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'Everybody's just thrown into it': teachers' perceptions of their roles in drug education in England

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ABSTRACT

Background: Since 2020, drug education became compulsory in state-funded schools in England. Teachers play pivotal roles in drug education, but they receive little preparation, training and support. This paper explores teachers' perceptions of their role legitimacy, role adequacy and role support in relation to drug education.

Methods: Utilizing findings from a wider evaluation of a multi-component drug education programme, this paper draws on semi-structured interviews with 17 teachers delivering drug education, 10 headteachers, and 8 focus groups or interviews with teachers ($n=45$) in 11 schools in England.

Results: The teachers viewed drug education as a legitimate part of their roles and responsibilities, but did not feel adequately prepared to teach the subject. Although they expressed confidence in their classroom delivery skills, they felt inadequate in terms of their technical knowledge and expertise around different substances. Many of the teachers had not received drug education training prior to the programme. They gained confidence from and valued the external training and learning resources.

Conclusion: The findings highlight the interdependence between role support, role adequacy and role legitimacy for teachers delivering drug education and underscore the importance of specialist drug education training with regular updates, ongoing support and reliable signposting to trusted resources.

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Background

Since 2020, drug education became a compulsory component in state-funded schools in England as part of the statutory Relationships, Sex and Health Education (RSHE) curriculum (formerly called Personal, Social and Health Education - PSHE) (DfE, 2025). Schools are key sites for universal education, prevention and early intervention around substance use (ACMD, 2025; Black, 2021; Coggans, 2006; HM Government, 2021). Non-specialist teachers play pivotal roles in delivering drug education, but they often receive little formal training and inadequate support (Ofsted, 2013). In the existing literature, there has been very little attention paid to how teachers perceive their roles in drug education in the UK. In particular, there have been no analyses of how they perceive their responsibilities in relation to drug education (i.e. role legitimacy), their competence, preparedness and confidence to deliver drug education (i.e. role adequacy) and their support and professional

development needs relating to this topic (i.e. role support). This paper combines these concepts to discuss teachers' commitment and engagement with the teaching of drug education.

The concepts of role legitimacy, role adequacy and role support have their roots in role theory (Biddle, 1986). In the alcohol field, Shaw et al. (1978) developed these concepts to examine the willingness or 'therapeutic commitment' of healthcare professionals to work with clients who were dependent on alcohol. Role adequacy referred to the self-efficacy of staff to work with alcohol problems, while role legitimacy referred to the right or authority to address the alcohol problems of patients. Role support included training and education in substance use, help from supervisors and colleagues and organizational support. These three factors combined could enhance motivation to work with people who were dependent on alcohol and increase professional self-esteem (Shaw et al., 1978). Further research has demonstrated the importance of

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role support and training in enhancing role legitimacy and role adequacy to increase the motivation and satisfaction of professionals working with people who use alcohol and other drugs (Cartwright & Gorman, 1993; Skinner et al., 2005). The framework has also been adapted to examine social work training in the UK (Leckie, 1990), how training and role support predict role adequacy in social workers and social work students (Loughran et al., 2010) and role engagement of social work practitioners in working with substance use (Hutchinson et al., 2013). The key issue discussed in this paper is the extent to which teachers feel it is legitimate to incorporate drug education within their teaching roles and the extent to which they feel adequate and supported in doing so.

Research from other countries has demonstrated that drug education in schools can be affected by teacher's role, commitment, values and approach (Deed, 2007; Tobler et al., 2000). In Ireland, Van Hout et al. (2012) found that teachers did not see themselves as best placed to educate and prevent substance use. They felt parents, general practitioners, school psychologists and nurses were better placed. However, they did have a positive attitude toward the role of the school and that of both specialist and non-specialist teachers in the involvement of drug education. Similarly, a study with Australian school staff (Gates et al., 2013) found that teachers reported low perceived role legitimacy (i.e. that they have the authority and responsibility to teach drug education) and role importance compared to other school staff including heads of school, counselors, nurses and other support staff. There was a common need for drug education training across all school staff groups. In one of the rare studies from England prior to the introduction of the statutory requirement to provide drug education, Fletcher et al. (2010) found that teachers saw drug education as part of the school's role, but that it was inadequate and not prioritized within the wider curriculum. Several studies have underlined the benefits of specific training in drug education in increasing role legitimacy and role adequacy (see Botvin et al., 2018; Downey et al., 2024; Hanley et al., 2009; Kantor et al., 1992; McLaughlin et al., 1993; Pettigrew et al., 2013; Ringwalt et al., 2003).

A whole school approach to drug prevention which sits within a wider framework to improve the health and well-being of students has been advocated in the UK (ACMD, 2025; PSHE Association, 2020) and in other countries such as Australia (Alcohol & Drug Foundation, 2023). This approach is dependent on the delivery of a formal health-based curriculum (including drug education), a positive school ethos and environment

promoting health and well-being and strong relationships between the school, families, external services and organizations, and the wider community (ACMD, 2025). Teachers and other school staff have key roles to play in developing a supportive school ethos and creating an open environment for students to discuss substance use issues. Their relationships with their students are crucial in improving connectedness, trust and belonging among students (Cefai et al., 2018; Fletcher et al., 2008; Ponsford et al., 2022a; UNESCO/UNODC/WHO, 2017). Teachers require good quality resources, training and continuing staff development to foster this culture both within the school and with parents and the wider community (Ponsford et al., 2022b).

