

Young People and Drugs:

Professional learning materials



**Education
& Training**



Young People and Drugs: Professional learning materials

Purpose

Young People and Drugs: a guide for schools to support students (*Young People and Drugs*) helps schools maximise support for young people at risk of drug related harm. It guides schools to implement appropriate prevention and intervention strategies and to identify and support young people who may be experiencing problems with tobacco, alcohol or other drugs. The resource will also help schools access tobacco, alcohol or other drug information and treatment services, as well as link families and young people to appropriate support services.

Teachers 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. These professional learning materials help staff develop additional knowledge and understandings to respond to students experiencing drug related problems. They promote a whole school approach to drug prevention and intervention and recommend that schools conduct a whole school review of procedures and practices.

The suggested review process will enable schools to identify specific needs and to plan and implement whole school actions to address these. This may include identifying particular drug use issues or a need to provide additional support to students at risk of drug related harm.

The professional learning materials can be used with all teachers, to help them:

- become familiar with *Young People and Drugs*
- explore current and future whole school drug prevention and intervention requirements.

Additional support for students may be provided through the implementation of a brief or targeted intervention. More information about this support can be found on page 16 of [Young People and Drugs](#).

Professional learning content and delivery

The professional learning has been organised into three sessions:

Session 1: Steps 1–6

Supporting individual students at risk of drug related harm

Introduces *Young People and Drugs* and highlights key issues.

Session 2: Steps 7–13

A whole school approach to drug prevention and intervention

Explores whole school approaches to drug prevention and intervention as well as further support for students. The final step (Step 13) allows schools to conduct a review of whole school drug prevention and intervention.

Session 3: Steps 14–18

Improving whole school drug prevention and intervention

Follows up the whole school review of drug prevention and intervention; identifies areas of strength and areas for improvement; and determines appropriate early intervention approaches.

It is suggested that an appropriate staff member (for example, the school principal, executive staff or welfare coordinator) lead the professional learning activities with the assistance of the school counsellor where possible.

The professional learning materials include:

1. [Facilitator notes](#) for Sessions 1, 2 and 3; pages 4 to 23
2. [Young People and Drugs](#) – a PowerPoint slide presentation to accompany the facilitator notes
3. [Step by step guide](#) to review whole school drug prevention and intervention – steps and tools to guide the review process; pages 24 to 29
4. [Handouts](#) provide discussion triggers and suggested activities; pages 30 to 39
5. [Appendices](#); pages 40 to 45.

Suggested use

The three professional learning sessions may be delivered in different ways to suit school needs:

- options A, B and C below provide suggestions for the organisation of sessions
- the order and number of slides in the slide presentation can be changed
- time allocations will depend on the activities selected.

Options	Suggested organisation	Minimum time allocation
A	Two separate sessions conducted during a school development day (Session 1 and 2 separated by a break). Session 3 to follow at a later staff meeting or school development day.	
	<ul style="list-style-type: none"> • Session 1 • Session 2 • Session 3 <p>Note: Session 3 to follow within one term of sessions 1 and 2</p>	On the same day 1 x 40 mins 1 x 40 mins 1 x 40 mins Total = 120 mins
B	<ul style="list-style-type: none"> • Session 1 • Session 2 • Session 3 <p>Note: – Sessions 1 and 2 conducted within one month of each other – Session 3 to follow within one term of session 2</p>	Three separate sessions scheduled at three separate staff meetings 1 x 40 mins 1 x 40 mins 1 x 40 mins Total = 120 mins
	One longer session (Session 1 and 2 consecutively) scheduled during a school development day or general staff meeting. Session 3 to follow at a later staff meeting or school development day.	1 x 80 mins 1 x 40 mins Total = 120 mins
C	<ul style="list-style-type: none"> • Session 1 and Session 2 delivered consecutively • Session 3 <p>Note: Session 3 to follow within one term of sessions 1 and 2</p>	1 x 80 mins 1 x 40 mins Total = 120 mins

Facilitator Notes

Session 1: Supporting students at risk of drug related harm Steps 1–6

This session:

- introduces *Young People and Drugs* and highlights key issues
- explores adolescent drug use
- increases understanding of how to respond to students at risk of drug related harm.

Step 1. Introduction and overview (Slides 1 and 2)

What you do	Notes
<p>Show Slide 1: Title page.</p> <p>Introduce the resource.</p> <p>Show how to access <i>Young People and Drugs</i>.</p> <p>Display the internet link to drug education teacher resources at http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/distribres_tchr.php.</p>	<p><i>Young People and Drugs</i> provides a guide for schools to implement appropriate strategies to support young people who may be experiencing drug related problems.</p> <p>The resource should be used in conjunction with the Drugs in Schools Policy and Drugs in Schools: Procedures for managing drug related incidents</p>
<p>Show Slide 2: Purpose.</p> <p>Explain the aim of the professional learning.</p> <p>Outline the contents of the resource.</p>	<p>The professional learning aims to maximise support for students who are at risk of developing tobacco, alcohol or other drug related problems.</p> <p>The purpose of this session is to enhance teacher awareness of drug related issues and the range of support offered. It includes suggestions on how to:</p> <ul style="list-style-type: none"> - identify when a student might have a drug use problem - approach and talk to young people about possible drug use problems. <p><i>Young People and Drugs</i> provides:</p> <ul style="list-style-type: none"> - guidelines for appropriate referrals - lists of helpful contacts for schools - sources of information about drugs. <p>It also provides a framework to help reduce the risk of harm associated with drug use problems for all students. Effective strategies and successful approaches implemented in schools are included. For further information on Slides 1 and 2, refer to pages 5 and 6 of <i>Young People and Drugs</i>.</p>

Step 2. What is drug misuse and what are the associated problems? (Slides 3 and 4)	
What you do	Notes
<p>Show Slide 3: <i>What is drug misuse?</i></p> <p>Ask staff:</p> <p><i>What are some examples of harms resulting from drug misuse?</i> Think of physical, psychological, economic, legal and social harms.</p> <p>Discuss the difference between drug misuse and dependence.</p>	<p>Drug misuse refers to any use of drugs that causes physical, psychological, economic, legal or social harm to the user or to others from the drug user's behaviour.</p> <p>A young person may misuse drugs without becoming dependent.</p> <p>Dependence means that the person has difficulty controlling his or her drug use and continues to use despite adverse consequences.</p> <p>For further information, refer to page 7 of <i>Young People and Drugs</i>.</p>
<p>Show Slide 4: <i>Problems associated with adolescent drug misuse.</i></p> <p>Outline the possible consequences of adolescent drug misuse.</p> <p>Explain the risks associated with early drug use in adolescence.</p>	<p>Brain development continues into early adulthood. Heavy adolescent drug use may affect the development of brain functions such as self control, judgement, emotions and organisation.</p> <p>Delayed maturation impedes the accomplishment of important developmental tasks such as developing interpersonal skills, educational skills, taking responsibility and formation of a prosocial personality (feeling empathy and concern for others and engaging in helpful actions).</p> <p>Nearly half of all people treated for a drug use disorder also suffer from a mental health disorder eg anxiety, depression.</p> <p>Treatment prognosis is poorer where two disorders co-exist.</p> <p>Adolescent drug use is associated with higher risk of suicide.</p> <p>There is a strong relationship between drug misuse and a history of abuse eg child sexual abuse, family violence and family dysfunction.</p> <p>Early use of tobacco, alcohol or other drugs:</p> <ul style="list-style-type: none"> - can predict more frequent use during late adolescence - is an increased risk for later dependence and other health problems in adulthood eg accidental injuries and respiratory problems. <p>For further information, refer to page 7 and 8 of <i>Young People and Drugs</i>.</p>

