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keeping in touch
the kit

Working with Alcohol & Other Drug Use

A resource for Primary and Secondary Schools

OCS034 | Keeping in touch (the kit): Working with alcohol and other drug use

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WA *In Touch* was a collaborative project between Next Step, the Western Australia Drug Education Project (WADEP) and the WA Drug Abuse Strategy Office (WADASO). The WA Drug and Alcohol Office (DAO) has since been created by merging a number of State government agencies including Next Step Specialist Drug and Alcohol Services and WADASO."

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The KIT has been adapted from the Western Australian resource *In Touch: Managing drug use issues in schools* (2000).

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Introduction

Welcome to the *Keeping In Touch: Working with Alcohol and Other Drug Use* resource (*The KIT*). *The KIT* comprises 10 sections covering a range of topics to assist school staff to increase their knowledge and skills in understanding alcohol and other drug use and in supporting students at risk.

Why has this resource been developed?

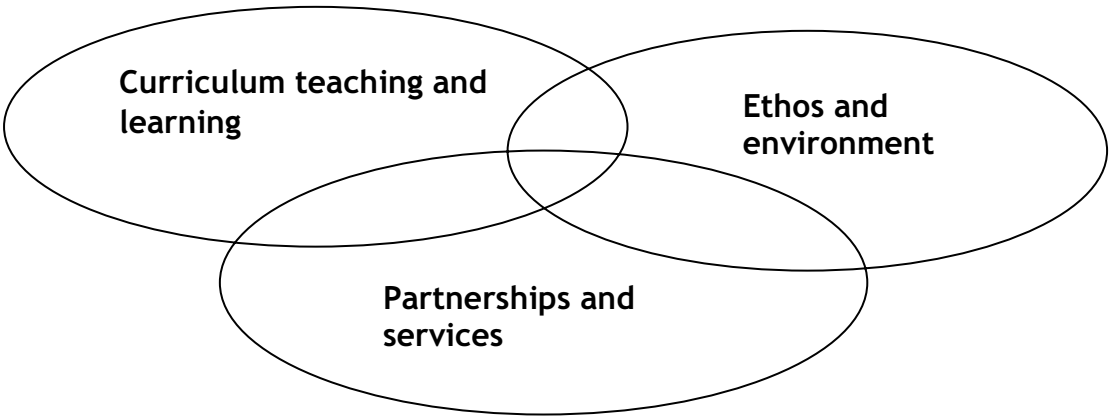
As a part of the National School Drug Education Strategy, the Australian Government made a commitment to assist states and territories to develop early intervention strategies for students at risk of drug use to complement the preventative strategies of school drug education programs and policies. This commitment has seen the development of the *National Frameworks for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools* to assist schools to manage specific incidents of drug use as they arise in the school setting.

In addition to managing specific incidents, it was also recognised that schools have an important role in identifying and supporting students for whom drugs may be a problem. *The KIT* has been designed to increase the knowledge and skills of school staff in providing early identification, effective responses and ongoing support to students across a range of drug use issues and incidents.

In this resource, 'drugs' refers to *all* drugs, including alcohol, tobacco, medicines and illegal drugs.

Like many other student health and wellbeing issues, drug use is a complex issue and prevention and intervention require an approach that utilises a wide range of strategies. The Health Promoting Schools Framework (Figure 1) provides a model for schools to plan and implement such comprehensive strategies and is widely acknowledged as best practice in responding to the health issues and concerns of students.

Figure 1: Health Promoting Schools Framework

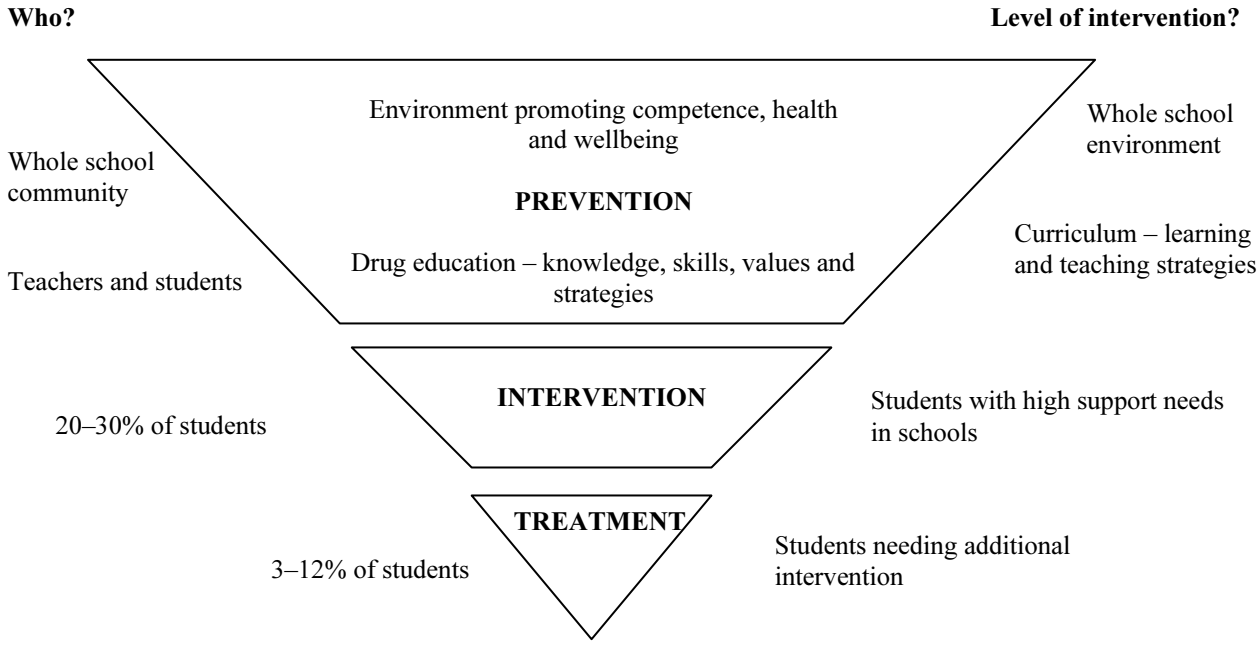


The Health Promoting Schools Framework suggests that classroom health and drug education lessons are most effective when complemented and reinforced by a supportive school environment and effective links to family and the community. *The KIT* is designed to support school staff to create the supportive ethos and environment and develop the effective partnerships required for a comprehensive response to the needs of students.

Who is this resource for?

Consistent with the Health Promoting Schools Framework, there is a role for all school staff to be involved at some level in the response to drug use in both primary and secondary schools. Using a broad definition of 'drug education' that encapsulates formal curriculum, policies and procedures and student wellbeing initiatives, the REDI resource sets out a Drug Education Strategies Model (Figure 2) that illustrates the range across which schools intervene in drug-related issues.

Figure 2: Drug Education Strategies Model



Source: REDI, 2003 (adapted from WHO, 1994)

The KIT is designed to support school staff working at all levels of the Drug Education Strategies Model through:

1. promoting understanding and increasing awareness of drug use issues and how they may impact on young people
2. developing knowledge and skills in recognising students in need of support
3. providing models and frameworks for responding appropriately and supporting students through appropriate school-based interventions and referral to trained staff (either within the school or external, according to needs and staff competencies) for treatment where required.

School staff members have a unique opportunity to build relationships with students that can provide an important avenue for early identification and intervention around drug use issues that would otherwise not be apparent until more serious issues emerge. In recognising this, the findings from the National School Drug Education Innovation and Good Practice Project stated:

"Good practice requires all teachers develop skills to:

- *identify students who may be at-risk because of their drug use, or who show that they may be at-risk more broadly by disengaging and disconnecting from their schooling*
- *respond appropriately to and support students who raise health-related issues with them*
- *monitor and support students returning from suspension or other intervention measures arising from drug-related issues."*

(Commonwealth Department of Education, Science and Training, 2003)

Consistent with the National School Drug Education Strategy, this resource is underpinned by a policy of reducing harm that supports a comprehensive range of demand, supply and harm reduction strategies.

How to use this resource

To allow for easy reference and for constructing training sessions targeted according to particular learning needs, *The KIT* is divided into 10 sections:

1. **The Role of Schools**
2. **Drug Information**
3. **Understanding Drug Use**
4. **Drugs and Young People**
5. **Intervention: Theory and Principles**
6. **Identifying Drug Use Problems**
7. **Strategies for Responding**
8. **Involving Others**
9. **Professional Development**
10. **Jurisdictional Information**

It is recommended that each school develop an implementation plan that tailors this resource to suit its needs, policies and practices. Information relevant to your state/territory and school sector are contained in Section 10: Jurisdictional Information.

The way in which the information and skills in *The KIT* are used will also vary according to the role of each school staff member. It is therefore essential that all school staff using this resource consider the information in Section 1: The Role of Schools.

Protocols and other information relevant to the provision of training to school staff are contained in Section 9: Professional Development. Section 9 also contains brief training

exercises that can be used to assist school staff to develop the knowledge and skills set out in Sections 1–8, as required.

The information in *The KIT* builds on common concepts and knowledge already used by school staff, including information on adolescent development. You may also recognise information and models that are used in the drug education classroom curriculum; however, the information presented in this resource is for school staff and has *not* been developed for use in the classroom with students. *The KIT* shares common information, like the Health Promoting Schools Framework, with a number of other resources such as *MindMatters: A Mental Health Promotion Resource for Secondary Schools* and *REDI Professional Development: Resilience and Drug Education Resources for Teachers and School Communities.* These will be referred to throughout the resources.

In addition to managing drug-related issues, schools may also find the information useful for providing other student welfare services and supporting students generally.

Some cautionary notes

Please consider the following when using *The KIT* resource.

This resource is *not a curriculum document*. It is designed for school staff to use in the management and support of students at risk or where drug use is already identified as an issue. It should not be used for teaching about drug use at a classroom level.

Similarly, this resource is not about turning all school staff into drug counsellors. Rather it is about supporting school staff to work with drug-related issues *within the context of their particular job role.* This is explained further in Section 1.

Implementation of the information and strategies presented in this resource must be done *in conjunction with school drug policy and procedures* in your particular location. Policy and procedures will vary across geographical locations, education sectors and individual schools.

References

Commonwealth Department of Education, Science and Training (2003). *Knowing the Scene: A report from the National School Drug Education Innovation and Good Practice Project*. Monograph 8, p.6: Canberra.

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Section 1: The Role of Schools

> ***"Knowledge is knowing that a tomato is a fruit. Wisdom is not putting it in a fruit salad."***
>
> ***Anon***

Why should schools be involved?

Schools play an important part in helping students make safe and healthy choices about both legal and illegal drug use, through a formal drug education curriculum and creating a safe and supportive school environment that:

- develops students' sense of belonging through meaningful participation
- builds confidence and competence through opportunities for achievement
- establishes boundaries of acceptable (pro-social) behaviour.

Despite our best preventative efforts, some students may experiment with drugs, develop problems with using drugs or be affected by problems with other family members who use drugs. In these circumstances, schools have a critical role to play in responding effectively and assisting students to access appropriate support where required. This role is highlighted in research which indicates that a safe and supportive school environment increases protective factors and reduces the risk of problems with drug use developing. Fuller (2000) states, "Belonging and connectedness to peers, family, school and community support resilience and are protective of problematic substance use."

For more information on resilience, check out *REDI: Resilience and Drug Education Resources for Teachers and School Communities*.

Blum (1998) takes this even further when writing about high-risk students from severely disadvantaged situations, stating, "Education remains one of the most important factors in resilience; its greatest side effect is the belief that one is building a roadway out of despair."

While in most cases school staff members are not specialist drug counsellors, they often develop an ongoing relationship with students that may be the most significant relationship with an adult outside the family environment. School staff members are easily and regularly approachable, and are able to observe many aspects of an individual student, including general health and wellbeing, interaction with friendship groups and other students, family situation and academic performance.

School staff members can play a vital role in intervening early with students to prevent the escalation of drug use problems and the associated health, social, family and legal harms that can result. This process should be supported by specific training programs, and through building effective links between schools, parents and specialist agencies.

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What do we mean by drug use?

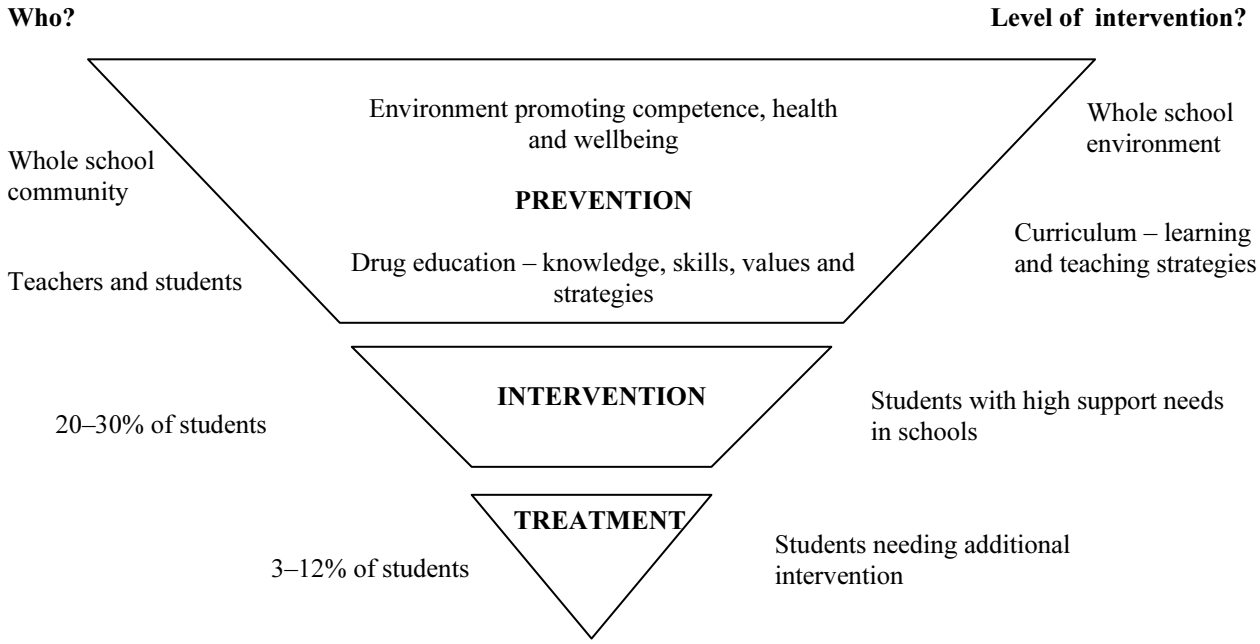
The term 'drug use' covers a broad spectrum of events, issues and circumstances. The type of drug use issues and incidents that may arise in a school setting are also broad, ranging from discussing television or media events where drug use is portrayed, to a disclosure of serious personal concerns by a student or the management of possession or use of a drug at school. Obviously responses to these scenarios will be different from school to school. This resource is aimed at dealing with the full spectrum of drug use issues and incidents that a school may encounter; and it will explore appropriate responses across this spectrum.

In this resource, 'drugs' refers to *all* drugs, including alcohol, tobacco, medicines and illegal drugs.

What is the role of school staff?

It is worth reviewing the information presented in the introduction to *The KIT* when considering the role of school staff. Consistent with the Health Promoting Schools Framework, there is a role for all school staff to be involved at some level in the response to drug use in both primary and secondary schools. Using a broad definition of 'drug education' that encapsulates formal curriculum, policies and procedures and student wellbeing initiatives, the REDI resource sets out a model (Figure 2) that illustrates the range across which schools intervene in drug-related issues.

Figure 2: Drug Education Strategies Model



Source: REDI, 2003 (adapted from WHO, 1994)

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As this model demonstrates, there is a role for all school staff in responding to the needs of students where drug use is concerned. However, school staff may have some anxieties about this.

A study in the United Kingdom by Shaw, Cartwright et al (1978) identified the anxieties that a variety of workers had as they responded to the drug use issues of their clients. These are some of the reasons for their anxiety:

- limited knowledge
- reluctance to label, invasion of privacy – 'prying'
- lack of confidence, feeling de-skilled – not experts
- concern about jeopardising relationships
- belief that it requires intensive intervention
- not enough time
- idea that problems were self-induced
- belief that these clients were difficult and impossible
- problems that they, or someone close to them, have with drug taking.

Four key factors were identified that contributed to the anxiety about becoming involved in alcohol and drug issues at any level:

- **Role adequacy**: This relates to school staff not believing they have sufficient knowledge and skills to help the student. The feeling of inadequacy can be both personal (what can I do?) and general (what can anyone do?).
- **Role legitimacy**: This is about whether responding to drug use is seen as part of a school's role or a particular staff member's job. It can be questioned by staff themselves and also by students, parents, colleagues and the broader community.
- **Role support**: This refers to concerns about not having access to sufficient resources and back-up to support the responses required.
- **Role desirability**: This is about personal preference and attitudes. Some people may not want to work with drug problems or may have personal issues that are a barrier to responding to these issues.

These key factors highlight very real and important concerns that need to be addressed in order for school staff to work effectively and safely with drug use within the school setting. It is critical that school staff address these concerns with:

- a clear understanding of their role boundaries, what is expected and what ongoing support is available
- access to appropriate information and skills training about responding to drug use
- guidelines about school policy and procedures.

What is my role in providing support?

In an effort to come to grips with the role of school staff in supporting students at risk, it is useful to consider first what we mean by support. Support is a very broad term encompassing a range of activities. When school staff work well (providing an engaging curriculum, creating a safe school environment, being positive and encouraging), they are doing a lot to support students and reduce the likelihood of those students developing problems with drug use.

> Supporting students is about providing a range of strategies to keep them engaged with school, build confidence, competence and a sense of success, identify problems at an early stage and reduce the risk of harm.

As the Drug Education Strategies Model (Figure 2) indicates, support for students can be provided across a broad spectrum. All students need the general primary prevention strategies delivered through general curriculum and student wellbeing services. A smaller proportion of students (20–30%) will require targeted early intervention coordinated through student wellbeing services with the support of other school staff, while a minority of students (3–12%) will need further intervention and treatment either by school-based treatment professionals or external agencies.

> It is not the aim of this resource to turn all school staff into counsellors, but rather to support school staff to work within their job role and to apply these strategies in the course of their day-to-day work to support and engage students.

Providing services to students around health and wellbeing issues is a familiar task for schools. Drug use problems should be considered as another health and wellbeing issue with the same aspects of education, support and behaviour management being addressed in a coordinated and cohesive fashion.

As with other health and wellbeing issues, it is important for school staff to understand where their job role begins and ends. This is to avoid staff taking on tasks for which they are not adequately supported or trained. Job role is not just about skill level; it also involves:

- work load and availability
- clarity and consistency of process
- expectations of role function and responsibilities.

Importantly, school staff need to work collaboratively and support a whole school approach for the best outcomes to be achieved. In some instances, particularly in smaller, rural and remote communities, staff will play multiple roles within a school. Balancing multiple roles and remaining clear about what is appropriate, and when, will be addressed in subsequent sections.

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An intervention framework for school staff

The following table sets out a framework for how job roles may determine the level of involvement and tasks undertaken by different school staff in providing support to those students who require intervention or treatment services. As the needs of the student increase, the level of intervention required and skills needed also increase. Information on determining student needs and the intervention strategies mentioned will be explored in more detail in Sections 6 and 7.

Table 1: Defining job role tasks

Job role		
All Staff	**Specific Student Management** (Principals, deputies, year coordinators, etc)	**Specific Student Welfare/Support** (School counsellors, psychologists, nurses, youth workers, chaplains, etc)
• Identification • Raising the issue • Linking to school support services • Ongoing support and monitoring as advised • Support school policy and procedures, including reporting breaches	• Identification • Raising the issue • Linking to school support services • Ongoing support and monitoring • Support school policy and procedures, including reporting breaches **Plus** • Specific incident investigation and management • Informing family or caregivers as required • Negotiate a management plan with appropriate involvement from others	• Identification • Raising the issue • Ongoing support and monitoring • Support school policy and procedures, including reporting breaches **Plus** • Assessment • Counselling • Referral • Advising and supporting other school staff as appropriate • Supporting families or caregivers • Targeted information/education

Working collaboratively

As demonstrated in Table 1, there are a number of core common tasks that involve all staff, while some tasks are specific to job role. School staff will need to negotiate how this information will be applied within their own school setting. Application will depend on the composite of staff at any one school, their skill level and the school policy and procedural framework adopted. Importantly, school staff need to collaborate with each other to provide a fair, consistent and effective response. This is best done if:

- staff know their own job role and understand the role of other personnel
- there are agreed processes for sharing information and providing feedback
- staff know and support the policies and procedures of the school environment in which they work.

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Staff should avoid undermining other staff members or colluding with students in criticising disciplinary processes or other staff members. Differences of opinion between staff need to be dealt with in an appropriate manner that does not result in inconsistent messages for students. Staff need to model pro-social behaviour that demonstrates abidance by agreed policies and procedures, respect for others and responsibility for personal behaviour.

Access to information and skills

The KIT has been developed to support school staff by providing core, common information and frameworks for understanding drug use and the best ways to support students. School staff may be familiar with a number of the models and concepts put forward in *The KIT* as these are also used in other resources aimed at curriculum or student support in areas like mental health, bullying or managing student behaviour.

Levels of knowledge, skills and experience vary across individual staff and there are also a variety of requirements in different regional locations and school systems. Assessment of further training and information needs should be done at a local level and tailored to specific requirements and available resources. Staff need to have an awareness of their own skill level and have access to sufficient supervision and/or support to ensure they are responding appropriately and working effectively. Staff can structure this by developing a consultation framework identifying what, when and who to consult with regarding drug use situations. This process can also assist in staff gaining an understanding of other staff members' roles in responding to drug use.

School policy and procedures

School policy and procedures provide the bedrock for intervention of any nature in student wellbeing and management issues. All school staff should be familiar with their school's drug use policy and procedures document. A number of excellent resources provide guidelines to schools for developing and revising these documents. Some examples follow.

Intervention Matters (South Australia)	www.drugstrategy.central.sa.edu.au
Developing a Drug Policy to Promote Health in Your School (Western Australia)	www.sdep.wa.edu.au
Managing Drug Issues and Drug Education in Tasmanian Schools	www.education.tas.gov.au/equitystandards
Developing your School Drug Policy (Queensland)	www.education.qld.gov.au
Individual School Drug Education Strategy Guidelines (Victoria)	www.sofweb.vic.edu.au/wellbeing/druged

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Developing a school procedural framework

Schools have different ways of managing student health and wellbeing issues. Developing a procedural framework is very important in bringing together all the elements of the Health Promoting Schools Framework, developing a consistent and clear approach across the whole school and providing legitimacy and support to school staff.

Consider the following checklist, which outlines key aspects to a school's procedural framework for responding to drug use.

Procedural Framework Checklist

The school has a strategic plan for dealing with drug use that details priorities in:

- curriculum ❑
- ethos and environment ❑
- partnerships and services ❑
- prevention and intervention. ❑

The school has policies and procedures for dealing with drug use that are:

- comprehensive, clear and accessible ❑
- developed with appropriate involvement from the whole school community ❑
- appropriately advertised to the whole school community. ❑

All school staff are clear about roles and responsibilities. ❑

All school staff have received adequate training to meet their responsibilities. ❑

Policies and procedures are reviewed regularly to ensure they are working in practice. ❑

Dealing with drug use should not be seen in isolation from other student health and wellbeing issues. When developing procedural frameworks, it is useful to link to other student health and wellbeing issues. Schools may develop an overall student health and wellbeing framework that has specific sections for different issues. Importantly, policies and procedures should underpin the actual practice of school staff. For this to occur, staff must be aware of, and committed to implementing, the policy and procedures. A system for monitoring and reviewing practices should be in place. See Section 9: Professional Development for further information.

The *MindMatters* resource sets out a number of tools to assist in the management of student mental health issues. (Refer to the module on *School Matters: Mapping and Managing Mental Health in Schools, Section 7 Tools for Schools*.) Many of these tools can be adapted or added to in order to address drug use issues within schools.

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Section 2: Drug Information

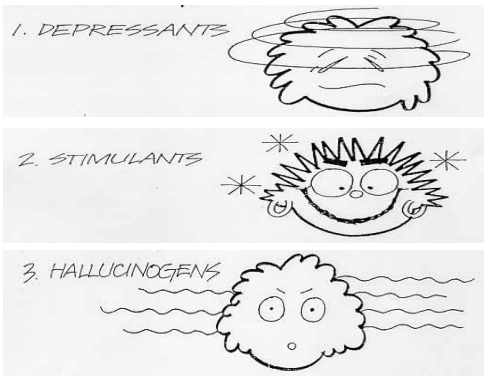
"The desire to take medicine is perhaps the greatest feature which distinguishes man from animals."

Sir William Osler

While it is not necessary to be a drug expert to respond to drug-related issues in the school, a basic understanding of some common drugs and their effects is useful, particularly in providing some basis for discussion and awareness of risks. School staff may be concerned about discussing drug use, as they are uncertain of the terminology and slang terms used by students. Care needs to be taken in using slang terms. They may have more than one meaning and terms differ from place to place and over time as the availability of different drugs varies and as practices and patterns of use change. Young people tend to appreciate the honesty and interest of those who ask them to explain terms they do not understand.

Terminology

- ***The term 'drug'*** refers to any substance, with the exception of food and water, which when taken into the body alters the way the body functions, physically and/or psychologically. This is a very general definition from the World Health Organization (WHO, 1982) but it has to be broad to account for all the drugs that exist.
- ***Drugs can be classified into groups***, for example legal versus illegal, hard versus soft. However, these categories can be confusing and misleading. As more evidence becomes available, the legal status of drugs may alter with time and location: for example, the legal status of cannabis use changes in different states and territories. The definition of how 'hard' or 'soft' a drug is may differ from person to person. A more helpful way of categorising drugs is according to their status as a psychoactive drug.
- ***'Psychoactive' drugs*** are those drugs that affect the user's central nervous system (CNS) and alter the user's mood, thinking and behaviour. Not all drugs are psychoactive: for example, antibiotics alter the way the body functions, but are not psychoactive. Psychoactive drugs can be grouped into four categories, according to their effect on the CNS: depressants, stimulants, hallucinogens and multiple action.



- ***Depressants*** decrease activity of the central nervous system. This includes slowing down the heart rate and breathing. Alcohol and heroin are examples of depressants.
- ***Stimulants*** increase the activity of the central nervous system and arouse the body, increasing heart rate and breathing. Coffee, amphetamines, tobacco and cocaine are examples of stimulants.
- ***Hallucinogens*** affect the central nervous system by causing perceptual distortions and sometimes true hallucinations. LSD is an example of a hallucinogen.

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- ***Multiple action*** drugs are those which have more than one effect. For example, cannabis can have both depressant and hallucinogenic effects, and ecstasy can have both stimulant and hallucinogenic effects.