Drug education may be delivered by specialist or non-specialist teachers and/or by external providers (DfE, 2025). In the UK, secondary school teachers typically do not receive formal drug education training as part of their initial teacher training degrees. However, there are now optional drug education training materials provided by the Department for Education (DfE) (2020, 2025) to support the statutory Relationships, Sex and Health Education (RSHE) curriculum. A number of charities also provide workshops and resources for teachers to help increase their preparedness and confidence in delivering drug education, including the Daniel Spargo-Mabbs Foundation (DSMF).

The DSMF programme was set up as a drug education charity in 2014 by the parents of Daniel Spargo-Mabbs in response to his death to MDMA when he was 16. It has worked in over 750 educational settings around the UK (DSMF, 2025). It is a multi-component programme involving young people, teachers, parents/carers and the use of Theater in Education. It consists of 5 integrated components: teacher training; a video of the play performance (or in some cases, the live performance of the play); a reflective session delivered by teachers following the video/play; workshops delivered by external DSMF drug educators to students and parents; and lessons delivered by the teachers in the school. It was based on the Mentor-ADEPIS quality standards (James, 2013; Mentor-Adepis, 2014) for effective drug education, which drew on international evidence for 'what works', including the UNODC/WHO International Standards in Prevention (UNODC/WHO, 2018) and the European Drug Prevention Quality Standards (EMCDDA, 2019).

Drawing on a wider feasibility evaluation of the DSMF programme, the aim of this paper is to explore teachers' perceptions of their roles in relation to drug education. In particular, it will examine their perceived role legitimacy, role adequacy and role support in providing drug education to their students, including their

reflections of the training and resources provided by the DSMF. It will address the following research questions:

- How do teachers perceive their role in drug education?
- How do teachers perceive their competence, preparedness and confidence in delivering drug education?
- How supported do teachers feel in providing drug education to their students?

Methods

The multi-component DSMF programme involves external drug educators, students, teachers and parents/carers and aims to promote a 'whole school approach' to drug education. It is designed to encourage prevention and delay of substance use, but also to provide information about safety and support-seeking and to encourage greater parent, carer, student and teacher communication. The programme aims to build the role legitimacy and role adequacy of teachers through providing role support in the form of training and resources. As part of the evaluation, teachers with responsibility for drug education attended a training session (either online or in-person) which covered areas teachers may have been less familiar with (e.g. the current context in relation to substances available; exposure and prevalence of use; the risks and effects of more commonly used drugs; mental health and substance use; types of drug use; practical strategies and age-appropriate harm reduction advice). The training also covered other areas that would have been more familiar to the teachers, but contextualized to substance use and drug education (e.g. adolescent brain development with regard to decision-making and risk,

motivation, risk and protective factors, approaches to conversations, signposting to support and the role of the school). Content was adapted for each school in response to a needs assessment teachers completed prior to the training. They were also given guidance and four workshop/lesson plans for each year group with accompanying PowerPoint slide decks to deliver in class. The programme and the realist evaluation approach (Pawson & Tilley, 1997) recognized that teachers may change or adapt programme materials and delivery methods to suit student profiles and school contexts and that there may be a relationship between teacher perceptions of their role and their experience of delivery. However, we did not have the time or resources within this project to examine this relationship.

The overall aim of the wider project was to deliver and evaluate the Daniel Spargo-Mabbs Foundation (DSMF) drug education programme for school students aged 13-15 years in 11 schools in England (6 in Cumbria, 3 in Surrey and 2 in London). The sample of schools was selected purposively to ensure a good mix. Criteria included: size of the school, location (rural, seaside, urban), student ethnicity (% white British), students having English as an additional language (EAL), socio-economic status (% of students receiving free school meals—FSM), educational attainment (% of students passing English and mathematics with GCSE grade 5 or higher), schools with special educational needs and disability provision, and type of school (state/independent; academy/comprehensive/faith/grammar/pupil referral unit; mixed/only girls/only boys). See Table 1 for the key characteristics of each school in the sample.

Prior to programme delivery, the evaluation included interviews with the lead drug education teachers and headteachers, and a student survey. The process

Table 1. School characteristics^a.

School	Category	Pupil numbers	% Free School Meals	% white British	% English as additional language	% Grade 5+ English & Math GCSE
<i>Area 1—London</i>						
L1	State, academy, (mixed)	1,931	28.3	2.3	64.8	44
L2	State, grammar (girls)	1,546	9.9	9.3	37.2	100
<i>Area 2—Surrey</i>						
S1	State, faith (RC) (mixed)	1,952	6	60	15.6	72
S2	State, comprehensive (mixed)	1,354	5.3	70.7	10.7	75
S3	Independent (boys)	494	N/A	N/A	N/A	99
<i>Area 3—Cumbria</i>						
C1	State, academy (mixed)	1,044	35	91	17.5	35
C2	State, academy (mixed)	1,285	13.3	93.4	3.4	60
C3	State, free school (mixed)	292	22	89	5.8	43
C4	State, pupil referral unit (mixed)	75	58.6	96	1.4	0
C5	State, comprehensive (mixed)	871	37	99	2	27
C6	State, academy (mixed)	1,346	19.2	88.9	3.6	39

^aInformation is taken from different sources.

evaluation included teachers completing diaries reflecting on the delivery of each programme element. Post-programme, the evaluation included focus groups with teachers delivering the programme, focus groups with students, a student survey and a parent/carers survey sent to parents/carers attending the DSMF workshop. This paper focuses on pre-programme interviews and post-programme focus groups with the teachers.

