotion in schools

This chapter provides a review of the literature and provides an overview of the current knowledge in the field of substance misuse prevention among children and young people. It does not provide a systematic review but instead identifies the gaps in existing knowledge, in addition to the limitations of interventions, policy and practice. Identified gaps and limitations were used to inform both the research questions and research design. The literature search and thesis development were conducted iteratively, with the literature search informing the research process and the research process refining the literature search.

A number of electronic databases and search engines were routinely searched for relevant journal articles, using a number of search terms and Boolean expressions. A snowball approach provided an additional search technique with literature being derived from the reference lists of relevant publications. Furthermore, literature was acquired

through recommendations from supervisors, colleagues and other researchers within the academic community.

Chapter Three – Understanding socio-ecological influences on policy development, implementation and practices

This chapter provides an overview of relevant theoretical perspectives before focusing on the main theoretical lens applied to this thesis. This chapter also presents the overall aim of this thesis and the supporting research questions that underpin the overarching exploration.

Chapter Four – Research design and epistemology

Chapter Four will focus on the epistemological assumptions of this thesis and the methodological considerations. Using a mixed methods design, this chapter will draw on the flexibility of a number of methods that can be complimented in a mixed methods study that is underpinned with a critical realist epistemology.

Chapter Five – Research methods

This chapter presents the study methods in a replicable manner. It will outline the study components and the recruitment, data collection and ethical considerations for each study. The presentation follows the socio-ecological model from the policy level to the individual level.

Chapter Six - National policy level approaches to substance misuse in Wales: a power and control dyad

The empirical chapters commence in Chapter Six. This chapter addresses the first research question: *How is the voice and message of Welsh Government transmitted through the national substance misuse policy to the school and teachers?* The chapter draws on data from policy analysis of a number of policies and documents. In line with the central aim of this thesis to understand the school context and the policy implementation process, the policy discourse and its influences are theorised through the use of Bernstein's (2000) transmission context within a complex systems conceptual framework.

Chapter Seven - Conceptualising substance misuse at the national and regional policy level

Chapter Seven is concerned with the conceptualisation of substance misuse in Wales at the policy level and addresses the second and third research question: *How is substance misuse conceptualised in Wales and how does this impact on children and young people?* and *What are the barriers and facilitators for implementing substance misuse prevention in Wales from a policy perspective?* The chapter draws on data from semi-structured interviews with key stakeholders at the national and regional policy level in Wales. A policy level stakeholder map was developed and used as a framework to identify potential participants, as well as a snowball effect following interviews. Data was analysed using thematic analysis (Braun and Clarke 2006) and discussed through the theoretical lens of Bernstein (2000) and Giddens (1984).

Chapter Eight - The transmission context: Classification and framing and implications for substance misuse

Chapter Eight moves away from the national and regional policy level and explores the transmission context of the school. This chapter addresses research question four and five: *How are the recognition rules and realisation rules acquired by school teachers?* and *What are the barriers and facilitators for implementing substance misuse prevention in Wales from a schools perspective?* The focus of this chapter is to theorise the school context and the policy implementation process through the application of the Bernstein's (2000) transmission context model and Giddens' (1984) structuration theory, within a complex systems framework. Data is drawn from semi-structured interviews with key stakeholders within four case study schools. Case study schools were selected using a framework based on the School Health Research Network School Environment Questionnaire and the Pupil Wellbeing Survey. Four schools were selected based on school reports of school substance misuse policy or not and high and low student self-reported substance misuse. Community organisations, school teachers, PSE coordinators and members of SMT were interviewed to gather multiple perspectives of the complex system.

Chapter Nine- The transmission context and student experience of school practices and substance misuse

Chapter Nine is the final empirical chapter of this thesis and addresses the final research question: *How does substance misuse prevention vary between schools and how may these contextual variations be associated with student drug use?* This chapter draws on data from the School Health Research Network of 2015 published in the BMJ <https://bmjopen.bmj.com/content/8/6/e020737>. It further explores the perception of year

11 students (15 and 16 years old) through an historical account of substance misuse prevention in school; drawn from paired and small group semi-structured interviews within the case study schools.

Chapter Ten – Discussion

The discussion chapter considers the main findings of each of the empirical chapters. It addresses the overarching research question of this thesis which is assessing school readiness for substance misuse prevention. The main findings are discussed, as well as the application of the theory. This final chapter considers the thesis overall and the strengths and limitations of the data, methods and theoretical lenses. It concludes with some recommendations for future research, as well as situating the findings within the current literature, outlining the unique contribution to knowledge.

***Chapter Two - Illicit drug use in young
people and the need for health promotion in
schools***

Chapter overview

Illicit drug use is one of the leading causes of years lived with disability according to the latest Global Burden of Disease Study (Degenhardt et al. 2013). The latest findings suggest the risk factors for disability-adjusted life years (DALYs) attributed to drug use disorders in young people had increased between 1990 and 2013 (Degenhardt et al. 2013). Across 188 countries, drug use disorders were ranked 14th in the cause of DALYs in 10-14 year olds, and the fifth leading cause for 15- 19 year olds behind alcohol misuse, unsafe sex, iron deficiency and unsafe water (Degenhardt et al. 2013).

There is a lack of effective methods to identify and monitor individuals who transition from recreational user to problematic and dependent users. There is a need for effective universal preventative interventions from the policy level to the individual level.

Schools have increasingly been recognised as an ideal setting for health promotion and their ability to address a large population in a timely and economically efficient way (Moon et al. 1999; Townsend and Foster 2013).

Population health has been slow to attend to the context in which interventions are placed, with Pawson and Tilley (1997) and Moore et al. (2018b) arguing that mechanisms of change are always contingent on the context. Schools are complex systems and Hawe et al. (2009b) describe interventions as disruptions to complex interventions and events in the system, and argues preventative interventions have paid insufficient attention to the dynamic properties of the context in which they are implemented. For example Braun et al. (2010) argue that policy makers have paid insufficient attention to the simultaneous demands placed on schools to deliver

education and health promotion and Hawe et al. (2009b) contends that community intervention research has failed to adopt a dynamic, ecological and complex-systems approach.

Very little is known about the development, implementation and evaluation of substance misuse policy. In order to understand how substance misuse prevention is implemented in schools, it is necessary to understand the system dynamics and characteristics prior to intervening. Attending to the dynamic interplay between the policy level and school level may reveal some understanding about contextual variations and understanding of why some policies are implemented and can disrupt the system, whilst others flush out (Hawe et al. 2009b).

This chapter explores substance misuse in young people through the socio-ecological framework (McLeroy et al. 1988) firstly by briefly understanding the legislative framework, before exploring the role of the school and the wider community setting through the Health Promoting Schools Framework (WHO 1997b) and the prevalence of drug use among young people and the changing landscape. By adopting a socio-ecological perspective (McLeroy et al. 1988) and attending to the dynamic interactions that promote or inhibit intervention implementation (Hawe et al. 2009b), it may aid understanding of how schools interact within the broader social context, and the role schools play in preventing substance misuse among children and young people. This chapter will consider the existing literature and the gaps that remain, whilst also identifying areas of focus for future research.

2.1 International drug regulations for the prevention of illicit drug use

The three main international drug control treaties presently are the 1961 Single Convention on Narcotic Drugs, as amended in 1972 (1961), the 1971 Convention on Psychotropic Substances (UK Government 1971) and the 1988 United Nations Conventions against Illicit Traffic in Narcotic Drugs and Psychoactive substances (United Nations 1988; Room and Reuter 2012; Strang et al. 2012). The overall aim of the treaties is to suppress the production, distribution and use of all drugs for purposes other than medical and scientific use. All of these conventions take a prohibitionist approach to reducing drug use (Krajewski 1999; Bewley-Taylor 2003).

Under the Single Convention, nations are required to make non-medical use of illicit substances controlled under the treaty a criminal offence (Room and Reuter 2012). The 1971 Convention on Psychotropic Substances was constructed as a companion instrument to the Single Convention over growing concern for psychotropic substances (Bewley-Taylor 2003). Whilst the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was to deal with the unprecedented growth of international trafficking (Bewley-Taylor 2003). The latest treaty can be viewed as a tightening of grip over international drug use, but now also over the individual drug user. Under the 1988 Convention, parties were required to make the possession of the drugs even for personal consumption a criminal offence under domestic law (Bewley-Taylor 2003).

2.2 Understanding the UK policy framework for preventing substance misuse across the UK

Alike elsewhere, the UK is no exception with drug policy developed in politically charged environments (Monaghan 2014). The Misuse of Drugs Act (UK Government 1971) was developed to control the supply and use of illicit drugs in the UK as outlined in the 1961 United Nations Single Convention and the 1971 Convention on Psychotropic Substances (Nutt et al. 2010). The misuse of Drugs Act is the principle legislation to control the use of supply of substance in the UK and was designed with a classification system to attribute the extent of relative harm a substance is perceived to inflict on individuals and society (Monaghan 2014), however, the classification system is hotly debated (Nutt et al. 2007; Nutt et al. 2010). Since its inception new drugs have been added and few drugs have moved up and down the scale, with the exception of cannabis (Monaghan 2014).

New Psychoactive Substances (NPS) at the commencement of this thesis were a source of growing frustration for governments across the western world. Defined as “psychoactive drugs which are not prohibited under the United Nations Single Convention or the Misuse of Drugs Act (UK Government 1971) and which people in the UK are seeking for intoxicant use” (ACMD 2011). In 2016 the UK passed a legislation that imposed a blanket ban on all substances deemed psychoactive (Home Office 2015; Stevens et al. 2015; Reuter and Pardo 2017). The Psychoactive Substances Act (UK Government 2016) has attracted strident critics from leading academics over flawed legal and scientific basis and lack of consideration for the harms (ACMD 2011; Stevens et al. 2015). There are however eccentricities with the Psychoactive Substances

Act (UK Government 2016), namely that possession in small amount for personal possession is not illegal, in a similar way with steroids in the Misuse of Drugs Act (UK Government 1971).

The overarching international drug control treaties and UK domestic laws have been presented so far, although how this shapes the national agenda is yet to be discussed. The remainder of this chapter will explore the prevalence of substance misuse among children and young people in the UK, before exploring the devolved nations' conceptualisations of substance misuse and their preventative agenda. The chapter will then conclude with school based interventions and the gaps that remain in the literature.

2.3 Substance misuse among children and young people

2.3.1 Defining illicit drug use

Illicit drugs are drugs whose non-medical use has been prohibited under international drug control treaties (Babor 2010; Stone et al. 2012). They include plant-based drugs such as heroin, cocaine and cannabis, synthetic drugs like amphetamines and new psychoactive substances, as well as pharmaceutical drugs if misused such as benzodiazepines and opioids (Degenhardt et al. 2013).

2.3.2 The prevalence of licit and illicit drug use in children and young people

Illicit drug use in children and young people (herein defined as aged 11-16 years) attracts attention from parents, communities and policy makers (Degenhardt et al. 2016). Adolescence is the peak period in which illicit drug use first occurs. A consistent

finding across studies is that the level and frequency of illicit drug use begins to increase in mid-adolescence and peaks in early adulthood (Chen and Kandel 1995; Degenhardt et al. 2008).

The transition from adolescence to early adulthood entails substantial changes to the cognitive and emotional development of the brain (Patton and Viner 2007), as well as psychosocial transitions, including completing education, becoming employed, and the forming of sexual relationships and parenthood (Degenhardt et al. 2016). The use of drugs during this period may impede these transitions.

The latest data on lifetime prevalence suggest that drug use among 11-15 year olds may be starting to move on an upward trajectory for the first time in 10 years. Data on the lifetime prevalence, up until recently, suggested that drug use had continued to decline over the past 10 years amongst 11-15 year olds in England who report ever having tried drugs, from 26% in 2004 to 15% in 2014 (HSCIC 2014) but 24% in 2016 and 2018 (NHSDigital 2018).

The smoking, drinking and drug use in young people survey is an annual survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). In 2014, 10% of 11 to 15 year olds had used an illicit drug in the last year compared with 18% in 2004, whilst this was 18% in 2016 and 17% in the latest survey of 2018. The prevalence of use increases with age, with 9% of 11 year olds reporting use increasing to 38% of 15 year olds. This is an increase from 6% and 24% respectively in 2014. Amongst those surveyed, the pupils that reported any drug use in the last year, cannabis was the drug that students had most likely tried in the last year, with 8% of young people reporting

cannabis in the last year, which is the same as 2016, but below the 13% reported in 2001.

The prevalence of drug use in the last month increased from 2% of 11 year olds to 19% of 15 year olds. With boys more likely to have taken drugs in the last month than girls, with 11% and 8% respectively. The prevalence in the last month is similar to that reported in 2016.

Among those students who reported drug use in the last year, 65% reported only taking one drug. This is a decrease on the 76% reported in 2016. Those who reported only taking one drug, 30% used cannabis only, compared with 48% in 2016, and 35% reported taking two or more drugs, up from 24% in 2014. The results suggest that although there is a decrease in the use of single drug use, there is an increase in poly drug use, which is associated with greater harms (Evans-Whipp et al. 2015). Pupils' early experience of drug use was most likely to involve cannabis (42%) or volatile substances (40%).

Given the most likely early experience of drug use is with cannabis, and the unprecedented rise of new psychoactive substances (NPS) at the time of initiation of this thesis, it highlighted these issues as requiring particular attention.

2.3.3 Illicit drug use and the direct and indirect harms associated with their use

Cannabis is the most commonly used illegal substance in most countries across the world (WHO 1997a; EMCDDA 2005). Recreational cannabis use has become almost as common as tobacco use amongst adolescents and young adults (Hall 2015). The effects

sought by users include euphoria and increased sociability due to the tetrahydrocannabinol (THC) (Iversen 2007). In recent years, a more potent form of cannabis has appeared on the drug market, known as skunk. Skunk has been widely cited as having higher THC concentrations. THC content of cannabis has increased in the past 20 years, with the United States reporting an increase from <4% THC in 1995 to 12% in 2014 (ElSohly et al. 2016) and similarly the Netherlands have reported increased THC potency, suggesting that other developed countries may find similar findings (McLaren et al. 2008).

The risks associated with cannabis use are contested and therefore the most appropriate policy response is also contested (Hall 2003). In 2004 cannabis was downgraded from a class B substance under the 1971 Misuse of Drugs Act (UK Government 1971), but then reversed again and reclassified as a class B substance in 2009 (Monaghan 2014).

In epidemiological studies “heavy” or “regular” cannabis use is typically defined as daily or near-daily use (Hall and Pacula 2010). Continued use in this fashion over several years has been attributed to increased risk of many adverse health conditions (Hall and Pacula 2010). The acute adverse health effects that have been consistently reported over the past two decades are (i) unpleasant experiences such as anxiety, dysphoria and paranoia, particularly amongst naïve users (ii) cognitive impairment, in particular with attention and memory (iii) psychomotor impairment (iv) increased risk of psychotic symptoms in high doses where a personal or familial history of psychosis presents and (v) potential low birth weight for cannabis use during gestation (Hall 2015).

Cannabis abuse and dependence have remained the most common form of drug dependence after alcohol and tobacco (Hall and Pacula 2010). The past 20 years has seen an increase in cannabis users seeking professional help to quit or control their cannabis use across developed nations, which cannot be attributed to increased court diversion use by those countries who retain criminal penalties for cannabis use (Hall 2015). The Netherlands reported in 2011 cannabis as the primary drug problem for 48% of individuals entering drug treatment and 58% of new entrants for treatment (Hall 2015). The reported adverse health and social consequences by users of cannabis who seek treatment for dependence appear to be less severe than those reported by people with alcohol and opioid dependence (Hall and Pacula 2010; Degenhardt and Hall 2012).

Cannabis is the most prevalent illicit drug used by young people. There has been increasing concern over the past number of years of the emergence of new psychoactive substances on the UK drug market. Recent years have seen a surge in the availability of new psychoactive substances (NPS) (Zawilska 2011; Vandrey et al. 2012; Papaseit et al. 2014; EMCDDA 2014a; Baumeister et al. 2015; EMCDDA 2015a). It is important to consider the prevalence of these substances among young people. There has been a number of legislative changes on the basis of the public health concern over the emergence, appeal and use of these substances by all ages, despite the limited available data suggesting that general population use of these substances remains relatively low (Sumnall et al. 2013; Measham 2015).

2.4 Addressing substance misuse among children and young people: Understanding the devolved nations' position on preventing illicit drug use and framing the policy context in Wales

Devolution in the UK refers to changes in the legitimacy of governing bodies, the decentralisation of resources and the centralising of authority (Donahue 1997). Since 1990 there have been several reforms that have moved powers from UK parliament to devolved national parliaments and assemblies. The MDA (UK Government 1971) is an Act of parliament of the United Kingdom and as such its territorial extent is across England, Northern Ireland, Scotland and Wales. Given the overarching legislation, devolved nations must work within the boundaries of this legislative framework, however the extent and flexibility of such policies and procedures across the devolved nations can vary greatly.

The Home Office approach to tackling drug use and its associated problems is detailed in the Drug Strategy titled *Reducing demand, restricting supply, building recovery: supporting people to live a drug free life* (Home Office 2017). Scotland has built a national drug strategy to allow people to recover from problematic drug use and live drug free lives through *the road to recovery* strategy (Scottish Government 2008) Whilst Northern Ireland's *New strategic direction for alcohol and drugs- phase 2* looks to reduce the level of alcohol and related harms in Northern Ireland (Northern Irish Government 2011).

Schools in the UK are expected to play a key role in educating children and young people about the risks of substance misuse (Harvey et al. 2016). Northern Ireland

requiring schools to provide education around drugs and alcohol (Council for the Curriculum 2004) which enhances knowledge about drugs and alcohol, and the risk and implications on personal, social and economic outcomes (Harvey et al. 2016). Whilst in Scotland the substance misuse education is part of the ‘curriculum for Excellence’ (Scottish Executive 2004). Although in England education policy encourages schools to maximise student academic attainment (Education. 2010), with a decreasing focus on the National Healthy Schools scheme and Personal, Social and Health Education (PSHE) both of which are no longer a focus in Ofsted reporting (Bonell et al. 2014). In Wales, since 1998 the Welsh government has been autonomous over the health of the nation and for the organisation of the National Health Service (Greer, 2017; Sayers et al., 2017). According to Greer (2004; 2016) Wales has mapped out a distinctive and interesting trajectory, which may in part be understood through the socio-political lens applied to the New labour movement in Wales (Sayers et al., 2017), which has focused on equality and inclusion, including those deemed ‘hard to reach’, whilst delivering prudence and value for money (Sayers et al., 2017). Despite Wales having autonomy over the health of the people of Wales and the day to day function of the NHS, it is not without the challenges of building a resilient and healthy nation within an internally differentiated piece of an ever changing larger UK jigsaw (Rawlings 2003).

Take for example devolution, some elements such as the above mentioned health services are devolved to Wales, whilst others such as the criminal justice system are not. Welsh governance is tightly woven with England, with some areas, such as health, devolved and allowing Welsh leaders to make policy and political decisions for Wales;

although this is not without the constraint of a broader power house at the UK level (Greer, 2017). This is evident in the approach to address substance misuse in Wales.

In Wales, the national policy which covers substance misuse is the *Working Together To Reduce Harm* (Welsh Government 2008b) substance misuse policy. This outlines the Welsh Government's strategy to address substance misuse in Wales between 2008 and 2018. The *Working Together to Reduce Harm* policy documents the ambition of the Welsh Government and its partners to reduce the harms associated with substance misuse for the population of Wales.

The policy sets out four aims and is supported by four priority action points, with a particular emphasis on children and young people.

Reducing the harms to individuals (particularly children and young people), their families and wider communities from the misuse of drugs and alcohol, whilst not stigmatising substance misusers. (Welsh Government 2008b, p. 21)

Welsh Government states they are fully committed to the United Nations Convention on the Rights of the Child (UNCRC 1989) in which young people are entitled to participate and be listened to in decisions that affect them, including being given necessary information to make choices. The strategy recognises the need to use the growing evidence base on the most effective ways of helping young people avoid and overcome substance misuse problems. One of the priority areas of the strategy is "*helping children, young people and adults resist or reduce substance misuse by providing*

information about the damage that substance misuse can cause to their health, their families and the wider community” (Welsh Government 2008b, p. 21). A central strand of this policy is substance misuse education to provide accurate information and guidance to young people in order to prevent and reduce the risk of substance misuse.

School-based education and support should allow children and young people to acquire the knowledge, skills and understanding they need to make informed choices. This approach positions schools with an important role in the promotion of positive life choices among children and young people. Nevertheless, how schools adopt this role and their interpretation of this national framework is unknown. The remainder of this chapter will explore the role of schools in more detail and how school based interventions may or may not be addressing the needs of children and young people and reducing the prevalence of drug use.

2.5 Addressing substance misuse among children and young people through school based interventions

Adolescence is a critical stage of development for children and young people's health and wellbeing (Patton et al. 2016), laying the foundations for future adult health and economic trajectories (Langford et al. 2014). Schools are an important player in health promotion. Promoting health during this period of life is key to many public health agendas (Sawyer et al. 2012). Schools are an ideal setting for health promotion given the reach to children and young people, they serve as a systemic and efficient way of addressing young people (Allott et al. 1999; Evans-Whipp et al. 2004; Faggiano et al. 2008; Bonell et al. 2014; Harvey et al. 2016; Segrott 2019; Sloboda and Ringwalt 2019).

Schools contribute to the health and wellbeing of students (Rutter 1979; Resnick et al. 1997; Patton et al. 2003; Bond et al. 2004; Stockings et al. 2016). They provide a population-wide conduit for addressing health (Marmot et al. 2010; Sawyer et al. 2012),

reducing health inequalities, and can further impact on the learning of children and young people given the synergism between health and education (Suhrcke 2011). However, schools also have the potential to harm children and young people (Bonell et al. 2014). A systematic review found that schools that focus narrowly on academic attainment may lead to students from disadvantaged backgrounds not engaging with schools and could lead to anti-social behaviours and increased risk of multiple risk behaviours such as substance misuse, as well as increasing poorer mental health among the wider student body (Kruger et al. 2007; Bonell et al. 2013a).

Schools are therefore ideally placed to develop children and young people's pro-social and healthy life skills and to promote their own mental and physical health. There is now stronger evidence that curriculum interventions that align with the whole school approach to create healthy settings can have a positive impact on the health and wellbeing of children and young people (Langford et al. 2014). Although how this looks in practice is yet to be fully appreciated. Interventions are not linear, and instead interact in a complex web of interactions. It is therefore necessary to explore school based health promotion in more detail, and understand that the school is more than the sum of its parts (Rosas 2015).

2.6 The Health Promoting Schools Framework

Schools are predominantly organisations for educational attainment. A commitment to improving the health and wellbeing of students is often overlooked because of curriculum pressures, and monitoring by regulatory bodies to attain high levels of academic achievement (Bonell et al. 2014). Interventions with children and young

people are the optimum period as they are less resistant to change compared to adults (Kelder et al. 1994). Although, schools are under increasing pressure to improve academic attainment with decreasing time for health promotion (Bonell et al. 2014).

The Health Promoting Schools (HPS) framework (WHO 1997b) advocates for a whole systems approach, including the integration of health curriculum and the creation of a healthy school environment (Langford et al. 2014). The emphasis within the HPS framework is on synergistic approaches to health and education, through a holistic approach to influence multiple health outcomes simultaneously (Langford et al. 2014).

In 1995 the World Health Organisation (WHO) created a Global Schools Health Initiative to promote a more comprehensive approach at the local, national, regional and global level to improve health and education activities (Pearson et al. 2015). In 1999, The Welsh Network of Healthy Schools Scheme (WNHSS) was established (Rothwell et al. 2010) focussing on a number of health and wellbeing initiatives, including substance misuse. Operating at a national level and supporting schools at a local and regional level, schools are supported by a healthy schools coordinator to progress health and wellbeing in schools and work towards the National Quality Award.

The HPS approach advocates that a settings approach encourages the investigation of interactions between individuals and their environments, and acknowledging the wider impacts on health (Dooris 2005). Dooris (2006) further supports the use of mixed methods to help capture and understand the outcomes, context and mechanisms. Despite a settings approach being advocated through the HPS, settings approaches are often combined with individual-focused health interventions within settings, such as schools.

Population health has been slow in attending to the context in which interventions are placed (Moore et al. 2017). Pawson and Tilley (1997) argue that mechanisms of change are always contingent on the context, what works in one time and place may be ineffective or even harmful elsewhere. Hawe et al. (2009b) view interventions as disruptions to complex systems. From this perspective, intervention attempts to disrupt the mechanisms that maintain the targeted problem in a given time and place; but should not be viewed in isolation from the systems whole functioning. Within population health, change is introduced into complex rather than complicated systems (Glouberman 2002), with unpredictable consequences. Schools are complex systems, therefore it is necessary to understand how the system and its constituent parts function, before attempts are made to intervene.

Hawe et al. (2009b) have argued that preventative interventions have often been focused on the activity and/or educational message, instead of the dynamic properties of the context in which the intervention is implemented. Public health interventions have in recent years been associated with ‘weak prevention’. Weak prevention is the recognition of modest and or negligible effects within large scale programmes for health improvement (Zaza et al. 2005). Hawe et al. (2009b) contend that weak prevention is the inevitable consequence of system-level public health interventions based on individual-level theorising. This growing concern over weak prevention has led to a re-energising within public health interventions, although Hawe et al. (2009b) maintains that interventions fail to adopt a dynamic, ecological and complex-systems approach needed in community intervention research.

The Theory of Health Promoting Schools and Human Functioning is a theory postulated by Markham and Aveyard (2003), which focuses on the need for general structural change in order to improve health outcomes. Markham and Aveyard (2003) believe that their theory allows for positive health outcomes to be achieved through the manipulation of pedagogic practices and school management structures. The theory is grounded on the basis that individuals can only choose positive health behaviours when their capacity for practical reasoning (critically perceive reality and view problems and solutions from different perspectives) and affiliation (possession of shared values and other orientation's to meaning) are supported.

Schools can enable students to realise these potentials. Schools are positioned with setting normative values and expectations, and developing the skills and knowledge needed for children and young people. Markham and Aveyard (2003) advocate that through changing the school ethos and reducing the barriers between the schools, the community, between teachers and students and between students; children and young people's health can be improved because of better interactions with their school environment. The Theory of Health Promoting Schools and Human Functioning is built on Bernstein's theory of cultural transmission (Bernstein 1975a), around instructional and regulatory order and the potential of schools to reproduce health inequalities, as well as social inequalities.

The Theory of Health Promoting Schools and Human Functioning (Markham and Aveyard 2003), has been employed to explore school effects and positive health outcomes (Moore et al. 2017). Nevertheless, this theory does not account for the wider structural contexts in which schools operate. As outlined at the beginning of this

chapter, schools are increasingly pressured to increase academic attainment (Bonell et al. 2014). Systematic reviews report interventions can have a positive effects on drug use, however these are small and inconsistent, and generally not sustained (Tobler et al. 2000; Faggiano et al. 2005).

The whole school approach to drug prevention interventions has recently emerged in recognition of the school effects on health outcomes (Flay 2000b; West 2006). A systematic review by Fletcher et al. (2008) was the first to systematically review the research evidence of the effects of school factors on young people's drug use.

Intervention studies provided evidence of a causal association between modifying the school environment to increase student participation, improve relationships and promote a positive school ethos, and conversely reducing substance use and other risk behaviours. The evidence suggests that improving the school ethos to improve school connectedness and reduce dissatisfaction, should be viewed as a promising addition to curriculum based interventions.

2.7 Setting normative values and expectations through school substance misuse policies

Young people's actions are partly shaped by the wider social environment, an important aspect of which is their school (Nutbeam et al. 1993; Flay 2000a; Bonell et al. 2005; West 2006). An important component that underpins the schools' position and actions is the school substance misuse policy. Policies set normative values and expectations for student behaviour, as well as outlining the procedures for dealing with substance misuse related incidents in school (Goodstadt 1989; Evans-Whipp et al. 2007).

Policies can be regarded as an intervention that is concerned with enacting change within a system. Previous research on school policies found that strong policies on prohibiting smoking was associated with lower levels of youth smoking on school premises (Moore et al. 2001), whilst more recent data found a substantial weakening in these associations (Hallingberg et al. 2016). This highlights that context is important and the contingency of mechanisms across time and space can change; supporting the argument that a history of what has worked is precisely that, and not a guarantee that the same intervention approaches will always work (Bonell et al. 2012a).

With the changing context of US legislation around recreational cannabis use, cannabis use may become more normalised. School drug policies are therefore likely to become more important in setting normative values. Beyers et al. (2005) found that schools can vary greatly in their school substance misuse policies. In their cross-national comparison of school drug policies in two states with contrasting national drug policies, the school drug policy environments of Washington and Victoria were compared, using data from the International Youth Development study (IYDS). Analysis showed low levels of involvement outside of the senior figures of the schools for both Victoria and Washington, similar average annual communication of school drug policies to key stakeholders across the school i.e. teachers, pupils and parents, and greater abstinence messages enforced in the Washington schools compared with more harm minimisations messages in Victoria. This indicated that policies may reflect the values and position of the nation in which it resides (Evans-Whipp et al. 2007; Evans-Whipp et al. 2015).

Although this study increases our understanding of the differing school policy environments, it is limited to self-reported environments. Further analysis could have

been undertaken on collected school policies, in order to understand the policy as a document that underpins the ethos and environment of the school when it comes to substance misuse.

Student marijuana use was measured by self-report and adapted from the Monitoring the Future Survey (Bachman 1980). Marijuana use was measured by asking students “*In the past 30 days on how many occasions (if any) have you used marijuana (pot, weed, grass)?*” The responses were analysed using a binary measure of none verses one or more times. The study did not look at different intensities of marijuana use, and only represents those who have reported using marijuana in the past 30 days. Ever use would have provided a broader understanding of those who have ever tried cannabis in their lifetime and also smaller measures of daily use, which is most associated with harm, could have been explored. Harm minimisation messages are more likely to exert maximal effects on harmful patterns of marijuana use, such as daily or regular weekly smoking of marijuana, similar to binge drinking and alcohol related harm (Evans-Whipp et al. 2013). Not exploring more frequent use has limited the potential impact this study could have had.

School-level policy measures were assessed via the School Administrator Survey (SAS). The SAS was developed by the IYDS to measure school drug policy environments with items derived from existing measures (Pentz et al. 1989; Small et al. 2001). Additional items were added by the IYDS, resulting in a 185 item survey. This study relied on self-reports from school administrators, firstly to report whether or not the school had an illicit drug policy and then the likelihood of issuing specific consequences when students are caught using, possessing or under the influence of

illicit drugs on school grounds or at school events. School administrators were asked a number of responses such as referral to the police, school counsellor or nurse, expelled from school and offered support, education and cessation services. These items were dichotomised as always or almost always and sometimes, rarely or never. School administrators were also asked whether the school policy emphasised abstinence or harm minimisation.

Drug education curricula and school policies are considered important components of school-wide health promotion. The presence and development of school drug policies have received less empirical attention than drug education curricula and programmes (White and Pitts 1998; Flay 2000a). Given the lack of empirical data, policy makers are provided with little empirical guidance for developing and implementing effective school drug policies.

The effectiveness of the Health Promoting Schools approach is mixed, with some areas demonstrating some evidence that there are positive approaches (Cuijpers et al. 2002; Waters et al. 2011; Langford et al. 2014). Under the HPS framework, a multi-component approach is advocated to change the ethos and structure of a school, although a socio-ecological approach is needed to understand and respond to the variability between systems (Stokols 1996b; Teutsch et al. 2015).

Given the lack of effective methods to identify and monitor individuals who transition from recreational users to dependent and problematic users, there is a need for effective universal preventative interventions. Over the past few years there has been a growing recognition in the UK in the role of schools in health promotion and their ability to

provide accurate health-related information to a large population and in a timely and economically efficient way. Policies have been recognised as a way of setting normative values and expectations for human behaviour, although the role of policy within substance misuse prevention has been under-researched.

Attention to the context and the interactions that operate between systems and system parts have been poorly attended to in public health research in schools. The next chapter will focus on understanding the theoretical frameworks that attempt to understand the policy development and implementation process and how some policies are implemented whilst others are not.

Chapter Three - Understanding socio- ecological influences on policy development, implementation and practices

Chapter overview

Chapter Two highlighted that very little is known about the development, implementation and evaluation of policy, and the impact on substance misuse at the school level. Given the unprecedented change in the legalisation and de-regulation of cannabis use around the world, and little evidence on the impact of this change on adult cannabis consumption, it is important to investigate the role of school substance misuse policy in efforts to delay or prevent young people from using drugs.

This chapter will understand schools from an ecological perspective that recognises that individuals are located within a broader social context (Stokols 1996b), students nested within schools, within communities, within an education system and the wider societal context; whilst adding a complexity lens to understand the system dynamics. Using complex systems thinking as an overarching philosophical framework and layering with theories that can be used to attempt to describe the relationship between individuals, settings and societal structures; to facilitate an understanding of the process of policy implementation within schools, from the policy level to the school level.

3.1 A socio-ecological perspective

Current school health promotion approaches are implemented through a settings approach (Lister-Sharp et al. 1999). The conceptual basis for the settings approach is the socio-ecological model (SEM) of health promotion. The ecological approach is grounded in many disciplines (McLaren and Hawe 2005) with its early roots originating in Biology with the interaction between organisms and their environment (Hawley 1950). It is increasingly common to see public health and health promotion literature calling for an ecological perspective on research and interventions (Stokols 1996; McLaren and Hawe 2005). Stokols (1992) suggested that the socio-ecological approach integrates two prevalent perspectives on health promotion. Firstly, human ecology which is concerned with the theories that explain behaviour and lifestyle change whereby individual attitudes, beliefs and values determine health. Secondly, the social ecology, where environmental theories of health determinants are addressed.

The ecological paradigm has evolved over the years and is now well established across a number of disciplines including, sociology, psychology, economics and public health (Stokols 1992). As the paradigm has evolved, so has the framework for understanding the interactions between humans and their environment (Stokols 1992). The multiple levels of influence have been described through a number of socio-ecological models over the years, with the first representation posited by Bronfenbrenner (1979). He proposed a conceptual framework to understand the determinants of health, considering individual behaviour and environmental influences. In this ecological model, behaviour is viewed as being affected by, as well as effecting, multiple levels of influence.

Through the use of concentric circles, Bronfenbrenner described the environmental influences of behaviour into the micro, meso, exo, macrosystem and chronosystem.

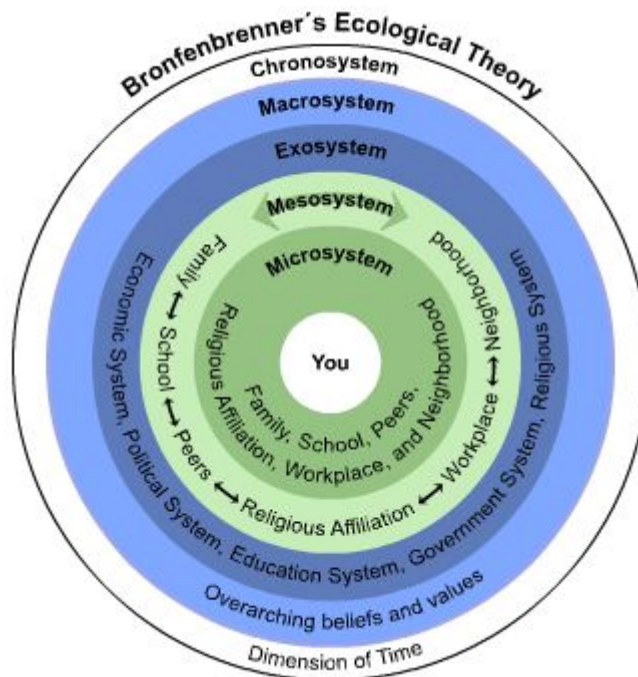


Figure 1 Bronfenbrenner's Ecological theory (1979)

Downloaded from: <https://sites.google.com/site/dsmktylenda/content/bronfenbrenner-s-ecological-theory>

Using the model of Bronfenbrenner and the work of Belsky (1980), McLeroy et al. (1988) created an ecological model for health promotion, in which patterned behaviour is the outcome of interest, and behaviour is viewed as being determined by five analytic levels - public policy, community factors, institutional level, interpersonal level and the intrapersonal level.

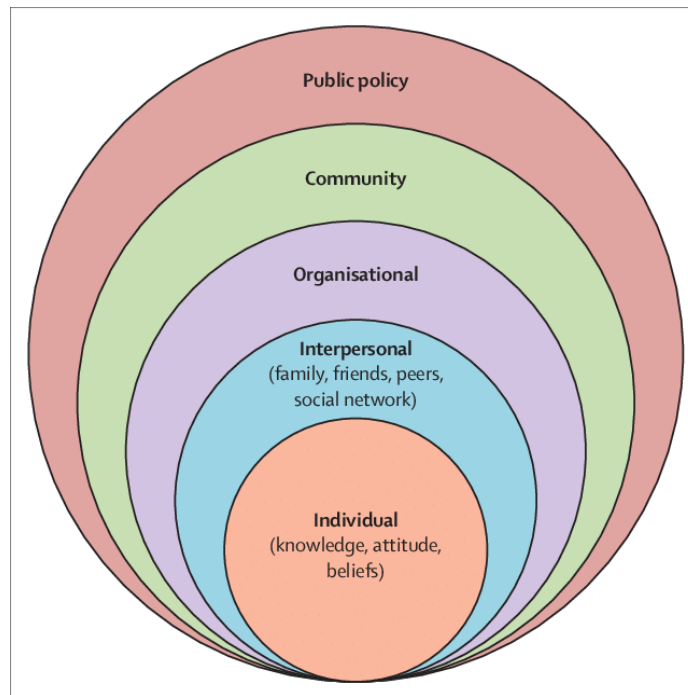


Figure 2 McLeroy et al. (1988) socio-ecological framework for health

Downloaded from: https://www.researchgate.net/figure/Figure-Social-ecological-model-of-factors-that-affect-health-related-behaviours-Adapted_fig1_328244984

As it has been established, schools have been identified as promising sites for universal health promotion. However, schools are complex systems that operate within and across many systems that health promotion interventions would interact with. The overarching framework for this thesis will be a systems approach, using a socio-ecological framework with a complex lens. Using a layering approach (Westhorp 2012) a number of different theories that attempt to describe the relationships between individuals, settings and structures will be applied to yield a comprehensive theoretical overview of the complex system of schools.

The development of policy is often linked to changing patterns of potential or actual threats to the social order and wellbeing, and therefore can be considered a reactive measure to control or mitigate the threats (Torres 1989).

Policy analysis is a multi-disciplinary approach that aims to explain the interaction between organisations, interests and ideas throughout the policy process (Walt et al., 2008). Policy analysis is useful in understanding policy failures and success from a retrospective position. Historically, policy analysis has mainly focused on the interactions between politicians, bureaucrats and interest groups (Grindle and Thomas 1991; Hogwood and Gunn 1984). The past two decades has seen a shift in the nature of policy-making, with an increasing number of actors involved in the process (Buse and Walt 2005). Important players have entered the policy environment such as not-for-profit and private sector organisations. Furthermore, globalisation has provided faster global communication and cultural exchange reducing the impact of geographical distance between regions with cross-border, inter-organisational and network relationships becoming more common. These networks have altered the policy landscape from a purely domestic perspective to one which encompasses global decisions (Walt et al. 2008). Buse and colleagues (Buse and Walt 2005) suggest thinking of policy as embracing ‘courses of action’ that affect the general set up of the system. Therefore, policies can be made within government, by non-government actors and wider organisations within the field. Given the unbounded process in which policy can be made, the decision process and the making of a policy can be difficult to observe and explain (Exworthy 2007).

There are a number of frameworks and theories that have been applied to public policy. The ‘stages heuristics’ is one of the best known public policy frameworks (Brewer and deLeon 1983; Lasswell 1956). The framework is divided into four stages: agenda setting (whereby a number of problems facing society rise to the attention of the decision-makers), formulation (legislatures and other decision-making bodies design and enact policies), implementation (governments carry out the policy) and evaluation (the impact of the policy is assessed) (Walt et al. 2008). Analysts have criticised the stages heuristics for its overrepresentation of linearity and clear demarcations between stages (Sabatier 2007). Sabatier (2007) argues that this framework does not represent the reality and that stages are blurred in reality. Nevertheless, Walt and colleagues (2008) suggest that the heuristics framework provides a useful and simplistic way of thinking about the public policy process and as a useful tool for researchers to situate their research and thinking within a wider framework.