Psychoactive drugs and their effects

The following table outlines some key information about psychoactive drugs and their effects. Further information can be obtained by contacting the Alcohol and Drug Information Service in your state/territory.

Table 2: Psychoactive drugs and their effects

Drug type	Duration of effect	Immediate to short-term effects can include	Long-term effects can include
CNS Depressants			
ALCOHOL	Duration of effect of all drugs will be influenced by a range of variables, including: the height, weight and health of the individual; how much of the drug is consumed; how it is consumed; whether the person is used to taking the drug; whether they are taking it in conjunction with other drugs; and the environment in which the drug is used.	Relaxation; reduced concentration; lack of coordination and slower reflexes; loss of inhibitions and more confidence; flushed appearance; blurred vision and slurred speech; intense moods, eg aggression, elation and depression; headache; nausea; vomiting; sleep; at high doses – coma and death	Poor diet; stomach problems; frequent infections; skin problems; liver; heart and brain damage; sexual impotence and a reduction in fertility; concentration and short-term memory problems; depression; family and relationship problems; poor work performance; legal and financial difficulties
BENZODIAZEPINES Diazepam, eg Valium Oxazepam, eg Serapax Flunitrazepam, eg Rohypnol Temazepam, eg Normison		Relaxation; calmness; relief from tension and anxiety; drowsiness; tiredness; lethargy; dizziness; vertigo; blurred or double vision; slurred speech; stuttering; mild impairment of thought processes and memory; feelings of isolation and emotional depression; over-sedation; sleep; unconsciousness; coma; death	Drowsiness; lack of motivation; difficulty thinking clearly; memory loss; personality change; changes in emotional responses; anxiety; irritability; aggression; difficulty sleeping; disturbing dreams; nausea; headaches; skin rash; menstrual problems; sexual problems; greater appetite; weight gain; increased risk of accidents; addiction
OPIOID BASED ANALGESICS For example Heroin, Morphine Codeine, Methadone		Relaxation; euphoria; pain relief; decreased alertness; depressed respiration; coma; death	Lethargy; constipation; weight loss; impotence; withdrawal
VOLATILE SUBSTANCES *** Important: see text on p 14**		Relaxation; excitement; hallucinations; euphoria; impaired coordination; sudden death syndrome; stupor; convulsions; death	Liver, kidney, bone marrow and brain damage (may be reversible in some cases); fatigue; weight loss; depression
CNS Stimulants			
AMPHETAMINES Dexamphetamine Methamphetamine	Duration of effect of all drugs will be influenced by a range of variables, including: the height, weight and health	Increase in heart rate; breathing and blood pressure increase; dry mouth; increased sweating; enlargement of the eye's pupils; headaches; increased energy and	Chronic sleeping problems; anxiety and tension; high blood pressure; a rapid and irregular heartbeat; malnutrition; psychosis; reduced resistance to infections;

	of the individual; how much of the drug is consumed; how it is consumed; whether the person is used to taking the drug; whether they are taking it in conjunction with other drugs; and the environment in which the drug is used.	alertness; difficulty sleeping; panic attacks; reduced appetite; irritability; nausea; paranoid delusions; hallucinations; aggressive or violent behaviour	addiction
RITALIN		Varies depending on use	Unknown
COCAINE		Euphoria and wellbeing; increased alertness and self-confidence; reduction of appetite; decreased fatigue; headache; inability to sleep	Sleep disorders; sexual problems; perforation of the nasal membranes and septum (if drugs have been snorted); facial tics or involuntary jerking of the body; psychosis; seizures; heart attacks; strokes and respiratory failure
TOBACCO		Rise in blood pressure and heart rate; brain and central nervous system activity stimulated then reduced; decreased blood flow to body extremities; increased carbon monoxide levels in the bloodstream reducing the amount of oxygen available to body organs and tissue; acid in the stomach; dizziness; nausea and watery eyes; appetite, taste and smell weakened	Diminished or extinguished sense of smell and taste; shortness of breath; persistent cough; increased risk of colds and chronic bronchitis; increased risk of emphysema, heart disease and stroke; premature and more abundant face wrinkles; increased risk of cancer of the mouth, larynx, pharynx, oesophagus, lungs, pancreas, cervix, uterus and bladder; increased risk of stomach ulcers; increased risk of peripheral vascular disease; reduced fertility in both men and women
CAFFEINE		Increased body temperature, urination and alertness; irritability and restlessness	Restlessness; nervousness; insomnia; flushed face; increased urination; stomach upsets; muscle twitching
CNS Hallucinogens			
LSD	Duration of effect of all drugs will be influenced by a range of variables, including: the height, weight and health of the individual; how much of the drug is consumed; how it is consumed; whether the person is used to taking the drug; whether they are taking it in conjunction with other drugs; and the environment in which the drug is used.	Euphoria and wellbeing; auditory and visual hallucinations; distorted sense of time, space and body image; poor coordination; increased body temperature and sweating, sometimes alternating with chills and shivering; paranoia; increased breathing; nausea and loss of appetite; panic attacks	Panic attacks; depression and anxiety; paranoid delusions; possible impairment of memory and concentration; addiction
Psilocybin (magic mushrooms)		Euphoria and wellbeing; auditory and visual hallucinations; distorted sense of time, space and body image; nausea and dizziness; poor coordination;	Panic attacks; depression and anxiety; paranoid delusions

		increased body temperature and sweating, sometimes alternating with chills and shivering; paranoia	
CNS Multiple action			
CANNABIS (Depressant and hallucinogen) Marijuana, Hashish, Hash Oil	Duration of effect of all drugs will be influenced by a range of variables, including: the height, weight and health of the individual; how much of the drug is consumed; how it is consumed; whether the person is used to taking the drug; whether they are taking it in conjunction with other drugs; and the environment in which the drug is used.	Feeling of wellbeing; talkativeness; drowsiness; loss of inhibitions; decreased nausea; increased appetite; loss of coordination; bloodshot eyes; dryness of the eyes, mouth and throat; anxiety and paranoia; hallucinations	Increased risk of respiratory diseases associated with smoking, including cancer; dependence; decreased memory and learning abilities; decreased motivation in areas such as study, work or concentration; addiction
ECSTACY		Euphoria and a feeling of wellbeing; feelings of increased closeness with others; increased self-confidence; lack of inhibitions, tongue and cheek chewing; teeth grinding; dry mouth; increased body temperature; nausea and anxiety; sweating; inability to sleep	Neurotoxicity; memory and cognition problems; depression
KETAMINE		Feeling detached from body; increased energy; reduced sensitivity to pain; vomiting; convulsions; seizures; headaches; hallucinations; coma; respiratory depression; death	Unknown
GHB Gamma-hydroxybutyrate		A sense of wellbeing; relaxation; drowsiness; induced sleep; nausea; increased confidence, reduced inhibitions; dizziness; headache; increased sociability; enhanced sense of touch	Apart from the potential to develop physical and psychological dependence, the health and social consequences of long-term use are largely unknown
Useful sources of further information are the National Drug and Alcohol Research Centre (www.ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/home) and the Australian Drug Foundation DrugInfo Clearinghouse (www.druginfo.adf.org.au).			

Volatile substances

Whilst all intervention should be appropriately targeted, it is particularly recommended that information on *volatile substance use does not form part of the general drug education curriculum* and that any intervention responses are appropriately targeted to avoid escalating problems. Due to the sensitivity in dealing with volatile substance use, *it is important that school staff consult with appropriately informed personnel before undertaking any activities about volatile substances with students.*

Analgesics, antipyretics and anti-inflammatory medications

The use of analgesics to control pain and antipyretics to reduce fever is very common in our society. There are three different types of analgesics: simple, compound and narcotic. In addition to analgesics, there are also some anti-inflammatory medications commonly in use for pain relief. The role of these drugs in creating a 'drug-taking culture' is discussed in more detail later in Section 3: Understanding Drug Use. Schools should certainly address medications in their school drug policy. The National Prescribing Service website (www.nps.org.au) has more information on medicines.

State/territory poisons regulations govern access to, and availability of, medication. However, it should be noted that these regulations can differ between jurisdictions, so scheduling legislation may vary slightly between states/territories.

Table 3: Analgesic, antipyretic and anti-inflammatory medications

Type	Some common names/brands	Potential problems	Availability
Simple analgesics and antipyretics	**Paracetamol** (eg Panadol, Dymadon, Panamax, Paralgin) **Aspirin** (Alka-Seltzer, Aspro, Bex Powders, Disprin, Spren, Vincent's Powders)	Use of doses greater than that recommended on the pack can lead to serious health damage.	Schedule 2 – can be supplied over-the-counter and is available in supermarkets. No prescription required.
Anti-inflammatory	**Ibuprofen** (Nurofen, Tri-profen, ACT-3, Acti-profen)		
Compound analgesics – containing lower dose codeine Lower degree of psychoactivity due to the relative content of codeine	Aspalgin, Codalgin, Codiphen, Codral pain relief, Dymadon Co., Mersyndol, Painstop syrup, Panadeine, Panalgesic, Panamax Co., Veganin	Use of doses greater than that recommended on the pack can lead to serious health damage. Prolonged use in higher doses can lead to dependency.	Schedule 3 – restricted to sale in pharmacies, with pharmacist intervention and discretion as to the appropriateness of the drug supply. In some jurisdictions some items require recording of supply (S3R). These drugs must be stored away from public reach.
Compound analgesics – containing higher dose codeine Higher degree of psychoactivity due to the relative content of codeine	Codalgin Forte, Codral Forte, Dymadon Forte, Panadeine Forte, Mersyndol Forte		Schedule 4 – only available through pharmacies by a prescription from a doctor. Some jurisdictions require the doctor to be registered in that state/territory for some items (S4R items). The drugs must be stored in the dispensary.
Major analgesics Narcotic Psychoactive	Di-gesic, Doloxene, Tramal	Risk of serious health problems if used inappropriately. Use of doses greater than recommended on the label can lead to serious health damage. Prolonged use can lead to dependency.	Schedule 4 – only available through pharmacies by a prescription from a doctor. Some jurisdictions require the doctor to be registered in that state/territory for some items (S4R items). The drugs must be stored in the dispensary.
	Codeine Phosphate, Endone, Kapanol, Morphine, MS Contin, Oxycontin, Proladone, Pethidine, Temgesic, Methadone	Risk of serious health problems if used inappropriately. Use of doses greater than recommended on the label can lead to serious health damage. Known to cause dependency.	Schedule 8 – Controlled drug. Supply is closely controlled with mandatory recording of drug movements by state/territory health departments, pharmacies, etc. Can only be prescribed by a doctor registered in the state/territory. These drugs must be stored under tight security in the pharmacy for management only by the pharmacist.

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Activity 2.1: DRUG CLASSIFICATION EXERCISE

Place the following drugs into the drug classification table below.

Tobacco, Methadone, Amphetamines, Petrol, Magic Mushrooms, Heroin, Caffeine, Ecstasy, Cocaine, Valium, Cannabis, Ritalin, LSD, Alcohol, Glue, Panadeine

Depressants	Stimulants
Hallucinogens	Multiple action

Check your answers against the information in Table 3.

Other drug factors and terms

Abstinence*:* when a person does not consume alcohol or another drug at all, either for a period of time or permanently.

Poly drug use: when a person takes more than one substance, either at the same time or within a short period of time. Mixing depressant drugs is dangerous: it can multiply the effects of both drugs (potentiation) and possibly cause overdose. Many heroin overdoses are actually combinations of heroin and alcohol or heroin and benzodiazepines such as Rohypnol. Mixing depressants with stimulants (eg mixing an amphetamine with alcohol) is also dangerous as more of each drug tends to be used. This can lead to serious toxic effects such as alcohol poisoning.

Abuse or misuse: it is not considered appropriate to use the terms 'drug abuse' or 'misuse' as they are too subjective. What you consider acceptable may well be abuse in another person's eyes. The World Health Organization (1982) recommends the use of the following terms:

- *Unsanctioned use*: where use is not approved by a community or other group (eg heroin use in Australia or alcohol use in a Moslem community). Unsanctioned use can also refer to the non-medical use of licit substances such as prescription drugs. Sanctioned use can refer to drug use that is approved by the community (eg use of medications as prescribed, legal consumption of alcohol).

- *Hazardous use*: where there is a probability that the use will result in harm of some description (eg tobacco smoking and the increased likelihood of health problems in the future).

- *Dysfunctional use*: where the drug use is causing or contributing towards social or psychological problems (eg relationship problems or interfering with school attendance).

- *Harmful use*: where the drug use is known to be causing physical or mental health problems (eg consuming alcohol at a level that is compromising liver function).

- *Appropriate drug use*: where sanctioned drugs are used within the recognised parameters (eg consumption of alcohol within recommended standard drink levels, taking medication as prescribed).

Potentiation: when the combined effects of two or more drugs is greater than the sum of the effect of each used alone. Simply put, 1+1 would not equal 2, but could equal 3 or more.

Tolerance: when some drugs are taken often and increased quantities are required to get the same feeling. This is because the receptors in the brain adapt to expected levels of the drug. Even if someone has a tolerance to alcohol, they still get the same toxic effects if they have more than two standard drinks for women and four for men. People can also lose their tolerance through reducing their level of use or a temporary period of abstinence.

***Cross-tolerance*:** when a person who is tolerant to one drug shows tolerance to another drug of the same class. For instance, a heroin user may need a higher dose of another depressant painkiller.

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Methods of administration: drugs need to get into the blood stream and circulate to the brain to have any effect. They can be injected directly into veins, into muscles or under the skin. When a drug is taken orally (eg by swallowing or drinking) it travels through the stomach. The time that it takes to get into the blood stream is unpredictable and depends on many factors, including the amount of food in the stomach. Drugs that are inhaled, sniffed or smoked enter the blood stream quickly through the lungs. Drugs can be absorbed through the skin or mucous membranes (nasal mucosa or mouth mucosa) and the rectal lining.

Withdrawal: Physical dependence on a drug can occur when the body has become accustomed to the drug for normal functioning. When the drug is taken away or the dose reduced, the body compensates for the loss of the drug effect and tries to counterbalance for the change, so producing withdrawal symptoms. The withdrawal symptoms vary depending on a range of factors including the type of drug and the level of dependence.

Patterns and prevalence

The use of legal psychoactive drugs such as alcohol, prescribed medicines and caffeine (eg in coffee and chocolate) is common among adults in Australian society. Cannabis is the most frequently used illegal drug, having been used by one-third of the population over the age of 14 (Australian Institute of Health and Welfare, 2005). The use of other illicit drugs is less common, varying between less than 1 to less than 20 per cent, depending on the substance and age group.

Establishing a realistic context of drug use at the broader community level is useful for putting drug use amongst young people in perspective. Getting a clear picture can be difficult due to the complexity of drug use and many factors that influence how information is constructed and interpreted. For example, media reporting of events and television programs can over emphasise or exaggerate the levels of alcohol and other drug use. The general community then perceives the levels of use and/or associated drug problems as being higher than they really are. This perceived normalisation of drug use can influence patterns of use, particularly among young people contemplating or currently experimenting with alcohol and other drugs. It also influences how we respond to young people around drug use issues.

The findings of the 2004 National Drug Strategy Household Survey (AIHW, 2005) reported that across Australia:

- **Tobacco** was smoked daily by approximately one in five of the population, with use peaking in the 20–29-year-old age group, with a slight decline from the 2001 survey. Rates were slightly higher for males in all age groups except 14–19-year-olds where females were more likely to smoke tobacco daily than males. Between 1991 and 2004 tobacco smoking rates declined by almost 30%.
- **Alcohol** was consumed by 83.6% of persons over the age of 14 in the last 12 months, a slight increase on the 2001 survey. Consumption at levels considered risky or high risk of incurring short-term related harm in the last 12 months occurred at similar rates in the 14–19-year-old population (36%) as the general population (40%). Short-term related harm is associated with the level of drinking on any one day (eg binge drinking).
- **Illicit drugs** had been used by 38% of the general population at least once in their lifetime, the same as the 2001 survey. Illicit drug use peaks in the 20–29-year-old age group with teenagers (14–19-year-olds) being the second highest consumers of illicit drugs. For 14–

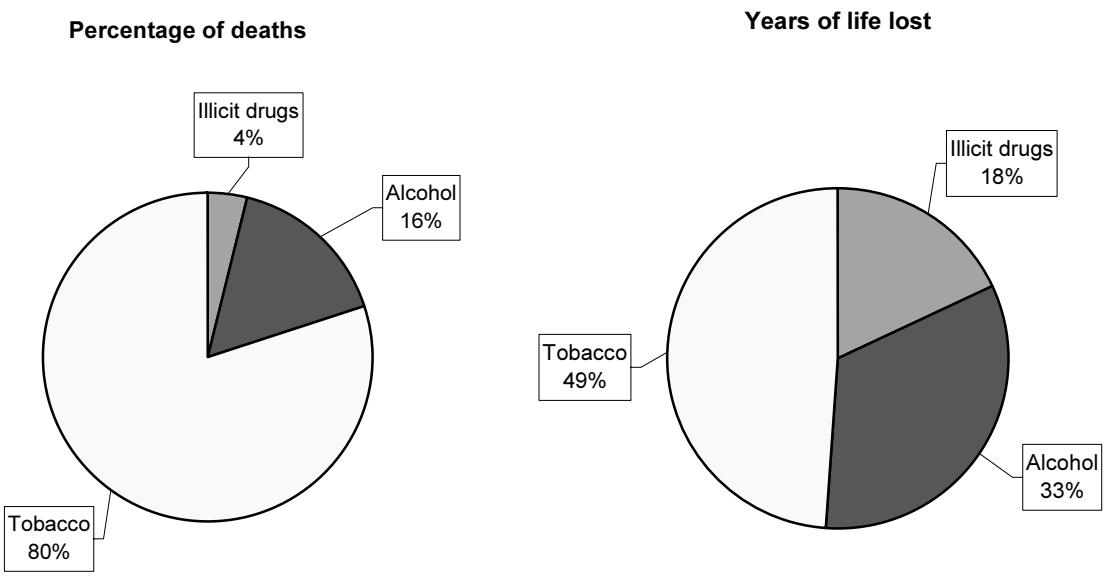
19-year-olds, 20.9% of males and 21.8% of females reported recent use of an illicit drug, a decline of 7.9% and 4.8% respectively on the 2001 survey.

- **Cannabis use** declined in the 14–19-year-old age group by 8.2% for males and 5.2% for females between 2001 and 2004. Males were more likely to have 'ever used' cannabis than females in all age groups except the 14–19-year-olds where the reported rates were 24.9% for males and 26.2% for females.

The similar rate of short-term risky and high risk alcohol consumption patterns is also interesting, especially as this is commonly represented as a problem in young people but less often acknowledged as a problem in older age groups (possibly a case of the 'wilful blindness' on the part of adults!).

The impact of this consumption can be seen by looking at statistics on drug-related deaths. The following graphs illustrate the deaths attributable to different substances, and the years of life lost as a result.

Figure 3: Drug-related deaths in Australia



(*Source*: Unwin & Codde, 1998)

This information tells us that while the vast proportion of drug-related deaths result from tobacco and alcohol, the number of years of life lost is proportionally much higher from illicit drugs. This is because people who die from illicit drug use are usually younger. The average years of life lost per person are: tobacco 5 years, alcohol 15 years and illicit drugs 31 years.

Using statistics

Care needs to be taken when using statistics; it is important to distinguish between facts, probabilities and opinions:

- a **fact** is absolute, something that is known and proved to be true
- **probabilities** are statistically reliable but not absolute
- **opinions** are judgments that are usually based on some moral, philosophical or emotional stance.

> **"There are lies, damn lies and statistics."**
> *Winston Churchill*

Statistics sometimes support factual conclusions: for example, it is a fact that approximately 30% of drivers involved in fatal road crashes had a blood alcohol concentration (BAC) above the legal limit (Ferguson et al, 1999). This is proven by blood tests. From this fact, we can say that it is probable that drivers who exceed the legal BAC have a greater chance of being involved in a fatal car crash. However, opinions vary about the effect of alcohol consumption on driving impairment.

When interpreting statistics, it is useful to ask yourself the following questions:

- How old are these statistics?
- What is the source and how does it compare to other data available?
- What do they actually show, and what conclusions can be drawn? For example, how applicable is this information to different situations (if the research was done in another country or with another age group)?

Sources of statistics

There is often a time lag between data collection and the publication of statistics and availability of information about patterns of drug and alcohol use. Research can quickly become out of date, which is why it is important to always be cautious when applying old information to current situations. Bearing in mind the questions above, there are many sources of statistics available on internet sites, some of which are listed below.

- Australian Government Department of Health and Ageing (www.health.gov.au)
- Australian Drug Foundation (www.adf.org.au)
- National Drug and Alcohol Research Centre (www.ndarc.med.unsw.edu.au)

For state/territory specific information:

- state/territory health departments
- Quit Line (www.quit.org.au)
- Cancer Council (www.cancer.org.au)
- local alcohol and drug agencies.

Why do people use drugs?

"Things forbidden have a secret charm."
Tacitus

In Australia and in many other countries, alcohol is one of the most extensively used drugs. There is even evidence of its use in prehistoric times. People use alcohol and other drugs for many reasons: one is the desire to alter their consciousness. There are many ways people can do this – alcohol and other drug use is just one. Other examples include prayer and meditation, exercise and activity (eg roller coasters and 'whizzies') and entertainment (eg music and dancing). The reasons why people seek to alter their consciousness are also varied and include relaxation, stress relief and fun.

While the desire to alter consciousness appears to be part of human nature, the meaning of alcohol and other drug use is largely determined by the culture in which it occurs. The context of alcohol and other drug use within the broader community can in turn influence our patterns of consumption, perception of issues and responses to problems associated with this use.

The following table details factors that influenced first use of an illicit drug.

Table 4: Factors influencing first use of any illicit drug

(based on lifetime users aged 14 years and over, in Australia 2004)

Factor	%
Curiosity	77.0
Peer pressure	54.5
To do something exciting	20.7
To enhance an experience	12.0
To take a risk	9.3
To feel better	5.9
Family, relationship, work or school problems	5.4
Traumatic experience	2.5
To lose weight	1.2
Other	3.3

(*Source*: AIHW, 2005)

Similar patterns emerge with tobacco and alcohol. Reasons for continued use may differ and this will be discussed in more detail later.

Altering consciousness is only one of the reasons people use alcohol and other drugs. Think about the different reasons adults may use drugs. How do you think these reasons compare with the reasons why students may use drugs?

Patterns of drug use among young people

It is important to consider the specific context of alcohol and other drug use among young people. As in the broader community, the most commonly used substances by young people are analgesics, alcohol, tobacco and cannabis. The level of drug use by young people will vary, influenced by a number of factors. The context of drug use in primary, lower secondary and upper secondary school is quite different. The percentage of young people experimenting with or using drugs increases with age. For example, in the upper secondary years of school, statistics indicate that 70 per cent or more of students will have consumed alcohol in the last

month and more than 30 per cent will have tried cannabis. However, in comparison, at the beginning of high school, some 25 per cent of students aged 13 years will have used alcohol in the last month and about 12 per cent will have tried cannabis. The use of other illicit substances is much less common, with more than 95 per cent of students aged 12–17 years reporting no use of these substances (Commonwealth Department of Health and Aged Care, 2001a and 2001b).

While this reflects the general context for young people, it is very important to recognise the context for individual students. Reasons for drug use are numerous and it is useful to look at not only *why* people start to use a certain drug, but also why they *maintain* that use. This will be explored in more detail in Section 4: Drugs and Young People.

Alcohol and other drug use is complex and there is a diversity of social, personal and biological reasons that influence choice. Understanding the context and reasons for use is essential in guiding effective interventions. Reasons for use include internal factors such as mood, curiosity, confidence and personal beliefs, as well as external factors such as culture, law, role models, peer approval and family. Similarly, there are also many reasons why people do not use alcohol and other drugs. This will be explored more in Section 3: Understanding Drug Use.

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Section 3: Understanding Drug Use

> ***"Reminds me of my safari in Africa. Somebody forgot the corkscrew and for several days we had to live on nothing but food and water."***
>
> ***W.C. Fields***

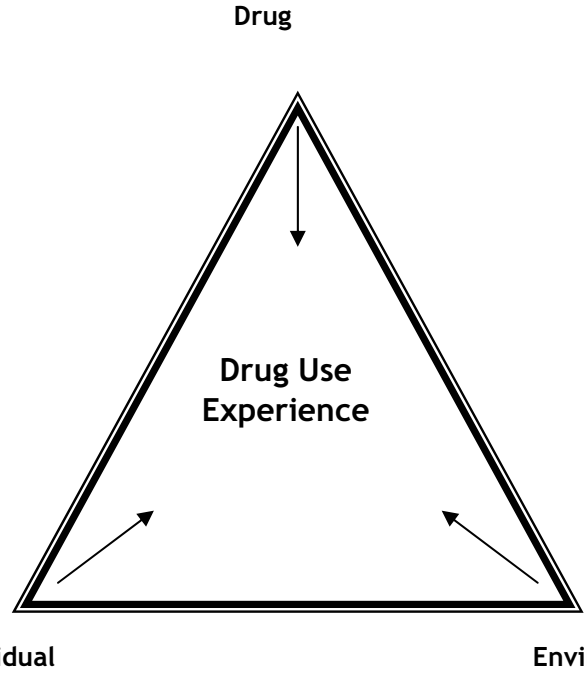
There are a number of practical models that are used in the drug field to assist in understanding the drug use experience. These models can then provide a basis for the assessment of drug use and are used to generate intervention and prevention strategies. Increasing our understanding of why someone uses drugs gives us clues about how that person might stop or modify their drug use.

Interaction Model (Zinberg's Model)

This model explains that the way a person experiences alcohol or other drugs does not depend only on the drug itself or factors to do with the drug. The experience will vary depending on the interaction of three factors:

- **the drug**
- **the individual**
- **the environment**.

Figure 4: The Interaction Model



(*Source*: Zinberg, 1984)

These factors in the Interaction Model are sometimes also referred to as *substance* (drug), *set* (individual) and *setting* (environment), and the model itself is also sometimes referred to as the public health model.

To help us understand this model, think for a moment of your own drug use (coffee, alcohol or cigarettes). Think about the times you have used that drug and the different reasons why. For example, cigarettes are often used to relax, 'soothe' the nerves, wake up, or increase concentration. Typically your use will vary, and some occasions will be more pleasurable than others. Consumption may go up or down, depending on your company, how you feel and what is available. Consider the following quote:

> *"Alcohol is used as a stimulant, a tranquilliser, an anaesthetic, a celebrant, a medicine, a social lubricant, a religious symbol, a food, a fuel and as an indicator of the transition from work to play."*

(Saunders, 1985)

Why is it that the same drug can be used for such diverse purposes? The pharmacological effect on the central nervous system remains the same. Alcohol, for example, is a CNS depressant and therefore always acts to depress the central nervous system. Despite this, it is often used as a social lubricant because in small quantities it can make people feel more 'chatty' and less socially inhibited. Indeed, many people actually think that alcohol is a stimulant, and can be quite shocked to learn that it is a depressant.