Before the DSMF programme was delivered, online semi-structured interviews were conducted with the lead drug education teachers ($n=17$, in some schools two teachers participated) and headteachers ($n=10$) in each school. These lasted between 45-60 minutes and were recorded and transcribed verbatim via Microsoft Teams. The purpose of these interviews was to provide an overview of drug education in the school and the wider school context and included questions on the school profile, current drug policies and education provision, and teacher perceptions of the drug 'problem' and their roles and confidence in delivering drug education.

After the DSMF programme was delivered, focus groups with all teachers involved in the delivery were conducted face-to-face in 8 of the 11 participating schools. In two schools, the lead PSHE/DSMF delivery teacher was interviewed by the research team as an alternative to the focus group due to difficulties with timetables and teacher availability. One of the London schools (London2) did not participate in the post-programme focus groups. Therefore, this limits the comprehensiveness of the focus groups findings. A total of 45 teachers participated in either a focus group or interview (see Table 2). They were audio-recorded and transcribed verbatim. The aim was to gain the teacher's reflections on and experiences of delivering the DSMF programme. This paper focuses on their reflections and experiences of the training they received by DSMF.

Table 2. Number of teachers participating in post-programme focus groups/ interviews.

School	Number in Focus Groups	Interview with Lead Teacher
Cumbria1	4 (all female)	1 (female)
Cumbria2	3 (all female)	
Cumbria3	–	1 (female)
Cumbria4	2 (all female)	
Cumbria5	–	1 (female)
Cumbria6	4 (1 male; 3 female)	
London1	19 (11 female; 8 male)	
Surrey1	2 (1 male; 1 female)	
Surrey2	5 (4 female; 1 male)	
Surrey3	5 (3 male; 2 female)	
Total number of participants:	42	3

Ethical approval was granted by the Psychology Ethics Committee at Middlesex University (Reference 29431). Teachers were sent a participant information sheet prior to the interviews/focus groups and written informed consent was gained. Participant's data was anonymized by using identity numbers and simple labels indicating the location of the school. The lead teachers were given a £75 voucher for their time in taking part in the interviews and for arranging and facilitating the other evaluation components with the students and teachers.

It is important to note that the research and delivery components were completely separate and conducted by different teams. All evaluation components were undertaken by the independent research team at Middlesex University including interpretation and analysis, in order to reduce bias. The delivery of the programme was undertaken solely by the DSMF drug education team.

Drawing on Braun and Clarke's framework for thematic analysis (2006, 2020), the data generated from the interviews and focus groups was analyzed thematically. The analysis and theme development was led by the lead author in consultation with other team members. Separate analyses of the interviews and focus groups were conducted and then brought together. Thematic analysis involved reading through the transcriptions, generating initial codes on these documents, bringing the codes together to search for themes and defining the key themes. With regard to teacher's perceptions of their roles in drug education, the themes were generated after combining the analyses from the interviews and focus groups. The themes were consistent across the datasets and clustered around role legitimacy, role adequacy and role support which are discussed in more detail below.

Results

Teachers' perceptions of their role legitimacy in drug education

For teachers, role legitimacy in drug education relates to the perceptions of the teachers that they have the appropriate 'right' or 'authority' to deliver education on substance use issues and also whether it should be a legitimate part of their role as teachers. In the interviews and focus groups, the participants were asked whether they saw drug education as part of their role and who is best placed to deliver drug education. In their responses, they described drug education as part of their roles, jobs and responsibilities within the school and reflected on the value of dedicated, specialist PSHE teachers to deliver this subject.

Taking responsibility and ownership for drug education

All of the teachers described drugs education as part of their 'responsibilities' or as an expected part of their 'jobs'. They clearly saw it as an integral part of their role as teachers. Schools were seen to have an important role in teaching life and social skills, including drug education. Teachers stressed that drug education was 'everyone's business' and part of all the roles and responsibilities in the school to keep their students 'safe', even if they were not involved directly in the delivery of drug education:

It's important that we teach them right from wrong and about risks and keeping themselves safe regarding every matter, not just drug education. Teachers would always see it as their responsibility...They might not necessarily be directly involved in a drug education programme, but they would respond appropriately to questions about drugs...teachers would always see it as a responsibility to keep children safe. (Cumbria2, Teacher1, pre-programme interview)

It was seen to be important for all staff to have the confidence to have conversations with their students about drugs, regardless of their specialist area of teaching. There was a strong sense of responsibility toward PSHE (and drug education), even among teachers who were not specialists in the area. In one school, despite coming from different subject backgrounds (e.g. history, physical education (PE) and math), they recognized the importance of PSHE:

