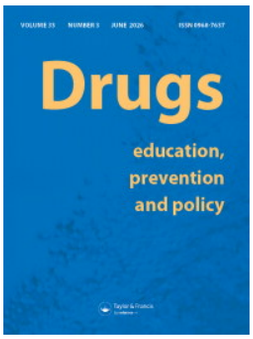

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Challenges and successes implementing a skills-based preventative drug-use intervention early in secondary education

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ABSTRACT

Background: Research suggests the most effective educational approaches to reduce illicit drug uptake in young adolescents involve building skills in reflective decision-making, resistance to peer influence, and healthy coping. However, there has been limited empirical study of universal preventative interventions targeted toward substance-naïve individuals. This study evaluated the implementation of a novel evidence-informed lesson series designed to develop these skills.

Methods: Teachers in three UK schools delivered a six-lesson programme to Year 7 pupils (11-to-12-year-olds). Pupils provided on-the-day lesson feedback through short surveys. In-depth insights were collected through two pupil focus groups per school, and two cross-school teacher focus groups. Framework thematic analysis identified themes.

Results: Effectively communicating aspects of lesson delivery to teaching staff was a key challenge. The high levels of interactive activities and reflective discussion were positively received by pupils, but did not fully align with teacher perceptions of effective pedagogy. Teachers discussed issues meeting needs of learners at differing attainment levels, while pupils valued the variation in activities offered.

Conclusions: Findings highlight the complexities of implementing lessons that are evidence-informed, align with pedagogical expectations and are adaptable for diverse classroom settings, and offer practical recommendations that extend beyond substance use education for developing flexible, skills-based curricula.

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Introduction

Drug use in recreational settings among young people has been highlighted as a significant concern in the UK in Dame Carol Black's (2021) independent review. Adolescence is the period in which many are first exposed to drugs, and as young people grow older, the likelihood of trying illegal substances increases. A 2023 survey in England demonstrated that almost half (44%) of respondents aged 15 had been offered drugs, and almost a quarter (23%) had taken them (NHS England Digital, 2024). Meanwhile, there have been increases in the number of young people seeking treatment for drugs often used for recreational purposes, including cannabis, ketamine, cocaine, ecstasy and nitrous oxide (Office for Health Improvement & Disparities, 2024b). This demonstrates the growing burden of illicit drug use on both health services and individuals. Finding effective ways to reduce uptake of illicit drugs before destructive patterns of use become established is key to achieving long-term goals of tackling drug misuse.

Delivering drug intervention through compulsory education

Compulsory education is often considered to be an avenue through which interventions may be efficiently delivered at scale. Education around drugs has been a longstanding feature of the Personal, Social, Health and Economics (PSHE) curriculum, and in the UK, the Department for Education (DfE) mandated teaching drugs education as a statutory requirement for all state schools via Relationships, Sex and Health Education (RSHE) from 2020 (Department for Education, 2019). While undoubtedly welcome, the statutory guidance is

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knowledge-focussed, outlining the facts young people should know before they leave secondary education. Yet Sumnall (2022) explains that information provision and fear arousal are not sufficient to enable young people to make healthy choices.

Moreover, there are inconsistencies in the content and delivery of PSHE/RSHE provision across the UK (Adams et al., 2024), for example in the time allotted, the availability and experience of teachers, and the prioritization of specific topics. Whilst this flexible PSHE curriculum framework provides an autonomy which allows schools to adapt the content to whatever is most relevant to their pupil population, it means it is rare that the lessons pupils receive are research-informed, and there is much variation across schools. Only 62% English school pupils were able to recall receiving drugs education, and most often reported that it was delivered as a single standalone session (NHS England Digital, 2019). Although these figures pre-date drugs education having statutory status, it was widespread at this time. These figures suggest that even where drugs education is delivered, the format and content may make it difficult to recall, and run counter to established good practice (PSHE Association, 2016).

A range of studies have implemented and evaluated drug-related education programmes within school settings. A review of interventions in the USA concluded that the most effective school-based drug-prevention strategies were interactive and taught skills to help young people refuse drugs, correct misperceptions around normative use, and enhance social and personal competence (Botvin & Griffin, 2007). Similarly, Sumnall (2022) recently reviewed evidence in a commentary on the UK drug strategy. This highlights evidence from research trials that education-based prevention strategies based around skills and resilience development, parenting, and whole school approaches, have been effective. However, the commentary notes that effects from such trials tend to be small, and are not necessarily long lasting, before discussing the challenges involved in implementation and upscaling. When effects are small, widespread adoption of an intervention is needed to maximize the value of a programme and contribute to wider cultural shifts in drug-related norms, attitudes and behaviors. Understanding the perspectives of the teachers and pupils involved in implementing evidence-based programmes is important for development of scalable and effective interventions and design of teaching drugs education more widely. As we write, changes to the content and delivery approach of drugs education are being recommended based on updates to the DfE's statutory RSHE guidance (Department for Education, 2025b) which will require teaching from September 2026 to support development of attributes and skills alongside knowledge.

Perhaps the most notable previous attempt to implement and evaluate a preventative drug education programme in the UK was Blueprint. Blueprint comprised 15 drug education lessons delivered across Year 7 and 8 (ages 11 to 13 years) in 23 schools in 2004–2005, and included a 6-day teacher training package, parent information and skills workshops, and local media communications to raise awareness of Blueprint. It was implemented with high fidelity, and received well by pupils, parents and teachers (Home Office, 2009; Stead et al., 2007). However, parents were difficult to engage and feedback regarding the benefits of parent components and wider programme awareness efforts was mixed, suggesting resources may be best spent on the educational content itself. Importantly, with only a small number (six) of unmatched comparator schools, the outcome evaluation was considered exploratory, rather than definitive (Baker, 2006) and ultimately, it was difficult to determine whether there was a long-term behavioral impact of Blueprint. On one hand, pupils in Blueprint schools were more likely to value their drug education positively than those in non-Blueprint schools, but on the other, data around drug knowledge and rates of use by age 15–16 was mixed, and in some cases better knowledge and lower use was evident in the non-Blueprint schools (Drug and Alcohol Findings, 2009). After much optimism (Foxcroft, 2006), the programme and evaluation were discontinued and never definitively trialed. The mixed findings do not negate the possibility that the programme had positive outcomes for those who received it, but they do demonstrate the design challenges inherent in such research.