Furthermore, drugs themselves often bear the brunt of much blame for many drug-related behaviours. A commonly cited example of this is alcohol-related violence. The fact that one is intoxicated does not mean that one will inevitably behave violently. People become intoxicated on numerous occasions, but most never behave violently. Even those who do have a penchant for violence when intoxicated do not become violent every time they have a drink. Therefore, it is not the alcohol itself that causes violence.

The Interaction Model explains this phenomenon by highlighting the interaction between the three factors and not just a single factor. What happens when people take drugs is hard to predict. More importantly, the impact of a specific drug is much more variable than is often believed.

Drug factors

There are a variety of drug factors that influence the drug use experience. The pharmacological properties of the drug (ie whether it is a stimulant, depressant, hallucinogen or other) are obviously important in determining its effects. Similarly, the purity of the substance, the dosage, potency and form of the drug and whether the drug has been mixed with any other substances are also important considerations. Finally, the action of any drug depends on the absorption of the drug into the bloodstream, the distribution of the drug in the body, the breakdown of the drug, and the excretion of the drug from the body.

Individual factors

Individual factors include any transitory or enduring characteristic of the individual of a physiological or psychological nature. In other words, it includes those psychological and physiological factors that are 'within the skin'. Physiological factors include things like weight, gender, age, prior experience with a drug, food consumption prior to drug use and general health condition. Psychological factors include personality traits, mood at the time of consumption, beliefs and expectations about the drug as well as previous experience.

Environmental factors

Environmental factors include drug availability and the immediate circumstances of use; where, when and with whom the drug is used; and the broader social context of use. Use is also influenced by societal factors, including formal and informal sanctions on use, cultural meaning of drug use, family and peer group factors, gender role, and membership of religious and cultural groups. These factors interact with drug and individual factors and are imperative in formulating the drug use experience.

The drug use experience is the result of a complex interaction between the drug, the individual and the environment. Indeed, given the range of factors involved it is near impossible to predict exactly what someone will experience upon consumption of a drug. Therefore, it is important to consider all of these factors when examining the drug use experience, and also when attempting to reduce the harm associated with drug use.

In summary:

- **There are reasons why people use drugs**

Drug use has real effects that the drug user expects will happen. The effects help a person decide whether or not to use drugs, how often they will use drugs and in what situations they will use drugs. The effects might include feeling 'high', feeling relaxed, not going into withdrawals, and finding it easier to get on with people. This is the function of drug use.

- **People learn to use drugs**

Learning happens through what people see, think and feel. People see parents, friends and other people using drugs. They may see drug use on TV and videos, and read about it in magazines. Some of their 'heroes' (like pop stars) may use drugs, so young people may think it's cool to use. Also people may enjoy the effects from being intoxicated on a drug, and so keep using that drug or drugs on a recreational or regular basis.

- **Drug use is complex**

A person's drug use is neither all 'good' nor all 'bad'. An important point is the *balance* of the 'goods' *and* the 'not-so-goods'. This balance is a function of the interaction of three factors, and means that a broad range of prevention and intervention strategies are required that will also need to be tailored to the specific situation.

- **Using the Interaction Model**

The Interaction Model is a useful model for getting a broad picture of an individual student's drug use or drug use risk. This will help you understand the context of the drug use, build empathy with the student, and target more effectively any intervention strategies. Following is

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an example of how the model can be applied, as well as an activity for you to complete where you apply the model to an example of your own.

Applying the Interaction Model

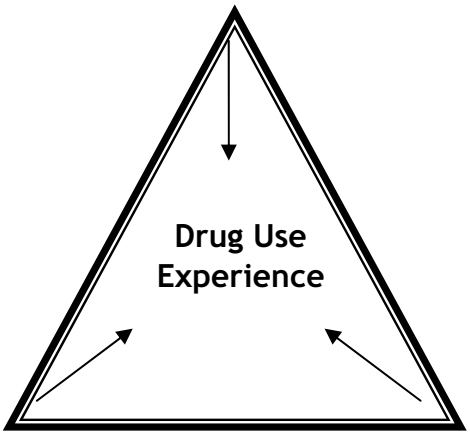
Scenario

Sharon is 15 years old and in year 10. She lives with her mother and older sister. She is popular at school and has been going out with her boyfriend Chad for four months. On weekends she goes out with Chad and their group of friends. She occasionally drinks alcohol and finds she socialises more freely with it, though she doesn't like the feeling of being dizzy and out of control because she has had a few bad experiences in the past. Chad smokes cannabis on Saturday nights occasionally. Their friends have started playing drinking games which Sharon believes are dangerous and stupid but she doesn't want to give up hanging around with them.

Last weekend everyone got drunk at a party held at the house of an older student while the parents were away. Sharon had three bottles of an alcoholic soda which was more than she usually drank. When they were leaving she refused to get into the car because she was concerned about how much the driver had drunk. Chad convinced her that it would be okay and they had no other way of getting home. In the morning Sharon wasn't feeling well, and Sharon's mum was angry with her as she suspected Sharon had been drinking and she strongly disapproves of this. She has been divorced for two years and her former husband used to drink heavily.

Drug factors
- Alcohol (more than usual) (approx 4 standard drinks)

Individual factors
- 15-year-old female
- Limited experience with alcohol, some likes and some dislikes
- Aware of risks with alcohol
- Fairly confident but finds responding to pressure difficult and unsure of how to handle her friends' use



Environmental factors
- Weekend/night-time
- Private house, driving distance from home
- With boyfriend and friends
- No adults present although older and unknown students present
- Large quantities of alcohol and cannabis being consumed by others
- Driving with intoxicated driver
- Mother has strong values disapproving of alcohol use; source of parental conflict

To use this model in a classroom setting, refer to the curriculum documents used in your state or territory .

Activity 3.1: APPLYING THE INTERACTION MODEL

Using an example of your own – either your own experience or someone else's (but remember to not use any identifying information) – apply the information to the categories of the Interaction Model.

DRUG (what, how much, how used, frequency of use, etc)	**INDIVIDUAL** ('within the skin' physiological and psychological)	**ENVIRONMENTAL** (when, where, who with, etc)

Through the multidimensional nature of this model we get a much broader view of drug use and the context in which use occurs and, also importantly, when it doesn't occur. It is then possible to assess more accurately what might be going on, what are the risks and what are the possible avenues for supporting this student.

In examining when drug use does not occur it is possible to determine strategies that do not necessarily focus on the drug use but can have positive effects on modifying use. This is particularly useful for working with people who are not thinking about changing their behaviour at this stage (precontemplators), something we will discuss more in the stages of change later in Section 5: Intervention: Theory and Principles.

See Section 6: Identifying Drug Use Problems and Section 7: Strategies for Responding, for more information regarding the application of the Interaction Model. To use this model in a classroom setting, refer to your curriculum documents.

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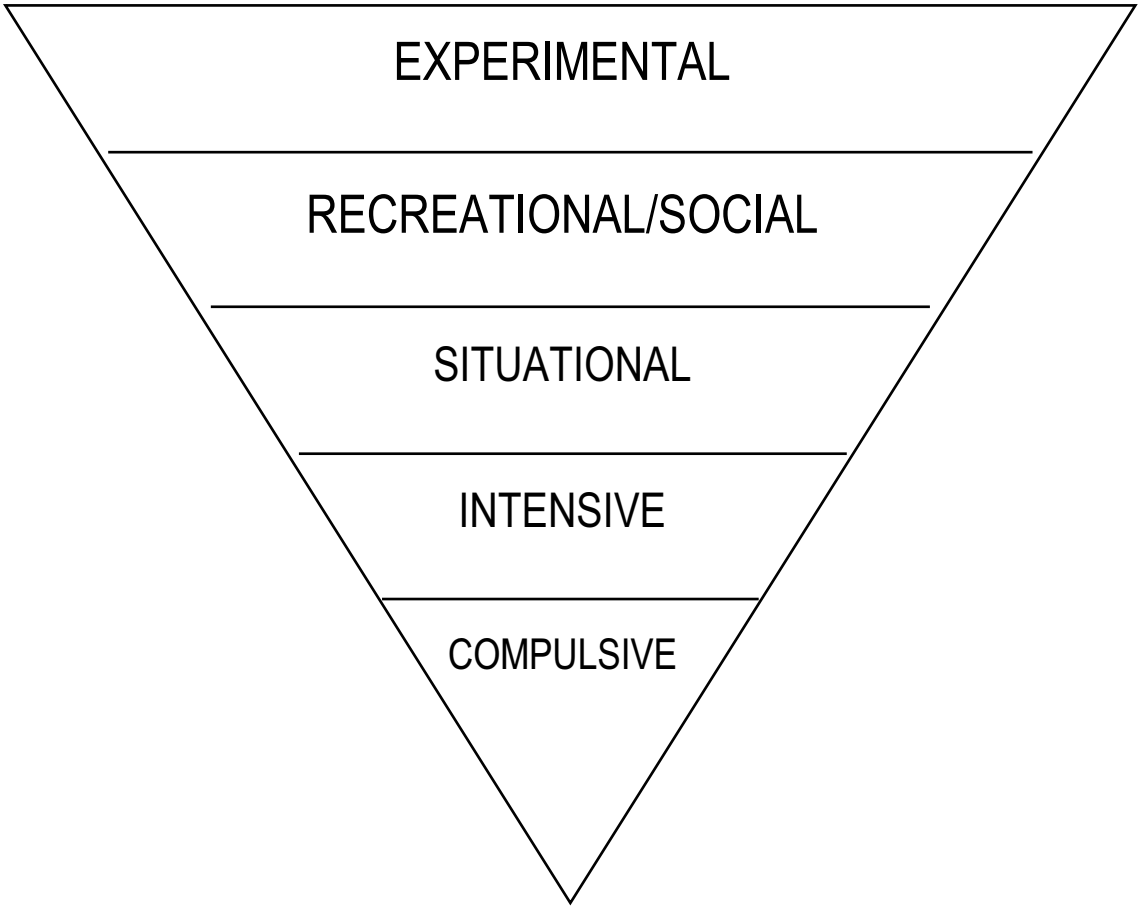
Shafer's Model

When we think about drug use, particularly if we think about drug use that causes problems, we often immediately think of severely dependent drug users. This is quite a barrier to identifying drug use issues as we can overlook much drug use that does not fit into the traditional notion of a 'drug addict'. This model presents a way of looking at different patterns of drug use.

Figure 5: Shafer's Model



(*Source*: NCMDA, 1973)

Shafer suggests that there are more people who try experiment with a drug than use drugs intensively. For this reason, Shafer draws the model conically. Shafer does not suggest that progress is linear through these patterns of use, or inevitable, or fixed. If a person inevitably progressed from experimentation to dependence then we would see similar rates of dependence as we do experimentation. The fact is that we see only a small percentage of people who ever try a drug go on and develop dependence.

Shafer also notes that people can have a different pattern with different drugs, for example they could consume alcohol socially, experiment with cannabis, and smoke tobacco with a certain friendship group. All levels of use have potential risks, even experimental use. For example, a person first experimenting with opiates may share injecting equipment and get a virus; or a first time consumer of alcohol may become intoxicated and have an accident. The majority of

alcohol or other drug use by school students is experimental and recreational/social, with some problems relating to intensive use, such as binge drinking.

The categories in this model are further defined below.

Experimental

Peer influence may be a factor and use often occurs in the company of one or more friends who are also experimenting. Choice is motivated by curiosity or the desire to experience new feelings or moods. There may be a single episode of use or use over a short period of time, for example trying cigarettes for the first time or few occasions.

Recreational/social

This pattern describes voluntary drug use on specific social occasions, eg drinking at a party or at dinner, in a social setting or for recreational use. This pattern generally refers to experienced or controlled users who know what drug suits them and in what circumstances, rather than experimenters. If they like the effects and the participatory group is congenial they will use a drug despite legality. Most alcohol consumption would fit into this category, including some binge drinking where high doses are consumed but not frequently.

Situational

This pattern is associated with use for specific situations and/or for a set period, for example truck drivers using drugs to stay awake on an overnight trip, students drinking coffee during exam periods, or a person under acute stress or bereavement.

Intensive

This is similar to the previous category but usually in higher doses and increased frequency. It is often related to an individual's need to achieve relief or a high level of effect from the drug, for example drinking alcohol to become seriously intoxicated, or taking large doses of tranquillisers or analgesics to cope. Frequent binge drinking (eg every weekend) would fit into this category, as would the use of multiple substances on frequent occasions.

Compulsive

Often referred to as dependent use, this category is marked by persistent and frequent high doses producing psychological and physiological dependence where the user cannot at will discontinue use without experiencing significant mental or physical distress. There is also a preoccupation with the need to obtain adequate amounts of the drug, for example daily use of alcohol, consumption increasing over time, anxiety if none is available, and user becoming unwell if not able to consume usual amount.

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Applying Shafer's Model

If we apply this model to the previous scenario with Sharon, she would be categorised as an experimental user of alcohol. Her use is certainly within a social setting but it is not frequent enough or stable enough to be considered recreational/social at this stage. It is not always clear when people move from one category to the next as it is often quite a subtle shift over a period of time. Where do you think the person in your own scenario that you applied to the Interaction Model would fit with Shafer's Model?

Understanding drug problems

"Of all the things I have lost in my addiction, I miss my mind the most."
Ozzie Osbourne

The mere mention of drugs for many brings to mind a range of horrible problems, motor vehicle accidents, overdose deaths, violence and a range of illnesses and diseases, to name but a few. These concerns are not without foundation. Apart from the pain and suffering experienced as a result of these problems, it is estimated that drug use in 1998/99 cost Australia approximately $35,000 million (Collins & Lapsley, 2002). Of this cost, the bulk was related to tobacco ($21,000 million), with alcohol ($7,560 million) and illicit drugs ($6,075 million) sharing the remainder.

Gaining an understanding of the nature of problems associated with drug use is useful as it enables informed decision making and risk reduction strategies. Current research (Clark et al, 2003) emphasises that care needs to be taken when communicating with young people around problems with drug use in an attempt to modify behaviour and influence choice. The concept and practice of risk reduction and communicating with students effectively is explored later in Section 5: Intervention: Theory and Principles and in Section 7: Strategies for Responding.

> Young people often do not see their drug use as a problem, or they link their drug use to problems they are experiencing. Pointing out problems that students may experience in the future is rarely helpful.

It is important, however, for us to understand the range of problems that can occur with drug use. The following two models expand our understanding of problems that can arise from drug use. They can be used to assist in the identification of problems and the targeting of intervention strategies.

The 4 Ls Model

This model describes drug-related problems in relation to a person's life, and shows four areas where harm from drug use may arise: Liver, Lover, Livelihood, Law (the 4 Ls).

LIVER Physical and psychological health problems (accidents, organ damage, communicable diseases, depression, psychosis, death, etc)	**LOVER** Relationship problems with partners, family, friends, peers (neglect, conflict, violence, mistrust, loss of friends and family, etc)
LIVELIHOOD Study, work, money, recreation, lifestyle problems (poor performance or dropping out of school or work, not having money for recreation, no longer participating in sport, etc)	**LAW** Legal problems relating to a range of factors (including possession of illegal drugs, crime to obtain drugs or money, or as a result of behaviour whilst intoxicated, such as assault and drink driving)

Thorley's Model

A common misconception is the thought that only people who are dependent on drugs have problems. A person may have only been experimenting with a drug for a short time and still experience problems. Thorley's Model explains this is because problems can arise from three different patterns of use: intoxication, excessive regular use and dependency. The model is drawn as a set diagram to demonstrate that there is some overlap between these three areas. Many people are likely to have had some negative effects from their drug use at some time, but only a small number will have problems in all three areas.

Problems of intoxication are the most common among students. A recent survey of young people found that more than half of all 15–17-year-olds were already drinking alcohol. One in five of these young drinkers had consumed more than 10 standard drinks the last time they drank alcohol (Commonwealth Department of Health and Aged Care, 2000).

In the scenario described above, it is likely that the young person could experience problems as a result of the level of *intoxication* (eg injuries from falls, alcohol poisoning, sexual trauma or violence). Should these young people continue to drink alcohol at this level it is likely that they would incur problems from the *excessive regular use* (eg organ damage, financial problems). If the alcohol consumption pattern continued and increased to daily consumption it is likely that the person would become physically *dependent* on alcohol and experience withdrawals should supply be interrupted. Most young people do not persist with drinking at this level for extended periods or on a daily basis, therefore most young people are more vulnerable to problems of intoxication.

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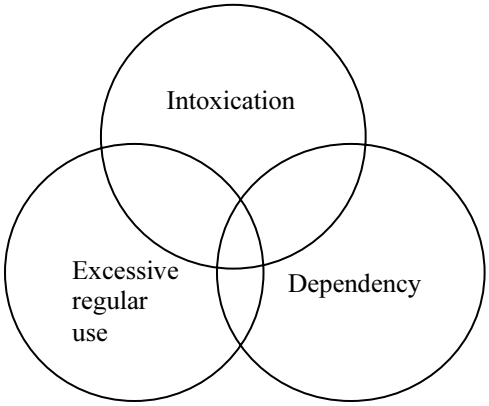
Figure 6: Thorley's Model



(*Source*: Thorley, 1980)

This model is important for understanding the nature of the problems experienced and how we can then target interventions appropriately.

Applying the 4 Ls and Thorley

Scenario

Corey is 12 years old and lives with his father and younger brother. His mother died about three years ago. His father often arrives home drunk at night and complains about Corey not cleaning the house and his lack of concern for his younger brother. In the morning, Corey makes breakfast for the family and gets his younger brother ready for school. He often arrives late at school and teachers describe him as looking tired and irritable.

Corey has been sneaking cigarettes and beer from his father for about six months, whenever he can. To avoid being caught he often sneaks out at night to the park at the end of his street to drink and smoke what he has taken. He has made a little cubby in some bushes near the lake, well out of sight of the main road. Recently he stole a packet of cigarettes from his friend's mother's handbag. Lately Corey has found his asthma has been getting worse, despite him taking his medication; he coughs a lot at night and finds it hard to sleep. He also finds it hard to stay awake during classes. He was upset recently because he failed a maths test and he has always been good at maths and likes his teacher.

Corey feels that his father doesn't care about him and his little brother. He never takes them anywhere and spends all their family money on alcohol. There is never any food in the fridge. He is glad that his grandmother isn't very far away because she always makes them a nice meal.

Using the 4Ls Model, Corey presents with the following problems.

LIVER • Risk of accident or assault in the park at night • Asthma worsening • Poor nutrition/sleep deprivation • Mental health at risk	**LOVER** • Conflict with his father • Risks being shunned by friends
LIVELIHOOD • School performance deteriorating • No hobbies or recreational pursuits	**LAW** • Stealing from father and friend's house

In Corey's scenario there are a number of potential problems due to intoxication, particularly the risk of accident (road or drowning) or assault when he is out alone late at night. The regular use of tobacco is causing a number of problems – worsening his asthma, which in turn is interrupting his sleep and then causing problems with schooling. He may also be becoming dependent on nicotine, hence his decision to steal from his friend's mother. We could also hypothesise that Corey's father may be dependent on alcohol, particularly given the lack of food and the almost consistent nature of his drinking; certainly family relationships and finances are being seriously affected by the regular nature of his drinking.

What is dependence?

Everybody has some degree of reliance or dependence on other people, activities and things. Examples include work, caffeine, sport, pets, partners and children. This dependence may be psychological and/or physical. Dependence is not an *all or nothing* phenomenon and it is not always a bad thing; often it is quite good. Rather than something that people either have or do not have, it is useful to view dependence on a continuum from mild through to severe. For example, some people find it difficult to go without Friday night drinks, while others find it difficult to not drink daily.

Dependence may be psychological and/or physical

Some experts believe it is difficult to distinguish between psychological and physical dependence. Physical dependence is when a person's body adapts to the presence of a drug. When you stop taking this drug the body experiences physical symptoms of withdrawal which, depending on the drug, may include headaches, cramps and/or anxiety. Psychological dependence is when the drug and its affect are more and more central to the person's thoughts and actions.

The degree of dependence relates to the priorities of the person and the impact of their dependence on their everyday life. It relates to how much time they spend thinking about it, how much time they spend `doing' it and how much they neglect other important things (work, family, finances) in order to satisfy their craving.

Dependence is not all or nothing; something that people either have or don't have. It is on a continuum from mild through to severe.

The strength of the withdrawal effect is also an indicator of how severe a person's dependence is. The greater the negative experience (anxiety, agitation, craving) when the drug is not used, then generally the greater is the dependence. When the strength of attachment starts impinging negatively on other areas of life (eg neglecting family responsibilities), dependency can become a problem.

School staff may not see young people who are dependent on alcohol or other drugs as they tend to drop out of the school system because the priority is their drug using behaviour. Some students may be affected by dependence on nicotine (tobacco) or problems of dependency in their families. Severe dependence can be very difficult to overcome due to the strength of the desire to pursue the drug and its effects.

Liken a severe dependence to a mountaineer climbing a dangerous mountain with only one rope. Naturally, if you try convincing the mountaineer to abandon the rope (or you start sawing through it) you will meet with some resistance. Sometimes assisting the person to find safer routes up the mountain or providing additional ropes is a better option to reduce dependence rather than focusing on removing the existing one to which the person may be firmly attached.

Activity 3.2: THE NATURE OF DEPENDENCY

The purpose of this exercise is to help you think about the nature of dependency and some of the issues raised in this section. Think about what you depend on or what you have noticed people around you depend on (not alcohol or drugs). List these in column 1. Then think about the reasons you or others may depend on these activities or objects (do this list generally rather than matching to each item in column 1). Reflect on what you have written in the first two columns. Think about how you would feel if what you depend on was taken away suddenly or denied to you and then list your responses in column 3.

1	2	3
What do you depend on?	**Why?**	**What would you feel if these things were taken away from you?**

It is important to reflect on this when we consider drug dependence. It helps us to empathise with people who struggle with changing drug-related behaviour and understand the attachment they may feel towards that behaviour.

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Section 4: Drugs and Young People

"I don't know why I did it, I don't know why I enjoyed it and I don't know why I'll do it again."

Bart Simpson

Why do young people use drugs?

Understanding why some young people use drugs and others don't is much debated. Opinions vary, with many inferences being drawn to shape intervention policy and practices. Inevitably if you ask this question you will get the response, "peer pressure" (the adult version of which is the much more acceptable "to be sociable"). Certainly peer pressure is a feature. When questioned why they first used an illicit drug, respondents to surveys rated peer pressure as the second highest factor (the first was curiosity) (AIHW, 2002). Such answers on their own are insufficient as questions still remain as to why some young people are curious and others not, and why some seemingly succumb to peer pressure and others don't. In more recent times research has shed better light on this puzzle, teasing out the complexities.

Research commissioned by the Australian Government to inform the development of the National Illicit Drugs Campaign identified six broad groupings or archetypes categorising young people's attitudes and behaviour towards drug use (Clark et al, 2003). The archetypes and their main features are shown in the table below.

Table 5: Attitudinal archetypes

	Non-users	**Light users**	**Heavy users**
Tend to be more inward looking	**Cocooned rejectors** Largely fearful about drug use and anxious to avoid trouble with drugs.	**Risk controllers** Enjoy drug use but very conscious of keeping it under control.	**Reality swappers** Like the drug experience more than ordinary life and need drugs for relief from problems.
Tend to be more outward looking	**Considered rejectors** Made an independent decision that they didn't need or want drugs.	**Ambivalent neutrals** Are neither for nor against drug use in any degree. Will use when they want to.	**Thrillseekers** Enjoy the excitement and risk of drug use despite knowledge of its dangers.

These archetypes demonstrate a broad range of reasons for drug use and are a good indicator of patterns of use. It is important to recognise that the archetypes are not fixed and movement between groups is possible as a young person's circumstances change. The archetypes should not be read rigidly as there would be a variety of individual differences within each grouping.

Following is an example to demonstrate this in more detail.

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Sally is 14 years old, a first generation Australian of Eastern European parents. If we vary her circumstances and responses slightly, we can see the potential for her to be in different archetypes. **The arrows demonstrate how Sally could possibly move between archetypes if circumstances changed or as Sally's view of things changes.**

	Non-users	Light users	Heavy users
Tend to be more inward looking	**Cocooned rejectors** Sally's parents are very strict and she is particularly frightened of her father who has always brought her up to believe that alcohol is sinful and leads to sexual promiscuity. Sally believes that if she drank alcohol and her dad found out he would 'kill' her and she is anxious to avoid more trouble at home.	**Risk controllers** Sally enjoys alcohol and is allowed a small glass of wine with meals at home. Although her parents forbid her to drink outside their supervision, she does drink at parties but is very careful not to get out of control as she worries about making a fool of herself or doing something wrong.	**Reality swappers** Sally's sister died of cancer last year; her parents are recently separated and are fighting over money. Sally has recently moved to a new school because her mother needed to find a cheaper place to live. She has made friends with a group who 'party hard' all weekend and she enjoys being able to forget about life for a while.
Tend to be more outward looking	**Considered rejectors** Sally has decided that she doesn't like the taste of alcohol or the feeling of being light - headed and flushed that comes with it. She has just as much fun at parties without it and enjoys dancing and looking after her friends.	**Ambivalent neutrals** Sally sees her friends drinking and having a good time without getting into trouble. She thinks her dad is old-fashioned and he can't control what she does but she generally prefers the times when she doesn't drink.	**Thrillseekers** Sally hates the restrictions placed on her at home and loves the excitement of arranging to go out with her friends to parties and get drunk when her parents think she is staying at a friend's house.

It is useful to again consider the Interaction Model from Section 3: Understanding Drug Use to see the range of factors that could influence attitudes and behaviour towards drug use.

You will be reading about risk factors on page 44; consider how such factors would influence the movement between groups and also the level of risk of developing problems with drug use. Next we look at the developmental stage of adolescence; it is also useful to consider how this can influence movement between groups.

Developmental issues in adolescence

Most school staff will be familiar with the stages of child and adolescent development. This information is presented here to focus on the impact of adolescence development as this is where drug use is most often initiated. Further discussion on child development and the impact of this on intervention strategies is presented in Section 7: Strategies for Responding.

Adolescence is one of the most significant times of developmental change. For some young people it can be a time of excitement and adventure. Others, however, find it a very confusing and somewhat challenging time. There are a number of normal developmental tasks that characterise adolescence as a life stage. The main tasks of adolescence are as follows.

Developmental tasks:

- adjusting to physical changes
- taking responsibility for sexuality
- working towards independence from caregivers
- developing a sense of personal identity
- developing social and working relationships
- choosing and making plans for a career.