We're non-specialists. I'm a history teacher and D's a PE teacher and J is a maths teacher, but I think we all enjoy teaching PSHE. We understand the importance of it, and we feel the responsibility of it. (Cumbria3, Teacher1, pre-programme interview)

The teachers stressed their responsibility to develop trusting relationships with their students and to create safe and open spaces in the classroom to discuss drugs and other sensitive topics and allow them to ask questions:

When you work with teenagers, you do have that responsibility and you build a relationship...They feel safe...they can talk about it in an environment with people of their age group. (Surrey1, Teacher1, pre-programme interview)

One of the headteachers pointed out the responsibility on all schools to deliver effective drug education regardless of perceived student backgrounds and needs and institutional status and location. They challenged the common perception that drug use is isolated to pupil referral units (PRUs) or schools in 'disadvantaged' areas and argued that it cuts across all socioeconomic groups and school types:

Every school should have the same responsibility to deliver an education around [drugs] – irrelevant of background, demographic circumstances. Because it can happen to anybody. (Cumbria4, Headteacher, pre-programme interview)

Another headteacher reflected on the increasing responsibility and expectation that schools act as the frontline of welfare and education in the absence of adequately funded external services. While affirming that schools are well-positioned to know and support students, they voiced concerns over the lack of structural investment and resources to undertake this work. This was viewed as a key challenge to further developing their responsibilities and work around student welfare and well-being:

With the contraction in the last 10 to 15 years of aspects of the welfare state, those responsibilities have increasingly centralised around schools. I agree with that...if anybody's going to know young people the best...it's a school. We are the right institutions to take on those responsibilities, but those additional responsibilities are being piled on to schools without resources being put in place to fully support them...it's about funding. (Cumbria1, Headteacher, pre-programme interview)

A few teachers expressed some uncertainty around their roles in delivering drug education. One teacher highlighted the value of trusted relationships between students and teachers and how drug education can become a natural extension of pastoral care (i.e. responsibility for students' well-being, including their physical, emotional, social and mental welfare) where disclosures can happen in a safe and non-judgmental environment. However, they also felt they lacked confidence in their subject expertise and recognized the limits of their knowledge, raising concerns about whether they are adequately equipped to provide accurate and up-to-date information around drugs.

I'm torn on this. 50% of me thinks we should...because the boys in my form are comfortable talking to me about things...But then the other half of me thinks none of us are qualified to do this...how do I know that my outdated 90s rave drug knowledge is relevant today? (Surrey3, Teacher2, pre-programme interview)

Teachers supported the idea that drug education should be delivered by school staff provided that they receive appropriate training and support:

I think teachers should deliver drug education in schools, and training should be available to help us do it. (Cumbria6, Teacher1, pre-programme interview)

Another teacher pointed to the distinction between the drug education/prevention role and the intervention/

safeguarding role. They felt it was part of their responsibilities to deal with the 'education side of things', but not when students disclosed problems around their use of drugs or involvement in drugs supply. Here, they felt that the specialist pastoral and safeguarding team within the school would need to take responsibility:

I see education about drugs definitely as part of my role... We're the prevention and education side of things. Then once there is a disclosure about drugs within the school, that role then becomes the remit of the pastoral team. (Cumbria3, Teacher1, pre-programme interview)

Dedicated PSHE teachers

Half of the schools in the study had dedicated PSHE teachers who had specialist knowledge and expertise of the curriculum. One of the headteachers pointed to the internal capacity to deliver drug education effectively through their dedicated and highly skilled specialist PSHE team. This was seen to be a real asset within the school:

We have a specialist group of PSHE teachers skilled at it and experienced...a real strength of the school. (Cumbria5, Headteacher, pre-programme interview)

In another school, PSHE was delivered by specialists in dedicated curriculum time using a joined-up, sequenced curriculum. This refers to a planned, spiral curriculum to facilitate progression of learning that is age and developmentally appropriate where lessons build upon previous knowledge (PSHE Association, 2020):

Our overall PSHE strategy is we have a department of specialists, and we give PSHE dedicated curriculum time. We embed things like drug education very firmly within that. So it's being thought about deeply in terms of a joined-up and sequenced curriculum and it's delivered by specialists who understand the materials and can deliver them in the right way to young people. (Cumbria2, Headteacher, pre-programme interview)

Having dedicated PSHE teams or teachers ensured consistency in approach and the ability to engage students in difficult conversations around sensitive topics. Sensitivity of some of the drug education content means that some non-specialist teachers may not feel comfortable and/or confident delivering some of the material. This is where specialist PSHE teachers were seen to be helpful:

Sometimes, some of the tutors are a bit uncomfortable delivering some of the material. So, the PSHE team will come and do that. (London2, Headteacher, pre-programme interview)

However, if drugs education is restricted to PSHE lessons and teachers only, then there may be barriers

to a whole school approach outlined in the introduction. Teachers outside of the PSHE speciality may not feel responsibility for drug education, limiting opportunities to embed it in other subjects.

