

Young People and Drugs:

**a guide for school
staff to support
students**



**Education
& Training**



Young People and Drugs: a guide for school staff to support students (revised edition)

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For more information on drug education in NSW government schools refer to
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Introduction

The purpose of *Young People and Drugs: a guide for schools to support students* 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 problems with substances, such as tobacco, alcohol or other drugs. The resource will help schools to access drug information and treatment services, as well as link families and young people to appropriate support.

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 (Roche, A.M. 2006).

Schools can play a role in early intervention for students who experience drug use problems. Early intervention includes developing a whole school approach to drug prevention to help reduce or eliminate drug related problems before they become entrenched. A whole school approach ensures that broad preventative measures, as well as support for students at risk of drug related harm, are in place.

Early intervention may also include providing targeted interventions for students who are in the early stages of harmful drug use or who exhibit risky behaviours associated with tobacco, alcohol or other drug use.

About the resource

Young People and Drugs: a guide for school staff to support students (Young People and Drugs), was originally published and distributed to schools in 2003. A revised publication was made available on the intranet in 2007.

The revised *Young People and Drugs* includes updated research, more comprehensive school based professional learning and information about early intervention. The professional support materials include a PowerPoint presentation and suggested professional learning activities to highlight key elements of the booklet and to facilitate its use by staff. They enable schools to review whole school drug prevention and intervention and to identify and address specific needs.

This resource provides background information for schools on adolescent drug misuse including the risk factors for drug misuse and its relationship with mental health disorders. The focus is on the role of the school in helping to prevent drug use problems and implementing appropriate intervention when a drug use problem has been identified. The resource also provides information about other useful resources, programs and services to support young people with drug use problems.

Section 1:

Young people and drug misuse

Drug misuse

While many young people may try substances such as tobacco, alcohol or other 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 substance 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). Smoking, or misuse of alcohol or other drugs, by young people may be associated with educational, relationship, mental health and legal problems.

Tobacco use, or alcohol or other drug misuse, during adolescence can be of particular concern as this is a time of cognitive and emotional maturation. 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.

Decisions made by adolescents, such as to consume excessive amounts of alcohol may adversely influence their consequent brain development. Recent research (Miller J, Naimi T, Brewer R et al, 2007) indicates that young people aged 15 to 17 are more likely than older drinkers to engage in risky behaviours. So serious are the risks of alcohol misuse for young people that the National Health and Medical Research Council now recommends that the safest option for this age group is to delay the initiation of drinking for as long as possible (*Australian guidelines to reduce health risks from drinking alcohol*, 2009).

It cannot be assumed that adolescents who smoke, or misuse alcohol or other drugs, will simply grow out of, or recover from problems associated with the use of these substances. Young people who are heavily involved in alcohol or other drug use may be unable to reason or behave like a same age peer as a result of delayed maturation (Spooner et al. 1996). 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.

Relationship between substance abuse, mental health disorders and sexual abuse

Substance abuse disorders involve the harmful use and/or dependence on alcohol and other drugs, including misuse of prescribed medications. A survey conducted in Australia in 2007 collected data on the incidence of substance abuse and mental health disorders in a representative sample of the adult population (Australian Bureau of Statistics, 2009). Results showed that about one in four of all people with a mental illness (or 1.2 million people) had two or more mental disorders (anxiety, mood or substance use disorders) at one time. Substance use disorders (especially alcohol and tobacco) commonly occur with anxiety and mood disorders such as depression. For example, one in five of those who had an anxiety disorder also had a substance use disorder.

Substance use disorders were more likely for those aged 16 to 24 years (13 per cent) than for other age groups. Compared with other age groups, young people aged 16 to 24 years are also 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 (Teesson, M. & Proudfoot, H., 2003).

Some studies have 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 neglect and family violence or 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).

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 and more anonymous environment with more complex structures. 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 approaches 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 use.