Adjusting to physical changes

The physiological growth period during this time is one of the most rapid and sudden since infancy. Some young people find it difficult to adjust to the changes their bodies are undergoing and feel extremely self-conscious.

Establishing sexuality

As well as the physiological changes, adolescents begin to experience sexual interests and become more aware of themselves as sexual beings. Establishing a sexual identity is often a confusing and scary time.

Working towards independence

Adolescents begin to experience a sense of increasing need to become independent from their caregivers emotionally (to cope), intellectually (to be clever and perform well) and financially (to start thinking about how they may support themselves money-wise).

Developing a sense of identity

As adolescents begin separating from their caregivers they begin searching for their own personal identities, uniqueness and sense of belonging.

Developing relationships

School is usually the primary place where socialisation and plans for the future occur. It is often a mixture of good and not so good times, but it is usually the basis to begin developing social and working relationships.

Making plans for a career

Decisions as to what a young person wants to do in the workplace are often on the agenda at this stage. Young people may feel under considerable pressure to achieve highly or may feel

confused or estranged from the mainstream through not knowing what to do or feeling that they cannot achieve at the required level. Often there can be conflict at home over these issues.

Difficulties in navigating the tasks of adolescence can increase the risk of problematic drug use occurring.

Adolescent behaviour

Adolescence has been called the 'not quite' stage: not quite adult, not quite child, not quite sure! With so much uncertainty and change happening, it is not surprising that this is often a very stressful time for many young people.

Adolescents have a number of important developmental needs at this time (Spooner et al, 2001):

- power
- autonomy and non-conformity
- freedom
- structure
- peer acceptance.

Often there is a natural tension between these needs (another source of confusion!): for example, tension between the need for power and autonomy and the need for structure; or between the need for non-conformity and the need to belong. Quentin Crisp defined this latter tension neatly in his book *The Naked Civil Servant* (in Fuller, 2002)*:*

"The young have always had the same problem – how to rebel and conform at the same time. They have now solved this by defying their parents and copying one another."

This tension can lead to confusing and sometimes apparently contradictory behaviour. Some typical behaviours that are displayed by adolescents include the following.

Being adventurous and experimental

Part of trying to define their place in the world involves experimenting with different ideas and experiences, particularly those associated with being an adult. Often very significant 'adult' experiences include getting a driver's licence, wearing a bra for the first time, going to a pub and smoking.

Needing acceptance with peers

Sometimes the only time young people feel understood is when they are with their peer group. This is often because they have a similar outlook on life, and they share the same experiences and interests. It is important for them to feel as if they 'fit into the crowd'.

Importantly, young people are not a homogenous group. There are as many variations in young people's social groupings as there are in adult networks, representing a range of values, attitudes and behaviours. As with adults, young people make decisions about the peer network that best fits their needs and to which they aspire to belong. Some of this variation is seen in

the archetypes presented earlier in this section which indicate broadly the range of drug use attitudes and behaviours available to young people.

Increased risk taking

Young people usually live for the moment and do not consider what the potential consequences of their actions may be further down the track. Decision making skills and impulse control are still being developed in adolescence. This, combined with a sense of invulnerability and living very much in the moment, contributes to increased risk taking behaviour. Risk taking, like experimentation, is normal adolescent behaviour that is consistent with the young person's pursuit for independence and separation from significant adults. Drug taking is one of several ways that young people may engage in risk taking behaviours.

Unpredictable moods and behaviour

It is normal and common for young people to experience rapid mood and behaviour changes. For example, sometimes young people may want to confide in significant adults in their lives; at other times, they may become very secretive and respond angrily to those adults who they perceive to be 'prying' into their affairs.

Needing to rebel

Young people need to become less dependent on their caregivers and more able to meet their own needs. They may test the rules and challenge authority as they begin to develop their own ideas and values. This is about meeting their need for autonomy and power, and is also why authoritarian approaches often don't work with young people.

Being intoxicated may provide:

- fun and excitement
- time out to escape stress and problems
- protection from criticism from self and others
- relief from boredom
- a feeling of acceptance by peer group
- a feeling of being 'grown up'
- a pleasurable high.

In managing these moods and behaviours it is important to remember the developmental tasks and needs of adolescence. Research indicates that failure to cope with the transitions of adolescence can increase the risk of enduring problematic substance use. Contemporary society has seen an extension of the period of adolescence with young people remaining in education and living at home for longer periods of time, delaying the traditional markers of independence associated with joining the workforce and assuming household responsibilities. The 'stage-environment fit' theory suggests that "behaviour, motivation, and mental health are influenced by the fit between the developmental stage of the adolescent and the characteristics of the school environment. Adolescents are not likely to feel connected to school if they are in a school that does not meet their developmental needs." (McNeely et al, 2002). This presents new challenges to school, family and community systems to support individuals through this period, effectively balancing the needs for autonomy and power with remaining dependence.

Further examination of some of the risk and protective factors that influence the development of problems with drug use is useful to clarify the opportunities for schools to enhance the likelihood of positive outcomes for students. This is often what we refer to as building or enhancing resilience.

Enhancing resilience

There are many examples of a 'disadvantaged' person going on to achieve great success. Emmy Werner's pioneering research into resilience tracked 200 children who were from seriously disadvantaged backgrounds and were considered at high risk of developing problems. One out of three of these children turned into competent and caring young adults. In looking at what made the difference, Werner nominated the informal support provided by teachers as one of the most significant factors (Werner, 1993).

Developing a sense of confidence and competence are seen as vital ingredients, and the school environment is a major contributor in this area, particularly if other factors (like family) are lacking. This does not necessarily mean that the school takes on the role of the home, but rather that it devises strategies to engage and support the students and help reduce factors that further alienate and estrange young people from the mainstream community.

Often it is not by doing extraordinary things but simply through showing an interest, providing encouragement and assisting in the development of a sense of competence and confidence through successful participation in everyday school activities. Importantly, there are many ways of developing resilience and no set time line. Whilst it is best if coping skills are developed in childhood, particularly the first 10 years, the research emphasises that the ability to turn one's life around is always there (Blum, 1998).

Schools can influence resilience in students through:

- increasing pro-social bonding
- setting clear and consistent boundaries
- teaching life skills
- caring and support
- setting and communicating high but achievable expectations
- providing opportunities for meaningful participation

Henderson & Milstein (in Spooner et al, 2001)

The REDI Professional Development resource (DEST, 2003) is the recommended source of more information and 'how to' knowledge for school staff on risk and resilience around drug use issues.

Table 6 illustrates a set of 40 *developmental assets.*

Research indicates that the greater the number of these *assets* a young person has, the more likely they are to develop positively with fewer risky behaviours. Importantly, it is recognised that the number of *developmental assets* can be increased. The shading has been added here to indicate those *assets* that can possibly be influenced by schools.

Table 6: 40 Developmental Assets

External Assets			
Support	**Empowerment**	**Boundaries and Expectations**	**Constructive Use of Time**
Family provides high level of love and support	Young person perceives that adults in the community value youth	Family has clear rules and consequences and monitors the young persons whereabouts	Young persons spends 3 or more hours per week in lessons or practice in music theatre or other arts
Young person and parent(s) communicate positively and young person is willing to seek advice and counsel from parent(s)	Young people are given useful roles in the community	Both parent(s) and teachers encourage the young person to do well	Young person spends 3 or more hours per week in sports, clubs or organisations at school or in the community
Young person receives support from three or more non parent adults	Young person serves in the community one hour or more per week	Neighbours take responsibility for monitoring young people's behaviour	Young person spends one hour or more per week in a religious institution
Parent(s) are actively involved in helping young person succeed in school	Young person feels safe at home, at school and in the community	Parent(s) and other adults model positive, responsible behaviour	Young person is out with friends "with nothing special to do" two or fewer nights per week
Young person experiences caring neighbours		School provides clear rules and consequences	
School provides a caring community			
Internal Assets			
Commitment to learning	**Positive Values**	**Social Competencies**	**Positive Identity**
Young person is motivated to do well in school	Young person places high value on helping other people	Young person knows how to plan ahead and make choices	Young person reports having a high self esteem
Young person is actively engaged in learning	Young person places high value on promoting equality and reducing hunger and poverty	Young person can resist negative peer pressure and dangerous situations	Young person feels he or she has control over "things that happen to me"
Young person reports doing a least one hour of homework every school day	Young person acts on convictions and stands up for her or his beliefs	Young person has knowledge of and comfort with people of different cultural, racial, ethnic backgrounds	Young person reports that "my life has purpose"
Young person cares about her or his school	Young person "tells the truth even when it is not easy"	Young person has empathy, sensitivity and friendship skills	Young person is optimistic about his or her personal future
Young person reads for pleasure 3 or more hours per week	Young person accepts and takes personal responsibility	Young person seeks to resolve conflict non-violently	

Promoting and supporting development of these assets is a key factor in reducing the risk of problems with drug use and antisocial behaviour occurring; essentially they act as protective factors.

Risk factors

Alternatively, a range of factors that can influence the likelihood of a young person engaging in problematic drug use have also been identified by research. These are called risk factors.

It is important to remember that no single risk factor is predictive of problematic drug use. Rather it is important to see the whole picture, as risk and protective factors will mediate each other. (For example, interaction with antisocial peers may well be balanced by positive family attachment, or family conflict by positive opportunities to engage at school). Likewise, experiencing a raft of risk factors is also no guarantee that a person will experience problems with drug use.

Table 7: Risk factors for problematic drug use

Individual	Family	Local environment	Macro environment
Commitment to education/academic problems	Ineffective parental family management techniques	Traumatic experiences (eg war, child abuse, refugee camp)	Legislation
Personality: lack of social bonding, alienation, high tolerance for deviance, resistance to authority	Negative communication patterns	Socioeconomic status	Law enforcement
Coping skills	Parental role modelling	Peer influences	Social messages about use (eg via the media)
Early age of first use		Labelling	

(*Source:* Spooner et al, 2001)

Importantly, schools cannot eliminate risk factors from students' lives. Rather, the role of schools is to assist in mediating the risk factors by increasing protective factors and assisting students to cope with risk factors that cannot be changed. Remember, it is not so much doing extraordinary things but rather the everyday tasks that can make a difference. Some examples of how schools make a difference are listed below. Add your own examples of what you (or your school) can (or does) do to increase protective factors.

Examples of how to increase protective factors	Your own examples
Smiling, greeting students, remembering names Involving students in deciding topics for activities Praising achievement Effective classroom management Recognising strengths	

Activity 4.1: Risk and Protective Factors

Examine the scenario of Corey (from Section 3) again. What do you see as the possible risk and protective factors for Corey? (For the purpose of this exercise, Corey lives in a suburb near the school you work at so the community factors will relate to the community you work in.)

Scenario

Corey is 12 years old and lives with his father and younger brother. His mother died about three years ago. His father often arrives home drunk at night and complains about Corey not cleaning the house and his lack of concern for his younger brother. In the morning, Corey makes breakfast for the family and gets his younger brother ready for school. He often arrives late at school and teachers describe him as looking tired and irritable.

Corey has been sneaking cigarettes and beer from his father for about six months, whenever he can. To avoid being caught he often sneaks out at night to the park at the end of his street to drink and smoke what he has taken. He has made a little cubby in some bushes near the lake, well out of sight of the main road. Recently he stole a packet of cigarettes from his friend's mother's handbag. Lately Corey has found his asthma has been getting worse, despite him taking his medication; he coughs a lot at night and finds it hard to sleep. He also finds it hard to stay awake during classes. He was upset recently because he failed a maths test and he has always been good at maths and likes his teacher.

Corey feels that his father doesn't care about him and his little brother. He never takes them anywhere and spends all their family money on alcohol. There is never any food in the fridge. He is glad that his grandmother isn't very far away because she always makes them a nice meal.

Protective factors	Risk factors
Individual	Individual
Family	Family
School	School
Community	Community

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If Corey was attending your school, what could be done to reduce the risks and increase the protective factors?

Enhancing protective factors	Reducing risk factors

Discuss your answers with a colleague.

Your role in working with a student like Corey will vary according to your job role, your school policy and procedures and the nature of your relationship with Corey, among other things.

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Section 5: Intervention: Theory and Principles

"When I read about the evils of drinking, I gave up reading."
Henry Youngman

A variety of theories have been put forward over the years in an effort to clarify why some people develop problems with drug use. These models have shaped the way the community has responded to problematic drug use and the way legislation regarding different drugs has evolved.

Theories for understanding problematic drug use

Table 8 outlines the key theories for understanding problematic drug use and the main features of each. These theories are used in responding to drug use problems today.

Table 8: Theories for understanding problematic drug use

	Moral	Disease	Socio-cultural	Social learning
Caused by	Weak-willed or sinful individual	Disease caused by genetic/biological make-up of individual	Environmental/social disadvantage	Drug use is a learned behaviour
Response	Needs salvation, increase punishment	Abstinence (often through 12-step programs)	Improve social conditions	Learn alternative behaviours
Advantages	Individual seen as the key to change	Doesn't blame the individual (victim of genes)	Identifies macro factors; easily integrated with other models	Not blaming but does hold user responsible for change
Disadvantages	Punitive approaches not effective	Absolves individual of responsibility; limited options for treatment	Implies social change is sufficient; absolve individual	Can over-simplify change process and overlook personality features

(*Source*: Adapted from Rassool, 1998)

Social learning theory

This resource is based predominantly on the Social Learning Theory (SLT), as it is widely regarded as the most effective approach available. Key elements of the SLT are as follows.

Drug use is functional: drug use has real and expected consequences which are influential on whether or not, how often and under what circumstances, an individual will use drugs. These consequences might include feeling 'high', feeling relaxed, the avoidance of withdrawal discomfort and feeling sociable.

Drug use is learned: from parents, peers, the media, from observing others using and through experiencing the consequences associated with drug use. Learning occurs through both social and psychological cues. School itself provides an important opportunity to learn about drug use through the drug curriculum and the social exposure to different views and behaviours.

Drug taking is a behaviour: just as laughing, eating and talking are behaviours. Almost all behaviours are influenced by internal and external cues: you eat when you are hungry (internal cue) and when someone offers you a piece of chocolate (external cue). You drink when you meet old friends (external) and when you feel thirsty (internal). Although there is a biological basis for behaviour (eating food replenishes energy), almost all behaviours are influenced by internal and external cues. Understanding the relationship between behaviours and particular cues helps us understand these behaviours. For many years it has been recognised that a simple way to influence behaviour is to influence the cues that initiate this behaviour or behaviour pattern. Different factors can act as cues for different kinds of behaviour and this will be different for every person.

There are positive and negative consequences to drug use: people usually do not continue doing things that result in unpleasant consequences. Many people look at the negative consequences of drug use behaviour and say, "I don't know why they do it. I can't understand them!" Often the consequences occurring closest in time to a particular behaviour have the greatest effect on that behaviour: for example, the short-term benefits of drinking alcohol have far more influence than a potential hangover the next day, or the immediate benefits of eating a bar of chocolate are more influential than a sagging waistline, next week.

A lot of problem drug use behaviour can be understood as the selection of short-term benefits over longer-term adverse consequences. The consequences of behaviour are often referred to as *reinforcements*. What is reinforcing for one person may be neutral or even aversive for another. If we consider the archetypes presented in Section 4: Drugs and Young People, this becomes apparent. For example, presenting the dangers of drug use to a thrillseeker could be counter-productive, increasing the attractiveness of that drug, whereas for a cocooned rejector this could further reinforce their fear of drug use.

Consequences can become risk factors: Often, people who engage in problem drug use behaviours become 'out of practice' or even lose reinforcements from sources other than their drug use behaviour. Thus, leisure pursuits, school and work opportunities and relationships, for example, can deteriorate or breakdown completely. This then is likely to increase the level of attachment the person has to their drug use behaviours. Sometimes to not focus on the drug use but rather focus on re-engaging the person with some alternative behaviours is a more effective approach.

Treatment approaches

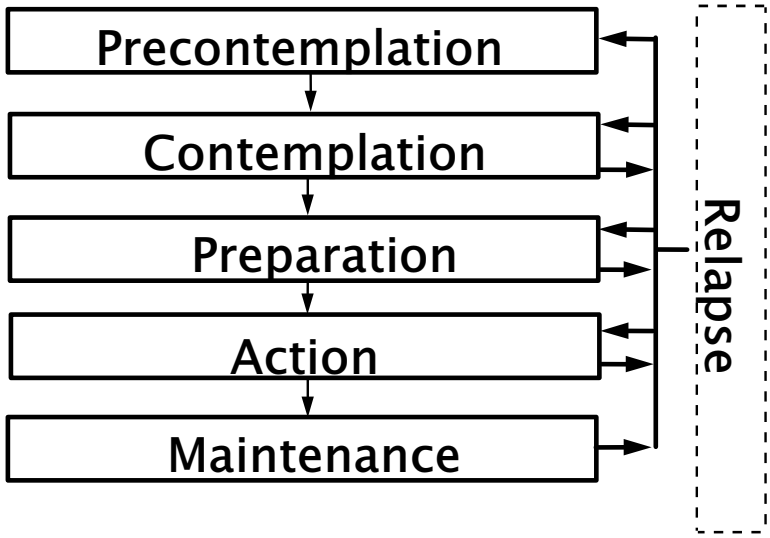
There are a variety of treatment approaches that have been developed to assist people with drug use problems to change. Many of these treatment approaches are useful for moderating a variety of behaviours, not just drug use, and school staff may be familiar with some aspects of these through their involvement in managing a range of student behaviours. The following information is core, common information about change that will be useful for school staff to understand when supporting students. In Section 7: Strategies for Responding, there is more information on skills for responding to students at risk, including a framework for intervention, communication skills and an intervention model.

Stages of change

It used to be thought that people with drug use problems were in one of two places: either they did not want to change at all (and were often accused of being in denial) or they were absolutely desperate to change. The work of Prochaska and DiClemente (1986) has provided a useful model for understanding more about how people change. They found that people's readiness to change is not constant and that people move through different stages of change. They have introduced the concept that behaviour change is a process that involves five stages, outlined in the diagram below.

Prochaska and DiClemente referred to the stages of change as a cycle, and they found that people often went through the cycle a few times and that the length of time in each stage in the cycle varied. Whilst the model is drawn as a linear diagram, it is important to recognise that people do not necessarily progress through the model in a neat, linear fashion. The model proposes that intervention strategies are more effective when they are matched to the stages of change. It is important to consider where students are at in their drug using behaviour.

Figure 7: Stages of change and relapse



(*Source*: Prochaska & DiClemente, 1986)

This model has also been drawn as a spiral to demonstrate how a person is never back in exactly the same place after they have experienced a stage once. For example, a person who has been in the action stage and has not been smoking for several weeks may decide to return to smoking and give up trying to quit. As this person returns to the precontemplation stage, they may well have a different view of their smoking behaviour through what they have learned in the experience of getting to the action stage. This becomes critical to review for future decisions about this behaviour and other attempts to change.

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Precontemplators (not thinking about change)

These people are not yet ready or willing to consider change. The benefits of drug use outweigh problems and they see no major advantage in change, eg quitting smoking. Others may not be considering change because change is seen to be too hard or they have repeatedly failed at changing. In some ways, they may have given up on changing.

Strategies to help precontemplators

- Provide information about the potential risks and problems associated with their drug use and some advice about how to avoid and reduce the harm of their drug use.
- Provide information about where to go if they do want help.
- Provide support without being confrontational.
- Identify other areas where they may be wanting to make change; identify yourself as a resource person for them.
- Keep them engaged with the school system; focus on the positives, what they do well.

Contemplators (thinking about it /maybe or maybe not)

Contemplators are those people who feel two ways about their behaviour. They are in the process of weighing up the costs and benefits and feel very ambivalent about what to do. On the one hand it may be enjoyable, take away pain and provide other benefits. On the other hand, they are starting to experience some not-so-good consequences. These may be personal, psychological, legal, medical, social or family problems. They are undecided about their drug use and this ambivalence may be quite subtle or intense. Although the intensity suggests more discrepancy and likelihood of change, it is also so stressful that the anxiety stops the person doing anything. They remain stuck.

Strategies to help contemplators

- Help the person explore the pros and cons about using.
- Reduce barriers.
- Mobilise helping relationships.

Preparation (yes I'm going to change/ getting ready)

This group is ready to do something. They believe that the costs clearly outweigh the benefits. They believe that change is necessary, that the time for change is now and they have made a decision.

Strategies to help in preparation

- Provide reinforcement about their reasons for change.
- Provide ideas and support in setting goals.
- Provide confidence building and practical support.

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Actioners (getting on with it)

Actioners have decided to change and are doing something about it. Many students quit smoking or stop using drugs easily but others may need support from external agencies.

Strategies to help actioners

- Help them develop problem solving and goal setting skills to cope with the changes.
- Help them develop relapse prevention skills, such as strategies to respond to risky and vulnerable situations.
- Encourage the use of achievable alternatives to drug use.

Maintainers (keeping it going)

These people have successfully changed their behaviour and have sustained that change over time (eg six months or more). They have often taken up new behaviours that replace the ones that were changed.

Strategies to help maintainers

- Provide support in consolidating alternative behaviours as well as reinforcement of the most useful strategies.
- Reinforce the decision to change and the positives that are happening.
- Emphasise the need for external support from family and friends.
- Assist with relapse prevention and management.

The problem with change

It is useful to reflect on our own behaviour and how we change. It is not uncommon for people to struggle with change: think about how many gym memberships lapse and New Year resolutions are not carried through. A variety of internal and external factors will influence change and people change in different ways. Change is very individual. Some people (just a few) will make a decision, implement that decision and stick to it with a steely resolve. Most people struggle a lot more and make several attempts before succeeding, or they always struggle. Often the factors that most effect our ability to change are about how *important* we see it for us to change and how *confident* we are that we can do it. We will look more at motivation to change next, but first reflect on your own behaviour for a moment by completing Activity 5.1 on the next page.

Relapse

A key factor in this model is that people trying to change do relapse. Rather than a stage of change, relapse is a process that can happen at any stage and its duration will vary depending on the person and his or her circumstances. It is widely believed that the longer a person has sustained certain behaviour, the harder it is to change. People will relapse more often than not and research indicates that 75 per cent of people will relapse to their previous levels of drug use within the first year of attempting change. It is important to treat relapse as a learning experience to avoid becoming stuck in a 'hopeless' situation.

Activity 5.1: HOW DO YOU CHANGE?

Think about your own behaviour. Is there something that you have tried to change or are currently thinking about changing? Diet and exercise are often good examples, or maybe smoking, not exceeding the speed limit, working less or practising a musical instrument.

Pick one example of your own behaviour and think about the following questions.

Where would you currently be in the stages of change with this behaviour?

How does it feel to be in the stage you are currently in?

Have you ever been at other stages? Which ones? How often?

How important is it that you make some changes to this behaviour?

Not at all ---------->---------->---------->---------->---------->-------->---------->--------Very important

How confident are you that you could change this behaviour if you decided to?

Not at all ---------->---------->---------->---------->---------->---------->---------->------Very confident

What would it take to nudge you along to the next stage?

Who would notice if you changed this behaviour?

If you have tried to change this behaviour before, looking back, what happened to bring you back to this stage?

Is there anything you would do differently if or when you decided to try to change this behaviour again?

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Activity 5.2: APPLYING THE STAGES OF CHANGE

Read the following case scenarios.

- Identify which stage of change the student is in.
- Decide what is needed to help them move to the next stage.

Scenario 1

Sharon is now 17 years old and has been smoking cannabis for a year. She started on weekends with Chad. She doesn't like alcohol, but is now smoking every day after school. She has been missing school because she feels tired and run-down in the mornings and she thinks her marks are slipping because of this. She hates herself for being lazy and not going to school because before she got into cannabis she was doing well with schoolwork. She feels her teachers are starting to think negatively of her and this increases her bad feelings towards herself. She believes that when she smoked on weekends everything was fine: her grades were good, she went to school and her teachers liked her. She says it is time to cut down on smoking during the week and, hopefully, just keep it for the weekends.

Stage of change:

What is needed to move forward?

Scenario 2

Tony smokes cannabis most nights before bed. He feels it helps him sleep and he can forget about everything else that bothers him – school, his parents and some of the other kids at school. He started with friends about three years ago and most of his friends smoke. He enjoys it and couldn't imagine not going to bed at least a little bit stoned. During school he occasionally smokes with his closest mate in the bush area at the back of the school but usually leaves it until after school.

Stage of change:

What is needed to move forward?

Scenario 3

Jenny has stopped using alcohol and cannabis during the week for the past four months, although twice she has drunk heavily mid-week after netball training with her friends. Her grades have improved and her father has allowed her back in the house. She feels confident that she can keep up the routine of homework and going for long walks instead of drinking and smoking during the week, but feels that netball and her old buddies are difficult to resist. She admits to liking the effect of alcohol and cannabis but realises that her marks and her homework are more important.

Stage of change:

What is needed to move forward?

Understanding motivation

Over the years, different ways of understanding motivation have been put forward. A traditional view of motivation is that it is something that a person either has or doesn't have. There is a belief that many drug users do not give up drug use because they do not have the willpower or motivation. They may be perceived as unmotivated, difficult or denying their problems. However, a more accurate view of motivation is that all behaviour is motivated — it is more a question about the direction of the motivation. Often when we say that someone is not motivated we actually mean that they are not motivated to do what we want them to do or what we think they should do!

Motivation is not static; rather it is a dynamic and changing state that can be influenced by both internal and external factors. Reflect for a moment on Activity 5.1. Can you identify the internal and external factors that affected your decision making? Motivation to change a behaviour is seen to be influenced by two factors: importance (do I want to?) and confidence (can I do it?). These factors may in turn be influenced by a number of other different factors:

Motivation is influenced by:

- **importance (do I want to?)**
- **confidence (can I do it?)**
- **autonomy (it's my decision)**

- our *physical drive* to relieve a craving or satisfy a physical desire, such as a need for caffeine or tobacco due to neuroadaptation
- what we have *learned* or what we *decide* is in our best interest. This is not always a simple or rational process but is influenced by how we frame the problem, balancing short-term gain with longer-term problems, and how we weigh the pros and cons of the situation
- how much we *desire* the perceived outcomes. Many gym memberships and diets are begun on the basis of a strong desire to change our body shape despite many repeated failures at previous attempts.

A third factor is emerging from current research (Rotgers et al, 2003) that also appears to be important in influencing our motivation. This third factor, autonomy, relates to how much we feel in control of the decision making process. The concept of 'ownership' from problem solving models may be familiar. A sense of ownership increases the likelihood that a person will take action or adopt a particular course of action. Often when ideas or behaviours are imposed upon people from outside it creates resistance. This is particularly important for adolescents who are struggling to achieve autonomy as part of their developmental stage.

To influence the motivation to change drug use behaviour we need to:

- adopt models that respect choice and acknowledge that we cannot control an individual's behaviour
- develop confidence through positive feedback and engaging opportunities
- promote belonging through meaningful participation.

