

Young People AND Drugs!

a guide for school
staff to support
students

2007



Drug Prevention Programs

Young people and drugs: a guide for school staff to support students

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Introduction

The purpose of this resource is to help schools maximise support for young people at risk of misusing drugs. It will assist schools to implement appropriate prevention and intervention strategies, and to identify and support young people who may be experiencing drug use problems. The resource will help schools to access drug and alcohol information and treatment services, as well as link families and young people to appropriate support services.

Young people and drugs: a guide for school staff to support students is intended to be of particular use to school executive and teachers with specific student welfare responsibilities, in consultation with the school counsellor.

Overview

Drug use by young people is a matter of concern for parents, educators and the community because of its potential for harm. While most young people who experiment with drugs do not become problem drug users, some will experience difficulties. Drug misuse is associated with increased risk of adverse educational, social and health outcomes. Early and heavy use of alcohol and illicit drugs are associated with early school leaving, unplanned parenthood, unemployment, criminal behaviour and mental health problems including depression and suicide.

Drug misuse is not an isolated behaviour determined solely by an individual's choice, but is shaped by a range of influences including individual characteristics, family influences, peer influences and environmental factors such as advertising, legislation, and law enforcement. There are a number of influences associated with schooling and these include a low commitment to education, poor school achievement, early school leaving and suspension from school. Prevention strategies for drug use and misuse need to take account of the range and complexity of these interacting influences.

Schools are recognised as protective environments for vulnerable young people. They can play an important role in preventing drug misuse by providing a safe and supportive environment, a curriculum that engages students and is relevant to their needs, and by encouraging young people to stay at school.

Schools can play a role in early intervention for students who experience drug use problems by providing support at school, and linking students and their families to relevant community agencies. Problems may then be reduced or eliminated before they become entrenched.

About the resource

Young people and drugs: a guide for school staff to support students, consisting of a booklet and a CD-ROM, was published and distributed to schools in 2003.

Young people and drugs 2007 has been revised and updated for publication on the intranet. It provides background information for schools on adolescent drug misuse including the risk factors for drug misuse and the relationship between drug misuse and mental health disorders. The focus of the booklet is the role of the school in preventing drug use problems and implementing appropriate intervention when a drug use problem has been identified. The booklet also provides information about useful resources, programs and services to support young people with drug use problems.

This intranet version includes *Professional support materials* and a PowerPoint presentation with suggested professional development activities to highlight key elements of the booklet and to facilitate its use by staff.

Section 1 Young people and drug misuse

Drug misuse

While many young people may try drugs, not all will go on to experience problems related to their drug use. Drug misuse refers to use that is risky or harmful to the wellbeing of the person. A person misusing drugs may not necessarily meet the criteria for a diagnosis of drug dependence or abuse. Dependence means that the person has difficulty controlling his or her drug use, and continues to use despite adverse consequences (World Health Organisation 1994). Misuse of drugs by young people may be associated with educational, relationship, mental health and legal problems.

Drug misuse during adolescence can be of particular concern as this is a time of cognitive and emotional maturation. Recent research (White 2003) indicates that brain development continues into early adulthood. Brain functions such as self-control, judgement, emotions and organisation undergo the greatest changes during adolescence and are shaped by experience. As a result, decisions made by adolescents, such as to consume excessive amounts of alcohol, may influence their consequent brain development.

Young people who are heavily involved in drug use may be unable to reason or behave like a same-age peer (Spooner et al. 1996) as a result of delayed maturation. Heavy drug use during adolescence may interfere with the accomplishment of important developmental tasks, including acquiring interpersonal and educational skills, learning to take on responsibilities at home and at work, and forming a prosocial personality.

People working with these young people need to be aware of this maturational lag as it means they will need to modify expectations and assist in such tasks as weighing up options for 'risky' behaviour. The young person may also need assistance with other developmental tasks such as vocational, social and intrapersonal skills to 'catch up' with other adolescents. It cannot be assumed that adolescents who misuse drugs will simply grow out of their predicament.

Relationship between drug abuse, mental health disorders and sexual abuse

A survey conducted in Australia in 1997 collected data on the incidence of mental health and drug use disorders in a representative sample of the adult population (Australian Bureau of Statistics 1998). Results showed about one in four persons with a mental health or drug use disorder also had at least one other mental health disorder. Among people in treatment for drug use disorders, nearly half may also suffer from symptoms of depression or anxiety.

Compared with other age groups, young people aged 15 to 24 years are particularly likely to suffer from a combination of drug use disorders and mental health disorders. The presence of a psychiatric disorder increases the likelihood of progression from drug use to abuse or dependence. Mental health disorders, complicated by alcohol and other drug use disorders, have a poorer prognosis for treatment, and are more likely to become chronic and disabling.

A number of studies has also reported an association between suicidal behaviour and adolescent drug use (Lloyd, 1998). The drugs most commonly associated with suicide in the 15 to 24 years age group were alcohol and cannabis (Commonwealth Department of Health and Aged Care, 2001a). This association is most likely related to an increase in impulsive suicide owing to the short term effects of intoxication.

Other underlying factors that may be associated with drug misuse include a history involving abuse, neglect or family violence/dysfunction. These problems need to be addressed as well as the drug use. A strong relationship between child sexual abuse and drug abuse, especially among females, has been identified (Lloyd 1998). Some evidence suggests that children who have been sexually abused suffer from an abnormally poor self-image that affects the socialisation process. Alcohol or drugs are used to deal with the emotional pain of the abuse and the resulting problems (Spooner et al. 1996).

Signs of a mental health problem

- Feelings of sadness or depression.
- Thoughts of self harm.
- Hearing 'voices' or having strange thoughts.
- Feelings of anxiety or great fear that persist after cutting down or quitting.
- Nightmares, anxiety or fear associated with violence or abuse in childhood, or trauma.

Alcohol and Drug Training and Research Unit (1999)

Risk and protective factors

Environmental and individual characteristics (risk factors) have been identified that may contribute to some young people being particularly vulnerable to developing problematic drug use. Other factors (protective factors) have been shown to protect individuals from developing drug use problems by strengthening their resilience or capacity to cope with adverse circumstances.

School related risk factors include a high rate of absenteeism and truancy; school failure and academic difficulties; a lack of commitment to schooling; and school transitions to a more impersonal, more anonymous and less protected environment. Some of these risk factors may be influenced by a curriculum that does not meet a student's needs, or by a student feeling alienated and not belonging at school, perhaps by being the victim of bullying or racism.

The number of risk factors is more predictive of adolescent drug use and misuse than any single factor. There are multiple pathways that can lead to drug misuse by young people. It is the net effect of the combination of risk and protective factors that predicts drug abuse (Spooner et al. 1996).

Prevention and intervention programs generally aim to modify risk factors or enhance protective factors. Strategies that aim to prevent or reduce drug misuse need to take account of the range and complexity of risk and protective factors, and the interactions between them. The range of risk and protective factors means that effective prevention strategies require a collaborative approach from the whole community.

Table 1 summarises the risk and protective factors for adolescent drug abuse.

Table 1: Risk and protective factors for adolescent drug abuse

Risk factors	Protective factors
<i>Individual</i>	
<ul style="list-style-type: none"> • A prior history of personality problems, especially related to anger, aggression, impulsivity or depression • Biochemical or genetic predisposition • School failure and academic difficulties – lack of commitment to schooling • Involvement in other problem behaviours, including precocious sexual activity, criminal or delinquent behaviour • Truancy and school absenteeism • Early initiation into drug use • Rebelliousness/alienation – lack of social bonding 	<ul style="list-style-type: none"> • A sense of self efficacy and personal responsibility • Well developed social and interpersonal skills • Adequate decision making skills and intellectual abilities • Academic success and commitment to schooling • Conventionality – cooperative, eager to please, conformist
<i>Interpersonal</i>	
<ul style="list-style-type: none"> • Distant or hostile relations with parents or caregivers • Family management problems • Familial disruption, reconstitution, and marital conflict • Favourable parental attitudes and involvement with drug use • Family history of drug abuse • Membership of a peer group or friendship group that encourages or tolerates drug use • Childhood physical and sexual abuse 	<ul style="list-style-type: none"> • Having at least one close relationship with a parent, teacher, relative or mentor who can provide both guidance and emotional support • Strong attachment to parents • Membership of a peer group that actively discourages drug use and encourages academic, athletic or artistic accomplishments as routes to popularity and status
<i>Institutional/community</i>	
<ul style="list-style-type: none"> • School transitions that involve movement into a more impersonal, more anonymous and less protected environment • Involvement in the part time labour force in excess of 20 hours a week, in addition to school • Lack of access to meaningful roles in the community • Low neighbourhood attachment and community disorganisation • Growing up in poverty • Availability of drugs 	<ul style="list-style-type: none"> • A sense of bonding to school and other societal institutions, e.g. religious affiliation • An acceptance of society's values and expectations for behaviour

Source: Based on findings by Steinberg 1991; Fuller 1998; Spooner, Mattick and Howard 1996.

Section 2

What can schools do to support students with drug use problems?

Some young people at school will experience problems as a result of drug use. Schools have an important role to play in identifying and supporting these young people. Intervening early may help to reduce and or eliminate drug use problems before they become established.

This section provides guidelines to assist school executive and teachers with welfare responsibilities to:

- 1 Identify when students might have a drug use problem
- 2 Talk to young people about possible drug use
- 3 Provide appropriate school based support or link students to specialised services.