Table 1: Risk and protective factors for adolescent drug use

Risk factors	Protective factors
Individual	
<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
Interpersonal	
<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
Institutional/community	
<ul style="list-style-type: none"> • School transitions that involve movement into a more impersonal and more anonymous environment with more complex structures • 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"> • Feeling secure and supported at transition points • A sense of bonding to school and other societal institutions, eg 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 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.

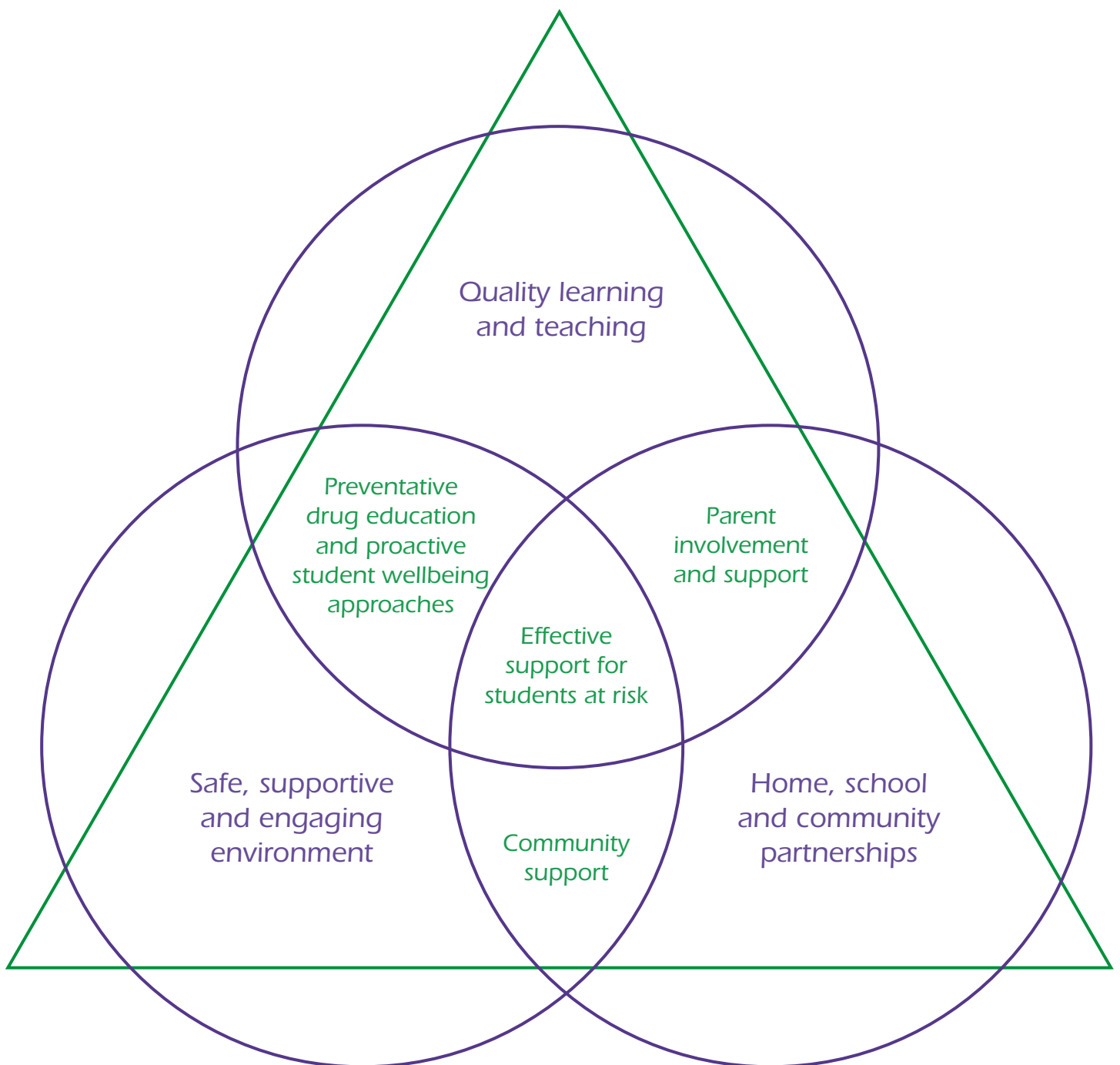


Figure 1: A drug prevention framework

1 Safe, supportive and engaging environment

Schools can play an important role in strengthening protective factors and minimising risk factors by implementing whole school drug prevention and intervention measures that promote a safe and supportive school environment (Roche, A.M., 2006). The following strategies will help schools promote protective factors known to contribute to the reduction of the risk of drug misuse among young people. Suggestions about how to implement a whole school approach can be found in *Young People and Drugs: Professional learning materials*.

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.

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, A., 1998 & Fuller, A., 2004). Teachers can foster confidence and resilience by teaching social competencies and positively reinforcing 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 *Guidelines for mentoring and supporting students*, 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 <http://www.schools.nsw.edu.au/gotoschool/highschool/transitions/index.php>

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.

Build positive social behaviours and problem solving skills

Students who have well developed social, problem solving and decision making skills are more likely to be able to negotiate the complexity of issues involved in the prevention of drug related harm (Fuller, A., 2004). The development of these interpersonal skills is enhanced by interactive teaching methods, which enable students to develop and practise their own responses.

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.

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.

2 Quality learning and teaching

Early school leaving and poor academic achievement are associated with increased risk of substance abuse (Steinberg 1991; Fuller 1998; Spooner, Mattick and Howard 1996). 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 school approach and provide students with developmentally appropriate and up-to-date information about drugs and their effects. It is important to provide accurate 'normative' information to give students a realistic picture of adolescent and peer group drug use. Students also 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. The publication, [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.

