COMMISSION OF THE EUROPEAN COMMUNITIES

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COMMUNICATION FROM THE COMMISSION TO THE COUNCIL

ON

THE IMPLEMENTATION OF THE COUNCIL RESOLUTION OF 23 NOVEMBER 1988 CONCERNING HEALTH EDUCATION IN SCHOOLS

PREAMBLE

Health Education is important because it enables individuals to make and act upon informed decisions about matters relating to health. No public health policy can be considered complete if it does not contain a health education component. Furthermore, the educational process must be fully consistent with and must be designed to reinforce health policy. It has played and will continue to play an important role in assuring that the main health issues are fully understood by all concerned.

Health education is an on-going process which needs to be addressed to the entire population as well as targeted to specific population groups and ages. In order to be most effective, it has to be tailored to the target group concerned. The school population is one such privileged target.

In Eurobarometer public opinion surveys conducted in 1989 and 1990 on "Europeans and Health", public opinion overwhelmingly agreed both on the need for schools to be involved in health education and on the idea of the Community fostering exchanges of health education experiences. Only a small minority of those interviewed indicated that they had received adequate health education. Though figures varied from Member State to Member State, with regard to the young population (15-24 age group) on average less than one fifth (19%) of respondents claimed to have received proper health education at schools or elsewhere. Four out of five (80%) of those claiming not to have received health education would have welcomed it. The importance of introducing an overall lifestyle approach in health education to help people to live more healthy lives was stressed by respondents.

This Communication replies to the request formulated in the Resolution of the Council and the Ministers of Education meeting with the Council of 23 November 1988[1], as well as to the request formulated at their meeting of 6 December 1990.

In implementing this Resolution, the Commission was assisted by a "Health Education in Schools Working Party" comprising representatives of the Member States, which has met seven times since 1989. The convening of the "Health Education in Schools Working Party" has been most effective in facilitating close consultation on the work programme elaborated by the Commission and in promoting the exchange

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(1) OJ N° C 3, 05/01/1989, p.1

of information and expertise on school health education within the Community.

The Communication reports on the progress made in recent years in implementing measures and policies in the field of health education in schools both in Member States and at Community level.

It comprises three sections and two annexes:

Section 1 provides an overview of major developments at the level of the Member States;

Section 2 describes initiatives taken at the European Community level;

Section 3 outlines the measures required to further strengthen the implementation of the Resolution;

Annex A summarizes the initiatives of individual Member States;

Annex B provides a supplementary account of the role of education in drug prevention and demand reduction in individual Member States.

1. DEVELOPMENTS IN SCHOOL HEALTH EDUCATION IN MEMBER STATES SINCE 1988

1.1 Health education, as defined in Resolution 89/C3/01, is **"a process based upon scientific principles, which employs planned learning opportunities in order to enable individuals, acting separately or collectively, to make and act upon informed decisions about matters relating to health. It is a comprehensive teaching process for which responsibility has to be taken by the family, as well as the educational and social community".**

In this context, particular consideration has been given to the following issues:

- Statutory framework of health education;
- Health education in the school curricula;
- Materials available for health education;
- Initial and in-service teacher training;
- Suggestions for future action.

STATUTORY FRAMEWORK OF HEALTH EDUCATION

1.2 Since the adoption of the Resolution in 1988, all Member States have been attempting, in various ways, to introduce or develop health education programmes in schools. Many have introduced educational reforms and, in the majority, health education now has a statutory place in the school curriculum.

1.3 Member States now include at least some aspects of health education in their legislation, in administrative school regulations, or in national curricula. Spain, the Netherlands, France, Denmark and Portugal include it in their legislation; the Federal Republic of Germany, Italy and Belgium include certain elements in their legislation and/or national curricula; Ireland, and the United Kingdom include it in their national curricula. The majority of these provisions emphasize the importance of a comprehensive approach in the promotion of young people's health behaviour.

1.4 These legislative and administrative provisions have created a variety of opportunities for the incorporation of health education into the school curriculum, either as a separate subject, as an integral part of another subject, or as a cross-curricular theme. Experience in Member States demonstrates that, once anchored in legislation or administrative regulations, new activities are likely to be generated not only in curricula development, but also in teacher training and the production of educational materials.

1.5 The establishment of co-operation and co-ordination between the Ministries of Education and Health has been particularly significant in facilitating the promotion of health education in schools.

HEALTH EDUCATION IN SCHOOL CURRICULA

1.6 Despite some differences in the teaching methods, the range of topics currently covered in health education programmes is broadly similar in Member States. They include as equally important:

- use and abuse of legal and illegal addictive substances such as drugs, alcohol and tobacco;
- family life education (sometimes including sexual education);
- mental and emotional health (including personal and human relationships and living together);

- personal health care (including personal hygiene and dental health);
- nutrition education (including healthy eating);
- safety education and accident prevention (including first aid);
- prevention and control of disease;
- health and the environment;
- consumer education.

1.7 In the majority of Member States, health education is regarded as a cross-curricular theme in that it is integrated into subjects such as natural sciences, home economics, physical education, social sciences, and environmental studies.

1.8 Health education, however, has been dominated primarily by single issues, particularly drugs and HIV/AIDS (Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome). Every Member State has produced educational materials on these topics and, in several instances, regional drug co-ordinator roles have been created. In three countries (Italy, Spain, and the United Kingdom), these regional initiatives, designed originally to promote drug education, have been expanded to include a more integrated approach to promoting healthy living in Europe.

1.9 There is also increasing recognition that health education in schools is not confined to the curriculum. Most Member States recognise the influence of the school environment and the importance of the family and the community. This is being reflected in the type of health education materials produced and the curriculum development projects being initiated.

MATERIALS FOR HEALTH EDUCATION

1.10 Since 1988, numerous national, regional, and local initiatives, projects, and educational resources have been developed. These have included, for instance, projects in curriculum development, the testing and evaluation of materials, and teacher training courses. Teaching materials are directed both at instructing young people about healthy living and at creating healthy and supportive surroundings for them.

1.11 Member States differ in the range and quality of materials made available. Most have produced materials on specific topics such as smoking, safety, and nutrition. Health promoting organisations including cancer leagues, heart foundations, and health education centres have also produced relevant materials.

INITIAL AND IN-SERVICE TEACHER TRAINING

1.12 Opportunities for appropriate initial and in-service training for teachers and other relevant professionals remain limited and fragmented, and considerable differences exist in the range and quality of training provided. In most Member States, coherent policies in these areas are lacking.

1.13 Initial training of future primary, secondary, and special and vocational education teachers in health education appears to be weak throughout the Community. Few Member States include it in their teacher education courses, although some progress has been made in the Federal Republic of Germany, Denmark, Portugal, the Netherlands and the United Kingdom.

1.14 Every Member State now provides some opportunities for teacher in-service training, either on specific health topics (drugs is the most common, followed by HIV/AIDS), or broader aspects, including methodology and planning. Member States consider that these present arrangements are often insufficient to provide a firm foundation for the development of comprehensive school health education programmes.

