

Drug Education

in NSW Primary Schools

Drug

A drug is defined as any substance which, when taken into the body, alters its function physically or psychologically, excluding food, water and oxygen.

The term 'drug' includes a range of substances:

- legal drugs, such as caffeine, tobacco and alcohol
- over-the-counter and prescribed medications, such as tranquillisers (for example, Valium, Rohypnol and Serepax) and analgesics (for example, aspirin, codeine, paracetamol and non-steroidal anti-inflammatories)
- illicit drugs, such as cannabis, heroin, hallucinogens and amphetamines
- other substances used inappropriately, such as solvents and petrol.

Medication

Over-the-counter medications may be purchased from a chemist without a prescription. Prescribed medications require a prescription from a medical practitioner or dentist.



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NEW SOUTH WALES
DEPARTMENT
OF EDUCATION
AND TRAINING





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Why is drug education important in primary school?

Children become aware of drugs from an early age. They gain information and form attitudes about drugs and drug issues from a range of influences including family, friends, peers, school, the community and the media.

Children are strongly influenced by their family environment. They may be exposed to a variety of drugs in their household such as over-the-counter and prescribed medications, caffeine, alcohol, tobacco and occasionally illicit drugs such as cannabis. They also absorb a variety of information about drugs from the media, particularly from television and radio. With increasing access to information technology such as the Internet, children can be exposed to diverse sources of information and a range of opinions about legal and illicit drugs.

The school environment is an important influence in children's lives. Messages from teachers, incidental comments, the types of questions posed as well the way the curriculum is taught, all contribute to children's views about drugs.

A survey of primary age school students in 1993 indicated that 30% of boys and 20% of girls in Years 5 and 6 had smoked a cigarette and that over 2% were regular smokers. Most students had had at least a sip of alcohol at some time in their lives and a quarter of students in this age group had consumed a whole glass of an alcoholic drink. Most students had also used an analgesic tablet or powder at some time. A fifth of students took them once per month and 6% used them weekly.

Early initiation into drug use is a factor that has been identified with subsequent problem drug use. Drug education which aims to prevent, delay or reduce drug use must begin in primary school.



Drug education as part of the curriculum

The school's every day work in teaching literacy and numeracy and providing a supportive environment for students is very important in the prevention of drug problems. Feeling a sense of belonging and experiencing success at school are protective factors against a range of health and social risks, including drug use.

The school can promote a sense of belonging and provide opportunities for experiencing success for all students through its teaching and learning and student welfare programs. A positive school climate and good discipline will provide a safe and supportive environment where all students' personal and social needs are met. The students most at risk of drug use are those who may be marginalised at school because of difficulties in learning or lack of successful experiences.

Drug education programs should begin before young people are likely to be exposed to the harms associated with drug use and before they need to make choices about them. For example, teaching about tobacco needs to occur in Years 3 and 4 as experimentation with cigarettes commonly occurs towards the end of primary school. In this way schools seek to influence developing attitudes to drug use which are relevant to the actual experience of young people while they are of school age.

The Personal Development, Health and Physical Education (PDHPE) syllabus provides the curriculum context for drug education. Drug education has been strengthened in the 1999 syllabus and is clearly defined as one of its key components. Drug education is mainly included in the Personal Health Choices strand. Aspects of drug education, particularly some important skills, are taught within the Safe Living, Interpersonal Relationships and Growth and Development strands.

In the PDHPE K-6 syllabus, drug education in Kindergarten begins with a focus on the safe storage and use of medications and common kitchen substances such as cleaning agents. Issues such as the effects of tobacco and alcohol use, passive smoking, influence of the media, legislation and laws are explored in stages two and three.

The overview on pages 14 and 15 shows the development of drug education content from Kindergarten to Year 6. It also highlights the related content strands within the PDHPE K-6 syllabus. Drug education needs to be taught in every stage so that students have an appropriate progression of drug education lessons from Kindergarten to Year 6.