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: <http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/cultural.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. Higher rates of smoking than non-indigenous people, risky levels of alcohol use and use of illicit substances such as cannabis, contribute to the ill health of Aboriginal people and Torres Strait Islanders (Australian Bureau of Statistics, 2006). The Aboriginal Education and Training Policy (2008) requires schools to implement education programs, including drug education programs, that are fair, equitable and culturally inclusive for 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, and is available in all primary schools.

[*talk, respect AND connect* \(trAc\)](#) is an interactive web tool. The tool guides teachers through a suggested process for facilitating Aboriginal community partnerships in order to improve Aboriginal student engagement in drug education.

Use of this tool builds the capacity of teachers to seek, discover and understand local community ways of doing business. It provides guidance for building an authentic relationship with the local Aboriginal community.

This dynamic management tool allows teachers to input information and record steps taken on their journey. It includes background information, links, tips and suggestions. Stored information is kept in easy to access form and can be printed for hard copy collation.

For further information contact the drug education consultant in your region or Drug Prevention Programs on 9266 8260.

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 students and the community, and that a supportive environment, which reinforces desired behaviours both at school and at home, is developed.

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.

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 3:

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

Some young people at school will experience problems as a result of substance 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 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
- 4 Review whole school drug prevention and intervention.

Contact with drugs does not necessarily indicate that young people will go on to have serious drug use problems or the need for professional help. However, early use of tobacco, alcohol or cannabis in adolescence has been associated with more frequent use during late adolescence. There is also an increased risk for later dependence as well as other health problems in early adulthood, such as accidental injuries and respiratory problems. (Lubman, D., Hides, L., Yucel, M., Toumbourou, J., 2007). 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.

Teachers can respond to and support young people at risk of drug related harm more appropriately when they understand drug prevention, are aware of intervention options and know how to intervene. The [professional learning materials](#) provided in *Young People and Drugs* help staff develop additional knowledge and understandings to respond to students experiencing drug related problems. These materials promote a whole school approach to drug prevention and intervention and recommend that schools conduct a whole school review of procedures and practices implemented by the school.

In some cases teachers with appropriate skills may use brief interventions to assist vulnerable young people to reduce and eliminate tobacco, alcohol and other drug related problems. Schools may provide additional support to these students through the following early intervention strategies.