In the twenty years that have passed since Blueprint, significant societal and educational changes have occurred which justify contemporary efforts to deliver and evaluate evidence-based preventative drug education. Although drug education is now a mandatory part of RSHE/PSHE, delivery remains inconsistent (Adams et al., 2024; Sumnall, 2022) and drug use in adolescence continues to be problematic. Secondary schools in the UK are under more resource pressure than ever, with one in five reporting financial deficits in 2024–25 (Department for Education, 2025a), a figure anticipated to rise to almost 50% this academic year – and this may have implications for resource allocation to unexamined subjects like PSHE. Drug use patterns themselves have also shifted. Fewer young people report underage use of alcohol or tobacco (NHS England Digital, 2023), but treatment rates for drugs such as ketamine and nitrous

oxide are rising (Office for Health Improvement & Disparities, 2024a). At the same time, social media means peer influence now extends beyond in-person socializing, which is likely to affect perceptions of norms and behaviors around substance use (Watts et al., 2024). Not only do these factors suggest a need for scalable, low-resource, evidence-based drug education, but schools today may also be generally better equipped and more motivated to discuss the wider mental health context around drug use. Mental health literacy is increasing among the general public, and there is expanding provision for wellbeing in schools driven by concerns about the growing levels of anxiety in young people (Department for Education, 2025c).

Developing the RISUP educational intervention

The Reducing Illicit Substance Use Project (RISUP) is a UK-based programme of research funded to develop and evaluate evidence-based interventions designed for the current UK context that aim to reduce drug use in recreational settings among young people. One of the three strands focuses on the development of a programme of lessons that can be delivered by teachers in any secondary school as part of the RSHE/PSHE curriculum. While assessing the effectiveness of the programme itself is clearly one crucial element, we wanted to develop a deeper understanding of the aspects of implementation that could, ultimately, affect adoption at scale and be of value to other teams developing or implementing similar interventions.

The initial development of the intervention integrated published evidence, stakeholder opinion and behavior change theory. A literature review of other educational programmes that had been effective was conducted to identify common features of effective educational interventions for drugs (Doyle et al., *in preparation*). In parallel, consultations were held with stakeholders including young people, educational professionals and those who work with people who have difficulties with drugs, to understand their perspectives on who to target, when, and in what ways (Retzler et al., *Under review*). The data were synthesized and mapped to the Capability Opportunity Motivation Behavior framework (COM-B; Michie et al., 2014) providing a systematic approach to intervention design which focussed on the core components associated with (avoiding) drug use in recreational settings. Draft lessons were created, and feedback from young people and educational professionals was incorporated into a programme ready for implementation.

The resulting lessons target young people transitioning to secondary school, most of whom would be expected to be drug-naïve, by which we mean they would not have previously taken drugs in recreational settings. Recent statistics show only 6% 11-year-old pupils in the UK report having ever taken a psychoactive drug not prescribed by a doctor or (NHS England Digital, 2024). Unlike traditional drugs education in the UK, which our consultations told us tends to be focussed around increasing knowledge of different drugs, their effects and their side-effects, the RISUP lesson programme is designed, based on promising programmes (Caria et al., 2011; Teesson et al., 2024) to equip learners with the decision making and socio-emotional skills required to manage future risk situations. It is a standalone programme of six one-hour lessons, designed to fit into a typical half-term unit and be deliverable by teachers as part of RSHE/PSHE provision.

Understanding the implementation of evidence-based educational interventions

Teachers in UK secondary schools generally retain a high level of autonomy when planning and delivering the curriculum. Implementing any intervention in this context is likely to be challenging. When you add in the sensitive and sometimes controversial nature of drug-related topics, especially for a drug-naïve audience, and the fact that PSHE is frequently taught by non-specialist teachers from a range of disciplines, it becomes more challenging still. For example, Davies and Matley (2020) found nearly 40% of teachers surveyed felt it would be inappropriate to discuss the pleasurable effects of drugs, in spite of this being a factor that drives experimentation and use. Whilst some teachers are confident in approaching sensitive topics covered within health education pedagogy, others may lack training, and/or may anchor teaching in their own experiences, attitudes and opinions around drug use (Davies & Matley, 2020). Therefore, it is important to understand the real-world experiences of teachers and pupils so that future development of educational interventions can be grounded in that knowledge.

A US study of school-based implementation of preventative interventions tackling a range of issues (e.g. substance use, delinquency, truancy, reckless driving) demonstrated that even where there is an evidence-based recommendation of best practice, real-world implementation rarely meets those standards. Schools often adjust elements that are not easily compatible with standard school operations. For example, through reducing the frequency or intensity of delivery, or the proportion of students the intervention

is delivered to Gottfredson and Gottfredson (2002). Investigation of the barriers to implementing evidence-based mental health interventions through schools from the perspective of developers (Forman et al., 2009), has shown difficulties can relate to school infrastructure and management. Implementation usually requires support from administrators and head-teachers to ensure the programme can be integrated into timetables and schedules, teachers often need substantial training, and such implementation comes with a financial burden and can be problematic when there is turnover in staff. This highlights the potential value of standalone interventions that minimize these barriers. Yet few studies have assessed 'light-touch' interventions which are designed to be delivered by teachers as part of standard curriculum provision, without the need for additional training, like RISUP. Although some barriers are minimized, it may be that barriers that are more culture-oriented may remain. For example, the extent to which there is (i) alignment with the wider school philosophy and policies, (ii) teacher 'buy-in' to the intervention, and (iii) evidence of demonstrable outcomes/impact that schools could present to stakeholders (Forman et al., 2009).