1.15 The need to develop permanent programmes on drug education is recognized by a number of Member States and, in some instances, planning is well underway. These plans include: the integration of substance abuse training in university curricula of future teachers; university and postgraduate training on substance abuse; and continuing education systems for other professionals involved in prevention.

PROPOSALS FOR FUTURE ACTION

1.16 According to the responses of Member States to a questionnaire sent out by the Commission, one of the major challenges in providing coherent health education programmes is to ensure effective co-ordination at all planning levels so that pupils experience continuity and progression throughout the curriculum. Consequently, Ministries of Education, in partnership with Ministries of Health or national health education centres, are now preparing guidelines on activities related to school health education.

1.17 Experts, including members of the "Health Education in Schools Working Party" attending European conferences and workshops organized by the Commission, tend to agree on a number of enabling factors for successful

implementation of health education programmes. They include:

- development of coherent **policies** on health education at national, regional, local and institutional levels; the need to build on the momentum provided by **educational reforms** to implement health education activities;

- co-ordination and co-operation between the **health and education** sectors at national, regional and local levels; clear identification of the responsibilities of health and education professionals; and the adoption of integrated approaches to implementing health education strategies;

- adoption of health education **concepts** which recognise the importance of social, emotional, as well as cognitive learning;

- provision of solid **support structures** for the promotion of health education, particularly through teacher training and the development of appropriate resources; initial and in-service **teacher training** in the methodology, organization and evaluation of health education; adequate funding and manpower training are essential;

- involvement of **parents and the community** in order to encourage broader commitment to health education activities;

- commitment of the entire institutional staff and local community to the promotion of health education, and the appointment of co-ordinators to facilitate the implementation of curricula and wider programmes.

2. ACTIONS UNDERTAKEN AT COMMUNITY LEVEL

2.1 The Resolution, while emphasizing that policy on school health education is the responsibility of individual Member States, identified a number of specific areas in which action at Community level could assist its promotion.

The following sections summarize the Commission's activities in these areas.

PROMOTING AWARENESS OF GOOD PRACTICES AND INFORMATION EXCHANGE

2.2 A report entitled School Health Education and Promotion in the Member States of the European Community was published in April 1991. It is based on two technical reports, commissioned earlier by the Commission, on health education in Member States[1] and updated through a standardised questionnaire on national developments in school health education completed by Member States.

2.3 The development of awareness campaigns and school materials related to the safety of students has been referred to also in the:

- Communication from the Commission on Community Information and Awareness Campaign on Child Safety.[2]

- Report by the Commission on Consumer Education in Primary and Secondary Schools.[3]

2.4 The Commission has organised or supported a number of summer schools, conferences, seminars and European symposia on school health education in Member States. These were organised with appropriate institutions at the national level and with the participation of international organizations.

2.5 Two **European Summer Schools on School Health Education** have been organised thus far. The first held in Southampton (UK), 8-21 July 1990 was organised jointly by the Commission, the Regional Office for Europe of the World Health Organization (WHO/Euro) and the University of Southampton. The second, held in Montpellier (France), 29 August - 7 September 1991, was organised by the Commission, WHO/Euro, and the Council of Europe. The main objectives of these summer schools were to:

- provide a model for effective health education and health promotion in schools by focusing on the concept of the "health-promoting school";

- stimulate both initial and in-service teacher training in health education;

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(1) Promoting the Health of Young People in Europe (Williams) and Legal and Other Aspects of School Health Education and Promotion in Member States of the European Community (Draijer)
(2) COM(87)211 Final
(3) COM(89)17 Final

- facilitate the exchange of teaching methods and health education materials among different European educational systems;

2.6 Other events organised by the Commission (listed in Appendix 1) dealt with AIDS prevention and control programmes; collaborative efforts on education for health with an emphasis on drugs; safety and health in schools; nutrition education; and drug education and prevention programmes.

EXCHANGE OF TEACHING MATERIALS

2.7 In consultation with the "Health Education in Schools Working Party", it was agreed that the Commission, in co-operation with Member States, should facilitate the exchange of materials relevant to the definition of health education adopted in the Resolution, which could:

- promote the benefits of a healthy life-style by fostering the acquisition of information and skills appropriate to student's developmental age and perceived needs;

- be used within the diverse school curricula of Member States;

- be integrated into various curriculum subjects;

- be based upon pedagogical approaches that could be used throughout the Community;

- address the importance of teachers' evaluation of the effectiveness of the material.

2.8 It was agreed that materials should be classified according to three age groups, (4-8, 8-12 and 12-16 years) covering the entire age-range of compulsory schooling in Member States, the priority issues being:

- the use and abuse of substances and associated behaviour (i.e. illicit drugs, smoking, alcohol and addictive behaviour);

- HIV/AIDS and other communicable diseases;

- development and organization of health education within the school.

The Commission is at present giving consideration to the best way of accomplishing an exchange of teaching materials fulfilling the above criteria.

2.9 The Commission, in cooperation with WHO and the Council of Europe, has made available in French and English Education for Health: Preventing Dependence and Addiction (1990) a manual for developing integrated school health education programmes. In co-operation with these two organizations, the Commission supported the development of a teacher-training manual on health education, which was successfully tested in the First and Second European Summer Schools in School Health Education. This manual, Promoting the Health of Young People in Europe, will be used and tested further in future teacher training workshops and regularly up-dated.

"In the 1989, the Commission developed, as a pilot project, a set of didactic material on child safety for use in schools. This material consisting of 17 illustrated worksheets known as the "Safety Pack", was originally written in English but was translated into the eight other Community languages. It was offered for test in a small number of schools in each Member States. The tests, which took place during the school year 1989-90, showed a clear interest in having such material available, but also revealed the need for certain revisions to be made to the material. These amendments have been made and the basic materials for producing copies of the "Safety Pack" are to be offered to the appropriate authorities in the Member States".

PLANNING AND IMPLEMENTATION OF RESEARCH AND PILOT PROJECTS

2.10 Between 1984 and 1990, the Commission, in co-operation with the Council of Europe and WHO, supported a series of pilot-projects for Education for Health: Preventing Dependence and Addiction. The projects were developed as regards the European Community in eight Member States: Italy (Arese), Greece (Athens), Federal Republic of Germany (Bremen), Ireland (Dun Laoghaire), Spain (Durango), United Kingdom (South Glamorgan and South Tyneside), Belgium (Liège and Ledeberg) and France (Rennes). The main objective was the effective co-ordination of health-promoting measures among schools, students' families and local communities. The results, which showed the importance of close co-operation between schools and local communities and organizations were disseminated at the European Conference on the Promotion of Education for Health held in Strasbourg in September 1990.