Walt and Gilson’s (1994) ‘policy triangle framework’ developed specifically for health takes account of the complexity of contexts in which policies are developed and implemented. Walt and Gilson criticised health policy research for its narrow focus on the content of policy and neglecting the aspects of actors, contexts, and processes, given the interaction of all four elements in the shaping of policy-making. The policy triangle framework is grounded in a political economy perspective (Walt et al. 2008) and considers the interaction between the aforementioned elements. The framework has influenced health policy across a plethora of countries and used across a breadth of health issues (Gilson and Raphaely 2007).

Network analysis has increasingly been used to describe the development and implementation of policy as the number of actors involved in the policy process has grown (Walt et al. 2008), and the desire for a transparent method of describing and monitoring the system of interactions and interconnectedness between the actors has increased. Policy networks are regarded as clusters of actors with interests in a given policy sector and have the capacity to determine the success or failure of a given policy (Marsh 1998). Marsh and Rhodes (1992) regard policy networks as a continuum with policy communities at the one end and issue networks at the other. Policy communities can have close-knit networks with dominant and central actors, surrounded by peripheral members who share a basic values and the same resource pool. On the opposite end of the continuum the issue network is a conglomerate of various actors that centralise for a common purpose or cause, with fluid continuity of values and participation.

Policy implementation has been considered a top-down hierarchical administration that is controlled centrally by government (Barrett 2004) but implemented by local actors (Mazmanian and Sabatier 1981). Such a hierarchical perspective has been criticised for failing to consider the interaction between agents and their contexts in the implementation of such policies (Barrett 2004; Hill 2003). Failing to consider this complex interaction is a failure to consider the sense-making process actors go through to understand and implement the policy in their context (Spillane et al. 2002).

Lipsky (1980) developed the concept of street level bureaucracy whereby policy implementation can be divided into two levels of operations, centrally at the macro level by government and locally at the micro level by actors and organisations (Berman 1978;

Lipsky 1978). It is the process of sense-making at the micro level that shapes the policy that is delivered at the point of delivery and shape the policy experienced by its intended audience (Hill 2003; Lin 2000; Lipsky 1980; Yanow 1996). Such theories also facilitate an understanding around the difference between local actor's policy implementation and the intended implementation and delivery by the policy makers (Hill and Hupe 2002). A policy implementation process from a bottom-up perspective has the potential to explain the complexity of contexts in which policies are developed and implemented (Buse and Walt 2005; Walt et al. 2008). This analysis has increasingly attended to the contextual influences and the sense-making and interpretation of policy by individual actor and organisations to explain ineffective policies through an analysis of the process of implementation (Hill 2003; Pressman and Wildavsky 1974; Sabatier. 1999).

Nevertheless the above mentioned theories do not support the aims and objectives of this thesis, which is to explore and understand the relationships between individuals, settings and structures to provide a comprehensive overview of the complex context of the school and how substance misuse policy is interpreted and applied, and the impact this has on children and young people's substance misuse. The remainder of this chapter will therefore explore prevalent theoretical perspectives that can explain the socio-ecological influences on children and young people's substance misuse.

3.2 Complex systems thinking

Within population health, change is introduced into complex rather than complicated systems, with unpredictable consequences (Glouberman 2002). Taking ecological systems like schools, workplace or communities and adding a complexity lens might alert us to dynamics in the change process that have not been previously understood, as well as identify ways to improve intervention effectiveness (Hawe et al. 2009b). Hawe et al. (2009b) contend that embracing a systems-approach requires us to reconceptualise the notion of intervention as events in the system that will either leave a lasting impact or wash out, depending on the system dynamics. The system-approach starts by firstly studying and understanding the context. One should attempt to understand the nature and diversity of activity settings in the system, as well as strategic positions occupied by key players, before attempts are made to intervene.

Whilst complex systems thinking provides an overarching philosophical framework, it is not a complete explanatory theory. Moreover, this thesis will attempt to understand the policy enactment environment (the school) and understand the context, the power and control dynamics between state (Welsh Government) and the schools, to understand how policies are transmitted, acquired and implemented. Therefore, as well as using complex systems thinking as a conceptual framework, it is important to embed different levels of theoretical frameworks to justify and facilitate the evaluation and understanding of system dynamics prior to intervening (Patton et al. 2003).

With very little known about the development, implementation and evaluation of policy, it is necessary to fully understand the system dynamics and characteristics if we are to fully understand how public health policies are implemented in schools, and how and why there may be contextual variations. Westthorp (2012) outlined the process of ‘layering’ to yield a comprehensive theoretical overview of complex systems. Using a systems thinking framework to understand the context and its constituent parts from a socio-ecological perspective, this thesis will layer a number of theories that will focus on different aspects of the system.

3.3 Giddens’ Structuration Theory

Structuration theory seeks to understand the relationship between agents (humans) and structures (institutions, society and organisations) (Giddens 1984). Changes in social systems (e.g. National Health Service) led to attempts to categorise system changes from the perspective of human action, constrained by societal structures (Turner 1986). From this perspective, human action or interaction within society is based on voluntarism, where human action is unconstrained by social forces or deterministic where human behaviour is restricted by social structures (Giddens 1984).

Giddens brought a social-functionalist and interactionist perspective (Baert 1998) based on the “duality of structure”, where human behaviour is constrained by social structures such as political, religious or educational institutions, or emerges as a function of individual agency. Giddens suggests there is a dynamic interplay between these two facets of structure and agent (Giddens 1984). Structuration theory argues that agents operate in the context of rules that are part of the social structure and that through

compliance of these rules, the structure is reinforced. Agents also can reflect and modify a structure, by acting outside of these rules to change and modify their structures. The compliance or non-compliance of agents reinforce or destabilise structures; such that structures are socially constructed (Giddens 1984). Giddens described the rules of a structure as implicitly known, sanctioned, used in conversations and interactions to form part of the daily routine of agents (Giddens 1984).

Giddens reformulated the structure-agency nexus by suggesting a relationship between an individual and the environment, where structures are contingent on the individual, but simultaneously the individual is enabled and/or constrained by structure. Structuration theory has, however, been criticised for being too abstract and not sufficiently detailed to understand or analyse systems (Turner 1986).

More recently with the changing landscape of public health interventions starting to embrace a complexity lens to understand the interacting components involved in the whole system, the agency structure nexus has been operationally expedient in understanding people's agency, their capacity to act and make choice, and the structural context that facilitates or constrains their agency (Hawe 2015). The relationship between structure and agency has often focussed on either structural accounts or agentic accounts (Rigby et al. 2016). Whilst interventions embracing a complexity lens must address both agency and structure (Hawe 2015).

Gelius and Rütten (2017) argue that there has been an over excitement and application of structural approaches to health promotion, although such interventions fail to address the interplay between structure and agency. They call for more theory-driven frameworks to conceptualise interventions in health promotion that focuses on this interplay. They believe Giddens' theory of structuration (Giddens 1984) is the most prominent attempt to overcome the gap between structural and agentic approaches. Rütten et al. (2017) used a structuration theory approach to promote physical activity among women in difficult life situations in a German community, using co-production to understand agentic barriers and facilitators and structural barriers and facilitators.

Although Giddens (1984) provides an expedient theory in which to understand the interplay between structure and agents and implementation, I contend that Giddens (1984) structuration theory cannot provide an in-depth understanding of the policy development and enactment interaction. Therefore this thesis will draw on the work of Bernstein (2000) transmission context to understand this higher order operation, with the daily interactions supported by structuration theory.

3.4 Bernstein's transmission context in policy analysis

Bernstein's work is deeply rooted in the structuralist enquiry, where human culture is understood by way of their relationship to a broader, overarching system or structure. Bernstein's work is centrally concerned with the ways in which curriculum and pedagogic practices act selectively on those who acquire them (Sadovnik 1995). The application of Bernstein's theoretical framework is not novel, and has been applied empirically to examine curriculum reform (Kirk and MacDonald 2001), education

reform and equality (Sadovnik 2006), physical education (MacPhail 2007) and nutrition and healthy eating (Leow 2011).

Bernstein's (2000) model of transmission context has been advantageous in the evaluation of policy to identify the influence of power and control between transmitter and acquirer over the selection, pace and sequence of policy implementation (Leow 2011; Leow et al. 2014). However, this has not been applied to substance misuse prevention in schools. This thesis therefore employs Bernstein's (2000) model of transmission context to understand the policy transmission and acquisition process of the national substance misuse policy, *Working Together to Reduce Harm* (Welsh Government 2008b). Drawing on the model of transmission context will provide an understanding of how substance misuse prevention policy is transmitted and acquired at the school level, making a valuable contribution to the sociological theory of transmission and acquisition within the policy-making process.

3.4.1 Transmission and acquisition of policy

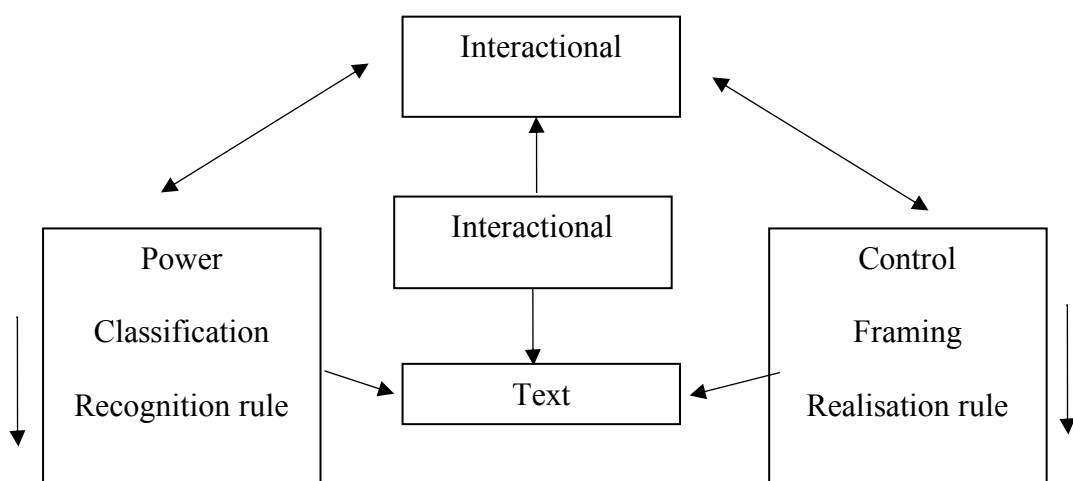


Figure 3 Bernstein's Pedagogic Device

Within any pedagogic discourse there must be a process of transmission and acquisition (Bernstein 1990,1996,2000). This thesis can discern the transmitter, of policies that will be explored, as Welsh Government, and the acquirers, of these policies, schools and their staff. Bernstein's (2000) model of transmission integrates the classification and framing concepts. Bernstein introduces the concept of recognition rules and realisation rules, which are effectively functions of classification and framing. Recognition rules regulate what meaning is relevant, and the realisation rules regulate how the meanings are understood to form legitimate text (Bernstein 2000).

3.4.2 Classification and framing

The concepts of classification and framing are at the heart of Bernstein's (2000) theory of pedagogic discourse and practice. Classification and framing have been proven to provide a strong model for analysing the education system, and the privileging of some knowledge and styles of pedagogy over others (Larson 2005). Classification and framing are two concepts, one for the translation of power and power relations, and the other for the translation of control and control relations.

Classification is understood as a defining attribute not of a category but of the relationships between categories. Consider a series of categories, such as the discourses of a secondary curriculum, A, B, C. If these discourses are differently specialised, then they must have a space in which to develop their unique identity; an identity with its own internal rules, and special voice. This could be French, History, Biology, if one considers school. What Bernstein argues is that it is in the space which separates the two discourses, the space that creates the specialism, which is the most important

external discourse. Bernstein argues, that A can only be A, or History can only be History, if it can effectively insulate itself from B, (from French). In this sense, there is no A, (no History), if there is no relationship with B, (French), as the meaning of the discourse, A, (History) is only understandable in relation to other categories in the set. So it is the insulation between the categories of discourse which maintains the principles of their social division. This category becomes in danger of losing its identity if this insulation is broken, because it is this insulation which signifies the space between it and another category. Whatever maintains the strength of the insulation, maintains the relations between categories/discourses, that is, the principle of their division is a function of the degree of insulation between the categories. What preserves this insulation and what preserves the space between the discourses is power.

Similarly, framing refers to the 'locus of control' over the selection, sequencing, pace and criteria of the knowledge to be acquired (Bernstein 2000). Framing regulates relations within a context (control), it regulates the relations between transmitters and acquirers, where the acquirers obtain the legitimate text. In a policy context, framing refers to the message of the transmitter, the expected action of the acquirer in line with the policy demands. If the principle of classification establishes our voice and means of its recognition, then the principles of framing is the means of acquiring the legitimate message. Thus, classification, establishes voice, and framing establishes the message, and they can vary independently (Bernstein 2000).

3.4.3 Strong and weak classification and framing

The classification and framing dyad can be ascribed values to signify the strength, strong classification (+C), and the weak classification (-C), depending on the degree of insulation. Bernstein argues that “power relations maintain the degree of insulation and thus the principle of the classification” (Bernstein 2000, p. 99), where classification is strong the contents are well insulated from each other by strong boundaries, and where classification is weak, there is reduced insulation between contents and the boundaries between the contents becomes weak and blurred (Bernstein 1975b). If we considered the Welsh education system, subject areas such as Maths, Welsh and Biology, are subject areas with clearly defined learning outcomes and curricula, and are therefore considered to be strongly classified. They have their own set of rules and lexicon which separates them from each other. They are insulated from other discourses and provide a visible space between them. On the other hand, subjects such as Personal and Social Education, are less strongly classified, because they have less clearly defined outcomes and curriculum and can be influenced by various subjects.

Similarly, framing which is defined as ‘the locus of control over the selection, sequencing, pacing and criteria of the knowledge to be acquired’ (Bernstein 2000, p. 99), can also be attributed with values to signal the strength of control, with strong framing (+F) and weak framing (-F). Where framing is strong, the ‘transmitter has explicit control over the selection, sequencing, pacing, criteria and the social base’, whilst where framing is weak it is ‘the acquirer who has more apparent control over the communication and social base’ (Bernstein 2000, p. 13).

An example to demonstrate strong framing can be applied to the policy context, whereby the policy writer/transmitter explicitly mandates the actions of the policy

reader/the acquirer in accordance to the rigid expectations and requirements of the policy. In contrast, where framing is weak, the policy writers control is more liberal and the avenues to attain the objectives of the policy are more flexible; providing more locus of control to the acquirer than the transmitter.

The principle of classification provides us with the limits of any discourse, whereas framing provides us with the form of the realisation of that discourse. Classification refers to the 'what' and framing is concerned with 'how' meanings are to be put together, the forms by which they are to be made public, and the nature of the social relationship that go with it. In this way, framing regulates relations within a context and regulates the relations between transmitters and acquirers, where acquirers possess the principle of the legitimate communication.

3.4.4 The recognition and realisation rules

The recognition rule is in effect a function of power. The recognition rule 'regulate what meanings are relevant' whilst the realisation rule is a function of control and 'regulate how the meanings are to be put together to create the legitimate text' (Bernstein 2000, p. 18). In order for a policy reader to implement a new policy effectively, he or she needs to possess both the recognition and realisation rules of the new policy. If the policy reader and actor has acquired the appropriate recognition rules of the new policy, this will be reflected in their knowledge of the policy. They will know what the policy is about and what their role is within the policy. Whilst if they possess the realisation rules, this will be reflected in their ability to navigate the policy and produce an appropriate response. This could be reflected in how the demands of the policy are

reflected in the role of the policy reader and actor, for example how the teacher incorporates the demands of health promotions policies into his or her pedagogic practice in the classroom.

3.5 The application of Bernstein's transmission context

In order for a policy to be effectively implemented the acquirer/policy actor (teacher) must possess both the recognition rule and the realisation rule (Bernstein 2000). As described by (Morais 2001), society is characterised by a hierarchical distribution of power, and governed by the principles of control, with strong classification and strong framing, dominating the course of action. Bernstein's (2000) transmission context demonstrates that where there is strong classification and strong framing, so power and control is with the transmitter (the government). This provides a clear voice and message to the acquirer (teacher), and as such the teacher is said to have the potential to acquire the recognition rule. That is the acquirer can recognise the voice of the policy and understand what the policy is about and what is required of them as the policy reader. The acquirer also possesses the ability to subsume the realisation rules, that is, they should be able to reproduce the policy message. This will be evident in how effectively he/she is able to navigate the demands of the policy and produce the appropriate response to the demands.

Despite a policy being strongly classified and strongly framed, the policy process has been described as a bed of messiness and chaos (Ball 1994; MacPhail 2007). Therefore there is no guarantee that the acquirers will exercise their knowledge of the realisation rules because of interference from personal values and perceptions (Eisner 2000) and strong insulation from competing policies (Bernstein 2000). Furthermore, ambiguity in the classification and framing, further undermines the implementation process.

The application of Bernstein's (2000) transmission context as a theoretical framework is not novel to health promotion, with Kirk and MacDonald (2001) utilising facets of Bernstein's pedagogic discourse and pedagogic device in curriculum reform from the teachers' perspective. More recently MacPhail (2007) utilised Bernstein's pedagogic device around teacher's perspectives on curriculum innovation in Scottish secondary school physical education. That said, Leow (2011) most recently used a Bernsteinian perspective to explore the interface between public health and education. Through the application of the pedagogic device, Leow explored the process of implementation of the *Eat Well Be Active* (EWBA) policy that was introduced to schools as part of the solution to address obesity among children and young people in Australia.

Leow (2011) drew on aspects of Bernstein's work on social construction and transmission of pedagogic discourse (Bernstein 2000), to examine how policies position the role of schools and teachers in health promotion policy implementation. Specifically, Leow examined the way in which language of the EWBA policy shapes the response of the policy reader, and how the voice and message of the policy is acquired and reproduced by the teaching fraternity of the school. Figure 4 is a schematic representation of Bernstein's (2000) construction of discourse.

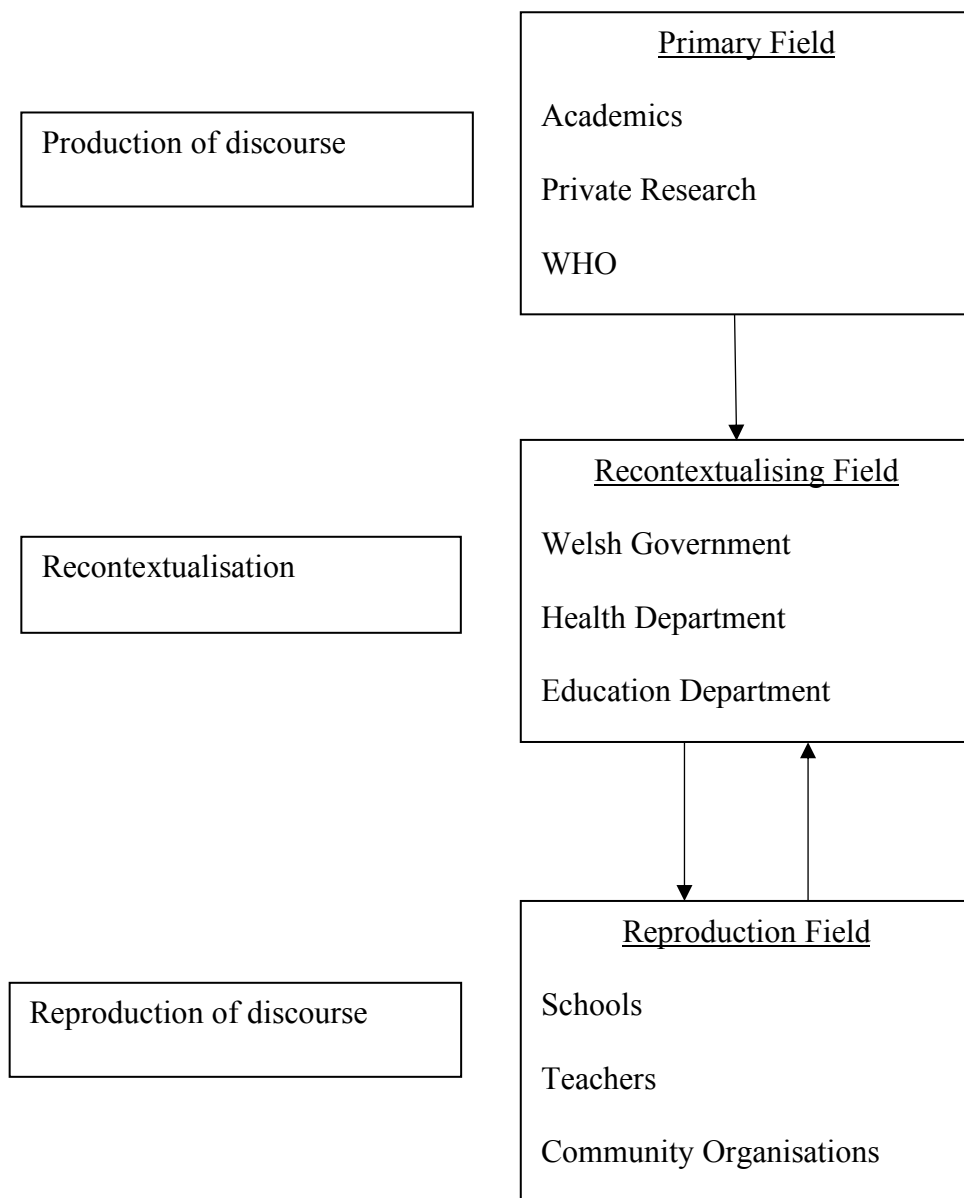


Figure 4 Schematic representation of Bernstein's construction of discourse

Summary

It is necessary to fully understand the system dynamics and characteristics if we are to fully understand how public health policies are implemented in schools, and how and why there may be contextual variations. This thesis will apply Bernstein's theory to understand the transmission context between government and schools. Through understanding the power and control that manifests through the discourse of policy, it may be possible to understand how schools and teachers acquire the knowledge of the policy and their role. By layering Bernstein's (2000) transmission context model with Giddens' (1984) structuration theory, this thesis hopes to understand the interaction between the policy and teachers, and how teachers interpret and apply the policy. Furthermore, there may be variations between contexts and actors given the complexity of the system dynamics, and as such a complex systems methodological framework is applied.

This thesis aims to address the concerns and calls of public health scholars as outlined throughout this chapter. As Moore et al. (2017) reported, population health has been slow in attending to the context in which interventions are placed, whilst Hawe et al. (2009b) argues that preventative interventions have paid insufficient attention to the dynamic properties of the context in which the intervention is implemented. As such, this has resulted in weak prevention, the inevitable consequence of system-level public health interventions based on individual-level theorising. This thesis will focus on a structural and agentic understanding of the policy implementation process, by understanding the school context and the complex dynamics within and between systems.

Chapter Four – Research design and epistemology

Chapter overview

This chapter constructs the methodological paradigm to guide the research approaches chosen. A key feature of this thesis is the use of both quantitative and qualitative methods, in a mixed methods study design to understand the complex contextual factors of the school, and the impact on policy implementation. This chapter will explain the rationale for the mixed methods research design and how this relates to the epistemological position of the researcher.

4.1 Ontological and Epistemological considerations

This thesis seeks to understand the school context and the complexity of the policy implementation process, from the policy level to the school level. It takes account of the influences that determine the process of understanding, implementation, and the impact on school practices and children and young people. This thesis is informed by a critical realist epistemological perspective (Bhaskar 1979). Critical realism has been applied to explain and ground claims of knowledge and reality in both the natural and social sciences. A critical realist perspective acknowledges that our knowledge of the world is limited with many key concepts such as inequality, socially constructed rather than physical objects, and as such cannot be observed directly (Bhaskar 1979).

Using a critical realist perspective this thesis will explore, test and explain the policy implementation process for substance misuse prevention, with reference to the underlying structures and mechanisms that exist. It will also acknowledge the difference between the empirical, the actual and the real world (Bhaskar 1979). According to this perspective, the empirical domain are observable events, the actual domain involves events whether or not they are observed, and the real domain consists of the mechanisms and structures that allow these events to occur. Through a critical realist perspective this thesis can generate new theoretical insights, and build models of mechanisms and structures through empirical data, that can account for the policy implementation if such mechanisms and structures existed in the actual and real domains (Bhaskar 1979).

Critical realism seeks to support social science research through a recognition that the object under investigation must have a real internal mechanism that can be actualised to produce a particular social outcome (Bhaskar 1979). An emergent field of enquiry that is compatible with realist perspectives and focuses on the role of the context in understanding complex interventions, is complex systems science (Hawe et al. 2009b). Hawe et al. (2009b) argue that complexity in complex interventions should be conceived not by the level of complexity of the intervention, seen by many as multi-level, but rather in terms of how the intervention interacts with the context (Hawe et al. 2009b). A social intervention such as a policy represents a disruption to the system, an attempt to change the dynamics of the system from its current operational mechanism. It is therefore necessary to understand the pre-existing contextual factors, as it is this complex dynamic interplay that will shape the intervention, how it will work, for whom and in what circumstances (Hawe et al. 2009b).

This thesis uses complex systems thinking (Hawe et al. 2009a; Hawe et al. 2009b) as an overarching philosophical framework with a critical realist perspective to understand the school context, and the implementation on substance misuse prevention into the context. Ontologically this approach is compatible with a mutual commitment to understanding the context of the emergent system, within which an intervention is embedded (Byrne 2013).

4.2 Adopting a mixed methods approach and the paradigmatic challenges

In recent decades, public health has broadened from its focus on medical and behavioural paradigms, to incorporate a socio-environmental approach in which health

is no longer viewed merely as the absence of disease, but a consequence of economic, environmental, social and political factors (Baum 1995). As such epidemiological methods, traditionally viewed as the gold standard for studying public health problems are insufficient in attending to the complexities that exist between an individual and the environment, with social science evolving to attend to the ‘messy background noise’ (Baum 1995).

This thesis is concerned with understanding the context of the school and the interactions that occur between the policy makers and the schools, and how policy is implemented. In order to account for the complexities that exist within and between systems, and within and between individuals, mixed methods approaches are drawn on to address different research questions. Mixed methods in public health have been advocated by McKinlay (1993) who challenged the long held view that quantitative and qualitative research are inherently incompatible, arguing that the two paradigms should be viewed as “mutually enriching partners in a common enterprise” (McKinlay 1993, p. 113).

Before discussing mixed methods in more detail, the next section will address the paradigmatic challenges of quantitative versus qualitative research methods, and address the short comings in both, but the strengths that complement each other in this mixed methods approach.

4.3 Paradigmatic challenges

The quantitative versus qualitative contest is maintained across both paradigms by purists who tend to focus on the differences between the two philosophies, rather than the similarities and how both paradigms can successfully be employed to enhance the research design (Onwuegbuzie and Leech 2005). Rossman and Wilson (1985) described three schools of thoughts evolving from the paradigm war. These were purist, situationalist and pragmatist. The difference between them centred on the extent to which each believes that both quantitative and qualitative methodologies can co-exist and be integrated (Rossman and Wilson 1985). Conceptually these three schools of thought can lie on a spectrum.

Purists in both quantitative and qualitative paradigms posit that their methods are ontologically and epistemologically different (Bryman 1984; Tashakkori and Teddlie 1998). Situationalists lie between the purists and the pragmatists and recognise the value that both paradigms offer, however maintain that one philosophy should be chosen over another in a mono-method study (Onwuegbuzie and Leech 2005). Whilst pragmatists contend that there exists a false dichotomy between the two paradigms and advocate for both methods to be integrated through mixed methods research. They do not see quantitative methods as necessarily positivist nor at the same time do they view qualitative methods wholly constructivist (Cook 1979; Daft 1983; Miller 1991). Therefore, they argue that researchers should utilise the strengths and weaknesses that both paradigms offer in a mixed methods study design (Sieber 1973).

Quantitative purists are commonly referred to as positivists, whereby they believe the social observations should be treated in the same way that scientists treat physical phenomena (Johnson and Onwuegbuzie 2004). Purists argue that the observer is

separate from that of which is being observed (Johnson and Onwuegbuzie 2004).

Therefore, purists contend that in being objective, they are able to make time and context-free generalisations, and that the causes of social science outcomes can be determined reliably and validly (Johnson and Onwuegbuzie 2004).

Qualitative purists on the other hand are known as constructivist and interpretivists.

Those in this school of thought oppose positivism and argue for superiority of constructivism, idealism, hermeneutics, humanism and relativism (Guba 1989).

Qualitative purists contend that there are multiple-constructed realities. As a result, time and context-free generalisations are not possible, as the observer is subjective and is the only source of reality (Johnson and Onwuegbuzie 2004).

The next section of this thesis will outline the mixed methods approach used in this thesis and the strengths and limitations of the third research paradigm (Tashakkori and Teddlie 2003; Johnson and Onwuegbuzie 2004).

4.4 Adopting a mixed methods approach

Investigating complex and multilevel processes such as the implementation of public health improvement interventions in schools, may require both quantitative and qualitative forms of data (Creswell et al. 2004; Curry et al. 2013). Using a mixed methods approach allows for the research question to drive the choice of methods. Quantitative methodologies are able to address research questions around causality, generalizability and magnitude of effect. Qualitative methods can explore questions on why or how such a phenomenon occurs, or to describe the nature of individual and collective experience (Fetters et al. 2013).

Mixed methods research has been called the ‘third methodological movement’ following the developments of quantitative and qualitative research (Tashakkori and Teddlie 2003) or the ‘third research paradigm’ (Johnson and Onwuegbuzie 2004). In

mixed methods research, the researcher collects and analyses data, integrates the findings and draws inferences using both quantitative and qualitative research methods within a single study. The advantages of integrating quantitative and qualitative data have been reported to enhance the value of research (Bryman 2006; Fetters et al. 2013; Creswell 2017). Qualitative data can inform the development and/or refinement of quantitative instruments, and qualitative methods such as interviewing can be used to check participants' interpretation of questions (O'Cathain et al. 2010).

Mixing quantitative and qualitative research methods within a study have a number of different approaches, and as such these approaches differ on the basis of time and sequence, as well as to the extent to which the two methodologies are integrated (Creswell 2017). The timing of the quantitative and qualitative methods can occur concurrently (convergent), or sequentially, where firstly quantitative exploration occurs (Explanatory sequential) or the qualitative data collection occurs first (Exploratory sequential) (Creswell 2017). Creswell (2017) argues that the typologies of integration within a mixed methods study design conveys a sense of rigour, as well as providing guidance to others about the nature of intentions and accomplishments; which can provide a traceable method that future research can follow.

This thesis employed a mixed methods design using an advanced methodological and theoretical framework. Based on a socio-ecological framework with an overarching complex systems thinking philosophy, a triangulation multilevel model explanatory sequential approach was employed (Creswell 2017). Merging the two methods of data collection, provided an advanced methodological framework that accounts for the

multilevel component of the study design, as well as the sequence and research questions of this overall thesis.

Using a triangulation multilevel model design (Tashakkori and Teddlie 1998), this thesis employed three levels of exploration, as outlined in Figure 5. An explanatory sequential approach, quantitative data was first collected and analysed which then informed the qualitative data collection and analysis (Ivankova et al. 2006) through a case study school design for level one, with a validated element and interpretation based on both quantitative and qualitative data. Level two and three consisted of a qualitative exploration at the school and community level and policy level, with all three levels contributing to an overall interpretation of the context.

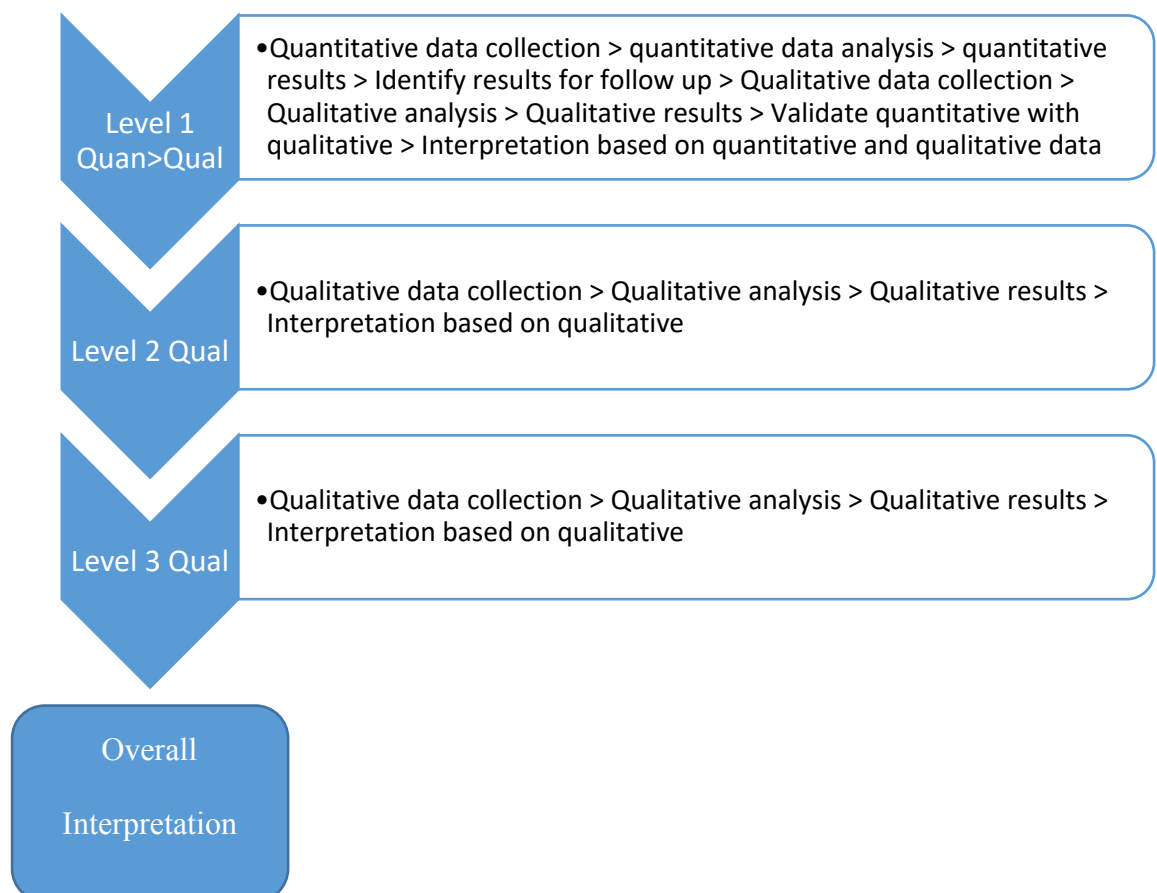


Figure 5 Triangulation multi-level model with sequential explanatory case study school design

4.5 Case study research design

Case study research involves studying a phenomenon within a ‘real life’ setting and allows for a structured way of exploring the context (Yin 2003; Yin and Davis 2007). A case study design was chosen based on the research questions that are concerned with how substance misuse prevention is understood and implemented, and why there are differences between schools and the way in which policy is or is not implemented. Although case studies overlap with historical studies (Yin 2017) they differ on two sources of data that are not typically available for those undertaking an historical review. That is observation and interviews with key stakeholders who may still be involved with events.

Given the all-encompassing mode of inquiry that a case study design can have, it is therefore flexible to apply to different epistemological orientations, although much of case study research is oriented towards a realist perspective (Yin 2017). This thesis is built on a critical realist perspective as already outlined and through a case study analysis can produce findings that have relevance beyond the immediate context of the study (Wainwright 1997).

Although case studies are a distinct mode of social science research, they have nevertheless been viewed as less desirable research designs by some because of concerns over rigour and generalizability (Yin 2017). This thesis uses an advanced methodological and theoretical framework to guide the case study inquiry. Despite the flexibility of case study research, this qualitative case study research addresses clear research questions that command the method of enquiry and involves a systematic and

reproducible method of enquiry. Furthermore, case study designs are generalizable to theoretical propositions and not populations. In using a case study design for this thesis, the goal is to expand and generalise Bernstein's (2000) transmission context for substance misuse prevention and complex systems thinking philosophies; to better understand the structure and agent interplay that facilitate or impede on the implementation of policy at the school level.

4.6 Policy analysis and researcher positionality

This thesis defines policy as the national and local policies, strategies and documents that have been produced by Welsh Government around substance misuse prevention, health promotion in schools and literacy and numeracy. The documents outlined in Chapter Six Table 1 are considered in the policy context of this thesis.

The policy analysis of this thesis draws on principles of critical discourse analysis (Freeman 2006; Mullet 2018). The aim is to facilitate the application of Bernstein's (2000) transmission context of classification and framing to explain the power and control dyad, and understand how the discourse of the policy text shapes the policy and the policy enactment and implementation. By employing principles of critical discourse analysis and the application of Bernstein's (2000) concepts of classification and framing, this offers the potential to understand the differences and similarities between policy documents and how schools are positioned in the implementation process at the school level.

Policy analysis research has been criticised for disregarding the role of the researcher (Walt et al. 2008). Researcher positionality has important implications for the research process including the data analysed, the findings generated and the interpretation and knowledge construction (Lincoln 1985a; Rose 1997). Given my lack of knowledge and experience of school health research and policy development and implementation, the data collection and interpretation was approached from an ‘onlooker perspective’ (Patton 2003). This allowed for areas to be explored and perspectives and interpretations to develop organically, with no *a priori* experience, understanding or expectation. Although that said, given my involvement in the literature, my interpretations and expectations are not completely free. It should also be noted that I am not free from *a priori* experience, ideologies and beliefs around substance misuse and young people, having worked as a substance misuse worker for the local authority. Although I approached the data collection, analysis and interpretation from an ‘onlooker perspective’ (Patton 2003) regarding school health and policy analysis, my prior experience and views around young people, co-production, engagement and harm based education should be considered as potentially influencing the interpretation. That said, my experience provided great strength in engaging with key stakeholders and young people, in the pursuit of this thesis, and I approached this thesis with an open mind and allowed the participants voice to come through as quotes and constructed their accounts as they reflected their thoughts and experiences

4.7 Interviews

Given the experiential nature of the research questions as outlined in Chapter Two, the study components were well suited to an interview based approach (Silverman 2005).

Semi-structured interviews were employed consisting of open-ended questions and topics for discussion. Semi-structured interviews were chosen because, as Britten (1995) described, they define an area of interest which was the context of the school and the policy development, transmission and implementation process. They also allow for the conversation to move freely around the topic to explore ideas in more detail, and these can be driven by the researcher or by the participant in the research. The interview guides were neither prescriptive nor exhaustive, but instead contained a few areas of enquiry along with prompts. This allowed for a mutual conversation and exploration of key areas of interest based on *a priori* theory, whilst simultaneously allowing the participant to identify issues and discuss issues not anticipated.

Research with young people often involves a combination of individual and group interviews. Previous research has identified that individual interviews are the most unpopular interview method amongst children and young people (Highet 2003). Providing the option for children and young people to participate in group interview may elicit richer interview data (Highet 2003). In contrast, paired interviews with children and young people have been found to provide a comfortable environment, whereby participants can self-select a friend which results in a conversation and debate arising between them (Mauthner 1997). Michell and West (1996) also found that groups of two or three friends enabled participants to open up.

This thesis adopted a paired and small group interview style with children and young people, to allow for a rich data set that develops through their interaction. This style was also selected given the nature of the case study design of the thesis and in order to elicit consensus and conflicting views around the context of the school. One to one interviews were held with policy makers, school teachers and community organisations to provide anonymity, and to create a safe space in which participants could agree and disagree with sensitive topics.

This thesis employed a combination of face to face and telephone interviews. There are arguments around the use of telephone interviews, mainly around the lack of rapport building and sense of anonymity (Sturges and Hanrahan 2004). Face to face interviews have been deemed a better standard of interview because of the non-verbal interaction and rapport that can be built and reported on by the interviewer (Sturges and Hanrahan 2004), whilst telephone interviews are unable to respond to non-verbal cues (Novick 2008).