Information alone may be counterproductive with some students and may even lead to an increase in experimentation. It is essential that students develop skills as well as being provided with relevant information that is accurate and appropriate to their developmental stage. Opportunities should also be provided for students to consider their own values and attitudes as well as those of others. In this way they can begin to act in their own best interests in situations where they may be at risk of harm.

Drug education is not limited to PDHPE. It can also be integrated into a number of other key learning areas such as English and Science and Technology where the teaching and learning activities provide opportunities for students to practise and consolidate skills.

Schools should encourage students to make responsible decisions about the use of medications and caffeine. For other substances, particularly tobacco and illicit drugs, abstinence is the appropriate approach.

Abstinence messages alone are not sufficient for young people who have been exposed to substance misuse or who have already begun using tobacco, alcohol or other drugs. These young people need safety messages about risks, strategies for reducing the risk and ways of reducing and ultimately stopping the use of some drugs.



Should primary schools teach about illicit drugs?

Schools that have identified students at risk of cannabis use may need to consider introducing specific strategies such as individual or small group lessons. This decision needs to be made at the school level and should consider the needs of the particular students.

While solvents are not illicit, in general, classroom lessons about solvents should not be conducted in schools. It is inappropriate to draw the attention of students to particular product names and methods of misuse of these products. Solvents include chemicals that are found in products such as petrol, paint thinners, paint removers, hair spray, air fresheners, lighter fuels and propellant gases used in aerosols such as whipped cream dispensers.

Generally, lessons about specific illicit drugs such as steroids, heroin or amphetamines are not recommended in primary school as this could lead students to the incorrect belief that the use of such drugs is normal and accepted by the wider community. However, where illegal drug use in the local community may be impacting on the school, for example, the regular littering of needles and syringes on school premises, schools may need to consider including issues about illicit drug use into teaching activities.

What drug education approaches have been tried in the past?

The earliest drug education programs concentrated almost entirely on providing students with factual information about drugs and telling them to 'just say no'. This approach assumed a rational response to information about the adverse effects of drugs and adult admonition to say no. It ignored the social context in which drug use occurs and the adolescent stage of development characterised by risk taking. It also provided no opportunity for skills development through which a young person can make reasoned decisions about safe behaviours.

A later model took a more psychological focus addressing individual personality characteristics identified as antecedents to drug use. The development of self esteem was seen as integral to addressing drug misuse. However, there proved to be a poor association between low self esteem and drug misuse.



Current approaches to effective drug education

Current approaches to effective drug education recognise that drug use occurs within a social and environmental context and that family modelling, peer influences and risk taking are key influences. Within this context, drug use is also affected by the individual characteristics of the young person and their stage of development.

Students need to be provided with accurate information and clear messages about the physical, social and legal consequences of drug use. However, accurate information is not sufficient in itself. Students must develop a range of skills such as communicating, problem solving, interacting, decision making and refusal and assertiveness skills. Effective drug education programs allocate significant time and opportunity for young people to practise and acquire these skills so that they are able to make healthy and informed decisions in their lives.

Lessons are particularly effective when they are interactive, using learning strategies such as role play, brainstorming and positive and supportive discussions between students. Such approaches are more effective than those where learning is passive.

Refusal skills in drug related situations need to be part of the repertoire of students' responses well ahead of the time when they may be offered drugs. However, students should not rehearse skills or role play activities where they are offering drugs to other students. Consideration needs to be made as to who takes on these roles. It may be more appropriate for the teacher.

Drug education is likely to be successful when based on accepted principles of good practice. These are listed on pages 10 and 11.



Why is the classroom teacher the most appropriate person to teach drug education?

The classroom teacher is best placed to conduct drug education programs. Teachers have specific knowledge about their students' needs, abilities and the way they learn. They also have knowledge of the students' peer groups and about the community in which the students live.