2.11 In 1990-1991, the Commission, in co-operation with WHO and the Council of Europe, organised a series of meetings to explore the ways and means of providing additional support to health education projects in Member States. As a result, and in co-operation with the "Health Education in Schools Working Party", it was decided to draw up plans for the introduction of health education projects in Member States through the development of a **European Network of Health Promoting School Projects.**

A Health Promoting School Project is defined as one that:

- provides a healthy environment through its buildings, play areas, facilities, safety measures, and meals provision;
- promotes individual, family, and community responsibility for good health;

- actively encourages a healthy way of life and presents a realistic and attractive range of health choices;
- enables all pupils to fulfil their physical, psychological, and social potential and promotes their self-esteem;
- fosters good staff/pupil and pupil/pupil relationships and good school/home/community links;
- exploits the availability of community resources to support health education and promotion;
- plans a coherent health education curriculum.

2.12 The importance of thoroughly evaluating pilot-projects and materials in order to ensure the most effective use of available resources cannot be overemphasized. This question has been examined by the Commission services in a document on Evaluation of Health Education: Criteria for Outcome Assessment Parameters.(1) This document points out that the development of a suitable methodology for evaluation can greatly benefit from European co-operation and support. It concludes that further work is necessary to develop both tools for measuring the effects of health education, and internationally comparable baseline data against which outcomes can be assessed.

PROMOTING AWARENESS

2.13 In 1989 and 1990, the Commission used the Eurobarometer survey to learn more about European citizens' awareness of, and attitudes towards, health education. Data from the 1989 and 1990 surveys showed that the public (over 90% of respondents) was overwhelmingly in favour of the European Community promoting the development of health education, and the majority regarded the education system as an ideal vehicle. Drug addiction, AIDS, personal hygiene and nutrition were regarded as top priorities. It is of note that cancer and sex education came lower in the list: the relatively low importance given to the latter appeared to conflict with the high priority given to AIDS and personal hygiene.

2.14 Data from the 1989 survey indicated that, in the 15-24 age group, only one fifth (19%) of the respondents claimed to have received adequate health education; one fifteenth (7%) claimed to have had no, or only some, health education (though figures varied from Member State to Member State); and four out of five (80%) of those claiming not to have received health education said that they would have welcomed it. The majority of all young people responding agreed that

(1) CEC/V/E/1/LUX/11/90

health education should form part of secondary education.

2.15 To gather further information on the behaviour of youngsters, personal interviews on the Eurobarometer model were conducted in 1990 with young Europeans, aged 10-15 in the 12 Member States, regarding their drinking and smoking habits.

2.16 One out of eight youngsters (14% for boys and 11% for girls) had an alcoholic drink in the two weeks prior to the interview. The number of youngsters drinking rose steadily from 3% at age 11 to 23% at age 15, a seven fold increase. There were big differences between countries.

2.17 With regard to smoking, 6% of the youngsters aged 11 to 15 smoked regularly with no differences between sexes. At age 15, one out of seven youngsters (15%) were smokers. In this case, there were also significant differences between countries.

2.18 Overall, the data from both surveys demonstrated that young Europeans have high expectations of the role that the education system should play in promoting good health.

3. CONCLUSIONS

3.1 Health education is not only important in its own right, but it is also considered as a key component in programmes aimed at preventing disease. At the level of the European Community for example, health education has been an integral part of the programmes on cancer and AIDS. In the context of these programmes, a limited number of initiatives have been undertaken on health education in schools, the results of which are included in this report.

3.2 Although parents have a key role to play in educating their children, it is often the school which is responsible for ensuring that informed, unbiased education is given. In many cases, it will be at school that children first receive education on health. It is also during this period of time that children adopt attitudes that they may retain as adults. Health education in schools therefore may have lifetime effects.

3.3 Reports from Member States stress that the level of awareness and commitment to health education has increased substantially, in the three years since the implementation of Resolution 89/C3/01.

3.4 A considerable increase in the exchange of information and experience in school health education between Member States has occurred as a result of the various initiatives taken at Community level.

3.5 Within the activities undertaken in the implementation of the Resolution, partnerships with international organisations such as WHO and the Council of Europe have been considerably strengthened and the basis for even greater future collaboration now exists. Joint activities have been extensive, covering a wide variety of topics related to school health education ranging from exchanges of materials to study visits, from pilot projects to teacher training, and from evaluation of health education programmes to curriculum development.

3.6 As a result of these exchanges, better knowledge of and approaches to health education have been gained and implemented throughout the Community.

3.7 The first phase of the implementation of the Resolution has demonstrated that specific actions at both Member State and Community levels can be influential in promoting health education in schools. In the light of the experience gained so far, the school setting offers numerous opportunities for promoting the acquisition of personal skills and knowledge which favour the development of well-informed persons, equipped to choose life-styles and influence living conditions which will maintain and sustain their long-term health.

4. RECOMMENDATIONS

4.1 Exchanges of information and experience and co-operation between Member States need to be maintained and further supported in the future. This will allow all parties involved (teachers, school health personnel, parents, pupils) to create opportunities for promoting health in the diversity of cultural, institutional and organisational contexts within which school health education will be developed in the 1990s.

4.2 The process initiated, therefore, should be continued and strengthened further at both Member State and European Community levels.

MEMBER STATE LEVEL

4.3 Taking into account the progress already achieved by individual Member States, it is necessary for them to:

- continue their efforts to develop and intensify the multidisciplinary measures identified in the Resolution;

- continue to assess and adapt current legislative and administrative arrangements to facilitate the inclusion of health education in the school curriculum; and ensure that coherent school health education policies are implemented at national, regional, and local levels;

- improve opportunities for training in health education for teachers and other relevant personnel; and ensure the provision of appropriate educational resources, monitor their use, and evaluate their impact;

- promote the participation of parents, health personnel, and local communities and organizations in the process of promoting the health of young people;

- promote the development of healthy environments in schools, by ensuring, for example, that schools remain smoke and drug free.

EUROPEAN COMMUNITY LEVEL

4.4 Co-operation between relevant programmes and activities at Community level has been of great benefit in implementing the Resolution and should continue. In addition to what has already been achieved in the implementation of the Resolution, there is an extensive range of activities which can create opportunities both now and in the future for school health education.

Measures for strengthening training

- Pre-service and in-service training in school health education for teachers and other personnel continues to be a priority for effectively promoting its development. Community support towards the development of appropriate curricula for teachers should continue to be sustained through the organization of European Summer Schools and

workshops and the dissemination of examples of good practice;

- Support for developing and disseminating manuals and other relevant material tailored to teacher training should continue to be encouraged.

Measures to facilitate the development and exchange of teaching curricula and materials

- The development of suitable curriculum "guidelines" should continue. Efforts should be extended to support their development for vocational and other courses. These guidelines should be developed from both national and regional experiences in the European Community. They should set out clear aims and provide realistic proposals for the promotion of health and safety for the entire school community (students and staff).

- The development of appropriate teaching materials for school health education should receive continued support. This is of benefit for the effective transmission of information, skill acquisition, and other learning processes. There is also a need to adequately monitor and evaluate their use and to promote the exchange of such resources between Member States, in order to minimize duplication of effort.