4.8 Interview analysis

Qualitative analysis methods can be roughly divided into two camps. Firstly, those which stem or are tied to a particular theoretical or epistemological position, and second those that are independent of theory and epistemology. Those that are free from a particular theoretical or epistemological approach provide the freedom to be applied across a number of study approaches. Through its theoretical freedom, thematic analysis provides a flexible and useful research tool that can allow for rich and detailed data, whilst maintaining a complex account (Braun and Clarke 2006), and for this reason, has been chosen for the analysis of this thesis.

Thematic analysis can be an essentialist or realist method, which reports experiences, meanings and the reality of participants, or it can be a constructionist method which examines the ways in which events, realities, meaning and experiences are the effect of a range of discourses operating within society. It can also be a contextualist method sitting between the essentialism and constructionism and characterised by theories such as critical realism (Willig 1999), which acknowledges the ways in which individuals make meaning of their experiences and how the broader social contexts act on their sense making.

4.9 Ethical approval and consent procedures

Ethical approval for the survey was granted by Cardiff University School of Social Sciences research ethics committee (SREC/1530) (Appendix 1). The School Health Research Network, pupil health and wellbeing survey adopts an 'opt-out consent

procedure' (passive consent) which has been granted by the ethics committee. This method of consent provides the parents with an option to withdraw their child from the data collection if they should wish. Opt in consent (active consent) has been associated with a selection bias and introduces a selection gradient in participation that can result in fewer children and young people participating from lower social economic backgrounds, as well as stifling the representation of children and young people most at risk of adverse outcomes, and the very population which is the target of investigation (Rew et al. 2000; Baker et al. 2001; Flicker and Guta 2008; Liu et al. 2017).

Furthermore, low response rate has been associated with active parental consent, with previous studies reporting consent ranging from 29% to 60% (Lueptow et al. 1977; Kearney et al. 1983; Ellickson and Hawes 1989; Esbensen et al. 1996; Courser et al. 2009), which is lower than response rates for those studies that have used a passive consent procedure which range from 79% to 100% (Lueptow et al. 1977; Kearney et al. 1983; Ellickson and Hawes 1989; Esbensen et al. 1996; Pokorny et al. 2001; Eaton et al. 2004; Langhinrichsen-Rohling et al. 2006; Courser et al. 2009) .

A low response rate associated with an active parental consent procedure, particularly among adolescent risk behaviours such as substance misuse and sex and relationships, could compromise the validity of the findings. It could introduce a sample bias as outlined above. With limited research on children and young people's substance misuse and school based health promotion interventions, it is important to ensure that good research methodologies are employed. Reducing sample bias through inclusion of a balanced mix of students from social economic backgrounds, gender, ethnicity and involvement in risky behaviours, is essential.

Studies of children and young people's substance use have not been immune from the issue of parental consent. Although it is recognised that an active parental consent procedure can enhance parental and child interaction, communication, and promote trust amongst family members (Petersen and Leffert 1995). It is also recognised that when studying high risk behaviours such as substance misuse, opting for a passive parental consent procedure can ensure confidentiality, maximise response rate and participation, and reduce self-selection bias (Rojas et al. 2008).

For this thesis, an opt-out (passive) parental consent procedure was used. The student health and wellbeing survey is a voluntary survey and students were required to provide their consent to participate. Schools were provided with participant information and slides to share with student in advance of the survey, and students were offered the opportunity to ask any questions and have these answered satisfactorily by a member of teaching staff at the school or a member of the network research team based in Cardiff.

All responses to the survey were anonymous and students were free to leave the survey at any time and not obliged to complete the survey in part or full, without penalty.

Schools were asked to provide students with privacy when completing the survey, but to be available should students encounter any difficulties or require additional support.

Schools were advised to facilitate the session by standing at the front of the classroom and only engage with students should they require help.

The case study research followed the same consent principles with schools providing information sheets to parents under an opt-out, (passive) parental consent procedure. Students were provided with information sheets and consent forms and were required to make an informed decision about their involvement in the research. It should be noted here that schools were the gatekeepers in selecting students for participation in this study and power dynamics and pressures may exist whereby students felt they must take part in the study. This study provided reasonable adjustments for this as outlined in Chapter five, but future research in this area may wish to try innovative recruitment process to limit the power dynamics that may exist through the school gatekeeper role.

Chapter Five – Research methods

Chapter summary

Chapter Four provided the rationale and a justification for the research methods employed during this study, as well as providing the research paradigms on which this thesis is based. This chapter provides a detailed breakdown of the methods which are based on the socio-ecological framework underpinning this research.

This thesis has employed a multilevel case study design, exploring the policy context of substance misuse prevention in Wales. Four case study schools were chosen to examine whether policy and practices differ between schools, as characterised by high and low levels of substance use among the student population as reported in the School Health Research Network, and whether the school reported having or not having a school substance misuse policy.

This systematic sampling approach as outlined in Figure 4 is explained in detail in this chapter. Recruitment of community level agents was subsequently informed by the case study schools. Policy level recruitment followed a snowball effect method and is described, along with a detailed description of the data collection procedures at each level of influence. The methods section of this thesis is divided into the three levels of enquiry: 1) a policy level exploration, 2) a school and community exploration and 3) a mixed methods exploration of young people's drug use and a validation of school practices.

5.1 Sampling

Using the socio-ecological framework (McLeroy et al. 1988) as a guide, the sampling framework used in this thesis explored three levels of enquiry. Firstly, the policy level comprised of a policy analysis. This commenced with an analysis of the national substance misuse policy, as well as an analysis of supportive documents. Furthermore, this level of enquiry compared statutory and non-statutory health documents and a key education document. This allowed for comparisons to be drawn within and between subjects. The policy analysis was followed by semi-structured interviews with key stakeholders operating at the policy level in Welsh Government and associated external organisations. The policy level was mapped out with key stakeholders from across Welsh Government, Public Health Wales, Area Planning Boards, and Third Sector organisations over a 12-month period using a snowball effect, as illustrated by Figure 6. This mapping exercise was then used as a framework to identify key areas to interview across the policy level to address the research questions of this thesis.

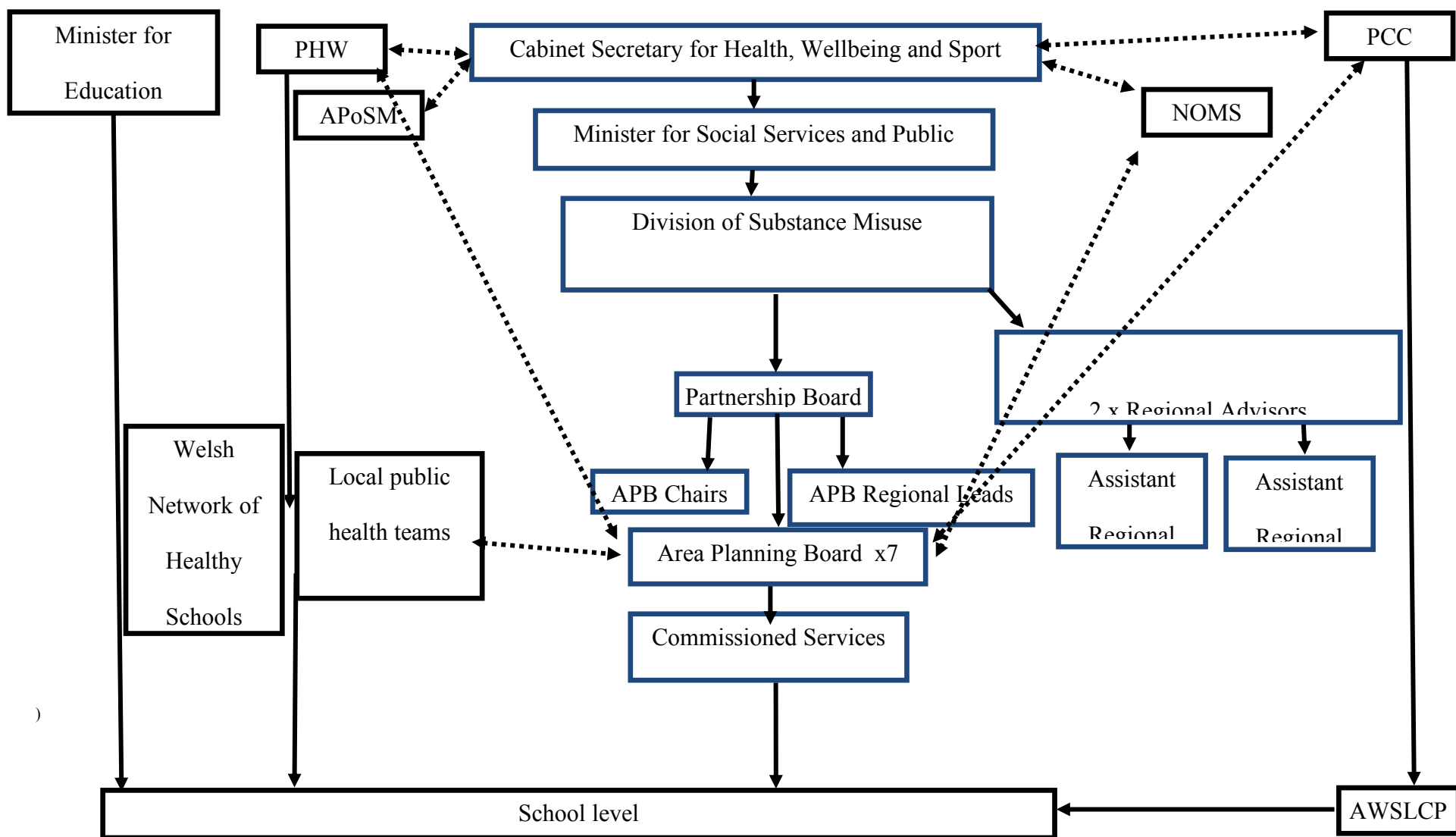


Figure 6 Map of substance misuse policy level Wales

The second level of enquiry explored the school and community level. The School Health Research Network was used to identify and recruit case study schools. Four case study schools were selected according to high and low cannabis prevalence as reported in the 2015 student health and wellbeing survey, and the presence of a school substance misuse policy or not as reported in the 2015 school environment questionnaire, as illustrated in Figure 7.

In each of the four case study schools, semi-structured interviews were held with the PSE coordinator and a member of SMT and/or a school teacher. In addition, schools were asked to identify key stakeholders in the community that support the school with substance misuse prevention activities and incidents, and interviews were held with these identified individuals.

| | No policy | Verified Policy |
|-------------------|-----------------------|-------------------------|
| High cannabis use | Ashton Down School | Harper Lily School |
| Low cannabis use | Woodville Park School | Royal Grove High School |

Figure 7 Sampling framework

The third level of enquiry was concerned with understanding the experiences of students. Semi-structured paired and small group interviews were held with year 11 pupils in order to gain a historical perspective of their experience of substance misuse prevention, as well as a validation exercise of school reported policies and practices.

The School Health Research Network (SHRN) is a multi-agency partnership with Welsh Government, Public Health Wales, Cancer Research UK and secondary schools throughout Wales. SHRN current membership is 212 secondary schools, which represents 100% of all state maintained secondary schools in Wales. At the time of data collection, the total number of schools in SHRN was 113, which represented 53% of all state maintained schools in Wales.

Member schools of the network take part in a biennial survey which explores the health and wellbeing of young people in the school. The student health and wellbeing survey uses measures from the World Health Organisation's Health Behaviour in School-aged children (HBSC), with additional questions that reflect the current policy and research priorities in Wales. The 2015 student health and wellbeing survey asked 60 questions and schools further complete a 70 item school environment questionnaire that explores the school context and the school's policies and practices on health. Member schools receive a tailored feedback report based on this data. This includes individualised school-level data and comparable national level data.

5.2 Recruitment of case study schools

This thesis used a purposive sampling technique to recruit schools based on their pupil health and wellbeing survey and the school environment questionnaire data. The recruitment was facilitated by a sampling framework as outlined in Figure 7, which allowed for the recruitment of four case study schools based on lowest and highest student self-reported cannabis use (ever use), and whether or not the school reported having a substance misuse policy. Schools identified in the framework were approached via the network manager in May 2017. An email was sent with an attached letter (Appendix 2) outlining the study and the opportunity for schools to be involved. Hard copy letters were also sent to schools, and schools were provided with one week to consider the research before the researcher started contacting the schools.

The research was carried out in four mixed-sex state maintained secondary schools in Wales: Royal Grove High School in North Wales, Harper Lily School Mid Wales, Ashton Down School and Woodville Park School in West Wales (Pseudonyms). Each school's characteristics and demography are described in more detail in Chapter Seven and Eight when the findings from the case-study research are reported. Involvement of every school was subject to the approval of the Head Teacher and managed by a designated member of staff with most schools nominating the teacher responsible for coordinating the Personal and Social Education (PSE).

5.3 Recruitment of participants

The nominated manager of this study was given to the teacher responsible for coordinating Personal and Social Education in three out of the four case study schools (Royal Grove High School, Ashton Down School and Woodville Park School), whilst the study in Harper Lily School was coordinated by the Deputy Head. This nominated person was asked to organise a mixed group of ten Year11 pupils (age 15-16) to participate in the study via paired or small group interviews. The nominated person was asked to identify a group that varied by gender, ethnicity, ability, school connectedness and engagement. The demographics of the young people who participated in this study are outlined in Chapter Nine, where student validation and experiences of school substance misuse education are discussed. Furthermore, the nominated person was asked to identify an appropriate senior member of staff who would be able to discuss the school substance misuse policy, and the school's response to substance misuse related incidents within school.

As noted in the previous chapter, the gatekeeper of this study was in a privileged position as a teacher or senior member of staff at the school, which may cause a power imbalance on the volunteer basis of this study. Future research may look to remove the gatekeeper in the recruitment of students by attending assemblies and recruiting students through self-selection process. That said, on reflection I am confident that all students participated of their own volition and this was clarified before and after the student involvement, as outlined in section 5.5.3.

5.4 Data collection process

5.4.1 Policy level data collection

Data was collected during July 2017 following a 12 month mapping exercise (Figure 6). Semi-structured interviews were held with key stakeholders identified at the policy level in Welsh Government, with each interview used for snow ball effect to identify new key stakeholders who were perceived as able to contribute alternative perspectives. All semi-structured interviews used an interview schedule to guide the interview and ensure that topics were consistently covered with different respondents. The interviews were recorded using a digital Dictaphone for verbatim transcription of the interview. Interviews with policy makers were arranged to be held at a location determined by the participant to ensure their anonymity. Interviews took place across government buildings and university premises. Following transcription, policy makers were provided with a copy of their verbatim transcript and asked to clarify any points and confirm they were happy with their interview. This level of member checking (Lincoln 1985b; Birt et al. 2016) was employed due to the nature of participants' roles and the potential to be identified.

5.4.2 School level data collection

Data were collected between March 2017 and June 2017 of the 2016-2017 school year. Semi structured interviews were conducted with the member of staff that was responsible for coordinating PSE, the Senior Management Team as well as, Heads of Year 11 and Well-being leads. The demographics and roles of each member of staff interviewed are outlined in Chapter Eight. Semi-structured interviews followed an

interview schedule to ensure consistent questioning of all participants, whilst allowing for individuals' views, experiences, beliefs and accounts to emerge in their own words and be captured. The majority of interviews with staff members were conducted on the same day as the students and were conducted in private, on the school grounds. Where staff were not able to be interviewed on the same day, alternative arrangements were made and staff interviews were conducted over the telephone because of geographical locations. Telephone interviews were conducted under the same procedures as the face to face interviews, and recorded using a digital Dictaphone for verbatim transcription.

5.4.3 Community level data collection

Data were collected between March 2017 and September 2017. Community level participants were identified through a nominated person at each school. They were asked to provide contact details for a community organisation that supports the school in substance misuse prevention and incident management. The demographics of those interviewed are outlined in Chapter Eight. Semi-structured interviews were conducted with those identified. Interviews were conducted at the same time as data collection at Royal Grove High School, while the remaining interviews for all others were conducted via telephone.

5.4.4 Pupil level data collection

Having been identified by the nominated person in the school, paired interviews or small groups were conducted between March and June 2017 of the academic year 2016-2017. Pupils were selected from Year 11 as they could provide a historical narrative in their accounts of the school environment, substance misuse education and experience and knowledge of the school substance misuse policy and practices. Paired and semi-structured interviews took place over 30-60 minutes during the school day, at the case study school. All interviews followed an interview schedule to allow consistent questioning across all students. All interviews were recorded using a digital Dictaphone and transcribed verbatim.

5.5 Informed consent

4.5.1 Policy level

All those at the policy level that participated in this research were provided with an information sheet and consent form. This fully outlined the study and their role as a participant (Appendix 3). Each participant was given at least 24 hours to consider their participation. They were made aware that their anonymity may be subject to compromise given the nature of their role, and were fully-informed in order to provide informed consent before taking part. Participation was voluntary, and each participant understood that they could refuse to participate, or withdraw from the study, at any time without penalty. Additional verbal consent was provided for the benefit of the digital recording.

5.5.2 School and community level

Teachers and members of the community were provided with an information sheet and consent form. This fully outlined the study and their role as a participant (Appendix 4, 5 and 6). Participants were provided with at least 24 hours to consider their participation. All participants were made aware that their interviews were confidential and anonymous. All participants had to provide informed consent before taking part. Participation was voluntary and each participant knew that they could refuse to participate or withdraw from the study at any time without penalty. Additional verbal consent was provided for the benefit of the digital recording.

5.5.3 Pupil level

This study was approved to use an opt-out study design. The nominated person of this study in each case study school was provided with parental information sheets and withdrawal forms to provide to nominated students (Appendix 7). The school was asked to use at least two methods of informing parents of this study, which involved sending the information sheets and withdrawal forms by post. Parents were provided with at least two weeks to consider the study, and their child/children's participation. Parents were asked to complete the withdrawal form and return it to school if they did not want their child to participate. Parents were provided with the contact details of the researcher and nominated person to contact for further details or to withdraw their child/children. The young people were also provided with an information sheet and consent form (Appendix 8).

On the day of paired and small group interviews, the nominated member of staff provided any withdrawal letters and/or feedback from parents/students to the researcher. Across all four case study schools, no parent opted to remove their child /children from this study and no student opted out of taking part.

At the start of the interviews the consent process was outlined and students were provided with the opportunity to ask questions. Each student was required to outline their role and understanding of the study and confirm that they were happy to participate of their own free will. Students completed an informed consent form and provided additional verbal consent for the benefit of the digital recording. Participation was voluntary and each participant understood they could refuse to participate or withdraw

from the study at any time without penalty. All participants were aware that their interviews were confidential and anonymous and provided with details of this. Each student was also aware that if they mentioned something that was of concern for their safety or the safety of another, confidentiality would be broken.

5.6 Data management

All interviews were recorded using a digital Dictaphone and uploaded to a password protected server at the earliest opportunity. The recording was deleted permanently from the Dictaphone after uploading. All recordings were sent via a safe transfer link for verbatim transcription. All data has been stored in accordance with the Data Protection Act 1998, and subsequently the General Data Protection Regulation 2016/679 that was implemented on 25th May 2018.

5.7 Quantitative analysis

The School Health Research Network pupil health and wellbeing survey was open for students to complete the survey in English or Welsh on a secure website between September and December 2015. All 113 schools were invited to take part in the pupil wellbeing survey, 23% (n=26) of schools did not take part and 9.7% (n=11) of schools opted out of students answering questions on drug use. These schools were excluded from the analysis. The remaining 67.3% (n=76) of schools were eligible for inclusion in this thesis.

The School Environment Questionnaire was completed by schools using a paper questionnaire between March and June 2016. One School Environment Questionnaire was completed per school. During the data collection window, schools were contacted by members of the network management team in Cardiff University to remind schools and to optimise data collection and survey completion. Schools were further contacted between June and August 2016 to request a copy of their school substance misuse policy for content analysis, if they had indicated in the School Environment Questionnaire that their school had a substance misuse policy.

Of the remaining 67.3% (n=76) of schools that were eligible to be part of this thesis, 3.5% (n=4) of schools did not return a School Environment Questionnaire. These four schools were removed from the analysis. Out of the 63.7% (n=72) remaining schools, complete data was provided across 58.4% (n=66) of schools. The final sample for this research was based on 18,939 11-16 year olds across 66 schools in Wales.

5.7.1 Measures used in this research

Cannabis use

Cannabis use was measured by asking students to report whether they have ever used cannabis in their lifetime using the question “*Have you ever taken cannabis in your life?*” (responses: “never”; “1-2 days”; “3-5 days”; “6-9 days”; “10-19 days”; “20-29 days” or “30 days (or more)”).

Cannabis in the last 30 days was also measured using the question “*Have you ever taken cannabis in the last 30 days?*” (responses: “never”; “1-2 days”; “3-5 days”; “6-9 days”; “10-19 days”; “20-29 days” or “30 days (or more)”).

Daily cannabis use was measured using the response option of “30 days or more” in the last 30 days. Binary variables were created to indicate the lifetime (never vs. >1-2 days), monthly (never vs. >1-2 days), and daily use in the last 30 days (<30 days vs. ≥30 days).

Mephedrone and NPS use

Mephedrone and New Psychoactive Substances (NPS) use were measured by asking students to report whether they have ever tried the drugs, using the question “*In your life have you ever tried any of the following?*” Mephedrone (also called m-cat and meow-meow)” (responses “yes”, “no”), legal highs (like pep stoned, BZP, black mamba, clockwork orange)” (responses “yes”, “no”).

School substance misuse policy

One teacher from each school reported whether or not they had a written substance misuse policy with the response options of “yes”, “in development”, and “no”. A binary variable was created to indicate presence or absence of a policy (yes = 1; in development and no = 0).

Schools that reported they had a policy were asked to provide a copy. An indicator variable was created noting whether each school either did not have a policy, teachers reported they had a policy but did not supply a copy, an “unverified policy”, or teachers reported they had a policy and it was received, a “verified policy”.

Student involvement in school substance misuse policy

One teacher from each school reported whether students were involved in the development of the school substance misuse policy with the response options of “no student involvement”, “student council”, “student voice”, “wider student consultation”, “suggestion box” and “other”.

An indicator variable was created to indicate student involvement (no student involvement = 0, student council involvement = 1 and other student involvement = 2).

School policy content

School policies were coded against an *a priori* coding frame consisting of whether they mentioned: abstinence, harm minimisation, or condemned drug use (e.g. “Drugs have no place in this school”, “Drugs are not permitted on school premises”), and mentioned the use of isolation.

School practices

Schools were asked whether they used isolation to manage student behaviour “*Does your school use isolation to manage student behaviour?*”, and whether the school used referrals to help drug using students “*Does your school have a specified pathway or a referral process in place to provide expertise and resources for students who misuse drugs?*”? Binary variables indicating presence or absence were used for all questions.

Covariates

Students were asked to report their gender, year and month of birth. Students were asked to select the ethnicity that best described them, from the following options: White; Mixed Race; Asian or Asian British; Black or Black British; Chinese; or Other.

Family structure was assessed by asking students who they lived with and responses were categorised into the following: both parents, single mother, single father, parent and step-parent, foster parent(s) and other. The Family Affluence Scale (FAS) was used as an indicator of familial material affluence as it has better criterion validity and is less affected by non-response bias than other similar measures (Torsheim et al. 2004; Currie et al. 2008; Hartley et al. 2016). The scores for each item were summed to give a total affluence score.

Free school meals (FSM) are provided in Wales for those students whose parents are in receipt of a range of state benefits such as income support and job-seekers allowance. FSM was used as a measure of family-level socioeconomic status and the percentage of students entitled to receive free meals within each school was divided into quartiles, 1 (<9% eligible to FSM), 2 (>9%-14.4% eligible) 3 (14.5-22.9% eligible) and 4 (23-100%).

The Welsh Index of Multiple Deprivation (WIMD) (Welsh Government 2014) for each school was examined. The WIMD is an area-based measure of relative socioeconomic deprivation at the lower super output level (average population 5,000 residents) and is used to identify areas with the highest concentrations of deprivation with a range from (1) most deprived to (1909) least deprived (Torsheim et al. 2004). The WIMD was

divided into quintiles 1 (1-446), 2 (447-1071), 3 (1072-1408), 4 (1409-1631) and 5 (1632-1909).

5.7.2 Statistical Analysis

All analyses were undertaken in STATA (V.14.0). The whole sample was compared to the complete data ('the complete case sample') using χ^2 for categorical variables and t-tests for continuous variables. To account for hierarchical structure (students within schools), a multilevel logistic regression model was used to examine the relationship between school-level policy variables and student cannabis, mephedrone and NPS use, using the `melogit` command. The analysis assessed whether there were interactions between school policy variables with year group and gender. No interaction was found and therefore the analysis pooled data for boys and girls and across year groups. The first analysis adjusted odds ratios with compositional variables (gender, year group, ethnicity, family structure, family affluence, free school meal entitlement, and area-level deprivation of the school) in model one and then adjusted for school context variables (involvement of students in policy development and use of isolation) in model two. Further analysis examined the association between content extracted from policies (condemnation of drugs) and the risk of student drug use.

The first analysis estimated the intraclass correlation coefficient (ICC), Akaike Information Criterion (AIC) and the Bayesian Information Criterion (BIC) for models without explanatory variables. The second analysis recalculated the ICCs to examine whether students' compositional variables, parental (FAS) and school level socioeconomic deprivation (in model one), or school context (in model two) explained

the greatest variation in the association with the risk of student drug use between schools (i.e. which had the greatest effect on the ICC). The AIC and BIC are penalised measures of model fit and were used to identify the most parsimonious model (i.e. which model had the lowest value).

5.8 Qualitative analysis

4.8.1 Welsh Government policy analysis

The national substance misuse policy was analysed alongside subsequent supporting documents. A comparison statutory health policy was chosen (Sex and Relationship Education) as well as a key national education policy (Literacy and Numeracy Framework). Principles of Critical Discourse Analysis (Fairclough 2001; Mullet 2018) were used to support the application of Bernstein's (2000) transmission context to identify the power and control dyad through the discourse of the policy.

5.8.2 School policy analysis

An analysis of the policy ensued on receipt of the school substance misuse policy to compare the school substance misuse policies against the Welsh Government exemplar policy template (Appendix 9), and to validate the responses to the measures within the School Environment Questionnaire.

5.8.3 Interview analysis

A thematic analysis was employed for all levels of analysis across all interviews from the macro level (policy makers) to the micro level (pupils). This thesis followed the six-step process as outlined by Braun and Clarke (2006). The analysis was an iterative process and was conducted alongside data collection (Coffey and Atkinson 1996).

Throughout the analysis and empirical chapters I have drawn on quotes and points of reference that I believe qualify the statements I am making, although limitations remain around subjectivity and interpretation. Future research may want to use member checking and second interviews to clarify interpretations and meanings behind what is said in interview. We are all born tabula rasa and therefore our own experiences, beliefs and ideologies will shape the interpretations that we apply to interviews and texts.

Chapter summary

Having outlined the research methods, the remainder of this thesis will discuss the findings across four empirical chapters. The first empirical chapter will discuss the national policy analysis and the application of Bernstein's (2000) transmission context to explore the power and control dynamics through the policy discourse.

Chapter Six - National policy level

approaches to substance misuse in Wales: a
power and control dyad

Chapter Overview

As discussed in Chapter Two, schools have increasingly been recognised as promising sites for universal health interventions (Moon et al. 1999; Evans-Whipp et al. 2004; Townsend and Foster 2013; Bonell et al. 2014; Segrott 2019) and neo-liberal policies have positioned schools with the responsibility to address many public health concerns, that previously would have been the responsibility of the government (Leow 2011). This chapter is concerned with understanding the policy implementation dynamics through the discourse of the policy documents. The findings are presented from an exploration of current policy using a critical discourse analysis framework of health and education policies. The policy documents drawn on in the analysis are listed in Table 1. This chapter will address the following research question:

Research Question One - How is the voice and message of Welsh Government transmitted through the national substance misuse policy to the school and teachers?

6.1 The policy context of Wales

Policies do not exist in isolation from the interaction with the cultural and political ideologies that exist within society (Liasidou 2008). Across the world, substance misuse holds negative connotations and has resulted in numerous legislations, policies and practices that aim to eradicate substance misuse from within our societies (Beck 1986). As discussed in Chapter Two, the UK legislation pertaining to substance misuse is underpinned by international narcotics treaties that requires all nations to legislate under criminal law the possession, use and distribution of substances labelled ‘narcotic’.

In Wales, the national policy which covers substance misuse is the *Working Together to Reduce Harm* substance misuse policy (Welsh Government 2008b). The policy is accompanied with detailed delivery plans. These outline how the Welsh Government and its partners intend to implement the policy actions, and the delivery measures to assess implementation and progress. Using principles of a critical discourse analysis framework and Bernstein’s (2000) transmission context model, an analysis was conducted on the *Working Together to Reduce Harm* policy and subsequent policies as outlined in Table 1.

Table 1 Policy documents included in the policy analysis

| Name of document | Brief description |
|---|--|
| <i>Working Together To Reduce Harm</i> | National substance misuse policy |
| <i>Personal and Social Education Framework</i> | School guide to providing Personal and Social Education to children and young people from 7-19 year old in Wales |
| <i>Guidance for substance misuse education</i> | School guidance for substance misuse education from policy development, incident management and education |
| <i>Sex and Relationship Education framework</i> | School guidance for providing sex and relationship education in schools in Wales |
| <i>Literacy and Numeracy Framework</i> | The national framework for improving English and Mathematics |

6.2 Understanding power and control within the ‘working together to reduce harm’

Using Bernstein’s (2000) transmission context model and principles of critical discourse analysis framework, this chapter presents the findings of the power and control dynamics that manifest through the voice and the message of the *Working Together to Reduce Harm* policy and privileges¹ the reader with implementing the policy. This

¹ Privileges is a term used by Bernstein to describe where schools are provided as part of the solution or positioned to deliver

analysis will provide a critical understanding of the role of policy in addressing substance misuse and prevention amongst children and young people in Wales.

The policy sets out four aims and is supported by four priority action points, with a particular emphasis on children and young people.

Reducing the harms to individuals (particularly children and young people), their families and wider communities from the misuse of drugs and alcohol, whilst not stigmatising substance misusers. (Welsh Government 2008b, p. 21)

Priority action one underpins the Welsh Government priority in preventing harm to children and young people. Through the discourse analysis Welsh Government's voice and message to partners is that reducing harms to individuals is a priority, but that any intervention should not stigmatise an individual. The policy continues as illustrated in the excerpt below. It outlines the responsibility of the policy readers in providing information to children and young people about the damage that substance misuse can cause to their individual health, as well as the societal consequences for their families and the wider communities. The message from Welsh Government suggests that delaying the age that children and young people start drinking is a component in the prevention strategy to resist use or reduce harm. As illustrated in the excerpt below, the voice and message of the policy contends that prevention does not stop at information providing, but there is an expectation that those who are identified as at risk or are in need of support, are signposted.

This action area aims to help children and young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider

community. (This includes delaying the age that children and young people start drinking). It also includes action to identify people at risk of substance misuse and/or in need of support and signposting to further information, support or diversionary activities. (Welsh Government 2008b, p. 22)

The reader should be able to take from this policy that as a policy reader and policy actor they have a responsibility to prevent substance misuse among young people; through delaying and resisting substances, as well as a role in supporting children and young people who are using. Nevertheless, as outlined in Chapter Two, policy is not always implemented as intended and interpretation of policy and reader positionality, beliefs and ideologies can contribute to policy implementation (Eisner 2000). This is explored in more detail in Chapter Eight when schoolteacher data is analysed.

As can be seen from the extracts below, the policy continues to present the need to provide knowledge to children and young people to allow them to make informed choices. Here emphasis has been added through bolding of key terms such as ‘must’, which can be considered assertive and could be understood as a power influence over the interpretation of the text. Comparable to other health promotion areas, such as with the obesity epidemic (Leow 2011), Welsh Government has promulgated schools as part of the solution to address substance misuse and prevention through school based interventions.

Any education programme aimed at children and young people **must** begin by seeking to raise awareness of the risk of substance misuse. **We want** children and young people to acquire the knowledge, skills and understanding they need to make **informed choices** when they encounter illegal drug and legal substances such as alcohol, tobacco, medicines, and volatile substances.

(Welsh Government 2008b, p. 24, emphasis added)

School is a key arena where the behaviour of young people can be informed and influenced. Schools also provide a structured environment where individuals at risk of exclusion because of their own or parental substance misuse can be identified and helped. (Welsh Government 2008b, p. 25)

The discourse of this policy is positioning Welsh Government in control of the ‘selection, sequencing, pacing and criteria’ (Bernstein 2000, p. 99) of this policy and privileging schools with the responsibility of having a positive influence on young people; and providing a structured school environment to support and help those at risk. This sets normative values and expectations, which are congruent to less risk of drug taking trajectories (Ennett et al. 1997a; Kumar et al. 2002; Evans-Whipp et al. 2015; EMCDDA 2019). From the extracts seen thus far and through Bernstein’s (2000) transmission context, the policy would appear to be strongly framed whereby ‘the transmitter (Welsh Government) has explicit control over the ‘selection, sequence, pacing and criteria’ (Bernstein 2000, p. 99).

Through the power and control dynamics evident from the discourse of the policy so far, it could be argued that teachers have the potential to acquire the recognition rules and should be able to regulate what meanings are relevant in the policy, which can be reflected in his/her knowledge about the policy (Bernstein 2000). As outlined in Chapter Two, the policy process is a bed of messiness and chaos (Ball 1994; MacPhail 2007; Hawe et al. 2009b) and as such there is no guarantee that teachers will exercise their knowledge of the realisation rules.

Entrenched knowledge and practices can override process of recognition and realisation (Eisner 2000) with teachers’ values and perceptions deeply influential in the implementation of a policy (Hall and Hord 2005). According to Bernstein (2000) the potential may not be realised if the acquirer is strongly insulated against the pedagogy by another pedagogic discourse which is equally, if not more, powerful.

The responsibility of the schools to provide skills based, interactive substance misuse education that promotes active participation and includes normative techniques to highlight the prevalence of drug use for their age categories, is highlighted in the policy. This is to demonstrate to children and young people that their perception of drug use among their age category is not as wide spread as they often believe. The policy stipulates what educators must include as part of a substance misuse education package. This is an example of a strongly framed policy, where the transmitter (Welsh Government) has explicit control over the selection, sequencing, pacing and criteria of the knowledge to be acquired (Bernstein 2000). In the policy extract below the policy begins to shift from talking at an institution level (school and education providers), towards those individuals who may be delivering substance misuse education as part of their role. Bolding of key terms is used to emphasise the framing of this extract around legality issues and the desire of Welsh Government to promote health in a non-stigmatising manner.

Those delivering substance misuse education programmes in schools **must** make clear what is lawful and what is not, but **must** ensure they do so in a way that does not seek to label children and young people who are taking illegal drugs or drinking underage as criminals. (Welsh Government 2008b, p. 25, emphasis added)

The analysis so far suggests that the substance misuse policy is strongly classified with 'power relations maintaining the degree of insulation and thus the principles of classification' (Bernstein 2000, p. 99). The policy extracts have demonstrated that the policy is strongly framed whereby 'principles of control are transformed into specialised regulations of interactional discursive practices which attempt to relay a given

distribution of power' (Bernstein 2000, p. 99). The power over the selection, sequences, pacing and criteria is controlled by Welsh Government.

Schools are primarily sites for education. The policy analysis has identified that schools are promulgated as part of the solution to address a public health concern through substance misuse prevention, alike other health promotion topics (Katz 2009; Leow 2011). Through a strongly framed and strongly classified national substance misuse policy, schools and teachers appear not in a position to reject their roles as health policy actors. This is further evident in the excerpt below in which Welsh Government absolve themselves of responsibility for tangible action.

Over the past few years, our priority [Welsh Government] has been to ensure that **we assist** schools in meeting the universal requirements of Circular 17/02 ‘substance misuse children and young people.(Welsh Government 2008b, p. 25, emphasis added).

This extract above could be considered a weakening of the classification, the power between Welsh Government and schools through the use of the term ‘assist’. However, I contend that the use of the term ‘assist’ here is re-establishing the boundaries between Welsh Government and schools through a passive voice, as Welsh Government stops short of outlining what they would do to assist schools in meeting the universal requirements of Circular 17/02. This document has subsequently been updated and superseded by the Guidance for substance misuse education 107/201 (Welsh Government 2013), and forms part of the corpus of the policy analysis that is analysed later in this chapter.

There are elements of this policy that are weakly framed as outlined in the extract below. This removes the control from Welsh Government and privileges schools with

the autonomy over the selection, sequencing, pacing and criteria (Bernstein 2000) through the use of ‘should’. What can be seen from the excerpt below is a dissolution of control from Welsh Government to schools over the training and competency of staff to deal with substance misuse prevention among children and young people.

All professionals working with children and young people **should** be trained to identify and respond to substance misuse confidently, focusing on reducing harm and promoting wellbeing. The priority **should** be to improve the training and competency of professionals and carers working with the most vulnerable young people. (Welsh Government 2008b, p. 26, emphasis added)

This example of weak framing (Bernstein 2000) positions schools and/or providers who work with children and young people, to decide on the training needs and competence of their staff to deliver what is expected from them. Welsh Government are not insisting that providers offer or arrange training for staff, but that providers should offer training for those working with children and young people, to allow them to confidently respond to substance misuse, and focus on providing harm reduction and promoting wellbeing. This provides leaders of the organisations with the agency to make a decision on whether they feel the workforce are suitably qualified, and able to respond and fulfil the expectations duly placed on them under ‘action area one’ of the *Working Together to Reduce Harm* substance misuse policy.

As outlined at the beginning of this chapter, the substance misuse policy has four aims that are supported by four priority action points and underpinned by key performance indicators (KPIs). Despite children and young people appearing so prominently

throughout the policy, there are limited KPIs around children and young people.

Children and young people feature in KPI 5 Youth Offending Teams (YOT), *“referral from Youth Offending Team to receive an assessment within five days of a referral”* and KPI 6- *“All young people referred from YOT to have commenced an agreed care plan no later than 10 working days from completion of assessment”* (Welsh Government 2008b, p. 73). There are also indicators around self-reported substance misuse from the Health Behaviour in School aged Children (HBSC) and indicators around the number of children in care and at risk because of substance misuse behaviour of parents (Welsh Government 2008b, p. 74).

Lack of accountability measures could result in the realisation rules not being acquired by teachers as there is lack of accountability, and thus teachers and schools have control over the selection, sequencing, pace and criteria of the policy (Bernstein 2000). Despite the policy in parts being strongly framed and classified, the lack of accountability weakens the framing from the transmitter, which could impact on the implementation.

| Indicator | Information Source | Frequency of Measure |
|--|-----------------------------|--|
| <p>Achievement against Welsh Assembly Government Key Performance Indicators and related targets for substance misuse:-</p> <p>KPI 1 – Increase local service capacity for people who misuse drugs, alcohol and other substances in line with stated priorities in local/regional commissioning plans in respect of:</p> <ul style="list-style-type: none"> • Open access services • Structured community based services • Residential and inpatient care <p>KPI 2 – Reduce the number of incidence of unplanned ending of contact with services</p> <p>KPI 3 – Achieve a waiting time of not more than 10 working dates between assessment and the beginning of treatment</p> <p>KPI 4 – Achieve a waiting time of not more than 10 working days between assessment and the beginning of treatment</p> <p>KPI 5 – All young people referred from the YOT to receive an appropriate assessment with 5 working days of referral</p> | <p>WNDSM & I Quanta</p> | <p>Quarterly by CSP</p> <p>Annually – Welsh Assembly Government to be incorporated into Annual Report of the WNDSM</p> |

| | | |
|--|--|--|
| <p>KPI 6 – All young people referred from a YOT to have commenced an agreed care plan no later than 10 working days from completion of the assessment</p> <p>KPI 7 – Reduced the number of incidence of reported acquisitive crime (defined as those listed as ‘trigger offences’ for the DToC areas)</p> <p>KPI 8 – All clients who are IDUs to be offered information, counselling, screening and where appropriate immunisation against hepatitis B</p> | | |
|--|--|--|

Figure 8 Key Performance Indicators in Working Together to Reduce Harm

| Indicator | Information Source | Frequency of Measure |
|--|---|----------------------|
| Self-reported substance misusing behaviour of school children (5-18 years old) | Welsh Assembly Government Health Behaviour in School-aged Children (HBSC) Survey | Every 4 years |
| Self-reported misuse of alcohol in adults | Welsh Health Survey | Annual Report |
| Number of children in care due to substance misusing behaviour of parent(s) | Welsh Local Government Data Unit | Annual Report |
| Number of children placed on the 'At risk' register due to substance misusing behaviour of parent(s) | Welsh Local Government Data Unit | Annual Report |
| Reduction in barriers to accessing treatment services | Welsh Assembly Government sponsored Community Engagement Research Study | Bi-annual study |

Figure 9 Key Performance Indicators for self-reported substance use

In Bernstein's view, his model of transmission provides an overview of “*how the distribution of power and the principles of control translate into classification and framing values which select out recognition and realisation rules to create contextually appropriate text*” (Bernstein 2000, p. 18). The discourse analysis of the *Working Together to Reduce Harm*, with the application of Bernstein's (2000) transmission context suggests that power and control over this policy is positioned with Welsh Government.