Step 3. How frequently do adolescents use drugs and why do they use them? (Slides 5, 6 and 7)	
What you do	Notes
<p>Ask the following questions before showing Slide 5:</p> <p><i>Which drugs do young people most commonly use?</i></p> <p><i>Which are the most commonly used illegal drugs?</i></p> <p><i>What differences between the drug use of males and females can we observe?</i></p>	<p>It may be helpful to quote the definition of a drug given in the resource.</p> <p><i>A drug is any substance which, when taken into the body, alters its function physically or psychologically excluding food, water and oxygen.</i></p> <p>Drugs can be legal (eg caffeine, alcohol, tobacco, over-the-counter and prescribed medications) or illegal (eg cannabis, ecstasy).</p>
<p>Show Slide 5: Prevalence of drug use among NSW secondary students 12 to 17 years.</p> <p>Compare staff responses with the slide:</p> <p>Check for staff understanding of the prevalence of adolescent drug use.</p> <p>Alternative activity</p> <p>Ask staff to work in small groups. Distribute one set of cards with percentages and a substance template to each group. Ask groups to match percentage cards to a 'substance' used by students 12 to 17 years on the template.</p>	<p>The 2008 report from the <i>New South Wales School Students Health Behaviours Survey</i> provides information about, and comparisons of, trends in health behaviours and attitudes of secondary school students. Alcohol and other drug use data for the report were collected during 2008. The data presented reflects the responses of over 7,500 students aged 12 to 17 years across NSW.</p> <p>The drugs most commonly used by young people are alcohol, tobacco and analgesics.</p> <p>Cannabis is the most frequently used illegal drug. Levels of use of other illegal drugs are significantly lower. Cannabis use has decreased significantly in the last decade.</p> <p>While there has been no significant change in the proportion of students aged 12 to 17 years to ever use ecstasy, there was an increase for the 16 to 17 year age group between 2005 and 2008.</p> <p>The use of inhalants (that is, deliberately sniffing volatile substances) is not illegal. However, using them can be particularly harmful, even with a single use.</p> <p>For young people, legal drugs present more concerns than illegal drugs.</p> <p>Young people tend to overestimate the drug use of their peers. Using normative data is more accurate than relying on the perception of students, adults or the media.</p> <p>Notes: alternative activity.</p> <p>Prepare materials prior to the staff meeting. Use data from the <i>New South Wales Secondary Schools Health Behaviours survey: 2008 Report</i> provided on pages 40 and 41:</p> <ul style="list-style-type: none"> determine the number of templates and card sets required. Provide one template and one set of cards for each small group copy the A4 template with list of 'substances' to cards (see appendix 1 on page 40) copy the substance use percentages onto card – see appendix 2, page 41. This shows percentages reporting use in the last 12 months. Cut up to make one set of 8 substance use cards (male and female columns on the one card).

Step 3 continued

What you do	Notes
<p>Show slide 5 and compare responses with the table displayed.</p> <p>Ask: <i>Is this what you would expect? Why?</i> <i>What does the data say about the number of students not using drugs?</i> Discuss responses.</p> <p>Summarise: Very few people choose a totally drug free lifestyle. Drug use does not equal drug abuse.</p>	<p>For further information, refer to pages 36 and 37 of <i>Young People and Drugs</i>.</p>
<p>Show Slide 6: Important note. Emphasise:</p> <ul style="list-style-type: none"> • all drug use has the potential for harm • most young people who try alcohol and illegal drugs do not become problem users. <p>However, the focus of <i>Young People and Drugs</i> is on helping those who do have drug use problems, as well as preventing or reducing potential harms. It promotes the strengthening of broader protective factors in the school.</p> <p>Emphasise the concept of normative education as an important strategy in drug education.</p>	<p>Not all drug use is hazardous or harmful, although it is not always easy to distinguish between use and abuse.</p> <p>Factors such as the person using the drug, the drug itself, how it is used and the environment in which it is used influence the degree of risk of harm.</p> <p>An example of a single incidence of drug use having a great potential for harm is where a young person drives a car when intoxicated and injures or kills themselves and others.</p> <p>It is important to recognise that most young people do not use drugs regularly or approve of others using drugs. Convey this message to young people as this helps to reduce the pressure on students to conform to a false perception.</p> <p>For further information, refer to pages 36 and 37 of <i>Young People and Drugs</i>.</p>
<p>Show Slide 7: Reasons young people use drugs. Reveal the slide heading only. Ask staff to brainstorm reasons. List these on a whiteboard. Then click on the slide again to show the list provided. Compare with the group list.</p> <p>Alternative activity Discuss the reasons listed and ask if there are any which might indicate that a young person may have a drug use problem. Emphasise that most young people who use drugs do not become drug dependent.</p>	<p>The use of drugs does not necessarily mean that the young person has underlying emotional problems or needs help. The reasons for drug misuse are complex.</p> <p>For further information, refer to page 35 of <i>Young People and Drugs</i>.</p>

Step 4 continued

What you do	Notes
<p>Show Slide 9: Identifying drug use problems: Cautionary notes.</p> <p>Emphasise the importance of being aware that:</p> <ul style="list-style-type: none"> • behavioural signs that can be attributed to drug misuse may have many other explanations • drug use does not necessarily mean that a person will be misusing drugs or go on to develop a problem with drugs • the act of labelling a young person as a drug user by itself can reinforce this behaviour and place the student further at risk of developing drug use problems. 	<p>Being labelled a drug user may lead to increased drug use because:</p> <ul style="list-style-type: none"> - the drug user perceives the label as positive, leading to improved self concept - the drug user is alienated from society and therefore sees no need to conform - the drug user has less contact with non-users and more involvement with users. <p>Often people look for the behavioural signs that refer to illegal substances only, and pay less attention to alcohol and tobacco. Emphasise that these are the most commonly used drugs and cause the most damage in society. Their use should not be viewed as less harmful.</p> <p>For further information, refer to pages 17 and 18 of <i>Young People and Drugs</i>.</p>

Step 5. How might teachers approach a young person about possible drug use? (Slides 10,11 and 12)	
What you do	Notes
<p>Show Slide 10: Confidentiality and privacy.</p> <p>Ask teachers to suggest what possible issues might arise.</p>	<p>An issue for teachers might relate to exercising duty of care to report concerns about a young person's welfare and safety</p> <p>Issues for the student might include:</p> <ul style="list-style-type: none"> - fear that the teacher might tell others, eg parent - fear that he or she will get into trouble. <p>Teachers should discuss with the principal matters that need to be reported and the procedures for doing so.</p>
<p>Show Slide 11: Limits of confidentiality.</p> <p>Use this slide to emphasise the key points. Relate the discussion, where indicated, to the issues raised in the previous slide.</p> <p>Alternative activity</p> <p>Reveal each point on the slide, one by one.</p> <p>Discuss the implications for providing support to students with drug use problems.</p>	<p>Students have a right to privacy (see the Privacy code of practice) but teachers cannot always guarantee confidentiality as they have a duty of care to protect students against risk of harm.</p> <p>Teachers should advise students that they may need to tell a third person who has the power to make sure the student gets help with their problem. This should be done in a supportive manner which does not set up a barrier to the student seeking help.</p> <p>Inform the student beforehand if you intend to seek other advice or pass on your concerns to another staff member. When passing on concerns, only communicate to a third party what is necessary and relevant.</p> <p>For further information, refer to page 18 of <i>Young People and Drugs</i>.</p>

Step 5 continued

What you do	Notes
<p>Show Slide 12: <i>Talking to young people about possible drug use.</i> Reveal each point on the slide, one by one, and discuss how the suggested strategies would promote communication. Stress that it is important to use an approach that encourages communication.</p> <p>Optional activity Distribute copies of Handout 1, <i>Talking to young people about drug use</i> and Handout 2, <i>Guidelines for talking to a young person about possible drug use.</i> Participants can work individually or in small groups. Ask the participants to:</p> <ul style="list-style-type: none"> - refer to Handout 2 to guide responses - write answers to the questions under the scenario. <p>Ask the group to share findings. Discuss responses.</p> <p>NB Schools may provide additional training for designated staff to implement a brief intervention as part of an early intervention strategy. This will enable them to respond more effectively to students experiencing drug related problems.</p>	<ul style="list-style-type: none"> • First consider who is the best person to approach the student. Another staff member may be more experienced or have better rapport with the student. • When speaking with young people it is important that drug use is not normalised with comments that imply all young people behave in a particular way or that drug use is something that all young people do as a part of adolescence. • Adults should talk to young people in a way that encourages two way communication. Lecturing or questioning at length may lead to resentment and lack of cooperation. Most of all people, including young people, need to be 'heard'. <p>During discussions about drug use with a student, teachers may discover that the student uses drugs at school. This may raise disciplinary issues:</p> <ul style="list-style-type: none"> - it may put the teacher in a position where they are obliged to tell another person - it is important that teachers first explain privacy, and the limits of confidentiality to the student - students need to know that the teacher may have to tell a third person who has the power to make sure the student gets help with their problem. <p>Students who use and/or supply illegal drugs at school are to be suspended. This is consistent with <i>Suspension and expulsion of school students – procedures.</i></p> <p>In the scenario in Handout 1, if a teacher finds out from the student that he has used cannabis at school during lunch time, the teacher needs to inform the principal. Following discussion and further enquiries, the principal may suspend the student.</p> <p>Suspension allows students time to reflect on their behaviour and to accept responsibility for changing their behaviour. It also allows time for school personnel to plan appropriate support for the student to assist with successful re-entry and overcome their drug use problems.</p> <p>Refer to Handout 1 (page 30) and Handout 2 (page 32). Suggested responses are provided on page 31 of the <i>Professional support materials.</i></p> <p>For further information, refer to pages 18 to 20 of <i>Young People and Drugs.</i> Refer also to the documents <i>Drugs in Schools Policy</i> and <i>Drugs in schools: Procedures for managing drug related incidents.</i></p>