Classroom teachers have an understanding of the curriculum. They are experienced in using a wide range of teaching strategies, skilled in providing rich learning opportunities and can co-ordinate drug education with other classroom activities to provide effective drug education. They can also provide ongoing support for their students.

Schools may sometimes wish to use visiting speakers. External organisations and individuals can be used to enhance existing, ongoing school drug education programs and procedures rather than to replace them. Teachers should discuss the use of external organisations and speakers with the principal. Principals must ensure that visiting speakers and any material they present complies with the principles and requirements in the *Controversial issues in schools* memorandum. Visiting speakers should not promote the interests of partisan or pressure groups seeking to use the school to advance their causes.




Involving parents and the community

Drug use is an issue for the whole community. Parents, as the primary educators of their children, play a significant role in education about drug use. Since children are strongly influenced by parental role models, it is important that parents are aware of school policies and procedures, how drug education is taught and how drug related incidents are managed in the school.

Schools need to consult with parents on any aspect of drug education which could be controversial within the school community, particularly for some cultural groups. Decisions about the planning, implementation and evaluation of drug education programs are best made in consultation with school communities so that programs reflect local needs.

Community participation can be enhanced by establishing and maintaining networks with local agencies. These include local health workers and the NSW Police Service, particularly those youth liaison officers who have been trained as community drug education officers.



Principles for drug education in schools

1. Drug education is best taught in the context of the school health curriculum.

Ongoing, comprehensive, developmentally appropriate programs support effective learning and also have the capacity to take into account the complex and changing nature of drug related behaviour. Separate and isolated programs do not usually reflect co-ordination, continuity and context that can be provided by programs that have a sound curriculum base.

2. Drug education in schools should be conducted by the teacher of the health curriculum.

The classroom teacher, with specific knowledge of the students and the learning context, is best placed to identify and respond to the needs of students and to co-ordinate drug education with other classroom activities.

3. Drug education programs should have sequence, progression and continuity over time throughout schooling.

Health messages must be regular, timely and come from a credible source. These messages need to be addressed at relevant ages and/or stages of the development of the learner. Complex social skills then build on and reinforce existing skills.

4. Drug education messages across the school environment should be consistent and coherent.

School policies and practices that reinforce the objectives of drug education programs maximise the potential for success.

5. Drug education programs and resources should be selected to complement the role of the classroom teacher, with selected external resources enhancing not replacing that role.

The credibility of the teacher's role in meeting student needs may be compromised where externally developed programs or resources are imposed on schools.

6. Approaches to drug education should address the values, attitudes and behaviours of the community and the individual.

Responsible decisions by students about the use of drugs are more likely where peer and community groups demonstrate responsible attitudes and/or safe, minimal drug use.

7. Drug education needs to be based on research, effective curriculum practice and identified student needs.

Unilateral approaches, such as providing information only about the harmful long term effects of drug use, have failed in many cases because they ignore local needs and were based on unevaluated assumptions.

8. Objectives for drug education in schools should be linked to the overall goal of harm minimisation.

The concept of harm minimisation encompasses a range of strategies, including non-use, which aim to reduce harmful consequences of drug use.

9. Drug education strategies should be related directly to the achievement of the program objectives.

Some strategies are used because they are popular, enjoyable or interesting, but, unless they are also linked to the achievement of the objectives, the value of these approaches is questionable.

10. The emphasis of drug education programs should be on drug use likely to occur in the target group, and drug use which causes the most harm to the individual and society.

Some drugs attract media attention and public concern but these may not necessarily be the most used nor cause the most harm. Generally, the focus will be on use of lawfully available drugs, and the other drug use need only be addressed in particular contexts or subgroups where it is significantly prevalent and harmful.

11. Effective drug education should reflect an understanding of characteristics of the individual, the social context, the drug, and the interrelationship of these factors.

Programs that address just one of these components neglect other significant influences and are likely to have limited success.

12. Drug education programs should respond to developmental, gender, cultural, language, socio-economic and lifestyle differences relevant to the level of student drug use.