Contact with drugs does not necessarily indicate serious problems or the need for professional help. Teachers can provide support for young people at school through ongoing interest in their welfare, additional support in literacy and numeracy, and effective drug education. Provision of extracurricular activities may boost a sense of achievement and belonging as well as provide opportunities to develop social skills. Teachers might support a student by providing information about the health, legal and social consequences of drug use. At other times teachers may refer students to the school counsellor for more individualised assistance and support.

When students appear to have serious problems with drug use they should be referred to the school counsellor for assessment. The counsellor may refer the student to a specialised alcohol and other drugs counselling service.

It may be advisable to discuss with the school counsellor how to proceed before talking with the young person directly, as some teachers may not feel confident to approach a student and discuss sensitive issues such as drug use.

Teachers have a duty to take reasonable care to protect children and young people against risks of harm which should have been foreseen. They should report, through their principal, concerns about the safety, welfare and wellbeing of students.

1 Identifying when students might have a drug use problem

Cautionary notes

When considering whether changes in a young person's behaviour might mean that they are using drugs, it is important to remember the following:

1. Many observed behavioural changes which are recognised as signs and symptoms of drug use may be due to other causes and are relatively common features of some young people's behaviour. It is important not to jump to conclusions without checking the facts first.
2. Drug use is not necessarily drug abuse. The proportion of adolescents who develop significant problems associated with drug use is relatively small compared with the total number of users.
3. Research has found that the strongest predictor of increased drug use is the effects of being labelled a 'drug user'. In other words, drug use increases as a result of getting into trouble for initial drug use. There are three identified pathways by which negative social sanctions can lead to an increase in drug use (Spooner et al 1996).
 - The drug user perceives the label as a positive thing, enabling more positive self-evaluation and self-acceptance.
 - The drug user is alienated from society by being labelled and is no longer motivated to conform or belong to that society.
 - The drug user has less opportunity to socialise with non drug users as a result of alienation, and consequently increases involvement with drug using groups.

Drug misuse may have an impact on learning and participation in school. Teachers are usually the primary adults who participate in the life of children outside the family. They can readily identify atypical behaviour, and recognise when students are not learning and may be experiencing difficulties with other aspects of their lives.

Possible indicators of drug use problems

There is a range of possible indicators that may suggest young people are experiencing drug use problems.

- *Changes in physical wellbeing or appearance*

This can include such things as loss of weight, changes in eating patterns, slurred speech, sluggish reactions, sweating, dilated or constricted pupils, bloodshot eyes, excessive talkativeness, euphoria, nausea or vomiting. Drug use can cause a loss of personal pride and lack of interest in appearance and hygiene.
- *Mood swings or significant personality change*

The student may change from being placid or well mannered to noisy, abusive and defiant or vice versa. Often there is an increase in manipulative behaviour, characterised by bargaining, lying and deceitfulness. Erratic mood swings and inability to manage strong emotions, particularly anger, can also indicate a drug related problem.

- *Loss of initiative*

There may be a general loss of initiative and energy in areas that the young person used to enjoy such as sport and music, and withdrawal from social and family activities.

- *Decline in academic performance*

There may be a noticeable deterioration in the student's work and/or increased absenteeism. Increased inattentiveness and falling asleep in class may indicate a drug use problem.

- *Increased need for money and secrecy*

A young person who is dependent on a drug may have an increased need to finance his or her habit. Disappearance of possessions from home may indicate a drug abuse problem. Young people may also trade belongings and sexual favours for drugs.

- *Intoxication*

This state results from a person ingesting a quantity of a drug which exceeds his/her tolerance (the amount they are used to) and which produces behavioural and or physical abnormalities (Mooney 1996). Intoxication may indicate a drug use problem, depending on factors such as the frequency of occurrence and the context of use.

2 Talking to young people about possible drug use

Confidentiality

Issues of trust and confidentiality can arise when teachers discuss possible drug issues with young people. Teachers cannot guarantee confidentiality if matters are discussed that would oblige them to report their concerns about the welfare and safety of the young person to the principal. Teachers should discuss with the principal behaviours that need to be reported and the procedures for doing so.

At the outset of any discussion, teachers should advise students of the limits to the confidentiality that can be offered so that the student knows the possible consequences of disclosing information about their drug use and that of others.

Teachers should also advise students that there are limits to the help they can give and that they may need to refer the student for more specialised assistance. The student should be informed before further advice is sought.

Teachers sometimes express concern about how to initiate a discussion with a young person about possible drug use. When adults talk to young people about drug incidents or drug use, the discussion may be dominated by the adult, who lectures and questions a resentful and uncommunicative adolescent.

The following guidelines are offered as a way of obtaining a clearer understanding of the situation and encouraging effective two way communication.

Before approaching students

- Consider carefully who is the best person to approach the student. There may be another staff member, such as the school counsellor, who has good rapport with the student or who is more experienced in working with student problem behaviours.
- Make sure that the young person is not intoxicated when you approach him or her, as he or she will not be able to respond appropriately or remember accurately what is discussed.
- It may be advisable to check if other staff members are concerned about the student, while taking care not to divulge any confidential information.
- Choose an appropriate time and place so that the student is not embarrassed in front of other students or teachers. Allow enough time for a full discussion, out of hearing range of others, and with minimal interruptions.

Discussing concerns with students

- Stay calm and take a reasoned approach. This will help to prevent the young person becoming defensive or angry.
- Express only concerns that can be supported with facts, and do not act on assumptions. State your concerns and ask calmly whether they are justified. Describe or comment on the behaviour without drawing unsubstantiated conclusions. For example:

I've noticed you have difficulty concentrating in class and you're not making any effort with your school work lately (or other relevant observations). What do you make of this? OR Other people are concerned about your... (describe behaviour). In what ways are you concerned about it?

- Encourage the student to talk, and listen carefully to what he or she has to say. Doing all the talking, threatening, or carrying out an interrogation is not a good way to express concern or help young people. Avoid concentrating on disciplinary consequences and trying to change their behaviour.
- Avoid being judgmental or moralising. Convey a caring attitude and an interest in the reason/s for the young person's behaviour. You may need to take into account that the young person has decided that the drug is doing something good that outweighs, for them, the possible harms. Explore possible harms of drug use but focus discussion on the student, not the drug.
- Generalise the student's behaviour without condoning or passing judgment on it. Say, for example: *Other students worry about their drug use too (worry that their drug use is affecting their lives etc.). It's good that you want to talk about it.*
- Don't give inaccurate information or exaggerate the risks involved. 'Scare tactics' do not work as students know from their own experience and observations that drug use does not always lead to negative consequences. Using such tactics reduces the credibility of the person trying to help.

Concluding the interview

- Suggest that the student seeks further advice or help from the school counsellor, another teacher, or parent where appropriate.
- Advise the student if the circumstances warrant a referral to the school counsellor or seeking further advice from executive staff.
- Offer information, such as pamphlets with drug facts, and the telephone numbers of appropriate information and support services such as the Alcohol and Drug Information Service and the Kids Help Line (refer to page 33).
- If the discussion reveals that the student has a problem that is unrelated to drug use, offer appropriate advice and school assistance to the student.

When a student is reluctant

- If the young person does not respond to overtures to discuss concerns about possible drug use, respect their right to privacy and do not try to force the issue as this may cut off future lines of communication.
- Remain friendly and non-confrontational as pressuring the student may increase defensiveness and delay change. Offer information, such as pamphlets about drug facts, and support services.
- Monitor the student's progress and offer appropriate support in other relevant areas.

3 Providing support

Young people may be reluctant to accept help or may feel that other problem areas in their life are more pressing than any specifically related to drug use. They must first recognise that they have a problem and then decide that they want to do something about it. School counsellors and teachers can help young people make such a decision by working with them in a non-judgmental and empathic manner.

Overview of the Stages of Change model

A useful model for understanding and assessing a young person's readiness to change drug use behaviour is the model developed by Prochaska and DiClemente. It explains how changing established behaviour can be difficult and that sustained support may be needed to do this. One part of the process of change is for the user to weigh up the costs and benefits of drug use. Highlighting the discrepancy between costs and benefits can help the user decide to change and be willing to accept help. Assessment of the stage of change that the young person has reached influences the choice of effective intervention strategies.