Step 6. How can schools provide support to students? (Slides 13 and 14)	
What you do	Notes
<p>Show Slide 13: <i>Strategies to support students.</i></p> <p>Reveal the slide heading only.</p> <p>Ask the staff for ideas about ways that teachers can support students with drug use problems. Click on the slide again to reveal the list of strategies provided.</p> <p>Compare these with the staff suggestions.</p> <p>Discuss referral to outside agencies using the guidelines in <i>Young People and Drugs</i> (page 23 and 24).</p> <p>Explain that a range of more specific intervention strategies have been developed to support students at risk of drug related harm.</p>	<p>Teachers have a valuable role to play as advisers or concerned adults.</p> <p>Teachers with specific welfare roles may offer students information, eg pamphlets with drug facts, contact details for services.</p> <p>Referral to the school counsellor, or another health professional, may be advisable.</p> <p>The main points to consider are:</p> <ol style="list-style-type: none"> 1. School counsellors are the most appropriate staff members to facilitate referrals to outside agencies. 2. Parents and/or students are responsible for making a referral – the role of the school is to inform the client of the range of options. <p>For further information, refer to <i>Young People and Drugs</i> pages 22 to 24 and Section 4, Resources for schools.</p> <p>Components of the early intervention strategy focus on enhancing skills to enable staff to support students at risk of drug related harm.</p>
<p>Show Slide 14: <i>Useful contacts for schools.</i></p> <p>Draw the attention of staff to some of the contacts and resources available.</p> <p>Explain where to find contact details for them in the resource and on the department's internet site.</p> <p>Ask staff to share knowledge of any useful local resources. Note these on the <i>Quick reference chart</i>.</p>	<p>Regional personnel can provide advice and help to schools, for example:</p> <ul style="list-style-type: none"> - Consultants with the responsibility for drug education can help plan and implement drug education - Student welfare consultants can provide support to enhance student wellbeing. <p>NSW Health:</p> <ul style="list-style-type: none"> - Area School-Link Coordinators can liaise with schools in relation to the promotion of mental health programs and practices in schools - Drug and Alcohol Services can provide counselling for students. <p>Other departmental personnel whose support might be useful include: regional support personnel such as the home school liaison officer, Aboriginal community liaison officer and multicultural community liaison officer.</p> <p>The last section of <i>Young People and Drugs</i> contains information on the resources available to schools. It provides:</p> <ul style="list-style-type: none"> - a description of materials developed by the department to support drug education - information on where and how they can be found. <p>For further information refer to <i>Young People and Drugs</i>: pages 30 to 34 and page 44 – a quick reference chart.</p>

Session 2: A whole school approach to drug prevention and intervention

Steps 7–13

Complete Session 1 (Steps 1 to 6) prior to conducting Session 2.

This session explores:

- whole school approaches to drug prevention and intervention
- further strategies to support individual students
- current whole school prevention and early intervention practices.

Step 7. What is the role of the school in prevention? (Slides 15, 16 and 17)

What you do	Notes
<p>Show Slide 15: <i>What is the role of the school in prevention?</i></p> <p>Explain that providing a safe and supportive school environment is important in preventing drug use problems.</p> <p>Introduce the concept of risk and protective factors for drug abuse.</p> <p>Distribute Handout 3: <i>Risk and protective factors for adolescent drug misuse.</i></p> <p>Refer staff to examples of risk and protective factors on the handout.</p> <p>Ask staff to:</p> <ul style="list-style-type: none"> - read the summary of what the research indicates - underline the key risk and protective factors that relate to the school experiences for young people in the school community. <p>Share and discuss responses.</p>	<p>When a student’s social, emotional and learning needs are met and when they develop strong connections to school, risk is reduced.</p> <p>Environmental and individual characteristics (risk factors) that may contribute to some young people being particularly vulnerable to developing problematic drug use have been identified.</p> <p>Other factors (protective factors) protect individuals from developing drug use problems by strengthening their resilience or capacity to cope with adverse circumstances.</p> <p>School related risk factors include:</p> <ul style="list-style-type: none"> - a high rate of absenteeism and truancy - school failure and academic difficulties - a lack of commitment to schooling - school transitions to a more impersonal and more anonymous environment with more complex structures. <p>Key factors which protect young people against drug abuse include:</p> <ul style="list-style-type: none"> - academic success and commitment to schooling - well developed social and interpersonal skills - decision making skills and intellectual abilities - sense of self efficacy and personal responsibility - close relationship with a parent, teacher or adult mentor - sense of bonding to school and acceptance of society’s values. <p>Print Handout 3 on pages 33 and 34 as a back to back page.</p> <p>Refer to Section 1 of <i>Young People and Drugs</i> on pages 8 and 9.</p>

Step 7 continued

What you do	Notes
<p>Refer to Handout 3 (back page): Participants can work individually or in small groups. Ask each person or group to:</p> <ul style="list-style-type: none"> - suggest current strategies, procedures and practices that promote protective factors within the school - record responses on the handout. <p>Make a summary of suggestions. Discuss responses.</p> <p>Optional activity Ask staff to give their ideas about areas in which the school can actively foster the development of protective factors. Discuss responses.</p> <p>Note: Staff will have an opportunity to discuss ways to enhance protective factors in the following session.</p>	<p>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 and intervention strategies require a collaborative approach from the whole community.</p> <p>For further information, refer to pages 7 and 8 of <i>Young People and Drugs</i>.</p>
<p>Show Slide 16: A framework for drug prevention.</p>	<p>The three focus areas provide a framework for drug prevention. For further information, refer to page 10 of <i>Young People and Drugs</i>.</p>

Step 7 continued

What you do	Notes
<p>Show Slide 17: <i>Prevention involves interaction between the three focus areas.</i></p> <p>Outline the focus strategies listed on the slide. Relate them to the promotion of protective factors known to reduce the risk of drug misuse.</p> <p>Explain that classroom delivery of drug education lessons is only one aspect of drug prevention.</p> <p>Note: Explain that the review of the school's drug prevention approach (at the end of this session) will help identify some more specific strategies to strengthen these focus areas in the school.</p>	<p>The role of every staff member is to support students through coordinated actions across the three areas.</p> <p><i>Focus area 1: A safe, supportive and engaging environment</i> – helps protect young people against a range of health problems, including drug misuse.</p> <p><i>Focus area 2: Quality learning and teaching</i> – early school leaving and poor academic achievement are associated with increased risk of drug misuse.</p> <p>Drug education needs to be located within a broad, comprehensive whole school prevention framework. Students need developmentally appropriate and accurate information about drugs and their effects as well as opportunities for interpersonal skill development.</p> <p><i>Focus area 3: Home, school and community partnerships</i> – the values and attitudes young people hold influence decisions they make about drug use. Families strongly influence their values and attitudes.</p> <p>Schools should consult parents and the local community when developing drug education programs to ensure that they are relevant to the needs of students and the community.</p> <p>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.</p>

Step 8. What is the role of the school in early intervention? (Slides 18 and 19)

What you do	Notes
<p>Show Slide 18: <i>Prevention and early intervention</i></p> <p>Ask: <i>Where may you have seen this diagram before?</i></p> <p>Discuss: this diagram illustrates how a whole school approach meets the drug related needs of all students.</p> <p>Explain that:</p> <ul style="list-style-type: none"> - schools can proactively manage support for all students - it is more effective and sustainable to consistently embed appropriate practices into school structures and procedures than reacting to issues as they arise. 	<p>This diagram refers to three levels of support that can be implemented by schools to help students at risk of drug related harm. Similar diagrams are used to illustrate support for students requiring behaviour or mental health intervention in Positive Behaviour Interventions and Supports (PBIS) and MindMatters.</p> <p><i>Universal drug prevention</i> includes policies, programs, procedures and strategies to reduce drug related harm for all students regardless of substance use history eg departmental policies, school procedures, wellbeing and resilience building strategies, drug education lessons.</p> <p><i>Early intervention</i> involves providing additional support for an even smaller proportion of students. Students or groups of students who may be at risk due to experimental or regular drug use are the focus. They may or may not indicate signs and symptoms of drug use.</p> <p><i>Treatment</i> refers to additional intervention required for an even smaller number of students with more complex drug related issues. These students would require intervention with counsellor involvement.</p>

Step 8 continued

What you do	Notes
<p>Show Slide 19: <i>What is the role of the school in early intervention?</i></p> <p>Explain that:</p> <p>The purpose of early intervention is to be proactive in the early stages of harmful drug use.</p> <p>'Early stage' relates to both:</p> <ul style="list-style-type: none"> • drug use at an early developmental age and • early on in the drug use pathway. <p>Reinforce the importance of taking action to address early substance use to reduce the impact on the individual.</p> <p>Briefly outline the early intervention strategy. Explain that we will discuss this further in the follow up session.</p>	<p>In early intervention, it is important to acknowledge that some students will experiment with drugs. This does not mean condoning drug use.</p> <p>The aim of early intervention is to reduce harm.</p> <p>Schools should be concerned with drug use that is:</p> <ul style="list-style-type: none"> - likely to be harmful to the health and wellbeing of the student and others - interrupting, or could potentially interrupt learning, behaviour and/or attendance. <p>Early intervention helps to avoid risk behaviours becoming entrenched and keeps students at risk engaged and connected with school.</p> <p>The department has developed an early intervention strategy. A whole school drug prevention and intervention approach is one aspect. Other aspects include:</p> <ul style="list-style-type: none"> - additional skill development for designated staff to support students at risk of drug related harm - specific drug related brief interventions for tobacco and alcohol.