1. [Keep them talking](#) provides additional knowledge and specific communication skills to enable designated staff to talk with young people at risk of drug related harm and intervene appropriately.
2. [Keep Left: Smoking cessation in schools](#) is a resource for staff to use with young people who smoke.
3. [Alcohol – My Reality](#) helps staff to talk to young people about alcohol and provides an interactive electronic student resource.

When students appear to have serious problems with drug use they should be referred to the school counsellor for assessment. The counsellor may provide more individualised assistance and support or 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.

1 Identify 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 young people 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 Talk to young people about possible drug use

Confidentiality and privacy

Issues of trust, privacy and confidentiality can arise when teachers discuss possible drug issues with young people. The student's privacy should be protected. Students should understand that the details of what is talked about in the session are private, and will not be discussed outside the interview without the permission of the young person, unless it involves any disclosure of information that affects the safety or welfare of the student or others. Refer to the [Privacy Code of Practice](#) for additional details.

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 conversation

- 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 34).
- 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.

Additional and more specific communication skills are provided in [Keep them talking](#).

3 Provide support

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.

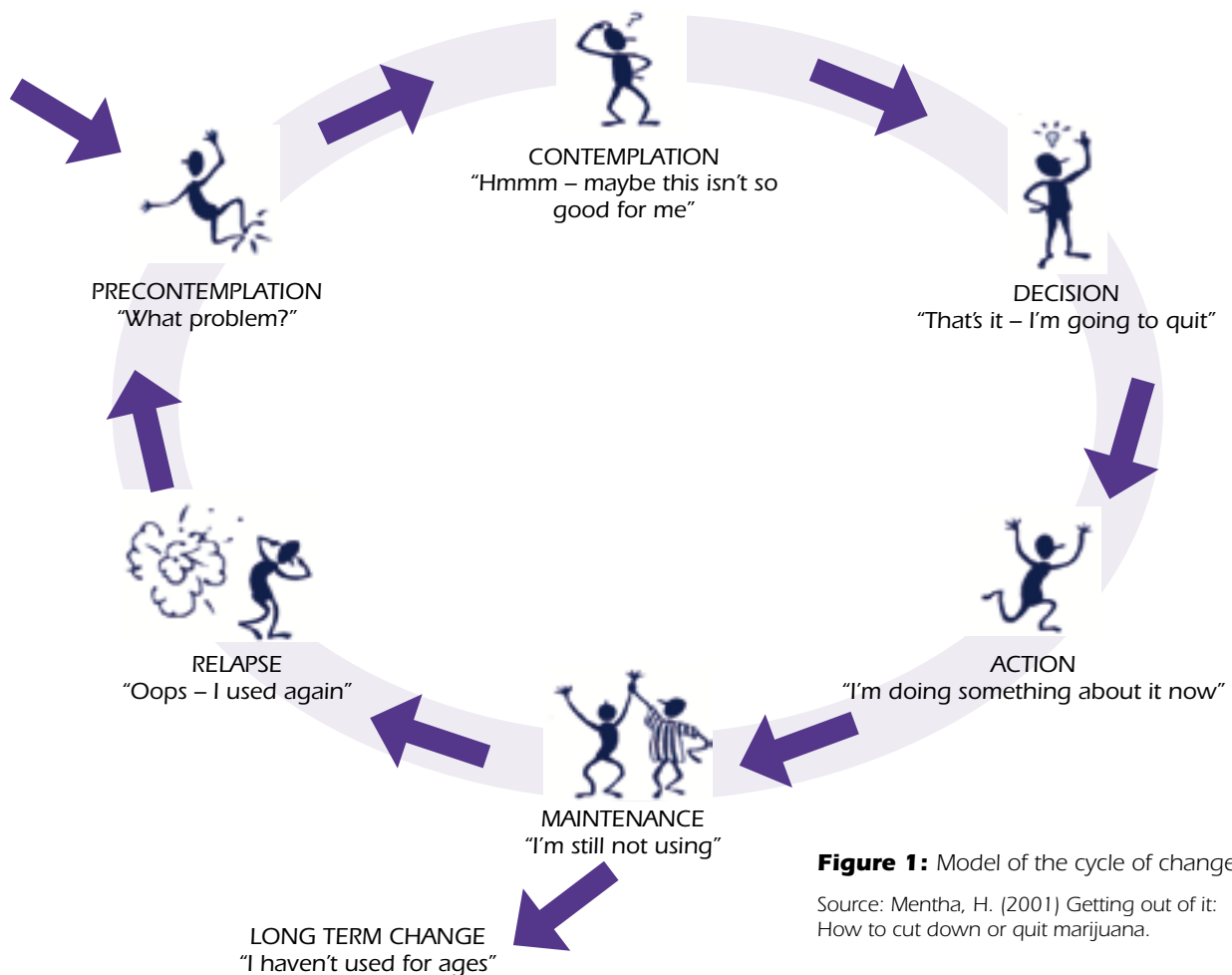


Figure 1: Model of the cycle of change

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
<p>Precontemplation stage</p>	<p>The user cannot see that the drug use is harmful.</p> <p>People at this stage are often called 'happy users' as they are not yet ready or willing to change their behaviour.</p>
<p>Contemplation stage</p>	<p>The user recognises that he or she is having problems, but is not sure what to do about it.</p>
<p>Action stage</p>	<p>The user puts plans into action and is enthusiastic about changing.</p>
<p>Maintenance stage</p>	<p>The user puts new skills and knowledge into action to maintain change.</p>
<p>Relapse stage</p>	<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.</p> <p>The person can learn from his or her mistakes and try again. The ultimate goal is to stay at the maintenance stage.</p>

Referral to the school counsellor

Where teachers have serious concerns about a student's tobacco, alcohol or other 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. His 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 coordinator for treatment. A Drug and Alcohol 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 drug and alcohol 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 school staff to encourage young people to access appropriate services.