Wagner et al. (2004) outlined several barriers to adoption and implementation of school-based interventions for adolescent alcohol and drug use. Perceived stigma may make schools reluctant to adopt drug use interventions. Challenges each individual school faces are likely to differ from those other schools face, as each school operates differently, with differing management and within differing contexts. Finally, while standardized intervention delivery is the gold standard for research, specifying intervention delivery in a way that maintains its integrity may conflict with the ability of those implementing it to draw on their experience and knowledge. However, these conclusions were based heavily around clinically-oriented interventions for young people already identified as being at risk for problems with substances. Less is known about challenges associated with implementing universal preventative interventions early in secondary education, when young people may have had limited encounters with drugs.

The current study

The RISUP programme was designed as a standalone series of lessons that is flexible enough to fit into standard practice in schools and with minimal financial or infrastructure-related requirements outside the classroom (i.e. no requirement for training, specialist delivery, or changes to standard timetabling). It differs from much of the prior research into implementing drug-related interventions in educational settings due to the focus on a universal, preventative intervention aimed primarily at drug-naïve young people early in their secondary education. Although the content and format draws on prior literature into what is required for an effective intervention and COM-B principles, targeting drug-naïve youth presents new challenges associated with the content and format of delivery that we felt required in-depth exploration. Understanding the teacher's perspective, particularly with the light-touch standalone approach without additional training, was essential for providing insight into experiences and challenges. We also wanted to understand the perspectives of pupils, who would be able to highlight the aspects of content and format of delivery that resonated, were engaging and memorable for them – as well as those that were not. Qualitative approaches were used to capture the nuanced perceptions, attitudes and pedagogical challenges associated with implementation (Davies, 2016; Davies & Matley, 2020) that are important for adoption and necessary to understand to inform and shape future curriculum development.

This study, therefore, aimed to understand the teacher and pupil experiences of implementing a novel, COM-B-informed, preventative drug-use intervention (the RISUP lesson programme) early in secondary education (Year 7; aged 11 to 12), within a mainstream UK setting.

Methods

Study design

This paper presents a framework thematic analysis (Ritchie & Spencer, 1994) of qualitative focus group and short free-text anonymous survey response data, collected as part of a wider mixed-methods assessment of the RISUP lesson programme.

Ethical considerations

Ethical approval was granted by the institutional ethics committee. For participating pupils, assent and parental consent were obtained, participating teachers provided consent, and rights to withdraw were clearly communicated with safeguarding protocols in place. Data were collected anonymously (surveys) or confidentially (focus groups) with datasets fully anonymized at the point of transcription.

The RISUP lesson programme

The RISUP lesson programme included activities and slide-decks for six one-hour lessons, with accompanying

delivery guidance for teachers. Delivery guidance was provided as a PDF manual containing background information about the programme development and detailed guidance for each lesson. Based on feedback from educational professionals, guidance was also provided through a series of short podcast episodes (~5 minutes per lesson, available to stream through a popular online podcasting platform and/or to download as .mp3 recordings) in which the research team explained the key take-home messages from each lesson, and gave tips to help teachers prepare for and deliver the lesson effectively. Each slide-deck was provided as a MS PowerPoint file that included further guidance for teachers written in the *notes* section. Some activities required worksheets, which were provided in the lesson folder with the title 'PRINT ME' to prompt teachers that printing was required to prepare materials for that lesson.

Each lesson addressed a separate topic: (1) Normative beliefs and peer influence; (2) Coping strategies; (3) Communication skills; (4) Decision making; (5) Goal setting; (6) Taking control of your own narrative. Lessons started by outlining a set of ground rules to promote a safe and mutually respectful environment and describing the learning objectives. Slides then introduced topics, encouraged discussion and prompted activities that varied in format (see Table S1 in the Supplementary Material for an outline of topics and activities addressed by each lesson). Each lesson rounded off with a slide titled 'Bringing it all together' encouraging class agreement on positive ways to approach that topic, before ending on a slide signposting pupils toward appropriate sources of information or support.

All schools delivered the full programme as a single unit at the pace of their usual PSHE (or equivalent) lessons, in the usual classroom-based format. This was approximately equivalent to one hour (lesson) per week, but some schools followed a fortnightly timetable (e.g. two hours in one week and no hours the next), resulting in natural variation in between-lesson intervals between schools.

School recruitment

Using a purposive convenience sampling approach to allow us to address our aims (Palinkas et al., 2015) schools local to the university with pupil populations that reflected a diversity of demographic and socioeconomic contexts were invited to take part. Three schools agreed to deliver the RISUP lesson programme. To protect anonymity, detailed characteristics of each school are not provided, but across these schools, the size of the Year 7 pupil cohort varied from ~200 to ~280 pupils, with approximately 50:50 male:female pupil splits in each. This meant the programme reached approximately 700 students in total. The proportion of pupils who were not White British varied from ~10% to ~85%, and the proportion eligible for free school meals varied from ~15% to ~50%.

Data collection

All Year 7 pupils attending participating schools received the RISUP lessons. Separate focus groups with pupils and teachers after the delivery of the full RISUP programme were conducted to elicit a wide range of views and observe the social construction of meaning among peers (Krueger & Casey, 2015). In total, 50 pupils and 5 teachers took part in focus groups (see Table 1 for a summary of the composition, duration and format of each focus group).

Recruitment to pupil focus groups was facilitated by a lead contact at each school who distributed information about the process and invited assenting pupils with parental consent to take part. The research team emphasized the value of inviting pupils with a mix of characteristics and levels of attainment to take part. Each group involved 7 to 10 pupils and took place during the school day in a quiet room, co-facilitated by trusted school staff.

Table 1. Details and composition of each focus group.