Step 9. What do staff need to know about supporting students at risk of drug related harm? (Slide 20)

What you do	Notes
<p>Show Slide 20: <i>Understanding the Stages of Change model.</i></p> <p>Explain that:</p> <ol style="list-style-type: none"> 1. The Stages of Change model is useful for understanding and assessing a young person’s willingness to change their behaviour. It illustrates that changing habitual behaviour is difficult and that relapse is common. 2. A person who is ‘happy’ with their drug use and sees no problems (precontemplation stage or ‘happy user’) is not likely to be receptive to suggestions that he or she should change behaviour. 3. Once drug use begins to cause some problems for the user, he or she may begin to contemplate change and be motivated to change and move to take action. 4. Maintaining the change is difficult and the user may use again (relapse). Relapse is as a normal part of changing habitual behaviour. The person is encouraged to maintain their motivation to change and see the relapse as a temporary slip up. <p>Stress that a person with a drug use problem may need long term support to change.</p> <p>Optional activity</p> <p>Read the following scenario:</p> <p><i>A year 9 student has been smoking for 3 years. Lately their name has come up in conversation around staffrooms due to truanting. You notice the student’s frequent lateness to your class after breaks and the smell of smoke.</i></p> <p>Ask staff to discuss with a partner:</p> <ol style="list-style-type: none"> 1. <i>What stage do you think the student might be in?</i> 2. <i>What possible intervention strategies could help in your approach to this student?</i> <p>Take a response from the group and discuss. Ask if there is a different response.</p>	<p>School counsellors have had training in an alcohol and other drugs counselling method called <i>Motivational Interviewing</i> which takes into account the stages of change. This method helps the counsellor to assess readiness to change, enhance the motivation of the young person to change, and determine appropriate strategies to support the person at different stages.</p> <p>For further information, refer to pages 20 and 21 of <i>Young People and Drugs</i>.</p> <p>Staff may develop additional knowledge and skills through professional learning to help students at risk of alcohol or drug related harm. The early intervention strategy <i>Keep them talking</i> is designed to enhance communication skills and support the implementation of a brief intervention.</p> <p>Notes: Optional activity</p> <ol style="list-style-type: none"> 1. The student in the scenario appears to be in the precontemplation stage. However, the stage may not become clear without talking with the student. 2. Refer to Table 2 on page 21 of <i>Young People and Drugs</i> for possible strategies. Discuss strategies from the precontemplation stage and any relevant strategies from the contemplation stage. <p>Remind staff of the guidelines for talking to a young person about possible drug use (Session 1, Step 5 on page 10). It is important not to jump to conclusions, judge or make assumptions. Follow up should be consistent with school procedures.</p> <p>Some staff may feel comfortable to talk further with the student about smoking, if confirmed, and to offer advice or information. Others may need to decide who is the best person to speak with the student.</p>

Step 10. What do staff need to know about referral of students? (Slide 21)	
What you do	Notes
<p>Show Slide 21: <i>Referral to the school counsellor.</i></p> <p>Explain that Slide 21 lists circumstances when a student involved in a drug related incident should be referred to the counsellor.</p>	<p>School counsellors have additional training that enables them to:</p> <ul style="list-style-type: none"> - support students who have drug and alcohol problems - assess the nature of the problem - assess the need for further support - develop motivation to change behaviour. <p>School counsellors can assess the severity of the problem and determine whether the student should be referred to specialised services.</p> <p>A proper assessment is necessary to determine appropriate intervention.</p> <p>School counsellors should initiate referrals from the school to outside agencies and serve as the school's contact person.</p> <p>Reminder</p> <p>Refer to notes for Slide 13 (Step 6, Session 1 on page 11) for information on referral.</p> <p>For further information refer to pages 23 and 24 of <i>Young People and Drugs</i>.</p>

Step 11. How can schools involve parents and caregivers? (Slide 22)	
What you do	Notes
<p>Show Slide 22: <i>Involving parents and caregivers.</i></p> <p>Explain that if parents need to be informed of student drug misuse, school procedures will determine:</p> <ul style="list-style-type: none"> - who is the most appropriate person to approach the parents - how this should be done. <p>Discuss each point on the slide.</p> <p>The key issue is to enlist parental support in order to ensure the most favourable outcome for the student.</p>	<p>Parental support may be vital in helping their children overcome problems.</p> <p>In general, parents/caregivers should be informed and involved when their children are misusing drugs.</p> <p>Consideration, however, needs to be given to privacy rights of children and young people.</p> <p>Refer to page 23 of <i>Young People and Drugs</i> for further information.</p> <p>For further information about procedures to be followed when a student uses or supplies a restricted substance at school refer to <i>Suspension and expulsion of school students – procedures</i> and <i>Drugs in schools: Procedures for managing drug related incidents</i>.</p>

Step 12. How can schools support students whose parents use drugs? (Slide 23)	
What you do	Notes
<p>Show Slide 23: Supporting students whose parents use drugs.</p> <p>Discuss each point on the slide.</p>	<p>While referral to the school counsellor is advisable, teachers have a role in supporting students whose parents use drugs.</p> <p>Teachers are reminded to report suspected risk of harm. For further information, refer to pages 24 and 25 of <i>Young People and Drugs</i>.</p>

Step 13. Review whole school drug prevention and early intervention. (Refer to pages 24 to 29, Step by step guide: Review of whole school drug prevention and intervention)	
What you do	Notes
<p>Begin the review process</p> <p>Explain that drug use is a complex issue that requires a cooperative and coordinated whole school response.</p> <p>The review process can help determine areas of need as well as appropriate brief interventions for implementation.</p> <p>The survey is the first step in the process.</p> <p>Step 1: Survey school staff</p> <ol style="list-style-type: none"> Distribute Handout 4. Explain to staff that the survey is based on the three focus areas of the drug prevention framework. Explain that the survey will identify whole school drug prevention and intervention practices currently demonstrated. Ask staff to complete the survey independently. <p>Prior to staff completing the survey:</p> <p>Draw attention to specific sections for completion by all teachers, the welfare team or the executive.</p> <p>Collect surveys after completion.</p>	<p>Consider who may take responsibility for broad planning and how the review process will be implemented in the school, for example a designated executive member in consultation with the student welfare team.</p> <p>The review helps schools identify areas of need such as professional learning or a specific intervention. Ensuring that whole school drug prevention and intervention is in place, is the first and essential step in implementing interventions that are more specific.</p> <p>Refer to: How do schools implement the review process? and Step 1: Survey school staff on page 25.</p> <p>The survey provided (Handout 4 on pages 35 to 37) shows recommended actions under each of the three focus areas of the drug prevention framework.</p> <ul style="list-style-type: none"> • A safe, supportive and engaging environment • Quality learning and teaching • Home, school and community partnerships. <p>Refer to steps of the review process on pages 24 to 29.</p>
<p>Step 2: Analyse survey responses</p> <p>Identify and summarise the main areas of strength and areas for improvement.</p> <p>Record the summary of findings onto slide 26 in preparation for Step 15 of Session 3 (see the PowerPoint presentation). Add dash points to reflect the summary under the dot point headings provided.</p>	<p>Refer to information provided in the review process – Step 2: Analyse survey responses.</p> <p>Determine who will lead the presentation of Session 3.</p>

Session 3: Improving whole school drug prevention and intervention

Steps 14–18

Complete Sessions 1 and 2 (Steps 1 to 13) prior to conducting Session 3.