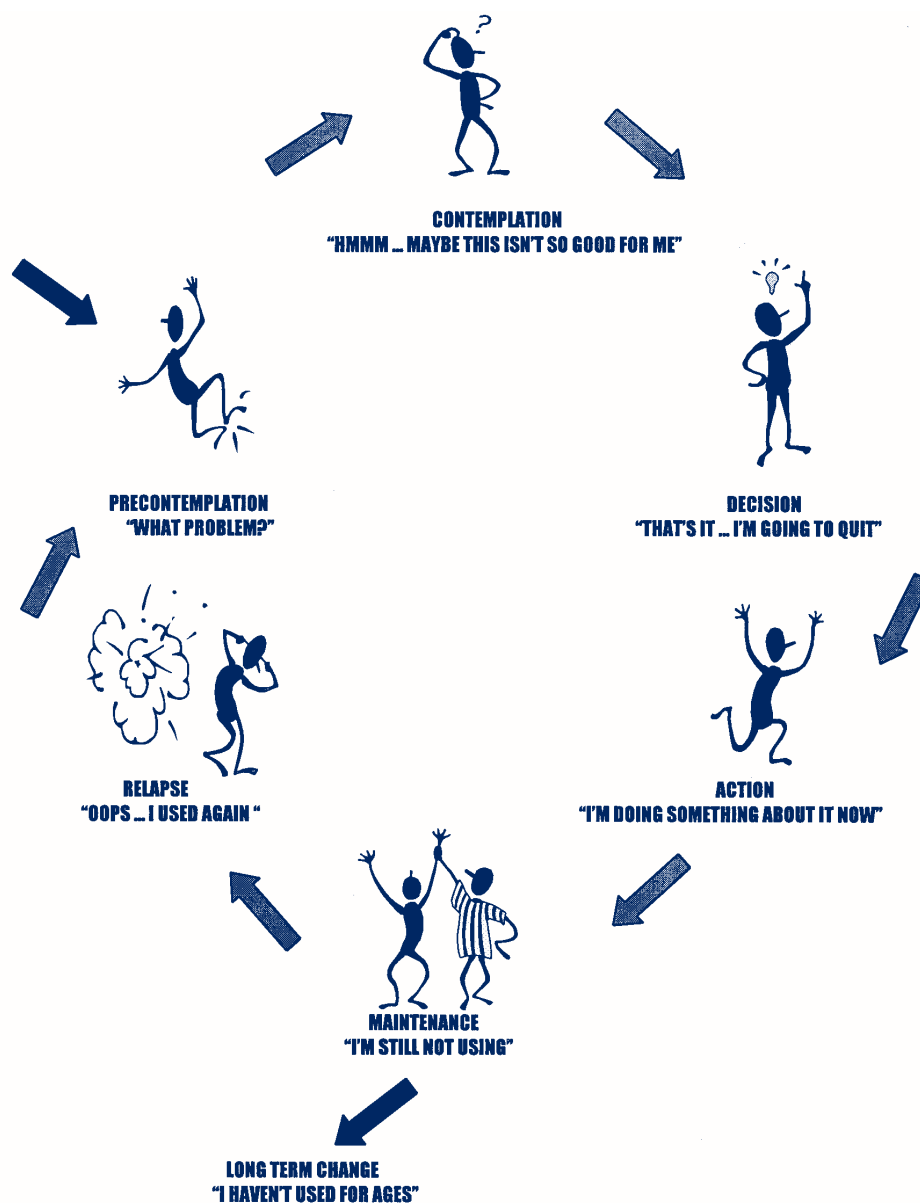


Figure 1: Model of the cycle of change

Source: Mentha, H. (2001) *Getting out of it: How to cut down or quit marijuana*.

Table 2: Possible intervention strategies for the Stages of Change

Stage of change	Strategies
<i>Precontemplation stage</i>	
<p>The user cannot see that the drug use is harmful. People at this stage are often called 'happy users' as they are not yet ready or willing to change their behaviour.</p>	<ul style="list-style-type: none"> • Provide information such as pamphlets, and contact details for counselling services and websites. • Discuss harms of drug use and give information on safer drug use. • Remain friendly and available to assist in the future.
<i>Contemplation stage</i>	
<p>The user recognises that he or she is having problems, but is not sure what to do about it.</p>	<ul style="list-style-type: none"> • Help the young person weigh up the costs and benefits of the drug use. • Assist movement towards the action stage by highlighting the discrepancy between costs and benefits. • Refer to school counsellor to assist motivation to change.
<i>Action stage</i>	
<p>The user puts plans into action and is enthusiastic about changing.</p>	<ul style="list-style-type: none"> • Refer the young person to school counsellor or a treatment service. • The counsellor helps the person to set and monitor goals and make a plan to change their drug use. Give encouragement, assists in problem solving and developing alternatives to drug use.
<i>Maintenance stage</i>	
<p>The user puts new skills and knowledge into action to maintain change.</p>	<ul style="list-style-type: none"> • Identify high risk situations when the young person might start using again. • Develop alternatives for coping with these, such as healthy lifestyle activities. • Encourage the young person to put new skills and knowledge into action.
<i>Relapse stage</i>	
<p>The user resumes drug use. This is a normal part of changing addictive behaviours and is more likely to happen when the drug use has been prolonged. The person can learn from his or her mistakes and try again. The ultimate goal is to stay at the maintenance stage.</p>	<ul style="list-style-type: none"> • Reframe relapse as a learning experience and temporary setback. • Use a support service or support person. • Implement a plan for managing setbacks. • Encourage the person to try again.

Referral to the school counsellor

Where teachers are concerned about a student's drug use, they should refer to the school counsellor for advice about the need for an assessment. The school counsellor is the most appropriate person within the school to carry out an initial assessment. Factors which would be considered in an assessment include patterns and style of use, level of dependency and safety, polydrug use, and associated health, family and school problems.

A proper assessment is crucial in determining an appropriate intervention. A student suspended from school for possession or use of an illicit drug may not have a drug problem that needs treatment. While this behaviour cannot be ignored, as it is illegal and potentially harmful, the intervention for this student may be very different from that for a student whose drug taking is hazardous.

Students should be referred to the school counsellor when:

- the student has been suspended for possession, use or distribution of illicit drugs
- the drug use behaviour is associated with high levels of risk to the student
- the student appears to be drug dependent
- the student's drug use is causing serious interference with their functioning at school and in the community
- the student's drug use is associated with other problems such as behaviour, mental health or family problems.

School counsellors have additional training which enables them to support students who have drug and alcohol problems, and to develop their motivation to change behaviour. They can assist in the development of a support plan for a student at risk. School counsellors are also able to assess the severity of the problem and determine when students should be referred to more specialised services. The school counsellor should initiate all referrals from schools to outside agencies.

Example of a referral to the school counsellor

A male student in Year 11 was referred to the school counsellor after suspension for violent behaviour towards another student. The student had a history of poor school adjustment and behaviour problems, including previous enrolment in a special class for students with emotional problems. Family history was characterised by physical abuse and a lack of parental care.

During counselling the boy revealed that he used cannabis several times daily, and that sharing drugs was part of his peer culture. The school counsellor considered that the boy used drugs to self medicate for stress and emotional problems, and was likely to be cannabis dependent.

As the boy was motivated to reduce his drug use, the school counsellor referred the student, through his family, to the Local Area Health Service Drug and Alcohol (D&A) coordinator for treatment. A D&A counsellor also worked with the student to address his mental health issues.

The school counsellor played a continuing role in encouraging the student to complete his D&A counselling, supporting him to remain at school until completion of the HSC, and giving assistance in mental health areas such as anger management and emotional control.

Because school counsellors work within the school setting, and are readily available to assist young people, they (or other familiar professionals such as youth workers and teachers) are often the only means of support that young people will accept, even though referral to an external agency may be appropriate. School counsellors will continue to work with young people and encourage them to access appropriate services.

Involving parents and caregivers

In general parents/caregivers should be informed and involved when their children are misusing drugs. Their support may be vital in helping their children overcome drug problems. Consideration, however, needs to be given to privacy rights of children and young people, particularly in the case of students aged 16 years and above, before disclosing their actions to a parent/caregiver. Refer to the Privacy Code of Practice for additional details.

When school executive or student welfare staff need to inform parents/caregivers about their child's involvement with drugs, or enlist parental support for a student with drug use problems, the following guidelines may assist.

- Inform parents/caregivers in ways that will not increase their anxiety and cause more problems. Help them to stay calm, do not over dramatise the situation, and consider the situation realistically and constructively. If appropriate, reassure them that, although many young people experiment with drugs, few develop serious problems.
- Assure the parents/caregivers that their child's welfare is the school's prime concern, and that problems should be dealt with to ensure the child's education is not disrupted.
- Help the parents/caregivers establish the facts and to clarify their concerns. Assist the parents/caregivers to explore the consequences of possible actions for themselves and for their child. For example, they may need to think about how their child would cooperate with a referral for more specialised help.
- Listen to the parents/caregivers and take note of their concerns. Allow the parents/caregivers to express their feelings and explore whether they know how their child feels about the situation.
- Encourage the student to talk to their parents/caregivers and involve the student in making decisions and forming an action plan. If the student does not consider his or her drug use to be a problem, advise concerned parents/caregivers to seek help for themselves through the local area health service or a community organisation such as Family Drug Support (refer to Section 4, page 30).
- Discuss general issues about young people and drugs, and give information that helps the parent/caregiver make an informed decision about what to do. Refer them to a drug information service if they need further assistance or information (refer to Section 4).
- Encourage parents/caregivers to be positive about their child and what can be done.
- Appreciate that parents'/caregivers' attitudes to drug use will be spread across the whole spectrum of community attitudes.

Referral to specialist health, and drug and alcohol services

School counsellors can facilitate referrals to a government or (government funded) agency at the request of the individual concerned. Wherever possible, a range of options should be presented to the individual and to his or her family. The school counsellor may recommend referral to a specialised service, such as a drug and alcohol service, a youth service or a mental health service.

It is important to consider the young person's needs carefully before facilitating referral to an alcohol and drug treatment program. Apart from the danger of stigmatising the young person, there are other important considerations including:

- many treatment programs are for older, dependent users, with the consequence that the young person may be exposed to more established drug users

- not all agencies have counsellors specialising in the needs of adolescent clients
- long term treatment programs may not be appropriate for young people
- the student may have mental health problems that must also be considered
- drug problems don't always require drug 'treatment'. Other programs that provide social skills training or the opportunity to improve academic achievement may be more effective and appropriate.