Teachers' perceptions of their role adequacy in drug education

Role adequacy in drug education refers to a teacher's subjective sense of their competence, self-efficacy and preparedness in addressing substance use issues with students. It relates to whether they feel sufficiently equipped with the knowledge, skills, and confidence to perform their role effectively. In the interviews and focus groups, the teachers made a clear distinction between their competence and confidence in their teaching and delivery skills versus their knowledge and expertise around substance use.

Confidence in subject knowledge

There were varying levels of confidence in relation to knowledge around drugs amongst the teachers at the schools. A few felt they had good knowledge and were confident discussing the topic with their students, while others expressed uncertainty and self-doubt about the accuracy and legitimacy of their subject knowledge.

I feel very comfortable talking about drugs...I know quite a lot about drugs....I've never really taken drugs, but I'm happy to talk about it with them...but I know not all my colleagues feel that way. For any teacher approaching drugs, you never know that you're saying the right thing...None of my knowledge comes from anything anywhere near legit [legitimate]. (Surrey3 Teacher2, pre-programme interview)

Very often, the kids know more than I do! (Surrey3, Teacher1, pre-programme interview)

When asked about their gaps in knowledge, they pointed out that they needed more information about emerging drug trends; terminology/slang; how drugs are used; the science behind addiction; legal aspects of drug use; policy updates; and managing difficult questions and disclosures. Teachers felt they needed to understand the local drugs context/situation and also how drug names vary by area in the UK and worldwide. Although most of the teachers expressed confidence in their classroom skills to deliver the content, all of them felt they needed to increase their knowledge around drugs and ensure they were up-to-date, particularly around the substances being used and the slang terms used by the students to describe them.

It's ever-changing...it will always be evolving...We need to keep up to date. It's very difficult. Because as teachers,

we don't really get exposed to it...How can we keep up to date with that? (Surrey2, Teacher2, post-programme focus group)

Teachers pointed out that for many of them, this was not their specialist subject, so it was difficult to prepare for the potential questions students might ask them. One of the teachers explained that their lack of knowledge of particular drugs and understanding of their students' experiences made them feel uncomfortable and not confident in teaching the subject:

We try to understand our own students. I don't actually understand their perspective on it. I'm almost like a foreigner talking to somebody in a foreign land about something foreign...I'm not sure if I was the right person to deliver it...I think they are probably saying I'm bit of a dinosaur and, what do I know about their lives? (Surrey1, Teacher2, post-programme focus group)

Teachers pointed to the variability in the class discussions, depending on the knowledge, experiences of the students and the interactions between them. This made it challenging to standardize the content and prepare.

Even though I could be teaching the same lesson every year, a class that I might do six times, the conversations we have will be different. The kind of interactions we have will be different. (Cumbria1, Teacher1, pre-programme interview)

One of the headteachers acknowledged the lack of up-to-date, specialist knowledge among staff which was seen to be a core barrier to delivery. With respect to drugs knowledge, teachers were inevitably a step behind their students.

The problem is the staff's knowledge, so I would say yes, we can deliver a programme, but the trouble is if the staff delivering the programme haven't got the specialist knowledge...It evolves so quickly that we're always a step behind where the kids are. (Cumbria4, Headteacher, pre-programme interview)

This headteacher went on to point out the lack of training and 'trusted' resources was seen to hinder the capacity of staff to deliver drug education.

There needs to be some sort of system where we can login or find out what the new 'in thing' to do is and also the training...Our local authorities are horrendous for training in any way...shockingly bad, but even online stuff, it's quite limited in what's available online. (Cumbria4, Headteacher, pre-programme interview).

Confidence in delivery skills

A number of skills were identified by the teachers as crucial in delivering drug education including the ability to manage discussion/debate; handling difficult

conversations around sensitive topics; signposting to trusted resources; building trust and relationships with students; and flexibility. Overall, the teachers were confident in the classroom delivery skills needed for drug education. Confidence stemmed from established classroom dynamics and student trust. It also related to how well the teachers know their students. Form teachers, who have regular daily contact with their students, understand the students' personal and social backgrounds. This relational knowledge is important in how drug education is delivered to the group.

I'm the expert with my group. I know that works and what doesn't work...I know their family situations and with all the advantages and disadvantages and weaknesses and strengths of that group. (Surrey3, Teacher1, pre-programme interview)

One of the headteachers pointed out that not all staff are suited to delivering drug education. They needed to be carefully selected based on their demographic profiles, abilities to support students, and personal and cultural understanding of substance use.

I think the staff we've chosen to deliver it are the staff who are the right people to deliver it...that's knowing your staff, knowing their demographic, where they're coming from, their history...We've got some staff who, you know, bury their head in the sand...And you can tell which those staff are because as soon as a kid arrives under the influence, they're like - Senior Leadership Team - they can deal with it. They're just not interested. They don't want to be interested. They don't really get it. And maybe they don't want to get it. (Cumbria4, Headteacher, pre-programme interview).