This session:

- increases understanding of early intervention options
- allows staff to discuss the results of the survey
- enables staff to contribute to planning in the areas identified for improvement
- considers suitable brief interventions for implementation.

Step 14. Improving drug prevention and intervention. (Slide 24)

What you do	Notes
<p>Show slide 24: <i>Improving drug prevention and intervention.</i></p> <p>Explain the purpose of this session.</p> <p>Refer to the slide and outline the process for this session.</p>	<p>Refer to Step 3: Plan to improve school drug prevention and intervention on page 27.</p> <p>In this session staff will:</p> <ul style="list-style-type: none"> - gain knowledge about early intervention options - receive feedback on survey responses from the review in Session 2 - provide input to improve the school’s response to students at risk of drug related harm.
<p>Show slide 25: <i>Early intervention options.</i></p> <p>Explain that:</p> <ul style="list-style-type: none"> - whole school drug prevention and intervention sets the context for implementing more specific intervention strategies - this professional learning is an integral part of early intervention. <p>Explain that additional support can be provided for students through more specific intervention strategies. These include:</p> <ul style="list-style-type: none"> • <i>Keep them talking</i> • <i>Keep Left: Smoking cessation in schools</i> • <i>Alcohol – My Reality.</i> <p>Outline each of these brief interventions.</p> <p>Show staff how to find information about each of the specific intervention strategies on the Department’s internet website at xx.</p>	<p>Context for early intervention</p> <p>When teachers understand drug prevention approaches, are aware of early intervention options and know how to intervene, they can more appropriately respond to and support young people at risk of drug related harm.</p> <p>Keep them talking enables designated staff to gain additional knowledge and specific communication skills. This helps teachers to talk with young people about drug related issues and implement a brief intervention.</p> <p>Keep Left: Smoking cessation in schools is a resource for schools to use with students who smoke. It helps staff encourage and support young people who smoke to reduce the harms of tobacco smoking and to increase their motivation to quit or cut down, in preparation for quitting.</p> <p>Alcohol – My Reality helps staff talk to young people about alcohol. It also provides an interactive, self paced electronic student resource.</p> <p>The targeted brief interventions for tobacco and alcohol also provide schools with information for parents and the wider community.</p>

Step 15. Feedback on survey responses. (Slide 26)	
What you do	Notes
<p>Show slide 26: <i>Review of current prevention and intervention practices – survey results.</i></p> <p>Display the pre-prepared slide and discuss results of the survey.</p> <p>Summarise the main areas of strength and areas for improvement identified from staff responses. Refer to points on the slide.</p> <p>Explain the importance of maintaining the identified strength areas. Refer to specific strategies currently implemented in the school.</p> <p>Explain that staff will have an opportunity to provide input to areas identified for improvement.</p> <p>Describe briefly the overall planning process to enable improvements to be realised in the school.</p> <p>Talk about how specific school needs will be determined.</p>	<p>Refer to the review process – Step 3: Plan to improve school drug prevention and intervention.</p> <p>Refer to Step 13, Session 2.</p> <p>The pre-prepared slide will reflect the main areas identified by staff responses from the survey conducted during Session 2.</p> <p>Identify specific school procedures, programs or initiatives that illustrate how the school consistently demonstrates positive drug prevention and intervention practices. This will reinforce the importance and relevance of these practices and encourage staff to continue to demonstrate them.</p> <p>Outline areas for improvement with reference to an appropriate planning process determined by the school.</p> <p>The next three activities will collect ideas from staff to assist future planning and guide possible changes to school procedures and practices.</p> <p>This process will require prior consideration of staff roles and responsibilities as well as school priorities to determine future planning constraints.</p>

Step 16. How can schools promote positive student behaviours? (Slides 27 and 28)	
What you do	Notes
<p>Show Slide 27: <i>Helping students to be nonsmokers.</i></p> <p>Show the Slide heading only.</p> <p>Outline the importance of prevention and early intervention in response to smoking. Use background information in the notes opposite.</p> <p>Distribute Handout 5.</p> <p>Ask staff to work individually or in small groups to collect suggestions on what further practices and procedures could be implemented to:</p> <ul style="list-style-type: none"> - prevent smoking - improve the school's response to students who smoke. <p>Consider the need for implementing <i>Keep Left: smoking cessation in schools.</i></p> <p>Record responses under the appropriate headings on Handout 5.</p> <p>Indicate what professional support and training would be needed</p> <p>Report on group recommendations.</p> <p>Important note</p> <p>Emphasise the importance of not referring to individual students or 'labelling' during this activity. Use general references only such as 'students who smoke at school' during discussion.</p> <p>Collect group responses on Handout 5.</p> <p>Click on the slide again to display the suggestions given. Compare these suggestions with staff responses and discuss.</p>	<p>Background information</p> <p>Research suggests that if adolescents are less marginalised for their smoking behaviour, they may be less likely to progress to higher levels of drug use and/or other antisocial behaviour.</p> <p>Tobacco smoking is the single largest preventable cause of premature death and ill health in Australia.</p> <p>Eight out of ten new smokers are young people who start smoking during early adolescence.</p> <p>In 2008, 16.6 per cent of NSW secondary students aged 16 to 17 years, considered themselves current smokers (heavy, light or occasional). This compares to 5.5 per cent of those students aged 12 to 15 years. Of these current smokers, 42.9 per cent indicated they wanted to quit.</p> <p style="text-align: right;"><i>(The New South Wales School Students Health Behaviours Survey: 2008 Report, 2009)</i></p> <p>Organisation for the activity</p> <p>Staff can be grouped to suit a specific purpose, eg the PDHPE faculty may wish to focus on improving tobacco related teaching and learning.</p> <p>Refer to <i>Cautionary notes</i> on page 17 of <i>Young People and Drugs</i> for more information on the effects of 'labelling'.</p> <p>Discuss the need for schools to be proactive in helping students to be nonsmokers.</p>

What you do	Notes
<p>Show Slide 28: <i>Helping students stay safe around alcohol.</i></p> <p>Show the Slide heading only.</p> <p>Explain that:</p> <ul style="list-style-type: none"> • 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 safe in a society where alcohol use is prevalent and acceptable. • Once young people begin drinking, they are likely to become regular drinkers. <p>Emphasise that the school's response to alcohol related issues will require some different approaches to that of tobacco.</p> <p>Distribute Handout 6.</p> <p>Ask staff to work individually or in small groups to:</p> <ol style="list-style-type: none"> 1. Collect suggestions on what further practices and procedures could be implemented to promote safe behaviour around alcohol 2. Consider the need for implementing <i>Alcohol – My Reality</i> 3. Record responses under the appropriate headings 4. Indicate what professional support and training would be needed. <p>Remind staff again of the need to avoid naming or 'labelling' students during the discussion.</p> <p>Staff to report on recommendations.</p> <p>Collect group responses on Handout 6.</p> <p>Click on the slide again to display the suggestions given. Compare responses.</p>	<p>Background information</p> <p>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.</p> <p>The <i>New South Wales School Students Health Behaviours Survey: 2008 Report</i> indicates that there has been a 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 the last 4 weeks.</p> <p>However, 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.</p> <p>Particular concern relates to those students who:</p> <ol style="list-style-type: none"> 1. Report drinking at an early age 2. Drink alcohol regularly 3. Drink at levels that are likely to cause risk of harm through injury or ill health 4. Do not consider their drinking behaviour to be associated with potentially harmful consequences. <p>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.</p> <p>Alcohol use may impact adversely on brain development and lead to alcohol related problems later in life. Young people are particularly vulnerable and may have long lasting effects due to alcohol use because brain functions such as self control, judgement and emotions undergo greatest changes during adolescence.</p> <p>Discuss the need for schools to be proactive in encouraging students to stay safe around alcohol</p> <p>Young people should be encouraged to be responsible for their own behaviour.</p> <p>Note: many of the strategies listed on this slide may apply also to tobacco and to other drugs. For example, treating any drug use as a health issue, providing normative education and providing helpful, health promoting information to the school community should be common aspects of the school's response.</p>

Step 17. Improving support for students with other drug related problems.	
What you do	Notes
<p>Ask staff to consider students with other drug related problems.</p> <p>Remind staff of:</p> <ul style="list-style-type: none"> - the school referral process to the school counsellor and how further support is organised in the school - the need to exercise duty of care. <p>Collect ideas with a brainstorm of any particular procedures or practices that could further improve the school's response for these students.</p> <p>Ask staff to consider:</p> <ul style="list-style-type: none"> - suggestions across the three focus areas of the drug prevention framework - any further professional learning and training needs. <p>Discuss.</p> <p>Record responses.</p>	<p>Other drug related problems may include the use of illegal drugs or the use of drugs by parents or carers of students.</p> <p>Refer to <i>Drugs in Schools: Procedures for managing drug related incidents</i> (section 1.1.0) for guidance in how to respond.</p> <p>Refer to Appendix 3 on page 42, Recording sheet for Step 17.</p>