Focus group	Gender composition	Ethnic composition	Duration	Format
PFG1 (n = 9)	5 girls 4 boys	2 South Asian 7 White	34 minutes, 36 seconds	Face-to-face
PFG2 (n = 7)	3 girls 4 boys	2 Black 1 South Asian 3 White	42 minutes, 39 seconds	Face-to-face
PFG3 (n = 10)	5 girls 5 boys	2 South Asian 8 White	30 minutes, 26 seconds	Face-to-face
PFG4 (n = 10)	7 girls 3 boys	1 Black 1 South Asian 8 White	40 minutes, 41 seconds	Face-to-face
PFG5 (n = 7)	3 girls 4 boys	1 Arab 3 Black 1 South Asian 2 White	20 minutes, 58 seconds	Face-to-face
PFG6 (n = 7)	3 girls 4 boys	1 Arab 3 Black 2 South Asian 1 White	22 minutes, 29 seconds	Face-to-face
TFG1 (n = 3)	3 females	3 White	1 hour, 10 minutes, 25 seconds	Video conferencing
TFG2 (n = 2)	2 females	1 South Asian 1 White	59 minutes, 53 seconds	Face-to-face

Note: PFG = Pupil Focus Group; TFG = Teacher Focus Group.

All staff who taught RISUP lessons were invited to teacher focus groups. Groups included 2 to 3 teachers, lasting around an hour. One occurred in person at the University, which included two teachers who were from the same school, and the only teachers responsible for delivering RISUP lessons in that school. To better suit participant availability, the other focus group was held on Teams. This group included one teacher who was solely responsible for delivery of the RISUP lessons in one school, and two teachers who were subject leads in the remaining school.

A semi-structured topic guide (see Supplementary material), prompting discussion of the general impression, lesson preparation (teachers only), positives and negatives, and appropriateness, was used to ensure consistency across groups while allowing facilitators the flexibility to probe emergent themes.

To capture brief, on-the-day perspectives from the full cohort, all pupils for whom parental consent was granted were invited to respond to anonymous two-question surveys after each lesson, with a QR code and link provided on the final slide and printed handouts. Open-ended questions asked: 'Tell us what you thought worked well in this lesson' and 'Tell us about anything you think we could change to make this lesson better'. The number of pupils who provided responses varied from 0 to 216 (median = 49) across the lessons, providing contextual insights from a larger sample to complement the focus groups and allow triangulation of findings (Singer & Couper, 2017).

Positionality

The research team included highly-educated men and women with backgrounds in research, development, and education. One team-member's background in PSHE education and consultancy gave them more of an insider perspective, having extensive experience working in schools and teaching PSHE, yet it is likely we were considered outsiders by participants. We were aware of the need to develop rapport and aimed to avoid biasing the data collection by using semi-structured questions that were open and prompted disclosure of all types of experiences, including positive and challenging aspects. However, follow-up questions are likely to have been influenced by our own experiences and knowledge of the project and materials, which is both an asset and something that required careful consideration during analysis.

Data analysis

To produce a rigorous analysis grounded in the participants' words, after transcription of focus group recordings (denoted TFG and PFG to reflect teacher or pupil focus groups respectively) and download of survey responses, the dataset was analyzed using the five key stages of framework analysis (Ritchie & Spencer, 1994). (1) Researchers familiarized themselves with the data. (2) An initial thematic framework was identified by one researcher, based on a priori research questions and emergent issues. (3) This framework was systematically applied to the dataset through indexing by hand, by one researcher. A second researcher then independently indexed the transcripts using NVivo. The researchers agreed the thematic structure through discussion. (4) The data was charted in NVivo, organizing quotes by themes and focus groups and triangulating them with survey responses. (5) In the final stage, this charted data was mapped and interpreted with further discussion between the two researchers and a third researcher who facilitated the focus groups.

Results

Analyses revealed three overarching themes of (1) *Curriculum fit and appropriateness*, (2) *Lesson style and outcomes for learners*, and (3) *Challenges, considerations and recommendations*. Support for themes and subthemes was evident from teacher focus groups, pupil focus groups, and/or lesson surveys, and sometimes all three. Table S2 in Supplementary Material provides an overview of the thematic structure and supporting quotes from different data sources.

Theme 1: curriculum fit and appropriateness

The first theme, *Curriculum fit and appropriateness,* describes how well the topics aligned with the PSHE curriculum already being taught in their Year 7 cohorts, and how appropriate the materials were for the learners in each school. The theme is structured into two sub-themes: *Curriculum fit* and *Inclusivity and appropriateness*.

Subtheme 1.1: curriculum fit

This subtheme arose mainly in the teacher focus group data and explores the interplay between the RISUP programme and the wider educational landscape, addressing how the content aligned with, supported or overlapped with existing topics, and the balance between its skills-based focus and participants' pedagogical expectations.

Analysis showed that the programme often replaced existing drugs education and fit well alongside other topics about staying safe. While there was some

overlap with content from other units they taught, e.g. in *goal setting* and *peer pressure,* teachers framed this as an opportunity for reinforcement 'I wouldn't call it repetition as such, I would call it making links' (TFG1).

Teachers noted that the programme's skills and participatory focus meant that specific factual knowledge they expected to be covered, including baseline knowledge around what certain drugs were and legal terms, was not present. Some teachers, particularly those taking part in TFG1, expressed concerns around the balance of knowledge-based content with skills-based learning. They supported the intention of focussing on developing skills, but some teachers, particularly those from a school in which PSHE was taught in a very traditional academic format, 'like an English lesson' (TFG1) with knowledge delivery and written activities, felt the pendulum had swung too far. These teachers felt a more even 'fifty-fifty' split would effectively provide pupils with a solid knowledge base for application of new skills. This also related to concerns that too much discussion within lessons 'devalues the subject' and that consistency is essential, particularly for lower attaining sets; 'there's certain parts of my lesson that they now expect because I [have] embedded my routine' (TFG1). Pupils varied in the extent to which they felt the RISUP lessons were 'definitely similar' (PFG3), or 'a lot different' (PFG4) to their usual lessons. Where differences were noted, pupils said that difference 'made it more memorable' (PFG2).