- The development and exchange of innovative and well-tested materials should be encouraged. These would include computer-based health education software, videos, and published information, focusing on active pupil participation with a wide range of methods.

Measures for promoting the exchange of expertise, experience, and information

- Study visits and seminars for teachers and relevant health personnel as well as active members of non-governmental organizations (NGOs) should continue to be supported.

- Opportunities for the exchange of expertise and experience in health education could be further fostered through the "twinning" of schools among Member States.

- Consideration should be given to the need for the establishment of a mechanism at community level through which the results of projects, research, and other developments in the field of European school health education could be compiled and made available to all Member States.

Measures for assisting Member States in planning and implementing projects in school health education and facilitating exchange of programme results at Community level

- The European Network of Health-Promoting Schools Projects is being initiated in collaboration with WHO and the Council of Europe. Continued support should be given to this initiative.

Specifically targeted measures

- The European Council and a number of other Councils have requested action in specific areas (listed in Appendix 2) including drug demand reduction, use of drugs and abuse of medicinal products in sport, youth, consumer education, nutrition and health. Future activities in health education will give special attention to these areas taking into account the need for a holistic approach.

- Promote the widest possible dissemination of the Code of Conduct against Doping in sport and develop pilot projects using this code to reinforce education initiatives taken to combat the use of doping.

- Promotion of pilot projects in schools and amongst teachers to develop awareness of the European Code against Cancer

- Promotion of pilot projects in schools aimed at changes in eating habits and in particular to encourage the consumption of fruit and fresh vegetables during break and meals

International cooperation

- In order to implement Resolution 89/C3/01, the Commission has actively sought the co-operation of both international agencies such as WHO, the Council of Europe and UNESCO and non-governmental organizations. This cooperation has proved beneficial and should continue.

- Joint initiatives, such as Summer Schools, the development of guidelines and educational materials, and support for a European Network of Health-Promoting Schools, should continue, and should be co-ordinated to improve overall efficiency.

APPENDIX 1

European Conference on Health Education and Cancer Prevention in Schools, held in Dublin (February 1990), issued relevant recommendations in line with the framework for action provided by Council Resolution 89/C3/01. This has resulted in the establishment of three working groups on health education in primary and secondary education and on teacher training.

First World Consultation of Teachers' Organizations on Education for AIDS Prevention, (Paris, 2-7 April, 1990), was carried out in collaboration with UNESCO, WHO, the World Confederation of Teachers, and the World Confederation of Organizations of Teaching Professions. It enabled teachers to exchange expertise and experience in prevention of HIV transmission and control programmes in schools. It issued recommendations against discrimination of both students and teachers.

European Conference on the Promotion of Education for Health, (Strasbourg, 20-22 September 1990), was organised jointly with WHO and the Council of Europe in the framework of the collaboration on a pilot project on education for health, with special emphasis on drugs, involving 11 schools in Europe. The major outcome of this Conference was agreement on the need to introduce evaluation methodologies in health education activities and to further the collaboration between the Commission and international organisations working in the area of school health education.

Fifth International Seminar of Safety in Schools, (Berlin, 17-19 October 1990), aimed to improve safety and health in schools by ensuring safe and healthy premises and equipment. A resolution adopted at the meeting emphasised the need for a broad approach to safety education, including work, health and environment.

European Workshop on Nutrition Education in the Health Promoting School, (Flensburg, Sankelmark, 17-23 August 1991), offered teacher trainers an opportunity to discuss the various methods available to assist students to acquire knowledge and skills in order to make healthy choices about nutrition.

European Conference on Drug Dependence and the Health Promoting School, (Lübeck-Travemunde, 7-10 October 1991), reviewed drug prevention programmes in Member States and assessed the need for drug prevention in schools and the action required.

Case Study of Drug Education in Amsterdam (Amsterdam, 16-19 November 1991), involved a study visit and case study analysis of an innovative school- and community-based drug prevention programme. It provided participants with an opportunity to exchange views and discuss different approaches with workers involved in health education and drug prevention in Amsterdam schools.

APPENDIX 2

European Plan to Combat Drugs, approved by the European Council on 13 and 14 December 1990.

Resolution of the Council and the Ministers for Education meeting within the Council of 9 June 1986, on consumer education in primary and secondary schools.(1)

Decision of the Council and the Representatives of the Governments of the Member States meeting within the Council, on 17 May 1990 adopting a 1990 to 1994 action plan in the context of the "Europe against Cancer" programme.(2)

Resolution of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 3 December 1990 concerning an action programme on nutrition and Health.(3)

Decision of the Council and the Ministers for Health of the Member States meeting within the Council on 4 June 1991, adopting a 1991- 1993 plan of action in the framework of the "Europe against AIDS" programme.(4)

Declaration by the Council and the Ministers for Health of the Member States meeting within the Council of 4 June 1991 on action to combat the use of drugs, including the abuse of medicinal products, in sport.(10)

Council Resolution of 26 June 1991 on priority actions in the youth field.(6)

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(1) OJ N° C 184, 23/07/1986, p.21
(2) OJ N° L 137, 30/05/1990, p.31
(3) OJ N° C 329, 31/12/1990, p.1
(4) OJ N° L 175, 04/07/1991, p.26
(5) OJ N° C 170, 29/06/1991, p.1
(6) OJ N° C 208, 09/08/1991, p.1

ANNEX A

IMPLEMENTATION OF COUNCIL RESOLUTION 89/C3/01 ON HEALTH EDUCATION IN SCHOOLS

SUMMARY OF REPORTS OF MEMBER STATES

This report summarizes those submitted by Member States and addresses the following points:

A. The statutory place of health education

B. Health education in school curricula

C. Educational resources for health education

D. Initial and in-service teacher training

A. THE STATUTORY PLACE OF HEALTH EDUCATION

BELGIUM

There is no legislative basis for health education in primary and secondary schools. Teachers are free, however, to include health education in their activities.

Existing legislation governing the Schools Medical Inspectorate has been extended recently providing new tasks which are significant for health education and the promotion of health care in schools.

These tasks include providing advice to teachers, parents and pupils (with particular reference to hygiene, nutrition, school meals, safety, physical education and sport) and providing support to health education programmes in schools.

Recently (1990), the provision of information to pupils, parents and school staff in connection with inter-personal skills and sexual conduct among young people has been added to the tasks of the Schools Medical Inspectorate.

DENMARK

According to the "Folkeskole" Education Act, health education is a compulsory topic integrated into several subjects. However, health education has its separately defined objectives in order to stress its own position.

In the new "Gymnasium", health education is not treated as a separate subject but is integrated into other subjects, such as biology and physical education. Furthermore, the new School Administration Act (1990) provides opportunities to parents' representatives on school management committees, to give a higher priority to health education. School management, teachers and school health personnel can decide to spend more resources on health education when they agree on this.