The school counsellor may be involved in aspects of the management of the intervention and would generally serve as the school's contact person with other agencies.

Early intervention in collaboration with a specialist agency

The Ted Noffs Foundation (TNF) provides an alcohol and other drugs counselling service to a number of government high schools. Counsellors from the TNF visit each school on a regular basis and offer individual and group counselling for students who are experiencing difficulties with drug use or who are concerned about drug use among families and friends.

The roles and responsibilities of the schools (including school counsellors) and the TNF counsellors, including referral of students and confidentiality, are clearly defined before the service commences.

The counselling service is oriented towards reducing risk factors and promoting protective factors in relation to drug abuse. The program's activities are skills based, with participants learning new strategies to manage their lives more effectively.

Drug and alcohol support services may offer different types of treatment with varying aims and methods. Some aim for the user to become drug free while others are directed towards harm reduction, where the user achieves a safer level of use. Some treatments use individual counselling, which can take many different forms, while others use group therapy. There is a range of self help groups, such as Alcoholics Anonymous, which are controlled and run by their own members and often provide support services.

Other forms of treatment involve using chemical agents to assist with withdrawal or maintenance. Examples include methadone maintenance programs and heroin withdrawal. Withdrawal or detoxification can also be achieved without chemical assistance, but should be undertaken slowly under medical supervision.

Supporting students whose parents use drugs

During their upbringing, children whose parents/caregivers misuse alcohol and other drugs may learn to keep thoughts and feelings to themselves and not to trust others. The effects of growing up in such a household can be wide ranging and damaging. For example, where there is no underlying trust between the parent/caregiver and young person, normal adolescent behaviour of questioning and challenging of adult values may be more extreme. Some young people take on adult roles at an early age, such as parenting younger siblings, and may become overly controlled and perfectionist (Johnson Institute 1993).

Another major effect of the misuse of alcohol or other drugs by parents/caregivers is that it provides a poor model of how to solve life's problems. Children of drug dependent parents/caregivers are more likely to develop drug use problems themselves and to choose partners with drug use problems.

Teachers can provide support for young people who approach them concerning parent/caregiver drug use. While referral to the school counsellor or other health professionals is advisable, teachers have a role to play as an adviser and concerned adult. If approached by a student to discuss issues of family drug use, there are some useful things that a teacher can do (Mooney 1996).

- *Reframe perceptions of disloyalty*
Acknowledge that young people may feel disloyal in speaking of their parents' or caregivers' drug use, but help them to see that their behaviour indicates care and concern as well as a desire to find helpful ways of dealing with the situation.
- *Encourage discussion*
Talking to someone else helps put things in perspective, encourages feelings of connectedness and releases stressful emotions. Young people can be informed about telephone help line services listed in the information section on page 33, for confidential support and advice outside school hours.
- *Advise young people to seek support from significant others*
Young people should be encouraged to seek support from a trusted relative or family friend, if possible. Apart from acting as an advocate on their behalf, the support person may be able to provide a safe refuge in cases where the young person needs emergency accommodation.
- *Encourage young people to avoid behaviours that support the drug use*
Young people should be advised not to protect the parent/caregiver from the consequences of drug use by such things as covering up absences and sickness, cleaning up after the parent/caregiver and contributing money. They should also avoid trying to control the drug use by, for example, removing alcohol, as this may provoke hostility and does not lead to any positive change.
- *Promote a positive outlook*
Help the young person to stay involved in school and community life, and to participate in activities that are enjoyable and rewarding. Encourage him or her to be positive about the future and to make practical plans.
- *Report suspected risk of harm related to abuse and neglect*
The Department of Education and Training requires that where staff have reasonable grounds to suspect risk of harm to a child or young person, a report must be made to the Department of Community Services (DoCS) (refer to Section 5, *Protecting and Supporting Children and Young People*, NSW Department of Education and Training 2000).

Helping students to be nonsmokers

Tobacco smoking is the single largest preventable cause of premature death and disease in Australia and accounts for 82 per cent of drug related deaths. Eight out of ten new smokers are children or adolescents, with most starting during their early secondary school years. In NSW, approximately 10 per cent of students aged 16 to 17 years smoke daily (Lovelace et al. 2001).

Nicotine is a highly addictive drug and many smokers who wish to quit have difficulty with withdrawal symptoms.

School based intervention programs have a valuable role to play in helping students to quit smoking and reduce exposure to health risks.

Suggested school checklist for promotion of nonsmoking

Our school:

- ✓ is smoke free
- ✓ provides support to students who need help to quit smoking
- ✓ has a discipline policy that covers breaches in our smoking policy
- ✓ has a PDHPE program which covers smoking across all relevant school years
- ✓ uses teaching and learning resources such as *Smoke screen*.

Adapted from Hunter Centre for Health Advancement (2001)

There are several strategies that schools can implement to promote nonsmoking behaviour and support students who wish to quit.

- Review the school's policy on smoking to ensure students are aware of the rules and the consequences of smoking at school. Do not automatically suspend students for the possession or use of tobacco at school as tobacco is not an illegal substance.
- Review the school's approach to tobacco education in PDHPE.
- Provide information about, or access to, an external agency such as QUIT or the Local Area Health Service. The QUIT national help line number is 13 78 48.
- Form a school based quit group where students are able to support each other. Consider an incentives program for students who quit, using certificates, awards or vouchers as positive reinforcement.
- Use *Smoke screen: a smoking prevention resource*, for Stage 3 and Stage 4 students, *Healing Time: Stages 2 and 3 drug education resource for Aboriginal students* or *The Critics' Choice*.
- Display anti-tobacco posters and stickers, and use bookmarks and small stickers supplied by the Department.
- Encourage Student Representative Councils to consider ways to advocate for nonsmoking amongst young people.
- Promote and participate in nonsmoking events e.g. National Youth Tobacco Free Day, World No Tobacco Day, *The Critics' Choice*.
- Refer students to the school counsellor if there appears to be underlying issues related to their smoking.
- Encourage parent/caregiver support and involvement in cessation programs or counselling.

Other school programs and support

Some students experiencing problems with drug use may also be having difficulties at school such as:

- behaviour problems
- poor school attendance
- poor peer adjustment
- bullying
- poor school attainment
- disengagement from school.

These problems may be contributing factors to the student's drug use. Referral to relevant supports within the school and the region should be made to ensure that appropriate programs to assist the student can be developed and implemented. Relevant support personnel might include:

- support teacher learning assistance (STLA)
- regional behaviour team
- home school liaison officer
- Aboriginal community liaison officer
- multicultural community information officer.

The school needs to consider what mechanisms are in place to ensure staff and students recognise sex based harassment, homophobia, bullying and other forms of violence, treat it seriously, and actively work towards its elimination. Student welfare strategies, such as peer support, buddy programs, mentoring, and peer mediation programs should also be considered.

Section 3 What can schools do to prevent drug use problems?

The school's everyday work in promoting a safe and supportive school environment where students' social, emotional and learning needs are met, is important in the prevention of drug use problems.

The three focus areas of student welfare provide a framework for prevention of drug use problems.