Subtheme 1.2: inclusivity and appropriateness

This sub-theme discusses how the educational materials resonated with the diverse lived experiences and developmental stages of Year 7 pupils, exploring two dimensions: age/ability appropriateness, and demographic relevance.

There was some mismatch between the cognitive demands of some of the content and the understanding of some Year 7 pupils. Teachers felt that some of the terminology and 'assumption of their knowledge was pitched high' (TFG2) with abstract concepts such as *long-term goals* – even on the scale of one year – being challenging for pupils who struggled to visualize the future. Some teachers suggested that the materials might be better suited to slightly older pupils in Year 8 or preceded by a lesson that defines basic knowledge around drugs and the law. Despite these challenges, teachers reported that the interactive tasks were well received and 'perfect for their age' (TFG2), although teachers in a school where classes are set by attainment level believed some expectations would have been too high for lower attaining children and consequently added more scaffolding. Pupils' views were mixed; some felt lessons were pitched 'a smidge bit on the young side' (PFG1), while others found the level suitable – or 'just the right amount of simple' (PFG1). Although some scenarios were not seen as immediately reflective of the lives of most 11-to-12-year-olds – for example, a scenario in which an individual was deciding how to respond to an invitation to a party at which they expected a friend to be taking pills – pupils and teachers acknowledged their future relevance and potential usefulness; 'it's good to prepare for ourselves' (PFG1).

Importantly, the lessons were perceived by pupils and teachers as equally appropriate 'for all genders, like girls, boys and binaries, anybody' (PFG3) and those from different backgrounds, although a teacher observed differences in maturity between boys and girls in this age group. Teachers emphasized the importance of ensuring the scenarios were diverse and representative of the pupil population, noting that pupils from different cultural backgrounds can have vastly different norms regarding substances such as alcohol, which could be a talking point in classroom discussions – indeed one pupil said they felt it 'didn't really relate to me because, like, I'm Muslim' (PFG2). Overall, teachers felt the lessons did not favor any particular groups of pupils and expressed that in 'a very diverse school… the activities were easy to adapt [and]… it was easy for everyone to get involved' (TFG2).

Theme 2: lesson style and outcome for learners

The second theme, *Lesson style and outcomes for learners*, examines the direct relationship between pedagogical delivery and its impact on pupils. The underpinning data showed that the style of a lesson was closely interlinked with its intended outcomes. Three interconnected subthemes emerged, the first describing pupil engagement and participation as a direct response to the lesson style; the second, detailing educators' reflections on the practicalities of delivering the materials; and the final subtheme reflecting content recollection and skill acquisition as the primary learning outcome, demonstrating how this was shaped by both the teaching experience and pupil engagement.

Subtheme 2.1: pupil engagement and participation

Pupils consistently reported that interactive activities were more memorable and effective for their learning than passive instruction, linking to subtheme 2.3; 'I felt like when we did engaging stuff, I remembered it a lot more, because I feel like it just sticks in your minds, like the moving about stuff' (PFG3). They particularly

valued physical activities, such as moving to different sides of the room to show agreement, creative tasks like making posters, and practical role-playing scenarios. These methods were not just more engaging; they were seen, by pupils in particular, as a direct aid to understanding and remembering the content; 'I liked the scenarios that we did, if I'm in, like, a situation that I can always like think back to them' (PFG3).

Both teachers and pupils noted that two-way discussion 'can give you a better understanding of things' (PFG6) than passive learning and was more memorable. The chance for pupils to be heard and give opinions was critical for engagement, with staff explaining that pupils 'love talking about themselves, so they thrive off that' (TFG2). By design, the lessons encouraged both small group and whole class discussions, and pupils described advantages of both, noting that small groups are good when 'some people might not want to share their opinions with the rest of the class because it might make them feel uncomfortable' (PFG2), while whole-class discussions bring 'everybody's ideas together to create, like, the one big idea' (PFG1).

Subtheme 2.2: teaching experience

While discussion was considered important to pupil engagement, teachers had differing perspectives on the extent to which they may be effective. One school routinely used discussion as a substantial element in PSHE lessons, and described how their pupils engage well with this; 'it was good because lots of it was discussion based' (TFG2). In contrast, teachers in another school raised concerns that some groups 'don't have the communication skills to sit and talk and discuss things' and that 'not everybody engages' (TFG1), feeling discussions should be kept short and move on quickly to written activities. The RISUP materials prompted the teachers to establish clear ground rules to create a safe and respectful discussion environment. This was recognized as a positive by pupils, and one teacher suggested this environmental safety may underpin how prepared pupils are to engage in discussion; 'in the RISUP lessons it says about, like, there's no silly questions – you've got your comfort' (TFG2). Yet they recognized that the rapport specialist PSHE staff have with classes is also likely to be important, saying how other teachers who have seen them teach have commented "'this class don't speak for me, at all" – and then I literally can't shut them up' (TFG2). This highlights the complexity of creating pedagogical approaches that can be implemented comfortably and effectively across the spectrum of PSHE delivery formats.

Teachers reported that successful lesson delivery was dependent on their ability to differentiate materials for the wide understanding range found within Year 7 classes; 'I had to…adapt them for both… extremes to be able to access the lessons and be able to have enough challenge for my top sets, but also then enough scaffolding and support for my lower set' (TFG1). However, approaches to this differed. In schools where the subject was taught by specialist PSHE teachers, teachers presented the original RISUP materials and used verbal explanations and whiteboards to scaffold and stretch pupils at different ends of the attainment spectrum. Conversely, in a school in which the course was taught mainly by non-specialist teachers, subject leads felt it necessary to adapt and supplement the RISUP resources before distributing them to teachers, providing explicit scaffolding such as sentence starters for some pupils and adding stretch and challenge questions for others. Teachers indicated that adapting content – either verbally or the resources themselves – is a part of how they operate when teaching materials are provided for lessons; 'I'd always expect to look at it or change it a little bit … because everyone's different' (TFG2). Extending from subtheme 1.1, responses also highlighted the way schools differ in the extent to which they have defined expectations for how lessons within a subject area should look and operate. Where teaching was split across non-specialists, the adaptations by the subject lead integrated the RISUP resources with the schools' established PSHE pedagogy and classroom routines, such as structuring small group discussions as *think-pair-share*, *dual coding* by adding pictures to slides, and incorporating *success criteria* that built on the learning outcomes provided. The provided PowerPoint slides were viewed positively as being accessible and easy to adapt for this purpose.