GERMANY

The 16 "Länder" of the Federal Republic of Germany have formed a Permanent Council of Education Ministers in order to standardise and co-ordinate educational policies and to agree on new developments. An initial comprehensive report on the current state of development of health education in schools over the next years is in preparation.

To date, the "Länder" have provided an administrative framework for health education by setting out attainment targets for the different subjects in which health education is included. In this respect, specific Recommendations are published in the Amtsblatt of the "Länder".

GREECE

In recent years, there has been increasing awareness of the field of health education both in primary and secondary schools.

The responsibility for school health education rests with the Ministry of Education and Religious Affairs although there is no special legislation concerning its inclusion in the curriculum.

Health education is not treated as a separate curriculum subject but is integrated into the daily life and work of the school.

The Ministries of Education and Health collaborate closely with a view to promoting health education in schools. The aim is to sensitize teaching staff so as to ensure support for the execution of health education projects.

SPAIN

In May 1989, the Ministers of Education and Health signed an Agreement to promote health education in schools. On 3 October 1990, an Education Act (LOGSE) passed through Parliament. This basic legislation is applicable throughout Spain, but autonomous communities with responsibilities for education may implement this legislation in accordance with provisions introduced by their own autonomous parliaments.

In this new Education Act (LOGSE), health education is included as a general objective throughout pre-school, primary, and compulsory secondary education.

Various decrees from governments of autonomous communities provide the framework for health education in schools.

FRANCE

The new Law on Education Policy (July 1989) stresses the importance of health education, which should be dealt with as an integral part of the curriculum. Under the terms of this law, school planning documents must reflect the general view of the teachers, parents and local community. Objectives and actions to promote health at school should be identified in

these documents. "Health and social problems" elements should be included in these planning documents.

In October 1990, the Prime Minister and the Minister of Education, who is now exclusively responsible for health education in schools, issued a decree which establishes Social Environment Committees with the task of co-ordinating and managing measures designed to combat drug addiction and violence in schools. These Committees bring together all interested partners and act as an interface between the municipal authorities, the local neighbourhood and the school.

IRELAND

Although there is no specific legislation for health education in schools, it is considered a necessary cross-curricula activity which is important in promoting good health of pupils, teachers and parents.

The Ministries of Education and Health are stimulating the implementation of health education in schools by initiating Health Education Programmes.

ITALY

A number of legal measures concerning different educational levels have recently been adopted.

A major impetus to health education was given with the adoption of Law No. 162 (26/6/1990) on drug and other substances dependency. This law establishes a number of cultural and educational instruments which should make it possible to strengthen the network of persons responsible for health education at school, the dissemination of information on health education in schools, the promotion of school projects, the training of teaching staff, and the promotion of collaboration with the health and local authorities.

In upper secondary schools, "information and advice centres" for young people will be established in co-operation with Local Health Unit personnel.

LUXEMBOURG

According to legislation of December 1987, particular responsibility for health education has been placed with the School Health Services.

At the beginning of the 1989/1990 school year, a new timetable and curriculum were introduced for primary education classes. As a result, there was a considerable increase in the number of lessons in which pupils are introduced to science and to

health education. Health education forms a compulsory and integral part of science awareness courses.

NETHERLANDS

Health education has become a legal requirement in primary schools, which are expected to provide a school work plan showing how they will implement a relevant programme. Such a programme has a recognisable place within the curriculum.

A new Basic Education Act for secondary education passed through Parliament in May 1991. In this new law a comprehensive programme for the first phase of secondary education (ages 12-16) has been set out. Health education is a compulsory part of this comprehensive programme and can be taught as an independent subject.

PORTUGAL

Current educational laws do not provide for health education as a separate subject. Health education is expected to be taught within the context of other subjects, or as education projects in the context of the subject area "School-environment" and "Personal and social development".

One of the objectives of these subject areas is to facilitate the establishment of a platform of partners (school, parents, health-related personnel) for the development of multidisciplinary health education projects.

UNITED KINGDOM

The Education Reform Act of 1988 legislates a National Curriculum which applies to schools in England and Wales for all pupils between the ages of 5-16. The National Curriculum for schools in Northern Ireland is substantially the same, but the statutory position in Scotland is somewhat different.

Health education is regarded as a major cross-curricula theme in the National Curriculum. The statutory orders for science and technology issued during 1989 and 1990, respectively, include substantial aspects of health and safety education. Statutory orders for other National Curriculum subjects, such as physical education, will also include aspects of health education as appropriate, when they are issued and implemented in schools.

Non-statutory curriculum guidance on health education to all schools in England has been provided by the National Curriculum Council. This guidance was disseminated to schools in Wales by the Curriculum for Wales (CCW).

B. HEALTH EDUCATION IN SCHOOL CURRICULA

BELGIUM

Although there are some different approaches in the Flemish, French and German Communities, in general health education is not considered a subject in its own right in primary or secondary education. In primary education, it is mostly an integrated aspect of environmental studies. In secondary education, it is integrated mainly into biology, ethics and physical education. Specific health education topics are taught occasionally through projects.

DENMARK

Health education, with its own objectives, is included in the curriculum of the Folkeskole through compulsory subjects such as biology, social studies, domestic science and physical education. Furthermore, it is taught in contemporary studies from grades 8-10. Teachers usually teach a number of subjects which facilitate a multidisciplinary approach to health education. Co-ordination is most often undertaken by the Danish class teacher. Sex education has always been a substantial part in the health education curriculum. Parents can play an important role in the development of the school curriculum.

In the upper secondary school (Gymnasium), health education is included very heavily in biology and physical education and sporadically in other subjects.

GERMANY

Health education is not taught as a separate subject. It is seen as an educational principle which goes beyond cognitive learning to include the physical, emotional and social aspects of pupils' lives.

Further development of curriculum modules for health education will be undertaken.

Throughout the country innovative projects on programme development for health education in schools is taking place.

GREECE

In primary schools, health education is usually integrated with environmental studies, natural and biological sciences. In secondary schools, health education is typically integrated with the teaching of biology, home economics and social studies.

SPAIN

Health education is not meant to be an isolated subject, but an integral part of the subjects taught and permeating the entire curriculum in terms of knowledge, attitudes, and values. It is seen as a general objective at all stages of education. In certain autonomous communities, a large number of schools have incorporated new aspects of health education, e.g. the prevention of drug addiction.

FRANCE

Health education is not taught as a separate subject. There is, however, plenty of scope to develop it within the context of other subjects like science, civics, physical education, etc.. It is not seen just as an instrument for imparting knowledge about health but as an opportunity for impressing upon children the fact that pupils themselves are also responsible for protecting and promoting their own health.

Increasingly, emphasis is placed on the importance of the social environment of the school to the health of children. Schools are encouraged to be open to the local community.

IRELAND

Health education is viewed as a cross-curricular activity. The school climate is seen as important in the promotion of good health of all concerned in the school: pupils, parents and teachers.

At preliminary level, a Curriculum Review Body has recommended giving health education a more prominent place in the curriculum.