In terms of classroom skills, teachers explained they needed to have good classroom management and be able to manage debate around sensitive issues, as well as being honest about their knowledge and to be able to signpost students to reliable information about drugs. Other teachers pointed out that you needed to be comfortable with the content of the drug education programme, approachable to the students, and able to deal with difficult subjects and address difficult questions:

It's an understanding that they are going to ask questions that might shock you or they might make disclosures that might shock you. It's handling difficult conversations and being able to answer difficult questions. (Cumbria5, Teacher1, post-programme focus group)

One of the teachers explained that teaching PSHE is very different to other subjects because of the personal nature of the content. This meant that a flexible approach was needed which could be adapted to the profile and needs of the students:

We have to keep asking the questions in a different way... Those in PSHE don't have to tell us anything about themselves...If they're uncomfortable, they can stop. I think that would be quite hard for a new teacher...It's a different act. We're all artists. When we step on the stage of our classroom, having to go from our normal subject to PSHE, you're completely changing the script. (Surrey2, Teacher1, post-programme focus group).

In one of the schools with a dedicated PSHE team, the teachers discussed how they build trust and relationships with their students over time so that they feel comfortable talking about sensitive topics. Similarly, teachers in another school talked about how it was important to know your students prior delivering this content in order to build up a trusting relationship and connectedness between the students, particularly around group work:

Definitely knowing your students, so knowing that groupings you've used before for different topics are not necessarily going to work for something like this [drug education]. Are they going to be more comfortable in friendship groups? (Surrey2, Teacher4, post-programme focus group)

Some teachers argued that flexibility in content and delivery was important due to the discursive nature of PSHE teaching, often letting the students lead on what topics matter to them:

You need to be able to be flexible in your delivery. Getting to know the students, having the patience, being able to pick out and go, 'Ok, this question that this person's just asked, we could actually have a whole discussion on this now'. In other things, perhaps you'd maybe move on from that, or maybe you'd just completely ignore it and sometimes you have to...That flexibility was really important. (Surrey2, Teacher1, post-programme focus group).

Teachers' perceptions of role support in drug education

In order to help teachers in delivering effective drug education, a network of support is needed which can involve senior school leaders, specialist staff (e.g. safeguarding and pastoral teams), external agencies, and the wider school community, including parents and carers (Ponsford et al., 2022b). Role support can help to increase a teacher's role adequacy and legitimacy. Training and continuing professional development, resources/teaching materials and support for teaching PSHE (including drug education) and adequate preparation time were mentioned by the participants as crucial to the delivery of good drug education. The teachers pointed out that PSHE is often added to teacher's workloads without proper preparation or additional training, leaving them

feeling not qualified or confident. Some of the teachers spoke about struggling with delivering drug education, not because they are unwilling, but because they lacked training, resources, and preparation.

It's not only about drugs. It's about other things as well. When it comes to PSHE, that's the thing we have never studied at university and we're never really trained to deliver...It's just, you know, put upon us. That's the thing we all feel a little bit. We are not the experts here. (Surrey3, Teacher1, pre-programme interview)

Some teachers questioned why they are responsible for PSHE topics, as they do not consider themselves subject 'experts'. Their perceptions around their lack of expertise and preparedness could lead to resistance or discomfort in delivering drug education, especially when dealing with complex student questions.

Importance of training and resources

Teachers stressed that the schools need to invest in training to equip teachers with the necessary knowledge and skills to deliver drug education confidently. As discussed in the section above, teachers recognized their own gaps in subject knowledge and highlighted the importance of continuous, locally relevant training and professional development. They also emphasized the need for regularly updated and locally relevant resources and information. There were clear challenges in staying up to date with local drug trends and terminology/slang in order to remain credible and informed when teaching adolescents.

I just need more subject knowledge...I didn't have a clue about the vapes having THC in them...or even the up-to-date words for what the drugs actually are – it changes and it's sort of localised. (Surrey1, Teacher1, pre-programme interview)

Training also needed to be underpinned by good teaching resources and materials, particularly for teachers who may be new to drug education or new to teaching. As one teacher explained:

Everybody's just thrown into it. So partly [the resources] are there to support your weakest to strongest teacher. So your weakest might rely solely on all that and the strongest will use it as a prompt to go off and go around it. (London1, Teacher1, pre-programme interview)

Senior leaders also had training needs in relating to their knowledge around drugs education. Their roles in supporting and developing capacity was recognized by a headteacher in Cumbria:

When I talk about improving the knowledge and skills, clearly all of these things, really rely on the senior leaders in school understanding the importance of it and the role

that they play. (Cumbria2, Headteacher, pre-programme interview)

Continued staff training, upskilling and development were seen as critical factors in implementing any form of drug education in school. Time for PSHE (including drug education) needed to be protected, embedded within the curriculum and seen as important by the teachers:

It's just about time, isn't it? Putting time aside for somebody to deliver it...there's no cost implications really – just time and effort and an understanding how important it is...And whether or not people see it as important... because we do get a different [staff] cohort year on year. (Cumbria4, Headteacher, pre-programme interview)

Staff turnover and the problem of maintaining a well-trained team were identified as key challenges going forward in terms of sustainability of any drug education programme. Ongoing training and induction processes for new staff would be crucial. As one of the headteachers explained:

If a tutor leaves and they're replaced by somebody else, it's just making sure that that's sustained...not losing that knowledge and experience that comes from the actual training. (London3, Headteacher, pre-programme interview)