It is important to consider that the *Working Together to Reduce Harm* is a Welsh Government policy developed for substance misuse. This policy area sits within the health department, but at the time of writing this policy sat within social justice. It is therefore important to consider the implications for this and the collaborative work, or lack of, that may or may not have occurred between the education department and the social justice department. Strong boundaries between the social justice department and education would ensure that regulatory order is not tainted by external influences and prevents convergence of values, beliefs and interests (Bernstein 1975b). It is therefore necessary to explore the Personal and Social Education (PSE) Framework to understand how the control and power dynamics present as the policy transmits from a national policy position to the school.

6.3 Understanding power and control within the Personal and Social Education Framework: the transmission of voice and message

PSE in Wales forms part of the curriculum for all children and young people aged between seven and 16 at all maintained secondary schools. This subsection will analyse the PSE policy to understand the power and control dynamics; and the impact this may have on the implementation of PSE at school. All PSE provision in Wales for maintained schools should be based on the framework that outlines the expectation of schools to deliver PSE as part of the curriculum.

Personal and Social Education (PSE) forms **part of the basic curriculum for all registered pupils aged 7 to 16 at maintained schools**. Essentially, it is the

responsibility of schools to plan and deliver a broad, balanced programme of PSE to meet the specific needs of learners. (Welsh Government 2008a, p. 3, original emphasis)

The power and control dynamics have shifted from Welsh Government to schools. This is an example of weak framing. Schools have the control over the “*selection, sequencing, pace and criteria*” of the policy to take forward (Bernstein 2000, p. 99). From the policy excerpt above, schools have the autonomy to decide what is ‘broad’ and ‘balanced’ and the control over the pace and selection of the PSE framework to ‘meet the needs of the learners’.

Alike with the national substance misuse policy, schools have been privileged as part of the solution for the personal and social development and wellbeing of learners:

All staff have a crucial part to play as does the ethos and organisation of the school. (Welsh Government 2008a, p. 5, original emphasis)

The bolding of this text in the document and the discourse used is an example of strong framing. Staff do not have control over the selection of the framework and their role as a health promoter (Bernstein 2000). The framework also sets out the features of an effective coordinated holistic approach. Nevertheless, this discourse is weakly framed, with schools provided with the control over how much of the framework to take forward as actions through “selection, sequencing, pacing and criteria” (Bernstein 2000, p. 99). Welsh Government highlight a number of features they regard as an effective holistic approach, however, these are not mandated and schools are free to select and de-select these features as part of the delivery of PSE in their school.

As previously highlighted, entrenched knowledge and practice often override implementation (Eisner 2000), with teachers’ values and perceptions deeply influential in the interpretation and implementation of reform (Hall and Hord 2005). Given the weak framing, it may be possible that the realisation rules are not acquired by the teaching fraternity of the school as they are strongly insulated against health promotion, through a strongly framed and strongly classified education system, or values and beliefs, which is equally or if not more powerful (Bernstein 2000).

The PSE framework is supported by the non-statutory framework for three to 19 year olds in Wales. This provides guidance to schools about continuity and progression in *developing thinking, communication, ICT and number* for learners. Although this framework is considered within this chapter, it will not form part of the corpus, as the framework is sufficiently embedded within the PSE framework for critical analysis to address the research questions of this thesis.

PSE in Wales is divided into five themes: *active citizenship, health and emotional well-being, moral and spiritual development, preparing for lifelong learning and sustainable development* and *global citizenship*. The themes are not discrete areas of learning, but inextricably linked. Despite the link between the themes, this thesis will focus on *health and emotional well-being*, in which substance misuse is covered. The excerpt below outlines the knowledge and skills Welsh Government would like children and young people to leave school with. This is centred on proving the ‘knowledge and practical skills to make informed choices’.

The physical development of learners depends on proper nutrition, sufficient exercise, appropriate hygiene, safety and positive healthy choices. Central to this process is equipping them [learners] with the knowledge and practical skills to make **informed choices** in all these areas. In addition to understand positive life choices, learners **should** be aware of the potential risk of use and misuse of legal and illegal substances. (Welsh Government 2008a, p. 12, emphasis added)

The above excerpt demonstrates weak framing, as ‘learners should be aware of the potential risks’ rather than ‘must be aware’. This weak framing is positioning the control with the school over the “selection, sequence, pace and criteria’ (Bernstein 2000, p. 99). With the uptake of this policy and content potentially impeded by strong pedagogic discourse, and values and beliefs, limiting the potential for teachers to acquire the recognition rules (Bernstein 2000).

To support the PSE provision, Welsh Government have provided learning outcomes for the key stages which encompass the opportunities that learners ‘should’ be given and what learners ‘should’ understand from the delivery of health and emotional well-being. The learning opportunities and level of understanding ‘check points’ are ambiguous. Through weak framing, a range of interpretations can be applied by the reader of this framework, which allows for a degree of difference in the application of health and emotional well-being across all 212 state maintained secondary schools in Wales. Teachers and schools are provided with the control over the “selection, sequencing, pacing and criteria of knowledge to be acquired” (Bernstein 2000, p. 99).

The outcomes around substance misuse for Key Stage 3 is for learners to understand the *“effects of and risk from use of range of legal and illegal substances and the laws governing their use” (Welsh Government 2008a, p. 21a)*. This is weakly framed, providing the acquirer with the autonomy to apply their understanding of the effects and risks of these substances. Welsh Government do not provide a framework that states what substances must be covered, what the risks are physically, mentally and socially for each of these substances, and what the risks are for individuals. Instead the acquirer has more apparent control (Bernstein 2000).

Interestingly, the framework does, however, go on to say that “learners must understand how to use alcohol responsibly and the risks of binge drinking” (*Welsh Government 2008a, p. 21a*). Welsh Government as the transmitter of the policy has explicit control over the content to be delivered around alcohol, and the expectation that teachers will provide education to children and young people around how to use alcohol responsibly and the risks of binge drinking. The reader should have the potential here to acquire the recognition rules (Bernstein 2000) and understand what is required of them as a policy actor.

This is an interesting outcome because the evidence would suggest that moderate alcohol use is substantial, and the risks exceed that of many illegal drugs (Nutt et al. 2010). It seems from this outcome that this is reflective of the Welsh Government’s position on harm reduction, by providing learning and understanding benchmarks that would foster a healthy relationship with alcohol. Nevertheless, as outlined, despite alcohol being a legal substance, the risks and harms can exceed those of illegal substances. This level of information is not provided for other substances such as cannabis and this could be a reflection of alcohol being legal whereas other substances are not.

There is little change between Key Stage 3 and Key Stage 4. This period of life, age 15 and 16, is challenging for young people as they transition through puberty and towards adult life (Patton and Viner 2007; Degenhardt et al. 2016). However, at such a crucial stage of a young person’s development, the framework is again ambiguous and weakly framed, allowing the acquirer to interpret what these “*personal, social and legal consequences are*” (*Welsh Government 2008a, p. 23a*) as well as interpreting how to

provide opportunities for children and young people to “*accept personal responsibility for keeping the mind and body safe and healthy*” (Welsh Government 2008a, p. 23a).

This is a weakly framed document that privileges schools to deliver personal and social education, with control over “selection, sequence, pace and criteria” (Bernstein 2000, p. 99), of the policy. Schools and teachers have the potential to acquire the recognition rules, although through the vague and ambiguous learning aims and outcomes of the policy they may not have the potential to acquire the realisation rules. That is, they may not be able to navigate the demands of the policy and produce an appropriate response to these demands and incorporate these demands through their pedagogical practice (Bernstein 2000).

There are areas within Key Stage 3 where there appears to be an alignment with the voice and message of the national substance misuse policy, whereby reducing harm to children and young people around alcohol can be evidenced, although the same cannot be said for other substances. This could suggest that despite a national policy advocating a harm reduction priority, that this is not necessarily aimed at children and young people, or children and young people when considering illegal substances. Nevertheless, schools are provided with further guidance for substance misuse education in a separate document entitled the *Guidance for Substance Misuse Education* (Welsh Government 2013).

The next subsection will apply the same critical analysis framework used thus far with the application of Bernstein’s (2000) transmission model to the guidance document.

This document forms part of the corpus, and will allow for the further exploration of

how the national policy for substance misuse voice and message is transmitted from policy to schools. The application of Bernstein's (2000) transmission context model to the guidance, may provide an understanding of how "*the distribution of power and the principles of control translate into classification and framing values which select out recognition and realisation rules to create contextually appropriate text*" (Bernstein 2000, p. 18).

6.4 Understanding power and control within the Guidance for substance misuse education: the transmission of voice and message

Children and young people face many challenges during their lives and exposure to drugs is one of them (Degenhardt et al. 2016). Schools have been privileged as part of the solution in addressing substance misuse among children and young people in Wales, and are regarded as pivotal in the role of preventing or delaying substance misuse (Welsh Government 2008b). The last subsection demonstrated this privileging through the PSE framework and this subsection is concerned with analysing the further guidance to schools to deliver substance misuse education to demonstrate the power and control dynamics that may contribute to the implementation of the guidance.

The guidance for substance misuse education mandates that schools take no action, as this document is intended for information only. This is the first distinguishing feature between this guidance and the PSE framework that required schools and providers of PSE provisions to base their teaching on the content of the framework. The guidance continues and for the first time in this policy analysis there is a change in the language. The national substance misuse policy discussed reducing, delaying and resisting

substance use amongst children and young people (Welsh Government 2008b), this was further supported by the PSE framework that advocated schools deliver a ‘balanced’ PSE provision that encourages children and young people to be aware of the risk and to use alcohol responsibly (Welsh Government 2008a). The guidance document for substance misuse education however states differently, as outlined in the excerpt below.

Substance misuse education has a crucial role in providing information and guidance to challenge and stop **children and young people engaging with substance misuse**. (Welsh Government 2013b, p. 2, emphasis added)

There appears to be a shift in the language used as the policy moves away from a national perspective to more of a teacher focus. Although the guidance is intended for a range of audiences including Head Teacher and governing bodies, it is a typical document that is likely to be read and followed by those responsible with coordinating personal and social education in schools, and teachers who are tasked with delivering substance misuse education. The policy provides the potential for school teachers to acquire the recognition rules and realisation rules (Bernstein 2000), although the policy process is complex as discussed and the potential to acquire the recognition and realisation rules may not be supposed if the teachers are strongly insulated against health promotion policies because of their values and perceptions (Eisner 2000) or by another pedagogic discourse (Bernstein 2000).

The document outlines the Welsh Government’s 10 year strategy on substance misuse and the established parameters of how substance misuse can be addressed. This includes helping children and young people resist or reduce substance misuse, as well as

delaying the age that children and young people start drinking. It outlines that the guidance in the document supports the delivery of the *Working Together to Reduce Harm* strategy. Therefore, it could be suggested that this document may be read in isolation, as one can reasonably assume from what has been outlined above, that adherence to this document would fulfil the requirements of the national strategy. Furthermore, this document has the potential to resonate with teachers, as this document is aimed at providers of substance misuse education, although as previously discussed this does not necessarily mean that teachers will acquire the recognition and realisation rules. This guidance is intended to inform teachers about the context of substance misuse in Wales, the legal requirements for them as practitioners and the delivery of SME in schools.

The guidance document for substance misuse education is organised over three sections, *developing and maintaining policy for substance misuse, good practice in substance misuse education and managing substance misuse related incidents*. Under the developing and maintaining effective policy, the document offers guidance on a substance misuse policy and the specific issues that the policy should address. Schools are reminded that they have a key role to play in children and young people's health and well-being, and the role of a school policy and the responsibility to implement one.

A well written, consistently applied policy is a prerequisite for good practice.

Responsibility for coordinating substance misuse policy and its implementation **should** be allocated **to a named staff member** with appropriate training and expertise. (Welsh Government 2013b, p. 9, emphasis added)

The excerpt above demonstrates that Welsh Government deem that an articulate and enforced policy is the prerequisite for good practice, although it also demonstrates a weakly framed document. Welsh Government, as the transmitter, are providing schools and teachers as the acquirers of the policy control over the ‘selection, sequencing, pacing and criteria’ (Bernstein 2000, p. 99). Schools can decide whether or not to implement the guidance and provide the responsibility to a named member of staff. Furthermore, as it was established earlier in this chapter schools also have control over the provision of training and expertise, and the control over the criteria in which one can be considered to have expertise. Previously the national policy stated that staff should be confident to respond to substance misuse amongst children and young people. Welsh Government suggest that it is these staff members who are trained and confident in dealing with substance misuse who should coordinate the substance misuse policy. There is no suggestion about the seniority of a member of staff or the level of training or training opportunities for staff. This may be reflected in the fact that this policy is not a statutory requirement of maintained secondary schools in Wales.

The lack of training could also suggest that schools are strongly insulated by the education system. This can interfere with teachers acquiring the realisation and recognition rules, as the pedagogic discourse is more powerful than the health promotion discourse. As Bernstein’s (2000) described “*what preserves the insulation is power. Attempts to change the degree of insulation reveals the power relations on which classification is based and which it reproduces*” (Bernstein 2000, p. 7). Furthermore, “*power is never more fundamental as far as communication is concerned than when it casts on the distribution of the recognition rules*” (Bernstein 2000, p. 17).

This may explain why the control over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99) is positioned with the schools, as the education department and social justice department are strongly classified and weakening the boundaries could lead to convergence of the values, beliefs and interests of both systems (Bernstein 1975b).

Schools are further provided with a model framework and exemplar checklist. This includes a rationale of what constitutes substance misuse and the approach and attitude to substance misuse held by the organisation. Although the realisation of this is dependent on the schools. Previous research suggests that policies set normative values and expectations (Evans-Whipp et al. 2007) with the substance misuse policy an opportunity to outline the normative values and expectations of the school, and the likely consequences for not conforming to these values and expectations.

The guidance provided to schools suggests that the policy should outline the substance misuse education, with links to the All Wales School Liaison Core Programme (AWSLCP) and how this approach is congruent and as part of a package of the wider approach of the local authority. It further suggests that the policy should be coordinated by staff with the delegated authority, who will implement, monitor and evaluate the policy. The policy should define the range of substances that are covered by the policy, state the boundaries in which this policy covers, and the process and procedures for managing substance misuse related incidents, when other agencies should be involved and a statement of confidentiality.

Welsh Government state that the policy should be developed in consultation with representatives of the affect groups, including staff, children and young people, and wider organisations. This is underpinned by the Welsh Government Rights of Children and Young Person (Wales) measure 2011 (Welsh Government 2011) that places a duty on Welsh ministers to have due regard to the rights and obligations with the United Nations Convention on the Rights of the Child (UNCRC 1989). Under Article 12 of the UNCRC it states that children and young people must be involved in making decisions about services and provisions that are made for them.

Furthermore, the document outlines that effective policies are those that are known and understood by all that are affected by them. That this is underpinned by a robust policy implementation strategy that is preceded by appropriate information and training sessions for key users; to increase knowledge and understanding of the school substance misuse policy. An analysis of school policies is covered in more detail in Chapter Eight, where school policies were independently verified against the model framework and exemplar, and modelled to examine their association with student drug use.

Furthermore, the level of awareness amongst staff and their knowledge and understanding is discussed in Chapter Seven and student knowledge, awareness and involvement in Chapter Eight.

The aims of substance misuse education according to this document is to empower children and young people to make responsible, well-informed decisions, providing a number of ways in which this aim can be achieved. Below are a sample of ways in which Welsh Government suggest that schools can achieve the intended aims of substance misuse education (Welsh Government 2013).

- by providing accurate, credible and up-to-date information based on national and local information
- by being age-appropriate and being determined by understanding needs, knowledge and changing trends locally and nationally
- by taking account of the development stages of children and young people, considering pre-existing knowledge and understanding of substances
- through understanding that a one-size fits all approach is inappropriate and the different needs and knowledge of children and young people must be considered

The landscape of drugs changes quickly with new drugs emerging rapidly into the drug market. It is therefore difficult for schools to keep up-to-date and provide accurate and credible information. The School Health Research Network is a national annual health and wellbeing survey and provides schools with local data for their school and comparable national data for Wales. To base substance misuse education on local and national data requires schools to be sharing data as a whole school approach, to allow for such data to be integrated as part of the PSE curriculum.

What's more, to build and plan a PSE curriculum that is governed by local and national trends requires a multi-agency approach to PSE delivery. This would ensure that the substance misuse education that children and young people receive would be relevant to the local needs and based on the most prevalent substance in their region. However, no policy analysis thus far has outlined where policy actors can go to access information, but instead refers them to their local authority or the school community police officer. Additionally, the documents analysed do not provide schools with key facts, resources and materials to deliver substance misuse education. The experience of teachers and schools of delivering substance misuse is covered in more detail in Chapter Eight, as well as understanding the barriers for delivering substance misuse education in schools.

Despite advocating that a one-size fits all approach is inappropriate and the different needs and knowledge of children and young people must be considered, the Welsh Government directly commission the All Wales School Liaison Core Programme. This is a programme that delivers a number of education provisions to schools using trained police officers. It has been active in Wales since 2004 and delivered across all 22 local authorities in Wales. This is a national programme with a fixed curriculum to deliver

across a breadth of topics, including substance misuse. It is therefore prescribing a one-size fits all model to substance misuse education in Wales and leaves little to no room to consider the needs and knowledge of children and young people.

Although this thesis is not concerned with the AWSLCP *per se*, the topic has surfaced throughout conversations with key stakeholders from the policy level through to the school level, with children and young people also exploring their thoughts and experiences of the programme in Chapter Nine. It is therefore important to note that this programme does not have an evidence base to support its existence in Wales, and with 100% roll out across Wales, this programme cannot be evaluated. This programme is well embedded within schools and could be a barrier to substance misuse education in Wales. This is discussed in more detail in Chapter Seven.

This guidance document provides schools with an outline of what Welsh Government believes are effective approaches to substance misuse education (EMCDDA 2019). Welsh Government advocate for a skills based and normative approach to embed substance misuse education into schools and dispelling and challenging the assumptions of young people around the prevalence within society. Welsh Government state that harm-reduction approaches are best suited to those identified as already using/misusing substances as part of a more specialist intervention. This is the first time that this distinction has been made throughout this policy analysis. The national policy advocates a harm reduction focus to reduce, resist or delay substance use amongst children and young people. However, here the voice and message of the government is that harm reduction approaches are best suited to those identified as already using.

The national substance misuse policy as discussed at the beginning of this chapter advocates for a harm reduction approach, whilst the guidance for substance misuse education instead advocates that harm reduction is not appropriate as part of a balanced PSE delivery; and instead this approach should be reserved for those already using substances. This may be reflected by the authors of the two documents, with the national substance misuse policy written by the social justice department and the guidance for SME written by the education department. Both departments are strongly classified and this document could be seen as a preservation of the insulation for education (Bernstein 2000) as the beliefs, values and pedagogic discourse differ.

The analysis of the guidance document has identified that the document is weakly framed and schools have been privileged with the control over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99). The weak framing is further evidenced by the lack of accountability for substance misuse prevention in schools. This could be attributed to substance misuse education not forming a discrete area of learning within the curriculum and the substance misuse policy not forming a statutory requirement of schools. It is therefore useful to explore this further to compare the power and control dynamics that exist in statutory requirements and formal areas of learning in the curriculum.

6.5 Understanding power and control within the ‘Sex and Relationship Education in Schools Guidance’

Sex and relationship education (SRE) is compulsory for all state maintained secondary schools in Wales. The Welsh Government has provided guidance to schools through the sex and relationship education in schools’ guidance 019/2010 (Welsh Government 2010). Under the guidance, the power and control dynamics can be seen from the beginning where Welsh Government outline that *‘schools must have regard to this guidance when implementing their sex education policy and sex and relationship education provisions’* (Welsh Government 2010, p. i). Similarly, the substance misuse guidance, the sex and relationship education guidance reminds the reader of their role in having a positive and sustained impact on children and young people’s sexual health and wellbeing, again privileging schools as part of the solution to health promotion. However, there is also a difference between this document and that seen so far in the policy analysis. Welsh Government highlights how schools should interpret the language of the policy.

In this guidance, the use of the term **‘must’** refers to a statutory requirement in legislation. The use of the term **‘should’** indicates that schools are strongly advised to adopt the suggested approach. (Welsh Government 2010, p. 3, emphasis added)

Welsh Government outline the control of the policy, with control positioned with the government around guidance that is inclusive of the term ‘must’, whilst the reader and

acquirer of the document has the apparent control over the “selection, sequence, pace and criteria” (Bernstein 2000, p. 99) of statements and practices that include the term ‘should’. This is a significant change from what has been seen so far and is concerning that this document is potentially reducing schools’ interpretation and potential selection and uptake of information based on statutory requirements. This could have an impact on the interpretation, selection and uptake of similar health promotion policies as analysed this far in the chapter. Previous policies contain no statutory requirement, with the term ‘should’ used throughout these policies, other than reference to the United Nations Convention on the Rights of the Child. Such language and description in this policy could prevent the recognition and realisation rules being acquired for all non-statutory areas of health promotion.

The power and control dyad continues to be clearly demarcated by Welsh Government throughout this document. This is evident in the section, *What are the legal requirements for maintained schools?*

In secondary schools, and other educational settings that cater for learners of secondary school age, e.g. Pupil Referral Units (PRUs), the basic curriculum **must** include provision for sex education for all registered pupils. (Welsh Government 2010, p. 5, emphasis added)

All maintained schools **must** have an up-to-date written sex education policy that is available for inspection, particularly by parents/carers. (Welsh Government 2010, p. 7, emphasis added)

The above excerpt is an example of strong framing, in which the Welsh Government, as the transmitter of this policy, has control over the “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99) of the policy. Schools are legally obliged to have a SRE policy and provide SRE provisions for all registered pupils. This is a contrast to that seen in the substance misuse education, where schools are advised to have a policy, but are not legally obliged to have one. Despite the legal requirements, there is a shift in the framing of the policy when it comes to developing a school policy. Although schools do not have the autonomy to decide whether or not to have a SRE policy, they do have the control over what the policy looks like. Schools are not provided with a policy to localise, but instead are provided with the control to populate a policy with the recommendations from the Welsh Government, but equally they can select or omit aspects freely under the control vested in them through weak framing.

With the substance misuse education, schools are privileged with delivering SRE, however a weakly framed policy around the non-statutory components provides schools with the autonomy to decide how and when SRE is provided and integrated within the curriculum. Again, the Welsh Government are providing schools with the responsibility and control over the delivery and learning adopted.

The delivery of the curriculum is rightly **delegated** to schools. Schools will continue to decide on time given and the strategies for learning adopted. Nevertheless, SRE **should** not be delivered in isolation. It **should** be a planned and integrated part of the curriculum, with effective coordination to ensure

continuity and progression in learning across the key stages. (Welsh Government 2010, p. 8, emphasis added)

From the SRE guidance Welsh Government positions schools as having a positive and sustained impact on children and young people's sexual health and wellbeing. Schools are privileged with delivering sex education as part of the basic curriculum. Although there were similarities witnessed between the SME and SRE documents through the document analysis, there were also differences, namely through a legal requirement for SRE over SME. Nevertheless, how these legal requirements manifest in the school is entirely based on the schools' decision over the "*selection, sequence, pace and criteria*" (Bernstein 2000, p. 99) of the guidance. As the guidance is weakly framed schools are not provided with prescriptive learning outcomes, materials and timeframes. It can be concluded that there is a difference between what is statutory and non-statutory in the power and control dynamics, although this was only over the "*selection, sequence, pace and criteria*" (Bernstein 2000, p. 99) of aspects such as the need for a policy. There still remained a level of control over the pace, space, time and learning for the content of SRE.

The remainder of this chapter will explore the power and control dynamics of an education policy, to ascertain whether there are similarities or differences in the power and control dynamics of education policy, akin to those seen in health.

6.6 Understanding power and control within the ‘the literacy and numeracy framework’

In September 2013 the Welsh Government introduced the Literacy and Numeracy Framework (LNF) in line with their aim to produce learners with excellent literacy and numeracy skills (Welsh Government 2013b). The LNF became a statutory requirement in 2013 and this followed with summative assessments against the LNF as a statutory requirement in 2014 (Welsh Government 2013c). The LNF is a strongly framed and strongly classified policy, in which pedagogic discourse is insulated, and control over “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99) are positioned with Welsh Government, to ensure learners leave school with excellent literacy and numeracy skills. Within the programme of study for English Key Stages 2-4 and programme of study for Mathematics Key Stages 2-4, schools are required to take actions set out within the framework, to ensure that they comply with their legal obligations.

Teachers, Head Teachers and governing bodies of maintained schools **must** ensure that the legal requirements set out in this document are implemented in line with the dates specified in the foreword. (Welsh Government 2013c, p. i, emphasis added)

Under the programme of study for English and Mathematics Key Stages 2-4, these documents set out the national curriculum for English and Mathematics in Wales and mandates schools to deliver what is outlined in the programme of study for each key stage, and the accountability of attainment at the end of Key Stage 4. Unlike areas

outside of the national curriculum such as SRE and SME, under the LNF the control remains firmly with the government under strongly framed policies. The transmitter makes clear through the use of direct terms like ‘must’, that the acquirer (schools and teachers) does not have control over the “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99) of the policy and that they should follow the prescriptive learning objectives to ensure that they produce children and young people with excellent literacy and numeracy skills.

Under the literacy and numeracy framework the language is mandatory and not optional, and the government present a prescriptive curriculum for teachers to follow that is also underpinned by national curriculum outcomes and attainment target levels for each year group within each key stage. Whilst previously in this chapter weakly framed policies and frameworks have provided the locus of control over the “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99) of the policy with schools, the LNF is a strongly framed framework that does not allow schools the autonomy over the “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99) of the curriculum. This control is further supported by the accountability measures at the end of key stages, with schools required to demonstrate that they have delivered their legal obligation and the requirements of the LNF by demonstrating children and young people have progressed, and learning outcomes have been achieved. There is however greater control over the progress measures against the national curriculum at Key Stage 3, with schools internally assessing learners against the national curriculum level descriptions, although there is a tipping of control back to the government in Key Stage 4 with external accountability measures to assess learners in the form of GCSEs.

Furthermore, through the analysis of the Literacy and Numeracy Framework and programmes of study, not only has there been a change in the power and control dynamics, but there is a clear change in language. There is a shift from basic language of guidance around how to implement SRE and SME into the PSE curriculum, to a new language more familiar to pedagogy such as ‘strands’, ‘elements’ and ‘aspects’. The introduction of national curriculum outcomes and national curriculum level descriptors around specific subject matter would be familiar to a specialist English or Mathematics teacher to differentiate performance. This is evidence of a strongly framed and strongly classified subject in which there is a shared language and set of rules that govern and maintain the status quo of that subject, and set it apart from other subjects. This discourse is strongly insulated and preserved by the power relations, providing strong boundaries between education and health (Bernstein 2000).

Chapter summary

Through the policy analysis it has been highlighted that there are differences between policies for the national curriculum and non-curriculum subjects, as the difference between what is statutory and what is not. Using Bernstein's (2000) transmission context, the distribution of power and control and how this translates into classification and framing has been shown and the impact this has on the recognition and realisation rules (Bernstein 2000). Analysis has demonstrated how the power and control dynamics exist and operate between the different policies and frameworks, and how schools are privileged to deliver certain subjects *in lieu* of others, and where schools have the autonomy and control over the "*selection, sequence, pace and criteria*" (Bernstein 2000, p. 99) of policies and where they do not. This chapter was tasked with addressing research question one:

Research Question One - How is the voice and message of Welsh Government transmitted through the national substance misuse policy to the school and teachers?

The discussion presented in this chapter suggests that the national substance misuse policy does feature in the documents presented to the schools as guidance and frameworks to support schools in the delivery of substance misuse education. However, that said, it would appear that as the policy is transmitted from the policy level to the school, the voice and message of the national policy is diluted. In comparison, the voice and message of the Literacy and Numeracy Framework for the national curriculum, remain clear and the power and control remains rooted with the government. Using Bernstein's (2000) transmission context model to understand the power and control

dynamics, the national curriculum and associated documents are strongly framed and strongly classified, maintaining the power dynamics and control over the “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99), with the government.

What this chapter does not tell us is whether or not schools use their autonomy and whether or not they deliver and implement as suggested in the PSE framework and the substance misuse education guidance. What Bernstein’s (2000) transmission context model has exposed is the power and control dynamics within the discourse of health and education that can impact on the recognition and realisation rules. It does not alert us to the agentic mechanisms that could impact on the implementation of these policies. This will be discussed in Chapter Eight, where teachers discuss the barriers and facilitators for implementing substance misuse prevention in schools and Giddens’ (1984) structuration theory is applied to attempt to understand the interplay between the structure (school and policy) and the agency of the school fraternity to implement the policy. The next chapter will explore how substance misuse is conceptualised in Wales by policy makers and the mechanisms for the transmission of policy to the school level.

Chapter Seven - Conceptualising substance misuse at the national and regional policy level

Chapter Overview

The policy analysis in Chapter Six demonstrated differences between education policies and health promotion policies in the power and control dynamics, with more control for schools over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99) for health policies, reflecting weak framing. The purpose of this chapter is to explore the policy landscape to understand from the policy makers and key stakeholders at the national and regional policy level, how substance misuse is conceptualised within the transmission context. This analysis is drawn from semi-structured interviews with key stakeholders and the policy analysis to address the following research questions:

Research Question Two - How is substance misuse in Wales conceptualised and how does this impact children and young people?

Research Question Three - What are the barriers and facilitators for implementing substance misuse prevention and education in Wales from a policy perspective?

This chapter will continue with the application of Bernstein’s (2000) transmission context model, as well as introducing the application of Giddens’ (1984) structuration theory. This is the first time to my knowledge that Giddens’ (1984) structuration theory and Bernstein’s (2000) transmission context has been explicitly used together and the first time for substance misuse. Bernstein’s and Giddens’ theories have been previously used synergistically (McFadden 1996).

7.1 The substance misuse agenda and the policy landscape in Wales

Substance misuse is a complex issue that spans many political portfolios as part of a holistic package to address substance misuse and its outcomes. Policing in Wales is non-devolved and therefore the Misuse of Drugs Act, (UK Government 1971) a UK wide legislation, is the overarching legislation that covers England and Wales and under the control of the home office in Westminster. As a non-devolved matter, the input from the Welsh Government is limited. Historically substance misuse has moved around the political portfolios from social justice in 2008 when the *Working Together to Reduce Harm* was written, to the present day where substance misuse sits under the health agenda. Health is a devolved matter, which the Welsh Government have legal and budgetary control over. From the narratives of those in the policy sphere in health, it appears that there has been a recognition in Wales that substance misuse should sit under a health agenda and this has arisen as a result of the desire to influence where they [Welsh Government] can.

We can only do what we can do, so I think within Wales because our substance misuse policy sits within the health agenda, we tend to concentrate on where we can influence

Tara – Senior Manager Substance Misuse Division

There is a recognition that despite substance misuse sitting within a health agenda, it does not always get the support that is necessary. It lacks the wider recognition, which may be attributed to the historical movement around the portfolios.

I think we do have a role in Welsh Government here in trying to make sure that it is on the agenda to be honest with you because so easily substance misuse could be seen as a community safety issue. Whereas I am not sure if you are aware but historically the kind of substance misuse agenda used to sit within kind of local, not local government but kind of community safety angle. Very much that and I think it's very much, it's been on the health agenda now for quite a while and I think that's, from my perspective coming newish into it, that's the way it should be for me

Robert – Senior Manager Substance Misuse Division

This can be understood through Bernstein's (2000) transmission context model. The Misuse of Drugs Act (MDA) (1971) is a strongly classified and strongly framed legislation that retains the power and control with the UK government, which is governed under strongly framed international drug treaties. The control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99) is positioned with the government and agents are expected to act in accordance with the law. Nevertheless, as Tara said in the above excerpt, Welsh Government tries to influence where they can.

From a structuration perspective, (Giddens 1984) agents operate within the context of rules, in this case the MDA, and through compliance of these rules the structure is reinforced. The compliance and non-compliance of these rules by agents will either reinforce or destabilise the structure, such that these structures are socially constructed (Giddens 1984). Welsh Government could be said to be reinforcing the structure that exists around the MDA, but at the same time destabilising the system of both criminal justice and health through the convergence of the two discourses, which historically

have been strongly insulated (Bernstein 2000). This is more evident when Robert discussed the working direction of the Government and wider partners in looking at safe injecting facilities. The below excerpt demonstrates the wider context in which Welsh Government must work within and the strong classification and framing of the MDA.

One kind of area which is quite interesting at the moment, again but quite sensitive, is around kind of medically supervised injecting centres or drug consumption rooms and the like. So what we're doing in Wales on that, just to be clear, this is where we are, as you will appreciate, we are kind of tied in Welsh Government, for want of a better word, because you know it is illegal in terms of you know drug consumption, heroin and people take their own in, even with supervision it's risks I guess to those who are supervising, they could be prosecuted etcetera etcetera....that this you know is an issue Welsh Government is tied on, that it's very difficult for us but we do sit on that group in an observer kind of capacity as well. So that, but that is, I say that is quite a big agenda for us at the moment

Robert – Senior Manager Substance Misuse Division.

This has the potential to destabilise the structure that exists for MDA and the criminal justice system, although strong classification and strong framing can impede the potential for actors to act outside of the rules to change and modify the structure and so the structure is reinforced (Bernstein 2000).

7.2 The policy development process

Policies should be informed by strong evidence, in light of the fact that these policies are created using public money, and governments should minimise the harm to the public and thus be confident that the policy is not doing more harm than good (Bennett and Holloway 2010; Moore et al. 2017). During interviews with policy makers and key stakeholders, it became clear that the knowledge around the policy development process and the use of evidence to inform the policy was not well known and understood. No agents of the recontextualising field (policy level) were able to describe the detail of the evidence base or the details of how the policy was developed. There were differing views around the process between those agents who sit in regional policy spaces.

It is very strongly, and was very strongly based on the evidence of what works
and what is effective

Greg – Senior Manager Area Planning Board

I wouldn't say it was a particularly inclusive process. And again I think that's
because it's in a silo over here. There is a branch in government that is
responsible for it, there is an advisory committee and various bits of the system
contribute bits. I don't really recall any real strategic conversation about what
it is we are trying to achieve

Martha – Senior Manager Public Health Wales

This is in contrast to that found by (Leow 2011) around obesity, whereby agents of the
recontextualising field were able to discuss the evidence. This may be reflected in a lack
of evidence around substance misuse education and prevention among children and
young people. Nevertheless, the area planning board believe it is based on what works
and what is effective and I contend that this is reflective of a treatment model which the
area planning boards subscribe to, which will be discussed later in this chapter.

However, it is important to note that a limitation of this thesis is that interviews were
only conducted once and details could have been explored further with participants and
clarification sought. Future research may consider conducting a second interview, to
explore key themes emerging (Vincent 2013).

It appears that agents from outside of the government departments responsible for the
policy development and implementation were more knowledgeable and more familiar

with the literature and evidence base for the aetiology of substance use and the prevalence amongst children and young people. Both Martha and Greg were aware of the risk factors associated with children and young people using substances and were familiar with the evidence around the global burden of disease and adverse childhood experiences. They were both aware of the need to address substance misuse at the causal level from a preventative angle, by improving resilience and improving mental health, as opposed to simply treating the symptoms and consequences.

The ACE (Adverse Childhood Experiences) stuff has definitely changed the landscape of the conversation in a whole range of ways, but certainly in the substance misuse sphere. So I think it's a good thing because it's bringing, if nothing else, is actually saying very clearly that the origins of these behaviours sit for many people in a common set of experiences, which are actually shared with a range of other outcomes

Martha – Senior Manager Public Health Wales

So, I think substance use is a consequence you know and we have spent years trying to tackle and firefight the consequence and the shift now, now that we're kind of going down the public health route is around trying to identify and respond to the causes as opposed to the consequences. And the fact that reduced substance use will be almost a side-effect of that better programme around culturing and fostering a positive culture within young people

Greg – Senior Manager Area Planning Board

This lack of knowledge around the policy development process and a lack of understanding of the prevalence rates amongst children and young people at the policy level could be attributed to the recent uptake of posts by the two agents from Welsh Government. However, Martha argues that substance misuse is currently under a health agenda and in her opinion, this contributes to a system wide failure to deliver substance misuse prevention and education to children and young people.

Substance misuse policy doesn't sit in public health. It sits out of public health.

In health but not in public health and what is in my view the problem

Martha – Senior Manager Public Health Wales

There appears to be a lack of ownership of substance misuse from years of being passed around the political portfolios, as described by Robert in the excerpt below.

I think you know we do have a role in Welsh Government here in trying to make sure that it is on that agenda to be honest with you, because so easily substance misuse could be seen as a community safety issue. Whereas again I am not sure if you're aware of the background but historically the kind of substance misuse agenda used to sit within kind of local, not local government but the kind of community safety angle

Robert – Senior Manager Substance Misuse Division

This has led to a recognition that substance misuse does not get the profile that is needed. This lack of ownership may contribute to substance misuse prevention for children and young people falling outside of the core business of the health and

education departments in Welsh Government. The next subsections will explore this in more detail and specifically how classification and framing shape the context of both departments, and how the system and agent interactions maintain or disrupt the system.

7.3 Classification and framing in education and the impact on substance misuse prevention

At a macro level, the education department within Welsh Government is there to ensure academic success and attainment in schools, by supporting schools to deliver the national curriculum. The policy analysis in Chapter Five, found that the literacy and numeracy framework is a strongly classified and strongly framed policy that mandates schools to deliver what is outlined in the policy. Whist the PSE framework, in which substance misuse prevention is covered, is weakly framed. This privileges the schools with the control over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99) to take forward.

The difference in discourse between the policies could be attributed to the core business of the education department, which is on academic attainment and not health promotion (Katz 2009). Arguably, this lack of core business is underpinned by a strongly classified and strongly framed numeracy and literacy framework. This results in a lack of training and resources for teachers, lack of skills and lack of confidence within the teaching fraternity to deliver what they are privileged to deliver under the PSE framework. This in turn serves to undermine health promotion in schools. The issue of a lack of resource was commented on by Andrew, a senior manager within the Education Department.

We don't fund anything, there is no budget for PSE at all

Andrew – Senior Manager Education Department

The lack of PSE budget demonstrates that schools are expected to deliver health promotion with no additional financial support. This may be a contributing factor over the uptake and delivery of the substance misuse policy in schools, as schools are poorly served by the education department in order to fulfil their role as outlined in national government policy. The lack of financial support to ensure schools can deliver health promotion which they are privileged to deliver, advantages education pedagogy, further insulating schools as institutions for academic attainment. Weakening this boundary between health and education could result in the convergence and weakening of the values, beliefs and interests of the education department (Bernstein 1975b).

Under a weakly framed PSE framework schools have the autonomy to decide how to implement PSE and to address the areas they feel are most beneficial to their community and be reactive to local needs. According to the education department in Welsh Government, the PSE framework is deliberately broad and flexible to allow schools that autonomy and to implement the areas of learning most appropriate and not for government to dictate what schools should deliver, as outlined below from an excerpt of the interview with Andrew.