This is very similar to the strategies for promoting resilience outlined in the REDI resources.

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Reducing harm

All human behaviour involves some level of risk and we try many ways to modify this risk. For example, reflect for a moment on the efforts to reduce the road toll. We put many strategies in place to make cars and driving safer: seatbelts, driver training, road rules and design, etc. Such strategies are part of our minimising harm philosophy. Minimising or reducing harm is also a key principle underpinning Australia's National Drug Strategic Framework and refers to policies and programs aimed at reducing drug-related harm and improving health, social and economic outcomes for both the community and the individual. The national policy incorporates a range of integrated approaches, which are:

- **supply reduction,** designed to disrupt the production and supply of illicit drugs (eg school policies on medication and drug use)
- **demand reduction,** designed to prevent uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use (eg health and drug education curriculum, problem solving skills)
- **a range of targeted harm reduction strategies,** designed to reduce drug-related harm for individuals and communities (eg student support frameworks, breakfast clubs to improve nutrition)

(National Drug Strategy, 1998)

"Harm minimisation has a key difference to other treatment and prevention approaches in that it aims to reduce the harmful consequences of drug use, both legal and illegal, to the user without necessarily stopping drug use." (Single, 1995)

The philosophy of reducing harm acknowledges that we live in a drug-using society. It acknowledges drug use as a reality, serving many purposes for people of all ages. The reasons for drug use are diverse, including the need for people to 'seek out' positive experiences or to avoid negative ones. It also recognises the different stages of change, and that a comprehensive and balanced approach is required that offers a range of options.

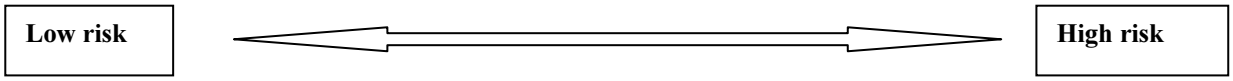
Harm reduction strategies are those strategies that primarily aim to reduce the risks of harm from drug use (both to those who continue to use drugs and to the wider community). It is essential that such strategies are undertaken in ways that do not encourage unsanctioned, illegal or harmful drug use. This may affect the design and implementation of the strategies. Importantly, harm reduction strategies need to be carefully targeted, particularly in a school setting.

Further information:
The Commonwealth Department of Health and Family Services (through the Australian Drug Foundation) produced an excellent video package in 1996, *Harm Minimisation: An Approach for Australian Schools,* to assist school communities in understanding and implementing harm minimisation or harm reduction in the school setting.

The risk of harm continuum

The perceived consequences that an activity may have and the importance of those consequences to the individual determine the risk of an activity. An activity may have great potential for harm, but if the individual does not consider these harms to be important, the activity is not seen to be high risk. Drug use involves risks, but not all drug use involves direct or indirect risks. The context of use needs to be considered in assessing harmful outcomes (individual and environmental factors). Some drugs have benefits and serve important and useful functions for the individual and this needs to be assessed against the potential for harm.

Some behaviours have the potential for more harmful consequences, so they can be classed as 'high risk' behaviours. Other behaviours have less risk of consequences associated with them so can be classified as low risk behaviours. The risks associated with drug using behaviour will either increase or decrease along a risk continuum. In this way, a behaviour such as drinking alcohol can be seen in a hierarchy of risk as illustrated below.



No alcohol consumed at all	Drink alcohol within the recommended low risk levels*	Drink more than the recommended level	Drink more than the recommended level and engage in additional risk (eg driving, swimming, combining other drugs)

*National Health and Medical Research Council, Australian Alcohol Guidelines: Health Risks and Benefits (see http://www.nhmrc.gov.au/publications/_files/ds9.pdf)

The risk of harm increases as one moves along the continuum. Abstinence is the safest method as it ensures the least level of risk. However, in reality, many people will not choose this option, therefore alternative goals need to be looked at, such as in the example above where non-abstainers are encouraged to drink within the recommended low risk guidelines. The hierarchy can be applied to all drug use and recognises that there are gains to be made by people moving even one stage back (in this example it could be from drinking in harmful quantities and driving a car, to drinking in harmful quantities but not driving).

The benefit of the reducing harm approach is that it allows for a greater range of options for change and supports changing in small steps, thus building confidence and competence, and reducing the overall harm incurred by the individual and the community.

In Section 6: Identifying Drug Use Problems, there is more information on understanding risk of harm and reducing risk.

Activity 5.3: APPLYING HARM REDUCTION

Scenario

Craig and Brenda are in Year 9. Brenda stole two cans of bourbon and coke from her dad's fridge so she bunked off school the next day with Craig and went to the park to drink them down by the lake. Craig has pinched a cannabis joint from his older brother and they decide to smoke this between them. Neither of them has tried cannabis before. They spotted an old guy they see hanging around the park regularly and he called them over and gave them a can of beer.

List the possible sources of harm.

_____

_____

_____

Create a hierarchy of risk, from least to most risky (where 1 is the least risky and 3 is the most).

1. _____

2. _____

3. _____

How could the harms be reduced?

_____

_____

_____

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Section 6: Identifying Drug Use Problems

What does drug use look like?

It is useful for school staff to be able to recognise the signs and symptoms of drug use as a tool for early identification. However, it is difficult to pinpoint specific signs or symptoms of drug use. Table 2 (Psychoactive drugs and their effects, in Section 2: Drug Information) shows that the effects of different drugs vary greatly. Also the Interaction Model (Figure 4 in Section 3: Understanding Drug Use) shows that a drug use experience is not just about the drug but about a range of individual and environmental factors as well.

Think for a moment about what you might notice about a person in the following situations, and note them in the space provided.

Drinking alcohol	Undergoing adolescence	Suffering from hay fever	Smoking cannabis	Passionately in love

Look at the similarities. We can see that it can be difficult to work out whether a person has been using a drug or, if they have, the type of drug that person is using, simply by observing their behaviour (particularly as the same drug can have different effects on different people). Common signs of drug use are often similar to factors and behaviours other than drug use. **Importantly, these signs and symptoms may not indicate drug use at all.**

The purpose of having school staff able to identify drug use is that they may then employ effective strategies to reduce the potential for harm. Our best chance of doing this is if we have good communication and supportive relationships with students. Be careful of jumping to conclusions. You may lose your credibility with the young person and end up none the wiser about their drug use either.

There are, however, a number of *possible* indicators of drug use.

Mooney (1996) describes the following:

- ***Marked personality change***. A quiet student may suddenly become noisy, or the change may occur in the opposite direction. This may occur suddenly or gradually over time.
- ***Sudden changes in mood and/or unusual or irregular behaviour***. Students may swing from high to low moods quickly. In addition, outbursts may be triggered by seemingly harmless statements.
- ***Changes in physical appearance, wellbeing, eating patterns, weight loss/gain or need to sleep***. These changes may occur suddenly or gradually. Other physical indicators may include slurred speech, staggering, sluggish reactions, enlarged or pinpoint pupils, sweating, talkativeness, euphoria, nausea and vomiting.
- ***Change in school/job performance***. A significant improvement or deterioration of performance may indicate that the student is encountering difficulties.
- ***Intuition***. School staff or parents may not be able to articulate their concerns but at times they may have a hunch that something is wrong.
- ***Excessive need for, or increased supply of money***. Drugs are expensive and the more a person becomes involved in drug use, the more money may be needed to finance this. Other things may also be exchanged for drugs, for example clothing, music, electronic toys and sexual favours.
- ***Change in friends/evasiveness about friends.*** This may include an increase in secretive communication with others. In addition, students may also have long periods of wanting to be alone. The degree to which extra curricular activities are engaged in may decrease.

These indicators need to be considered in terms of the frequency, degree of change and the combination of indicators that occur, as they can also be due to other factors. It can be useful to check out your observations with another staff member who knows the student to confirm your observations. You then need to consider how to go about finding out if drug use is involved.

How do I find out if drug use is involved?

Due to the difficulty in identifying drug use, the ability to raise the issue of alcohol and other drug use is a useful strategy to assist young people to address these issues at an early stage. Refer to Section 7: Strategies for Responding for basic principles on effective communication with young people.

A health promoting school:

- provides a relevant drug education component in the school health curriculum
- develops a school drug policy
- makes effective use of student health services
- makes drug education available to parents and caregivers.

In doing this, schools create a climate in which drug-related issues are discussed at a general level. It then becomes less threatening to talk about drug-related issues and creates opportunities for preventive work to commence at both a group and a general level. Often drug education activities can prompt students to raise personal issues with school staff.

To raise the issue of drug use at a general level you can:

- use posters
- use games and drama
- use drug-related incidents (media stories, etc)
- organise activities (such as standard drink displays, non-alcoholic cocktail making, etc)
- organise events (eg alcohol-free concerts).

Due to the sensitivity around drug use, staff may be reluctant to raise the issue for a number of reasons. These include:

- concern about jeopardising the relationship with the young person
- lack of knowledge of drug use behaviour and a belief that only specialist workers can handle drug-related problems
- lack of confidence in knowing how to respond once the issue of drug use is raised
- obligations to report disclosure.

A young person may also feel reluctant to reveal or discuss alcohol or other drug-related issues for a variety of reasons. These include:

- concerns about confidentiality — what will the information be used for? To whom will it be passed on?
- a belief that the drug use is not problematic or not related to the presenting problem, or that it is not the business of the school
- concerns about the reaction from the staff member, eg shock, anger, disappointment
- concerns about being labelled or being pressured to 'dob in' other users and/or suppliers.

Some simple strategies can be employed to create the right environment to raise the issue of drug use, should it become a concern.

It may be necessary to raise the issue of drugs on an individual basis due to your own concerns or because of information you have been given. Before entering into a conversation with a student, consider the following.

- Why are you raising the issue?
- Should you discuss your concerns with someone from student services and let them follow up with the student?
- What are your obligations to pass on information (see 'Confidentiality' in Section 8: Involving Others)?
- Is this the right time and place?

The following strategies are based on the situation where it is appropriate for you to raise the issue and you understand your obligations in reporting with respect to disclosure.

Drug-related issues are best raised in the same way as other sensitive issues. The following strategies are most likely to achieve a positive outcome.

- **Consider your relationship with the student.** The importance of having a good rapport with young people cannot be emphasised enough. Consider whether you are the best person to be raising this issue with the student. It may be better for you to raise your concerns with a different staff member who may be better able to discuss this issue with the student.
- **Adopt a non-judgmental attitude.** This does not mean that you have to endorse drug use but rather that you are able to keep separate your personal beliefs and concerns. Also, avoid labelling by modifying language: for example, using 'drug use' rather than 'drug misuse or drug abuse' and avoiding labels like 'junkie'. Good listening skills help convey a non-judgmental attitude.
- **Respect confidentiality.** While it is not possible to guarantee confidentiality in a school setting (see Section 8: Involving Others), it is important to create an environment conducive to a confidential discussion. At an appropriate moment, but before any sensitive information is provided, explain what will happen to any information you obtain from the young person, how it will be documented, who else will be told, etc. Furthermore, discussion on a one-to-one basis conducted in relative privacy shows respect for the young person.
- **Be direct and honest about your concerns without making accusations**. Our communication needs to be clear to avoid confusion or inadvertently offending or upsetting the student.

Discussing drug use on an individual basis with students may happen in a number of different ways. Suggestions for different situations are as follows.

1. **If you have received specific information or a direct request to discuss drug use with an individual, try:**

   'You've been asked to see me today because [specific incident]. I'd like to hear what your thoughts are about that.' or

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'I've asked to see you today because [specific incident] and I would like to check out what's been happening for you.' (This is a good time to then explain the confidentiality boundaries.)

2. If your observations or other information have raised your concerns, try:

(Note that you will need to spend some time prior to these comments building a rapport with the young person. You might ask generally how they are getting on, or discuss some aspect of their work or another topic with them first.)

'I'm concerned about the way you have been behaving in class lately. You seem really [tired, agitated, zonked out]. I've noticed [you yawning, fidgeting, gazing out of the window a lot] and I'm concerned about whether something is bothering you?' (Allow response.) Follow up with a specific question about drug use, such as:

'Sometimes this can be a sign of drug use. I'm wondering if that's part of what's going on for you?' or

'I understand you've had some really stressful things happen to you lately, and sometimes alcohol and other drug use can be a way of trying to cope with stress. Is this the case for you?'

3. Otherwise try simply engaging the young person by using or following up on some of the general strategies at an individual level, for example:

'How did you find that [exercise, video, etc] on drug use that we did the other day?' or

'It seems like drug use is quite an issue for people in your year of school. How do you handle drug-related issues? How has this issue been for you?'

Remember that the aim is to create *a non-threatening environment* in which drug use can be discussed in an open and sensitive way. It is also important, however, to express your concerns directly rather than not raising the issue at all. In this way an assessment can be made of the situation and appropriate action taken. Following are some general tips to bear in mind.

- Consider the purpose of your conversation (it is about creating a positive relationship and demonstrating your genuine concern).
- How much time do you have? A small amount may be all that is needed. It is not intended that all problems (if there are any!) will be resolved in this moment. You do need to have enough time to follow through to a point where the student is stable, should issues be raised that require attention.
- Avoid leaping into premature problem solving (see Section 7: Strategies for Responding).

Now practice your skills with raising the issue by completing Activity 6.1.

Activity 6.1: PRACTICE YOUR SKILLS

Read the following scenarios. Drug use is not obvious but could be part of the picture. It is assumed that you would spend some time talking around other issues before raising the issue of drug use in this situation. Outline how you would raise the issue of drug use with each student.

- Sharon has been quieter than usual in class. She seems sad and worried. She is often red-eyed and sleepy. You are concerned about her behaviour.

- Tran has come to you about his failure to do well in the last exams. He feels disappointed in himself, knowing he could do better.

- Corey has missed 10 days out of the last month at school and is having trouble catching up on work. He has been sent to you because of his repeated absenteeism.

When should I be concerned about drug use?

Drug use patterns of young people range along a continuum. For some young people, their alcohol and other drug use is part of adolescent development; it is part of experimenting and risk-taking and learning to engage in acceptable social behaviour. At the other end of the continuum, there is a group of young people for whom the use of alcohol and other drugs is more problematic: it is viewed by them as a way of coping with the everyday challenges of life. The response by schools will need to be appropriate to the situation at hand and school staff will, in conjunction with others, have to make decisions about when, what and how to act in response to drug use situations. In addition to following school policy and procedures, some understanding of the level of risk will be beneficial to facilitate this process.

The following information is a general guide only and school staff should seek advice from more knowledgeable sources if they have any doubts about the safety of any student(s).

Understanding risk

Risk is very complex

There are multiple factors that can affect level of risk. Reflect back to the Interaction Model – factors involving the drug, the individual and the environment can all influence risk. These factors should be viewed separately and in relation to how they interact with each other.

Risk can happen in both the short-term and the longer-term

Thorley's Model (Section 3: Understanding Drug Use) illustrated this, with much short-term harm occurring due to intoxication and longer-term harm often occurring due to excessive regular use or dependency.

No drug use is risk free

Risk occurs along a continuum, from lower to higher. Use of the word 'safe' is not appropriate as this can never be guaranteed; potentially there is always a possibility of harm occurring from any level of drug use. Reflect on Shafer's Model of patterns of use (Section 3: Understanding Drug Use). Even novice experimenters can incur harm; for example, through accidents due to intoxication, allergic reactions or legal consequences.

Harm is not a guaranteed outcome

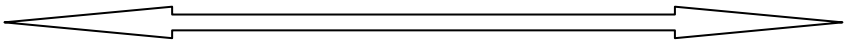
Even when people engage in the most risky behaviours they do not necessarily incur harm. This has important ramifications for communicating with young people as we can damage our credibility by overstating the risks or presenting risks as definite consequences when this does not match a young person's experience (eg they don't get caught). This is discussed further in Section 7: Strategies for Responding.

Risk profile is not static

Importantly, risk changes over time and it is important to actively monitor students for increased risk. Again if we look at the Interaction Model, changes in any of the factors can precipitate an increase in the student's risk profile.

Below are some examples of how risk can change according to the factors of the Interaction Model. This list is not exhaustive and there are many other factors that could be added.

Figure 8: Examples of the continuum of risk

	Level of risk		
	Lower		**Higher**
			
Drug	• Small doses of tobacco, cannabis, alcohol consumed less than once per month. • Low level of impairment to judgment and coordination.	• Moderate to higher doses (of cannabis or alcohol). Any use of other substances. • One per month. • Judgment and coordination impaired.	• Multiple substances or high doses. • More than one per week. • Any injecting or risky mode of administration (eg plastic bag over head for inhalants). • Severe impairment or unconscious.
Individual	• Good understanding of risks and moderates activities accordingly. • Confident, assertive and good problem solving skills. • Good general and mental health. • Variety of interests and involvements. • Well engaged with school. • Good attachment to family.	• Less knowledge or regard for risk (demonstrates some protective behaviours like moderating activities). • Physical health problems. • Family conflict or weak family attachment.	• Seeks out high risk situations, acts recklessly. • Uses drugs to blot out problems or to function normally. • Mental health problems. • Family abusive, absent or drug use problems.
Environment	• Uses in supported environment or where support is easily accessible and away from other dangers. • Known and trustworthy company.	• Uses with other intoxicated and sober peers. • Moderates activities and environments. • Mixture of known and unknown company.	• Using alone or with intoxicated others. • Dangerous environments (eg water, busy roads). • Engages in high risk activities (eg driving, crime, unprotected or unplanned sex). • Unknown or untrustworthy company.

Remember, no drug use is risk free. Low risk does not equal safe use and it is important to clarify this with students.

Responding to immediate risk of harm

Schools should have well developed systems for managing immediate risks to student wellbeing. A drug-related risk is no different to any other issue that jeopardises the safety of students. Concerns about the abuse or neglect of students should be dealt with through the child protection policy/procedures of your school. Immediate health concerns should be dealt with through the medical emergency plan/procedure. If you are concerned about any aspect of risk to a student, discuss it with an appropriate person (eg principal, student services).

Students with more complex needs

There is increasing evidence that the school sectors and systems are being confronted by young people with drug problems of a more serious nature. There is a small number of young people in the 12–18 year age group for whom drug use is part of a complex, multi-dimensional clinical presentation.

These young people often present with a history of childhood trauma that involves physical, emotional and/or sexual abuse and neglect. They are often marginalised within the school system and there may be increasing conflict with peers and school staff. They usually present with (or are at risk of) a multitude of problems.

Indicators of complex issues

- health problems, eg chronic illness like diabetes
- suicidal/self-harming behaviours
- developmental disruption
- truanting
- high risk taking behaviour
- crime
- poor social support.

In this more complex population, it is not just a young person with an alcohol or drug-related problem, but someone who is in pain in all facets of life. It is not uncommon for this group of young people to view their alcohol and other drug use (and other lifestyle-related problems) as being necessary for survival, as opposed to being risky and problematic.

Consequently, treatment for the use of alcohol and other drugs needs to be incorporated into a comprehensive harm reduction framework that involves working on the issue(s) the young people identify as being the primary problems. This approach assists in developing a positive relationship with them and increases the chance of their engaging in services. The complexity of this group of young people is such that a number of specialist support services may need to be involved in order to address the immediate risk factors and long-term psychosocial issues. *These students need to be case managed with relevant professionals.*

Close collaboration between service sectors including education, health and justice and child protection services is required. Student Support Services are in the position to identify students with complex problems and are able to link students with appropriate services. This ensures that the students receive the comprehensive support that is needed. There is a continuing role for other school staff to provide ongoing support to students with complex needs. Check with the 'Case Manager' or relevant person in your school about the best way for you to do this.

Activity 6.2: UNDERSTANDING RISK

Look at the scenarios below. What concerns would you have for each student? How would you respond in your job role? What else might your school do?

- Sharon (13) has been quieter than usual in class. She seems sad and worried. She is often red-eyed and sleepy. You are concerned about her behaviour. She tells you that her parents have just separated and are fighting a lot about money. She has been spending a lot more time hanging out with friends to get away from home. She says she has been smoking cigarettes a lot more, nearly every weekend.

- Tran (17) has come to you about his failure to do well in the last exams. He feels disappointed in himself, knowing he could do better. He says that he doesn't use drugs although he occasionally goes out with his mates, driving around to parties where they drink a lot (usually until he starts feeling sick or passes out). They sleep it off in the car so they don't get in trouble with their parents. He hasn't got his driving licence yet so he doesn't worry about drink driving.

- Corey (12) has missed 10 days out of the last month at school and is having trouble catching up on work. You know that he has many problems at home and that his father drinks a lot. He said his asthma has been very bad lately and he coughs all night which is why he has missed so much school. He tells you that he sneaks alcohol and cigarettes from his dad and takes them to the local park at night where he has made a spot under some bushes near the lake. You sense that recently Corey had a traumatic experience in the park.

- Shannon and Louise are distributing invitations to an 'after ball' party to all year 11 and 12 students. The invitation details the venue (private house belonging to someone with no connection to the school) and encourages attendees to 'bring a bottle'.

References

Mooney, D (1996). *Face 2 Face: A manual for drug counselling in schools.* Queensland Department of Education: Brisbane.

Section 7: Strategies for Responding

"Communication is to relationships what breath is to life."
Virginia Satir

Communication skills

School staff may already be familiar with much of the following information on communication skills. Without good communication skills there is little chance of developing supportive relationships with young people. Communicating around drug use issues is especially difficult because of the sensitivity of the issue and the gap (either perceived or real) between our knowledge and experience of drug use and that of young people.

Communicating with students about drug use

Research (Clark et al, 2003) conducted by the Australian Government indicated a number of key issues that should be considered when communicating with young people about drug use:

- Young people do not necessarily see their drug use as a problem (think about what this means for where they are on the stages of change continuum).
- They feel relatively well informed about drugs.
- They recognise and make 'trade-offs' between the positive and negative effects of using drugs.
- Different drugs and their effects are viewed differently.

There are some simple dos and don'ts when it comes to providing information about drug use.

DO	DON'T
• Ask what young people know about drugs. • Listen to what they have to say. • Provide information that they see as credible and that matches their experience. • Acknowledge the good things about drugs. • Acknowledge the things young people can do to keep themselves safe. • Focus on the positive things they do.	• Don't generalise about all drugs (eg that they are all dangerous – this is not consistent with young people's experience and you just damage your credibility). • Don't exaggerate the risks or show extremes in an attempt to 'scare' them. • Don't use language or terminology that you don't understand or that isn't your 'natural' language. • Don't pretend you know more than you do.

Principles in building and maintaining relationships

Research has shown that there are three fundamental skills to making effective relationships. These skills can be best described under three headings — *respect, empathy* and *genuineness*. These are known as the REG principles, and are crucial in working with young people as they support the developmental needs of adolescence. Demonstrating respect, empathy and genuineness supports the needs of adolescents to feel powerful, autonomous, competent and cared for. Some examples of how these principles are put into action are listed below.

Respect is conveyed by:

- giving positive attention
- active listening
- giving your time
- basic courtesies — eg offering a chair
- being non-judgmental — expressing a desire to understand and accept (but not necessarily agree with) reasons behind a student's behaviour
- being inquisitive (showing interest) but not interrogatory
- resisting the temptation to try to convince students to change their thoughts or behaviour
- not interrupting or talking over the student
- being thoughtful, eg remembering concerns a student may have and enquiring as to how that is going
- showing concern.

Empathy is conveyed by:

- spending time listening
- frequent reflection and validation of a student's feelings
- demonstrated respect for a student's unique strengths and reserves
- paraphrasing to check you are on track
- awareness of cultural and other differences.

Genuineness is conveyed by:

- responding naturally
- sharing feelings appropriately
- being spontaneous
- verbal behaviour that is consistent with non-verbal behaviour
- not being defensive
- not pretending to be someone or something you are not
- being honest and upfront with others
- sharing your real feelings or thoughts in a caring and assertive manner
- not saying things you don't believe simply because you think others would want to hear them.

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In good communication, respect is shown for the student and their views, strengths and choices. Treat the student as a decision maker with reasons for their choices and work on examining the balance of the costs and benefits of actions.

Use good listening skills

Listening skills are the skills that allow a person to feel heard. Listening involves both verbal skills (questions, reflection, tone) and non-verbal skills (body language, proximity, eye contact). Attending behaviours such as frequent eye contact, appropriate body language, and approximating the person's comfort, energy and emotional levels all help to convey a message that you are interested in what students have to say. Use acknowledging words such as: 'yes, I see'; 'go on'; 'mm'; 'tell me'. These encouragers are sometimes termed para-verbals. They are not meant to intrude or stop the flow of communication, but to encourage the student to proceed.

Allow for silences, as they provide the student with time for reflection. If the silence goes on too long you can use a supportive interjection such as 'tell me more' to encourage further talk.

The microskills involved in active listening include paraphrasing, reflecting feelings, clarifying, summarising and questioning (open and closed).

Paraphrasing is a response that demonstrates understanding of the verbal message. The listener says what the person has said, but in his or her own words. It confirms the person has been listened to and they can correct misunderstandings. It can also increase the person's self-awareness.

Reflecting feelings requires more than reflection of the verbal content. It requires trying to identify the feeling(s) that are associated with what the person is saying. That is to say you would paraphrase (in your words), highlighting key points that reflect back not only the content and meaning of what was said, but also the feelings they appear to be presenting.

Clarification is checking and getting specific information: for example, 'What do you mean by that ... ?' or 'Was that each or did you share it?'

You may also be checking to see if you've got the right picture: 'What you seem to be saying is ...' or 'Have I got this right ... ?'

It is important to check on meaning rather than make assumptions.

Summarising is an important skill that enables links to be made to bring the story together. Summaries will allow you to be objective and point out discrepancies in what a person has been saying.

Personal disclosure

It is not recommended that school staff disclose sensitive personal information to students. The focus of any discussion should be on the student's situation and needs; there should be no need for staff to introduce their own personal information. Occasionally students will ask directly, 'Have you ever …?' It is useful to clarify why they are asking this of you. Sometimes, if the question is asked with genuine curiosity, it is because the student feels that you have really understood their situation. Alternatively, if the question is asked aggressively or sarcastically, this may be an indicator that they feel that you don't understand at all. The best approach to responding is to explore the reasons for asking and what that means for your relationship with the student. Whilst it is fine to answer honestly if you have never tried illegal drugs, it is not recommended that school staff disclose past (or present) use of illegal drugs. Refocus the student on their own situation.

Open/closed questions

It is necessary to ask questions in a way that supports students to communicate their situation and concerns. Sometimes closed questions are useful, but mostly you will use direct, open-ended questions. Closed questions are useful to get specific information, particularly background information. Closed questions are generally answered with yes/no responses, or something simple such as age or number of siblings. Examples of closed questions include:

'How old are you?' and 'Do you smoke?'