In secondary education, a significant number of health education projects have been introduced into schools since 1989. Regional Health Boards and teachers have been involved as partners in these projects.

ITALY

The new curriculum for primary schools (1990) provides explicit instructions for the provision of health education. This was followed by the launching of new programmes already tested in many Italian schools.

A particularly important initiative is the "93 Youth Project" (P.G. 93) launched in late 1989, which involves approximately 40% of the secondary schools. This project is seen as a contribution to rethinking the meaning of school so that "being well" will cover personal relations, cognitive and socio-affective dimensions of the school experience.

LUXEMBOURG

In the primary and secondary schools, health education is not taught as a separate subject but as part of other subjects.

The new curriculum for primary schools has improved the opportunities for including health education programmes in primary school classes. These programmes are designed to encourage knowledge of science and to enable the school children to develop positive attitudes and behaviour towards the human and natural environment.

A number of secondary schools have developed their own initiatives for health education (projects, exhibitions, etc.).

NETHERLANDS

In primary education, the School Work Plan sets out the schools' objectives, teaching methods, subject content and teaching materials. Health education must be given its own and recognisable place in this planning document. Health education can be taught as a separate subject.

Secondary health education is normally integrated within other subjects such as biology, physical education, economics and civics.

According to educational reform in secondary education, it will be possible to deal with health education as a subject in its own right.

Relevant issues in health education addressed in secondary education are to help pupils learn to cope with peer pressure, build self-esteem, prevent illness and learn to make informed decisions about things affecting their health.

PORTUGAL

In the 1989/1990 school year, the first experimental stage of the new curriculum was launched. The reformed curriculum includes interdisciplinary subject areas. These subject areas are known as the "School Environment" and "Personal and Social Development" and affect all stages of primary and secondary education. The area of "Personal and Social Development" is optional, from the first to the 12th year of schooling. The "School Environment" area is compulsory

These subject areas provide good opportunities for the implementation of interdisciplinary health education projects.

UNITED-KINGDOM

The National Curriculum advice to schools, Curriculum Guidance 5: Health Education was issued in September 1990 and will become the basis for future developments in England and Wales. It sets out clearly the objectives of school health education, encouraging individual responsibility, awareness and informed decision-making, and the adoption of a healthy life-style. The guide identifies nine major components for a health education curriculum: substance use and misuse, sex education, family life education, safety, health-related exercise, food and nutrition, personal hygiene, environmental aspects and health education.

The guide includes advice on a "whole-school approach" and stresses the value of relationships between the school and its community.

C. EDUCATIONAL RESOURCES FOR HEALTH EDUCATION

BELGIUM

In the Flemish, French and German Communities many interesting educational materials have been developed for primary and secondary education. Non-governmental organisations have played an important role in the provision of these educational materials for schools.

Some examples are the Information Booklet for Parents' Associations, and a "Working Guide" for co-operation between Medical Inspection Teams, Medico-social Counselling Centres, and schools with specific attention to young people and AIDS prevention.

In January 1991, the education packages Smoking (12-14), Alcohol (14-16), Nutrition (12-18) were introduced.

In 1992, new education packages on Addiction (16-18), and Safety (12-18) will be made available.

A handbook, A Parents Guide to Drugs published in 1990, is available to parents of adolescents.

DENMARK

Teachers have a free choice of teaching materials for health education purposes. There are no centrally produced teaching materials. Individual teachers are responsible for evaluation and development of the materials from year to year. Therefore, several teachers compile their own teaching materials from newspaper articles, brochures, videofilms, etc..

The Royal Danish School of Educational Studies has in recent years completed an evaluation project on biology teaching materials. In this process, they touched on many crucial issues of health education.

GERMANY

Teaching materials for health education have been produced by institutions on the level of individual "Land" as well as on a federal level, e.g. by the Federal Centre of Health Education. Materials provide practical guidance on how to plan and organise the teaching of health education.

The materials span the entire spectrum of health education topics appropriate for primary and secondary schools and include factual information, suggestions for planning lessons, and all the means required for the suggested lessons.

In most of these materials, it is recognised that parental involvement is an essential ingredient.

GREECE

The Ministry of Education, in co-operation with other official bodies, and with a view to facilitating the implementation of pilot programmes in the field of preventive medicine, preventive dentistry, road safety, prevention of accidents among children, etc., distributes documentation in primary schools at regular intervals.

The Ministry of Health publishes teaching aids derived from local and international sources in the field of health education and distributes this material to secondary schools (smoking, nutrition, drugs).

The Ministry of Education, in cooperation with other bodies, is following the development of a pilot programme for secondary schools concerned with preventing the abuse of toxic substances which is being implemented in the regions of Athens, and has produced documentation and translated relevant documents used in England. With regard to AIDS, it has published a document whose contents were produced by school children themselves.

SPAIN

A variety of teaching materials were recently produced by the Ministries of Health and Education and the Autonomous Communities.

A number of multidisciplinary projects are currently implemented throughout Spain.

An interesting project is under way which consists of a general guide to methodological principles of health education and a guide for each two year educational cycle covering the ages 4-16, dealing comprehensively and gradually with the principles related to physical, mental and social well-being.

FRANCE

The French Committee for Health Education has produced a number of educational materials for health education. Each of these materials follows a similar pattern: background notes for the teacher related to the topic; ideas, strategies and material for classroom work and for the pupils; and materials and/or strategies for the involvement of parents.

Initiatives from the Ministries of Health and Education to combat the drug and AIDS problems have resulted in widespread public campaigns like e.g. Talk to Your Child Before It (Drugs) Talks to Him, and Attention SIDA directed at the general public and the schools.

IRELAND

There have been significant developments in the materials area with the provision of comprehensive programmes for the primary school teacher in two Health Board areas on a pilot basis.

They cover themes like nutrition, hygiene, safety, self-awareness and environmental care.

The Departments of Education and Health have been involved in the development and dissemination of AIDS education materials.

Non-governmental bodies, e.g. the Irish Cancer Society, have developed resource materials for teachers, which have been distributed to all schools.

ITALY

A variety of teaching materials are produced by teachers and voluntary associations. At institutional levels, some regions have produced audio-visual packages on health topics of particular methodological and didactical value.

The Manual for Teachers presented at the Southampton Summer School was recently translated and relevant didactic methodologies are currently being studied in two training courses for secondary school teachers. The results of this experience will be made available to the Commission.

LUXEMBOURG

A working party of the Higher Institute of Pedagogic Studies and Research intends to devise and test a health education programme for children in pre-school education. For the older primary school pupils this institute has planned to develop a set of overhead projection transparencies, illustrating different themes of the teaching modules. In addition, a number of initiatives are currently under way. These include the distribution of the journal GROGGI to all pupils in secondary education; and the organization of travelling exhibitions on smoking.