From a guidance perspective in Welsh Government we've got the PSE framework which identifies all the areas that we would like our children to come out of school with the correct life skills essentially, and then it is down to the schools

Andrew – Senior Manager Education Department

Schools can set normative values and expectations to support children and young people to resist, delay and reduce substance misuse. Nevertheless, the education department does not provide resources to schools and instead schools use their budget and procure substance misuse education and prevention lessons in an uncoordinated and unregulated market, which could be more harmful to children and young people.

We have quite a few organisations that write to the Welsh Government, write to the cabinet secretary for Education, raising awareness of the work they are doing. Myself I tend to meet with them, I am happy to promote their resources to make sure that there is at least a consistent message across Wales that these are the things that should be done. But what we have done as part of the quality

assurance mechanism is the PSE advisory group now has a quality assurance aspect within the terms of reference, so I might meet with someone from substance misuse, I am not a subject specialist so I will take the resources away, pass it to all of them, they will come back with comments and I won't actually put them up onto Hwb, which is our additional learning platform for Wales, until they have said it is fit for purpose

Andrew – Senior Manager Education Department

Conversations that are ongoing at the moment you know how do we, how do we collectively support schools to be able to access... I mean schools are bombarded with you know what purports to fix whatever problem they are worried about this week. None of these programmes have been properly evaluated, some of them might actually be quite good, one or two of them have reasonably solid sort of, theoretically they make some sort of sense, but they have never been tested and proven and some schools are spending a disturbing amount of money on some of these things

Martha – Senior Manager Public Health Wales

From the excerpts above it would appear that the Hwb is used as a resource catalogue for schools. Although there is wealth of resources from a number of agencies that purport to be able to address substance misuse among children and young people, these resources have not been evaluated. There is the potential for schools and teachers to be overwhelmed by a plethora of information with no way of measuring or deciding which resource to implement. However, as Martha has highlighted above, there are on-going conversations in recognition of this and how Public Health Wales can support schools to

evaluate and implement resources that have good scientific knowledge and evidence. Despite this recognition by both Andrew and Martha that schools are under resourced, there still remains a belief that there are missed opportunities by teachers to deliver PSE.

It really doesn't matter if you haven't got the faintest idea what it looks like or what it is called because actually the bit you have to talk about is why do people get into this stuff, doesn't matter what the stuff is at the moment, but you know why do people and what are the consequences and have the wider conversation. And you know teachers are more than capable of having that conversation and exploring with their pupils

Martha – Senior Manager Public Health Wales

They don't quite have the understanding of how to do it, they don't have the experience of being able to deliver this and I imagine that's the same across a lot of areas of PSE. They can deliver it through cross-curriculum subjects but teachers don't have the knowledge and don't have the experience of doing that. So, you know it's through PSE and through health and wellbeing in the future, it's going to raise the status of all subjects that fit within health and wellbeing. But there are opportunities currently to do that anyway, it's just that teachers are not as comfortable doing it

Andrew – Senior Manager Education Department

From the above excerpt it would appear that there is a disregard for the lack of training and resources provided to schools in order for them to deliver health promotion. School teachers have been promulgated at the vanguard of health promotion in children and young people, despite the evidence that it does not form part of the core business of the education department. They are expected to respond to multiple demands at the same time (Braun et al. 2010) with no training and resources to deliver health promotion, whilst being held accountable for student academic attainment. It is not surprising that schools struggle to respond effectively to the demands placed upon them, and furthermore, with a strongly classified education system and strongly framed education policies, and a weakly framed PSE framework, schools have the autonomy over the implementation of health promotion but within an educationally focused system.

Through the application of Bernstein's (2000) transmission context, the distribution of power and the principles of control are being exposed through classification and framing of policy discourse. It is these principles that select and act on the potential

recognition and realisation rules (Bernstein 2000). However, this structure is being maintained through strong classification and actors reinforcing the structure by compliance (Giddens 1984). Furthermore, it could be suggested that the structure of the education department is implicitly known, sanctioned and used in everyday routine of the agents of the school (Giddens 1984; Turner 1986). However, because health promotion is weakly framed and traditionally sits outside of the school environment, there is the potential that teachers are not acquiring the realisation rules because the structure is not implicitly known (Giddens 1984; Bernstein 2000). This reinforces the strongly insulated education pedagogic discourse and ensures that external influences do not interrupt the regulatory order, values and beliefs of the education system (Bernstein 1975b).

That said, structures are socially constructed (Giddens 1984; Turner 1986) and agents have the ability to act outside of the rules and change and modify the structure. How schools respond to this autonomy, and the barriers and facilitators to implementing substance misuse education and prevention in schools is discussed later in Chapter Eight. However, there is a lack of infrastructure at the education policy level to support schools in delivering health promotion, because this is not part of the core business of the education department, although the agency of actors is reinforcing the structures. This needs to be considered to gain a full appreciation of the school context and the implementation of health promotion. To understand how these dynamics interact and result in some policies being implemented and disrupting the structures and modifying the system, whilst other interventions wash out (Hawe et al. 2009b).

It is now imperative that the same level of analysis is applied to the health department to understand how the classification and framing influence the structure and implementation, as well as the agentic properties that maintain or disrupt the status quo.

7.4 Classification and framing in health and the impact on substance misuse prevention

Alike the education department, the health department at a macro level is concerned with a healthy population and concerned with the treatment and recovery from disease. The division for substance misuse is the department tasked with overseeing the creation and implementation of the *Working Together to Reduce Harm* national substance misuse policy. At the time of the policy creation in 2008, substance misuse sat under the social justice system. As discussed in Chapter Six, the policy has four overall aims which are 1- *to prevent harm to children, young people and adults, to resist or reduce substance misuse*, 2- *improving the support available for those who use substances*, 3- *support families affected by substance misuse* and 4- *reduce the availability of substances*.

The policy is a broad document that spans the areas of life that are reflective of the nature of substance use from prevention with children and young people, through to treatment and the criminal justice system. However, this broad policy has divided agents of the regional recontextualising field, with one agent finding the broadness advantageous, whilst on the other hand, the other agent describes it as a limiting factor and unhelpful in addressing substance misuse in children and young people.

Because of the broad headings, you could have emergent trends and new evidence brought into the mix, so for example there is a renewed focus over the last three or four years on alcohol related brain damage, on dual diagnosis,

and the level of substance use particularly alcohol amongst older people, and that's all kind of work that has been done since the launch of the strategy

Greg – Senior Manager Area Planning Board

It's huge and so I think it is probably not helpful. I mean it's like a lot of these things I think, we struggle generally from a public health point of view of what I would call disease focused planning, which looks at prevention. Because the underlying causes and they're almost never unique to one disease area, so it's actually deeply unhelpful. And so from our point of view there are a series of behaviours and underlying that there are a series of you know wider determinants that influence those behaviours. And we would prefer to have a strategic approach that looked at those separately from ok once people have got a problem we need to be able to help them, and yes there is an interface in the middle of course, but when you put those two things together, one end almost never gets done well

Martha – Senior Manager Public Health Wales

This goes back to the point made by Martha at the beginning, substance misuse sits under a health agenda and not a public health agenda. From the policy analysis and semi-structured interviews with key stakeholders within the recontextualising field at the national and regional level, it would appear that there is a strong health lens, with a particular focus around treatment and service provision and recovery.

From the perspectives of those within the division and the area planning boards, their focus is on areas that cause the most issues. They invest money in those services that have the greatest need, and for substances that are causing the most pressure.

Our big focus really is around harm reduction and about reducing the harms that are caused by substances...the biggest harms are things such as you know heroin use and alcohol use and so we focus our energies in those areas...so from a cannabis view point, that's not causing us, we're not seeing the hospital admissions or the same level of deaths because of cannabis use...from a Welsh Government perspective we must prioritise the limited resources we've got in the areas that we can influence first of all and the areas that are causing the biggest harms secondly and I think that's our focus really

Tara – Senior Manager Substance Misuse Division

If you look at 11 to 18 year olds I would say that dependence only really crops up in relation to alcohol. There are occasional cases of opiate dependence but they are so few and far between that for example in Wales we haven't yet been able to pull together the evidence that would be needed in order to commission a national detox facility for opioids for under 18s, we just don't get the numbers through that would warrant that kind of facility

Greg – Senior Manager Area Planning Board

The focus on service delivery and treatments for those patient groups causing the most pressure and demands on services, supports what Martha said above, that inevitably one end, treatment or prevention does not do well. It can be suggested that children and young people from a prevention perspective are not considered part of the core business of the substance misuse division, as their focus is on those issues that are causing the most harm and the most pressure. This may be attributed to the fact that harms from dependence are acute and measurable and that lower forms of use such as transient and recreational use, typical of children and young people, is less observable. Thus, the focus on treatment over prevention results in the behaviour that causes dependence, the drug use in harmful frequencies, is neglected or not targeted to the same degree.

Despite children and young people being one of the four areas of focus for the national policy, Martha argued that the policy makers and the area planning boards who are responsible for commissioning services are too treatment focussed.

It is always going to be a challenge because the area planning boards in my experience focus particularly on treatment

As a result of the treatment focus of the area planning boards, and the concentration of resources around areas of most concern and on those populations impacting on service delivery; children and young people are removed from the core business of the area planning boards and substance misuse division because they are not a group that would fit this category as outlined by Tara and Greg above. This is further supported by a recognition that prevention is not a central strand of the *Working Together to Reduce Harm* policy, and that this area of work is neglected. This further positions children and young people outside of the core business and could result in children and young people not getting the help and support, and investment they need.

There was some consensus among stakeholders who recognised that children and young people's substance misuse can be chaotic and linked with mental health issues. This was explained by Martha who recognised that young people do not need a substance misuse service, however they may need a service of some sort.

Young people don't typically need substance misuse services. You know the nature of their use is typically transient and chaotic, so yes there's a cohort that get into difficulties where they actually need some help but they're more likely to present through mental health services

Martha – Senior Manager Public Health Wales

This is further recognised by Greg who recently decommissioned a children and young persons' service and commissioned instead, an integrated mental health service.

One of the difficulties you have with young people is substance misuse is rarely a factor in itself, it will always occur with things like anxiety, low mood, depression and a whole range of mental health issues. So, we took a decision three years ago to bring substance misuse into the fold with a whole range of other mental health services rather than having it out there on its own, the number of referrals just weren't coming through, whereas with mental health that includes substance misuse, we're getting much greater numbers through the door

Greg – Senior Manager Area Planning Board

What is evident from the narratives of those at the policy level is that with a limited budget they cannot provide prevention and treatment services, and therefore look at service delivery numbers, figures and referrals to assess the basis of a service and continued commissioning. Furthermore, the impact of decreasing budgets has resulted in a focus on treatment and outcomes that demonstrates the impact of the investment. This may also be a result of prevention being far less observable and the impact of prevention not seen for a number of years.

Trying to stop a service is a lot harder than trying to start a service, because inevitably people will be in the service. No service is empty, people will be in receipt of a service and they will be getting a good service and for them, that individual person, it may be the only support that they are getting. So you know shifting from a treatment focus to more of a prevention focus is really, really difficult

It would seem that despite demonstrating through the policy analysis that children and young people are a priority in the national substance misuse policy. When it comes to the execution of that policy at the health policy level, children and young people fall through the net, as the core business focuses on treatment and service delivery. This is further underpinned by the narrative of Robert who talked about recovery focused care, reducing the number of deaths and harm minimisation through safe injecting facilities and naloxone programmes. Although these are all important areas of focus and aligned to the national policy to reduce harm, for these agents, children and young people do not form part of their thought process. Children and young people as outlined at the beginning of this thesis, 11 to 16 year olds, are not represented as service users as they are not causing a pressure on services, and not a population in demand and in need of treatment. Under the current policy, money is ring-fenced for children and young people however, with a limited budget and an increasing demand for treatment for the older adult population, there may be a change to funding provisions on the horizon.

There is an element of that money that is ring-fenced for children and young people services. So, the reason it is ring-fenced is because we wanted to make sure that, you know when we've got all of those competing priorities, because there are a lot of competing priorities, that there is an element of that ring-fenced for children and young people and so that doesn't get lost in the bigger picture of recommissioning. Now whether that continues I don't know you know that may be something that as we look at the evidence base moving

forward you might actually think well actually we need to change that from
children and young people to older adults

Tara – Senior Manager Substance Misuse Division

Nevertheless, the agents of the health department were keen to point out that provision for children and young people is provided through the All Wales School Liaison Core Programme. The funding of this programme operates differently to other service provisions for substance misuse in Wales. The AWSLCP is directly commissioned and funded by Welsh Government, whilst other services are commissioned from Area Planning Boards with a budget provided for by the health department to commission services based on local needs. This has been criticised by key stakeholders in the field.

If you went back to what it was supposed to be, I mean the problem is you know from the outset it didn't have an evidence base at all, it wasn't based on sound educational theory, it wasn't based on, it wasn't even good education never mind good prevention, and they aren't necessarily the same thing. It has never been evaluated, you know I could go on for a long time, and it's a very expensive intervention

Martha – Senior Manager Public Health Wales

No duplication and I wouldn't want our services to duplicate what they're doing. Basically, the difference is that our staff will go in and develop a modified bespoke approach according to the needs of the school and following conversations with the staff and looking at things like the demographics. So, the intervention for Year 10s in one school is going to be very different for the Year 10s in another. So, they will go down the bespoke route of listening to the staff and making sure that the content is right, and will then modify the content and the approach to reflect particular local concerns. All Wales Schools Programme is a standardised model, one fits all

Greg – Senior Manager Area Planning Board

Yet despite the criticism, agents of the health and education department recognise that the AWSLCP has a key role to play in schools and the education department's transition to the new curriculum in Wales. There is a recognition that schools do not have the skills and knowledge to lead public health promotion, and the education department posits that the programme and the officers will be instrumental in training the workforce in the new curriculum. Whilst for the health department there was a recognition that the

evidence base for police officers in delivering substance misuse education and prevention is concerning. However, from what both agents are saying it may indicate that this programme's future has been decided and this may coincide with the introduction and the transition to the new curriculum.

I think they [schools] have a huge role to play but again I think the question is again, I speak from the All Wales School Programme side, important but there is a wider question then for is it, should it be more holistic as part of the curriculum, and I think they have a key role to play in short. Who delivers that again is up for discussion and there's evidence isn't there around that as we talked about with the police officers and other things, but it's got to start young hasn't it

Robert – Senior Manager Substance Misuse Division

Yes so from my point of view at the moment, we're in a transition period so I think the All Wales Police Liaison have a key role in making sure that they know in going forward over the next couple of years they're in schools, they're upskilling the teachers...so I think going forward their role is key in going forward the next couple of years but they should be informing the new curriculum as well of the kind of lessons that they're doing, what works effectively, for the pioneer schools to actually consider those in development of the new curriculum

Andrew – Senior Manager Education Department

What is evident thus far is that both health and education are strongly classified discourses, creating well insulated boundaries between them. As Bernstein described “what preserves the insulation is power and attempts to change the degree of insulation reveals the power relations on which classification is based and reproduced” (Bernstein 2000, p. 7). Under a weakly framed policy the control over the “*selection, sequencing,*

pace and criteria” (Bernstein 2000, p. 99) is positioned with the acquirer and they have the autonomy to decide what to take forward as legitimate text through the acquisition of the recognition and realisation rules (Bernstein 2000).

As a result of this strong classification, both the health and education department are not able to acquire the realisation of different realities which is needed in order to meet the needs of children and young people through cross-policy working that will draw on a number of disciplines. This is supportive of what Martha said at the beginning of this chapter that although substance misuse is within health, it does not sit within public health and that is the issue. Taking a public health lens to addressing substance misuse among children and young people would create a weakening of the boundaries between discourses and allow for the convergence of values, beliefs and interests (Bernstein 1975b).

Under the current set-up, substance misuse prevention in schools is largely delivered by the AWSLCP and recognised by the education department as providing the majority of PSE delivery in secondary schools across Wales. This has drawn criticism from Martha who described this as a lack of incentive for schools or the government to properly invest in health promotion or PSE.

I think currently schools are particularly badly served because you’ve got the Police Schools Liaison Programme which operates over here and that does it apparently. So, there is no incentive for them to do anything else

Martha – Senior Manager Public Health Wales

Although the programme features heavily in the provision of substance misuse prevention for schools, there is currently no accountability to either the education or the health department for what is delivered. The policy analysis identified that the literacy and numeracy framework is a strongly framed and strongly classified framework with the power and control firmly with the government. This is further demonstrated through the accountability measures put in place by the government. Whilst on the other hand, health promotion is weakly framed, with control provided to schools over the *“selection, sequencing, pace and criteria”* (Bernstein 2000, p. 99) of the policy. The PSE framework does not have accountability measures like the LNF and there is no accountability to the education department or the health department. This is further supported by the education department that confirmed health and wellbeing does not currently form part of their accountability measures and are not inspected and reported by Estyn. With the new curriculum being introduced in Wales from 2020 there is potential change on the horizon, or at least opportunity for change.

Estyn² are looking at health, more at health and wellbeing in the future. It was part of two areas I think that they are inspecting now, so one of those is actually you know what is being taught in the classroom, which is positive going forward. Especially because PSE isn't given the status that really it should have within schools, and what children actually say that, you know children give it more status than teachers and the reason for that is that it is not assessed and there is no performance measure against it. But with Estyn now

² Estyn is the teaching and learning inspectorate for Wales

putting it as part of their framework, hopefully it will raise the status a little bit,
a stick

Andrew – Senior Manager Education Department

Again, there is a lack of understanding as to why schools do not give PSE the status, when it does not form part of the core business of the education department and the PSE policy is weakly framed compared to a strongly framed literacy and numeracy framework. Furthermore, this lack of accountability and weak framing has resulted in what Martha described as a chaos of messages going around from abstinence through to harm minimisation.

I think that a lack of clarity means you've got a bit of everything going on. So I think you will find evidence in schools of people doing what I have described, you will see don't do it just say no type models and you will see people doing inappropriate harm minimisation where too much information is given. And I think there's a kind of you know telling young people lots of things about substances in a value-free-way which may well promote experimentation

Martha – Senior Manager Public Health Wales

The point raised by Martha above can also be linked with the earlier point around a lack of resources available to staff, and schools having a plethora of unregulated and unevaluated resources available to them. This along with a lack of clarity through a weakly framed document may lead to schools selecting a mix of resources and different messages being provided to children and young people throughout Wales. Furthermore, the health department outlined their position in the extract below. Harm reduction can be interpreted in a number of ways and through weak framing the interpretation of harm reduction and how to implement the policy is positioned with the acquirer. This could impact on the interpretation and implementation of the policy, and subsequent frameworks (Hall and Hord 2005).

Well our focus is very much around harm reduction in terms of I mean our whole ethos and our whole strategy is very much on the plank of harm reduction you know, so I think that's really in terms of the message that we would give through

Tara – Senior Manager Substance Misuse Division

Is enough being done to communicate with schools and teachers what Welsh Government mean by harm reduction, and adequate training and resources provided to ensure that schools can deliver the intended message? I would argue, through the application of Bernstein's transmission context that the policy is weakly framed and thus allowing interpretation and "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99), of the policy to be taken by the policy reader. However, what maintains this structure is the actors of the policy through their compliance of the structures (Giddens 1984), and the next chapter will explore this structure-agent nexus in more detail to understand the system dynamics that maintain or disrupt the system (Hawe et al. 2009b).

Chapter summary

This chapter was tasked with addressing the following research questions:

Research Question Two – How is substance misuse in Wales conceptualised and how does this impact children and young people?

Research Question Three – What are the barriers and facilitators for implementing substance misuse prevention and education in Wales from a policy perspective?

Overall the policy analysis and the narratives of the agents at the policy level have identified that substance misuse is a poorly served area of learning, which is not only under-resourced, but through strong classification and framing of education pedagogy, does not form part of the core business of the education department. As a result, teachers are expected to deliver substance misuse education as they are privileged to under the national substance misuse policy with no training, knowledge and resources. Furthermore, with substance misuse sitting under a health agenda in the Welsh Government, the focus has become concentrated on treatment and service provision based on service needs and demand. This focus inevitably tips the balance from prevention to treatment and neglects children and young people, who are a central strand of the national policy. Through a lack of collaboration and cross policy confusion, children and young people's substance misuse prevention is currently being delivered through the All Wales School Liaison Core Programme.

The next chapter will explore how the national substance misuse policy and the PSE framework are operationalised in schools. Additionally, the chapter will explore the barriers and facilitators, and provide a greater understanding of the context in which substance misuse prevention operates and provide a deeper understanding that can inform future interventions.

Chapter Eight - The transmission context:

Classification and framing and implications

for substance misuse

Chapter overview

This chapter presents findings from the analysis at the school and community level. As outlined in Chapter Two, Braun (2011) argues that insufficient attention has been paid to the policy enactment environment by policy makers, who have not grasped the challenges schools face in simultaneously responding to multiple policy expectations and demands. It is this enactment area that Bernstein defines as the reproduction field, whereby policy actors, in this case teachers, respond to the policy demands put on them by agents in the recontextualising field (policy level). This chapter will continue with the application of Bernstein's (2000) transmission context model and Giddens' (1984) structuration theory to the data derived from semi-structured interviews with school teaching fraternity and community stakeholders that support the school in substance misuse prevention.

The aim of this chapter is to understand how national policy is interpreted and applied at the school level. Drawing on Bernstein's (2000) transmission context, this chapter will examine how schools acquire the voice and message of the substance misuse policy and the PSE framework. Through the application of Giddens' (1984) structuration theory, the duality of structure and agency will be explored to understand how the policy is implemented, and the implications this has for the system dynamics. Furthermore, this chapter will explore the barriers and facilitators to implementing substance misuse education in schools.

Using a case study design, this chapter will explore the differences and similarities in the school and community key stakeholder accounts, to understand the school context

and how schools vary in their approach to substance misuse prevention. Furthermore, by adopting a case study design based on high and low cannabis prevalence, it may be possible to understand areas of school practices and the school environment that may contribute or protect students' exposure and experimentation with substances. Finally, this chapter may highlight good practice that could provide a knowledge exchange activity with schools or inform the basis of future validation and interventions.

This chapter will address the following research questions:

Research Question Four – How are the recognition and realisation rules acquired by school teachers?

Research Question Five – What are the barriers and facilitators for implementing substance misuse prevention in Wales from a school perspective?

8.1 Exploring the context through a case study design

This chapter draws on data from the 2015 School Health Research Network Pupil Wellbeing Survey and The School Environment Questionnaire. Case study schools were selected based on school reported substance misuse policy and high and low prevalence of cannabis use ever as illustrated in the sampling framework in Figure 7 in Chapter Five.

| School name | Coordinator | No of students | No of staff | School Size | FSM % | WIMD rank | School Type | Medium | Policy | Lifetime prevalence of Cannabis use | % of student achieving level 2 |
|-------------------------|-----------------------------|-------------------------|---|-------------|-------|-----------|-----------------|---------|-----------|-------------------------------------|--------------------------------|
| Royal Grove High School | Deputy Head/PSE Coordinator | 10 6 boys 4 girls | 4 Head of Year 11 Deputy Head Teacher Healthy School Coordinator Police Officer | 562 | 7.1 | 1739 | Mixed secondary | Welsh | Verified | 0.42 | 72 |
| Ashton Down School | PSE Coordinator | 10 6 boys 4 girls | 3 Child Protection Officer PSE Coordinator | 473 | 25.9 | 479 | Mixed secondary | English | No policy | 5.20 | 43.4 |

Table

2

| | | | | | | | | | | | |
|--------------------------|--------------------|-------------------------|---|------|------|------|-----------------|-----------|--------------|-------|------|
| | | | Team Leader drug charity | | | | | | | | |
| Woodville Park School | PSE Coordinator | 8 4 boys 4 girls | 4 Head Teacher PSE Coordinator Area Youth Worker Head of Phase | 1044 | 13.5 | 1591 | Mixed middle | Bilingual | No policy | 3.56 | 48.1 |
| Harper Lily School | Deputy Head | 10 7 boys 3 girls | 3 Police officer Deputy Head Head of Phase | 1578 | 8.2 | 1550 | Mixed secondary | English | Verified | 16.40 | 69.4 |

Characteristics of case study schools and participants

Healthy school coordinator is part of the Wales Network of Health Schools Scheme, Child Protection officer is a member of staff at the school responsible for overseeing welfare of children and young people, The team leader of the drug charity is a commissioned service for the region through the Area Planning Board to provide substance misuse services regionally, Area Youth Worker is a local authority employee attached to schools to support schools, Police officer is attached to the school through the All Wales School Liaison Core Programme. Level 2 assessments are qualifications like A*-C grade at GCSE

Policies set normative values and expectations for student behaviour, as well as outlining the procedures for dealing with substance misuse related incidents in school (Evans-Whipp et al. 2015). The importance of policies and the value of student involvement in their development is highlighted in both the Health Promoting Schools (HPS) framework (WHO 1997b) and Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) (UNCRC 1989). Policies aim to reduce the exposure and demand for drugs by outlining the rules encompassing: principles of abstinence or harm minimisation, student sanctions associated with possession (e.g. isolation), and support mechanisms and practices that are available to students who need help and support for substance misuse related issues (e.g. referral pathways).

According to Giddens' (1984), agents operate within the context of rules that are part of the social structure and through compliance of these rules, the structure is reinforced. Agents can also reflect and modify a structure, by acting outside of these rules to change and modify their structures. The compliance or non-compliance of agents reinforces or destabilises structures, such that structures are socially constructed (Giddens 1984).

Schools operate within a strongly classified education system which privileges education pedagogy and educational attainment over any other pedagogy. How schools interpret and apply substance misuse prevention in school may differ. It is on this basis that this thesis has selected a case study design to understand the context of schools and the similarities and differences that exist in understanding how schools implement substance misuse prevention. Table 3 outlines the similarities and differences between the four case study schools.

Table 3 Similarities and differences between schools with high and low cannabis use and policy or no policy

| | No policy | Verified Policy |
|-------------------|--|--|
| High cannabis use | <p>Ashton Down School</p> <ul style="list-style-type: none"> • PSE coordinated by PE teacher • PSE taught by subject teachers and supported by external providers • Barriers to PSE lack of skills and confidence amongst teachers, time and timetable because of the curriculum • No PSE in key Stage 4 • School priority to support young people • School Governors do not like harm minimisation messages | <p>Harper Lily School</p> <ul style="list-style-type: none"> • PSE overseen by Deputy Head • PSE focus on skill base and not content driven • Teachers work to build self-esteem and self-worth • Barriers curriculum pressure and staff skills • Policy not well implemented • School uses restorative approach to repair harms across the school |
| Low cannabis use | <p>Woodville Park School</p> <ul style="list-style-type: none"> • PSE delivered across 3 days • Targeted support through outside agency • School PSE adopts harm minimisation approach, although teacher beliefs a barrier • Low tolerance to substance misuse, strictly enforced | <p>Royal Grove High School</p> <ul style="list-style-type: none"> • PSE lead by Deputy Head • PSE integrated and made relevant to the wider curriculum • Barriers- keeping up to date with changes in drugs • School uses innovative ways to integrate PSE into the curriculum and meet learning objectives for |

| | | |
|--|--|---|
| | <ul style="list-style-type: none"> • Role of the school recognised as important • Image and reputation of the school very important to governors | <p>core, as well as project and peer to peer learning</p> <ul style="list-style-type: none"> • National quality award school |
|--|--|---|

8.2 The role of schools in health promotion

Across all four schools there was a recognition by school teachers and community organisations that schools have a role to play in substance misuse prevention.

Interestingly, one head teacher and one police officer recognised the role schools play in setting normative values and expectations, to ensure children and young people get a consistent message from school.

I think the school is pivotal to supporting children, because they are going to make their choices anyway. They need accurate information, they don't get that off their parents, and maybe they don't get it off their friends. If they rely on the internet then we are all in trouble, so I think the school has to be the voice of reason

Suzie – School Police Officer for Harper Lily School

I think it's massively important because there may be the situation with some pupils where the message from home is completely different

Janice – Head Teacher Woodville Park School

Whilst two other teachers recognised the role of schools in providing information and the school as the support mechanism when children and young people find themselves in need of help and support.

I think that children need to be given all the facts, they need to be given all the information, there has to be a non-biased you know, information to them... and if they stray we are there as a support mechanism and guide them in the right direction and support them through it

Bernadette – Child protection Officer Ashton Down School

I think there is a role to play in raising awareness of the dangers because obviously if the students are under a lot of pressure then they could be at risk of trying different things and experimenting

Sally – Head of Year 11 Royal Grove High School

Despite schools recognising their role in providing substance misuse prevention to children and young people and being privileged to do so through the national substance misuse policy and the PSE framework, not a single person interviewed mentioned the *Working Together to Reduce Harm* policy. This may be a result of strong insulation (Bernstein 2000) and variations in values and beliefs (Eisner 2000) and as such they may not be engaged with this policy. There was, however, more knowledge around the PSE framework for two schools in particular, who were aware of their obligations and the weakly framed policy that provides control to schools to deliver PSE at each Key Stage, as outlined in the extract below. This could support the suggestion offered in

Chapter Six that schools may be more engaged with PSE framework and the guidance on how to implement substance misuse.

It doesn't say in the PSE curriculum that it needs to be covered in every year.

So as long as we cover it in Key Stage 3 and Key Stage 4 and 5, then we have covered ourselves

Cath – PSE Coordinator Woodville Park School

Even though it is statutory to deliver, it is non-statutory in its deliverance. So as long as we touch on it you've done your duty, but that may be it's only done for one hour every three years, but you've done your duty

Emily - PSE Coordinator Ashton Down School

Interestingly, this awareness of the control over the “*selection, sequence, pace and criteria*” (Bernstein 2000, p. 99) of the policy was articulated by two PSE coordinators of schools who do not have a substance misuse policy in school, with both members of staff struggling to embed substance misuse prevention in their schools for reasons similar to the other two case study schools. Nevertheless, there are differences between the schools with a policy and those without, as seen in Table 3.

Both PSE coordinators above reflected on ‘covering themselves’ and ‘doing their duty’. It would seem that although the PSE framework is weakly framed, there are statutory requirements to it. The result of this is schools selecting these duties to ensure they comply with what is required from them. In doing so, these agents are reinforcing the structure of education that is strongly privileged to education (Giddens 1984; Bernstein 2000). It would appear that children and young people are being exposed to PSE as a tick box exercise in these schools, as opposed to being taught for the benefit of children and young people and for the purpose of reducing, delaying and resisting substances. The next subsection will explore the contextual constraints in more detail and the role of the education system as a strongly classified and strongly framed system.

8.3 Understanding the contextual constraints: core business

Education and health have been identified as being strongly insulated through strong classification. It is through strong classification and strong framing that schools are overwhelmingly privileged to deliver academic attainment in core subjects such as literacy and numeracy as one head teacher commented.

It’s always pushed to the side because your priority in school all the time is
literacy, numeracy you know and the core subjects

Aled – Deputy Head and PSE Coordinator Royal Grove High School

Strongly framed literacy and numeracy frameworks require schools to deliver academic attainment in literacy and numeracy against a prescriptive set of learning outcomes. The

strong framing of core subjects within a strongly classified education system results in schools reporting difficulties in exercising their control over health promotion.

Although schools are privileged to deliver health promotion, it competes for time and space within the curriculum.

Lots of the other pressures and things that we need to complete within the day.

We've only got so many hours in the day, it is hard fitting it [PSE] in I think

Sally – Head of Year 11 Royal Grove High School

Across the four case study schools, there was a consistent reporting of schools struggling to provide substance misuse prevention and other forms of health promotion at Key Stage four in particular (years 10 and 11) because of the pressures with attainment at GCSE. This is demonstrated below with two excerpts from two case study schools.

Key Stage 4 is just a major issue for us because we can't seem to find any time in the curriculum to fit it in apart from the odd assembly. So whereas before we were having the school liaison coming in in year 10 and year 11 and giving specific sessions on alcohol and substance misuse, that is now gone

Emily – PSE Coordinator Ashton Down School

Less focus on that type of issue [PSE] and more on attainment, and progress and results. It certainly starts to take a back seat

The competition for curriculum time has been reported previously in health promotion research (Leow et al. 2014). Such a struggle to provide time in the curriculum and appropriate attention to substance misuse prevention was further supported by community stakeholders who work with the schools to support substance misuse prevention. Schools are under increased pressure to achieve the prescribed academic attainment at the end of Year 11, that subjects such as PSE become less of a priority and struggle to maintain the regular curriculum slot, with schools exercising their control over the ‘selection, sequencing, pace and criteria’ (Bernstein 2000, p. 99), of the PSE framework.

I think we’re going through a really challenging time more and more actually in terms of schools being so pressurised to deliver on numeracy and literacy, to up their standards, their academic standards. So the measures that are used are all about, for secondary schools, the SATS and the GCSEs and the A Levels and in that climate it is very difficult to maintain a commitment to have a regular PSE slot

Tina – Healthy Schools Coordinator Royal Grove High School

Schools have a challenge in securing things like PSE sessions and days because they have got so many different priorities and so many targets to meet.

Because PSE is not properly, not statutory and properly embedded as a

requirement of the school, it's kind of up to individual schools to perceive it as
they want

Helen – Area Youth Coordinator Woodville Park School

The above excerpts from those who support schools with substance misuse prevention confirm that schools are primarily institutions of education. Through the application of Bernstein's (2000) classification theory, schools are privileged to deliver core business, as the education pedagogy policies and frameworks are strongly classified and strongly framed. According to Bernstein (2000) the strength of classification is related to the degree of insulation and as such power relations maintain the degree of insulation. Through a strongly classified and strongly framed education system, schools are clear what their role is in the delivery of numeracy and literacy. They are able to acquire the recognition rules and realisation rules (Bernstein 2000). Furthermore, the structure is reinforced as the rules of the structure are implicitly known, sanctioned and used in conversations and interactions in the daily routines of teachers (Giddens 1984), which serves to strengthen the structure through agent compliance.

Schools are less clear on PSE. The application of Bernstein's (2000) transmission context model has revealed that health promotion is a weakly framed policy operating within a strongly classified education system. Schools are expected to deliver substance misuse education and provide children and young people with the skills and knowledge they need to make informed choices around drugs. Schools have limited resources to deliver health promotion, unlike the access to resources for 'core business'.

So really you know it's essential I think, what schools need to move forward with is having more support. This is just down to money, but more support from the experts and you know we unfortunately aren't the experts. Unless this becomes a qualification where we can be throwing lots of money on loads of courses, we will always be finding information ourselves and trying to deliver it the best we can. Where for example, if you're delivering maths you will have courses, you'll have training days, and you will have you know materials developed

Aled – Deputy Head and PSE Coordinator Royal Grove High School

The excerpt above reinforces that schools are primarily sites for education attainment on a narrow range of academic subjects. Aled described a disjuncture in the training and materials provided for 'core business' and health promotion. It could be argued that even where teachers acquire the recognition rules and have the potential to acquire the realisation rules in their pedagogic practice, the structure is implicitly known (Giddens 1984) and through the lack of resources and training provided by the education department and local authority, the structure is reinforced. This concentrates teachers' time on educational pedagogy.

The lack of support was further demonstrated by Mark in Harper Lily School when asked what more can be done to support schools to implement substance misuse prevention.

Possibly support and resources rather than having to find them and create them or look for them yourself, maybe if there was somewhere that supported that type of thing that was more...more out there that we knew about maybe

Mark –Head of Phase Harper Lily School

In the excerpts above from Mark and Aled, both called for more resources, as they currently have to find the information and create resources themselves. This is interesting as in Chapter Seven Andrew, a senior manager within the education department, said that his department provide a wealth of resources on Hwb. It could be that the resources are there, but schools are not aware of them, or are not aware of how to use and implement them as part of the PSE curriculum. This is an area that could be a focus in future research to understand how resources are provided to schools.

As outlined in Chapter Two the landscape around drugs is fast paced and schools may struggle to maintain up to date knowledge. Furthermore, the international landscape is changing and this was the rationale for this thesis. The difficulty in maintaining up to date knowledge of drugs and where to access resources was reported by Aled and Tina in Royal Grove High School, and in particular, this was related to illegal substances and new and emerging drugs.

I would say one thing is it is hard to keep up with the changes and developments in substance misuse. Specifically, on the drug awareness side, obviously it is quite straight forward with alcohol and tobacco...difficulty is getting the best information about new trends, getting the evidence base, the materials, the stats on the effects and so on, it is sometimes not as accessible as

the old traditional stuff

Aled – Deputy Head and PSE Coordinator Royal Grove High School

Schools are hard pressed to do research

Tina – Healthy Schools Coordinator Royal Grove High School

Across the reproduction field, agents have articulated an overcrowded curriculum, lack of skills and access to resources as a barrier to the delivery of substance misuse education. Through the strong classification of the education system and strong framing of education policies, schools are privileged to deliver core subjects such as numeracy and literacy, and seem able to deliver this pedagogy relatively easily, given they possess the relevant subject knowledge and access to training and resources. Health promotion on the other hand is weakly framed, with schools provided with more locus of control over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99).

The findings by Leow et al. (2014) demonstrated that schools struggled to implement the strongly framed ‘eat well be active’ policy and the findings of this chapter suggest that the strong framing of health promotion does not result in the implementation of the policies. This could be reflected in the strongly classified education system. This is an important consideration going forward as Wales introduces a new curriculum in which health and wellbeing is intended to be a central strand. The findings of this thesis suggests that in order for health promotion to be embedded, it may require the weakening of the boundaries between health and education to allow for the convergence of the beliefs, values and interests of both pedagogies to allow for the realisation of different realities (Bernstein 1975b). The next subsection will explore the beliefs, values and interests of teachers in more detail.

8.4 Implementing substance misuse prevention in schools: Beliefs, values and interests

Policy implementation is dependent on staff readiness to adopt and change the beliefs and values that they hold. Sparkes (1991) posits that the capacity to change involves transforming beliefs, values and ideologies. The implementation of policy at the school level is therefore dependent on the extent to which the policy change is consistent with the beliefs, values and interests of staff in the schools and external agencies who deliver in schools. This in turn should reframe their pedagogical assumptions and practices in line with the requirements of the policy.

Agents from the reproduction field expressed challenges in coordinating substance misuse prevention and the difficulties they faced getting ‘buy-in’ from school staff. This lack of ‘buy-in’, for other pedagogies, demonstrates a lack of ownership for health promotion in schools.

The expertise of tutors is varied. The confidence and competence at the point of delivery is a concern for some

Colin – Deputy Head Harper Lily School

You can't get all staff that deliver it to be consistent... you can't always vet
what they are to say or how they deliver it

Lisa – Head of Phase Woodville Park School

With one PSE coordinator calling for more training for schools to ensure they can
deliver substance misuse prevention. Although another PSE coordinator thinks teachers
do not have it as a priority.

I think every teacher should be trained to be aware at least. So if they hear the
kids talking about meow-meow, it's not a cat, whereas I didn't know that

Cath – PSE Coordinator Woodville Park School

To be honest with you even if they offered more training on substance misuse,
to be honest I don't think the teachers would see it as a priority to go out of
school to go on training

Aled – Deputy Head and PSE Coordinator Royal Grove High School

Staff beliefs, values and interests are further evident when discussing the role of harm
minimisation within substance misuse prevention. As outlined in Chapter Six, the
Working Together to Reduce Harm substance misuse policy is written with a harm
reduction lens, although the voice and message of the policy is weakened as it travels
down to schools as seen through the policy analysis and application of Bernstein's
(2000) transmission context model. Through the narratives of the school teachers and
community organisations at the reproduction field, it appears that there is some

difficulty in providing harm minimisation messages in some schools, whilst not in others.

Ashton Down and Woodville Park Schools deliver substance misuse education through a harm minimisation approach, in conjunction with a drugs charity, and provide additional targeted sessions to those who are at risk of using or currently using. This approach, although it is congruent with the national policy, does not always get the support of the wider school as outlined below in the excerpts.