Step 18. Planning to improve school drug prevention and intervention.	
What you do	Notes
<p>Explain how staff suggestions will be incorporated into planning to address specific school needs.</p> <p>Provide a brief overview of how the planning process will proceed in the school.</p>	<p>Regional drug education consultants and student welfare consultants can provide guidance to help schools address identified needs.</p>
<p>Follow up to Step 18.</p> <p>Make plans to improve drug prevention and intervention.</p> <p>Consider questions provided on page 27 to determine how plans may be addressed.</p> <p>Put plans for improvement into action.</p>	<p>Refer to suggestions and information provided in the review process, Step 3: Plan to improve school prevention and intervention.</p> <p>Refer to the review process Step 4: Implement plans and evaluate actions.</p>

Step by step guide: Review of whole school drug prevention and intervention

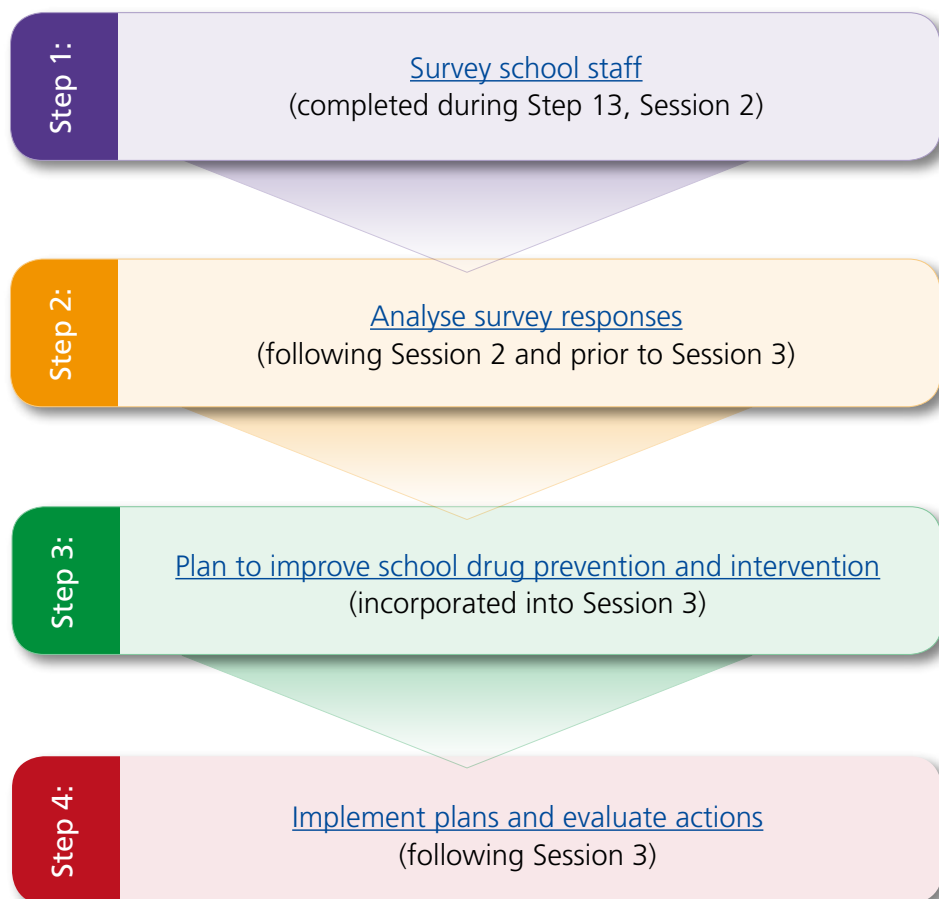
A review of whole school drug prevention and intervention helps schools identify:

1. What they are currently doing
2. How well they are doing it
3. Areas for improvement or further development.

The review process and the tools provided (see the appendix) guide schools to:

- implement the review process
- plan how to address needs once they are determined by the school.

This process involves:



How do schools implement the review process?

Step 1: Survey school staff

The survey provides a tool to undertake a comprehensive review of current whole school procedures and practices for drug prevention and intervention. Evidence supports the practices that are organised within each of the three focus areas of the drug prevention framework from *Young People and Drugs: a guide for schools to support students* (2010):

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

Action	Resources required	Responsibility
Conduct the survey during professional learning Session 2, Step 13.	<i>Young People and Drugs: a guide for schools to support students.</i> <i>Professional learning support materials.</i> Survey – Handout 4 on pages 35 to 37.	Leader/s of the professional learning session.
Collect and collate responses.	Refer to Step 2 for guidance in analysing staff responses.	Designated staff members. For example, an executive member with help from the welfare team.

Step 2: Analyse survey responses

Collation and analysis of survey responses will allow the school to identify:

- strengths of support procedures and practices already in place for students
- broad areas for improvement or development
- procedures or practices that need strengthening or further development.

An explanation of how to interpret the survey responses follows.

- **‘Consistently demonstrated’** recognises ‘effective practice’. It shows current strengths by indicating practices demonstrated consistently and universally.

These strengths will need monitoring to ensure current practice is maintained and reinforced in the school.

- **‘Not demonstrated universally’** may suggest that:
 - a school procedure or practice is not clear, not consistently followed or not in place
 - teachers require additional professional learning to improve their response.

The school may need to consider how to further develop the identified areas.

- **‘Don’t know’** may indicate that some teachers are unaware of what supports are in place or are unsure about how current procedures or practices work.

This could highlight the need for information sharing, increased awareness or the need for greater understanding of intervention options.

Action	Resources required	Responsibility
Collate survey responses What practices are: - consistently demonstrated - not universally demonstrated - not in place - not known about?	Refer to the information above.	Designated staff members. For example, welfare team coordinator and leader of the professional learning sessions.
Summarise: • areas of strength • areas for improvement under the three focus areas.	Refer to drug prevention framework focus areas.	Leader of the professional learning session in consultation with designated staff.
Prepare for professional learning Session 3 - prepare slide 26.	Refer to: • Facilitator notes in Step 13 and 14 of the Professional learning materials • Slide show and facilitator notes.	Leader of the professional learning session.

Step 3: Plan to improve school drug prevention and intervention

This step adds to information collected in Step 2. The purpose of this step is to:

- identify specific school needs
- consult staff to guide future planning
- determine priorities for action
- plan how to address identified school needs and priority actions.

Action	Resources required	Responsibility
<p>Gain staff input and collect responses</p> <p>How do we support students at risk?</p> <p>Is there a need for a tobacco or alcohol targeted intervention?</p>	<p>Refer to:</p> <ul style="list-style-type: none"> • Step 15, 16 and 17 of the Professional learning materials and the slide show • Handouts 5, 6 and Appendix 3 of the Professional learning materials. 	<p>Designated staff members. For example, leader of professional learning Session 3 and welfare team coordinator.</p>
<p>Identify priority areas for action</p> <p>What school procedures and practices need change?</p> <p>How will actions be prioritised?</p> <p>What additional support do staff need?</p>	<p>Consider the whole school strategic plan.</p> <p>Refer to:</p> <ul style="list-style-type: none"> • Professional learning materials and staff responses recorded on Handouts 5 and 6 plus Appendix 3 • <i>Young People and Drugs: a guide for schools to support students</i>, Section 4, resources for schools 	<p>Designated staff members. For example, school executive member in collaboration with the welfare team.</p> <p>Involve the school counsellor where possible.</p>
<p>Plan for improvement</p> <p>How will actions be implemented?</p> <p>Who will take responsibility for implementation?</p> <p>How will we provide support to staff?</p> <p>What additional resources do we need?</p> <p>How will we monitor progress?</p>	<p>Refer to the planning template and examples in Appendix 4 and 5.</p> <p>Consult with the school counsellor where possible.</p> <p>Liaise with regional staff, including the drug education consultant, if required.</p> <p>Refer to <i>Young People and Drugs: a guide for schools to support students</i> for examples of strategies to strengthen implementation plans.</p>	<p>Designated staff members. For example, school executive member in collaboration with the welfare team.</p> <p>Involve the school counsellor where possible.</p>

Step 4: Implement plans and evaluate actions

Existing school structures and processes will determine how plans and actions are implemented. The implementation will also require consultation and collaboration involving the:

- school executive team
- welfare coordinator, welfare team and/or learning support team
- PDHPE faculty who provide related teaching and learning opportunities
- school counsellor.