Teacher perceptions of the DSMF programme as role support

Overall, the teachers were very positive about the drug education training session provided by DSMF. It was seen to help boost self-confidence and self-assurance by helping teachers feel more prepared and knowledgeable. It also helped to highlight the gaps in their knowledge. One of the teachers pointed to the varying degrees of existing awareness and knowledge around drugs amongst their colleagues. The training helped ensure that all teachers had the same knowledge and a consistent approach:

When we don't have training on things, the only knowledge we go in with as teachers is our own and that varies so much depending on your own exposure, background. It is really good that we do have training so that it doesn't matter what your background is, you can go in and you can teach the kids. (London1, Teacher4, post-programme focus group)

The training was also seen to increase the ability and confidence of the teachers to deliver the content and create an open environment for discussion in their classrooms around drugs:

Having the professional coming from an organisation [DSMF], it gave confidence. It helped create an environment

[that] students can talk to us, raise concerns or opinions about issues. (London1, Teacher2, post-programme focus group)

They valued the knowledge of the DSMF trainer and found the session very informative, particularly around the patterns and prevalence of drug use among young people and the realities of which drugs were actually being used:

In the training, our perception as adults as to how much drugs young people are doing is far more than actually what is happening. Our understanding of the types of drugs that they're taking is perhaps different too. The training showed us that we maybe need to branch out a little bit more with our understanding of what young people are taking. (Surrey2, Teacher1, post-programme focus group)

In terms of content, many of the teachers would have liked more technical information about specific drugs and their effects in the training as these are the questions they most often get asked by the students. The teachers repeatedly expressed concerns about giving out the correct information to their students and they wanted a reliable source:

The training was very informative. It really contextualised the situation in the UK. But in terms of specific drugs, more would have been useful...You can look at something online and within weeks a street name could have changed. (Cumbria2, Teacher2, post-programme focus group)

For some of the teachers, they would have liked more training sessions and longer sessions. At one school, the teachers discussed having the initial training and then having the option to have another session halfway through the delivery of the lessons. This would have helped to think through responses to the questions that students were asking and adapt some of the learning. Overall, the training was seen to be an integral part of delivering the programme, alongside the teaching resources:

The training is the key...it's that extra bit. Sometimes we're sent things and it's like here's a PowerPoint...It's the combination of the two which made it so successful. (Cumbria3, Teacher1, post-programme focus group)

The teaching resources and learning materials developed by the DSMF helped the teachers enhance their knowledge in drugs education and feel more confident and secure in entering the classroom:

It's that kind of feeling of 'I can do this!'...It's giving you almost that safety net of you've got the slides there... They're very clear. They were really good. (Cumbria3, Teacher2, post-programme focus group)

The teachers commented that the lesson materials were comprehensive, reliable, accurate, well-ordered and sequenced which inspired their confidence in using them. The teachers discussed the convenience of the learning packs in the sense that teachers could pick them up and be confident in delivering the material, even if they did not know much about drugs:

The lessons were really comprehensive...If you're a proficient PSHE teacher, but didn't know much about drugs, you could pick these up and be like, 'Yeah, I know what I'm doing'. It's all kind of there...So having that up-to-date information – that comfort of feeling. I know this is right. I haven't got to ferret around...You can rely on it. (Cumbria3, Teacher1, post-programme focus group)

Discussion

This paper has explored how teachers in England perceive their roles in delivering drug education in relation to the constructs of role legitimacy, role adequacy and role support. It also examined their reflections on the training and resources provided by the DSMF in supporting their drug education teaching. In terms of role legitimacy, our findings demonstrate that teachers clearly see themselves as 'responsible' for drug education. They are committed to delivering it and describe it as part of their 'responsibilities' and 'jobs' to keep children 'safe'. In effect, they have internalized their roles with regard to drug education. This acceptance, internalization and ownership could be related to the pressure of the mandatory requirement to provide drug education in state schools in England from 2020 (DfE, 2020). Unlike previous research conducted in other parts of the world (e.g. Gates et al., 2013; Van Hout, 2012), many of the teachers in our study also suggested that teachers and the school were well placed to deliver drug education and other RSHE/PSHE subjects. They saw this as part of the role of school—to develop the wider social and life skills of their students, not just their academic skills.

Although the teachers pointed to the significant benefits of having specialist or dedicated teachers delivering drug education and other RSHE/PSHE topics, they also saw the importance of all staff in the school being able to deal with substance use issues. In effect, drug education was 'everyone's business'. They recognized the importance of creating a supportive environment and culture within the school where students felt able to discuss substance use openly. This indicates the promotion of a whole school approach (ACMD, 2025), and also the importance of organizational support and commitment for drug education (Skinner et al., 2009). Although there was a commitment to enhance student

welfare and well-being, some teachers raised the issue of lack of resources for additional responsibilities and their limited knowledge and training in this space. Similar to the findings of Deed (2007), some of the teachers saw their role mainly through an educational lens, rather than an intervention lens (e.g. safeguarding and dealing with disclosures of drug use). Some teachers made a distinction here and indicated a clear demarcation of roles and possible role conflict between teaching drugs-related content and dealing with issues of drugs use and supply. This raises the issue of whether a whole school approach could be achieved in schools where there is this demarcation of roles and/or where some teachers might not be on board with non-punitive approach to drugs disclosures.