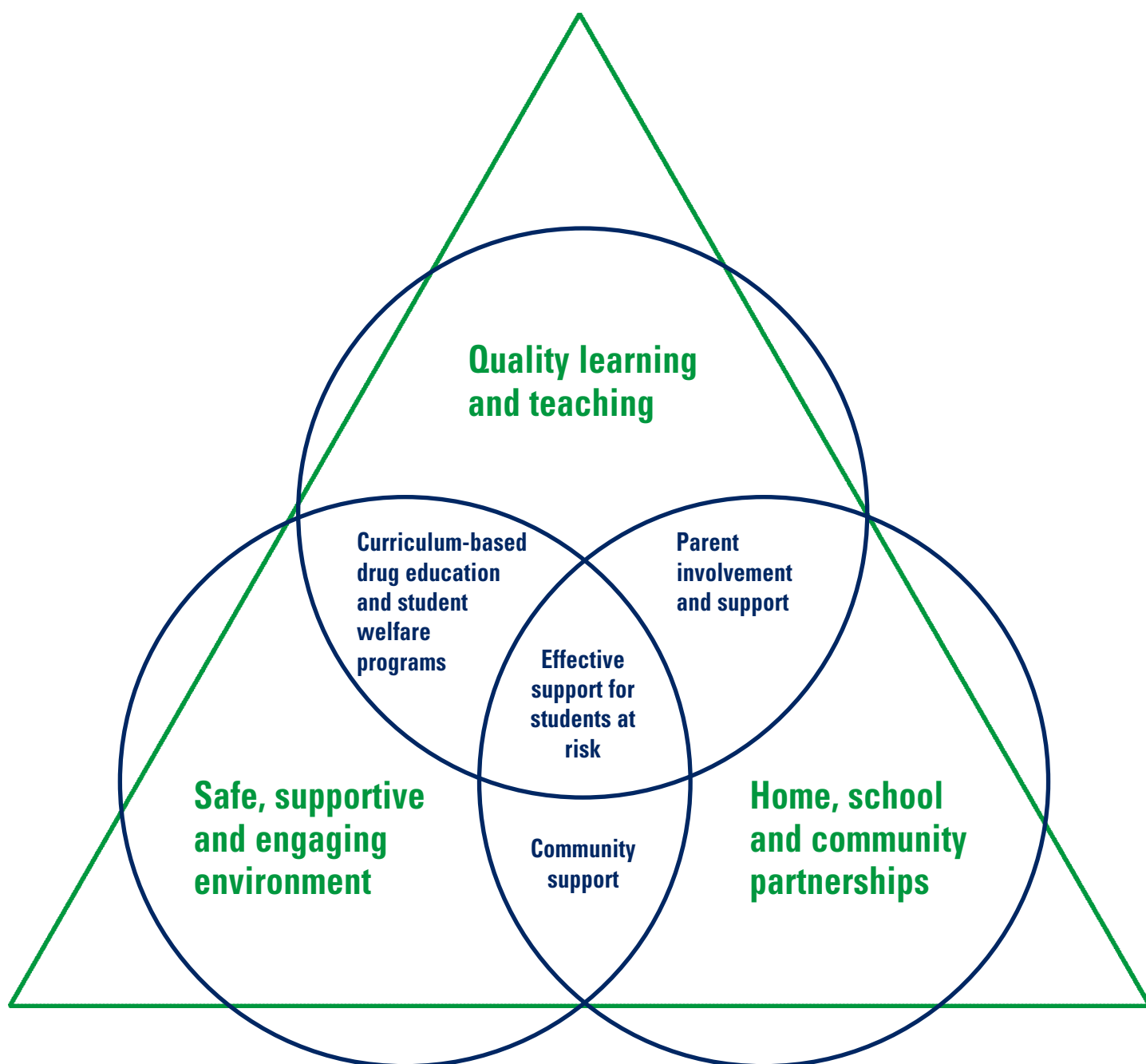


Figure 2: A drug prevention framework

1 Safe, supportive and engaging environment

Schools can play an important role in strengthening protective factors and minimising risk factors by implementing whole school strategies that promote a safe and supportive school environment. The following strategies will help schools promote protective factors known to contribute to the reduction of the risk of drug misuse among young people.

Promote a sense of belonging at school

Experiencing a sense of belonging and success at school can help protect young people against a range of health problems such as depression, anxiety and drug misuse. Strategies that promote a sense of belonging and provide opportunities for success include:

- providing a flexible, relevant, inclusive and appropriate curriculum
- implementing policies and strategies to prevent and manage bullying, harassment, racism and homophobia
- monitoring school attendance and implementing strategies to optimise attendance
- implementing activities and programs to build positive relationships and improve communication between all members of the school community
- providing opportunities for student leadership and participation in school decision making
- encouraging parent involvement in school programs and activities.

The *Student Leadership is for Koori Kids* (SLIKK) program is an example of an initiative to enhance protective factors for Aboriginal students by increasing connectedness to school.

SLIKK – Student Leadership is for Koori Kids

The SLIKK program is an initiative to encourage the participation of Aboriginal students in student leadership, including membership of the Student Representative Council (SRC). It has been running successfully in the Clarence/Coffs Harbour area for a number of years.

The program facilitates the election of Aboriginal students to their school SRC and combined SRC network. These students provide role models for other Aboriginal students including leadership on drug related issues.

The level of enthusiasm among participating students has been very high with some outstanding projects completed. Students who were reluctant to speak to a group have grown enormously in confidence. Many Aboriginal students who were part of the SLIKK program were selected to participate in the opening and closing ceremonies of the 2000 Olympic Games. The program has been extended to include gifted and talented initiatives, VET – School to Work Planning and Transition, TAFE Tasters and a Study Skills program for senior students.

Participation in SLIKK has resulted in higher attendance levels and retention rates for Aboriginal students. The program has been so successful it has been expanded to other regions across the State.

For further information about SLIKK, contact the student welfare consultant at the Grafton office, North Coast Region, telephone number 02 6641 5023, or the Aboriginal community liaison officer, telephone number 02 6641 5021.

Promote pastoral care relationships

Research indicates that a positive, supportive relationship with a competent adult is a strong protective factor against the misuse of drugs by young people (Fuller, 1998). Teachers can foster confidence and self-esteem by positive reinforcement of student achievements. Programs that offer students at risk one-to-one mentoring can improve social and academic skills, and foster a sense of achievement and belonging. For advice on establishing effective mentoring programs, refer to the *Mentoring Students Policy*, Department of Education and Training 2006, and contact the regional student welfare consultant.

Provide support at transition points

Children and young people are particularly vulnerable at transition periods in their lives, such as the commencement of school, transition from infants' school to primary school, transition to secondary school and entrance to the workforce or tertiary education. The time of transition to secondary school is a high risk period for the early onset of alcohol use and misuse (Commonwealth Department of Health and Aged Care, 2001, *Alcohol in Australia: Issues and Strategies*).

All students benefit from assistance in making the transition from primary school to secondary school, but some who have poor academic skills, poor interpersonal skills, difficult behaviours or a record of poor attendance (also risk factors for drug abuse) may require significant additional support. For advice on supporting students at this critical time, refer to *Transition to High School – Including Strategies for Vulnerable Students*, NSW Department of Education and Training, 2001.

At transition points, young people tend to be open to advice and learning opportunities that will assist them to cope with change. Intervention at these critical times may have a profound effect on the future of young people by preventing problems becoming more severe. Young people who have a supportive environment are more likely to successfully negotiate transitions or recover from less successful transitions in their past.

Learning Assistance Mentoring Program (LAMP)

LAMP is a mentoring program for students at risk of developing behaviour difficulties in the early years. Usually students are supported during Year 2 to enable them to make a successful transition to Stage 2 learning in Year 3. Community volunteers work one-to-one with students who have not settled into school, for half an hour per week using materials developed by the school. Each volunteer in the program is provided with a toy LAP dog to encourage interaction with the student. After each session the volunteer mentors spend time together with the coordinator discussing what went well and what was difficult, and preparing for the next session.

Build positive social behaviours and problem solving skills

Drug misuse is likely to be lessened if students have well developed social, problem solving and decision making skills. The development of interpersonal skills is enhanced by interactive teaching methods. Students can learn problem solving skills, for example, by generating a range of possible solutions to problems and predicting possible outcomes of actions. Activities that enhance social skills and problem solving can be included across all key learning areas.

A Partnership Encouraging Effective Learning (APEEL)

The APEEL package helps teachers of students in the first three years of school to identify students at risk and teach them social skills. Teachers work with parents and caregivers to reinforce these skills at home.

For further information about APEEL contact the regional student welfare consultant and refer to page 32 for details of where to obtain the program.

Specific programs that help develop skills and behaviours such as coping with stress, positive thinking, appropriate expression of emotion including anger, assertiveness and conflict management, can be implemented by classroom teachers. *MindMatters* is an example of a program that builds many of these skills.

MindMatters

MindMatters is a mental health promotion resource for secondary school students developed in response to an increasing awareness that mental health problems are associated with higher rates of truancy, suspension, exclusion, school alienation, drug taking and lower educational achievement.

The resource has a whole school approach and is implemented by the classroom teacher. It aims to maximise student, parent and community participation in planning and decision making. It provides schools with a framework and planning tools to assist with possible structures, strategies, partnerships and curriculum programs to promote and protect the mental health of all members of the school community.

A range of *MindMatters* curriculum materials has been developed to guide teaching about aspects of mental health and mental illness. The materials address the themes of bullying and harassment, loss and grief, coping with change, challenge and stress, enhancing resilience, and understanding mental illnesses. They have been devised for use in a range of curriculum areas. Deliberate use is made of classroom strategies to engage and connect students to the school.

For further information about *MindMatters* contact the school counsellor, regional student welfare consultant or School Link Coordinator from the Local Area Health Service, refer to page 30.

2 Quality learning and teaching

Early school leaving and poor academic achievement are associated with increased risk of drug abuse. Schools provide a protective environment when they:

- provide a curriculum that engages students, is relevant to their needs and aspirations, and encourages students to remain at school
- ensure drug education is taught within the PDHPE learning area from Kindergarten to Year 10 and within *Crossroads: A Personal Development and Health Education Course for Stage 6*.

Drug education should have a whole-of-school approach and provide students with developmentally appropriate and up-to-date information about drugs and their effects. Students need information on the harms associated with drug use, ways of reducing the harms and ways of critically examining the influences on drug use. They need the opportunity to develop the skills to communicate assertively, including saying no, making informed decisions, solving problems and seeking further information or help.

Drug education in culturally diverse classrooms

Ethnicity is not a useful indicator of problematic drug use. However, young people from culturally and linguistically diverse backgrounds may be exposed to particular circumstances that may increase their vulnerability and put them at risk of drug use problems. These include transition and resettlement, including traumatic experiences associated with being a refugee and racism, intergenerational conflict, and the challenges associated with establishing an identity when families and peers may have different expectations.

Strategies that enhance drug education in culturally diverse classrooms include:

- tailoring teaching and learning materials to meet specific learning needs of students
- cultural sensitivity and inclusiveness
- engaging parent and community support for drug education.

Cultural sensitivity and inclusiveness, in the context of school based drug intervention programs, include:

- being aware of the values and sensitivities of students
- setting rules in group programs that minimise stereotyping and racially based comments
- ensuring that the chosen intervention method is appropriate and can be accessed by the young person
- consulting with parents in order to develop culturally appropriate ways of involving them in programs. This might require using recognised interpreters and translating written communications where possible.