Evaluation strategies are most effective when incorporated into the whole school planning cycle. The school executive and welfare team may best determine how and when the evaluation takes place while considering whole school priorities.

The information following provides suggestions for putting plans for support into action. Designated staff may manage these actions to:

- improve whole school drug prevention
- improve support for students at risk of drug related harm.

A. Suggested actions for implementing drug prevention and intervention

- Review school based procedures.
- Review areas of responsibility and staff roles to ensure students at risk of drug related harm are supported.
- Devise a comprehensive whole school action plan for responding to students at risk of drug related harm.
- Determine appropriate intervention procedures and support pathways.
- Develop clear referral procedures within the school and to external community support.
- Review drug education content and delivery (see Appendix 6).
- Assess relevance and currency of curriculum resources.
- Notify whole school staff of any changes in support structures and processes.
- Further develop the support skills of the school welfare team as required.
- Evaluate specific programs for students that develop skills and behaviours in harm reduction, safety and refusal skills.
- Provide drug related information to parents as appropriate.
- Promote drug prevention and harm reduction within the school community.
- Nominate a school representative as the main contact and link to outside community support.
- Provide students with opportunities to be part of decision making and planning.
- Subscribe to *Drug Prevention Programs Update*.

B. Ideas for monitoring progress

- Consult students to determine if avenues for support are clear.
- Maintain communication with staff, parents and community to determine understanding and clarity of procedures.
- Consult with the school counsellor to determine if referral processes are effective.

C. Suggested strategies for evaluating whole school practices and procedures

- Conduct an annual survey of whole school drug prevention and intervention.
- Review areas of responsibility and support roles.
- Consider any necessary changes to school procedures.
- Determine suitability and usefulness of any targeted intervention.
- Consult students, staff and parents and the community.
- Determine additional support if required.

Suggested resource support

- Refer to pages 11 and 12 of *Young People and Drugs: a guide to school staff to support students* for examples of strategies illustrating how schools can enhance a safe, supportive and engaging environment.
- Refer to page 15 of *Young People and Drugs: a guide to school staff to support students* for examples of strategies schools can implement to enhance community participation.
- For further information on effective drug education refer to *What works and doesn't work in drug prevention programs: content and delivery features* in the Appendix 6 on page 45 of this document.
- Regional personnel, including the drug education consultant may provide guidance to help plan and implement drug education.
- Refer to the Drugs in Schools Policy.
- Refer to *Drugs in schools: Procedures for managing drug related incidents*.
- Regularly check [Drug Prevention Programs Update](#) on the department's intranet.
- Consult with the school counsellor who can for example, enhance understanding of the stages of change process and its application to students at risk of substance use problems.
- Refer to the school calendar to identify specific activities as opportunities for health promotion for students and parents.

Handout 1: Talking to young people about possible drug use

Use with Slide 12

Consider how you would approach the situation depicted in this scenario. Record your response to each question.

James is a 16 year old Year 10 student. He participates in class activities, remaining on task and completing all work in morning classes. However, he is frequently late to class after lunch and has poor concentration during afternoon classes. His behaviour is characterised by inappropriate giggling and sleepiness. His bookwork in the afternoon lessons is poor and unfinished. This pattern of behaviour becomes more noticeable over the school term.

What explanations might there be for James' behaviour?

How would you approach this situation with James?

What things might you avoid doing or saying?

Handout 1: Talking to young people about possible drug use – suggested responses

Use with Slide 12

Consider how you would approach the situation depicted in this scenario. Record your response to each question.

James is a 16 year old Year 10 student. He participates in class activities, remaining on task and completing all work in morning classes. However, he is frequently late to class after lunch and has poor concentration during afternoon classes. His behaviour is characterised by inappropriate giggling and sleepiness. His bookwork in the afternoon lessons is poor and unfinished. This pattern of behaviour becomes more noticeable over the school term.

What explanations might there be for James' behaviour?

James has been ingesting a drug, such as alcohol or cannabis, during the lunch break.

Tiredness, due to a range of reasons, may also explain some of James' behaviour but does not account for inappropriate giggling.

How would you approach this situation with James?

Take James aside discreetly and discuss concerns. First, explain the limits of confidentiality.

Describe the behaviour and ask some open ended questions such as:

What do you think might be happening?

Is anyone else concerned?

Are these concerns justified?

What do you make of this?

What things might you avoid doing or saying?

Avoid unsubstantiated accusations, eg *You must be smoking dope/taking drugs.*

Don't exaggerate or use scare tactics, eg *If you go on like this you'll end up a drug addict.*

Avoid threats such as involving the police.

Handout 2: Guidelines for talking to a young person about possible drug use

Use with Slide 12

Before approaching students

- Consider carefully who is the best person to approach the student. Another staff member may be more experienced in working with problem behaviours or have good rapport with the student.
- Make sure that the young person is not intoxicated when you approach: 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:
 - prevent embarrassment 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.
- 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 33 of *Young People and Drugs*).
- 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 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.

For more information, refer to *Young People and Drugs: a guide for school staff to support students* or *Keep them talking*.

Handout 3: Risk and protective factors for adolescent drug misuse

Use with Slide 15

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 towards 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

Handout 3: Protective factors for adolescent drug misuse

Use with Slide 15

Protective factors:	School strategies, practices or procedures that promote protective factors
<p>Individual</p> <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 • Cooperative, eager to please, conformist 	
<p>Interpersonal</p> <ul style="list-style-type: none"> • Having at least one close relationship with a parent, teacher, relative or mentor who provides guidance or emotional support • Strong attachment to parents • Membership of a peer group that discourages drug use and encourages academic, athletic or artistic accomplishments 	
<p>Institutional/community</p> <ul style="list-style-type: none"> • A sense of bonding to school and other societal institutions; school connectedness • An acceptance of society's values and expectations for behaviour • Feeling secure and supported at transition points 	
<p>Ideas for additional school procedures or practices to build protective factors:</p>	

Handout 4: Whole school drug prevention and intervention

Use with Step 13

Safe, supportive and engaging environment

	Consistently demonstrated	Demonstrated in some instances (not universally)	Not demonstrated	Don't know
Whole school procedures and practices <i>(All teachers to complete)</i>				
Providing universal support for drug prevention and early intervention				
1. The school has clear, consistent and well communicated universal behaviour expectations in place				
2. Strategies to prevent and manage bullying, harassment, racism and homophobia are implemented				
3. The Student Welfare and Learning Support teams are active, accessible and visible				
4. Students are provided with opportunities for involvement and meaningful participation in school decision making and extra curricula activities				
5. Strategies to optimise attendance are implemented and students at risk of drug related harm are encouraged to stay at school				
6. Harmful drug related behaviour is identified and managed primarily as a health and welfare issue				
7. Positive and supportive relationships between teachers and students are fostered				
8. Strategic support is provided for students at risk of drug related harm to successfully negotiate transition points				
Staff knowledge and skills <i>(All teachers to complete)</i>				
Managing students at risk of drug related harm				
1. Teachers are informed of departmental guidelines regarding confidentiality, legal obligations and duty of care				
2. Teachers are aware of the effect of using language which labels a student as a 'drug user' and avoid language which implies this				
3. Teachers receive training to understand how to identify when students might have a drug problem and how to talk to them about possible drug use				
4. Teachers are informed of procedures to refer students, of intervention options and how to seek further support for them				
5. Teachers actively promote social connectedness for students through trusting and non judgemental relationships with peers and teachers				
Additional support <i>(All teachers to complete)</i>				
Supporting early intervention				
1. Students understand how and are encouraged to seek help for themselves and others				
2. Students who do seek advice and help with drug use problems have a clear path to the support available, including the school counsellor				
3. The school organises positive and supportive adult contact for students at risk of drug related harm				
4. Students are supported and monitored through confidential, empathic and respectful processes				
5. At risk students have opportunities to learn and develop prosocial skills and behaviours such as positive thinking, anger response, assertiveness, stress and conflict management				