Subtheme 2.3: content recollection and skill acquisition

Pupils recalled learning new facts, including understanding of why people use drugs, that peer influence may not always be the same as peer pressure, the correction of normative beliefs through myth-busting statistics, and specific information on the dangers and side effects of drugs.

Alongside this, pupils felt the lessons helped develop a range of skills, such as confidence and assertiveness, decision-making, coping strategies, and resisting peer influence. For example, in PFG1 a pupil remarked 'I think we learnt a lot more than just learning about drugs, that we led up to it, like being assertive and different things that can help you stay away from

them'. The pupils also perceived transferability of these skills beyond the context of drug misuse. Pupils felt the programme provided 'life lessons' (PFG1) which were applicable to other situations, suggesting the lessons successfully equipped them with a broader toolkit for resilience and confident decision-making. While the skills focus was seen as highly beneficial, some pupils also wanted more drug-specific knowledge.

Teachers in both focus groups felt their pupils had internalized understanding in relation to peer influence especially, noting 'a lot of them kept saying then well if my friends do that, they're not my real friends' (TFG2). Those in TFG2 commented more widely on how 'the knowledge about skills and putting them in the scenarios…[has] been really useful for them' and spoke about how their pupils appeared to grow in the confidence to make decisions, think longer term about how goals may be impacted, and communicate effectively. Yet they noted that while practicing skills in the classroom may help some, for others it is 'just going to go in one ear and out the other' (TFG2).

Crucially, as highlighted in subtheme 2.1, pupils directly linked their ability to remember this content to the lesson style, they consistently stated that interactive activities made lessons 'memorable', in contrast to text-heavy slides which they found hard to process. This suggested that the pedagogical approach was a key determinant of the learning outcomes.

Theme 3: challenges, considerations and recommendations

The final theme, *Challenges, considerations and recommendations*, synthesizes the key emergent issues, considering the practical and pedagogical challenges inherent in implementing a standalone skills-based drugs education programme. Constructive insights were offered mainly by teachers and echoed in some pupil comments. Two key subthemes emerged; the first reflecting the practicalities that need to be considered for delivering lessons in a real-world school environment; the second exploring the strategies for strengthening the link between the skills being taught and the core topic of substance use.

Subtheme 3.1: practical considerations

Teachers appreciated the guidance provided through the podcasts and manual that accompanied the lesson slide-decks, but workload pressures meant these were not used frequently. Although teachers who listened to the podcasts described them as 'really useful' (TFG2) to convey information about lesson delivery, they also felt that functionally, listening was easy to 'forget' to do. This sentiment was particularly evident in the school where PSHE was taught by non-specialist teachers, who, according to PSHE leads, often prioritize their own specialist subject and dedicate minimal time to lesson preparation for PSHE; 'You want something that you can pick up and run with, because if it's not their first subject, they'll probably not put that much effort into looking at the lesson before they've gone into it' (TFG1). In contrast, in TFG2, which included only teachers from a school where PSHE is taught by subject specialists, the slide-deck was described as 'very accessible to use' and both teachers thought 'it was really easy to pick up and sort of get started with' – thus indicating the level of information needed within the slide-deck may differ depending on subject specialism. There was a shared consensus by teachers in all schools to enhance the use of the *notes* section of the slides so that all necessary guidance and activity timings are integrated directly into the slide-deck as a self-contained lesson. Teachers also suggested providing detail such as teacher scripts, discussion questions, and model answers within this notes section to further support non-specialist teachers who are sometimes less confident leading sensitive discussions.

While pupils were enthusiastic about activities that involved physical movement, teachers discussed how limited space in some classrooms was a barrier to the activities specified in the RISUP materials, e.g. moving to different parts of the room to demonstrate (dis) agreement with statements. These teachers substituted these with environmentally suitable alternatives, e.g. asking pupils to stand or sit depending on their agreement, referred to as 'bob-ups' (TFG1). It was recommended that the slides could suggest a range of activities appropriate for differing classroom needs to encourage implementation.

Subtheme 3.2: building strong connections between concepts, real-life and substance use

A primary recommendation for programme refinement was the need to improve structural coherence and support pupil development through building stronger, more explicit connections between lesson topics and substance use. Teachers reported that some lessons felt 'disjointed' or that individual activities 'lacked substance' (TFG1) and recommended clearer structural signposting, such as using visual aids like a *learning journey* across the programme to show how concepts build upon one another, or 'changing the lesson title to an enquiry question' (TFG1). In a similar way, pupils proposed a booklet could act as a resource to allow

them to revisit earlier topics and link between them; 'to go… back to learning lessons we did last week or something, so that we can still get information from it if we need it' (PFG4). Pupils also expressed a desire for more visually appealing slides to engage attention, acknowledging that between interactive activities it was not always easy to listen.

Pupils and teachers remarked on how pupils sometimes struggled to independently link concepts like goal setting, to drug-related decision-making. Teachers discussed ways to strengthen the connection between the transferrable skills being taught, real-life application, and the core topic of substance use, with increased use of realistic, relatable and tailored scenarios to embed these skills being the key recommendation. It was emphasized that these scenarios should be culturally diverse and reflect current trends relevant to young people, such as vaping, to feel more authentic. The use of multimedia, particularly videos depicting realistic situations, such as a 'video skit of, like, who is being peer pressured' (TFG1), was suggested as an effective tool by pupils and teachers alike – for making these connections clearer and more accessible for more learners while simultaneously acting as a 'brain break' and providing consistent, accurate, information regardless of whether or not the teacher is a PSHE-specialist. To support both pupils and non-specialist teachers in making the connections, it was strongly recommended that a variety of structured supports, such as challenge questions, sentence starters, and model answers, be integrated directly into the slide-deck.