Open questions usually start with 'what', 'how', 'where', 'why', 'when' or 'could'. They allow the student to choose what they want to say and expand on it rather than closing a conversation with a 'yes' or 'no' answer. They may encourage students to elaborate and express views and feelings. They allow exploration and can be used to probe unresolved or unclear areas of the student's story. Examples of open questions include:

'Could you tell me some more about that?' and 'What are your concerns now?'

It can often be difficult to engage young people in conversation, particularly young males. Some common reasons for this and some suggestions for overcoming it are presented in Table 9.

Table 9: Engaging young people in conversations

Reason	Suggestion
Lack of vocabulary to express themselves, particularly when discussing feelings	Use strategies that give options, lists of words or pictures expressing feelings, and asking the student which fits best for them, using scales (eg from 1 to 10 with one being the worst ever time and 10 being the best you could ever imagine) or metaphors.
Discomfort at being the focus of adult attention	Young people often feel more comfortable about talking when they are engaged in other activities. This is why it is so important for all school staff to have skills in responding, as it is those who are most engaged with young people that have the best opportunities to discuss issues of concern. Ask the student to help you with a task conducive to chatting while you work (eg packing away), or go for a walk with them. Don't be bothered if they fiddle with things (in fact have a few things around that they can 'play with', but nothing too distracting or noisy). Be aware of the environment and your body language (are they uncomfortable with your eye contact; would they prefer to get up and move around?).
Cognitive ability	Consider the cognitive ability of each student; students will have a wide range of comprehension and processing speeds. Check often for understanding and allow sufficient time for students to consider and process what you are saying. Structure your communication to the level of the student. Don't expect students to know or have a rational explanation for everything – do you?
Concerns about why you are asking and where the information will go	Explain why you are asking and what will happen to the information. Allow them to 'reject' your enquiry without seeming rude. (eg 'I appreciate that this is something that you may not wish to discuss, I am asking because … if you would like to think about it and let me know I am happy for you to come back later.') (See also Confidentiality.)
They are starting to feel pressured or anxious	Slow down, or talk about something else for a while. Reassure them that they have choice about what happens. Acknowledge their feelings and explore what this is about.
Embarrassment	All of the above suggestions can help students cope with embarrassment. Importantly, don't be too demanding or pushy. Acknowledge the sensitive nature of their situation and reassure them that you will treat their issues respectfully. Often normalising situations ('most people feel embarrassed when discussing …') can be helpful. Consider whether there might be someone they would feel more comfortable discussing this with.
Fear of 'dobbing'	Sometimes students are concerned about revealing information that may get other students in trouble, either because they fear repercussions or because they believe it's the wrong thing to do. The threat of repercussions may be real or anticipated; either way they need to be taken very seriously. Repercussions may not just be fear of being physically hurt but also about being ostracised from friendship groups or losing face. This is very similar to issues raised with bullying, and staff are familiar with management techniques to reduce this.

Principles of support

Egan (1994) advocates a style of helping called the 'client-centred' approach. This approach involves a way of working with the person rather than doing something to the person. Helping is a collaborative process where the helper facilitates the client to achieve goals. Empowerment is a guiding principle and the helper offers the client warmth and respect.

This style of helping is appropriate to underpin support to students as it addresses the developmental needs of the student and reinforces student responsibility for their behaviour. It does present some challenges for school staff who have a statutory responsibility for students' wellbeing and are therefore also involved in behaviour management processes. This will be discussed in more detail later in this section.

Support that is offered must be based on the needs of the student rather than the needs of the helper.

> The idea is to assist students in developing skills to manage their lives more effectively and facilitate independence and self-responsibility.

A key aspect of this approach is to adopt a non-judgmental attitude that values the other person and does not label, moralise or give advice. The approach integrates the REG principles for building relationships and emphasises the need for good communication skills. Respect is shown for the student, and their views, strengths and choices. Some key tasks in doing this are:

- expressing a desire to understand and accept (but not necessarily agree with) reasons behind a student's behaviour
- adopting a curious, interested approach but not being intrusive or interrogatory
- resisting the temptation to try to convince students to change their thoughts or behaviour.

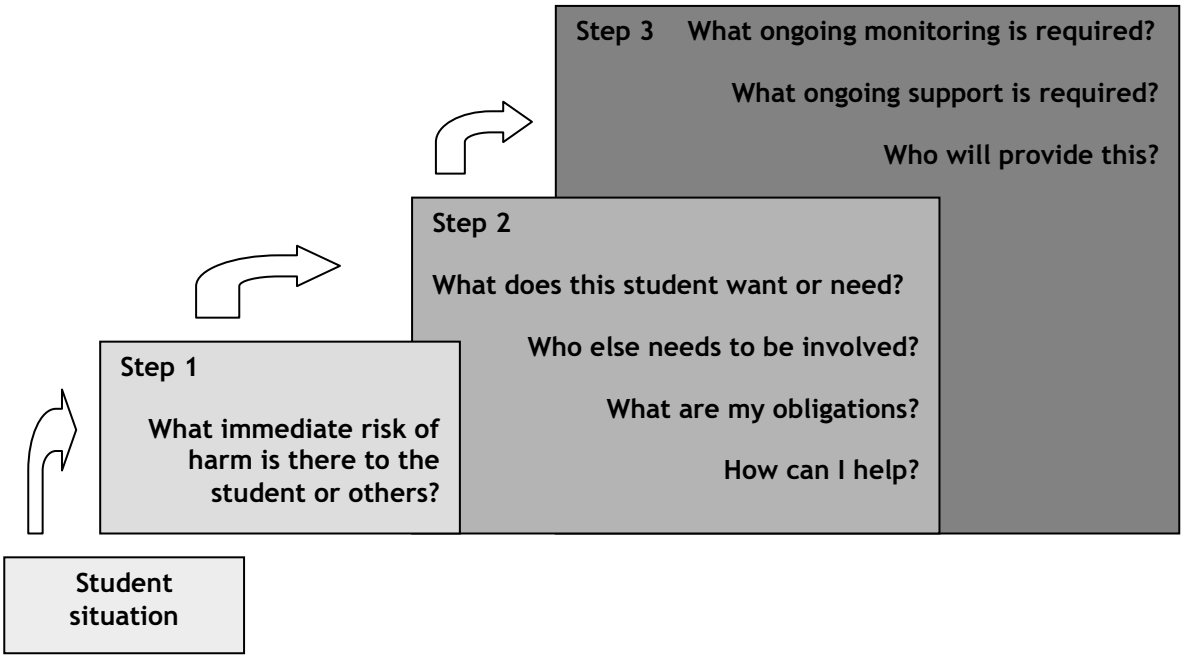
The following model provides a strategic framework for providing support to students.

A process for providing support to students

The spectrum of situations in which drug use can arise in the school setting is very broad and every student's situation will be different. School staff can be confronted with casual comments about drug use behaviour that has occurred out of school hours; disclosure of serious concerns from students about their own or someone else's drug use; allegations or evidence of possession or use of drugs on the school grounds; or observations about a particular student's behaviour that is of concern.

In responding to this range of issues, there are some critical steps that need to be worked through. The following diagram outlines the key steps and questions that every school staff member should consider when confronted with a known or potential drug use situation.

Figure 9: Three Step Process Model



Step 1

What immediate risk of harm is there to the student or others?

Obviously the first issue to be considered is the immediate risk to safety for students and others. Schools should have clear guidelines for managing situations where there is an immediate risk of harm to someone, such as medical emergencies and child protection issues, and these should be followed wherever there is a concern of this nature.

If you are ever concerned about a situation, seek help immediately. If you are concerned about a particular student, do not leave them alone, ask someone else to go and get help or take the student with you. Do not leave students at risk only in the care of other students or with someone who does not understand the seriousness of the situation.

If there is no immediate risk, or when the situation has stabilised, move on to step 2.

Step 2

What does this student want or need?

Use the LATE Model to explore what the student wants or needs. This strategy is detailed over the next few pages and gives comprehensive information on responding to disclosure. The information in Section 6: Identifying Drug Use Problems will also be of assistance in understanding the level of risk and assistance required by particular students.

Who else needs to be involved? What are my obligations?

At the same time as listening to the student, you will need to be thinking about these questions. There is sometimes a natural tension between tasks in the same step, for example between staff obligations and what the student wants (many school staff will be familiar with the student who makes a difficult disclosure followed by the plea to not tell anyone else). Staff must meet their obligations set out under their school's policy and procedures and this should be your first

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consideration. Over the following pages there is more information on how to deal with these situations sensitively and maintain a positive relationship with the student.

How can I help?

In deciding how you can help, think about where you are on the framework presented earlier in Section 1: The Role of Schools, on understanding job role. Remember it is often the small things about showing an interest, providing positive feedback, keeping the student engaged and focusing on the student's strengths that are of considerable value in building resilience around drug use. The information in step 3 (below) is important when considering what your role is in supporting a particular student.

Step 3

What ongoing support and monitoring is required, and who will provide this?

Regardless of your job role and how you have become involved with a student's situation, there will be a role for you in providing continued support and monitoring as you resume your usual role with that student. Often if the student has disclosed something to you it is because they have a sense of connection and rapport with you; it is useful to maximise the opportunity this presents. This may result in you having a more involved and/or ongoing role.

It is important that there is some agreed plan around managing students, particularly those with more intensive needs, so that staff are clear on their role, strategies are consistent and roles do not undermine each other. For example, what is the best way for classroom teachers to respond to a student's classroom behaviour, academic performance, etc? Is it best for them to cut the student a bit of slack or tighten up on the requirements? Are there topics that should be avoided, peer group interactions that require observation? It is not always possible or desirable for all staff to know all the details about a particular student, but a consultation framework should be negotiated to allow for necessary information to be shared.

> Feedback is important so you can achieve a consistent and effective approach, but it is not necessary for you to know everything. Respect the student's privacy.

The comment in step 2, about remembering the small things, is also important here.

The next model provides a strategy for implementing the Three Step Process Model.

Strategic framework for responding

There is a simple format that can be of assistance in structuring conversations for discussing problems or concerns. This model can be used in all job roles for responding to many different situations. The format is known as the LATE Model. This model has been adapted from the work of Michael Tunnecliffe (2000) in managing critical incidents.

The LATE Model comprises four steps:

Listen
Acknowledge concerns
Talk about options
End with encouragement

Listen

Good listening skills have already been discussed. This step cannot be underestimated as it is crucial both in understanding the issues but also for developing an effective relationship for supporting students. Listening is a key way that we show respect and demonstrate to a student that we are genuinely interested and that he or she is an important person.

Acknowledge concerns

This step is particularly important. In acknowledging what it is about a situation that concerns the student we are doing two things:

- demonstrating empathy through reflecting what we have heard them saying and understanding what it is that concerns them
- clarifying what the problems actually are, or what aspects of the problem they are most concerned about. Often we leap too quickly into problem solving without first sufficiently exploring the situation.

Acknowledging concerns does not necessarily mean that we agree with the student's perspective. In fact we might see things quite differently. For example, young people often find it difficult to see the longer-term view and may be much more concerned with short-term losses (eg losing a particular friendship). We need to acknowledge the concern before we move on to explore what else might be at risk, or the reality of the concern. This could be by saying something like:

> 'So you are really concerned that if you didn't smoke with your friends, they might not want to have you around. I can see how that would upset you a lot.'

Comments like 'If they were really your friends they wouldn't mind' or 'I'm sure you would make new friends really quickly', despite their good intentions, are dismissive of the level of importance the student feels about the issue and often terminate further discussion.

It is, however, important not to collude with students, for example deciding to not forward information to avoid the student getting in trouble, taking the side of the student against other students or staff members inappropriately, or agreeing with inaccurate information. Encourage the student to stay focused on their role and accept responsibility for their own behaviour.

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Talk about options

In exploring options, encourage the student to think as widely as possible about the options that are available. It may not be possible to solve all the problems, but positive ways of responding may be developed to reduce their impact for the student or others involved. There is more information on the problem solving process over the following pages. It is important that the student develops their own response to their problem. This encourages students to take responsibility for themselves and builds autonomy and competence. This does not mean that you can't offer ideas, but if you find the student saying, "Yes but…" to everything you say, you need to stop providing solutions. Instead, try saying things like:

> 'What do you think you could do about this? What have you tried so far?'
>
> 'Do you know of other people who have had this problem? What did they do?'
>
> 'What have you tried in the past when you have had a problem?'
>
> 'If you had a friend in this situation, what would you suggest they do?'

Discuss the consequences of each option: 'What might happen if you do that?' This allows for good, informed decision making that has considered as many aspects as possible.

End with encouragement

Building a sense of confidence and competence for students is really important. Not only does it help solve problems, but when it is not possible to remove or solve problems, particularly in the short-term, encouragement helps develop strategies for coping, acceptance and hope for the future. It is important that you are not inappropriately reassuring. Saying things like 'I'm sure this will all turn out fine' is not appropriate as you cannot guarantee this. Instead, try:

> 'I have heard you talk about how difficult this is and you can't guarantee how things will turn out. I think that you have [name strength] and are trying really hard to sort this out and I admire that.'

Provide a summary of what you have discussed, what you have agreed will happen next (including any tasks that you or the student have agreed to undertake), and how you will reconnect on this issue. If there is no need for a follow-up meeting time at this stage, ensure that you leave the student with the sense that they can raise this topic (or others) again in the future.

Responding to disclosure

School staff members often have students seek them out to discuss their dilemmas, and sometimes these may involve some very serious disclosures. The Three Step Process Model described on the previous pages should be used in conjunction with the LATE Model for responding to the disclosures of problems.

Most often students want issues to be dealt with, which is why they raise them. Usually if you have responded well and the student feels that they were listened to and their concerns were acknowledged, they will be confident in your ability to deal appropriately with taking the matter further. Some suggestions to keep in mind include the following.

- **Be clear about what your obligations to involve others are.** You may not always be able to control the way information is given to you and if a student discloses something that you need to report or you need to involve others, you will have to discuss this with the student. Again use the LATE Model as a framework for this. For example:

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Listen to what the student is saying.

Acknowledge their concern about others becoming involved:

'I can see that you are worried about this matter being raised with other people.'

and

'I am really concerned about you and it is my responsibility to discuss this with [appropriate person].'

or

'I am really concerned and not sure what I should do so I do need to check with [appropriate person].'

Talk about the options

'I can see that we have some options to …'

(If there are any choices, present them now. For example, if they have a choice about who in the school information needs to be reported to, or which parent is contacted, or how much information is given if there are sensitive parts of the disclosure that are not relevant and can be left out).

'What are your thoughts/feelings about this? What would you like to see happen?'

Negotiate what is going to happen next.

End with encouragement

'I am very glad that you raised this. I can see that you find this very upsetting and you feel worried about what will happen. I am willing to support you as much as I can and [some positive reflection about the student].'

Summarise with what will happen next.

- **If you are not sure how to respond, say so.** Sometimes we simply don't know what to do or the best way to proceed. Similar to the response above, we need to acknowledge this situation as sensitively as possible and reassure the student that we will find out and proceed from there. This is better than giving the wrong information.
- **Take matters seriously.** Occasionally students will raise issues and you may not be sure whether they are being serious or not. It is far better to treat the matter seriously and find out later that it isn't serious than the opposite. Young people often 'test the water' by dropping hints or making casual remarks just to see how you might respond, and it is important to create a climate conducive to further discussion.
- **Show respect for the young person's decision making autonomy.** Identify yourself as a resource person who can assist but who is not responsible for making or carrying out the decisions, or changing the young person's behaviour. A punitive approach that only attempts to prohibit or control drug use behaviour is most unlikely to succeed. Such an approach

usually promotes more secretive behaviour, building resentment towards the authority, and restricting help-seeking options if problems do arise. In addition, a critical and judgmental attitude is generally unhelpful. It does not promote the safe environment, which allows an honest and productive discussion of drug use with students.

There are a number of other situations in which disclosure may be more complicated; some suggestions for managing these are set out below.

- **Responding to vicariously raised issues**. Sometimes students will discuss a personal issue in the third person, suggesting the problem is that of a friend or someone else they know, or raise the issue on behalf of a friend. This indicates that the student concerned is not completely comfortable in disclosing about these issues. It is important to respect this and respond in a way that builds the student's confidence to discuss these issues more openly.

  In general, it may be sufficient to provide support and information without delving further, taking care not to collude to the point where the student does not feel comfortable disclosing personally. This involves:

  - acknowledging the difficulty of discussing the issue
  - providing relevant information/advice
  - creating an opportunity for follow-up or further disclosure of a personal nature.

  In some circumstances it may be necessary to discuss the issues more openly, particularly where the safety of the student is a concern or where ongoing support will be required. This may be done in such a way as to allow the student to discuss the issue in a personal way without losing face. You can try raising this with a question, such as:

  'This is a difficult issue that sometimes comes up for people. Have you ever had any difficulty with this issue yourself?'

  If it is essential that the issue is dealt with in a face-to-face manner, you will need to explain this and the reasons why it is necessary. Again, try to create an opportunity for disclosure that doesn't embarrass the student further, for example:

  'In this situation it's really important that the issue is dealt with by directly speaking with the person concerned. So I would encourage your friend to make contact with me or someone else to discuss this. If you are ever concerned about these issues yourself, I would really like to talk about it more with you even though I know that it can be uncomfortable. I'd just really like to emphasise [explain your confidentiality policy].'

- **Dealing with students in groups**. It is not uncommon for students to present in small groups to discuss sensitive issues and this raises a number of issues. School staff will need to assess whether it is appropriate to continue to work with the other students present or whether to create a one-to-one situation. This assessment needs to consider the nature of the issues being discussed, the comfort of the student and the effectiveness of the interaction. See also the information in Section 8: Involving Others.

- **Dealing with public disclosure.** Classroom teachers will be familiar with inappropriate personal disclosure by students in a classroom setting. This is particularly likely to occur when the classroom topic is around sensitive issues like drug use, but it can be avoided if you prepare students in advance and provide guidelines on appropriate ways of giving information. Should a student start to disclose inappropriate information, interrupt firmly and remind them of the guidelines, suggesting they make a more general comment. Follow up with the student after the class.

Balancing discipline and support

School staff have a dual role – that of supporter and that of enforcer of school rules. Sometimes this creates a sense of conflict where we want to allow the student to take responsibility for their choices and actions but we are also obliged to prevent any harm coming to them or other students and therefore need to take certain action whether the student wants this or not. The model or process we adopt for setting and enforcing rules has a significant impact on the culture of the school environment. Previous sections of this resource highlighted the importance of student connectedness to the school environment as an important factor in moderating drug use and other problem behaviours.

Schools are mainly dealing with situations where drug use is experimental and/or with young people who often don't view their drug use as problematic. In this situation it is difficult for us to pursue a goal of changing the drug use behaviour without being in direct conflict with the student's readiness to change. This conflict then creates a potential for further estranging students from the school environment, which is counter-productive.

Schools in Australia have been exploring restorative justice or restorative response models as an alternative to traditional punishment models for managing student behaviour since the early 1990s, particularly around managing bullying. Restorative justice has been described as 'a process whereby all the parties with a stake in a particular offence come together to resolve collectively how to deal with the aftermath of the offence and the implications for the future'. (Marshall in Strang, 2001). Examples of restorative justice processes include victim/offender mediation, facilitated conferencing, and alternatives to suspension programs.

The principles of restorative justice are consistent with the aims of disciplinary procedures in schools that wish to maintain connectedness to the school environment whilst also promoting self-responsibility and the opportunity to learn from one's mistakes. Therefore it is worth exploring these options further. For more information on restorative justice principles and processes and how they apply in the school situation, visit the following websites: www.restorativejustice.org.uk and www.aic.gov.au/rjustice.

In creating systems for managing student behaviour that aim to promote engagement and commitment to the school community whilst also encouraging students to accept responsibility for their actions and learn from their mistakes, some useful guiding principles include the following.

- **Focus on the problem behaviour or consequences of the behaviour** (eg using at school, classroom behaviour, academic performance — not just drug use per se). Encourage the student to be a part of the process for resolving the issue.
- **Develop fair and consistent disciplinary processes.** It is important that schools have disciplinary processes that are fair and consistent with the principles of natural justice. The South Australian resource *Intervention Matters: A policy statement and procedural framework for the management of suspected drug-related incidents in schools* has an excellent summary of these principles. This resource is available on the internet at www.drugstrategy.central.sa.edu.au. If students have been involved in creating and/or discussing the rules and consequences, it is more likely that they will perceive the system to be a fair one.
- **Work collaboratively to support the disciplinary process.** It is important that everyone in the school supports the established disciplinary process as a part of creating the safe school ethos and environment. Coordination/administration of the process may be the domain of a few staff members only but this will need to be supported throughout the school. Staff should also avoid protecting students from the consequences of their actions as this may be counterproductive for all concerned; establishing boundaries is an important protective factor

for young people. Student support/welfare and discipline processes should work together to be effective, rather than undermine each other. This requires staff to be aware of roles and responsibilities and to be prepared to negotiate student management issues appropriately.

- **Discuss consequences** (eg disciplinary action). Where the student has sufficient understanding of the issues involved, support the student's responsibility for their own behaviour by emphasising personal choice and control and exploring what the possible consequences may be of each decision or choice they have.
- **Provide harm reduction information.** Encouraging abstinence should be the first goal, yet in a practical sense this may not always be possible. Discuss with the student ways that the risks of harm to themselves and others can be reduced. If it is not possible for you to discuss this, refer them to someone who can.

Based on research undertaken in prisons, Barber (1991) developed a 'negotiated casework' model for balancing the support role where one also has a statutory responsibility for enforcing certain outcomes. The model has five steps:

- clear the air (acknowledge the conflict between your agenda and the student's)
- identify legitimate client (student) interests
- identify non-negotiable aspects of the intervention
- identify negotiable aspects
- negotiate a case plan and agree on criteria for progress.

Following is an example of how this model, combined with the LATE Model, can be used to facilitate a process of applying disciplinary consequences whilst also attempting to keep the student connected to the school community. The LATE Model has been highlighted in bold print.

Scenario

Billy has been caught with cigarettes (they fell out of his bag in class). According to school policy, you have to contact his parents and he loses his 'good standing', which means he may not be allowed to go on the end of term excursion and the upcoming school camp. Billy is distressed about his parents being involved and about missing out on the activities. He doesn't think the school policy is fair as he wasn't smoking the cigarettes at school, and he has seen his geography teacher with cigarettes in his pocket.

Step	Example
Acknowledge the difference or conflict in positions between the student and you	'Billy, it's possible we don't see this situation the same way. You have said that you know that students are not allowed to have cigarettes on them at school, and what the consequences are, but you feel it isn't fair because teachers can have cigarettes even though no-one is allowed to smoke on the school grounds? Even though you think it is unfair, the fact remains that you have broken the school rules and there are consequences for you because of this.'
Invite them to tell their side of the story	'I am interested to hear what your views on this situation are.' **(Listen)** Summarise Billy's key points to show that you have heard and understand his view. **(Acknowledge concerns)** Allow him to correct or add further.
Explain the situation from your view, outlining the non-negotiable aspects	'Billy, the school has a clear policy about not allowing students to have cigarettes, which is the same as outside school where it is against the law to give cigarettes to people under the age of 18. I can see how it seems unfair that teachers can carry cigarettes when students can't, although this is similar to what operates outside school too. I appreciate that you respected the school policy about not smoking on the premises and this policy applies to teachers as well. In this situation, to be fair to all students, some consequences need to be applied. This means I will need to get in touch with your parents about this but there is also some room for us to negotiate what else happens as a consequence in this situation.'
Ask them for possible options or consequences that they think might be fair, and negotiate where you can	**(Talk about options)** You may be able to offer a choice about which parent is contacted (mum or dad, or other caregiver as appropriate). 'What else do you think would be fair?' Offer suggestions appropriate to your school policy/procedures. For example, in this case you may be able to agree on Billy abiding by school policy in future, undertaking some 'loss of privileges' but still going on the camps, etc, providing he keeps to his 'no cigarettes at school' agreement. (Depending on the situation, you may need to wait until Billy's caregivers are present before proceeding with this step.)
Offer support to change behaviour	'I'd also like to talk more about your smoking and what is going to happen with this in the future.' or 'Billy, I am concerned about your smoking and would like you to talk with [counsellor or appropriate person] to try to figure out if there is any help you need.' Explain process for referral or involving others.
Agree on what will happen next	Summarise the outcome and clarify what will happen next and what has been agreed. Provide some positive feedback to Billy to help keep him engaged. (**End with encouragement)**

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Goal setting

Many school staff will be familiar with the concepts of goal setting and problem solving from other activities. What follows is a brief summary of some key information for staff to review.

The setting of goals is essential for successful behavioural change. Long-term goals such as significantly cutting down or stopping alcohol and other drug use altogether are important; however, goals need to be broken down into more short-term steps (a series of short-term goals) that will assist in reaching the long-term goal.

Short-term goals are more manageable. If goals are specific and short-term, they are more likely to be put into action and achieved. This rewards the student for taking action. Success is a boost to confidence and success breeds success. More goals are likely to be set and attempted as a result. If there is a setback, it should be seen as small (not major), so the student is likely to try again.

The SMART acronym is a useful way to describe how to set a short-term goal.

Specific — short-term goals need to be stated as something concrete that can be done, not vague or ambiguous. It is necessary to be specific about the actual positive behaviour change planned. A specific goal may be something like to only smoke on three days after school.

Meaningful — it must be relevant to the student and related to his or her view of what is important. Goals are about what the *student* wants to achieve,—not what *we* think they should. Commitment to achieving a goal that is not important to you is likely to be very low.

Assessable — you need to be able to measure if you have achieved your goal. Cutting down drinking is difficult to assess. Not drinking on weekdays is a more specific target, as is only having three standard drinks a day. A sense of achievement helps build confidence and keep motivation going.

Realistic — there is no point setting a goal that is very difficult to do, eg get a job or cut down from 20 drinks a day to four. An unrealistic goal is more likely to result in failure and so lowers confidence.

Time bounded — placing time lines on goals is important to give a target to work towards and to keep up motivation. It is best to set a series of short-term goals working towards an end point, than to set one overall long-term goal. Set dates for review when you set the goal.

Short-term goals need to be SMART

S Specific

M Meaningful

A Assessable

R Realistic

T Time bounded

As school staff, you can help a student to make sure his or her goal is SMART and advise of any risks associated with the goal chosen.

Problem solving

Problem solving is a skill that has to be learned, like any other. The process of problem solving can be taught in distinct stages and these stages are outlined below.

Stage 1: Adopting a detached orientation towards the problem

Experiencing problems is a part of everyday life. Encourage the student to take a step back and look at the problem as if he or she were an outside observer.

Examples of useful statements are:

'Sounds like lots of different things are troubling you. How about we write them all out and try to get a bit of an overall picture?'

'Okay, I can see that this is an important issue for you and you seem/are really upset/troubled by it. Let's take a step back for a moment and see how this problem looks from the outside.' (Summarise the information you have been given.)