Attention to how these factors contribute to harmful drug use will make programs more relevant and meaningful to the target group, and can help to address the motivations for drug use derived from influences such as culture and gender.

13. Mechanisms should be developed to involve students, parents and the wider community in the school drug education program at both planning and implementation stages.

A collaborative approach will help to reinforce desired behaviours through providing a supportive environment for school programs.

14. The achievement of drug education objectives, processes and outcomes should be evaluated.

Evaluation will provide formal evidence of the worth of the program in contributing to short and long term goals as well as to improving the design of future programs.

15. The selection of drug education programs, activities and resources should be made on the basis of an ability to contribute to long term positive outcomes in the health curriculum and the health environment of the school.

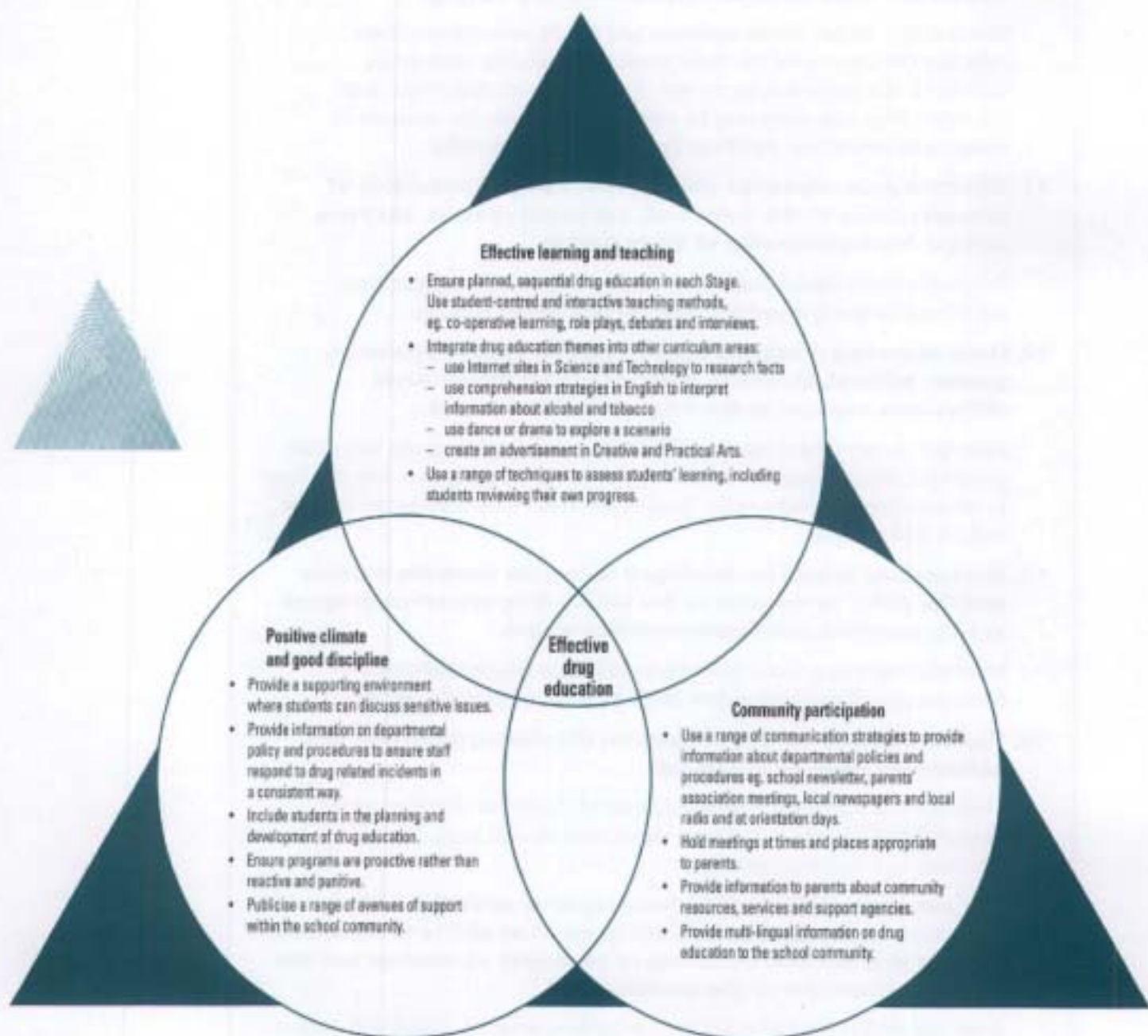
A co-ordinated series of short term programs which is linked with longer term outcomes should be given priority over the superficially attractive stand alone, one off or quick fix alternatives.