Handout 4: Whole school drug prevention and intervention

Use with Step 13

Quality learning and teaching

	Consistently demonstrated	Demonstrated in some instances (not universally)	Not demonstrated	Don't know
Student engagement <i>(All teachers to complete)</i>				
Learning and teaching across KLA's				
1. Curriculum is developmentally appropriate, relevant and differentiated to meet student needs				
2. Students are set high and explicit expectations and encouraged to participate in challenging work and take risks				
3. Classroom teachers can readily identify atypical behaviour and recognise when students are disengaging				
4. Classroom teachers monitor attendance and engagement in learning				
5. Classroom teachers respond to and follow up concerns about students				
6. Students requiring additional support for problematic drug use are flexibly accommodated by classroom teachers				
7. Opportunities exist for the integration of drug education and information sharing across Key Learning Areas				
Teacher knowledge and skills <i>(Teachers of drug education only)</i>				
Teaching drug education effectively				
1. Drug education teaching and learning activities are interactive and tailored to be inclusive and responsive to the local context				
2. Teachers participate in ongoing professional learning which includes current research in order to provide appropriate teaching and learning activities				
3. Teaching and learning activities are supported with the use of up-to-date and appropriate resources				
4. Teachers respond to disclosures of student drug use during discussion in lessons by generalising the behaviour without condoning, moralising or passing judgement on it				
5. Teachers focus on the reality that most young people make healthy choices and acknowledge and encourage the helpful behaviours which they use to positively influence others				
6. Teaching programs are regularly reviewed and evaluated to ensure relevancy, engagement and appropriateness				
Drug education learning and teaching <i>(Teachers of drug education only)</i>				
Providing opportunities for students to:				
1. Explore up-to-date and accurate information related to legal and illegal drugs				
2. Engage in higher order thinking about the short and long term effects of drugs				
3. Develop skills to communicate assertively, make informed decisions, solve problems and seek further drug related information or help				
4. Analyse, argue and reason about ways to reduce harms associated with the use of legal and illegal drugs				
5. Critically analyse attitudes and influences on drug use by using perception of peer norms, media and marketing, and making links to personal experiences and social constructs				
6. Develop and practise harm reduction, safety and refusal strategies to respond to real life situations that may involve risk				

Handout 4: Whole school drug prevention and intervention

Use with Step 13

Home, school and community partnerships

	Consistently demonstrated	Demonstrated in some instances (not universally)	Not demonstrated	Don't know
Engaging the school community <i>(All teachers to complete)</i> Communicating effectively				
1. Help seeking is promoted to students with visible and accessible information about drug related community support				
2. School and departmental drug related policies, procedures and strategies are clearly communicated to and understood by parents/caregivers				
3. Accurate, relevant and easily understood drug related information is communicated and made available to parents/caregivers				
4. The school community is consulted to ensure drug education is responsive to the local context				
5. The community is consulted during the development and review of procedures for managing tobacco, alcohol and other drug issues to enlist support and take account of their needs and values				
6. Parents/caregivers are provided with information that can help them respond to adolescent drug use in a responsible and collaborative way				
7. Opportunities are planned to increase parent awareness of drug related issues and problematic drug use				
Partnerships <i>(Welfare team and executive)</i> Strengthening community support				
1. Positive partnerships with parents are maintained through respectful, empathic and confidential consultation and sharing of information				
2. Parents/caregivers are involved in the management of their child's drug use where appropriate				
3. Staff with welfare responsibilities understand the referral process through the school counsellor to community health and support agencies				
4. The school works collaboratively with external agencies in drug related health promotion initiatives				
External supports <i>(Executive and school counsellor only)</i> Working with local health and community support agencies				
1. Effective links between the school and external agencies are established for responding to problematic drug use				
2. Clear procedures for contact between the school and external agencies are in place and followed				
3. Protocols and practices are in place to facilitate ongoing partnerships with external agencies				

Handout 5: Improving school drug prevention and intervention – students who smoke

Use with Slide 27

In small groups consider:

What further procedures and practices could improve the school's response to drug prevention and intervention for students who smoke?

Record responses.

Students who smoke:

Safe, supportive and engaging environment	Quality learning and teaching	Home, school and community partnerships

What support would be needed? Who could help?

Hand your responses to the staff facilitator at the conclusion of discussion.

Handout 6: Improving school drug prevention and intervention – students at risk of alcohol related harm

Use with Slide 28

In small groups consider:

What further procedures and practices could improve the school's response to drug prevention and intervention for students at risk of alcohol related harm?

Record responses.

Students at risk of alcohol related harm:

Safe, supportive and engaging environment	Quality learning and teaching	Home, school and community partnerships

What support would be needed? Who could help?

Hand your responses to the staff facilitator at the conclusion of discussion.

Appendix 1: Prevalence of drug use activity template

Use with Slide 5, Step 3

Substance	% reporting use in last 12 months	
	Male	Female
Painkillers or analgesics		
Alcohol		
Tobacco		
Inhalants		
Cannabis		
Sleeping tablets/sedatives/tranquillisers (non-medical use)		
Ecstasy		
Amphetamines (non-medical use)		

Appendix 2: Patterns and prevalence activity –substance use cards

Use with Slide 5, Step 3

88.5	94.3
56.1	56.2
16.5	17.5
14.3	14.8
11.3	10.6
8.6	9.6
4.5	3.3
3.2	2.9

Appendix 3: Improving school drug prevention and intervention – students with other drug related problems

Use with Step 17

Consider:

What further processes and practices could improve the school's response to drug prevention and intervention for students with other drug related problems?

Record responses.

Students with other drug related problems:

Safe, supportive and engaging environment	Quality learning and teaching	Home, school and community partnerships

What support would be needed? Who could help?

Appendix 4:

Whole school drug prevention and intervention: Planning template with examples

(Print on A3)

Objectives	Identified priorities	Strategies	Resources/support required	Monitoring progress
Safe, supportive and engaging environment	<p>For example:</p> <ul style="list-style-type: none"> Provide specific support for vulnerable students at transition to Year 7 	<p>For example:</p> <ul style="list-style-type: none"> Establish a mentoring program Consult with primary staff Skills training for welfare team 	<p>For example:</p> <ul style="list-style-type: none"> Departmental resources regarding transition Guidelines for mentoring Keep them talking 	<p>For example:</p> <ul style="list-style-type: none"> Time frame – start term 3 Evaluate at end of term 2 next year Student interview and profile by year adviser
Quality learning and teaching	<p>For example:</p> <ul style="list-style-type: none"> Review PDHPE Stage 4 alcohol education Check teaching program against 'What works' Update teaching resources 	<p>For example:</p> <ul style="list-style-type: none"> Ensure a normative education focus in lessons Analysis of media and social influences Develop a range of interactive activities 	<p>For example:</p> <ul style="list-style-type: none"> Support from the drug education consultant 'What works/what doesn't work' Access 'Update' regularly Departmental drug education resources 	<p>For example:</p> <ul style="list-style-type: none"> Head teacher to contact drug education consultant School development day Term 2 – program review Evaluate teaching programs at end of the year
Home, school and community partnerships	<p>For example:</p> <ul style="list-style-type: none"> Health promotion of positive adult and student behaviours around alcohol 	<p>For example:</p> <ul style="list-style-type: none"> Give short presentation to parents (Year 6 to 7 orientation) - alcohol guidelines and positive parenting practices Newsletter items related to parents and alcohol Promote Alcohol early intervention 	<p>For example:</p> <ul style="list-style-type: none"> Alcohol early intervention background material Australian alcohol guidelines Support of the welfare team 	<p>For example:</p> <ul style="list-style-type: none"> Determine level of parental response, eg do parents seek assistance from the school or report and share concerns?

Appendix 5:

Whole school drug prevention and intervention: Planning template

(Print on A3)

Objectives	Identified priorities	Strategies	Resources/support required	Monitoring progress
Safe, supportive and engaging environment				
Quality learning and teaching				
Home, school and community partnerships				

Appendix 6: What works and doesn't work in drug education

	What works	What doesn't work
Knowledge	Short term effects Long term health consequences of drug use	Omission of short term consequences
Attitudes about drug use	Feedback from surveys of drug use Analysis of media and social influences that promote pro-drug attitudes	Omission of perceptions of peer drug use Omission of media influences Approaches which mainly focus on ethical/moral decision making or values teaching
Interpersonal skills	Drug refusal skills Assertiveness skills Communication skills Safety skills	Omission of interpersonal skills, particularly drug refusal skills
Interpersonal skills	Coping skills Stress reduction techniques Goal setting Decision making/problem solving	Solely intrapersonal focus Solely self esteem building exercises
Delivery of lessons	Everyone actively involved Participation between peers Student generated role plays Supportive comments from peers Rehearsal of drug refusal skills Sufficient practice time Peer modelling of appropriate behaviour Developmentally appropriate activities to promote bonding between younger adolescents	Passive participation Lectures Teacher centred class discussions Unstructured dialogue sessions Effective classroom management techniques without an accompanying drug program

From: What works and doesn't work in drug prevention programs: content and delivery features.

Adapted from Tobler, N.S., Lessard, T., Marshall, D.Oshshorn, P. and Roona, M. (1999) *Effectiveness of school-based drug prevention programs for marijuana use*. School Psychology International, 20(1), 105-137.