Involving parents and caregivers

In general parents/caregivers should be informed and involved when their children are found to be smoking, or misusing alcohol or other 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 address underlying issues, such as 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.

Drug and alcohol support services may offer different types of treatment with varying aims and methods. Some treatments use individual counselling, which can take many different forms, while others use group therapy.

Other forms of treatment involve using chemical agents to assist with withdrawal or maintenance. Examples include detoxification programs to manage withdrawal from substances such as cannabis or alcohol. Withdrawal or detoxification can also be achieved without chemical assistance, but should be undertaken slowly under medical supervision.

Supporting students whose parents use drugs

The effects of growing up in a household where parents/caregivers misuse alcohol and other drugs can be wide ranging and damaging. For example, children may learn to keep thoughts and feelings to themselves and not to trust others. 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 34, 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 they must report this to the principal. The principal will decide, in the context of other information or advice, on the appropriate action to take. Further advice from the Child Wellbeing Unit (on 02 9269 9400) may be needed to determine if this is a matter for support at the school level. In the case of suspected risk of significant harm, the principal will make a report to the Child Protection Helpline (on 133 627).

Helping students to be nonsmokers

Tobacco smoking is the single largest preventable cause of premature death and disease in Australia, contributing to more drug related hospitalisations and deaths than alcohol and illicit drug use together. Data from the Australian School Students' Alcohol and Drugs Survey shows that the percentage of secondary students aged 12 to 17 who have ever smoked, has fallen each year that the survey has been conducted. The decrease has been most significant in students ages 12 to 15 years.

The New South Wales School Students Health Behaviours Survey collects information about the health behaviours and attitudes of secondary school students in New South Wales. This survey includes questions on tobacco from the Australian Secondary School Alcohol and Drug Survey. In 2008 25.3 per cent of NSW students aged 12 to 17 years reported having ever smoked. Approximately 8.6 per cent of students aged 12 to 17 years have classified themselves as current smokers (occasional, light or heavy smokers).