Stage 2: Define exactly what the problem is

Unless the problem is clearly stated in concrete, behavioural terms, no reasonable decision can be made about solving it.

For example, a global problem such as 'My life is in such a mess' can be redefined as:

- My girlfriend isn't speaking to me after I got drunk and vomited in her parents' car on Saturday night.
- My parents keep complaining that I don't do enough to help them out.
- I often don't get my homework done and this brings my grades down.

These problems can now be prioritised and the problem-solving technique applied to each.

Problem solving

- Adopt a detached orientation towards the problem
- Define exactly what the problem is
- Brainstorm alternative responses
- Select the best action
- Create a detailed action plan
- Try it out - verification; and
- Evaluate

Stage 3: Generate alternatives: Brainstorming

Brainstorming is a technique for generating ideas, possibilities and alternative courses of action. There are three rules that help this technique work.

1. No criticism or evaluation of any suggestion is allowed. Judgment is deferred to a later stage.
2. Think broadly. Any wild idea is acceptable. Use divergent thinking.
3. Quantity of ideas is important and this increases the possibility of finding useful alternatives. Some studies suggest that the best ideas come later in the brainstorming process.

Stage 4: Select the best action: Decision making

Negotiate with the student and have them delete from the list any strategies that are obviously not viable. Assist in examining the pros and cons of acting on the remaining strategy options. Ideas may be combined or added to. Sometimes it is difficult to weigh up the short-term versus long-term gains and consequences. Use the decision matrix on page 91 to assist in the weighing up of

pros and cons. Finally, have the student select the one that he or she considers will be the most effective and realistic.

This allows ownership and encourages self-responsibility. However, the action may need to have some guidelines attached to suit the school setting and any duty-of-care issues. While respecting the autonomy of the student, you should restate the confidentiality issues and boundaries of your role and advise of any courses of action you may be obliged to take.

Stage 5: Generate a detailed action plan

Once the best strategy is selected, you need to assist students to develop a concrete and specific action plan. The following questions all need to be thought through.

- How exactly are they going to carry out their selected plan?
- What time frame are they working in?
- What are they going to do first?
- When will they do it?
- How will they do it?
- What resources/supports do they need?
- What will they do if things don't go according to the plan?

Stage 6: Try it out: Verification

Clearly think through the plan or practise it before putting it into action. Some useful strategies to consider include role-playing any parts that require interaction with another person, walking through the plan starting at the beginning, or writing the plan out in detail.

Stage 7: Evaluation

Whatever happens, evaluate the results carefully. Did it resolve or go part of the way towards resolving the problem? What were the consequences for the student? If it was only partially successful, or not effective at all, consider whether the plan can be improved (go back to Stage 5), or whether a new strategy is needed (go to Stage 4).

Decision matrix

Table 10: Decision matrix

	IMMEDIATE CONSEQUENCES		LONG-TERM CONSEQUENCES	
Changing				
Staying the same				

Working with diversity

The KIT provides school staff with knowledge and skills to address student drug-use issues; it is presented generically and can be applied in all situations. The student-centred nature of the strategies used in *The KIT* encourage tailoring to the individual. There are many factors related to individual differences, such as gender, development, language, race, religion, socioeconomic status, sexuality and lifestyle differences that all may impact on a student's particular cultural identity and require consideration in providing a response. To work well with diversity, consider the following.

- **Make an effort to understand how cultural identity affects the individual.** There is considerable variety within cultural groups of values, beliefs and practices. Avoid making assumptions or stereotyping individuals. Ask students about what their experience of their cultural identity is both in terms of their wider environment (such as family beliefs and expectations) and for the student as an individual (eg what does their cultural identity mean for them personally). Learn about the variety of cultures where you work, and speak to workers associated with those cultures to gain a perspective. Also, attend cultural awareness training wherever possible.
- **Recognise the ongoing impact of discrimination.** The impact of discrimination can be very powerful, particularly for young people who are struggling developmentally with their identity. Students who do not identify strongly with the dominant culture, and/or who experience discrimination from others, often struggle to achieve a meaningful sense of belonging. Do not ignore discrimination if you see it occurring. Be a positive role model.
- **Adopt inclusive communication styles.** Bear in mind the way language and style of communication can exclude participation of some people. This is not about being 'politically correct' but rather about being respectful and sensitive. Sometimes this occurs without us being aware of it and it can be difficult to monitor.
- **Support activities that encourage tolerance and celebrate diversity.** Many schools are active in this and it contributes to creating the supportive ethos and environment that serves as a protective factor in reducing drug use and other problems.

Primary school-aged children

Adapting the materials to the maturity, cognitive ability, personal context and coping resources of each student is essential to producing effective outcomes. The age of the student will obviously influence the assessment process and the strategies employed.

Therefore, assessing the risk of harm, abuse or neglect is exceptionally pertinent to the primary school-aged child, who is often less able to employ self-protective strategies. Consult the policy and procedures appropriate to your school sector for guidance on this matter.

The context of drug-related issues in the primary school setting is quite different. Staff will encounter less students engaging in drug use, but for those who are, the implications are very serious. A known risk factor in increasing the risk of problems with substance use is early age of onset. Primary school-aged students who engage in drug use are therefore at greater risk of developing problems and require intervention to respond to this as early as possible.

Primary school staff may be more aware of the family situation of primary school students due to their close and ongoing contact with these students. Awareness of drug use issues in the family may then be more of an issue for school staff working at the primary level. Again, the risk to the student is greater due to their younger age and their increased dependency on their caregivers. For those working with primary school-aged children, while most of the information and strategies are still the same, some adaptations will be necessary. Essentially, consideration needs to be given to the following points to guide appropriate transfer to the primary school level.

Stage of development

Primary school staff will be fully aware of the tasks and stages of child development and will also know that this development varies to some degree from child to child. Any intervention therefore requires an assessment of the individual's stage of development and the impact that this then has both on the behaviour requiring attention and the nature of the strategies used to intervene. Typically, primary school-aged children have fairly concrete, black or white thinking, and this can often make understanding the complexities of drug use quite difficult, particularly if it involves a loved family member.

Age-appropriate drug information

Provision of information regarding alcohol and other drugs and associated behaviours is best guided by the curriculum information, which is a good general guide to the level of content appropriate to each age group. In some circumstances the child's own understanding may be more advanced, warranting a different level of intervention. It may be appropriate to seek other assistance or discuss it with the child's parents or caregivers.

The revised *Principles for School Drug Education* set out guiding principles for drug education in schools. They can be accessed at http://www.dest.gov.au/sectors/school_education/policy_initiatives_reviews/key_issues/drug_education/principles.htm

Policy and procedures

School policy and procedures around responding to drug-related issues will be tailored to the obligations of primary schools. Essentially, any indication school staff have of students being affected by drug-related issues will require further discussion with senior or designated staff members.

Motivational interviewing

Motivational interviewing is a useful counselling tool commonly used in the treatment of drug and alcohol problems. It can be used on a range of different levels, from a simple decisional balance approach to a more complex therapeutic level. As it is a skill that requires training, it is strongly recommended that staff who do not have a counselling background have training in using the tool before using it with students.

For information on what is motivation, read 'Understanding Motivation' in Section 5: Intervention Theory and Principles (see page 55).

Motivation

- There is a belief that many drug users do not give up drug use because they do not have the willpower or motivation. Yet they may be very motivated *not* to give up their drug use. Motivation is not static but changes according to external and internal factors.
- Motivation to change occurs when the positives of doing something are outweighed by the negatives of doing it. This is not always a rational, logical decision – emotion and confidence often play a part too.
- Confrontation or arguing strongly against the behaviour can often be counter-productive.
- A useful tool to help think about the costs and benefits of changing or not changing behaviour is a *decision matrix* (see Table 10). The list is then weighed up by the student and a decision may follow. The choice made by the student may not always be on the side with the longest list.
- *Motivational interviewing* builds on the *decision matrix*. It also works with the conflict between people's behaviour and their perception of themselves: their beliefs, attitudes and feelings.

Motivational interviewing is a counselling approach designed to help people with decisions about their behaviour. Its aim is to work through ambivalence about changing and consider the possibility of change. The key principle is that making decisions is a key to change and a helper's style can increase resistance or motivation to change.

Motivational interviewing uses a reflective, non-judgmental style that focuses on the student's concerns and elicits their beliefs. Ideally, the school staff's agenda must accommodate the student's viewpoint, needs and wants, or no progress will occur. The helper respects the student's choice or decision, including continued drug use.

It is based to some degree on the psychological law that 'people learn what they believe as they hear themselves speak'.

Key strategies in motivational interviewing

Build empathy

An important and effective strategy is to build empathy using helping skills such as listening, reflection, summarising and being non-judgmental (avoid labelling). This acceptance will help to facilitate change.

Avoid arguments

Arguments need to be avoided; if they arise it is a signal to change strategy (roll with resistance). The student needs to look at both sides of his or her ambivalence rather than argue for one position. Arguments increase resistance.

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Reflect conflict (deploying discrepancy)

Ambivalence is about being in conflict within yourself. You are being pulled two ways about something. You want the effects of the drugs, but you do not want the ill-health, the financial problems, etc. When the forces on both sides are strong, there may be much internal conflict.

One of the strategies for school staff in motivational interviewing is to reflect the conflict. These conflicts may be between the benefits and problems of the behaviour, and/or there may be other conflicts. Conflicts usually arise between the current behaviour and the individual's beliefs about him or herself. The current behaviour may conflict with important personal goals, and reflecting this conflict may tip the balance towards change. Importantly, it is the student who should present the arguments for change, not the helper.

Key strategies

- Build empathy
- Avoid arguments and resistance
- Reflect conflict (deploying discrepancy)
- Affirm/praise (support self-efficacy)

Affirm/praise (support self-efficacy)

Confidence is necessary to sort out what a person wants, and what they will and can do. Help the student to build confidence and belief in themselves. Praise their efforts, skills and knowledge. Showing support will also build confidence levels. Behaviour change requires action and to take action the student needs to believe in his or her own ability (self-efficacy).

The following statements are examples of affirming or praising at the start of a session:

> 'It's good you want to look at your use and that even though it was difficult to get here you've made time for yourself.'
>
> 'It sounds like even though things get out of hand and difficult for you, you still cope really well.'

Steps to motivational interviewing

There are a number of steps to follow in doing motivational interviewing, such as looking at the two sides of the decision and at the conflict for the student.

1. Opening structure

Use an open-ended question to raise the issue to start the student exploring his or her behaviour and establish rapport. For example:

> 'Good to see you again, you wanted to talk to me about your drug use. What concerns do you have?' or
>
> 'Hi ..., tell me what you are here for today?'

You may get a closed response from this, such as: 'For my drug use/drinking.' If so, put the discussion back to the student with an open question: 'Fine, tell me more about it.'

Find out if the student is ambivalent. They may be ambivalent about many things and you will need to decide together what is the priority to work on, eg difficulty in stopping a specific drug, leave home, inject or not, cutting down drug use.

Briefly explain to the student about motivational interviewing. It often helps to ask permission to use this technique rather than moving straight into it.

2. Examine good things (positive aspects)

Move on to explore what he or she likes about drugs. Everyone has some positives that are important for you both to understand as this may be the basis of the attachment to the drug and part of the conflict in giving up. It is also a useful strategy in reducing defensiveness.

You may ask directly:

> 'What are some of the things you like about smoking/drinking?'

Keep the student focused on what are the good things now. What it is he or she gets out of using drugs?

Before you summarise, see if there are any other good things, then summarise the good things the student has told you about his or her use.

3. Examine the not-so-good things

Next, move on to the bad things, or the negative aspects of drug use. Phrasing this as the not-so-good things can also help in reducing defensiveness. Phrase the change so it is clear that you are looking at the two sides, for example:

> 'You've told me some of the reasons you like smoking/drinking. Let's look at the other side of the coin. What are some of the not-so-good things for you?' or
>
> 'Well, you've said a few things that are good for you, what don't you like?'

Another question is, 'What wouldn't you miss?' Students may reply in generalities like 'It's bad for your health'. If so, move the response round to themselves, check whether it is a personal concern for them: 'How do you feel about that?' or 'Does that concern you?'

If the student has presented one or two problems, explore further by simply asking:

> 'Are there any other concerns?' or 'What else?'

You will now have a good picture of the benefits and costs (good and bad) about the student's drug use. Summarise before you move on to exploring concerns in more depth. The student can then see the picture described, which reflects the two sides and also allows for clarification of some of the points.

Steps to motivational interviewing:

- opening structure
- examine good things
- examine not-so-good things
- make summaries
- ask about their life
- comparisons, life goals, future/present
- decision
- plan a short-term goal
- close

4. Make summaries

Make summaries from what the student has presented as you feel they are needed: for example, it may be of the good things, the concerns, or the two sides of his or her ambivalence. Use summaries to move the discussion along, to reinforce statements and areas of concern, to remind yourself and the student of ground covered and to summarise the step and link into the next step. A summary is also like a reflection and so needs space afterwards for the student to respond and confirm what you are saying, or to clarify anything that is not what he or she said.

5. Ask about their life

The purpose of this step is to get an idea of the student's personal beliefs, attitudes and values about themselves and their important life goals. Ask about how they see themselves, and what sort of a person they would describe themselves as. People find it difficult to say things about themselves, especially good things. Strategies to use here are to ask how their friends, parents or partners would describe them and then ask if they would agree.

Elicit how they see drug use linked to any problems in their life.

6. Comparisons, life goals, future/present

After you have looked at the good/not-so-good aspects in the present, you may go on to contrasting how the student sees him or herself now and in the future. Time scales need to be appropriate to the concerns they have mentioned and to their age. A younger person will think mostly about the next few months rather than a year or more. A suggested question is:

> 'So you've told me something about yourself and your drug use now, but how would you like to see yourself in three months time next term?'

This contrasting strategy can often bring out a discrepancy that may link in with the student's motivation. Another useful question is:

> 'How would you like things to be different in the future?'

Discuss this and then try asking something like:

> 'You'd like to be ...., so what do you think is stopping you?'

This strategy is useful in bringing out barriers to change. Responses may include mates, family, time, not caring enough about themselves, boredom. Make a note of these and suggest you will come back to them later. You would use these factors in the *action* stage.

7. Decision

You may find the student makes a decision or an intention to change, for example:

> 'I really need to do something soon.'
>
> 'I don't like being like this, but what else can I do?'

These are examples of self-motivational statements; when a student offers a self-motivational statement, reinforce it by reflecting what he or she has said (so they hear it again).

> 'So what you are saying is you want to …'

Strengthen commitment by asking directly if the student has made a decision. If no decision has been made, remember that the session has not failed. More time may be needed to think about a decision. Also, other strategies may be needed, as the student may not be in the contemplation stage.

8. Plan a short-term goal

The next step is to plan a short-term goal, one that is in line with the student's longer-term goal(s) and is appropriate. The goal must belong to the student. If the student asks you what to do, avoid giving advice, but do provide ideas. It is essential that the student remains the central decision maker. Put the choice back to the student, but guide towards a realistic goal.

9. Close

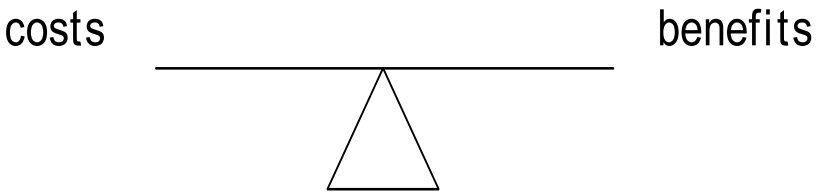
Sum up what you have covered: the student's beliefs, needs, intentions and goals, and particularly go over what the student said he or she would do. Refer to the student personally in summing up, and use 'you' language. You may have set some goals, given out some homework (diaries, decision matrix) or made another time to catch up.

Activity 7.1: COSTS AND BENEFITS

The purpose of this activity is for you to explore the costs and benefits of drug use. The worksheet asks you to consider an example of a young person you know and then reflect on your own behaviour.

Drug use has costs and benefits (positives and negatives). Think about the costs (problems) and benefits (good things) of drug use of the young people you work with.

In this diagram, the costs and benefits are balanced.



Think about drug use from a young person's point of view. List the costs and benefits in the table below, giving each cost and benefit a weight out of 10kg. The weight is determined by how important each thing is to the young person. A young person may have very different ideas to school staff about what is important. Add up the weights so you get a total for costs and a total for benefits.

Costs	**Weight (out of 10kg)**	**Benefits**	**Weight (out of 10kg)**
Total		**Total**	

How would you draw the balance for the example you used?

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Draw a diagram that represents the *weight* of costs and benefits of your drug use. If you do not use any drugs (remember tea and coffee are drugs), select another behaviour such as exercise or television watching.

costs benefits

Tips when applying motivational interviewing with young people

Sometimes applying the technique of motivational interviewing with students can place school staff in a difficult predicament. On the one hand you are wanting to be 'student-centred', but on the other you are required to enforce the school drug policy. It is therefore important to be clear of your intent at the time of doing motivational interviewing.

Once you and the student have completed the steps of motivational interviewing, it may then be important to spend some time having the student reflect on the possible consequences of their decision. For example, if he or she makes the decision to continue using cannabis, some of the consequences may be suspension from school and legal action if they are caught with the drug in their possession.

Adolescents are at different levels in their cognitive development. Thus, some students you work with may lack the abstract reasoning skills required to fully explore the pros and cons of drug use. Consequently, some students may require more prompting if motivational interviewing is to be useful for them. In its most basic form, motivational interviewing can be used simply in creating a decision matrix to assist in the problem solving process.

Part of being an adolescent is living in the moment. As a result, it is not uncommon that what was extremely important for them at one time can be less important a short time later. It may therefore be necessary to revisit motivational interviewing on more than one occasion.

Adolescents can be good at letting you hear what they think you want to hear. They can be very convincing and compliant whilst exploring their alcohol or drug use with you and in doing so not really allow themselves to explore the issues most pertinent to them. If this occurs, the outcome of the process will be of little benefit.

Working with primary school-aged children

Most primary school-aged children do not have the level of cognitive development to benefit from motivational interviewing. However, using it as a problem solving tool is effective with this age group. The Place Mat activity (Figure 10) is a good tool for doing this. It was designed by a primary school teacher in Western Australia (Winter, 2001).

CHECKLIST — MOTIVATIONAL INTERVIEWING

• Asked about the positives/benefits (good things), and was specific		☐
	Individualised — asked how important these things were to them	☐
	Summarised	☐
• Asked about the less positives/costs (not-so-good things), and was specific		☐
	Individualised — asked how important these things were to them	☐
	Summarised	☐
• Summarised the positives and less positives		☐
• Asked about life goals, how they saw themselves in a year if things worked out well, or the positive things others saw in them		☐
• Compared with their current, unchanged behaviour as a daily smoker		☐
• Asked for a decision		☐
• Planned a specific, short-term goal		☐

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SAMPLE QUESTIONS FOR MOTIVATIONAL INTERVIEWING

1. Positives/benefits (good things)

- What are some of the good things about your drug use?
- What do you enjoy about your drug use?
- How important are these things to you?

2. Less positives/costs (not-so-good things)

- What is there about your drinking that you or other people might see as reasons for concern?
- What worries you about your drug use? What can you imagine happening to you?
- How do you feel about your smoking?
- How much does that concern you?
- In what ways does this concern you?
- What do you think will happen if you don't make a change?

3. Life goals

- How do you see yourself?
- Describe to me the sort of person you think you are.
- How do your friends/parents/teachers see you? Do you agree?
- If things go well for you, how do you see yourself in a year's time?
- What would be the advantages of making change?

4. Compare with current unchanged behaviour

- How would you like things to be different in the future?
- You'd like to be ..., so what do you think is stopping you?
- You've told me something about yourself and your drug use now, but how would you like to see yourself in three months' time?

5. Ask for a decision

- Where does that leave you now?
- What do you think you might want to do now?

6. Plan a short-term goal

- See step 8 on p 98.

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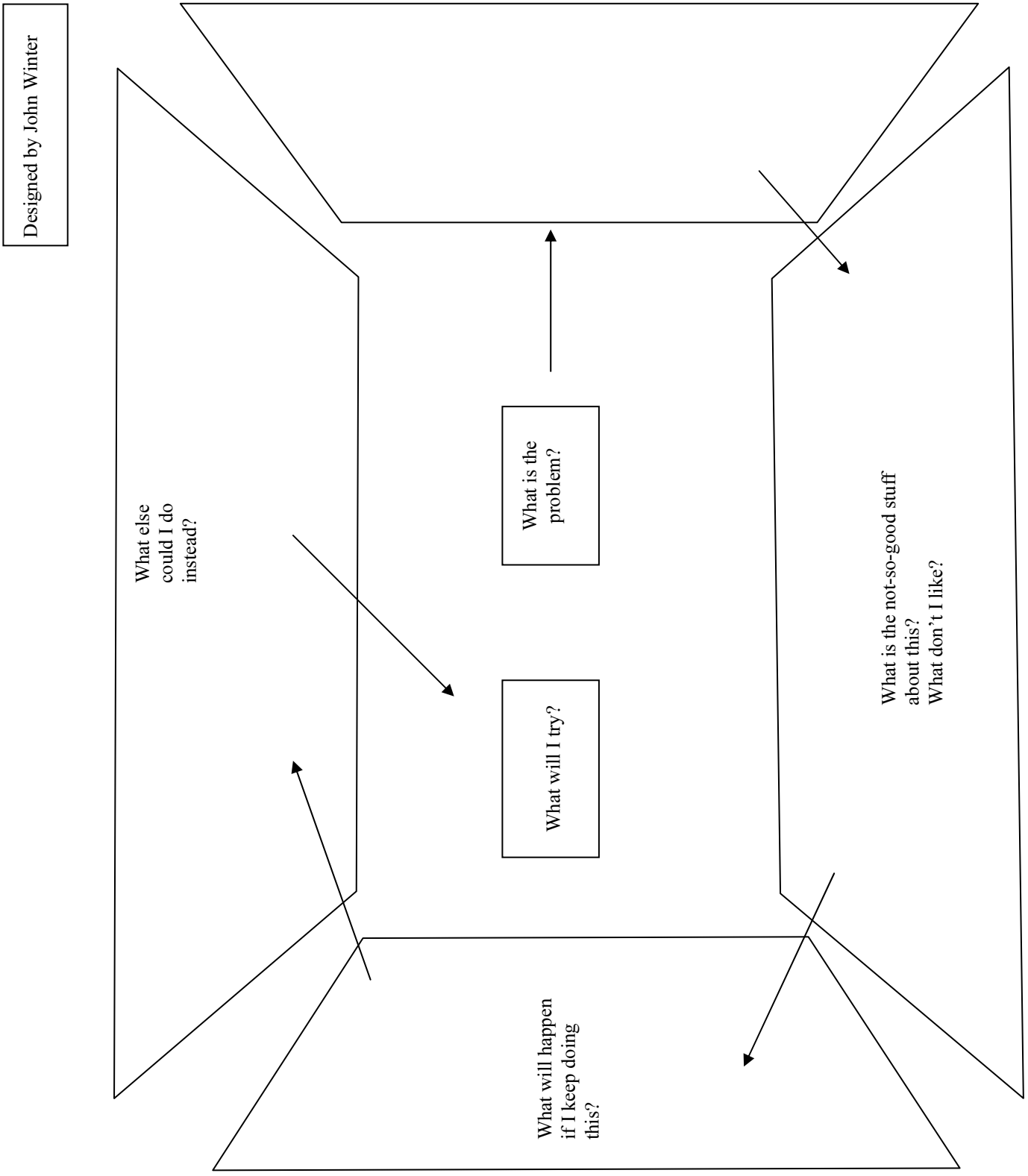
Figure 10: Place-mat activity



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Section 8: Involving Others

The complex nature of drug use and the school setting means that involving others (such as external services, other school staff and families) will not only often be necessary but is in fact desirable. When working with younger secondary students and primary school students there is less flexibility around involvement. Involving others in any given situation will be affected by four things:

- school policy and procedures
- the skills of the staff members involved
- the desires of the student
- the availability and willingness of others to participate.

While it is always preferable to work with the student's desires, this is not always possible. School policies and procedures should always be followed to protect the interests of all parties concerned.

School policy and procedures

A school drug policy is a public document, representing beliefs and values of the school community. It is therefore essential that all members of the school community have the opportunity to contribute to its development. The final document is more likely to be accepted and implemented effectively if the school community has been widely involved in its development, agrees with its contents and understands its purpose. The school drug policy should sit within the context of an overall procedural framework for managing and supporting students.

The importance of having a comprehensive school drug policy cannot be overemphasised, regardless of whether or not a school perceives that alcohol, tobacco, medicines and other drug-related problems exist.

In addition to supporting and reinforcing other aspects of a comprehensive health education program, the development of a school drug policy contributes towards a proactive approach that can often reduce the risk of alcohol and other drug-related problems from arising. In the event of a drug-related incident occurring, a school drug policy includes relevant procedures, including clear guidelines of roles and responsibilities of staff. Rather than being included in the policy document, sometimes procedural documents sit separately as companion documents.

For schools interested in developing or reviewing a school drug policy, there is a table of example documents in Section 1: The Role of Schools.

Staff skill level

Job role has already been discussed; for most staff, involvement in prevention activities, supporting students generally, monitoring progress and linking with student services will be the extent of their involvement. Staff need to be aware of their skill in managing the spectrum of drug-related problems that can arise in the school setting, and know when and how to seek help, and from whom (eg colleagues and/or external agencies).

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The desires of the student

Many students will disclose information and seek help from someone they trust. Involving other people can be very frightening and needs to be managed carefully so that it is less likely that the student's perception of the trusting relationship is not jeopardised. Some tips for assisting with this include the following.

- Explain the parameters of confidentiality.
- Express empathy with their concerns about discussing issues with others.
- Involve the student as much as possible in discussions with others so they know what information is being exchanged and with whom.
- Keep the student informed about the process.
- Allow the student choice wherever possible.

Confidentiality

Confidentiality has various legal and ethical ramifications. It is vital that clear confidentiality boundaries be established to protect the student, staff and school. Schools should have clear guidelines that set out policies and practices for protecting confidentiality and students' right to privacy. Confidentiality requirements are determined by three factors and these should be reflected in the guidelines:

- legislation
- sectoral policy (eg education department level)
- individual school procedures.

There may be times when there is a need to disclose information that has been given in confidence. School staff therefore have an obligation to inform students *before* they disclose. Exceptions to these obligations may include:

- if school staff are subpoenaed by the courts. A subpoena is a court order that a person must give evidence or produce documents in a court setting
- if a student is at risk of harming themselves or others
- if a student is at risk of being harmed by a third party.

Confidentiality is about protecting students and should not increase the danger of harm occurring or ignore the risk. Breaching confidentiality can be very damaging to students and prevent further disclosure or help-seeking in the future. The most important aspect of managing confidentiality is to treat the student with respect.