Ballard, R et al. Principles for Drug Education in Schools. University of Canberra, Canberra, 1994.



Student welfare and drug education

The Student Welfare Policy provides a useful framework for each school's planning in drug education. The diagram below highlights that the curriculum, school climate and discipline processes and community participation all contribute to the effectiveness of drug education.



Supporting students at risk from drug misuse

Problematic drug use by young people may be associated with underlying school and learning problems, mental health problems, problems in the family or child abuse and neglect.

A young person's vulnerability to drug use may be reduced when there are a number of protective factors such as a supportive family, opportunities for recognition of achievement and a positive school climate. Vulnerability is greater when risk factors such as abuse, school failure, poor attachment to school and bullying increase.

Young people may be particularly at risk at key transition stages in their lives such as the move from primary to high school. Personal support networks, a supportive relationship with a significant adult and 'friendly' community services help to reduce the risk.

Clear school rules and procedures about drugs should be included in the school's student welfare and discipline policies and made known to students, parents and staff.

When the school is concerned that a student may have a drug use problem, the principal should contact the student's parents or guardian. The principal may advise seeking assistance for the student which could include referral to the school counsellor or assistance from the student's doctor or the local area health service. The school counsellor can complement and extend drug education through the provision of counselling assistance to students, advice to teachers and involvement with training and development activities.

Additional school support for a student experiencing drug related problems may include referral to the home school liaison officer, the learning support team or the support teacher behaviour. Other personnel identified in the school's student welfare network could also be utilised such as the multicultural and Aboriginal community liaison officers.



Overview of suggested drug education content and content strands PDHPE K-6 syllabus

Stage	Growth and Development	Interpersonal Relationships	Safe Living	Personal Health Choices	
Early Stage 1	The Body <ul style="list-style-type: none"> looking after the body 	Relationships <ul style="list-style-type: none"> people to go to for help Communication <ul style="list-style-type: none"> expressing needs, wants, and feelings asking help 	Personal Safety <ul style="list-style-type: none"> responding to unsafe situations Home and Rural Safety <ul style="list-style-type: none"> hazards inside/outside home <ul style="list-style-type: none"> poisons/fuels 	Drug Use <ul style="list-style-type: none"> administration of medicines identifying medicines safe use of medicines safe storage of medicines 	Health Services and Products <ul style="list-style-type: none"> health information and services influences of media
Stage 1	The Body <ul style="list-style-type: none"> body care and maintenance 	Relationships <ul style="list-style-type: none"> people to go to for help Communication <ul style="list-style-type: none"> expressing needs, wants and feelings 	Home and Rural Safety <ul style="list-style-type: none"> hazards inside/outside <ul style="list-style-type: none"> poisons/fuels safe handling of substances 	Drug Use <ul style="list-style-type: none"> purpose of medication safe use of medication administration of medicines safe storage of medicines 	Health Services and Products <ul style="list-style-type: none"> people who keep me healthy <ul style="list-style-type: none"> home community products that keep me healthy
Stage 2	The Body <ul style="list-style-type: none"> systems <ul style="list-style-type: none"> functions Values <ul style="list-style-type: none"> definitions of values <ul style="list-style-type: none"> personal values 	Relationships <ul style="list-style-type: none"> support networks Communication <ul style="list-style-type: none"> appropriate expression of feelings communicating feelings and needs assertiveness 	Personal Safety <ul style="list-style-type: none"> safe/unsafe situations identifying and responding to unsafe situations reducing/minimising risks Home and Rural Safety <ul style="list-style-type: none"> safe and unsafe places safety with substances Emergency procedures <ul style="list-style-type: none"> contacting emergency services 	Drug Use <ul style="list-style-type: none"> identifying drugs <ul style="list-style-type: none"> appropriate use administration and storage of medicines alcohol <ul style="list-style-type: none"> effects of tobacco on the body effects of passive smoking labelling of cigarette packets alcohol <ul style="list-style-type: none"> effects on the body labelling of alcoholic products 	Making Decisions <ul style="list-style-type: none"> decision-making process influences on decision making <ul style="list-style-type: none"> family/peers other significant people media feelings and needs of others taking responsibility for one's own decisions risk-taking and decisions Health Services and Products <ul style="list-style-type: none"> health information and services influences of the media