Most people who go on to become long term smokers started smoking during their secondary school years and early uptake is associated with heavier smoking patterns and greater difficulty in quitting (Centre for Epidemiology and Research, 2007).

Nicotine is a highly addictive drug and many young smokers who wish to quit have difficulty with withdrawal symptoms. Young people generally do not anticipate that they will have difficulty quitting when they begin to experiment with smoking. However for some, nicotine dependence develops in a relatively short time (four weeks) at low levels of smoking (Australian Government Department of Health and Ageing, June 2005).

School based intervention programs have a valuable role to play in helping students to quit smoking and reduce exposure to health risks. They can support students to stay smoke free or intervene early to help them quit smoking. The implementation of the tobacco brief intervention, [Keep Left: Smoking cessation in schools](#) may help students who smoke to reduce or quit smoking.

Suggested school checklist for promotion of non smoking

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](#)
- ✓ includes the school community in smoking prevention planning
- ✓ participates in anti smoking advocacy initiatives, such as [The Critics' Choice](#).

Adapted from Hunter Centre for Health Advancement (2001)

There are other strategies that schools can implement to promote non smoking behaviour and support students who wish to quit.

- Conduct a review of whole school drug prevention and intervention.
- 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 7848 (13 QUIT).
- Encourage parent/caregiver support and involvement in cessation programs or counselling.
- Encourage students to support each other to quit. Consider an incentives program for students who quit, using certificates, awards or vouchers as positive reinforcement.
- Provide opportunities for parents to be involved in their children's drug education by using the resources on DVD, *Parents and schools: partners in drug education*, at transition to Kindergarten and Year 7.
- Use smoking prevention resources such as, *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*, in PDHPE lessons.
- Display anti tobacco posters and stickers.
- Encourage the school community and groups such as Student Representative Councils, to consider ways to advocate for nonsmoking amongst young people.
- Promote and participate in nonsmoking events eg 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.

Helping students to stay safe around alcohol

Alcohol is the most popular and accessible drug available in Australia. After caffeine and medication alcohol is the most widely used legal drug. It is socially sanctioned and extensively promoted and advertised.

Statistics in Australia reveal that around 90 per cent of students have tried alcohol by the time they are 18 years of age. The average age for young people to experiment with alcohol is between 12 to 14 years for both males and females. Once young people begin drinking, they are likely to become regular drinkers.

The *New South Wales School Students Health Behaviours Survey: 2008 Report* indicates that there has been a significant decrease in alcohol consumption, especially among the 12 to 15 year age group between 1987 and 2008. This survey reveals that the majority of students had not used alcohol in the last 7 days or in the last 4 weeks.

About 20 per cent of NSW secondary students aged 12 to 17 years reported having consumed alcohol in the last 7 days and about 32 per cent reported drinking in the last 4 weeks. Students aged 12 to 15 were significantly less likely than students aged 16 to 17 years to have consumed alcohol, with no significant difference between males and females.

Particular concern relates to those students who:

- report drinking at an early age
- drink alcohol regularly
- drink at levels that are likely to cause risk of harm through injury or ill health
- do not consider their drinking behaviour to be associated with potentially harmful consequences.

Consuming large amounts of alcohol is associated with significant levels of harm. Adolescents who drink at harmful levels have an increased risk of becoming heavy users of alcohol in adulthood.

Alcohol use may impact adversely on brain development and lead to alcohol related problems later in life. Young people are particularly vulnerable. There may be long lasting effects due to alcohol use because brain functions such as self control, judgement and emotions undergo greatest changes during adolescence.

While not all students will use alcohol now or later in their lives, all will need to develop strategies to help them manage situations where alcohol is present. It is important to help young people acquire the knowledge and skills they need to stay safer in a society where alcohol use is prevalent and acceptable.

School based intervention has a valuable role to play in helping students to stay safe around alcohol and to reduce health risks. Teachers can intervene early to support students at risk of alcohol related harm. See [Alcohol – My Reality](#) for more information.