They are not given any sort of guidance on whether it's right or wrong which some people don't agree with. It hasn't always gone down very well with certain staff members, certain people don't agree

Lisa – Head of Phase Woodville Park School

I know our governors are not particularly happy with harm reduction, they would rather the message be don't do it, as in the legal standpoint. But I think we have a duty as well to recognise that the pupils are going to do it at some point and maybe we should give them the skillset that if they do that, just to be you know a good friend, look after people around them and what to do in an emergency

Emily – PSE Coordinator Ashton Down School

This experience of moral positionality is not congruent with the national policy. Tina recognised that harm minimisation for some teachers is too far, although calls for a greater recognition for providing a balanced substance misuse education to young people that fosters choice.

I think again it goes against the grain for some teachers, but we have to acknowledge the good effects as well, because I mean, if there was nothing good about alcohol nobody would be doing it would they. You know, we have to acknowledge that it does make us feel good, even if it is only temporary

Tina – Healthy Schools Coordinator Royal Grove High School

However, as described by Martha in Chapter Six, with a lack of clarity in schools there appears to be an array of messages being delivered in schools. One concern around harm minimisation messages from Jen, a team leader for a drug charity, is around people's understanding of harm minimisation, or lack of understanding.

I think that there is perhaps confusion by staff as to what harm minimisation is you know. They think oh you're teaching them how to do drugs you know. But no we are teaching them what is safe, how to be safe, what to do if something goes wrong, who to contact, what to do, how to look out for your mates, that kind of thing. So maybe there is a little bit of mixed messages

Jen – Team Leader Ashton Down School

Harm minimisation is a debatable phenomenon given the complex concept of risk and its appropriation to prevention (Holmes and Sumnall 2017). Harm minimisation involves constructing risk and the weighing up of harm and good, which again is hotly debated when applied to young people's education (Tupper 2008). As Jen has highlighted above there is often confusion and lack of understanding what harm minimisation is and the belief that you are teaching children and young people how to take drugs. This is similar to the literature around suicide and self-harm (Dazzi et al.

2014), although they found that talking about suicide could reduce incidents. It may be possible that talking about drug taking and reinforcing the normative values and expectations could reduce the prevalence.

It is not surprising that school teachers do not possess the knowledge and beliefs, given the strong classification and framing for core subjects, which further insulates their identity as teachers of maths, or English, or another core subject. This is further underpinned by a strong accountability measure of academic attainment as outlined in the literacy and numeracy framework. Across the reproduction field, teachers described the pressure of the curriculum as outlined so far in this chapter, but also the accountability at Level 2 assessments³. The narratives from those agents were that core subjects are a measure of the schools' progress and are accountability measures that Estyn inspect the school on.

With the demands of the Welsh Bacc. now becoming a measure of a school's progress and the schools' position shall we say. We have had to scrap, so there is no PSE at all going on in Key Stage 4

Emily – PSE Coordinator Ashton Down School

The excerpts above demonstrate the lengths that schools will go to ensure that they deliver on the core subjects and deliver on what they are accountable for; to the

³ Level 2 assessments are qualifications like A*- C grade at GCSE

disservice of other subjects and important areas of learning such as health promotion. Schools have demonstrated that in order to meet the demands of core subjects of which they are accountable for, they use the control vested to them through a weakly framed policy (Bernstein 2000) and do not implement PSE, reinforcing the strongly insulated structure (Giddens 1984).

Through the application of Bernstein's (2000) transmission context, this thesis has uncovered the distribution of power and control that exists within the education and health department and how this power and control dyad is translated through the policy discourse. This only provides the structural understanding and not the agentic understanding as to why some schools implement substance misuse prevention whilst others do not. It is therefore important to understand through the application of Giddens' (1984) structuration theory, why some agents use the autonomy vested in them, whilst others do not.

Despite some of the barriers outlined above for substance misuse prevention, there are a number of ways in which schools are trying to embed substance misuse prevention within the school, despite the school environment not supporting health promotion. The next subsection will explore this agency in more detail.

8.5 Locus of control to embed health promotion

Across the case study schools, as outlined in Table 3, there are a variety of practices schools use to deliver substance misuse prevention in schools. As reported earlier in this chapter, teachers responsible for coordinating PSE in schools agree that there is a lack

of ‘buy-in’ from school teachers because of their beliefs, values and interests, which are strongly insulated through the strong classification of the education system and strong framing of core subjects (Bernstein 2000). As a result, Woodville Park School decided to implement 3 PSE days a year which are coordinated by the PSE coordinator and supported by outside agencies, to overcome this barrier.

Well what I have noticed, when I was given this role firstly, in previous schools and previously at this school, the form teachers deliver the PSE workshops during morning tutorials. Some teachers deliver it and deliver it really well, some teachers just deliver it for the sake of it, and some teachers don’t deliver it at all. So my, when I had the role I decided to set three full days where basically I knew the children were receiving workshops. So in these PSE days they have, it’s like basically I sort out 25 workshops for the whole of the school and the children rotate then five lessons, five hours a day. Some teachers deliver a lesson, and if they don’t deliver a lesson they cover them within where an outside agency would be delivering, so they are all involved

Cath – PSE Coordinator Woodville Park School

Whilst Harper Lily and Royal Grove High School steer away from harm minimisation and abstinence based messages, but instead look to address substance misuse through root causes and educational approach to learning through questions.

We did a project where we had year 10 volunteers who came for some training and they were going to work with year 7 and 8. The aim was to move away from health risks and link to quite recent evidence of the link between ambition and smoking

Tina – Health Schools Coordinator Royal Grove High School

We always focus on the development of the relationship you know because they're never going to be experts in drug education. They are teachers, they are not drug education workers. So the teacher will develop the young person's self-esteem, self-confidence, social skills, the ability to meet their needs appropriately not inappropriately

Colin – Deputy Head Harper Lily School

These schools have taken ownership for health promotion and integrated substance misuse prevention as part of the curriculum. Both schools have health promotion leads from the Senior Management Team and for the Deputy Head in Royal Grove High School, this is an essential ingredient for the implementing health promotion in schools.

I think it is essential as in our school, you must have a senior member of staff who has got that [PSE] as a priority on their thing. If it is maybe just somebody in middle management or just another responsibility, I don't think it feeds through to the senior management to have that responsibility

Aled – Deputy Head Royal Grove High School

Through the application of Giddens' (1984) structuration theory, it can be said that Royal Grove High and Harper Lily Schools, are reflecting and modifying the structure by acting outside of the rules. As has been seen through the chapters thus far, the education system is strongly classified and the education policies are strongly framed, privileging schools to select education over health promotion (Bernstein 2000). Nevertheless, Aled and Colin describe using their locus of control and delivering what schools are privileged to deliver within a strongly insulated system, thus operating outside of the implicit structure that is reinforced, sanctioned and part of the daily routine of schools (Giddens 1984; Bernstein 2000).

This ownership for health promotion and a transformation of beliefs around the role of the school and the role of teachers, leads to cultural changes in schools. Changing the culture of the school, can overcome perceived barriers to delivering substance misuse education around pedagogical expertise. As described by Colin, overcoming the perceived barriers of incapability, confidence and skills to deliver, by working with staff to recognise that it is the same pedagogy, whether you are teaching core business or whether you are teaching health promotion.

So at this school we work very hard on when in the learning, first of all asking young people's perspectives so they're encouraged to structure their thinking around issues like drug taking. Secondly that they link the way they think with how they feel. And thirdly, they explore the impact. Now they do that in learning, not necessarily about drugs but drugs fits the bill, but in learning they look at those three core principles. So they are given a voice and they're listened to, build self-esteem and confidence, they link the affective with the cognitive so they can understand the way they think and feel, and they explore the impacts and then after that they risk assess. But in them risk assessing, not someone telling them to, and that links to our understanding of needs and the pedagogy of the classroom... So drug education in that culture is approached the same way as you approach any other aspect of learning, whether it's a novel, or a scientific experiment, or a drama, or a relationship or sex relationship, it's the same pedagogical approach, with a slightly different content

Colin – Deputy Head Harper Lily School

Furthermore, the apparent success or ease in implementing substance misuse prevention in school and any other health promotion, is through integrating substance misuse prevention into the core business of the school. This allows for the delivery of core business through PSE topics and themes.

For me, it's just again how, how you make substance misuse relevant to what we have to do which is literacy, numeracy and now digital competency. So for us now in year 8 they are going to be having extra ICT lessons but that ICT

will be developing ICT though PSE. So they'll have to do PSE themed stuff, but do things like animation, coding, developing a game, you know developing a website, but it's all around those themes of PSE

Aled – Deputy Head Royal Grove High School

The example above of integrating the requirements of the digital competency and that of the PSE framework, driven by senior management and working with the pedagogical skills of the teachers can underpin the successful implementation of health promotion. Collectively this approach supports a system level adoption and implementation, as opposed to 'cynical compliance' termed by Ball and colleagues (Ball 2003). Through 'cynical compliance', implementation is in the absence of subscribing to the values that fostered its development, which is often associated with 'lower grade' teachers, or teachers who do not necessarily have to consider the wider accountability measures outside of their academic subjects. This has been outlined at the beginning of this chapter through the beliefs, values and interests; as well as the PSE coordinators of Ashton Down and Woodville Park School who are aware of the minimum requirements of the PSE framework.

Although only two schools had PSE driven by a member of SMT, there are differences between these schools. Harper Lily and Royal Grove High School have school substance misuse policies, although Royal Grove High School has a low prevalence of cannabis whilst Harper Lily School has a high prevalence. It would appear that Royal Grove High School has a more integrated approach to substance misuse prevention, and operates a whole school approach with project work, cross curriculum working and peer-to-peer learning. Whilst Harper Lily School is applying an education pedagogic

style to the teaching of substance misuse prevention. It may also be possible that teachers do not possess the skills and knowledge to transfer this pedagogy to health promotion and may not have acquired the recognition and realisation rules of the schools' approach to implement the delivery as part of their pedagogic practice (Bernstein 2000).

This subsection has demonstrated that there are examples where teachers are trying to implement health promotion and use their autonomy over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99). This can even be applied to Woodville Park School where PSE days are delivered. Although such practices are not suggested in the guidance to schools, the decision to operate PSE in this fashion is for the benefit of the children and young people. It has been chosen to overcome the barrier of substance misuse prevention not being delivered or not being delivered as intended due to teachers' beliefs and ideologies (Eisner 2000). The examples of utilising the locus of control further demonstrate the strong classification of the school structure and schools are having to adjust and manipulate the system in order to modify the structure and ensure health promotion is delivered (Giddens 1984).

The remainder of this chapter will explore schools' implementation of a school substance misuse policy, and the interactions between schools and policy makers around substance misuse policy and incident management.

8.6 The transmission and implementation of a school substance misuse policy

This chapter will explore the barriers and facilitators for implementing substance misuse policy, and how government guidance and policy is interpreted and implemented by schools. Schools are privileged to deliver education and not health promotion. It would appear schools and teachers are not equipped with the skills, training and resources for substance misuse prevention. When incidents arise in school, there are always opportunities for reflection and learning. It is an opportunity to reaffirm the policy and communicate this widely to school staff, pupils and parents, as well as wider community partners that work with the school. However, it seems that substance misuse incidents are being addressed in a number of different ways across the four case study schools.

Across all four case study schools, there was a recognition that students should be helped and supported for substance misuse, although there were differences in the schools' policy and stance on substance misuse. Harper Lily School operates a student centred approach using restorative justice principles which looks to repair the harms caused, and this principle applies to substance misuse incidents according to Mark.

I believe that leads to a learning that wouldn't take place with a punitive approach, where you know you have brought drugs into school and you are excluded, it might happen in some schools. Whereas, it will always happen here that everybody's perspective is heard. We will take into account everything that is going on and decide as a group of people in that room what needs to happen to repair the harm that's been caused. I think it empowering for everybody

This is supported by Colin who described that the school is looking to change the culture to empower change within individuals and to shift behaviour intrinsically.

We are trying to move away from the 'you need to change your ways' approach to intrinsic motivation for change. So moving away from a merits based system which were completely arbitrary and were very praise driven, to doing this because it's the right thing for me and others around me

Colin – Deputy Head Harper Lily School

This approach is further supported by the school community police officer from the All Wales School Liaison Core Programme who described how the school does not tolerate drugs, but will always try to support the child as much as they can with all the resources available.

The school will not tolerate drugs onsite, there is a zero tolerance about that.
But if the child goes through school with a problem, they will support them in
whichever way appropriate

Suzie – Police community officer Harper Lily School

In a similar fashion Royal Grove High School has developed a county level approach
policy that is structured around the individual.

Didn't want a consistent approach to incidents because you have to start with
the young person and he says do you know what if a young person in my
school has just gone through a family tragedy and they're caught smoking I'm
not going to deal with it in the same way as I would as somebody who's kind
of challenging authority and has a different history and I actually thought he
was right so, so we didn't offer. What we offered in our policy was a kind of
suggested list of sanctions whereas in another area they've gone for the first
time you're caught smoking this will happen, the second time this will happen
and they apparently that's what they do for all incidents

Tina – Healthy Schools Coordinator Royal Grove High School

Although both schools recognise that their school substance misuse policy is probably
not well known to both staff and pupils and there is a recognition that they can do more
to support the implementation of the policy. It could also be reasonable to assume that
the policy would also not be well known to outside organisations and parents.

Recognition that we need to be developing a pupil version of all the main policies because pupils need to know what the school is promising to deliver, you know and I guess the school council could hold them to account

Tina – Healthy Schools Coordinator Royal Grove High School

School teachers, council and parents to review the policy and everybody have a perspective and then move to some collaboration with the new policy

Colin – Deputy Head Harper Lily School

Nevertheless, Sally in Royal Grove High School recognised that the issue with policy implementation is time and it is about implementing and embedding policies properly. The challenge in schools is that often schools are having to implement and navigate new policies all at once.

So I think its timing and also make sure that things are implemented well, rather than rushing thing you know. If you want something to establish you've got to make sure that everybody is fully aware of it and reminding people. It's continuously changing, but sometimes there's too much change at one time, when you think hang on, stop. We need to get this right first before we go introducing anything else. For things to be long term, it needs to be rooted properly rather than rushed in and say ok that's done, now tick a box. It's not effective then is it, for it to be effective it has to be rooted properly

Sally – Head of Year 11 Royal Grove High School

This supports what Braun et al. (2011) argued, that policy makers have paid insufficient attention to the complexity of the school environment, whereby teachers are challenged

to respond simultaneously to multiple policy demands. Leow et al. (2014) extended this position and added a layer of complexity when schools have to implement policies that sit outside of the remit of education, such as health promotion. This can be further extended to include schools having to respond simultaneously to policies, some of which are stronger in terms of the power and control than others, which privilege the school to select and implement certain policies over others.

The policies that favour education, continue to insulate the role of the teacher and schools as institutions for academic success. It is the classification and framing that is undermining the health promotion policies and preventing the beliefs, values and interests of teachers and schools evolving to recognise that health and education are synergistic; and schools and teachers have a responsibility for the health and wellbeing of their students, just as much as they have a responsibility for their academic attainment. It is these strong boundaries between health and education that are reinforcing the regulatory order and preventing the convergence of the values, beliefs and interests and preventing schools from acquiring the recognition and realisation rules to implement health promotion (Bernstein 1975b, 2000), reinforcing the structure of education and schools (Giddens 1984).

Ashton Down and Woodville Park School do not have a school policy for substance misuse. Policies set normative values and expectations, as well as an opportunity to reflect and reinstate the policy following an incident, to ensure that the policy actors and those to whom the policy applies, are aware of the rules and expectations. What is evident with Ashton Down and Woodville Park School who do not have a policy, is

there is a communication breakdown within the school and missed opportunities to have a school policy and reaffirm the school's stance and consequences when incidents arise.

There was an incident where children had been smoking cannabis with us, three particular children, year they would have been in year 10, and they were in the lesson and it was clear they had been smoking cannabis. You would have thought as Head of PSE that I would have been informed, but I wasn't... I feel for that year group, that year group in particular should have had maybe an assembly a month or so afterwards and then I would have organised more of an awareness so that they, you know nothing came of it for the rest of the children

Cath – PSE Coordinator Woodville Park School

Similarly there is a concern that the school takes a zero tolerance approach to substance misuse, and teachers have expressed their concern to the Head Teacher that there is not enough support given to young people, and they are exposed to the school's position too late.

It is very low tolerance, which introduces the problem of consistency... the policy is pretty clear cut that they are gone, managed moved to another school. And that has been consistently stuck to with very few exceptions, which means that we have actually in recent years lost a great number of pupils than we would have liked to, and it doesn't actually solve the problem. The headmistress is aware that we're not happy with it, there is no tolerance at all. It doesn't really allow us to help the pupils and doesn't allow them a second chance. The whole purpose is they're meant to be supported isn't it

Lisa – Head of Phase Woodville Park School

However, there was a difference between the Head of Phase and the Head Teacher. With the Head Teacher explaining that children and young people should be given a second chance and provided with help and support.

Help and support is the key element because at the end of the day young people have a lot going on in their lives and sometimes it's a symptom and not actually the root of the problem. So there has to be a package of support. I think that is really important because at the end of the day they are young people aren't they, not addicts, they need support... We haven't had a

permanent exclusion from school in over 5 years, which is good I think because young people deserve a second chance and their education is important. So you know if there was a serious incident where say a young person was supplying then we would look there at a managed move possibly to another school

Janice – Head Teacher Woodville Park School

This is further evidence that schools are strongly privileged to deliver against the core subjects and have skills and mechanisms to deal with behaviour related to education. With the Head of Phase in Ashton Down and Woodville Park Schools calling for similar approaches to be used for substance misuse as they would for other behaviours.

Just a similar approach to what we do with other problems which is intervention and certainly strategies. We've got a five-step consequence which basically leads up to the managed move, but any link to substance misuse is actually they go straight in at step 4 which means they are managed moved immediately. So it's basically trying to reason with them to bring them in, possibly not at the bottom of the ladder because it is something that we want at a different level to things like smoking or swearing at a teacher, but bring them in at a lower level to at least allows that child some opportunity to at least have the issue addressed. Whether they change their ways or not, but we have at least given it a bit of a shot really

Lisa – Head of Phase Woodville Park School

Furthermore, the Head Teacher defends the zero tolerance stance of the school as it provides a clear message to children and young people, and the policy cannot be misconstrued. Similarly, the Head of Phase has been told by the governors that the danger is the accountability.

I think generally as a school we go down a route of zero tolerance because I think it could be misconstrued. I think you know especially with vulnerable

young people as well, I think it is important that there is a clear message the school is giving out

Janice – Head Teacher Woodville Park School

As I said, I don't like the policy in its inflexibility, but the danger, the argument given on the other side by the governors is if it's not concrete we are opening ourselves up for all sorts

Lisa – Head of Phase Woodville Park School

Interestingly, both the PSE coordinator and the Head of Phase reported a strong sense of the governors wanting to protect the image of the school, which may reflect the school's stance. This could be attributed to a low cannabis prevalence and a higher Welsh Index of Multiple Deprivation rank - 1044 out of 1909. It may also be that the governors are strongly influenced by the wider community in which the school operates.

They [governors] very much driven by protecting the image of the school and any association with drugs pretty much gets a bad press immediately

Lisa – Head of Phase Woodville Park School

Anything like that would be kept hush hush because obviously we want to keep the name of the school. It always had a good reputation, but that's sort of changing

Cath – PSE Coordinator Woodville park School

Similarly, as reported earlier on in this chapter, Ashton Down School's PSE coordinator reported that the governors were not keen on the harm minimisation messages, despite the national policy based on harm minimisation. It could be argued that this demonstrates that there is further work needed to address the role of policy in schools and how to support schools in creating a policy. It is clear that schools worry about their accountability and therefore further work to ensure that schools are supported to deliver a consistent message across Wales in line with the national policy is crucial.

Chapter summary

Agents of the reproduction field recognise the importance of delivering substance misuse education, which is balanced and provides harm minimisation messages. They are aware that young people are developing and may experiment with substances and they need to provide knowledge and skills to ensure they are as safe as possible and can make an informed choice. They also recognise the importance of having a policy that is well known across the school, by all members of the school, although currently this is not the case.

This chapter addressed the following research questions:

Research Question Four – How are the recognition and realisation rules acquired by school teachers?

Research Question Five – What are the barriers and facilitators for implementing substance misuse prevention in Wales from a school perspective?

The barriers that have been identified by agents of the reproduction field, are similar to the challenges and barriers faced by agents when trying to implement other health promotion policies (Leow et al. 2014). This chapter has highlighted these barriers and how schools are privileged to provide and deliver education over health promotion, to ensure academic attainment, which is the ‘core business’ of schools and the education system.

Through a strongly classified education system and strongly framed education policies, the power and control dynamic is firmly in the hands of the policy makers (the transmitters), and agents of the reproductive field (acquirers) are clear on their role and the expectations of the policy. However, health promotion policies, are weakly framed, with more control provided to schools over the “*selection, sequencing, pace and criteria*” (Bernstein 2000, p. 99). Nevertheless, agents of the reproduction field lack the knowledge, skills and resources in health promotion pedagogies, and thus the confidence, to deliver substance misuse education.

Through Bernstein’s (2000) transmission context, the contextual dynamics of the school have been uncovered and Giddens’ (1984) structuration theory has supported an understanding of how the structure of the school and the pedagogy of education is reinforced. Where schools exert their agency to provide substance misuse prevention, their time is competing with curriculum pressure and their accountability on a narrow range of academic subjects, and therefore not delivered or not delivered as well as it could be.

This chapter revealed how schools respond to substance misuse related incidents, and the presence and orientation of the school substance misuse policy varied across the four case study schools. Similarly, the role of harm minimisation in substance misuse prevention varied. Schools are worried about their accountability, with some school governors and senior management teams confusing a harm minimisation educative approach with the stance of the school on substance misuse incidents. The confusion and blurring may be reflected in the fact that substance misuse involves an illegal activity. This chapter has highlighted that further exploration is needed to understand

the schools' apprehensions and to ensure schools are supported to provide a consistent approach across Wales.

The next chapter will further understand the context of schools by exploring the association of school policy and practice on children and young people's drug use. This mixed methods chapter will validate the school reports with children and young people from each case study school and understand from their perspective how substance misuse prevention is delivered and how well the school policy is enforced. This will be the final empirical chapter of this thesis and complete the socio-ecological framework approach underpinning this thesis.

Chapter Nine - The transmission context and student experiences of school practices and substance misuse

Chapter overview

This chapter presents findings from the School Health Research Network that explores the role of school policy and practice and substance misuse amongst young people. The chapter presents the findings of a paper published in BMJ Open in 2018 (Midgley et al. 2018) that explored the school environment policies and practices that were reported by schools through the School Environment Questionnaire, and student drug use using the Health and Wellbeing Survey. Building on this paper, a case study design of four schools is employed.

This chapter presents the findings of the school environment and the impact policies and practices have on student drug use. School policy implementation is explored with children and young people to verify the school reported practices. Children and young people discuss their experience of substance misuse prevention and their opinion of how substance misuse prevention should be delivered. A comparison will be discussed within and between schools to understand the contextual variations, but also where wider contextual factors across Wales are present.

This chapter will address the following research question:

Research Question Six – How does substance misuse prevention vary between schools and how may these contextual variations be associated with student drug use?

9.1 Student characteristics

Students with complete data were more likely to be girls in year 9 (aged 13-14 years), non-white and non-smoker, but no difference was found in FAS or FSM. Table 4 provides the student characteristics according to mephedrone and NPS use across the lifetime, and lifetime, last 30 days and daily cannabis use.

Table 4 Sociodemographic characteristics of students according to cannabis, mephedrone and NPS

| <i>Characteristics</i> | | | <i>Lifetime</i> | <i>Cannabis last 30 days</i> | <i>Cannabis</i> | <i>Lifetime</i> | <i>Lifetime NPS</i> |
|------------------------------|------------------------|---------------|---------------------|------------------------------|-----------------|-----------------------|---------------------|
| | | | <i>Cannabis use</i> | | <i>daily</i> | <i>Mephedrone use</i> | <i>use</i> |
| <i>Students (n = 18,939)</i> | | | 4.8 (908) | 2.6 (502) | 0.7 (141) | 1.1 (214) | 1.5 (291) |
| <i>Gender</i> | Male | 45.5 (8,609) | 5.3 (454) | 2.7(255) | 1.0 (90) | 1.5 (128) | 1.9 (161) |
| | Female | | 4.4 (454) | 2.4 (247) | 0.5 (51) | 0.8 (86) | 1.3 (130) |
| <i>Year group</i> | Year 7 | 22.0 (4,179) | 0.2 (10) | 0.2 (9) | 0.1 (4) | 0.3 (14) | 0.4 (17) |
| | Year 8 | 21.4 (4,051) | 1.3 (54) | 1.1 (44) | 0.4 (18) | 1.0 (39) | 1.1 (45) |
| | Year 9 | 19.5 (3,689) | 2.4 (89) | 1.3 (48) | 0.3 (12) | 0.8 (28) | 1.2 (46) |
| | Year 10 | 19.3 (3,656) | 7.8 (284) | 4.6 (169) | 1.2 (43) | 1.4 (53) | 1.8 (66) |
| | Year 11 | 17.8 (3,364) | 14.0 (471) | 6.9 (232) | 1.9 (64) | 2.4 (80) | 3.5 (117) |
| <i>Ethnicity</i> | White | 89.0 (16,848) | 4.6 (778) | 2.4 (409) | 0.6 (98) | 0.8 (143) | 1.2 (208) |
| | Mixed race | 3.3 (630) | 7.1 (45) | 4.3 (27) | 0.9 (6) | 1.7 (11) | 2.9 (18) |
| | Asian or British Asian | 3.8 (725) | 2.8 (20) | 1.7 (12) | 0.8 (6) | 1.5 (11) | 1.8 (13) |
| | Black or Black British | 1.4 (257) | 7.0 (18) | 5.1 (13) | 1.6 (4) | 3.9 (10) | 3.9 (10) |
| | Chinese | 0.6 (122) | 27.9 (34) | 25.4 (31) | 16.4 (20) | 22.1 (27) | 24.6 (30) |
| | Other | 1.9 (357) | 3.6 (13) | 2.8 (10) | 2.0 (7) | 3.4 (12) | 3.4 (12) |

| | | | | | | | |
|-------------------------|-------------------------|---------------|-----------|-----------|----------|-----------|-----------|
| Family structure | Both parents | 64.7 (12,257) | 3.3 (399) | 1.7 (208) | 0.4 (45) | 0.7 (90) | 0.8 (99) |
| | Single mother | 17.7 (3,346) | 6.3 (212) | 3.4 (113) | 0.9 (30) | 1.2 (40) | 1.9 (64) |
| | Single father | 2.5 (473) | 8.0 (38) | 4.6 (22) | 2.1 (10) | 1.5 (7) | 2.7 (13) |
| | Parent and step-parent | 12.7 (2,413) | 7.3 (177) | 4.4 (106) | 1.1 (26) | 1.6 (38) | 2.8 (68) |
| | Foster parent | 0.9 (164) | 17.7 (29) | 11.6 (19) | 7.3 (12) | 11.0 (18) | 13.4 (22) |
| | Other | 1.5 (286) | 18.5 (53) | 11.9 (34) | 6.3 (18) | 7.3 (21) | 8.7 (25) |
| FAS | Low income (7-11) | 5.5 (1,043) | 7.3 (76) | 5.3 (55) | 3.0 (31) | 3.4 (36) | 4.2 (44) |
| | Middle income (12-15) | 52.5 (9,947) | 4.7 (471) | 2.3 (232) | 0.5 (52) | 1.0 (97) | 1.4 (138) |
| | High income (16-19) | 42.0 (7,949) | 4.5 (361) | 2.7 (215) | 0.7 (58) | 1.0 (81) | 1.4 (109) |
| FSM | 1 (<9%) | 27.7 (5,245) | 4.0 (210) | 2.1 (108) | 0.5 (29) | 1.0 (54) | 1.6 (82) |
| | 2 (9.0-14.4%) | 20.8 (3,929) | 5.3 (210) | 3.1 (123) | 0.9 (37) | 1.0 (38) | 1.5 (61) |
| | 3 (14.5-22.9%) | 23.6 (4,475) | 5.1 (227) | 2.8 (125) | 0.8 (38) | 1.1 (49) | 1.4 (65) |
| | 4 (23.0-100%) | 27.9 (5,290) | 4.9 (261) | 2.8 (146) | 0.7 (37) | 1.4 (73) | 1.6 (83) |
| WIMD | 1 (1-446) Most deprived | 21.6 (4,096) | 5.2 (213) | 2.7 (112) | 0.7 (31) | 1.3 (52) | 1.6 (66) |
| | 2 (447-1071) | 22.9 (4,337) | 5.0 (219) | 3.1 (134) | 0.9 (40) | 1.2 (54) | 1.7 (73) |
| | 3 (1072-1408) | 20.5 (3,887) | 4.5 (174) | 2.4 (92) | 0.7 (26) | 0.8 (33) | 1.3 (52) |

| | | | | | | |
|------------------------------|--------------|-----------|-----------|----------|----------|----------|
| 4 (1409-1631) | 19.2 (3,630) | 5.6 (205) | 3.2 (116) | 1.0 (36) | 1.2 (43) | 1.9 (69) |
| 5 (1632-1909) Least deprived | 15.8 (2,989) | 3.2 (97) | 1.6 (48) | 0.4 (11) | 1.1 (32) | 1.0 (31) |

Schools (n = 66)

Have a substance misuse policy

| | | | | | |
|-----------|-----------|------------|-----------|-----------|-----------|
| 95.5 (63) | 4.8 (877) | 2.60 (486) | 0.7 (138) | 1.1 (212) | 1.5 (282) |
|-----------|-----------|------------|-----------|-----------|-----------|

Student involvement in policy-development

Student council consultation

| | | | | | |
|-----------|-----------|-----------|----------|----------|-----------|
| 42.4 (28) | 5.2 (438) | 2.9 (249) | 0.9 (73) | 1.2 (99) | 1.7 (149) |
|-----------|-----------|-----------|----------|----------|-----------|

Other student consultation

| | | | | | |
|-----------|-----------|----------|----------|----------|----------|
| 18.2 (12) | 4.2 (179) | 2.3 (97) | 0.7 (29) | 1.0 (44) | 1.3 (56) |
|-----------|-----------|----------|----------|----------|----------|

Use isolation

| | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|
| 80.3 (53) | 4.8 (702) | 2.7 (399) | 0.8 (114) | 1.3 (188) | 1.6 (231) |
|-----------|-----------|-----------|-----------|-----------|-----------|

Referral pathway for drug using students

| | | | | | |
|-----------|-----------|-----------|-----------|-----------|-----------|
| 93.9 (62) | 4.8 (870) | 2.7 (485) | 0.8 (137) | 1.1 (207) | 1.6 (282) |
|-----------|-----------|-----------|-----------|-----------|-----------|

All data are % (n)

All school data % are % of students in schools with a policy

FAS: Family Affluence Scale; FSM: Free School Meal; WIMD: Welsh Index of Multiple Deprivation

The prevalence of lifetime, last 30 days and daily cannabis use was 4.8%, 2.6% and 0.7% respectively. Whilst lifetime mephedrone use was 1.1% and NPS use 1.5%. Drug use was more common among students who were male, in older year groups, were black and mixed race, resided with foster parents and classified in the lowest tertile on family affluence across all substances. There was little difference in drug use based on free school meal entitlement or area-level deprivation of the school.

Case study schools were selected using the prevalence of lifetime cannabis use as reported by students in the school (High and Low) and whether or not the school reported having a school substance misuse policy (Yes and No), as outlined in Figure 7 in Chapter Eight.

9.2 School substance misuse policy reporting and association with student drug use

Across the 66 schools that took part in the 2015 SHRN data collection, 95.5% (n=63) reported having a substance misuse policy, 80.3% (n=53) reported in the School Environment Questionnaire that their school used isolation and 93.9% (n=62) reported that their school had a referral pathway in place for students who are in need of help and support for substance use.

Table 5 shows that in model 2 there was no beneficial association between the involvement of students in policy development and the use of isolation and the risk of lifetime cannabis use, student council (OR=1.24, 95% CI 0.89 to 1.73), other student consultation (OR=1.42, 95% CI 0.94 to 2.14), and the use of isolation (OR=0.98, 95%

CI 0.67 to 1.43). These findings were repeated for cannabis use in the last 30 days and daily, as well as for the lifetime of mephedrone and NPS use. The use of isolation was associated with an increased risk of mephedrone use (OR=1.96, 95% CI 1.17 to 3.28).

Across all outcomes, the greatest reduction in Intraclass Correlation Coefficient (ICC), Bayesian Information Criterion (BIC) and Akaike Information Criterion (AIC) was in model 2, adjusting for the school context variables.

Table 5 Unadjusted and adjusted ORs (95% CI) for the association between teacher-reported practices and policy content with lifetime cannabis use, cannabis use in the last 30 days, cannabis use

| | Lifetime cannabis use | | | Cannabis last 30 days | | | Cannabis daily | | | Lifetime mephedrone use | | | Lifetime NPS use | | |
|------------------------------------|-----------------------|---------|-----------|-----------------------|---------|-----------|----------------|---------|-----------|-------------------------|---------|-----------|------------------|---------|-----------|
| | Null | Model | Model 2 | Null | Model | Model 2 | Null | Model | Model 2 | Null | Model | Model 2 | Null | Model 1 | Model 2 |
| | 1 | | | 1 | | | 1 | | | 1 | | | | | |
| Teacher reported (n=18,939) | | | | | | | | | | | | | | | |
| Student involvement | | | 1.24 | | | 1.25 | | | 1.38 | | | 1.06 | | | 1.31 |
| in policy | | | 0.89,1.73 | | | 0.85,1.84 | | | 0.82,2.32 | | | 0.67,1.56 | | | 0.92,1.87 |
| development | | | | | | | | | | | | | | | |
| Student council | | | | | | | | | | | | | | | |
| Other consultation | | | 1.42 | | | 1.35 | | | 1.46 | | | 1.00 | | | 1.16 |
| Use | | | 0.84,2.14 | | | 0.84,2.17 | | | 0.78,2.70 | | | 0.62,1.60 | | | 0.75,1.70 |
| | | | 0.98 | | | 1.08 | | | 1.12 | | | 1.96 | | | 1.03 |
| ICC | 0.09 | 0.06 | 0.06 | 0.10 | 0.07 | 0.06 | 0.11 | 0.04 | 0.03 | 0.07 | 0.03 | 0.02 | 0.06 | 0.02 | 0.02 |
| BIC | 7192.8 | 6174.39 | 6200.6 | 4593.39 | 4143.34 | 4170.80 | 1666.77 | 1570.19 | 1597.59 | 2347.79 | 2247.80 | 2270.28 | 3008.63 | 2814.19 | 2841.51 |
| AIC | 7177.1 | 5970.31 | 5972.98 | 4577.70 | 3939.27 | 3943.18 | 1651.08 | 1366.12 | 1369.97 | 2332.09 | 2043.72 | 2042.66 | 2992.93 | 2610.11 | 2613.89 |
| Policy Content (n=9,006) | | | | | | | | | | | | | | | |
| Condemns | | | 0.77 | | | 0.98 | | | 1.18 | | | 1.05 | | | 1.68 |
| ICC | 0.13 | 0.09 | 0.09 | 0.15 | 0.09 | 0.09 | 0.11 | <0.01 | <0.01 | 0.14 | 0.05 | 0.03 | 0.11 | 0.03 | 0.01 |

| | | | | | | | | | | | | | | | |
|------------|--------|---------|---------|---------|---------|---------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| <i>BIC</i> | 4061.7 | 3452.20 | 3460.37 | 2461.90 | 2264.91 | 2274.01 | 968.85 | 944.59 | 953.37 | 1292.08 | 1318.97 | 1328.03 | 1491.93 | 1454.51 | 1459.33 |
| <i>AIC</i> | 4047.5 | 3253.24 | 3254.31 | 2447.69 | 2065.96 | 2067.95 | 954.64 | 752.74 | 754.41 | 1277.87 | 1120.01 | 1121.97 | 1477.72 | 1255.55 | 1253.27 |

Reference categories for teacher reported variables: No involvement of students in policy development; no use of isolation. Reference categories for policy content variables: Not condemning drug use. Model 1 adjusts for compositional variables: gender, year group, ethnicity, family structure, Family Affluence Scale (FAS), Free School Meal Entitlement (FSM) and Welsh Index of Multiple Deprivation (WIMD).). Model 2 adjusts for school context variables: Involvement of students in policy development, use of isolation and

9.3 Subgroup analysis: policy reporting, verification and coding of content

All 66 schools were contacted to participate in this study and to provide their school substance misuse policy for verification and independent coding of content. Of the 95.5% (n=63) teachers who reported that their school had a substance misuse policy, 47.0% (n=31) provided a policy for verification and coding of content. The independent coding found that no school policies recommended students abstain from drug use, 3.2% (n=1) contained methods on harm minimisation and 58.1% (n=18) condemned drug use. This compared to 69.7% of Australian Schools and 98.3% of US in the IYD study that had a policy that emphasised students abstained from drugs use (Evans-Whipp et al. 2015). A lack of content on harm minimisation is a gap in the evidence that future research and policy development should consider.

The School Environment Questionnaire showed that 39.4% (n=26) of schools reported no student involvement in the school substance misuse policy development process, 42.4% (n=28) of schools reported consulting with the student council over the development of the policy, whilst 18.2% (n=12) reported that they consulted schools using alternative means to the student council. The involvement of students in the development of their school substance misuse policy is an important element highlighted in Article 12 of the UNCRC (UNCRC, 1989) and the Health Promoting Schools Framework (WHO, 1997). Despite this, a beneficial association between the involvement of students and drug use was not found. It would be beneficial for future research to explore the level of student engagement in policy development, given that independent coding of policies found that 16.1% (n=5) of school policies mentioned student consultation, 29% (n=9) described the development process but did not mention

student involvement and, 54% (n=17) did not describe the policy development process at all.

The use of isolation was reported by 80.3% [n=53] of schools, but only 9.7% (n=3) of school substance misuse policies were found to contain information about isolation during the independent coding. It is possible that schools do use isolation as part of their behaviour management plan, but this may not be an option when dealing with a substance misuse related incident, such that it would not be reported in the school substance misuse policy. Further exploration with schools and pupils can explore the role of isolation in schools and specifically for substance misuse related incidents, as Welsh Government suggest that suspension and exclusion should only be used as a last resort (Welsh Government 2008b).

Preliminary analysis identified that 93.9% (n=62) of schools reported having a referral process in place for students in need of help and support for substance use. With almost universal coverage, I was insufficiently powered to undertake the analysis against student drug use, and as such this variable was not included in the multi-level analysis. Similarly, across 66 schools, 95.5% (n=63) reported having a substance misuse policy, and therefore I was unable to include policy as part of the multi-level analysis and could not examine if student drug use is associated with the presence of a school policy.

Welsh Government and Article 12 of the UNCRC recommend that schools have a substance misuse policy and provide provisions for children, including referral pathways for children and young people in need of help and support (Welsh Government 2008b). Due to almost universal provision and the inability to examine the

impact, further qualitative exploration was needed in order to explore the implementation of policy and the enforcement of policy through the narratives of young people in schools.

The results presented extend previous research by verifying the school reports through independently coding the content of policies, and producing estimates for policy content; whereas previous studies have relied solely on school-reported practices (Evans-Whipp et al. 2015). Previous research has found that low policy enforcement predicted an increase in the likelihood of later cannabis use (Evans-Whipp et al. 2015) which suggests that student substance misuse is less related to the policy content, but more the implementation practices, and the perception and awareness of the policy by students. This may explain why student involvement was not associated with cannabis, mephedrone and NPS use. It is therefore important to further validate the school reported practices with qualitative exploration with students.

9.4 Case study school student characteristics

Across four case study schools, the sample consisted of 38 pupils, 58% (n=22) male and 42% (n=16) female. Table 6 shows the characteristics of the students interviewed and the interview pairs and groups.