A CD-ROM, *Drug education in culturally diverse classrooms: alcohol and tobacco*, has been developed to assist schools to implement these strategies in drug education programs.

Drug education in a culturally diverse society, Department of Education and Training 2001, provides a summary of findings from research on the drug education needs of students from language backgrounds other than English, and gives ideas to teachers for effective drug education in culturally diverse classrooms. Refer to: www.schools.nsw.edu.au/learning/yrk12focusareas/druged/cult_diverse/index.php

Translated information for parents about drug education programs and a range of translated materials for teachers to support drug education are available on the Department's website: Refer to: www.schools.nsw.edu.au/learning/yrk12focusareas/druged/index.php

Drug education and Aboriginal and Torres Strait Islander students

Aboriginal people and Torres Strait Islanders are at greater risk of ill health than non-Aboriginal people due to higher rates of smoking, alcohol misuse, injury from violence and being overweight or obese (Australian

Bureau of Statistics and Australian Institute of Health and Welfare 2003). The Aboriginal Education Policy (1996) requires schools to implement drug education programs that are relevant to Aboriginal and Torres Strait Islander students in their communities.

Healing Time: A Stage 4 drug education resource for Aboriginal students is a culturally appropriate drug education resource for Aboriginal students developed within the framework of the Aboriginal Education and Student Welfare policies, in conjunction with the NSW Aboriginal Education Consultative Group Inc. (AECG). Although tailored to meet the needs of Aboriginal students, all junior secondary students will find significant and meaningful content in regard to issues of drug use, relationships and personal development. *Healing Time Stage 4* can be implemented across a number of key learning areas, including PDHPE. Copies of *Healing Time Stage 4* are available in secondary schools with an Aboriginal Education Assistant.

Healing Time: Stages 2 and 3 drug education resource for Aboriginal students is a tobacco education resource designed to help students explore the effects of smoking, including passive smoking, through the stories of two Aboriginal children and their families. The characters are fictitious but the issues they encounter enable all students, and Aboriginal students in particular, to develop an increased awareness and understanding of smoking and its related harms. *Healing Time Stages 2 and 3* meets syllabus outcomes for English, and PDHPE is available in all primary schools.

Healing Time – Vincentia High School

Vincentia High School implements *Healing Time* for Year 7 across the curriculum. This is coordinated by the Head Teacher Welfare.

Healing Time is incorporated into every subject, and taught to all students in the year. The school's Aboriginal education assistant is involved in the initiation of the program and provides in-class support as needed. *Healing Time* provides the school with opportunities to increase protective factors for all students and promote cultural understanding.

Healing Time Stage 4 and *Healing Time Stages 2 and 3* include strategies to assist schools to involve the school community and obtain its support for drug education.

Schools should contact their regional drug education consultant for further information about developing and implementing drug education, including *Healing Time* and *Drug education in culturally diverse classrooms*.

3 Home, school and community partnerships

The values and attitudes young people hold influence their behaviour, including decisions they make about drug use. These values and attitudes are strongly influenced by their families. Schools should consult parents and the local community when developing drug education programs to enlist their support, and take account of their needs and values. This will help ensure that drug education is relevant to the needs of students and the community, and help to establish a supportive environment that reinforces desired behaviours both at school and at home.

Positive partnerships between schools and parents, and appropriate support services including the Local Area Health Service and local police, can offer a more comprehensive, efficient service leading to information sharing, more creative solutions and maximum support for students at risk.

In particular, schools can work with their community to:

- link students and their families to appropriate community supports as well as school support
- ensure continuity of care for children and young people
- strengthen school and community responses to drug issues for young people by building stronger, broader and more integrated community engagement and support.

The NSW Department of Education and Training is involved in several interagency partnerships which target at risk groups within the school community. The Gateways Program in the South Western Sydney Region aims to increase the participation and retention rates of students who have been disengaging from school with the potential for increasing drug misuse.

The Gateways Program: a community and learning network

Some secondary schools in South Western Sydney Region have been using case management approaches for 12 to 17-year-old, students who are at risk of not completing Year 12 to a satisfactory level. Case management approaches designate agreed actions to be taken by the student and teachers to improve skills in basic areas such as literacy and numeracy. In addition, they target elements such as homework completion and attendance, and have agreed monitoring mechanisms.

Students included in *The Gateways Program* are generally selected by their school's welfare committee or referred by the school counsellor. Young people receive practical assistance and advice from project officers, teachers and community members on how to benefit from academic and vocational education opportunities provided at school, TAFE and by private training companies. This includes proposed work placements and pathways through the provisions of school, TAFE and employment. They are helped to access health, youth support and other services.

For further information contact the program coordinator at the Chester Hill education office on 02 9793 4935.

Working with other agencies

A booklet entitled *Health Promotion with Schools: A Policy for the Health System* has been produced by NSW Health, in collaboration with the NSW Department of Education and Training, to guide health workers in working with schools.

Schools need to be aware that other agencies, including government agencies, may have different protocols regarding issues, such as confidentiality and parental consent, when they work with children and young people. Schools should ensure that external agencies working with students are aware of the Department's policies relating to child protection, particularly screening requirements, and any other obligations relating to the specific activity in which they are involved.

Section 4 Resources for schools

Drug education consultants

Drug education consultants can assist schools to plan and implement drug education, provide advice on policy and curriculum support materials, and provide up-to-date information and statistics on drug use. The location and contact details for drug education consultants are listed on the Department's intranet. <https://detwww.det.nsw.edu.au/directorates/studequi/drugeduc/support/welcome.htm>

Student welfare consultants

Student welfare consultants can assist schools, and provide support to schools in planning and implementing a range of strategies that can enhance student wellbeing. Consultants advise schools and their communities on a variety of student welfare programs that relate to student health, the protection of children and young people, and student leadership and participation. They can also advise on other strategies such as *MindMatters*, antibullying, antiracism and antidiscrimination programs. Student welfare consultants can be contacted at the regional office.

NSW Area Health Drug and Alcohol Services

These services are part of NSW Health and are operated by the local area health service. Once referral has taken place, the student, not the school, becomes the client of the service and the confidentiality provisions of the service apply. The school may be informed of attendance and general progress only. Attendance is voluntary and cannot be enforced by the school. The duration of counselling, and the number of sessions required, is variable and decided by the health service in consultation with the client.

For contact details for the local area health service, phone 02 9361 8000 or 1800 422 599.

NSW Health Area School-Link Coordinators

Area School Link coordinators are employed by the NSW Health local area health service to liaise with DET personnel to promote mental health programs and practices in schools. Their role includes implementing prevention programs, facilitating access to mental health services, and providing professional development for school and health workers.

For contact details for the local Area School Link Coordinator, contact the Coordinator, Student Support in your regional office.

Resources for teachers and students

www.schools.nsw.edu.au/learning/yrk12focusareas/druged/index.php

Names and locations of drug education consultants, translations of teaching and learning materials, and information for parents is located on the intranet at:

<https://detwww.det.nsw.edu.au/directorates/studequi/drugeduc/welcome.htm>

Information for parents

The following parent pamphlets can be downloaded from the Department's website www.schools.nsw.edu.au/learning/yrk12focusareas/druged/community.php

Drug education in primary schools – Information for parents

A pamphlet for parents to inform them about what is taught in drug education, and provide information about websites and relevant agencies for further information and help.

Drug education in secondary schools – Information for parents

A pamphlet for parents to inform them about what is taught in drug education, rules about drugs in schools, and to provide information about websites and relevant agencies for further information and help.

Alcohol: Celebrations and supply – Information for parents

The pamphlet offers practical suggestions for hosting celebrations and provides information on laws about supplying alcohol to minors, drinking and driving, and proof of age.

Policy

Drugs in Schools Policy

This policy covers the possession and use of illegal drugs, and the misuse of over-the-counter and prescribed medications, including the supply of restricted substances, on school premises by students. It also covers the possession and use of alcohol and tobacco on school premises by employees and visitors.

www.det.nsw.edu.au/policies/student_serv/student_welfare/drug_incid/PD20020040.shtml?level=

Drugs in Schools: Guidelines for Managing Drug Related Incidents in Schools

This document will assist principals to implement the Drugs in Schools Policy. It provides guidelines for preventing and planning for drug related incidents, procedures to be followed in the event of drug related incidents and guidelines for supporting students who are involved. A number of appendices are included to provide further information on drug related matters such as requesting priority analysis of substances suspected of being illegal and the use of alcohol as prizes in raffles.

www.det.nsw.edu.au/policies/student_serv/student_welfare/drug_incid/implementation_1_PD20020040.shtml

Other resources

A Partnership Encouraging Effective Learning (APEEL) (CD)

The APEEL package is for students in the first three years of school, their parents, teachers and caregivers. It is to help teachers identify students at risk, teach them social skills and to help parents reinforce these skills at home.

Mentoring Students Policy

This Policy sets out the requirements for student mentoring programs in schools. The support document, *Guidelines for mentoring and supporting students* provides information to help schools implement successful student mentoring programs.

Transition to High School – Including Strategies for Vulnerable Students

This booklet assists schools in designing effective transition strategies for vulnerable students. Vulnerable students need to be assisted in the transition to high school by implementing the programs for all students and supplementing them with a plan tailored to their specific needs. The booklet includes general principles and suggestions for addressing common difficulties as well as suggested targeted programs, case studies and a list of resources.