Other strategies that schools can implement to promote safe and positive health behaviours around alcohol follow.

- Acknowledge that some students will use alcohol. It is important however, not to condone alcohol use or normalise it with comments that imply that most young people consume alcohol.
- Treat adolescent drinking as a health issue. Alcohol use during adolescence can be of particular concern as this is a time of cognitive and emotional development.
- Include alcohol education in PDHPE lessons. Students should be provided with opportunities to practice skills such as decision making, problem solving, first aid and refusal skills. Reinforce specific protective practices and provide students with an opportunity to explore relevant situations where they may encounter alcohol use or alcohol related risk.

- Provide for students, staff and parents information about the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* published in 2009.
- Promote behaviours that help students avoid alcohol related harm.
- Provide normative education about the prevalence of alcohol use for secondary students with reference to current research. This will convey a more accurate picture of alcohol use and help reduce the pressure to conform to a false perception.
- Provide information to parents to help them manage the drinking behaviour of their children. (See *Alcohol – My Reality*.)
- Refer students at risk of harm to the school counsellor or to a teacher with the skills to implement alcohol early intervention.

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. Apart from the school counsellor, other support personnel might include:

- support teachers
- 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.

4 Review whole school drug prevention and intervention

Drug use is a complex issue which requires a cooperative and coordinated whole school response.

It is recommended that schools conduct a review of whole school drug prevention and intervention to identify and address areas of school need.

A comprehensive review process can be found as part of the professional learning materials. Refer to the *Step by step guide: Review of whole school drug prevention and intervention*, page 24. This process uses a survey to identify current practices and procedures demonstrated in the school. The survey is based on the three focus areas of the drug prevention framework:

- A safe, supportive and engaging environment
- Quality learning and teaching
- Home, school and community partnerships.

Once areas of strength and areas for further development have been identified, schools are in a better position to consider needs and to plan actions to maximise support for students with substance use problems.

Regional student services personnel can provide support and guidance to assist schools address identified needs following the review.

Section 4: Resources for schools

Regional support

Drug education consultants

These 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 consultants are listed on the Department's intranet.

https://detwww.det.nsw.edu.au/media/downloads/intranet/lists/directoratesaz/stuwelfare/dpp/contacts/regional_support_may10.pdf

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 antibullying, antiracism and antidiscrimination programs. Student welfare consultants can be contacted at their 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 Student Support Coordinator (School Counselling and Welfare) in your regional office.

Resources for teachers and students

The NSW Department of Education and Training has developed a range of information and resources to support drug education in schools. These can be found on the Department's website at:

<https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/dpp/resources/index.htm>

Names and locations of consultants with the responsibility for drug education, translations of teaching and learning materials, and professional learning opportunities are located on the intranet at:

<https://detwww.det.nsw.edu.au/lists/directoratesaz/stuwelfare/dpp/index.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 tobacco, alcohol and 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: Procedures for managing drug related incidents

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.

https://www.det.nsw.edu.au/policies/student_serv/student_welfare/drug_incid/drugs_schools.pdf

Other resources

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. For information on mentoring refer to <http://www.abcn.com.au/file/mentoringguidelines.pdf>

Transition to High School

For advice on supporting students at this critical time, refer to <http://www.schools.nsw.edu.au/gotoschool/highschool/transitions/index.php>

Anti smoking 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

<http://www.health.nsw.gov.au/mhdao/index.asp>

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

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

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 tranquilisers, 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

The data presented in Table 3 reflects the responses of over 7,500 students aged 12 to 17 years across all New South Wales school sectors and is reported in the New South Wales School Students Health Behaviours Survey.