Pupils frequently expressed a wish for lessons to offer more information about drugs and their effects. However, while teachers did also mention the need for foundational knowledge, this perspective highlights a classic pedagogical dilemma in drugs education: the tension between informing drug-naïve pupils about specific drugs – particularly given evidence that an information-only approach does little to change behavior – versus the potential to inadvertently alert their curiosity.

Discussion

Key findings

This analysis demonstrates that designing evidence-informed lesson programmes that standalone and can be implemented in classrooms with minimal resource is feasible. While it offers insight into the elements of programme design and implementation that may be perceived as 'successes', perhaps more importantly when considering transfer to the real world (Fishbein et al., 2016), it describes the challenges that researchers designing such programmes should consider for translation into mainstream educational contexts.

The first theme, *Curriculum fit and appropriateness* revealed that the teachers felt the programme fit well with existing curricula – even accounting for variation between schools. The programme offered age-appropriate drugs education that replaced existing provision and/or complemented related provision around staying safe. Where topics mirrored those in other parts of their curricula, such as peer influence, teachers viewed the overlap positively, as providing reinforcement and transferability to the drugs education context. The subtheme of *Inclusiveness and appropriateness* highlighted the need to consider the foundational knowledge of Year 7 pupils (11-to 12-year-olds), with teachers and pupils both feeling that some core principles needed explanation to provide adequate baseline knowledge. While verbal explanations may be viewed – particularly by an outsider – as a standard part of teaching practice, the concerns raised suggested definitions within lesson slide-decks may improve the quality and consistency of teaching by non-specialist teachers, and accessibility to differing levels of attainment. Indeed other PSHE programme evaluations have faced similar concerns around the extent to which resources appropriately differentiate the content (Owen et al., 2024), and this is a particular challenge when aiming for a standalone set of resources that meet the varying needs of different schools. Pupils and teachers generally shared the view that the content and activities were equally appropriate for those of all genders and backgrounds, and both sets of stakeholders recognized and saw value in the fact that content prepared pupils for situations they may encounter as they grew older, rather than always being of immediate relevance. Scenarios were considered an effective way to provide a concrete discussion of abstract concepts, although factors such as religious background may alter relevance, demonstrating how careful selection of scenarios is essential for inclusivity.

The second theme of *Lesson style and outcomes for learners* highlighted how pupils and teachers both felt the interactive and participatory approaches promoted pupil engagement, learning and skill acquisition. While teachers described some discomfort with the balance of interactive activities and discussion relative to written and traditionally 'academic' activities, this contrasted with the view of many of the pupils. Despite statutory requirements to teach RSHE, it falls outside

the core examined subjects and is sometimes devalued. For one school, mirroring traditional academic pedagogy (e.g. substantial written activities) is one way they encourage others to value the subject, even though, as is now being recognized in the updated DfE guidance for RHSE from September 2026 (Department for Education, 2025b) skills-based approaches are more likely to be effective. Our findings highlight how awareness of pedagogical tensions and perspectives is important in the design of materials that teachers feel comfortable teaching.

The final theme of *Challenges, considerations and recommendations* synthesizes the practicalities of taking researcher-designed lessons into applied settings, and suggestions of ways to strengthen the RISUP lesson programme and other interventions that are skills-based. Importantly, lessons and teaching guidance need to be entirely self-contained for effective delivery, with notes that are sufficient to support teachers who are not PSHE specialists. Activities involving physical movement were engaging, but alternatives suitable for classrooms with limited space or difficulties with behavioral management may be required. In line with other PSHE evaluations (Barnard et al., 2009; Nolan & Gutman, 2025), an ability to adapt programmes to suit the needs of pupils is welcomed by teachers. The ways that each skill linked to drug use was not always clear to pupils, and teachers and pupils indicated that repeated and explicit links from drug use to the topics, concepts and skills they were being taught about were needed. Suggestions included signposting the topics as steps along the *learning journey* with a visual analogy to bring the lesson programme together, and use of media such as videos to provide concrete examples of how, for example, goal setting, may link to drug use.

Implications and recommendations

Teachers were willing and able to deliver the RISUP lesson programme and expressed few difficulties with the content, despite the light touch approach we took. Pupils unanimously described their teachers as delivering the programme with confidence. This indicates that, while we recognize a further cycle of development would improve acceptability for teachers and formal evaluations of RISUP are needed, standalone lesson programmes are a viable and potentially sustainable manner by which evidence-based interventions could be delivered.

One important conclusion is that studies aiming to design or translate existing interventions into the UK mainstream educational context, should plan for an iterative design process that incorporates implementation and refinement. Although input from teachers and pupils was incorporated into the lesson programme as it was being designed (prior to implementation), and the research team responsible for developing the programme included a PSHE consultant, it is only during implementation itself that some challenges become apparent. This aligns with findings from a behavior change analysis of implementation of a school-based alcohol prevention programme, which recognized how teacher input was to crucial initial design, yet reported teachers had further refinement suggestions following implementation (Nolan & Gutman, 2025). This is not a new concept – indeed, implementation science is its own genre of research and others have noted its importance in the context of education (Moir, 2018). However, adjustments to the criteria in the Research Excellence Framework (Higher Funding Council for England, 2021) in the UK place increasing pressure on demonstrating research impact, which is often interpreted as measurable changes in *outcomes* (Upton et al., 2014). The need to shift the focus to *processes* to create true and lasting research impact has been recognized (Upton et al., 2014), especially in the context of complex health interventions (Paterson et al., 2009). Yet funders continue to prioritize trial-based, outcomes-focussed studies, and it remains difficult to get funding to support a slow and iterative development cycle.

