

## OFFCUTS

Drug education is not the only health education sector which find it difficult to demonstrate behaviour change. The first randomised trial of school sex education in Britain has also recorded no short-term reduction in sexual activity or risktaking.<sup>1</sup> The SHARE programme consists of a teacher-training course plus 10 lessons each in the third and fourth years of secondary school. This modern programme was implemented in 13 Scottish schools randomly allocated from 25 which volunteered for the research. In most schools, most lessons were delivered but (as with the interactive elements of drug education) teachers often shied away from the skills-based sessions. The 12 control schools carried on with normal lessons, typically much fewer than SHARE and lacking its interactive elements. Pupils answered questions beforehand and at follow up aged 15–16, six months after lessons had ended. Though the programme improved knowledge, there was no impact on behaviour. Just as many children from SHARE schools initiated sex, did not use contraception, and experienced unwanted pregnancies. How well the programme was delivered had no effect on outcomes, suggesting that rather than the teaching, it was the programme itself which failed to improve on normal lessons. Negative findings might be due to the difficulty of further raising the already high level of contraceptive use among the youngsters. However, a more fundamental problem is suggested by the fact that worldwide, just one of the nine other randomised trials of sex education has recorded positive behaviour change outcomes.

<sup>1</sup> Wight D. *et al.* "Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial." *British Medical Journal*: 2002, 324.