Table 3: Prevalence of substance use among NSW secondary students aged 12 to 17 years

Substance	Percentage reporting ever used		Percentage reporting use in last 12 months	
	Males	Females	Males	Females
Painkillers or analgesics	92.8	97	88.5	94.3
Alcohol	76.2	78.2	56.1	56.2
Tobacco	25.6	24.9	16.5	17.5
Inhalants	20.2	19.7	14.3	14.8
Cannabis	13.4	12.4	11.3	10.6
Sleeping tablets/ sedatives/ tranquillisers (non-medical use)	16.0	16.2	8.6	9.6
Ecstasy	4.9	3.9	4.5	3.3
Amphetamines (non-medical use)	3.6	3.7	3.2	2.9
Hallucinogens	3.2	2.4	2.7	1.9
Cocaine	3.4	2.3	2.9	1.9
Steroids	2.6	1.4	2.0	0.9
Heroin	2.5	1.7	1.8	1.2

Source: New South Wales School Students Health Behaviours Survey: 2008 Report. Centre for Epidemiology and Research, NSW Department of Health 2009.

The table indicates the proportion of students surveyed reporting they ever used or used a substance in the last 12 months. Students in the survey were asked questions about each substance and this was reported in three age ranges of 12 to 15 years, 16 to 17 years and 12 to 17 years.

The drugs most commonly used by young people are painkillers or analgesics, alcohol and tobacco. Around 95 per cent of students had ever used painkillers or analgesics and over two thirds of secondary students had used them in the four weeks before the survey. More females than males were regular users of painkillers or analgesics. In the week before the survey 45.4 per cent of females compared to 33.8 per cent of males had used painkillers or analgesics.

The 2008 New South Wales School Students Health Behaviours Survey report indicates that experience with alcohol becomes more common as age increases. By the age of 14 almost 80 per cent of students had consumed alcohol at least once and by the age of 17 almost 60 per cent had used alcohol in the last four weeks before the survey. The proportion of current drinkers (defined as those who consumed alcohol in the seven days prior to the survey) was 21.5 per cent of males and 19.5 per cent of females across all ages.

Close to one quarter of the students surveyed had ever used tobacco. In 2008, 89.5 per cent of males and 88.8 per cent of females aged 12 to 17 years considered themselves to be nonsmokers. As with alcohol, the use of tobacco becomes more common as age increases. While 5.5 per cent of students aged 12 to 15 years considered themselves to be current smokers (heavy, light or occasional smokers), 16.6 per cent of students aged 16 to 17 years were reported as current smokers. Of those students who currently smoke, 42.9 per cent indicated they wanted to quit smoking.

The inhalant use figures represent those students who have deliberately sniffed or inhaled a substance (excluding textas and liquid paper) in order to get high or for the way it makes them feel. The proportion of students who had ever used inhalants decreased between 1996 and 2008. Students aged 12 to 15 years were more likely than students aged 16 to 17 years to have ever used inhalants.

The most frequently used illicit drug is cannabis. Around thirteen per cent of school students aged 12 to 17 years who were surveyed reported ever using cannabis. Cannabis use increased with age from 2 per cent of 12 year olds reporting they had ever used cannabis to 29 per cent of 17 year olds. It should be noted that the prevalence of cannabis use among school aged students has decreased in the period 1996 to 2008. Examining changes in the use of cannabis for all 12 to 17 year olds surveyed between 1996 and 2008 showed that lifetime, monthly and weekly use of cannabis was lower in 2008 than in any other survey year. This pattern of results was consistent for males and females (Centre for Epidemiology and Research, 2009).

Levels of use of other illicit drugs are much lower. For example, 4.4 per cent of students reported they had ever used ecstasy and 2.9 per cent of students reported they had ever used cocaine. While there has been no significant change in the proportion of students aged 12 to 17 years to have ever used ecstasy, there has been an increase for the 16 to 17 year age group between 2005 and 2008.

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	<p>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.</p> <p>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.</p>

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 33), *Drugs in schools: Procedures for managing drug related incidents* (NSW Department of Education and Training), the booklet [Drugs: Just the facts](#) or the booklet, [Sniffing: the dangers of solvent use by young people](#)

Lapse

A relatively isolated use of drugs or alcohol after a period of abstinence (sometimes referred to as a slip). Refer to 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