The process of implementation allowed us to observe how one school felt it necessary to modify the slide-deck to strengthen the alignment between the lesson programme and their school's wider pedagogical expectations. While the content and activities remained largely similar, adjustments included (i) changes to font and slide colors to match a house style, (ii) introduction of additional pictures to support dual coding (combining verbal and visual information to improve engaging and memory encoding; Cuevas & Dawson, 2018), (iii) additional *sentence starters* and *challenge questions* to scaffold pupils in classes of mixed abilities, allowing pupils to work within their own zone of proximal development (Hedegaard, 2005) during activities. Similar adaptation of resources have been noted in evaluations of the delivery of other PSHE educational programmes (e.g. Owen et al., 2024), often done to increase relevance or accessibility for pupils of all abilities.

The focus groups further revealed a shared view that commonly used pedagogical elements, such as a *learning journey* would benefit the programme. A study into a school-based mental health literacy programme highlighted the importance of 'fitting' with school ethos and

a sense of 'singing from the same hymn sheet' for teacher buy-in (Wilcock et al., 2026), thus pedagogical alignment, though difficult to achieve with a light-touch approach, is likely to increase acceptability and intervention fidelity. We recommend, therefore, that intervention developers define and integrate the typical pedagogical features teachers may expect to see within lessons for a given year group and subject area.

Teachers in UK schools are often trying to meet a number of conflicting priorities under a high workload (Manuel et al., 2020). Despite our efforts to take advantage of technological solutions that teachers may be able to access on-the-go to accommodate this, such as podcasts, there was a strong preference for self-contained lessons that include all information in a format that can be consulted as-needed during the lesson itself, meaning teachers may be able to deliver the lesson with little or no preparation.

Strengths, limitations, and future directions

Although all participating schools were in the Kirklees area of the UK, a key strength of this study was the implementation of the RISUP programme in three schools with varied pupil cohorts, differing particularly in terms of levels of ethnic diversity (~10% to ~85% non-White British) and deprivation (~15% to ~50% eligible for free school meals), which was mirrored in the composition of the pupil focus groups. This provided understanding of the relevance and acceptability of the materials for pupils from different religious and cultural backgrounds, which is of particular importance for drug-based education (Jones & Rossiter, 2008). Schools also differed in terms of the type of teacher responsible for delivery offering insight into the practical considerations required for schools with differing approaches to provision. In one school, the RSHE/PSHE content was taught by a single specialist; in another, a team of specialists; and in the third school, RSHE/PSHE specialists were responsible for the content, but lessons were taught by a team of teachers with specialisms in other subject areas, including a teacher still in training. However, all teachers who attended focus groups were RSHE/PSHE specialists, and perspectives from the non-specialist teachers were offered only indirectly, via the RSHE/PSHE subject leads who did attend.

Themes were primarily drawn from focus group data, but as these capture only a limited number of views and may be affected by recall bias (Acocella, 2012), the short on-the-day surveys allowed pupils to provide further feedback. Engagement with these short surveys was variable, and, according to teachers, dropped substantially with awareness that the teachers could not 'check-up' on whether they had responded. Yet the survey data were consistent with the perspectives expressed in focus groups, providing confidence that the perspectives were common across the pupil cohort. Despite taking copies of some slides to the focus groups to orient the attendees to which lessons were the RISUP lessons, it was evident that occasionally pupils were discussing content from other PSHE lessons (e.g. online safety, money management); such comments were not analyzed, but it should be noted that there may be some contamination in the data.

It may also be considered a limitation that one school modified the original RISUP slide-decks provided. However, we deem this to offer a realistic opportunity to understand the ways schools may interpret and deliver materials outside a research context. We know from the clinical literature that real-world trials can provide insights that randomized controlled trials cannot (Monti et al., 2018), and ability to tailor interventions has actually been acknowledged as an important aspect for intervention delivery (Hoffmann et al., 2014). Indeed, the teachers were pleased that slide-decks were produced in familiar software, allowing them to make changes. In the UK, even where statutory guidance exists there remains an expectation that teachers have autonomy (Hammersley-Fletcher et al., 2021) to draw on their experience and perception of the needs of their pupil cohort and decide the best way to deliver content. For interventions that, like RISUP, are based around lesson programmes, the reality is that teachers may well adapt provided materials to better suit their teaching preferences and perception of learner needs. This raises questions over whether absolute fidelity is a realistic or useful goal, or whether it may inadvertently limit the extent to which experienced teachers can use their expertise to deliver content confidently in a manner that meets the needs of their pupils and maintains behavioral management. Future research should investigate the relative strengths and weaknesses of constrained-yet-flexible intervention approaches that may specify content and activities, but recognize that teachers may wish to integrate activities with those that are common features in their classrooms.

Conclusion

This study demonstrates that research-informed standalone lesson programmes requiring minimal resource input can be implemented as part of standard UK mainstream secondary education. Our analysis highlights some of the complexities of such programmes, particularly when used to deliver content that aims to prevent drug use early in secondary school when

pupils are likely to be drug-naïve. While the content and participatory format of teaching was generally well-received by pupils, and preempted recent updates to statutory guidance (Department for Education, 2025b), implementation emphasized the importance of iterative development of such programmes, flexibility for differing classrooms and aligning them with pedagogical expectations. These recommendations extend beyond drugs education, and apply to development of flexible, skills-based curricula in other subject areas.

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Author contributions

CRediT: **Jenny Retzler**: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing; **John Rees**: Conceptualization, Funding acquisition, Supervision, Writing – review & editing; **Zoe Hanwell-Purves**: Data curation, Formal analysis, Investigation, Validation, Writing – review & editing; **Michael Doyle**: Conceptualization, Funding acquisition, Writing – review & editing; **Chris Retzler**: Conceptualization, Funding acquisition, Methodology, Project administration, Supervision, Writing – review & editing.

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The authors report there are no competing interests to declare.

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