There is a range of telephone and internet information and advice services that can be useful to schools. Some services are targeted at particular audiences.

Antismoking website

www.oxygen.org.au

This site was designed in consultation with Quit SA, Smarter than smoking – WA, and Quit Victoria. It is an informative website for young people. It contains information on contents of cigarettes, frequently asked questions, facts and fallacies about smoking as well as other material on cigarettes and smoking.

Australian Broadcasting Commission

www.abc.net.au/quantum/poison

This site is based on the television series on drugs produced by the *Quantum* program. It provides factual information on nicotine, caffeine, cannabis, alcohol and ecstasy.

www.abc.net.au/health/library

This site provides fact sheets on all aspects of health, including drugs and alcohol, and refers to television and radio coverage of drug issues.

Australian Drug Foundation (ADF), Melbourne

www.adf.org.au

The Australian Drug Foundation focuses on research, information, community development, education and advocacy. ADF provides printed resource materials, a library, telephone service and network of websites.

ADF also operates the Centre for Youth Drug Studies (CYDS) which conducts research into the nature and the effects of drug use by young people, and into the efficacy of programs and strategies in drug prevention, education and early intervention.

Australian Drug Information Network (ADIN)

www.adin.com.au

The ADIN website is designed to provide quick access to accurate and relevant information on drugs and drug related issues.

Caution: ADIN is linked to many websites, some of which contain information which is not suitable for children, or appropriate for school and community education and prevention programs.

Drug and Alcohol Multicultural Education Centre (DAMEC)

www.damec.org.au

DAMEC is a central contact point for information relating to culturally and linguistically diverse communities. DAMEC publishes the *Alcohol and Other Drugs Services Programs and Resources Directory for non-English speaking background people*, provides a telephone service and supplies multilingual pamphlets and other material on request.

Drug info @ your library

<http://www.druginfo.sl.nsw.gov.au/>

Pamphlets and books on drugs are available at local libraries to assist parents and families with drug issues. The website provides ready access to a broad range of drug information. Library staff are available to assist the public to use the website.

Kids Help Online

www.kidshelponline.com.au

This innovative website combines online counselling with new interactive visual tools. It is an extension of the service already provided by the Kids Help Line telephone counselling service.

National Drug and Alcohol Research Centre (NDARC)

<http://ndarc.med.unsw.edu.au>

NDARC aims to increase the effectiveness of treatment for drug and alcohol problems in Australia. NDARC publishes information booklets on various drugs for users, parents, health educators, clinicians and counsellors, as well as research monographs, technical reports, journal articles and newsletters. NDARC fact sheets on a variety of topics such as cannabis, ecstasy and amphetamines can be printed from the website.

National Drug Strategy

www.nationaldrugstrategy.gov.au/

The National Drug Strategy, a cooperative venture between Australian, State and Territory governments and the non-government sector, is aimed at improving health, social and economic outcomes for Australians by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in our society.

NSW Health Services

www.health.nsw.gov.au/services/

The NSW Health website is designed to provide quick access to accurate and relevant information on a range of health issues including drugs and drug related issues. It has information for young people on a range of drug issues.

NSW Health Mental Health and Drug and Alcohol Office

www.health.nsw.gov.au/public-health/dpb

This website provides information about alcohol and other drugs (AOD) for workers, parents, students and medical practitioners. It includes information on treatment services, health professionals and publications. There is a comprehensive list of links to other related websites.

NSW Office of Drug and Alcohol Policy

www.druginfo.nsw.gov.au

The NSW Office of Drug and Alcohol Policy's information website links to a wide range of web information sources on drugs.

Quit Now – The National Tobacco Campaign

www.quitnow.info.au

This site provides general information regarding smoking and quitting. It is a visually interesting website that provides extensive and sometimes challenging images of damage done to the body as a result of tobacco use. It contains extensive links to related tobacco and drug websites.

Resilience Education and Drug Information (REDI)

www.redi.gov.au

REDI focuses on preventing and reducing harm from drug abuse by helping students develop the knowledge, skills and attitudes they need to become more resilient young people.

Telephone services

Emergency

Ambulance, Fire and Police

000

Australian Drug Foundation (ADF), Melbourne Freecall
Research, information, community development, education
and advocacy.

1800 069 700

03 9278 8100

Fax: 03 9328 3008

Aboriginal Legal Service

Advice on legal representation for Indigenous people.

02 9318 2122

Alcohol and Drug Information Service (ADIS)

ADIS is a 24 hour telephone service providing immediate
advice and information about the effects of drugs.

Referral and counselling assistance is also given.

If an interpreter is required, phone the Translating and
Interpreting Service (TIS) on 131 450 and ask to be
connected to ADIS.

02 9361 8000

1800 422 599

Family Drug Support

A 24 hour information, help and referral service especially
for families, which also has self-help groups across NSW
for family members of drug users.

02 9818 6166

1300 368 186

Kids Help Line

A 24 hour counselling and support line especially
for children and young people.

An email counselling service is also offered.

1800 55 1800 (toll free)

Legal Aid Hotline for under 18s

Legal advice for under 18s.

1800 10 18 10 (toll free)

Law Access

1300 888 529

Poisons Information Centre

13 11 26

Appendix

Risk taking and adolescence

Adolescence is a time of socialisation when new behaviours are developed. It is a time where parental influence lessens and peer influence increases. Experimentation and risk taking are normal aspects of adolescence, and drug use is part of a spectrum of behaviours that provides opportunities for risk taking. In this context, risk taking behaviour may be seen as a normal feature of the transition from childhood to adulthood and as part of the 'learning process' in the formation of an adult identity.

Perceptions of drug use by young people

Adults and young people may perceive drug use in different ways. When adults identify drug use as a problem, young people may not share their view and may see no reason to change their behaviour. Young people may see drug use as an 'integral part of youth culture' and a normal part of life (Midford et al. 2000). They may be asserting their independence and deliberately taking a point of view at odds with their parents and others in authority.

Reasons young people use drugs

Young people use drugs for many reasons. Some of the common reasons include:

- experimentation
- excitement and enjoyment
- heightened sensations
- rebellion
- availability
- relaxation
- relief from boredom
- peer influence
- elimination of problems.

There is a relationship between the type of drug used and the reasons for use. Amphetamines, cocaine, hallucinogens and designer drugs tend to be used for social and psychological enjoyment while tranquillisers, opioids and inhalants tend to be used to counter negative feelings, boredom or peer pressure (Spooner et al. 1996). However, use of drugs does not necessarily mean that the young person has underlying emotional problems.

Prevalence of drug use among young people

Almost 22 000 students across Australia from all school sectors, aged 12 to 17 years, participated in the national *Australian Secondary Students' Alcohol and Drugs Survey (ASSAD) 2005* which reported on the use of over-the-counter and illicit substances as well as tobacco and alcohol. The results are shown in Table 3.

The drugs most commonly used by young people are alcohol, tobacco and analgesics. The survey reported on the use of analgesics for medical as well as non-medical purposes. By the age of 12 over ninety per cent of students had used analgesics at least once. Over two-thirds of secondary students had used analgesics in the four weeks before the survey. More females than males were regular users of analgesics: around 52 per cent of females over 15 had used analgesics in the week before the survey compared with around 34 per cent of males over 15. (White, V. & Hayman, J., 2006c)

Table 3: Australian Secondary Students' Alcohol and Drugs (ASSAD) Survey 2005

Proportion of students surveyed indicating they had ever used and used in the past month each of the different substances asked about in the survey in three age groups (13 years of age, 15 years of age and 17 years of age).

Substance	Percentage reporting ever used			Percentage reporting use of each substance in the past month		
	13 years	15 years	17 years	13 years	15 years	17 years
Analgesics	93	95	97	66	74	74
Alcohol	80	91	96	26	54	70
Tobacco	21	63	55	6	16	23
Cannabis	9	23	32	4	10	11
Inhalants	19	16	10	10	7	3
Tranquillisers	14	17	16	4	5	3
Amphetamines	3	7	7	<1	4	2
Hallucinogens	2	4	4	<1	4	1
Ecstasy	2	5	6	<1	2	2
Opiates	2	3	2	<1	2	<1
Cocaine	2	4	3	<1	2	<1
Steroids	2	3	2	<1	2	<1

Source: White, V. & Hayman, J. (2006a), White, V. & Hayman, J. (2006b), White, V. & Hayman, J. (2006c)

According to the national survey (2005 ASSAD), experience with alcohol was high amongst secondary students with use becoming more common as age increased. By the age of 14, 86 per cent of students had tried alcohol; by the age of 17, 70 per cent had used alcohol in the month before the survey. The proportion of current drinkers (defined as those who used alcohol in the week prior to the survey) was 30 per cent of males and 27 per cent of females across all ages (White, V. and Hayman, J. 2006b).

Less than half the young people surveyed had tried tobacco with 45 per cent of males and 45 per cent of females across all ages reporting they had tried it at some time in their lives. As with alcohol, experience with smoking becomes more common with age. In 2005, while around 84 per cent of 12-year-olds had no experience with smoking, this proportion decreased to 45 per cent of 17-year-olds. The proportion of current smokers (those who had smoked in the week before the survey) increased from 2 per cent of 12-year-olds to 18 per cent of 17-year-olds (White, V. and Hayman, J. 2006a).