Table 6 Student characteristics by case study school

| School | Gender | Age | Ethnicity | Length in school | Interview group |
|-------------------------|----------|-----|-----------|------------------|-----------------|
| Royal Grove High School | Matthew | 16 | WB | Y7 | 1 |
| | Dylan | 16 | WW | Y7 | |
| | Kai | 15 | WW | Y7 | 2 |
| | Felix | 16 | WE | Y7 | |
| | Wesley | 15 | WW | Y7 | 3 |
| | Freddie | 16 | WW | Y7 | |
| | Olivia | 16 | WW | Y7 | 4 |
| | Jasmine | 15 | WW | Y7 | |
| | Cerys | 16 | WW | Y7 | 5 |
| | Tabatha | 16 | WW | Y7 | |
| Woodville Park School | Rory | 16 | WW | Y7 | 1 |
| | Finley | 16 | WW | Y7 | |
| | Elen | 15 | WW | Y7 | 2 |
| | Samuel | 15 | WW | Y7 | |
| | Nathan | 15 | WW | Y7 | 3 |
| | Rebecca | 16 | WW | Y8 | 4 |
| | Angelika | 16 | WP | Y7 | |
| | Shauna | 16 | WB | Y7 | |
| Aston Down School | Liam | 15 | WW | Y7 | 1 |
| | Lauren | 15 | WW | Y7 | |
| | Felicity | 16 | WW | Y7 | 2 |
| | Jackson | 15 | WW | Y7 | |

| | | | | | |
|--------------------------|-----------|----|----|-----|---|
| | Carla | 16 | WE | Y7 | 3 |
| | Amy | 15 | WW | Y7 | |
| | Declan | 15 | WW | Y7 | |
| | Chima | 16 | BA | Y10 | |
| | Michael | 16 | WE | Y7 | 4 |
| | Caleb | 16 | WW | Y7 | |
| Harper Lily School | Reuben | 15 | WW | Y7 | 1 |
| | Tyler | 16 | WW | Y7 | |
| | Stephanie | 16 | WE | Y7 | 2 |
| | Ollie | 16 | WB | Y7 | |
| | Noah | 16 | WB | Y7 | 3 |
| | Arthur | 16 | WB | Y7 | |
| | Zara | 16 | WW | Y9 | 4 |
| | Sophie | 16 | WW | Y7 | |
| | George | 16 | WW | Y7 | 5 |
| | Ben | 16 | WW | Y7 | |

White Welsh (WW), White British (WB), Black African (BA), White English (WE), White Polish (WP)

9.5 Policy awareness and enforcement

The School Environment Questionnaire found that 39.4% (n=26) of schools reported no student involvement in the policy development, 42.4% (n=28) reported consulting with the student council and 18.2% (n=12) reported consulting with students using alternative means: student voice, wider student consultation, suggestion box and other. Whilst the independent coding of policy content found 16.1% (n=5) of school policies mentioned student consultation, 29% (n=9) reported the development process but no student involvement and 53.0% (n=17) did not describe the development process. Across all four case study schools, only one student reported being consulted on the school policy given his position on the student council, although his experience was not that of an inclusive practice that would be expected as outlined by the Health Promoting Schools Framework and UNCRC (WHO, 1997; UKCRC, 1989).

Yeah it was literally 5 minutes, we've got this, it exists and that's it. It's on the school website I know that, but nobody really goes on there to look at it

Dylan – Royal Grove High School

The remainder of the students in Royal Grove High School and across the remaining schools had not been consulted on the policy over the 5 years they had been there. In Chapter Eight, Aled the Deputy Head Teacher and Tina the Healthy Schools Coordinator attached to Royal Grove High described how the school uses a county level policy that was developed collaboratively. It could be possible that this policy was developed with pupils at the time, but has not been revisited and involved any of the

students that I have interviewed. Nevertheless, the policy should be well known across the school by teachers and pupils, although there was a recognition in all four case study schools that the policy is likely not known by staff and students. This was confirmed in my interviews with students. Across all four case study schools, apart from Dylan, none of the pupils were aware of the school policy. They had not been told about the policy, none of them had seen the policy and none of the 38 students interviewed were aware of where they would find the policy.

I haven't seen the policy but seen it in action

Noah – Harper Lily School

There are not many posters around the school that tell you about the rules, they don't tell you or anything to warn us about not doing it

Kai – Royal Grove High School

No the school has 12 rules, but it is not on there, but it's just obvious, you don't do it

Rory – Woodville Park School

Interestingly, students in Royal Grove High School and Woodville Park School talked about rules, but in different ways. Kai in Royal Grove High School described that there is not much information around the school to warn students what the rules are and what they should or should not be doing, whilst for Rory in Woodville Park School, he

described the school having a set of rules and the substance misuse policy and its content not featuring on these rules. Nevertheless, there was a consensus amongst students from all case study schools that students should be aware that they should not be using substances in school. It was commonly agreed that students should know without having to be told the rules that substances in school are not allowed. However, policies set normative values and expectations and this should be communicated and implemented across the school (Evans-Whipp et al. 2015).

There is emergent evidence that student substance use is less related to the policy content (Evans-Whipp et al. 2015), and the involvement of students in the policy development may be less important in its prevention or delay of substance use. The International Youth Development study, a longitudinal study of 3264 students across 188 schools in the USA and Australia found that low policy enforcement was associated with an increased use of marijuana in the past month (Evans-Whipp et al. 2015).

Therefore, it was important to consider from the perspectives of the students within all case study schools what their perception was of the enforcement and implementation of the school substance misuse policy; and whether there are differences within and between cases, and how this may be attributed with the prevalence of cannabis use at the school. It is important to consider the enforcement, not only from the findings of Evans-Whipp et al. (2015) but also from the perspective of interventions as events in the system (Hawe et al. 2009b) with some leaving a lasting impact and others washing out, depending on the system dynamics. In this respect, the enforcement of the policy could be an important factor in whether the system dynamics are disrupted or not.

No students, apart from Dylan had seen the school substance misuse policy as outlined above, however, there were differences between students within and between case study schools in their perception of how the school substance misuse policy is enforced. Students in Woodville Park School talked about their experience of students in school being expelled.

Well you can get expelled and things if they find that you have drugs or
alcohol in school

Finley – Woodville Park School

Last year there were three pupils, there were more than three but three in our
year smoking marijuana down at the bottom of the field. When the school
found out they expelled the pupils, so there is a pretty strict policy on it

Shauna – Woodville Park School

Woodville Park School is a school without a school substance misuse policy, but has a low cannabis ever prevalence. It has a very low tolerance and strict school stance on substance misuse related incidence in school, as seen in Chapter Seven and from the quotes above. Interestingly, the story reported by Shauna was also reported by Cath and Lisa (Chapter Eight) when they were describing the school's low tolerance stance, but also the inconsistent approach applied to substance misuse related incidents.

Royal Grove High School is a school that provided the school substance misuse policy for verification and independent coding of content, and has a low cannabis ever prevalence. Students reported not being aware of the school substance misuse policy,

although Dylan reported an incident of a student being expelled for bringing alcohol into school. Furthermore, they were not aware of students using substances on school grounds and not being punished.

There was one incident where someone brought alcohol into school and they were put in isolation and then expelled, but that's all we know really

Dylan – Royal Grove High School

Whilst Harper Lily School, a large affluent school, provided a school substance misuse policy for verification and independent coding and has a high cannabis ever prevalence amongst the students. Across all interviews with students in Harper Lily, there was a consensus amongst them that the policy was not well enforced, as outlined in the excerpts below.

I think the school turns a blind eye

Sophie – Harper Lily School

You would be stupid to get caught, it's really not that hard to not get caught

Noah – Harper Lily School

This is in contrast to reports by Colin the Deputy Head and Suzie the School Police Officer who reported that there is a zero tolerance to drugs in the school, although students will be helped by the school all they can. Another pair of students interviewed validated earlier reports by students that the school is either oblivious or turns a blind eye, as they described incidents where students have been high (intoxicated through cannabis) in school.

I have seen people high in lessons obviously and seen people high in exams,
but to me they have never been caught, so I don't really know

Zara – Harper Lily School

One student was able to verify the student reports through his own experience of smoking and using cannabis.

If you are not blatant, you can get away with it

Arthur – Harper Lily School

When enforcement was explored in more detail and whether there were many students who smoke cannabis on the school grounds without getting caught, there was agreement among the students that this is the case in Harper Lily School.

Yeah because there was like a phase where some of the girls that we used to be friends with did it every day, at like break and lunch and stuff

Sophie – Harper Lily School

I did and I never got caught

Noah – Harper Lily School

Whilst another pair of students interviewed confirmed that there are students who smoke cannabis during the school day, they were not aware of this happening on the school grounds.

Not on school grounds, but they come in smelling

Ollie – Harper Lily School

There were also similarities with Ashton Down School, no student was aware of the school policy although one group of students could recall incidents where students have been expelled for cannabis.

Amy: There was an incident at the end of last year where an incident related to drugs and they go like expelled from school for a week because

Declan: for a week

Amy: Yeah because like

Declan: It wasn't that they were selling it

Amy: No they hid it in someone else's bag because they didn't want to get caught

Amy and Declan – Ashton Down School

Similarly, these students feel the school is oblivious and reported incidents of students drunk or with alcohol in school and nothing being done about it.

Chima: I haven't seen anyone do that

Declan: You haven't seen it but it does happen

Amy: It does happen like they hide, there is one girl she hid it in a Lucozade bottle because they looked at some of that so like teachers are quite oblivious

Researcher: So they don't know it's going on?

Declan: But they do because they can smell it

Chima: Yes that's true

Declan: I know quite a few people in our class who have come to school drunk

Researcher: And what happened to them?

Declan: Nothing

Researcher: Nothing happened to them?

Carla: Yeah I remember that

Declan: Nothing

Chima, Declan, Amy and Carla – Ashton Down School

Whilst another pair of students reported being aware of students drinking in school, although they are not sure what happened to them.

I have heard people drinking alcohol in school, but I'm not sure whether they've been caught or not so I'm not too sure what happened

Lauren – Ashton Down School

As can be seen above there were some differences within and between schools on students' perception of what would happen to students if they were caught with alcohol and cannabis. Harper Lily School and Ashton Down School have a high prevalence of cannabis use, and both schools' students reported they felt the school was oblivious to alcohol and cannabis use by students in and around the school. This could be further supported by a lack of training that was reported by teachers and community agents in Chapter Eight, and also a lack of training provided from Welsh Government, as outlined in Chapter Seven. As Cath described in Chapter Eight, more training could be provided to staff for them to be aware of what students are doing and talking about.

It could be suggested that as a result of lack of training, because substance misuse sits outside of the core business of schools, school staff are insufficiently trained in spotting and identifying children and young people who are under the influence of drugs.

Through a strongly classified education system, substance misuse prevention and wider health promotion activities sit outside of the core business of the schools and compete for curriculum time as outlined by teachers in Chapter Eight. Furthermore, strong framing of educational policies and weak framing of health promotion policies, allows schools the control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000,

p. 99) for health promotion, whilst they are tightly bound by the education policies. This structures schools to operate within these boundaries and reinforces the structure of the school and the education system through agent compliance (Giddens 1984).

As a result of weak framing, schools are ill-equipped with the skills and resources to deal with substance misuse related incidents and prevention as outlined in Chapter Eight, despite the education department thinking they provide resources for teachers via the Hwb as reported by Andrew in Chapter Seven. The impact of this in schools is young people perceive the schools to be deficient in their enforcement of the school substance misuse policy, and implicitly accepting this behaviour as normal and acceptable, or something that will not be dealt with in school. This does not set the normative values and expectations as outlined by the national substance misuse policy. If schools had training, and were aware of signs and symptoms to identify students who were under the influence, or at risk of using, the school may then be in a better position to enforce the school policy.

There is also evidence from student reports that Ashton Down School has difficulties with student behaviour and they feel teachers do not want to confront and deal with students. One group of students described a student that rolls cigarettes and charges his e-cigarette in school and they describe how teachers do not address this.

Chima: It's like the same situation I've seen teachers say take it away, I think they see him charging it in like...

Carla: PSE

Chima: Yeah and he's just rolling, he just clearly sees he is charging it there and he just...

Carla: Or he lies on the table and then blows it in people's faces and I'm like don't!

Chima: And you wonder what the teachers are looking at, I don't know what. And then once in a while one will take it away from him and then he goes like in a tantrum about it

Carla: Oh my gosh.

Declan: So I think like they don't want to confront it, like they don't want to like confront the subject of drugs or on smoking or they just don't want to deal with that pupil

Amy: But the pupils are very argumentative, they can be very difficult

Chima: I think they don't want to do too much paperwork as well

Chima, Carla, Declan and Amy – Ashton Down School

This may also be reflected in the ethos of the school of doing everything they can to keep students in school, as this may reflect the demographics of the school and the school's desire to support each child to succeed and reach their full potential. Ashton Down School has a high FSM and the lowest pupil attainment at Level 2 of all the case

study schools. It is also in the 20-30% most deprived area according to the Wales Index of Multiple Deprivation. Nevertheless, as above this may be undermining the school's attempt to set normative values and expectations, as fellow students see behaviour like that unaddressed, which may imply that the behaviour is acceptable.

It is also possible that the strong classification of the education system and strong framing requires schools to act in the best interest of the school and students development towards achievement in Level 2 assessments, as described by teachers in Chapter Eight. Therefore, in an area in which education may not be viewed by the wider community as that important, the priority of the school is to holistically manage the pupil and not further isolate them from school. This school may actually be seen to be helping pupils by reducing the boundaries between teachers and pupils, especially for those children and young people at risk of non-engagement (Bernstein 1975b). In this view, it is important that the structure of the school sets normative values and expectations whilst weakening the boundaries between staff and pupils. This attempt can also be seen in Harper Lily through the schools' restorative approach.

No student across the four case study schools reported isolation being used for substance misuse related incidents, apart from being held in isolation before being expelled.

There was one incident where someone brought alcohol into school and they were put in isolation and then expelled, but that's all we know really

Dylan – Royal Grove High School

Furthermore, one pair of students from Harper Lily School reported that the school uses restorative justice, although for substance misuse related incidents they feel it is a conversation that ends in exclusion.

I've been with people caught smoking cannabis. I wasn't smoking it at the time so I wasn't done for it but I know they had restorative and I think they had a couple of days exclusion if they were caught actually with cannabis on them

Ollie – Harper Lily School

Although Harper Lily uses restorative practice to maintain staff and pupil relationships as outlined by Mark in Chapter Eight, this is not how students have described it above. There is a discrepancy between how the school views restorative practices and how pupils report and perceive restorative practices. As outlined previously, this practice may weaken the boundaries between staff and students and impact the greatest on those at risk of non-engagement (Bernstein 1975b), but equally this may suggest that restorative practices are not being implemented here as intended or are not appropriate for substance misuse related incidents. It may also support the strong classification of education and that restorative practices may be utilised and implemented as intended for behaviour impacting academic progression and attainment, such as disruptive classroom behaviour and non-completion of homework. This serves to strengthen the boundaries and the structure of education (Giddens 1984). Further work is needed to explore the role of restorative practices in schools and their role in substance misuse related incidents.

9.6 Student awareness of pathways for help and support

Welsh Government (Welsh Government 2008b) and Article 12 of the UNCRC (UNCRC 1989) recommend that schools provide provisions for children, including referral pathways for students in need of help and support. Across all four case study

schools, students were not aware of a referral pathway for them to access help and support for substance misuse related issues. Within Ashton Down School, students were not aware of a referral pathway but instead concurred they would approach their form tutor or youth worker for help and support, with some students reporting they would go to the youth worker because they felt that the youth worker would provide a more supportive approach.

I think personally if it was my friend, I would take him to see a trusted member of staff so it's like a form tutor because with the form tutor you see them every day and you then get that sort of relationship you know that's someone you can go and talk to

Caleb – Ashton Down School

Amy: Like the majority of us would go and see the youth worker and deal with it quite subtly but then you would, you could have this one person who over reacts, goes to get a green form, write their name down, tells them about it

Chima: It's also if you do tell someone it's like a backlash like if they found out you're the one that snitched on them it can be like people never trust you again or something like that

Amy: Because like the teachers could shout at the pupil about it and they could like hate getting shouted at and then the youth worker could like convince them down and talk about it

Carla: Yeah, I think the youth worker would take a lot more

Declan: Subtle approach

Carla: Subtle and more supportive approach

Amy, Chima and Carla – Ashton Down School

Similarly, students from Harper Lily School did not know where to access help and support, despite the school reporting that they do all they can to help students in need of help and support, as outlined in the extract from Suzie in Chapter Eight. There were a number of suggestions of different teachers offered by students based on those they may have a good relationship with. Two students suggested they would speak to Colin if they needed help and support, although this is an area that needs more attention, as children and young people should have a designated route to access help and support.

I think I would speak to the deputy head or someone that I have a close connection with and they understand the use of drugs and that take it and stuff like that

Ben – Harper Lily School

Deputy Head would probably deal with it because he is like at the forefront of like the restorative approach. I feel like that would be the kind of person to go to because it's kind of sensitive subject that you don't want to get shouted at for because you need help more than shouting and I feel members of staff like that or maybe even form tutors would be the people to go to and then would find the best path for you to kind of you know

Tyler – Harper Lily School

On the other hand, there were a number of students in Harper Lily School who reported they would not feel comfortable having the conversation with people in school, despite being in need of help and support.

Zara: It depends who it was, if it was my head of year I would feel quite comfortable

Sophie: Yeah

Zara: But if it was someone like my English teacher, I feel like they would be quite judgy, so I think it depends on like the person you go to

Sophie: Like the role that they have

Zara and Sophie – Harper Lily School

Yeah there's nothing, it doesn't say if you become addicted, there's nowhere that says anywhere you know. Because I couldn't come in and be like you know, there's no one specific to talk to, to get me help you know. You know as I said before, I wouldn't feel comfortable with them

Noah - Harper Lily School

They would say go to your head of year, but no one would. You would almost feel as if you are bothering, do you know what I mean

Ollie – Harper Lily School

The lack of awareness of a referral pathway extends to Royal Grove High School, with students unsure of where to go if they were in need of help and support. Alike students in Harper Lily School, students in Royal Grove High School offered a number of suggestions of members of staff they would speak to if they needed support.

The counsellor next door, a lot of people go to her. She helps a lot of people... I don't know about smoking, but emotional problems, she helps a lot of people

Mathew – Royal Grove High School

Either my tutor or head of year, well the head of year probably would listen to you and find a solution like call the therapist or something and then the tutor would probably talk to you because the tutors are more friendly than just an average teacher

Similarly to what young people reported in Harper Lily School around confidentiality and trust, some students in Royal Grove High School reported similar feelings, and would seek advice and support from the counsellor for this reason, although it is also recognised that it is not that confidential.

I would go and speak to the counsellor, it would stay between us and her,
unless she had a real concern

Wesley – Royal Grove High School

Olivia: I think most people know that the counsellor is there to help, but as
well it's awkward because people can see you going there

Jasmine: Yeah and everyone knows what she does, so everyone is like oh I
don't want everyone seeing me in her office because they will know that

Olivia: They'll know that something is wrong, I'm doing something or
something is wrong

Olivia and Jasmine – Royal Grove High School

Whilst students in Woodville Park School, although they too were not aware specifically of where to go for help and support, they recognised that they could go to the wellbeing centre that operates at the school (Hafan)⁴.

⁴ A Local Authority has funded the set-up of Hafan (nurture) centres in every secondary school through the county, to support pupils who feel vulnerable, lose interest in their education, are at risk of being excluded or are vulnerable due to family or social problems.

Rory: Hafan, something like that because they can help and they would phone
the parents and they could talk and stuff

Researcher: Is this the person you are supposed to speak to. Are there any
posters around or have the school told you if you needed help with drugs or
alcohol or tobacco, these are the people you can go and speak to?

Finley: We've never actually been told, but everybody, any problems, like if
you feel ill, you always go there

Rory and Finley – Woodville Park School

Angelika: Probably Hafan

Rebecca: Yeah Hafan

Shauna: Yeah

Researcher: And they would, you think they would have the help for you?

Shauna: Yeah they are really chilled, they wouldn't like go straight at you, they
would help you

Angelika, Rebecca and Shauna - Woodville Park School

The lack of awareness amongst students may be reflected in the strong classification of the education system. It privileges schools to deliver education pedagogy and promote academic attainment, with schools lacking the skills and resources necessary to implement health promotion. Despite this, referral pathways were almost universally reported by schools who completed the School Health Research Network School

Environment Questionnaire. Nevertheless, out of 38 students interviewed and 14 staff across all four case study schools only two staff members from Ashton Down School and Woodville Park School were able to discuss the school referral system in place for students in need of help and support for substance misuse.

There was a general consensus across three of the four case study schools from students in Royal Grove High, Woodville Park and Harper Lily School, that form tutors are seen as somebody that can be trusted to support students; because of a closer relationship they have with students. There were also some reservations among students. This highlights that there is a need to further understand referral pathways in school and access to confidential services within school hours and beyond. That said, Woodville Park School does have a wellbeing centre and although students have never been told specifically to access this service for help and support for substance misuse related issues, the majority of students said they would go to Hafan for help and support.

Across Woodville Park, and Royal Grove High School both schools' students reported having counselling and the wellbeing facilities, with both schools having low cannabis prevalence. Although it could be suggested that having such a facility and access to such resources prioritises health and wellbeing and could support students to resist, delay and reduce substance use, this is an area that needs to be further explored before any conclusions can be drawn. Given the number of students that reported having a stronger relationship with form tutors, future interventions may wish to explore the role of form tutors, as it appears that form tutors have the potential to act as gatekeepers and provide support to students in need of help and support.

The final subsection of this chapter will explore student experiences of substance misuse prevention. Welsh Government policy outlines that education should start with young people and where they are with their knowledge and experience (Welsh Government 2008b). The remainder of this chapter will explore the alignment to this philosophy and the future direction for substance misuse prevention from the perspective of those who the prevention is intended.

9.7 Student experience of substance misuse prevention and how this meets their needs

Welsh Government policy states that young people should be educated on substance misuse and provided with information to make informed choices (Welsh Government 2008b). The education should be presented in a balanced manner and should not look to stigmatise young people who use substances (Welsh Government 2013). Across the case study schools, students reported that substance misuse prevention had been minimal and in many cases, they had not had PSE lessons for a number of years, which is reflected in the accounts of teachers in Chapter Seven. There were differences between schools in the substance misuse prevention that young people were exposed to. Students from three of the four case study schools described substance misuse prevention being delivered through a negative perception, when they were asked to recall something they had learned.

Drugs are really bad for you and they can kill you

George – Harper Lily School

Don't do it because you will die

Jasmine – Royal Grove High School

Well I mean I learnt that even though marijuana isn't that dangerous, it is a gateway drug, so if you take it you might go on and take more actual dangerous drugs so it is not good

Jackson – Ashton Down School

Whilst students from Woodville Park School described what they had learned about substances, reflected a harms approach.

Not all drugs are really harmful and some drugs that are legal are worse than the illegal ones

Finley – Woodville Park School

Alcohol is actually one of the most harmful drugs there is because it's not seen as a bad thing because it has different effects on everyone, then it's really harmful

Elen – Woodville Park School

Like cannabis, cocaine and you know heroin and they do like comparisons to alcohol and alcohol can be dangerous compared to other drugs

Nathan – Woodville Park School

Interestingly, Woodville Park School which has a low prevalence of cannabis provides substance misuse prevention through PSE days across the year. This is delivered as a block by outside providers who work for a drugs charity in the county. As seen in Chapter Seven, the school adopts a low tolerance approach, although they deliver substance misuse education through a harm minimisation approach. While the remaining schools deliver PSE via school teachers and supported by wrap around external services. This may explain why students in these schools recalled the messages they did because as seen through the previous chapters, schools are not resourced and skilled to deliver health promotion, and the barriers identified so far have included teachers' beliefs, values and ideologies, which are incongruent with a harm minimisation approach.

When exploring the experiences with young people across the case study schools, it became evident that they felt PSE and substance misuse prevention is a poorly delivered area of learning and repetitive.

Chima: They are boring

Carla: We have a lot

Chima: I feel like it's a bit repetitive all the time that I hear the same thing over and over again. It's not that it's not a bad thing, in understand what they're trying to say but it's the point of like a lose interest

Chima and Carla – Ashton Down School

We've never really had full on education about drugs like sit down and have it
laid out in front of us

Tyler – Harper Lily School

I see a lot of PSE just following each other, just do the same thing again. It
might be a different person talking about it, but I've heard it all before you
know what I mean. I mean, once you've heard it once

Samuel – Woodville Park School

It can be suggested that substance misuse prevention is not having the desired impact in schools, because schools are not provided with the training and resources as a result of a strongly classified education system and a weakly framed PSE curriculum. This in turn does not lead to engaging substance misuse prevention which could resist, reduce or delay substance misuse in young people (Welsh Government 2008b). Furthermore, the curriculum that children and young people are exposed to would appear to be based on alcohol and tobacco, with limited or no exposure to illicit substances.

Starts off with don't smoke, but they've got the rule like no smoking and vaping in school, but there's nothing about doing a dangerous drug, they don't warn you about that

Kai – Royal Grove High School

There was some discussion about drugs but not as many. The alcohol ones were just, what was the legal limits and things

Freddie – Royal Grove High School

This may reflect the fact that tobacco and alcohol are legal substances and as the majority of substance misuse prevention is delivered by teachers, they do not feel comfortable discussing illegal activities and substances. This may explain why the substance misuse prevention for three of the four case study schools follows an abstinence based approach.

According to Welsh Government, substance misuse prevention should start with where the young people are (Welsh Government 2013). Students reported wanting to know more about drugs, in detail, in order to make informed choices, with the majority of students supporting a harm minimisation approach to substance misuse education.

I think teachers have a duty of care, if they are going to teach us like don't drink because it's bad for you, but if you are going to at least do it safely. I think that is quite good because then people have that moral choice, do I listen to them and be healthy or go against them and do it safely. So it's all down to personal choice then but at least they have all the information that they need to make that choice

Caleb – Ashton Down School

I think again it is making us aware because I think we are in year 11 now and they need to stop giving us petty little lines and just give us real information because if you are going out there to a party and don't know what that drug could do to you, you are just going to take it, they need to make us fully aware of the dangers

Matthew – Royal Grove High School

It gives them a choice instead of everyone dictating what they do because basically that is what happens in school

Rebecca – Woodville Park School

Some students are concerned that substance misuse education that is delivered on a harm minimisation basis would encourage drug use. This was true for Caleb who thinks there is a duty of care on teachers for harm minimisation but he is also concerned that the message could be manipulated. Whilst one student believed that this approach would be most suitable for those who are currently using substances, instead of all students.

The second one [harm minimisation] it could encourage more children, teenagers to do it because it's giving them advice on how to do it

Felicity – Ashton Down School

I think the only concern saying don't do it but if you are do it safely is that they are going to manipulate that info in their own heads and to peers where they'll go oh they said we can do it safely by doing this, that means it is ok, so they will just twist the main purpose behind saying don't do it but do it safely if you are going to do it, to suit what they want to do

Caleb – Ashton Down School

I feel students won't listen to either messages. The harm minimisation messages will encourage them to take drugs but keeping them safe/safer

Reuben – Harper Lily School

For the certain people that do it, you are aware they do drugs, then take them
aside and be like this is how you can minimise getting high

Stephanie –Harper Lily School

There is often a misconception that talking about a topic can encourage a behaviour. This has been seen in the literature around suicide and self-harm (Dazzi et al. 2014), although they found that talking about suicide could reduce incidents. This was also reflected in the narratives of Martha, in Chapter Seven, as well as Janice in Chapter Eight. It is therefore important for future research to explore harm minimisation in more detail and its place in the education system.

9.8 Summary

School substance misuse policies have a near universal coverage in Welsh secondary schools and some level of pupil involvement in the development of the school substance misuse policy is reported, although no beneficial effects on the risk of student cannabis use was found.

This chapter addressed the following research question:

Research Question Six – How does substance misuse prevention vary between schools and how may these contextual variations be associated with students drug use?

Qualitative exploration of four case study schools found that no student was involved in the policy development process, with only one student interviewed being aware of the policy. Students were however able to recall incidents where students had been expelled and moved to other schools for substance misuse related incidents. Some pupils reported very strict policies, which supported teacher accounts in Chapter Seven, although others felt staff were oblivious to substance use among students in their school, which may reflect a lack of training, as a result of a strongly classified education system (Bernstein 2000). This is an important contribution as previous research has indicated that young people's substance misuse may be less associated with policy *per se*, but more associated with policy enforcement and perception of the policy (Evans-Whipp et al. 2015).

Students were unaware of a referral pathway should they need help and support and future work may want to explore this further. This mixed methods exploration has highlighted the need for further research into the role of isolation in schools and the role of punishment and behaviour management in substance misuse related incidence. School reports on the use of isolation and reports by young people during validation in case study schools highlight the need for further exploration. Welsh Government recommend that suspension and exclusion be used as a last resort, however pupils across all case study schools have reported incidents of suspension and exclusion for substance misuse related incidents. Such an area should be further explored, given the importance of maintaining teacher-student and school-student relationships as a protective factor for substance use in young people (Bond et al. 2007; Bonell et al. 2016; Moore et al. 2018a).

The implications of this thesis, the main findings and the contribution to knowledge are discussed in Chapter Ten.

Chapter Ten – Discussion

Chapter overview

The aim of this final chapter is to reflect on the empirical data generated throughout Chapter's Six to Nine and to consider the implications these findings have for the field of substance misuse and school health research, as well as the implications this thesis has for theory, policy, practice and future research. This chapter is divided into three sections. The first section will reflect on the findings of the studies presented in this thesis and their unique contribution to knowledge. Secondly, the chapter will reflect on the study methodology and the methods that underpin this thesis. At the same time, attention will be drawn to the strengths and limitations and offer suggestions to overcome these limitations. The final section will situate this thesis in the wider context of policy and practice and make recommendations for future research. The chapter will conclude with a key statement of contribution to knowledge, the implications for theory and a closing final reflection.

This thesis, aimed to answer the following research questions:

Research Question One – How is the voice and message of Welsh Government transmitted through the national substance misuse policy to the school and the teachers?

Research Question Two – How is substance misuse conceptualised in Wales and how does this impact children and young people?

Research Question Three – What are the barriers and facilitators for implementing substance misuse prevention in Wales from a policy perspective?

Research Question Four – How are the recognition and realisation rules acquired by school teachers?

Research Question Five – What are the barriers and facilitators for implementing substance misuse prevention in Wales from a school perspective?

Research Question Six – How does substance misuse prevention vary between schools and how may these contextual variations be associated with student drug use?

10.1 Situating the thesis: Substance misuse in young people and school based prevention

There are a lack of effective methods to identify and monitor individuals who transition from recreational use to dependent and/or problematic substance use. Adolescence is a critical life-course period in which risk taking behaviours such as illicit drug use becomes increasingly prominent (Degenhardt et al. 2016). Therefore, there is a need for effective universal preventative interventions for young people to improve health outcomes at this important time period. Over the last few years there has been a growing recognition in the role of schools in health promotion (Bonell et al. 2013; Langford et al. 2014; Moore et al. 2015) and their ability to deliver universal interventions to children and young people *en masse* in a timely and economically efficient way (Moon et al. 1999; Townsend and Foster 2013).

This thesis has highlighted that policies set normative values and expectations, although policy implementation research demonstrates that policies are not always implemented or implemented as intended (Hawe et al. 2009b; Evans-Whipp et al. 2015). As demonstrated through the empirical chapters, schools are primarily sites for educational attainment and empirical research has reported the difficulties faced from competing curriculum time, lack of skills and resources and dominant educational policies and practices (Braun et al. 2010; Bonell et al. 2014; Leow et al. 2014), despite health and education being synergistic (West et al. 2004).

Braun et al. (2011) argues that insufficient attention has been paid to the policy enactment environment by policy makers, who have not grasped the challenges schools

face in simultaneously responding to multiple policy expectations and demands.

Furthermore, Leow et al. (2014) extended this position and added the layer of complexity when schools are having to implement policies that sit outside of the remit of education, such as health promotion.

This thesis, through a socio-ecological framework and Bernstein's (2000) transmission context aimed to understand the complexity of the policy development and enactment process. This included examining the interaction between policy and practice, and the power and control dynamics that facilitate or impede the implementation of substance misuse prevention in schools. It has been found that schools are principally centres for academic attainment. Through strong classification and strong framing, the education system is a tightly bounded system, which is opposite to that of health promotion, which is weakly framed and weakly classified, providing schools with the control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99) of knowledge to take forward.

Schools are poorly served in order to deliver health promotion and substance misuse prevention, despite being tasked to do so under the national substance misuse policy, the PSE framework and the guidance for substance misuse education. Schools lack the resources, skills, knowledge and time to deliver health promotion due to a full and pressured curriculum that prioritises academic attainment across a narrow range of academic subjects.

10.2 Contribution to knowledge: The main research findings

10.2.1 The policy context shaping implementation:

The results of this thesis found that the national substance misuse policy, Working together to reduce harm, advocates for a harm minimisation approach (Welsh Government 2008b), with a particular emphasis on children and young people. Despite there being a strong basis for a harm minimisation approach, the policy is weakly classified and weakly framed when applied to children and young people, and in particular through school health promotion. This is evident in a lack of accountability around children and young people and schools.

Through the application of Bernstein's (2000) transmission context, this thesis has identified that there are differences between policies in the strength of classification and framing, which underpin the power and control dynamics, which in turn impact on the recognition and realisation rules. Through the application of Bernstein's (2000) transmission context and the policy analysis, it has been found that health promotion policies such as the Personal and Social Education (PSE) framework are weakly classified and weakly framed compared to the National Literacy and Numeracy Framework (LNF). Through weak framing, schools are positioned with the control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99), whilst for the LNF, through strong classification and strong framing, Welsh Government have control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99).

The results of this thesis support the use of Bernstein's (2000) transmission context to understand the transmission of substance misuse prevention policies in the education system, as first applied by Leow (2011). The results of this thesis are inconsistent with the findings of Leow (2011) to obesity prevention in schools in Australia. Leow (2011) found there was strong classification and strong framing between the transmitter (The Queensland Government) and the acquirers (schools and teachers). Through the application of Bernstein's (2000) transmission context to a number of policies that support the *Eat Well Be Active* action plan policy for addressing the obesity epidemic in Australia, Leow (2011) found that the schools and teachers possess the ability to acquire the recognition and realisation rules. That is they should recognise the voice of the policy and should be able to reproduce the message in practice in a legitimate fashion.

This is different to the findings in this thesis that found the health promotion policies in Wales are weakly framed, providing the acquirer with the control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99) to be taken forward and implemented. Under the *Working Together to Reduce Harm* and subsequent school oriented policies and strategies, the documents are characterised by weak classification and weak framing which gives rise to the potential of the schools and teachers as acquirers of the policy to not acquire the voice and message of the policy, or not elicit a meaningful and appropriate response to the policies; given the power and control positioned with the schools. Whilst Leow (2011) found that the *Ministerial Review Report and Smart Moves policy* was characterised by strong classification and strong framing, which presupposed power and control, and gives rise to the potential for schools and teachers to acquire the realisation rules and recognition rules; and elicit a meaningful and appropriate response.

The results of this thesis found that there are differences in the classification and framing of health and education policies, which provides evidence to support the recognition that schools are principally sites for education, and they are dominated by a policy discourse that favours education and academic attainment over health promotion (Bernstein 2000). Furthermore, there is a disjuncture between the national substance misuse policy and the school oriented policies and guidance. This thesis found that between the national policy and the school oriented policies and guidance, there was evidence of a weakening of the voice and message of the Welsh Government, particularly impacting harm minimisation. This is further support for a strongly classified education system (Bernstein 2000) in which schools and teachers are reinforcing through compliance (Giddens 1984).

This is the first such study to my knowledge that has applied Bernstein's (2000) transmission context to substance misuse prevention in schools. This thesis demonstrates that Bernstein's (2000) transmission context is a viable theory to understand the power and control that exists within policy discourse that can privilege the implementation of policy. The policy analysis found that education policies are strongly framed and strongly classified policies with the power and control positioned with the Welsh Government, whilst for substance misuse prevention, these are weakly framed and as such schools have more control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99), of the policy.

Through the application of Bernstein's theory this thesis has demonstrated how schools and teachers in Wales have been privileged within the policy discourse as solutions to addressing substance misuse in children and young people. At the same time, the possible problems that may arise in the policy transmission, have been highlighted, as the education policies are strongly framed and classified, whilst substance misuse prevention is weakly framed. Bernstein's (2000) transmission context offers an understanding of how power and control are implicated in the policy process and can influence and shape the policy implementation process through the distribution of control.

10.2.2 The conceptualisation of substance misuse shaping implementation

This thesis used two methods of analysis for the policy level, firstly the policy analysis using Bernstein's (2000) transmission context and secondly semi-structured interviews with key stakeholders at the policy level. Through both the policy analysis and interviews with key stakeholders, this thesis found that how substance misuse is conceptualised in Wales varies between agents. In Wales, substance misuse sits under a health agenda, and despite agreement amongst key stakeholders that substance misuse should be seen as a health rather than a criminal justice concern, it was reported that it does not always get sufficient recognition across the Welsh Government. With substance misuse operating under a health agenda there is a strong focus on treatment and less focus on prevention, especially for children and young people.

Children and young people's drug use is transient and recreational, and as such there is less need for treatment services for young people for problematic and addictive use than

in older adults. There is a need for services for adults such as needle exchange facilities, naloxone programmes, methadone programmes and services for older adults for alcohol. However, the majority of funding goes to these programmes rather than school-based prevention, which is likely to reflect the evidence base. There are few evaluations of school-based substance misuse preventions that have been found to prevent illicit drug use, particularly in the UK (Faggiano et al. 2014). This is contrasted with the evidence for naloxone (Chimbar and Moleta 2018) and methadone programmes (Joseph et al. 2000) for which there is substantial support for their effectiveness. With limited resources, the commissioning of prevention services for substance misuse is neglected over the prevention of death and communicable disease such as HIV and Hepatitis C. With the need to make the best use of limited resources, prevention and health promotion often lose out to treatment (Owen et al. 2011). This was further evidenced in Chapter Seven when the policy makers for the health department discussed the need to do the best they can with the limited resources they have, and to look at issues that cause them the most issues in terms of service demand and need.

As a result, there is an increased focus around these services and little attention on children and young people, despite children and young people being a priority in the national programme. The particular emphasis on children and young people to reduce the harms are often through reducing parental use and not necessarily aimed specifically at children and young peoples' use. This is further evident when considered in relation to the narratives of those at the policy level, when substance misuse is conceptualised, and young people are not prioritised. Instead, substance misuse prevention is regarded as covered in Wales through the All Wales School Liaison Core Programme (AWSLCP) and school PSE provision. The focus of the Welsh Government health

department is on a treatment model for adults, in particular older adults and alcohol, the night time economy, safe injecting facilities, needle exchange and naloxone programmes for heroin addiction.

At the education level in Welsh Government, although there was a recognition for the importance of substance misuse prevention and health promotion in schools, the department for education does not provide any budget or resources for PSE. According to a key stakeholder in the education department, the PSE framework is deliberately vague and non-prescriptive (or weakly framed) to allow schools the autonomy to respond and deliver according to their local needs. However, they do recognise that schools lack the skills and knowledge to deliver health promotion, but at the same time believe there are plenty of opportunities within the curriculum to deliver health promotion.

Through semi-structured interviews with key stakeholders at the policy level and a policy analysis, this thesis suggests that despite the national policy prioritising children and young people, at the policy level, children and young people are not central components or in the minds of those who are responsible for developing the national substance misuse policy. That said, when prompted to consider prevention and the need to address health promotion targeted at children and young people, the key stakeholders recognised the importance of this. This supports previous research (Meertens et al. 2013) that found prevention is considered when prompted, otherwise treatment is favoured over prevention.

The interviews with key stakeholders at the local and regional policy level highlighted that substance misuse has a dominant treatment and service delivery focus. The needs to reduce, delay and resist substance misuse among young people are not sufficiently recognised and resourced. The Wellbeing of Future Generations Act (Welsh Government 2015) has enshrined in law a duty for all public bodies to safeguard the wellbeing of future generations (Davies 2016) and therefore more progressive preventative steps should begin to emerge over the coming years. This thesis has highlighted an area that needs to be addressed, and how a change in the substance misuse policy and the requirements of the Wellbeing of Future Generations Act (Welsh Government 2015) and the new curriculum in Wales (draft) can be encapsulated in a new progressive policy to addresses the needs of children and young people in Wales.