Stage	Growth and Development	Interpersonal Relationships	Safe Living	Personal Health Choices
Stage 3	<p>Personal Identity</p> <ul style="list-style-type: none"> influences on self esteem and behaviour <ul style="list-style-type: none"> family, friends, community media and culture influences of media and culture <ul style="list-style-type: none"> body image gender images and expectations <p>The Body</p> <ul style="list-style-type: none"> body systems <ul style="list-style-type: none"> function interrelationships <p>Values</p> <ul style="list-style-type: none"> importance of values influences on personal values 	<p>Relationships</p> <ul style="list-style-type: none"> changing networks strengthening networks <p>Communication</p> <ul style="list-style-type: none"> assertiveness T messages listening skills conflict resolution and negotiation presenting a viewpoint <p>Peers</p> <ul style="list-style-type: none"> positive peer influence acting on concerns for others 	<p>Home and Rural Safety</p> <ul style="list-style-type: none"> safety with substances reducing and eliminating hazards responsibilities for self and others preventing safety awareness <p>Emergency procedures</p> <ul style="list-style-type: none"> basic first aid - DRABC contacting emergency services 	<p>Drug Use</p> <ul style="list-style-type: none"> definition, legal and illegal appropriate use, administration and storage of medicines caffeine <ul style="list-style-type: none"> effects on the body identification of products role and influence of the media tobacco <ul style="list-style-type: none"> effects on the body effects of passive smoking labelling of tobacco products role and influence of the media alcohol <ul style="list-style-type: none"> effects on the body labelling of alcohol products role and influence of the media effects of drug use for the community <p>Making Decisions</p> <ul style="list-style-type: none"> decision-making process influences on decision making <ul style="list-style-type: none"> family/peers other significant people media feelings and needs of others making health decisions evaluating decisions <p>Health Services and Products</p> <ul style="list-style-type: none"> health information and services influences of the media

Drug education support for schools

District Office

District office personnel are the major support for schools. Drug education consultants can assist staff with the planning and implementation of drug education, providing advice on policy and curriculum support materials, and providing up-to-date information and statistics on drug use. Other staff such as student welfare consultants can also provide advice and assistance.

Resources

There is a range of resources available to support the implementation of drug education in primary schools. *Drug education: an annotated bibliography for K-12*, Department of Education and Training, 1999 was distributed to schools in Term 4, 1999. It provides an extensive list of resources and suggestions for teaching activities. The *K-6 Drug Education Resource* was distributed to primary schools in 1997. It contains a series of lessons focussing on medications, tobacco and alcohol.

Copies of resources produced by the Department may be purchased from Department of Education and Training Sales, PO Box 564, Moorebank NSW 2170, facsimile (02) 9822 7511.



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Drug Education Unit
NSW Department of Education and Training