The most frequently used illicit drug is cannabis. Eighteen per cent of school students aged 12 to 17 years who were surveyed reported using cannabis at least once. Cannabis use increased with age from 5 per cent of 12-year-olds reporting they had ever used cannabis to 32 per cent of 17-year-olds. Levels of use of other illicit drugs are much lower. For example, only 4 per cent of students reported they had ever used ecstasy and 3 per cent of students reported they had ever used cocaine. It should be noted that the prevalence of cannabis use among school aged students has decreased in the period 1996 to 2005. Examining changes in the use of cannabis for all 12 to 17-year-olds surveyed between 1996 and 2005 showed that lifetime, monthly and weekly use of cannabis was lower in 2005 than in any other survey year. This pattern of results was consistent for males and females (White, V. and Hayman, J. 2006c).

Although inhalants are not illicit, their use can be harmful. Seventeen per cent of secondary school students surveyed indicated that they had used an inhalant at least once in their lives. The booklet, *Sniffing – The Dangers of Solvent Use by Young People*, provides additional information on inhalants and strategies for schools to manage sniffing.

www.schools.nsw.edu.au/media/downloads/schoolsdrug/learning/yrk12focusareas/druged/snifsolvents.pdf

There is increasing concern about polydrug use, that is, using two or more drugs at the same time or on the same occasion. The 2005 ASSAD survey found that many young illicit drug users tended to be polydrug users (White, V. and Hayman, J. 2006c). Alcohol, tobacco and cannabis were the substances most commonly used at the same time with amphetamines, hallucinogens and ecstasy. Around 60 per cent of the students who used amphetamines and ecstasy in the previous year were drinking alcohol at the same time, 40 per cent used tobacco at the same time and 35 per cent used cannabis at the same time. Among cannabis users in the past year, 68 per cent drank alcohol and 48 per cent smoked tobacco on the same occasion. Around 21 per cent of students who had used amphetamines in the past year reported using ecstasy at the same time.

Polydrug use may result in increased harm due to the unpredictable effects of combining drugs. When drugs are taken together they can increase the effects of both, for example, consuming 'speed' and ecstasy. This can be extremely dangerous because it places the body under additional stress. The hangover and 'come-down' from polydrug use is usually quite severe and long lasting.

Drugs can also work against each other so that one drug seems to 'cancel out' the effects of the other, for example, consuming alcohol and ecstasy (Bleeker et al. 2001). The effects of alcohol may be masked or hidden by other drugs so that a person may feel capable of driving when they are actually intoxicated.

There is no risk-free way of mixing any drugs. This is true for prescribed medications, herbal preparations, and legal and illegal drugs.

Glossary

Abstinence

Being drug free; not using a drug.

Assessment

An assessment is carried out to determine the best treatment program. Assessment usually involves the use of questionnaires and interviews to obtain an overview of the person's lifestyle and drug use.

Dependence

Frequent use of a drug can lead to dependence, although no drug leads to immediate dependence. Dependence is the result of prolonged, regular use of increasing amounts of the drug. There are degrees of dependence, from mild to severe. The drug user has little or no control over his or her drug use, and feels compelled to use in order to feel normal or to cope. Dependence can be psychological, physical or both.

Detoxification

Detoxification is part of physical withdrawal and refers to the process of eliminating the drug from the body. Options to assist detoxification include therapies, exercise, drinking lots of water and eating healthy food, being in a supportive environment and using medical assistance where dependence is severe.

Drug

The World Health Organisation defines a drug as any substance which, when taken into the body, alters its function physically or psychologically, excluding food, water and oxygen. Drugs can be legal, such as caffeine or alcohol, over-the-counter and prescribed medications, and illicit drugs such as cannabis and heroin.

Drug misuse/abuse

Any use of drugs that causes physical, psychological, economic, legal or social harm to the individual user or to others affected by the drug user's behaviour. The symptoms do not meet the criteria for dependence for that particular substance.

Drug use disorder

Often referred to as substance use disorder. This is a group of conditions related to alcohol and other drug use. It includes a wide variety of mental and behavioural disorders of differing severity and clinical forms caused by psychoactive substance use. The disorders that may occur include acute intoxication, harmful use, dependence syndrome, withdrawal syndrome, psychotic disorders and amnesiac syndrome.

Hallucinogens

These drugs produce a wide range of vivid sensory distortions and also alter mood and thought. LSD is an hallucinogen, while psilocybin (magic mushrooms) and mescaline (cactus) are naturally occurring hallucinogens. Cannabis can produce hallucinogenic effects when used in very large amounts.

Harm reduction/minimisation

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

Harm reduction recognises that people do use drugs and may continue to do so, regardless of risk. Telling people not to use drugs may not be effective in preventing drug related problems. Harm reduction provides practical information and strategies to help individuals reduce health and social problems related to drug use.

Inhalants

Inhalants (volatile substances which give off vapours and fumes at room temperature) are inhaled for psychoactive effects. They include organic solvents present in many domestic and industrial products, aliphatic nitrites and anaesthetics.

For more detailed information on inhalants and associated harms, consult the NSW Health Centre for Drug and Alcohol website (refer to page 30), *Drugs in schools: Guidelines for Managing Drug Related Incidents* (NSW Department of Education and Training), the booklet *Drugs: Just the facts*

<https://detwww.det.nsw.edu.au/directorates/studequi/drugeduc/schoreso/welcome.htm>

or the booklet, *Sniffing: the dangers of solvent use by young people*

www.schools.nsw.edu.au/media/downloads/schoolsdrug/learning/yrk12focusareas/druged/snifsolvents.pdf

Lapse

A relatively isolated use of drugs or alcohol after a period of abstinence (sometimes referred to as a slip). Refer definitions of relapse and relapse prevention for further information.

Motivational interviewing

Motivational interviewing is an approach to counselling that seeks to motivate a person towards decreasing their drug use by encouraging him or her to weigh up the costs and benefits of drug use, exploring the advantages of change and taking responsibility for his or her behaviour.

Opioids

This is a term used to describe drugs with morphine-like activity, whether they occur naturally or are produced semisynthetically or synthetically. One subgroup of opioids is the family of opiates – substances that occur naturally in opium or are produced in the laboratory by changing the structure of substances that occur naturally in opium. Naturally occurring opiates are morphine or codeine whereas heroin is a semisynthetic opiate.

Physical dependence

This occurs when a person's body adapts to a drug. The body gets used to the drug and needs it to function 'normally'. High tolerance to the drug has developed.

When a physically dependent person stops taking a drug, they will go into withdrawal, as the body attempts to readjust without the drug. Withdrawal symptoms differ according to the drug and how long the person has been dependent.

Psychological dependence

Psychological dependence is a state in which stopping, or abruptly reducing, the dose of a given drug produces nonphysical symptoms. Psychological dependence is characterised by emotional and mental preoccupation with the drug's effects and a persistent craving for the drug. When psychological dependence develops, drug use becomes far more important than other aspects of a person's life.

Prevention

There are three levels of prevention which cover a broad range of options – the type of prevention strategy used depends on the type of drug use and the problems experienced.

Primary prevention

The goal of primary prevention (sometimes called universal prevention) is to protect individuals who have not yet begun to use substances, and to decrease the incidence of new users. Strategies include education, information, community education through media campaigns and sponsorships, community development initiatives, and legislation.

Secondary prevention

The goal of secondary prevention (also called early intervention) is to intervene with individuals who are in the early stages of substance abuse or who exhibit problem behaviours associated with this abuse, and to reduce and/or eliminate use. Intervention may include working with individuals, families, schools, youth groups or peer networks.

Tertiary prevention

The goal of tertiary prevention (treatment) is to end substance dependency and addiction and/or ameliorate the negative effects of substance abuse through treatment and rehabilitation. Intervention options include detoxification, counselling, substitution therapy (methadone, nicotine patches), rehabilitation, family therapy and self-help groups. Treatment goals include reduction or termination of drug use.

Relapse

A return to constant and/or heavy use of a substance.

Relapse prevention

Treatment programs to modify alcohol and drug use usually include relapse prevention training. The goal of training is to provide the individual with a variety of skills and confidence to avoid lapses to alcohol or drug use, and a set of strategies and beliefs that reduce fear of failure and prevent lapses turning into relapses.

Tolerance

Due to repeated use, the individual needs higher doses to maintain the original effect experienced when he or she first tried the drug. Tolerance can develop to most drugs that are used on a regular basis. The danger in using some drugs is that tolerance can develop rapidly (after use on only a few occasions larger doses are needed to produce the effect).

Treatment

There are many different treatment options which have different aims and methods. Some employ individual counselling techniques or group therapy, while others use chemical agents to assist withdrawal and maintenance.

Withdrawal

The person experiences noticeable physical and psychological symptoms. These are often the opposite of the intoxicated state. Withdrawal symptoms are evidence that the person is dependent on the drug. (See Detoxification)

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Resources for schools: quick reference chart

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Emergency	000
Aboriginal Legal Service	02 9318 2122
Alcohol and Drug Information Service	02 9361 8000 1800 422 599
Family Drug Support	02 9818 6166 1300 368 186
Kids Help Line	1800 55 1800
Legal aid Hotline for under 18s	1800 10 18 10
LawAccess NSW	1300 888 529
Poisons Information Centre	13 11 26