10.2.3 Interactions at the transmission context shaping implementation

The second level of enquiry within the socio-ecological framework of this thesis was concerned with understanding the complexity of the school level. This thesis employed a case study design to understand the similarities and differences between schools based on their substance misuse prevalence and school substance misuse policy.

Through semi-structured interviews with those responsible for coordinating substance misuse prevention - school teachers, SMT and community stakeholders, this thesis found that substance misuse prevention is not part of the core business of the school. Consistent with the literature (Leow et al. 2014) this thesis found that schools are principally sites for academic attainment and as such schools lack the time, knowledge and resources to deliver substance misuse prevention.

This thesis has contributed to the knowledge through the application of Bernstein's (2000) transmission context. It has identified that schools are privileged to deliver substance misuse prevention through the PSE framework. Nevertheless, because of the dominance of academic attainment, PSE is competing for curriculum time with core academic subjects such as English and Mathematics. The policy analysis identified that through weak framing and weak classification schools and teachers do not necessarily have the potential to acquire the recognition rules (what the policy says) and the realisation rules (their role within the policy), that would ordinarily be presupposed through strongly framed and strongly classified documents, as Leow (2011) found with the *Eat Well Be Active* policy.

School teachers, particularly those responsible for coordinating PSE in schools have the strong potential for acquiring the recognition rules and realisation rules. That is, they understand the PSE framework and what their role is. However, through a weakly framed and weakly classified PSE framework schools and teachers have the control over the "*selection, sequencing, pace and criteria*" (Bernstein 2000, p. 99) of the PSE framework. Despite this, as has been shown throughout this thesis, the school and the policy process is complex (MacPhail 2007; Hawe et al. 2009b; Braun et al. 2011) and despite the potential and the acquisition of the realisation and recognition rules, schools and teachers may not exercise their knowledge of the realisation rules and assume their responsibility through the recognition rules.

Through a strongly framed and strongly classified education system, schools and teachers are strongly insulated against health promotion policies, as the education

pedagogic discourse is more powerful than the health promotion discourse. This was described by Bernstein as '*what preserves the insulation is power and attempts to change the degree of insulation reveals the power relations on which the classification is based and which it reproduces*' (Bernstein 2000, p. 7). Furthermore, the results found that schools are reinforcing the structure of the strongly classified education system through compliance (Giddens 1984). Schools have the potential to modify and change the structure of the school, despite the strong classification and framing. Agents can destabilise the structure by recognising the synergism between education and health, although school teachers may not possess this knowledge if they are strongly insulated by their own values and beliefs (Eisner 2000) and the education system (Bernstein 2000).

The results of this thesis support the earlier work of Leow (2011) which found schools are strongly insulated to deliver literacy and numeracy through the strong classification and framing of the National Assessment Program - Literacy and Numeracy (NAPLAN). Across all case study schools, all teachers described the literacy and numeracy framework and the accountability measures at Level 2. Furthermore, they described the difficulty with curriculum time and the need to remove wider pedagogies such as PSE and Physical Education, in order to ensure they meet the demands of the LNF. As such schools are using the control privileged to them through weak framing and weak classification to reduce the delivery of PSE to the minimum standards of which they have a duty to provide, such as the delivery of PSE at each key stage.

10.2.4 School policy and practice

There have been few evaluations of school policy and student drug use (Moore et al. 2001; Maes and Lievens 2003; Desousa et al. 2008; Midgley et al. 2018). This is the first study in Europe to examine the association between student drug use and school policy for illicit drug use. It is the largest study of any substance misuse policy analysis internationally, and the first to look at daily cannabis use, which has been more closely associated with harms than lifetime or monthly use (Goodstadt 1989; Beyers et al. 2005; Evans-Whipp et al. 2007; Porath-Waller et al. 2010; Langford et al. 2014; Evans-Whipp et al. 2015). The survey found that over 90% of schools reported having a substance misuse policy in line with UK Government recommendations (Scottish Government 2008; Welsh Government 2008b; Home Office 2017) and the Health Promoting Schools Framework (WHO 1997b; Langford et al. 2014) and replicated findings of previous research into substance misuse policies in schools in Australia and the US (Evans-Whipp et al. 2015).

Studies measuring access to cannabis using a multilevel model approach to identify individual, school and county level prevalence have identified that there is a higher self-reported rate of cannabis use among children and young people where there is an increased access (Barrett 1999; Swaim 2003; Piontek et al. 2013). A study by Coffey et al. (2000) found that there were high rates of cannabis use at the school level which was used as a proxy measure for exposure and revealed an association with an increased risk of use by secondary aged students. Similarly, Kuntsche and Jordan (2006) and Kuntsche (2010) found that students in Swiss schools with a higher incidence of cannabis use as reported by teachers, were more likely to report cannabis use regardless of peer use. Even in the absence of direct exposure, students may be influenced by the general

acceptability or disapproval in the broader school environment (Ennett et al. 1997b; Kumar et al. 2002).

On the basis of wider school environmental order, Evans-Whipp et al. (2015) posited that school drug policy may have a potential important function in addressing social norms in the school context around cannabis and wider licit and illicit drug use.

Previous research has found that almost all secondary schools in the US and Australia have illicit drug policies (Beyers et al. 2005; Evans-Whipp et al. 2007; Jones et al. 2007), although there were variations in the policy content. Despite calls for the implementation of effective evidenced-based whole school drug policies and approaches (EMCDDA 2019), the empirical evidence for effective policy effects is scarce (Evans-Whipp et al. 2015a; Midgley et al. 2018).

This thesis replicated a similar method as Evans-Whipp et al. (2015) of school and student self-report, collecting data from 66 secondary schools in Wales, with 18, 939 students aged between 11 and 16 years. This compared with 3,850 students from 188 schools across Victoria and Washington. Furthermore, like Evans-Whipp et al. (2015) cannabis in the last 30 days was assessed, with additional analysis conducted on daily cannabis use, which has been associated with more harms than monthly and lifetime use (Beyers et al. 2005; Evans-Whipp et al. 2007).

Through the application of a mixed methods, case study design this thesis has been able to contribute to the gap in the literature through a policy analysis, and independent coding of content of school substance misuse policies provided by schools for validation. The validation process removed the limitation of previous research and the

limitations associated with self-reported measures which have previously been associated with a recall vulnerability and social-desirability bias. Using the quantitative data, this thesis employed a case study design based on a framework of the prevalence of cannabis at the school level (high and low cannabis ever) and the result of the school policy validation process (verified policy and no policy). Semi-structured interviews with key stakeholders in the school, with community organisations and school students, allowed for a greater qualitative exploration of the school environment, involvement in the policy development process, policy enforcement and exposure to substance misuse.

The involvement of students in the development of their school substance misuse policy is an important element highlighted in Article 12 of the UNCRC (UNCRC 1989; Welsh Government 2013) and the Health Promoting Schools Framework (WHO 1997b; Langford et al. 2014). No beneficial association was found between the involvement of students in the policy development process and student drug use. This may be reflective of student involvement being only one element of the HPS framework, and student involvement is not enough on its own. More consistent effects for alcohol and tobacco have been found when other elements of the framework are implemented, such as staff and students collectively determining priorities, as well as involving parents and outside agencies.

This thesis also found that 16.1% (n=5) of school substance misuse policies mentioned student consultation, 29% (n=9) described the development process but not student involvement and 54% (n=17) did not describe the policy development process at all. This was further explored in the qualitative exploration of the school context through the case study research. Across all case study schools no pupil or community worker described being involved in the substance misuse policy development, except one healthy school coordinator and one student associated with Royal Grove High School. It would be beneficial for future research to explore the level of student engagement in the policy development process, as well as future interventions to collectively develop school policies with students, teachers, parents and community stakeholders.

The third research objective of the quantitative research was to examine whether student drug use was associated with policy content. This thesis found that there were no directly comparable estimates, as previous studies have used school staff reports on

policy content, and this is the first study to my knowledge that has used an independent coding system to verify the school reports for substance misuse. It was found that no school had a policy recommending abstinence compared to 69.7% of Australian schools and 98.3% of US schools (Evans-Whipp et al. 2015) however, 58.1% (n=18) of schools did condemn drug use and one school policy contained information about harm minimisation.

The majority of children and young people interviewed for this thesis supported a harm minimisation approach and felt that it was more beneficial than abstinence messages. Children and young people felt that it was important to understand the risks and the consequences, but also to be aware of how to keep themselves and others safe. A few students were concerned about the impact of harm minimisation messages on children and young people's perception. This was further supported by some teachers and a senior manager in Public Health Wales. A lack of content on harm minimisation in school based drug prevention is a gap in the evidence that future research and policy development may wish to consider.

Harm minimisation is a debatable phenomenon given the complex concept of risk and its appropriation to prevention (Holmes and Sumnall 2017). Furthermore, harm minimisation involves constructing risk and the weighing up of harm and good, which again is hotly debated when applied to young people's education (Tupper 2008). The findings of this thesis support the results by Harvey et al. (2016) who found students who were part of the School Health and Alcohol Harm Reduction Project (SHAHRP) responded positively to interactive and 'real life' situations. Students in this thesis that attended schools with more interactive sessions reported more favourably on their

substance misuse education than those in more traditional didactic lessons. Furthermore, as outlined in Chapter Nine, most students would prefer a harm minimisation approach in order to make informed choices and also to learn how to deal with potentially harmful situations.

The results have extended previous research as conducted by Evans-Whipp et al. (2015) by verifying school reports of practices relating to substance misuse against policy content and producing estimates for policy content. Previous studies have relied solely on school-reported practices. This is an important contribution because school reports may be more likely to be vulnerable to recall or social-desirability biases. It is also possible that reports by schools reflect the disciplinary practices implemented, whereas those contained in the policy do not reflect current practice, no longer apply, or are not applied to substance misuse related incidents. Evans-Whipp et al. (2015) found that both school administrators and student reports of low policy enforcement predicted an increase in the likelihood of later cannabis use.

Policy enforcement was explored in interviews with case study schools. A number of students in some case study schools reported a lack of policy enforcement. In particular, students in Ashton Down School and Harper Lily School reported low levels of enforcement, and both these schools had the highest prevalence of cannabis ever of the four case study schools. This supports the findings of previous research that found a higher incidence of school cannabis use, which is deemed a proxy to exposure, is associated with increased use of cannabis use by students (Coffey et al. 2000), even in the absence of peer use (Kuntsche and Jordan 2006; Kuntsche 2010). This demonstrates that even in the absence of direct exposure, students may be influenced by the general

acceptability or disapproval in the wider school environment (Ennett et al. 1997; Kumar et al. 2002). School drug policies therefore have the potential function of addressing the social norms in the school context, and setting normative values and expectations (Evans-Whipp et al. 2015).

It may be possible that student drug use in these schools are associated with lower enforcement, and thus not setting the normative values and social norms, and giving students the impression that this behaviour is acceptable. As outlined in Chapter Eight, school teachers reported not having the skills, knowledge and resources to deal with substance misuse in schools. It could be possible that poor enforcement is driven by a lack of skills and training to recognise when students are using substances in school, which was supported by some young people in Chapter Nine. Whilst it is also possible that school enforcement may also be driven by wider contextual factors such high parental/community expectations to achieve academically, and by school marketisation (Bonell et al. 2012b), which reduces the time spent on substance prevention and health promotion. The limitation of this thesis is that it does not allow for more concrete conclusions to be drawn given only four case study schools were recruited. Nevertheless, the findings contribute to the knowledge, and identifies areas that future research may wish to address and explore.

10.3 Reflecting on the study design: A socio-ecological, mixed methods case study approach

To my knowledge, this is the first study internationally that has applied Bernstein's (2000) transmission context to substance misuse prevention in schools. Furthermore, to my knowledge this is the first study internationally that has looked at substance misuse prevention in schools from the policy level to the individual level.

A strength of this thesis lies in the methodological and theoretical pluralism employed in studying the implementation of substance misuse prevention in schools. In order to gain insight into the implementation of substance misuse prevention and policies in school, it was necessary to understand the context of the schools, as well as a socio-ecological exploration of interactions that occur between structures and agents at these levels of operation (McLeroy et al. 1988; Stokols 1996). As outlined in Chapter Three, interventions cannot be interpreted as a discrete package, but instead should be considered in light of the context in which it will interact with (Hawe et al. 2009b). Hawe and colleagues have argued that preventative interventions have often been focused on the activity and/or educational message, instead of the dynamic properties of the context in which the intervention is implemented, and they argue that interventions fail to adopt dynamic, ecological and complex-systems approaches (Hawe et al. 2009b).

Population health has been slow in attending to the context in which interventions are placed (Moore et al. 2018b). Pawson and Tilley (1997) argued that mechanisms of change are always contingent on the context, what works in one time and place may be ineffective or harmful elsewhere. Hawe et al. (2009b) view interventions as disruptions

to the system, with interventions trying to disrupt the mechanisms that perpetuate and sustain the targeted problem. This thesis attempted to understand the context by employing a mixed method research design using a socio-ecological framework with a complex thinking lens; to explore the interactions between structures and agents. Using Bernstein's (2000) transmission context and Giddens' (1984) Structuration theory to facilitate an evaluation and understanding of the system dynamics prior to intervening (Patton et al. 2003).

The methodological and theoretical framework based on a socio-ecological framework with an overarching complex thinking philosophy allowed for a triangulation multilevel model explanatory sequential approach (Tashakkori and Teddlie 1998; Ivankova et al. 2006; Creswell 2017). The advanced framework allowed for a systematic and multilevel analysis of the context to address the research questions of this thesis, and to understand the complex contextual factors that facilitate or impede the implementation of substance misuse prevention in schools.

Another strength was the use of a case study design, and a validation of school policy and practices by students in the school. A limitation for many studies to date that have looked at school policies and practices around substance misuse have relied solely on school reports of policy content, which could be associated with bias. Therefore, this study employed an independent coding framework to verify school reported practices, as well as validating the practices with students.

This study is not without limitations. One of the limitations of this study is the number of interviewees at each level of enquiry was limited. At the policy level, five key

stakeholders were interviewed, two from the substance misuse division, two from key organisations that operate at the local policy level and one from the education department. Future research may wish to focus attention at the policy level to explore the conceptualisation of substance misuse in more detail, and the barriers and facilitators from a number of different perspectives. As outlined in Chapter Seven, there were a number of missed opportunities to further explore details with stakeholders and future research could look to employ repeat interviews (Vincent 2013). This would allow for maximum understanding and more in-depth data collection, as gaps in the questioning or responses can be further asked and clarified in subsequent interviews. Likewise, second interviews can allow for the interrogation of information that has arisen in other interviews to question and qualify whether this is a universal problem or feeling or whether it is isolated to an individual. This would allow for greater generalisability of results at the policy level.

In a similar fashion, future research may wish to focus in more detail at the school level and include more case study schools. Future research may also wish to extend the case study sampling framework to include socio-demographic information, to explore the role of wider social contexts that may be at play within these schools, which may facilitate or impede substance misuse prevention. Although the role of wider socio-demographics of the case study schools was explored, the small number of case study schools did not allow for firm conclusions to be drawn, which may be possible with future changes to the recruitment and number of case study schools.

A further limitation was the use and reliance on cross-sectional data. A longitudinal design would allow for control of prior substance misuse and provide stronger causal

evidence. Future research should look to see if these findings are replicated across the other UK countries and internationally.

A final consideration would be the lack of parental involvement. Although this study has included a number of key stakeholders within the school and community setting and the use of students, an important missing element within the wider determinants of health are parents. Future studies should look to involve and explore the role of school and substance misuse prevention in schools with parents.

10.4 Implications for policy and practice

This thesis has highlighted some important considerations for health promotion in schools and the role power and control have in policy discourse and the classification of the education system. This thesis has highlighted that schools are principally sites for academic attainment, which is supported by a strongly classified and strongly framed education policy such as the LNF. This creates a strong barrier between the discourse and pedagogy of education and other forms of pedagogy, such as health promotion.

Future policies may want to consider the control that they privilege in any new development. In particular, the new curriculum in Wales must consider the role of the school in its current format and the power and control shift that may be necessary to change the structure of the school environment, in order to implement a synergistic health and education system.

Schools are disproportionately privileged through strong framing in education policies and weak framing of health promotion policies, to deliver the core business of education. Furthermore, schools are reinforcing the structure of the strongly classified

education system through compliance (Giddens 1984). Schools have the potential to modify and change the structure of the school, despite the strong classification and framing, and agents can destabilise the structure by recognising the synergism between education and health; although school teachers may not possess this knowledge if they are strongly insulated by the education system. They may not have the potential to acquire the recognition and realisation rules (Bernstein 2000), so any change to the education system should be aware of this barrier, or facilitator for change, and embedding of health promotion. This is important more than ever in Wales as the new curriculum is introduced. I would strongly urge Welsh Government to address the needs of school teachers through training and resources ahead of the rollout of the new curriculum. This would ensure that schools have the skills, knowledge and resources, which should allow them to possess the recognition and realisation rules of the policy.

The results demonstrate the need for greater attention in the primary field (Higher Education Research) and the interaction with the recontextualising field (the policy level), to ensure that more evidence based research is implemented and evaluated. This thesis makes an important contribution to this field and future publications and work must ensure that the findings of this thesis are transferred to the recontextualising field and written and applied to those intended readers. This knowledge exchange is important at a time of great change in Wales with the Wellbeing of Future Generations Act (Welsh Government 2015) and the development of the new curriculum.

Again, most notably, the national policy for Wales *The Working Together to Reduce Harm* policy is now out of date, with a new policy yet to be implemented. The results of this thesis highlight that children and young people are not a central component of the

policy. I would urge Welsh Government to reconsider the position of substance misuse within the health department, and propose they consider whether substance misuse would be better placed under a public health agenda. Such a move would naturally support the Wellbeing of Future Generations Act (2015) and allow for a wider preventative focus to substance misuse in Wales. Extending this, I would suggest that children and young people could have a policy in their own right, which may form part of a wider health and wellbeing focus, that has key performance indicators attached to it that are specific and measurable to young people. This could potentially be overseen by the children's commissioner for Wales, to ensure that children and young people are provided with substance misuse prevention that enables them to make informed choices. It should ensure that children and young people are involved in the creation and decision making of prevention strategies that concern them, and are provided with the help and support they need for substance misuse should they need it.

Through the exploration of this thesis, from the policy level to the school level, it has been found that the substance misuse prevention and education provided to young people, on the whole, is not fulfilling the needs of children and young people, as well as not aligning to the best available research to date. As has been found most education is based on abstinence, didactically delivered, under resourced and limited in both depth and breadth of knowledge and content. This thesis highlights the need for future research to improve the prevention for children and young people in school; but at a time of great change in Wales, highlights the need for policy makers to address some of the shortcomings of the provision of substance misuse prevention for young people.

10.5 Implications for future research

There are a number of areas for future research that this thesis has highlighted. Firstly, the results from young people suggest that one such exploration could be around the role of form tutors for referrals and help and support. What was clear from the results, despite a referral pathway clearly outlined by Welsh Government, such pathways were either not in place, or were not well known to children and young people and staff alike. This in itself warrants further research, although young people offered a number of suggestions as to potential ‘gate keepers’ or points of contact for help and support, with the form tutor proving a popular choice due to closer relationships with young people, perceived trust and approachability. The role of form tutors can be explored in more depth and across a wider population to validate the results emerging from this thesis.

A second area that has been highlighted that would warrant further research is the role of harm minimisation. As highlighted throughout this thesis, harm minimisation in substance misuse for children and young people, rarely draws a consensus. That said, what was clear is that the majority of children and young people support and welcome substance misuse prevention that is based on harm minimisation, in order for them to make informed choices. The role of substance misuse prevention through a harm minimisation based approach must be further explored with a wide range of stakeholders including school teaching fraternity, children and young people, parents, community organisations and policy makers. As highlighted in this thesis, the national substance misuse policy is based on a harm reduction ethos, yet as substance misuse prevention guidance moves from a national level to the school level, the meanings and the voice and message are diluted. Future research must employ a systems thinking method to explore, co-produce and deliver a harm minimisation based substance misuse

prevention intervention in schools, that is acceptable and invested in, by all stakeholders.

Thirdly this thesis has assessed the readiness of schools to implement substance misuse prevention. The results suggest that Wales has a way to go before it could be considered ready as defined by the European Prevention Curriculum (EMCDDA 2019; Sloboda and Ringwalt 2019). As a small country and through the capacity vested to Wales through devolution, Wales are in a fortunate position to lead by example. I would suggest that future research could explore through the Wellbeing of Future Generations Act (2015), how Wales can develop a national substance misuse prevention strategy that would ensure the policy is evidence based and committed to improving the evidence base through innovation and research and development. This could be co-produced with policy makers, community organisations, service users, schools and service providers. Through an all-Wales, co-produced policy, the recognition and realisation rules of the policy could be established. This could then pave the way for future research to explore and develop innovative interventions to reduce, resit and delay substance use among young people.

With a changing international landscape around legislation and de-regulation, it is important that Wales sets normative values and expectations for children and young people. Through a coordinated and a Pan-Wales policy that is co-produced and co-invested, Wales can increase the potential for a consistent message to be delivered across Wales to children and young people.

10.6 Conclusion

This thesis addressed gaps in the literature on the reasons for the implementation failure of substance misuse prevention in schools. It makes important contributions to the knowledge on the complexity of the school context and substance misuse prevention in schools. Within a changing global context, substance misuse prevention among children and young people is very important, in order to set normative values and expectations to reduce, delay or resist substance misuse amongst this population. This thesis has provided a deeper understanding of the school context and the dynamic properties that facilitate and impact on the implementation of policies. Through an advanced methodological framework and layered theoretical approach, this thesis has contributed to a better understanding of the policy discourse, and the impact of power and control over the selection, pace and criteria of policy.

Schools are privileged as part of the solution to address substance misuse prevention among children and young people, but health promotion does not form part of the core business of the school, in part because health promotion is competing with core subjects for curriculum time. Schools also lack the skills, knowledge and resources to successfully implement health promotion in schools and health promotion does not form part of the identity of a teacher. Although schools are recognised as ideal sites for health promotion, health promotion is not seen by teachers as an integral part of their responsibilities, nor is there sufficient policy impetus to embed health promotion as an integral component of schools and the education of children and young people.

This thesis has assessed the readiness of schools to implement substance misuse prevention by exploring aspects of the school environment that lend themselves to substance misuse prevention interventions - school culture, school policy and classroom curricula (Sloboda and Ringwalt 2019). Despite the few evaluations of school substance misuse prevention policies (Evans-Whipp et al. 2015; Midgley et al. 2018), policies have the potential to establish social norms and pro-social behaviour, act as an environmental constraint and reduce exposure, as well as acting as a deterrent. Nevertheless, this thesis has found that policies are developed unsystematically at a national and local level, without the resources, expertise, time and space to develop and implement substance misuse prevention policies, as highlighted in the European Prevention Curriculum (EMCDDA 2019) and by Sloboda and Ringwalt (2019).

If schools are the ideal settings for health promotion, then more work is needed at the policy level to ensure that health promotion is provided with similar classification and framing as traditional academic subjects. Health and education departments need to facilitate and realise the potential of the synergism between educational attainment and health and wellbeing. Sufficient resources and finance would be allocated to support this change, and provide knowledge, skills and training to equip teachers to perform their duties as they are privileged to do so. Only through the breaking down of the boundaries of the education system can health promotion in schools be realised.

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Appendix 1 – Literature search

The literature in this thesis does not provide a systematic review, but identifies the gaps in existing knowledge by providing an overview of the relevant knowledge, theoretical perspectives and limitations. The identified gaps, and limitations, particularly around school context and policy implementation for substance misuse were used to inform the research questions and research design, employing an iterative literature search and thesis development process.

A number of electronic databases were routinely searched for relevant journal articles, which included SCOPUS, OVID, PubMed, Cochrane Library and Google Scholar. Grey literature also provided a source of information through snowballing, recommendations from supervisors and key stakeholders within the policy and community level.

The search terms used to identify the literature can be categorised as outlined below. Search terms were combined using a number of Boolean operators to ensure key literature was sourced (e.g. substance misuse AND school). Illustrative examples of search terms are outlined below:

1) Drug taking:

Substance misuse; substance use; illicit drug use; licit drug use; substance abuse; drug taking; recreational drug use; transient drug use

2) Children and young people:

Children and young people; youth; NOT adults; adolescents; school-aged children; secondary school; young people

3) Settings and practices

School*; whole school; school-based; school policy; school policy; school practices; expulsion; suspension; isolation; help and support; Government

4) Key authors

Campbell; Pawson; Bernstein; Giddens; Leow; Degenhardt; Hawe; Moore; Evans-Whipp

Appendix 2- Ethical approval



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Social Sciences
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Cymdeithasol

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Ffôn +44(0)29 2087 5179
Ffacs +44(0)29 2087 4175
www.cardiff.ac.uk/cy/social-sciences

18th August 2016

Our ref: SREC/1963

Luke Midgley
PhD Programme
SOCSI

Dear Luke

Your project entitled '*Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools*' has now been approved by the School of Social Sciences Research Ethics Committee of Cardiff University and you can now commence the project.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored every 12 months and it is a condition of continued approval that you complete the monitoring form. Please inform the SREC when the project has ended. Please use the SREC's project reference number above in any future correspondence.

Yours sincerely

Professor Alan Felstead
Chair of School of Social Sciences Research Ethics Committee



CC: H Vincent / Supervisors: S Murphy & J White



Registered Charity, no. 1136855
Elusen Gofhrestredig, rhif 1136855



School of Social Sciences
Ysgol Gwyddorau Cymdeithasol
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8th December 2016

Our ref: SREC/1963

Mr Luke Midgley
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Ffacs +44(0)29 2087 4175
www.caerdydd.ac.uk/social-sciences

Dear Luke

Your proposed changes to your project entitled '*Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools*' have been approved by the School of Social Sciences Research Ethics Committee of Cardiff University and you can now commence these aspects to the project.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

In addition, if anything occurs in your project from which you think the SREC might usefully learn, then please do share this information with us.

All ongoing projects will be monitored every 12 months and it is a condition of continued approval that you complete the monitoring form. Please inform the SREC when the project has ended. Please use the SREC's project reference number above in any future correspondence.

Yours sincerely

Professor Alan Felstead
Chair of School of Social Sciences Research Ethics Committee



cc: H Vincent
S Murphy and J White



Registered Charity, no. 1136855
Elusen Gofrestredig, rhif 1136855

Appendix 3- Letter to schools



[Inset Address of school]

DECIPHer
Cardiff

University

1-3 Museum

Place

Cardiff
CF10 3BD

[Insert date]

Dear [Insert Head Teacher]

This is an invitation for your school to participate in a research study that is exploring the substance misuse policies of Welsh secondary schools.

The research study forms part of an ESRC Doctoral Research Studentship that has been awarded to Luke Midgley under the supervision of Professor Simon Murphy and Dr James White at the Centre for the Development and Evaluation of Complex Interventions in Public Health at Cardiff University. DECIPHer is one of five UKCRC Public Health Research Centre's of Excellence that develops and evaluates interventions to improve the health and wellbeing of children and young people. The purpose of this study is to understand school's policies and practice on preventing drug use.

In this study we will interview the staff and students of four schools that have participated in the School Health Research Network (SHRN). Schools will be selected

on the basis of the data they provided in the 2016 School Environment Questionnaire and Pupil Questionnaire. All information provided in interviews will be confidential and anonymized before analysis. As a member of the School Health Research Network, I am delighted to invite you to participate in this research project which will strengthen our understanding of the school environment and provide useful information for future interventions to reduce drug use amongst school aged children. The school will be fully supported by the network to minimize any disruption and will work with the school to identify suitable times and dates for the researcher to visit.


For your information, I have included an approval letter from the University Ethics Committee as well as additional materials on the research study. Please take the time to consider the research study. I will contact you again in a couple of days to arrange a discussion between yourself and the researcher in order for you to have any questions or queries you may have answered satisfactorily before making a final decision.

Yours sincerely,

Joan Roberts

School Health Research Network Manager

DECIPHer - Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement is a
UKCRC Public Health Research Centre of Excellence

For further information about DECIPHer please visit <http://decipher.uk.net/>  @DECIPHerCentre
or email the team at decipher@cardiff.ac.uk



Appendix 4 –Information sheet and consent form (Policy)



Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools

Policy makers and key stakeholders consent form

I am conducting research as part of an ESRC Doctoral Research Studentship to explore the development of substance misuse policy in Wales. I am trying to understand how Welsh Government substance misuse policy is developed and the evidence base of the policy, and the barriers and facilitators to policy making and dissemination.

As part of my research I would like to invite you to take part in an interview. Please read this sheet which will explain why and what you would need to do. If you are willing to take part then you can sign to say that you understand what this research study involves and are happy to take part in this.

What will I have to do?

If it is ok with you, I would like to interview you about your role and about the work that goes on around substance misuse in your organisation. The interview should take about 60 minutes. Everything we talk about will be confidential and you will not be identified at any point. Throughout the interview there may be times where you cannot answer my questions or you don't want to answer a particular question, you do not have to and you can just say so and we will move on. If during the course of this interview you feel uncomfortable or find it difficult to talk about anything, we can stop the interview.

Do I have to take part?

You do not have to take part in this research study. Your participation is completely voluntary. If you agree to take part and then change your mind, that is ok, you can withdraw at any time without prejudice.

What will we do with the information?

This interview will be audio recorded to allow for a full verbatim transcript to be produced on completion. All information such as name of the organisation, name of person being interviewed and any other names mentioned throughout the course of the interview, will be changed for anonymity.

Due to the nature of your work and the limited number of individuals that do your role within Wales, there is always the risk that you could be identified from the anonymised data. Are you happy to proceed on this basis?

If you're happy to take part, please fill in the box below.

Write in capitals:

Name

I have read the information above.

☐☐

I understand that taking part is voluntary.

☐☐

I understand that I can stop taking part at any time.

☐☐

I have had any questions answered satisfactorily.

☐☐

Please

put

your

initials

in each

box

☐☐

I agree to take part in this interview.

Participant:

SignedDate

.....

Researcher:

SignedDate

.....

**You will be given a copy of this consent form to take away with
you**

Appendix 5 – Information sheet and consent (SMT)



Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools

Senior Management interview consent form

I am a researchers working at your school. As part of my research I would like to invite you to take part in an interview. Please read this sheet which will explain why and what you would need to do. If you are willing to take part then you can sign to say that you understand what this research study involves and are happy to take part in this.

What will I have to do?

If you agree to take part you will be asked about your experiences of life at your school and your views on how substance misuse is taught and how the school deals with students who may use drugs during school hours. The interview will take around 30 minutes. Everything we talk about will be completely confidential unless you say something that indicates you or someone else is at significant risk. You will not be identified at any point. The school will not know what has been said and what you tell me will only be shared with the research team at the university. Also, if you do not want to answer a particular question, you do not have to and if you feel uncomfortable we can stop the interview at any point.

Do I have to take part?

You do not have to take part in this research study. Your participation is completely voluntary. If you agree to take part and then change your mind, that is ok, you can withdraw at any time without prejudice.

What will we do with the information?

I would like to audio-record the interview and then produce a written record of what was said. This record will not have anyone's name on it. I will write a report about what I find across all my interviews with senior management teams across Wales, but it will not include the names of anyone that took part.

If you're happy to take part, please fill in the box below.

Write in capitals:

Name

I have read the information above.

☐☐

I understand that taking part is voluntary.

☐☐

**Please
put**

I understand that I can stop taking part at any time.

☐☐

**your
initials**

I have had any questions answered satisfactorily.

☐☐

**in each
box**

I agree to take part in this interview.

☐☐

Participant:

Signed**Date**

.....

Researcher:

SignedDate

.....

**You will be given a copy of this consent form to take away with
you**

Appendix 6 – Information sheet and consent (teachers)



Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools

Teacher interview consent form

I am a researchers working at your school. As part of my research I would like to invite you to take part in an interview. Please read this sheet which will explain why and what you would need to do. If you are willing to take part then you can sign to say that you understand what this research study involves and are happy to take part in this.

What will I have to do?

If you agree to take part you will be asked about your experiences of life at your school and your views on how substance misuse is taught and how the school deals with students who may use drugs during school hours. The interview will take around 30 minutes. Everything we talk about will be completely confidential unless you say something that indicates you or someone else is at significant risk. You will not be identified at any point. The school will not know what has been said and what you tell me will only be shared with the research team at the university. Also, if you do not want to answer a particular question, you do not have to and if you feel uncomfortable we can stop the interview at any point.

Do I have to take part?

You do not have to take part in this research study. Your participation is completely voluntary. If you agree to take part and then change your mind, that is ok, you can withdraw at anytime without prejudice.

What will we do with the information?

I would like to audio-record the interview and then produce a written record of what was said. This record will not have anyone's name on it. I will write a report about what I find across all my interviews with teachers across Wales, but it will not include the names of anyone that took part.

If you're happy to take part, please fill in the box below.

Write in capitals:

Name

I have read the information above.

☐☐

Please

I understand that taking part is voluntary.

☐☐

put

your

I understand that I can stop taking part at any time.

☐☐

initials

in each

box

I have had any questions answered satisfactorily.

☐☐

I agree to take part in this interview.

☐☐

Participant:

Signed**Date**

.....

Researcher:

Signed**Date**

.....

**You will be given a copy of this consent form to take away with
you**

Appendix 7 – Information sheet and consent (community)



Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools

Community interview consent form

I am a researchers working at school. As part of my research I would like to invite you to take part in an interview. Please read this sheet which will explain why and what you would need to do. If you are willing to take part then you can sign to say that you understand what this research study involves and are happy to take part in this.

What will I have to do?

If you agree to take part you will be asked about your experiences of life at your school and your views on how substance misuse is taught and how the school deals with students who may use drugs during school hours. The interview will take around 30 minutes. Everything we talk about will be completely confidential unless you say something that indicates you or someone else is at significant risk. You will not be identified at any point. The school will not know what has been said and what you tell me will only be shared with the research team at the university. Also, if you do not want to answer a particular question, you do not have to and if you feel uncomfortable we can stop the interview at any point.

Do I have to take part?

You do not have to take part in this research study. Your participation is completely voluntary. If you agree to take part and then change your mind, that is ok, you can withdraw at any time without prejudice.

What will we do with the information?

I would like to audio-record the interview and then produce a written record of what was said. This record will not have anyone's name on it. I will write a report about what I find across all my interviews with teachers across Wales, but it will not include the names of anyone that took part.

If you're happy to take part, please fill in the box below.

Write in capitals:

Name

I have read the information above.

☐☐

Please

I understand that taking part is voluntary.

☐☐

put

your

I understand that I can stop taking part at any time.

☐☐

initials

in each

box

I have had any questions answered satisfactorily.

☐☐

I agree to take part in this interview.

☐☐

Participant:

SignedDate

.....

Researcher:

SignedDate

.....

**You will be given a copy of this consent form to take away with
you**

Appendix 8 – Information sheet and withdrawal (parents)



Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools

Information Sheet for Parents/Guardians

We would like to invite your child to take part in our research study. Before you decide we would like you to understand why the research is being done and what it would involve for them.

Please take the time to read through the information here and contact us to discuss any questions you may have or if anything is not clear. This information sheet tells you the purpose of the study and what will happen to your child if they take part.

What is the purpose of the study?

I am a researcher working at your child's school to explore how the schools substance misuse policy is understood by young people in the school. I would like to interview your child in order to gain a full understanding of the nature of the school and how it operates, in terms of the enforcement of policy and practice around drug prevention and drug use.

Why has my child been invited?

As part of this research we are asking for a small number of young people from your child's school to complete a short interview with the researcher. The interviews will

include a random mix of young people from all year groups and selection for the interview in no way indicates that your child is involved in drug taking.

What will happen to my child if they take part?

Your child will receive information about the interview and the research study and be able to ask questions before they make their decision. Interviews are entirely voluntary and your child does not have to participate if they do not want to. Your child taking part will have no effect on them more widely in school. Taking part in an interview will involve discussing topics such as drug-related education and their experience of the school as a whole. The interview will only take about 30 minutes.

Will the data you collect be confidential?

What your child tells us will be used to try and improve schools and young people's health, and will be completely confidential, but we cannot guarantee confidentiality in all cases (e.g., where there is risk of serious harm to self or others). We will follow ethical and legal practice for the protection of your child's data. No-one except the research team will find out about what they say. Interview data will be stored anonymously and held in a secure location that can only be accessed by authorised members of the research team. When we write reports based on the research, your child will not be named or in any way be identified.

Before any research goes ahead it has to be checked by a Research Ethics Committee. They make sure that the research is fair. This project has been checked by Cardiff University Research Ethics Committee.

We hope you are happy for your child to participate. If you are, you do NOT need to do anything. If you have any questions or concerns about any aspect of the study, please contact the researcher Luke Midgley (telephone: 029 2087 9161 or email: MidgleyLS@cardiff.ac.uk). Alternatively, you can contact the school directly to enquire further. If you decided that you did not want your child to participate in this research study, please let your child's school know before (insert relevant date).

Many thanks for your time,

Luke Midgley (Cardiff University)

Appendix 9 – Information sheet and consent (pupils)

Exploring theory, context and implementation of substance misuse policy in Welsh secondary schools

Young person interview consent form



I am a researcher working at your school. As part of my research I would like to invite you to take part in an interview. Please read this sheet which will explain why and what you would need to do. If you are willing to take part then you can sign to say that you understand what this research study involves and are happy to take part in this.

What will I have to do?

If you agree to take part you will be asked about your experiences of life at your school and your views on how substance misuse is taught and how the school deals with students who may use drugs during school hours. The interview will take around 30 minutes. Everything we talk about will be completely confidential unless you say something that indicates you or someone else is at significant risk. You will not be identified at any point. The school will not know what has been said and what you tell me will only be shared with the research team at the university. Also, if you do not want to answer a particular question, you do not have to and if you feel uncomfortable we can stop the interview at any point.

Do I have to take part?

You do not have to take part in this research study. Your participation is completely voluntary. If you agree to take part and then change your mind, that is ok, you can withdraw at any time.

What will we do with the information?

I would like to audio-record the interview and then produce a written record of what was said. This record will not have anyone's name on it. No-one else such as parents or guardians, teachers or the police will be told what was said. I will write a report about what I find across all my interviews with young people across Wales, but it will not include the names of anyone that took part.

If you're happy to take part, please fill in the box below.

Write in capitals:

Name

I have read the information above.

☐☐

Please

I understand that taking part is voluntary.

☐☐

put

your

I understand that I can stop taking part at any time.

☐☐

initials

in the

boxes

I have had any questions answered satisfactorily.

☐☐

I agree to take part in this interview.

☐☐

Participant:

SignedDate

.....

Researcher:

SignedDate

.....

**You will be given a copy of this consent form to take away with
you**

Appendix 10 – Exemplar policy template

Annex D: Exemplar substance misuse policy checklist

School/Organisation name:

| Heading | Present | Comments |
|---|---------|----------|
| 1. Date of publication/review | | |
| 2. Context of policy/relationship with other policies | | |
| 3. Aims of policy clearly stated | | |
| 4. School's/Organisation's stance on substance use/misuse stated | | |
| 5. Statement of those consulted | | |
| 6. Location of policy | | |
| 7. School/organisation coordinator or deputy named and role clarified | | |
| 8. Lead governor or deputy on substance misuse issues named and role clarified | | |
| 9. Substance misuse education – planning, teacher-led, use of visitors, prior needs assessment | | |
| 10. Substance misuse education – aims stated, realistic and measurable | | |
| 11. Substance misuse resourcing, methodology adequately covered | | |
| 12. Training, monitoring, evaluation adequately covered | | |
| 13. School/organisation rules clearly stated in a form for presenting to the school community and when applicable | | |
| 14. Incidents/situations defined to encompass the planned and the non-planned, including parental/carers substance use | | |
| 15. Assessment of a substance misuse incident on premises, recording procedures, confiscation and searching, storage and disposal | | |
| 16. Smoking – state policy on smoking in school/organisation grounds | | |
| 17. Medical assistance and procedures, e.g. First aid | | |
| 18. Local and national guidance cited | | |
| 19. Vulnerable, at-risk learners are referred to, with specific provision for their needs | | |