NETHERLANDS

There are numerous teaching materials on different topics like AIDS, drugs, smoking, nutrition, etc.. There are also comprehensive sets of teaching materials for health education in primary and secondary education e.g. To Your Health, and A Manual for the Promotion of Healthy Behaviour. These comprehensive teaching materials also contain guide-lines for managerial aspects of the implementation of a comprehensive health education programme in schools.

Several private foundations have produced additional teaching materials on topics such as smoking, cancer, cardiovascular diseases, nutrition, etc.

PORTUGAL

Relatively little teaching material has been developed. The "Life" Project (Project VIDA), aimed at primary, secondary and tertiary prevention of drug use and abuse has produced

numerous teaching materials. Projects on oral hygiene and AIDS prevention have also provided some teaching materials.

UNITED KINGDOM

The National Curriculum Council and the Curriculum Council for Wales disseminated guidance to schools in England and Wales on health education in September 1990. A good range of teaching materials is available and widely used in primary and secondary education. Schools are free to choose the teaching materials appropriate to their particular local needs.

The Department of Education and the Department of Health, through the Health Education Authority, have sponsored the development and publication of teaching materials and other resources.

D. INITIAL AND IN-SERVICE TEACHER TRAINING

BELGIUM

Although Teacher Training Colleges can include health education, little has been elaborated in the initial training of teachers. In-service training courses were offered on smoking and AIDS.

Some action has been undertaken to sensitize school management, teachers from specific disciplines in secondary education, and inform teachers in primary education of the importance of health education.

Specific attention is being given to training in the context of projects carried out by non-governmental organizations such as the Red Cross.

DENMARK

It is expected that a new Teacher Training Act for Folkeskole Teachers will be passed in 1991 but it is not yet clear to what extent it will affect health education.

As part of in-service training for teachers in primary schools full-time, year-long courses are organised for teachers who will later serve as contact persons in health education in primary schools.

With regard to the in-service training for secondary school teachers, a part of the content will be devoted to health education.

GERMANY

Although the picture differs from "Land" to "Land", throughout Germany actions are underway to include health education in the initial and in-service training of teachers.

Several Teacher Training Colleges offer a training course for health education on general or specific subjects like AIDS, nutrition, etc..

GREECE

Primary school teachers do not attend any special training seminars in health education prior to embarking on their careers. However, during their service they may participate in further training seminars designed to sensitize them - irrespective of their specialisation and duties - to health education. Likewise, they may participate in relevant scientific working groups and in the implementation of pilot programmes.

As for secondary education, University institutions (University of Crete) offer continuing education programmes in the field of health education to teachers, and similar programmes are provided by the Public Health Institute. In the future there will be a co-ordinating and supporting body which will combine authority and experience in the Ministries concerned (Health, Education) and other bodies. The objective of this new institution will be to encourage co-operation with teachers, parents and pupils.

SPAIN

Initial teacher training is still the weakest part in the implementation of health education. A start has been made on introducing health education into certain teacher training schools for primary education, e.g. in Valencia, Barcelona, Granada, etc., but the profile is still low.

Much more progress has been made in the past three years with in-service training. Intensive training programmes have been organised in Andalucia and Valencia, and to a lesser extent, in most of the autonomous communities.

Throughout Spain, within the jurisdiction of the Ministry of Education, over 4500 teachers were offered health education training courses in the academic year 1989-1990.

FRANCE

With the "Instituts Universitaires de Formation des Maîtres" replacing the previous teacher training colleges, from the

start of the school year 1991, students can opt for health education modules, the content of which is currently being drawn up.

As a result, teachers at primary and secondary levels will very soon be given specific training geared to their particular disciplines. Emphasis will be placed on behavioural problems and on the right mix of basic knowledge, the right attitudes and principles of healthy living.

IRELAND

There are small inputs of health education into the courses for prospective teachers by tutors with a particular interest in the context of physical education. Many of the Curriculum Projects developed in co-operation with the Health Boards involve a considerable amount of in-service training.

In addition, the Department of Education and the Health Promotion Unit have organised a summer course in health education for primary teachers.

In secondary school, health is included as an option in Higher Diploma courses in education but it remains an optional area of study.

ITALY

The Ministry of Public Education has promoted various actions with a view to sensitizing both administrative and teaching personnel and school inspectors. It is expressly set out in the legislation that all training and refresher courses for teachers should give priority to examining the issues of health education and the prevention of drug dependency.

There is provision in all schools for the appointment of a supervising teacher who will, after a suitable training course, be responsible for co-ordination and promotion of activities within his/her school.

A letter from the Ministry (1990/1991 school year) addressed to all the Heads of Local Education directorates emphasized the need for particular attention to the need of teacher training and to the role of the school prevention of drug addiction and other forms of dependency.

LUXEMBOURG

During their initial training, the future primary school teachers are instructed in the content and methodology of the new science learning modules. Similar courses are offered as part of in-service training.

In secondary school, in-service courses for biology teachers have been provided particularly on AIDS education.

NETHERLANDS

In the initial teacher training for primary education a planning course for health education, during a four-year period, is offered to the students. On a voluntary basis, in-service courses are offered which deal with the management, the methodology and content of health education.

In secondary education, initial training for health education is part of the training of biology teachers. Some Teacher Training Colleges provide an initial training course for health education.

PORTUGAL

Despite some encouraging local and regional initiatives initial teacher training for health education is still weak.

Recent publication of the new instructions on teacher training clearly places the training of teachers within the remit of higher education. This applies both to initial and in-service training.

UNITED KINGDOM

In 1989, the Government issued a circular to all teacher training institutions in England and Wales about the revision of teacher training courses and drew their attention to the EC Resolution on health education in schools. Most teacher training institutions are currently reviewing their courses.

Several voluntary organizations, such as TACADE (The Advisory Council on Alcohol and Drug Education), organise conferences and in-service courses for teachers.

Since 1986 the Government has provided specific grants to local education authorities in England and Wales to support the development of local initiatives and in-service training for teachers and other education professionals, first about drugs, and (since 1989 in Wales and 1990 in England) about wider aspects of health education, particularly alcohol and other substance misuse, tobacco and HIV/AIDS.

The Health Education Authority is developing and currently running a series of pilot courses for teachers, which will result in the award of a certificate in health education.

ANNEX B

THE ROLE OF EDUCATION AND SCHOOLS IN RELATION TO PREVENTION AND DRUG DEMAND REDUCTION

OVERVIEW OF THE SITUATION IN MEMBER STATES

The increase in drug misuse is influenced by both behavioural patterns and the social and cultural environment. Schools can play an important role in preventing drug misuse. Despite some national initiatives the issue of drug dependency has not been given a high priority status in the health education curriculum of Member States; in most, however, public health policy for drug demand reduction has been developed or is currently under development

Drug education is mainly considered as an integral part of health education in schools. Health education research and practice in Member States have accelerated the move away from the rather repressive and single issue approach to a positive and integrated approach of promoting healthy life-styles of young people.