Role legitimacy is distinct from having the necessary knowledge or skills for the role (i.e. role adequacy), though they often reinforce one another. While role legitimacy is about whether teachers perceive that they have authority and responsibility for drug education, role adequacy is about the teacher's personal preparedness and competence. A teacher can have legitimacy (i.e. the school gives them responsibility to teach drug education), but they lack role adequacy (i.e. they do not feel prepared, competent or confident in performing the role). As discussed above, it was clear that the teachers in our study had internalized their role legitimacy around drug education, but lacked role adequacy in some areas. There are potential risks associated with this lack of role adequacy in that teachers may draw on sources that are not evidence-based or pedagogically sound. In order to maintain authority and credibility, they may feel pressure to provide answers to student's questions even when they do not have correct and up-to-date knowledge and expertise. This may hinder implementation of effective drug education and may reinforce a teaching model that prioritizes authoritative knowledge transmission over open dialogue with their students.

Research shows that the school environment is a key factor in effective substance use education and prevention (Cefai et al., 2018; Fletcher et al., 2010; Ponsford et al., 2022a; Van Hout & Connor, 2008). In order to build their role adequacy in drugs education, our participants stressed the pre-requisites of knowing their students, building trusting and positive relationships, engaging and motivating them and creating safe, inclusive environments to discuss sensitive issues. This is similar to the work of Olsson et al. (2023) which demonstrated the importance of the teacher's role adequacy and abilities to motivate and engage pupils in social pedagogical activities that contribute to change associated with use of alcohol and drugs.

The teachers in our study felt secure in their skills to create a safe culture and environment for their students to discuss drugs issues. For the most part, they also indicated confidence in their classroom abilities to deliver the drug education learning material. The teachers played an active part in shaping and modifying their roles in drug education. For example, they discussed the need to adapt their delivery and the content to the needs and profiles of their students which can shift by class group and each academic year. However, teachers' sense of capacity and confidence in terms of their drugs subject knowledge was poor. Many voiced worries about the accuracy of their drug-related knowledge. They did not feel that they had adequate subject 'expertise' in relation to drugs. Teachers also expressed a need for local knowledge around the changing drugs scene and context for student drug use. Here, links beyond the school walls to local youth workers and alcohol and drug partnerships could be valuable sources of reliable and up-to-date information on local trends and issues.

The DSMF programme provided role support (i.e. training and resources) to the teachers who had responsibility for drug education in the schools. This support helped to improve teacher role adequacy and perhaps in turn enhanced their sense of role legitimacy regarding drug education. The training increased their awareness and knowledge as well as their sense of competence and confidence to deliver drug education. The learning materials were seen as 'trusted' resources and saved the teachers valuable time in terms of preparation before classes. The teachers expressed desire for continuing support and further drug education training. However, in the context of the wider evaluation, the DSMF training was provided to teachers who had 'responsibility' for drug education in the schools, rather than the whole staff group. It might be that this limits the capacity to develop a 'shared responsibility' for drug education within the school (Van Hout et al., 2013) and a whole school approach to drug education. Moreover, there is also a clear need to include basic drug education in initial teacher training as part of all education degrees and ongoing professional learning and development relating to substance use for all staff regardless of their areas of teaching responsibilities.

Conclusion

Overall, there has been very little research that examines teachers' perceptions of their roles in drug education. The studies that have been conducted are dated and very few have been undertaken in the UK. None have considered the interaction between role legitimacy, role

adequacy and role support. This paper therefore contributes to addressing this gap and outlines how teachers see their responsibilities, competence and confidence in relation to drug education. The findings illustrate how role legitimacy, role adequacy and role support are interdependent and reinforce each other. Taken together, these concepts could be seen as necessary prerequisites to enhancing teachers' commitment and engagement in drug education—similar to the 'therapeutic commitment' put forward by Shaw et al. (1978) regarding alcohol treatment. Confidence in the subject knowledge and delivery of drugs education was conditional on dedicated training and the provision of trusted resources. Developing this role adequacy around drugs issues may lead to an increased sense of role legitimacy. These insights are valuable in highlighting how support, resources and training for teachers in drug education could be improved and tailored to their needs. Our findings highlight an urgent need for further training, continuing professional development, and access to high quality, up-to-date resources to maintain teacher's confidence and competence. In order to promote a 'whole school approach', all staff (including managers, teachers and support staff) should be trained and involved in drug education.

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Author contributions

CRediT: **Karen Duke:** Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Supervision, Visualization, Writing – original draft, Writing – review & editing; **Liam McSharry:** Formal analysis, Investigation, Writing – review & editing; **Galabina Yordanova:** Formal analysis, Investigation, Project administration, Writing – review & editing; **Camille Alexis-Garsee:** Formal analysis, Funding acquisition, Investigation, Methodology, Supervision, Writing – review & editing; **Betsy Thom:** Conceptualization, Formal analysis, Funding acquisition, Investigation, Methodology, Supervision, Visualization, Writing – original draft, Writing – review & editing.

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Data availability statement

The datasets generated and/or analyzed during the current study are not publicly available due to potential of identifying participants, but are available from the corresponding author on reasonable request.

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