In Member States, there appears to be an increasing awareness that drug education should focus on the psycho-social background and behavioural patterns of the user of drugs instead of focusing on the factual and warning information about the addictive substance itself. That is why drug education is increasingly seen as part of the promotion of healthy life-styles. The creation of a social network in and around the school can provide a supportive environment to prevent the use of illegal drugs.

Member States emphasize that a successful approach to the prevention of drug addiction includes a coherent policy within schools and school curricula but also strong commitment of the teaching staff and close co-operation with the health service, the family and the local community .

Although many Member States have provided some emphasis on the prevention of drug addiction in in-service training courses, the issue of the prevention of drug addiction in the initial phase of teacher training needs greater attention.

Various Member States mention the need for evaluating and monitoring programmes for the prevention and reduction of drug demand through health education in schools. They also consider the exchange of data among Member States on the impact of health education programmes as being extremely important in order to. improve effectiveness of drug demand prevention.

It has to be mentioned that for some Member States substance abuse includes the abuse of alcohol, tobacco, medicines as well as the use of illegal drugs.

BELGIUM

Fields of education and public health are the responsibility of the respective authorities in the Flemish, French and German Communities.

Drug education in the Flemish Community is included in the broader framework of school health education and is particularly targeted on secondary school pupils: 12-14 year-olds concerning smoking, 14-16 year olds concerning alcohol, 16-18 year-olds concerning the addiction to illicit drugs.

There is little explicit emphasis on drug education in the initial teacher training. There are, however, some references to drug education in the in-service training of teachers and several good teaching materials for teachers and parents exist and are made available by the Steering Committee "Health Education in Schools".

Within the French Community, several drug education activities have been initiated including the production of a Teacher's Manual on drugs which was produced jointly by the CCAD (Comité de Concertation sur l'Alcool et les autres Drogues) and the Red Cross.

DENMARK

Denmark has adopted a broad "healthy life-style" approach to school health education within which drug misuse is not accorded a special plan or priority.

No special studies have been made to evaluate teaching activities related to the prevention of drug abuse. Drug prevention is not specifically included in the basic training courses for teachers, although certain components of it are covered but always within the broader healthy life-style approach.

GERMANY

Following a special Conference of the "Länder" in March 1990, a "Länder" policy was adopted. In June 1990, a National Plan for Combating Narcotics was adopted by the Federal Government.

A central role in Combating drug dependence has been given to prevention activities including education in schools.

The subject of prevention of drug dependency has not yet been included in the pre-service training of teachers, although the Conference of Ministers of Education of 3 July 1990 has called upon Universities and Colleges to take account of the prevention of addiction and drugs in the training they provide.

GREECE

The Ministry of Education in collaboration with the Psychiatric Clinic of the University of Athens has implemented a pilot programme for the prevention of drug addiction in two districts of Athens. Teachers of all subjects are informed about the dangers of drug addiction through seminars and courses and are encouraged to discuss it with pupils. The objective of the programme is to motivate and stimulate pupils to adopt healthy habits.

As part of the programme, pupils will have the opportunity to set up cultural displays, make posters and exhibitions and undertake other initiatives. The duration of the programme is three years with the view of extending it to other regions of Greece.

In addition to this programme, many Greek schools have hosted conferences and lectures given by specialists on the subject of preventing drug addiction.

SPAIN

The prevention of drug addiction has been given priority status since the 1987-1988 school year and has included:

- training of Provincial Health Education Co-ordinators;
- in-service training programmes for teachers;
- co-ordination with other public and private institutions within the context of the National Plan on Drugs;
- publication of a great number of teaching aids;
- studies on drug use by pupils aged 15-18;
- studies on teacher's attitudes and requirements.

After four years experience, it has been concluded that the prevention of drug addiction should be approached positively and as an integrated part of the promotion of a healthy life-style.

These experiences showed that the prevention of drug addiction should be done not only through the curriculum but also by a resolute policy within the school with strong commitment of the teaching staff and in close co-operation with parents.

FRANCE

The prevention of drug addiction has been given priority status in school health education for many years.

The role of the school in drug prevention programmes was emphasized in the plan of the Délégation Générale à la lutte contre les droque et les toxicomanies.

A network of teams for counselling and care ("le réseau d'équipes relais") has been established: teachers, doctors, nurses, social services, etc. are partners in assisting the schools to deal with the problems of the pupils in general and of drug abuse in particular.

The establishment of committees for the social environment (comités d'environnement social) should strengthen the liaison between the school, the social environment and the family in order to avoid the exclusion of pupils who have difficulties.

Partnership among those involved in the prevention of drug abuse seemed to be a key issue. The educational approach in the prevention of drug abuse is usually a global and positive one fitting in the broader concept of health promotion.

IRELAND

The Government has adopted recently a general policy in relation to misuse of drugs. The strategy adopted includes a range of measures to be introduced and will facilitate the inclusion of drug education in schools. Drug education, however, is set firmly in the context of the promotion of healthy life-styles; alcohol and tobacco are dealt with in school programmes along with other drugs.

There have been a number of in-service teacher training programmes in health education which address the issues of drug education in schools. The Departments of Health and Education are co-operating closely in the development of a major and comprehensive substance abuse programme.

ITALY

Law N° 162 of 26 June 1990 addresses various aspects of the prevention of drug dependency. It identifies a wide range of educational measures and prioritizes: the importance of school-based multidisciplinary approaches to health education; the involvement of school staff, parents, health personnel and communities; the support to refresher courses for teachers.

LUXEMBOURG

The measures on the prevention and reduction of drug demand can be divided into two approaches:

- information and sensitization on the drug problem;

- a global and positive approach by which pupils should not only get education against drugs but also education for health.

There is a consensus that pupils should acquire attitudes which will help them to live according to their nature, to express themselves, and to be able to solve conflicts.

The prevention of substance misuse is not a priority in health education in schools, nevertheless a realistic amount of time is spent on activities in schools on prevention and demand reduction in drugs.

NETHERLANDS

Drug education is not a priority area in health education, but is part of the broader approach to health education and health promotion in schools.

The educational concept has changed from providing factual and warning information about drugs to a broader and positive psycho-social approach focusing more on the person who uses drugs than on the substances themselves. Thus teacher training and pilot projects emphasize the need for building self-esteem and the need for acquiring social and health-promoting decision-making skills.

Social control and social integration have proved to be very important as drug abuse in schools is mainly related to certain risk groups.

PORTUGAL

The interministerial programme called "Life" Project (Project Vida) which includes primary, secondary and tertiary prevention involves the in-service training of teachers.

It is estimated that about 10% of teacher education institutes include health education and drug education in their curriculum.

In 1991, a Project called "Living the School" launched by the Ministry of Education will start and is aimed at developing self-esteem and decision-making skills and extra curricular activities amongst pupils.

UNITED KINGDOM

The UK policy is that young people should be equipped with the knowledge, skills and attitudes to resist pressures to misuse drugs. Education about the effects of drugs is part of the compulsory national curriculum for pupils aged 5-16 in England