In working collaboratively with other school staff and external agencies it is important to establish a consultation framework. This allows for information to assist in supporting the student and protecting others to be exchanged without inappropriately breaching confidentiality. Understandably, it may not be possible for you to receive all the information, but do provide feedback to other staff where possible to encourage good practice.

It is not breaking confidentiality if a student has expressly given consent for you to discuss a particular issue with a particular person.

Sometimes breaches of confidentiality occur by accident. Ensure that confidential information is provided in a private setting where the conversation cannot be overheard by other students or staff and documents are stored securely.

Refer to your school policies and procedures document for further information on privacy and confidentiality.

Activity 8.1: INCIDENTS AND RESPONSES

This 'incidents and responses' activity is designed to encourage discussion of key issues related to the management of drug use in schools, and to support the development of strategies based on the guidelines and policies.

Read the following four scenarios. For each example, identify the key issues involved in the situation, an action plan for how you would respond, and a rationale for why you chose that action, using the worksheet on the next page.

Suspicion

While supervising a group of Year 11 English students, you overhear two boys talking about another classmate, Tran, who they say has brought cannabis to school. After class you speak to the two boys and they indicate that he has openly talked about having drugs and that he keeps drugs in his bag.

The sale

Jenny has been caught using and buying her friends ADD medicine (dexies) at lunchtime. On questioning Jenny you find out that other students have also bought the medication.

Intoxicated

Corey and Tran are acting suspiciously behind the metalwork shed. On approaching them you find they are hiding an empty bourbon bottle. You realise that both the students are intoxicated.

Sniffing

You are driving to the local hardware store during school hours and you see two Year 8 students sitting by the river near the park. On approaching them, you see that Craig, a boy from school, is asleep. When you ask the question 'What is the matter with Craig?', Brenda responds aggressively and says 'I don't know – he must be tired or something'. You notice an aerosol can on the ground near where they are sitting. You suspect volatile substance use.

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Incidents and Responses Worksheet

Identify key issues	Identify action plan	Rationale

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Activity 8.2: HOME IN THE CLASSROOM

The next set of scenarios raises further issues that are intended to be used as discussion triggers.

Corey

- Corey is 16 and has asked to talk to you in private. Through the course of the conversation, you find out that his father gets drunk most nights. Last night, his father verbally abused his brother and when Corey tried to defend him, his father slapped him and kicked him in the leg. He has no physical bruising but is emotionally upset. He states that it is the first time his father has ever hit him.

Sharon

- Sharon is 17 and has waited back in class to talk to you. She reveals that her mother has a new boyfriend who smokes cannabis heavily and is lonely since her mother started working back at night. She discloses that over the past six months, he has come into her bed at night after he has been smoking and had sexual intercourse with her. She is scared and confused and doesn't know what to do. She finishes her conversation with 'I want you to keep this a secret between you and me'.

Tran

- During a Year 11 English class you collect the term papers and find a letter from Tran, a quiet student who sits at the back of the class. The letter outlines his family problems about not being loved by his parents and that he was going to get really stoned and jump in front of a train – a plan that he thinks will solve everything. The letter finishes by saying that the only peace he has had in the last year is when he gets stoned.

Modified scenarios

The following scenarios are for school staff who work with primary school-aged children.

Andrew

Andrew is 10 years old and lives with his father and 15-year-old sister. His mother passed away late last year. Andrew is an above average student and popular with his peers. Andrew's father is away often with work and he and his sister stay with family friends. Andrew has trouble sleeping at nights. He is afraid to fall asleep on his own and he is worse when his father is away working.

Andrew has been prescribed sleeping medication to help him 'settle down' at night. Recently, at school, he has started to show out-of-character signs: being snappy and irritable and having puffy, dark eyes. When he is told to 'settle down' he gets teary. He feels as though no-one understands what he is feeling and going through.

Andrew is feeling the effects of not having his father around regularly and is still trying to cope with the death of his mother. The sleeping medication he uses is always nearby as he carries it with him between houses. As the medication was prescribed to 'settle him down', he has been taking it before going to school to help him relax and stay calm.

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Louise

Louise is 12 years old and lives at home with her mother. She always walks home from school and arrives to an empty house as her mother doesn't return from work until about 6pm.

Usually, her mother will come home saying 'I've had a rough day,' and will go straight to the refrigerator to pour herself a glass of wine. She always says that having a few drinks after a 'rough day' helps her to calm down and feel better.

Louise has been having a few problems at school with some of the girls in her year. She feels as though they don't want her around them because she doesn't have a boyfriend like they all do. She really wants to be like them and have a boyfriend so that they will include her in their group. Louise has started to call her days 'rough' and when she gets home from school, she goes straight to the refrigerator and pours herself a glass of wine. Even though she doesn't think that it tastes that great, she sees that it helps her mum to feel better so she takes to drinking a glass on a regular basis to help herself feel better. Her situation at school hasn't changed, which upsets her even more. Louise thinks that the drinks she has after school make her feel better and doesn't see why she shouldn't start the day with one as well.

Jeff

Jeff is nine years old and lives with his mother, father and older brother and sister. He is overweight and can have difficulty mixing with his peers. Jeff's older brother has been diagnosed as having ADHD and takes medication to help him concentrate at school. Jeff has difficulty staying on task during class because he is always concerned about what his teacher and peers are thinking about him. His teachers often tell him that he has to get back to the task and stop wasting time.

Jeff has managed to take some of his brother's ADHD medication from home and hide it in his schoolbag. He thinks that if it helps his brother concentrate at school, it should help him.

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When other students are involved

One of the strengths of young people can be their attachment to their friendship groups. Often students will be supported by other students when seeking help. (See Section 7: Strategies for Responding for more on dealing with students in groups). Adolescent friendship groups are often very volatile, so care does need to be taken when other students are involved. Include other students only with the permission of the student concerned and negotiate with the student privately as to what role they would like their friends to play, how much information they should disclose, etc. Be aware that supporting other students can be very stressful for the student giving support, be sure that they are not taking on too much responsibility, and understand what 'healthy helping' and being a good friend mean.

Using peer support

The role of peers in influencing drug use is often perceived in a negative light, but consider also the positive role of peers both in terms of modelling and as a form of support. Close peer attachments can be very effective in providing ongoing support, information and encouragement. This support is particularly useful as it can be more constant than contact with school staff and often extends to out-of-school time.

It is important to identify who it is that the young person trusts and respects. Peer support models that are based around peers selected by school staff may not always be relevant or have credibility with students at most risk. For students at risk or requiring additional support, it is important to work with the student's choice of peers, not just the peers we think they should have.

Peer programs should have very clear guidelines about the nature of the activities being undertaken. Students involved in such programs should be trained, supervised and supported appropriately to ensure the safety and wellbeing of all involved.

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Working with parents/caregivers

It is essential to involve parents or caregivers in the management of drug use issues, and school policies and guidelines provide support in working with parents. There are a number of scenarios relating to working with parents or caregivers:

- involving them in the prevention of alcohol and other drug-related problems
- raising the issue of alcohol and other drug use issues and incidents with them
- responding to their concerns about their child's drug use
- responding to the concerns of students in relation to the alcohol or other drug use of their parents or caregivers.

Safety

Sometimes parents and others can react aggressively towards school staff who have to raise concerns about students' welfare or behaviour. Staff should be trained in managing aggression and have in place suitable policies, procedures and environmental supports to ensure the safety of staff, students and other visitors to the school site.

Prevention

Parents, like school staff, health professionals and community members, can assist in the prevention of alcohol and other drug use and related problems among students by:

- being positive role models
- being consistent
- providing credible information
- listening and allowing for open communication
- developing positive relationships with them
- teaching responsibility.

Assisting parents

- be available to listen and understand their concerns, ask how you can help, and allow plenty of time
- express understanding of the difficult situation
- encourage them not to panic
- let them know they are not to blame for their children's drug use
- support the developing independence of the student
- model respect for the student
- encourage concerns to be stated openly and sensitively
- foster compromise and understanding
- reassure them that their children still need their support and guidance
- explain the school drug policy, where relevant
- provide information and referrals.

Research has shown that young people usually rely on the values and attitudes of parents and caregivers when making important life decisions. It does help for parents to talk to their children about alcohol and other drugs, and parents can have a positive influence on their children by communicating with them about these issues. There are a number of excellent books around for parents, aimed at assisting them to manage drug use with their children.

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Reassure parents that young people still need their support and guidance

Adolescence is a confusing time and children look for some limits and stability. Often parents underestimate the influence they have, and lack confidence in their parenting. *Schools can't do it alone: Monograph 3* states, "The family is the single most critical factor shaping a student's attitudes and behaviours." (DEST, 2003) Young people may act in a rebellious way to test limits. Even though it may be difficult and frustrating, it is important that parents have clear, consistent and reasonable boundaries during this period. This will assist the parents to be effective guides during a difficult time.

Raising the issue with parents

Raising the issue of alcohol or other drug use with parents is a sensitive matter that requires effective communication skills. It is essential to follow the school's policies and procedures in relation to contacting parents. Where possible, inform the student of what is happening and discuss any concerns they may have about this.

Think about how the parents feel about you raising this issue. They may feel shocked, ashamed, guilty or frightened. These parents may react angrily towards you or the student or they may get very distressed. Some parents might not be interested and this presents a different challenge to schools. Regardless of their lack of interest it is necessary to keep parents informed.

Remember, effective communication around raising the issue of sensitive subjects with anyone includes being non-judgmental and non-critical, being empathic, asking open-ended questions and avoiding labelling and blaming.

Use the LATE Model (see page 81) as a guide to supporting parents. Try to build rapport with the parents and engage them in working together with you and any other people involved, eg an external agency or other school staff. When you have evidence of drug use, raise the issue in a clear and supportive way, stating the facts without being confrontational or blaming. Explain the school policy and procedures and involve the parents in deciding on a course of action. Provide support and referral to parents who require additional support and encourage them to seek help.

If you are concerned about a student and want to raise the issue of suspected drug use, it is important for you and the parents to be open to the possibility of it actually being something else. Explain your concerns and encourage an open and honest discussion about all the possibilities. Model respect for the student and support the student's developing independence.

Parents raising the issue with schools

The following article was written by a parent who experienced drug use problems with her son. It provides illuminating and thought provoking comments on the role of schools in providing early intervention from a parent's perspective.

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Parent's view of early intervention in schools (by Margaret Quon)

(This article originally appeared in *DrugInfo Vol 3 No 2, November 2004,* and then in the *School Drug Education and Road Aware, WA newsletter.* It is reproduced here with kind permission of Margaret Quon.)

As a parent of a heroin user I have spent many hours reflecting on possible ways the escalation of my son's drug use may have been prevented.

In 2003 I joined a Family and Friends support group. The group provides mutual, non-judgemental support to families and friends whose lives have been affected by a loved one's drug and alcohol use.

The group meets weekly in an outer eastern suburb of Melbourne. Many commonalities exist between the members of the group. The most obvious is the impact of the drug use on families and the frustration of parents at the lack of support or treatment options available.

Another common feature is the fact that the average age of the parents' young people using drugs is 24 years. Of the 14 young people discussed in our group, only two have completed secondary school. All the young people attended government secondary schools in the area. Thirteen of the young people began their drug use with cannabis during their early secondary school years.

Back then schools responded with a punitive approach either suspending or 'moving' the students to other schools. Parents now report that schools did not involve them in an intervention process but rather treated them with a similar disdain as their children were treated with.

Discussions in the support group indicate that parents believe a different approach may have prevented conflict within the family, kept their children connected to school and avoided the isolation felt by families in the school community.

Early intervention at the school level may have changed the paths of our young people. Instead of the young people leaving school and having more time and opportunity to experiment with drugs, a program of intervention involving the risks and harms associated with drugs could have been implemented.

The parents in the support group believe that schools were in a position to access drug and alcohol counsellors from local agencies, which could have provided one-on-one counseling and group rethinking dynamics.

Early intervention has the opportunity to include parents in the provision of accurate information about drugs and alcohol. Inclusion of parents, students and teachers in interactive sessions facilitated by an outside counsellor could explore positive ways in which everyone can be supported to make changes and informed choices. This needs to be shaped at the school level.

Sessions with students and parents can be enjoyable and an excellent means to open lines of communication between students, parents and teachers. Parents in the support group insist that early intervention in schools, based on a non-punitive approach towards their children, would have had the greatest impact on changing drug-use behaviour.

As a group of parents of older young people who still use drugs, we are in the position to reflect and identify what would have helped us and our children in their school years. Our discussions

indicate that all parents value the education of their children. The situation we faced alone in those school years was two-fold; the drug use of our children and the rejection of our children from the school system. Ultimately this denied them an education that may have been saved through an early intervention approach.

Parents and caregivers may contact school staff with concerns about their children's alcohol or other drug use. As with any other communication, respect, listen and understand parents' concerns and work with them in responding to these concerns. Parents generally need factual information about alcohol and other drugs. They are often scared and emotional about these issues and their fears are usually related to the myths that exist in society about drug use and drug users. Do not minimise or dismiss concerns too lightly. Reassure parents with factual information where possible but be careful to not over-reassure parents inappropriately. Remember the boundaries of your job role and encourage them to seek support and advice from more knowledgeable sources.

Many of the concerns parents have are related to communication with their children, and information on what helps and what blocks communication may support them. They need to discuss confidently and calmly with their children that they suspect drug use. If they would like to change aspects of their relationship with their children, such as improving communication, there may be ways they can do this. You might be able to work with them on this or refer them to an appropriate agency. The Alcohol and Drug Information Service (ADIS) in your state/territory is recommended.

It is useful to provide parents with simple strategies. To assist them in raising the issue of alcohol and other drugs with their children, suggest there are a number of essential strategies to remember:

- be honest
- avoid arguing
- avoid contradiction
- acknowledge the positive things
- negotiate.

In covering these strategies of communication, it is important to prepare (do your homework); pick a good time (including using naturally occurring opportunities to raise the issue); and listen to the student.

Students with parents who use drugs

School staff may become aware of students whose parents have problems with drug use. Young people whose parents take drugs are at greater risk of getting involved in drug use themselves. Working with these students can be complex, as any intervention needs to accommodate the powerlessness experienced by the young person, particularly in cases where parent use is very problematic. Referral for counselling may be necessary and in situations of suspected child abuse or neglect, your school policy and procedures should be followed. It may be useful for school support staff to seek professional advice where relevant.

- ***Reframe disloyalty.*** Some families have a code of silence, which serves as a protective mechanism against unwanted interference. Young people whose parents use drugs tend to feel guilty that they are 'dobbing' by discussing it with someone outside the family. Students' feelings of betrayal or disloyalty need to be sensitively acknowledged and

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respected. A student's concerns about discussing their parents' behaviour can be reframed by pointing out that such discussion recognises that the young person cares for themself and their parents.

- ***Encourage them to stay positive*** and continue to do enjoyable things in their life. Facilitate their continued involvement in school activities. This may require practical assistance if parents are unwilling or incapable of supporting the student financially or in other ways.
- ***Assist them with strategies to stay safe.*** Students need to learn to recognise unsafe situations and how to get help if they need it in emergencies and how to get away from unsafe situations. These should be discussed with a person skilled in this area.
- ***Encourage safe discussion.*** Young people generally tell few people outside their peer group about the concerns they have for their families. When they do, they often underestimate the extent of these concerns. Talking is beneficial because it helps a person feel less isolated and they tend to see the issues at stake more objectively. Importantly, encourage them to talk about their concerns with relatives or close friends who they can trust.
- ***Reassure them they are not to blame.*** Young people often blame themselves for their parents' behaviour, and feel guilty or confused about why this is happening to them. Reassure them that this is not the case and that they are not responsible and cannot control their parents' behaviour.
- ***Find real opportunities to praise the positives.*** Any opportunity to assist the student to feel competent or worthwhile is very important, but these opportunities must be genuine. Don't be afraid to set appropriate limits of acceptable behaviour or challenge unacceptable behaviour. Students in this situation especially need guidance around pro-social behaviour to compensate the absence of this in the home. This does, however, need to be done in a supportive and achievable way.
- ***Provide a referral.*** As it is likely that you will not be available to help students outside school times, encourage them to get support from a telephone help service such as the Kids Help Line, toll free 1800 551 800.

External agencies

Forming links with external agencies such as police, health and counselling agencies is a crucial part in responding to drug use issues in school settings and is considered a core element of 'best practice' (DEST, 2003). This has two benefits:

- it provides an important source of expertise and support to students and their families for assistance with problems that are beyond the remit of the schools to manage
- it is a valuable source of training and support to school staff members in understanding and working in a way that is effective in prevention, early intervention and ongoing support to students.

The school setting is a specialised environment, and to encourage positive reciprocal relationships it is necessary to foster mutual understanding of the different work environments. Developing joint protocols for involvement, consulting with external agencies on school policy and procedures, and involving agencies in school activities all help to foster productive working relationships.

Spend time getting to know what services exist in your area, or find out who in your school has this information so you can access it should you need it. Again, school staff should be aware of their school policies and procedures for providing information and making referrals.

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Section 9: Professional Development

"The time of discipline began. Each of us the pupil of whichever one of us could best teach what each of us needed to learn."
Maria Isabel Barreno

Introduction

In using this resource it may be necessary for school staff to undertake professional development activities. These can be used to:

- build relevant knowledge and skills
- develop awareness of, and commitment to, appropriate policies and procedures
- clarify roles and responsibilities
- review existing practices and procedures.

There are many demands made on school staff to attend professional development sessions across a broad spectrum of curriculum, student support and administrative issues. These issues compete for the limited time available to school staff to engage in activities in addition to meeting their core commitments in the classroom, student services and administrative areas.

The conundrum of being so busy doing that we don't have time to learn 'how to' is reflected in the opening scene of AA Milne's *Winnie-the-Pooh* (1926), which begins with Edward Bear coming down the stairs:

> *"… bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there could be another way, if only he could stop bumping for a moment to think of it."*

This section contains information to assist in identifying and meeting professional development needs relevant to the management of drug and alcohol issues arising in the school setting. Bearing in mind the above comments, rather than creating a set plan for schools to implement, the information provided is designed to be flexibly packaged to meet the variety of conditions in which schools operate across Australia. The models and information set out are suggested formats only; they recognise that schools have a greater wealth of knowledge and skill in developing and delivering learning opportunities from which to draw when adapting this information.

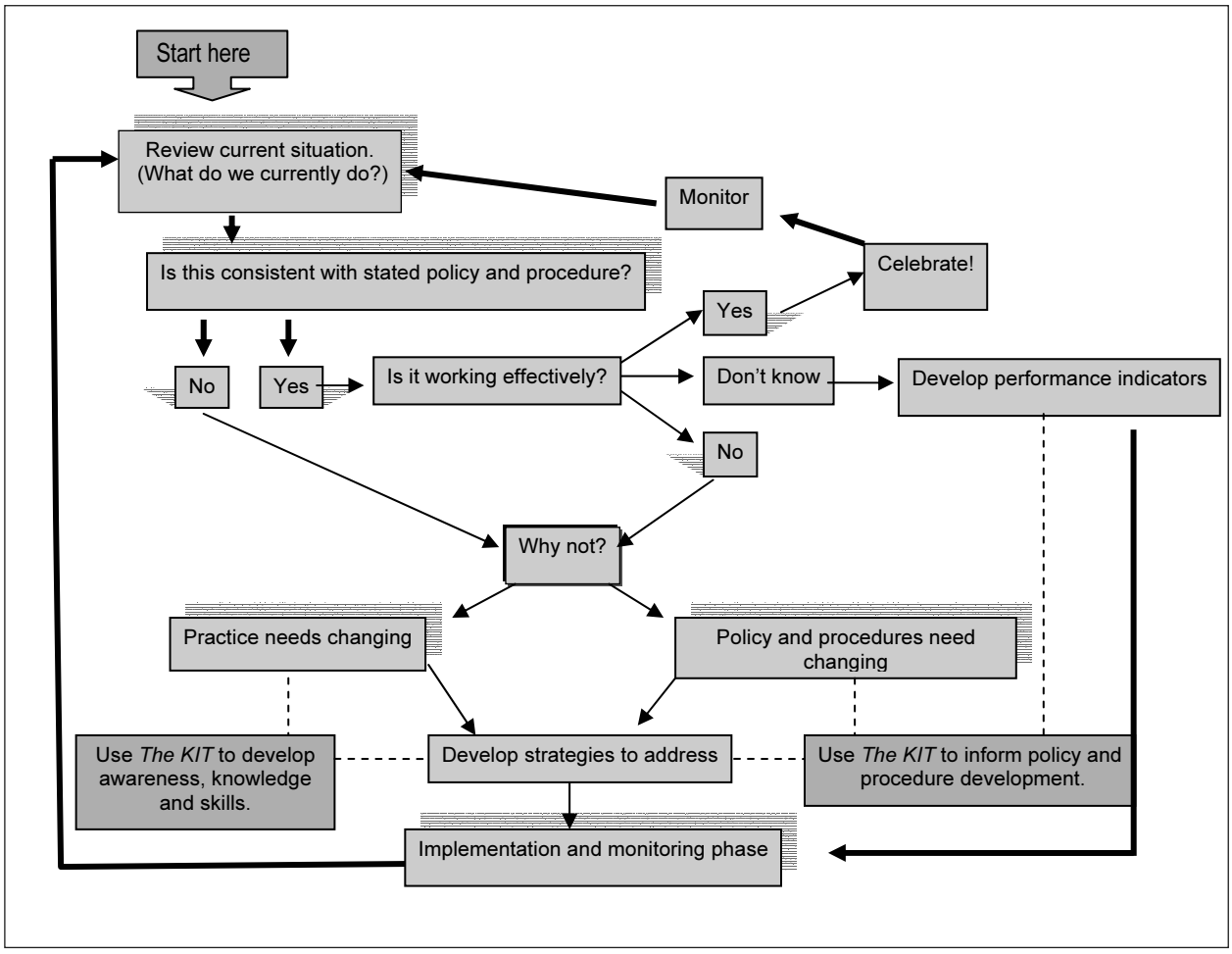
Essentially, the following information is designed to encourage, create and capitalise on the moments when we can stop 'bumping' long enough to reflect, explore and develop our practice in a practical and consistent manner.

Determining professional development needs

The capacity to effectively manage drug and alcohol issues that arise in the school setting will be influenced by a number of different factors, including the nature and frequency of the issues arising and the resources available to the school, and the capacity of staff (time, knowledge, skills and attitudes). Responses to issues will be governed by school policy and procedures (what we say we will do) and staff practices (what we actually do). To ensure effectiveness it is necessary to monitor and review policies and procedures on a regular basis.

The flowchart below outlines a process for determining the needs of your school, and indicates where *The KIT* resource can be of use in assisting to meet the needs identified. Importantly, this process is not just about identifying staff knowledge and skill development needs; it is also about identifying policies, procedures and systems that need reviewing or development.

Figure 11: Flowchart for reviewing and determining needs in your school



Following a review of the existing situation, professional development opportunities may then need to be created to fill any gaps identified in the review process.

Developing policy and procedures

As identified in Section 1: The Role of Schools, policy and procedures are set at a range of different levels, including the school level. Staff are reminded that they should operate within these policies where they exist, however policy and procedures do need to be reviewed from time to time. Most school systems across Australia have resources available to assist them develop appropriate policy and procedures (see Section 1 for examples). Vital to the success of stated policies and procedures is the development of strategy to implement the policy and integrate it to the practice of the school staff. Without this, the policy will most likely never get 'off the shelf'. Involvement in the development of policy and procedures assists staff to integrate policy and procedure into their work in practice through increasing awareness and commitment. It is also vital that policy and procedures across different areas and issues be integrated and consistent with each other, otherwise staff and students alike will become confused and the effectiveness of the policies will be undermined.

Questions for reviewing policy and procedures	
Capacity to implement	**Consistency with other areas**
• How is this policy/procedure intended to operate in practice? • How do we get the policy 'off the shelf' and implemented in practice? • Who is involved? • What resources are required? • What skills are needed by staff involved in the implementation? • Has it been developed with input from relevant stakeholders (eg other staff, parents, students)? • Has it been clearly communicated to all school community members? • How do we measure the success of this policy/procedure in practice? • When are we due to review this policy/procedure? Who will do it?	• What elements of the school are affected by this policy/procedure? • Has this policy/procedure been developed with input from others affected? • Are staff aware of their specific roles and responsibilities and how they relate to other staff positions? • How do I work collaboratively with others to ensure consistency of approach? • What other complementary policies/procedures need to be put in place? • Who else needs to be informed about this?

The KIT resource can be used as a complementary source of information to assist in the development of appropriate policy and procedures around responding to alcohol and other drug use issues and incidents as they arise in the school setting. Importantly, every policy and procedure should have clearly spelled out performance indicators that measure the effectiveness of the policy and procedure in achieving the intended outcome.

Developing practice

The following information is designed to assist in developing staff practice where this is identified as an issue following a review. Developing practice may involve working with staff around attitudes, knowledge and skills relevant to achieving effective outcomes. This can be done on a one-to-one or groups basis, depending on the needs and resources available.

Facilitating adult training/learning

Many school staff will be familiar with much of the following information as it encompasses a pedagogy that is not exclusive to working with adults. The information is presented here to assist those who are not as familiar with facilitating learning with their colleagues or other adults. It can also serve as a refresher to those who are more experienced in this area.

Developing staff practice may involve changing knowledge, skills and attitudes. Learning may be through informal and formal means. Formal learning methods include professional development workshops, self-directed learning methods and on-the-job instruction. Informal learning methods include reflecting on the experiences we have (including making mistakes), discussing issues with or observing colleagues in action, and ad hoc reading/information that crosses our path.

Creating learning opportunities through formal methods and purposely increasing the informal opportunities are both required in developing the practice of school staff. This flexibility is required to meet the needs of the school setting and the limited time and resources available to support formal professional development. This is discussed in more detail later, under the heading 'Creating learning opportunities'. First, however, it is useful to review some principles of effective learning.

Effective learning

The development of knowledge, attitudes and skills requires a supportive learning environment for people to gain new knowledge, discuss values and concerns, and develop skills. Alcohol and other drug use is a complex topic and one that is usually controversial and emotive. Professional development in this area needs to acknowledge the complexities and facilitate a balanced approach. *The KIT* resource is an education and training program to support school staff in responding to alcohol and other drug use. Drug education and training work most effectively when they are built on a range of strategies that complement each other and work towards the same goal. There are three factors that support a balanced approach in alcohol and other drug education and training:

- providing credible information about drugs, drug use and risks of drug use
- exploration and clarification of the attitudes of individuals to drugs and drug users
- providing opportunities for skills development related to alcohol and drug prevention and intervention.

Effective communication is the basis of formal training, whether via self-directed resources or facilitation in a training room environment. Communication is the process of passing information (a message) from one person to another or others to gain understanding. There are a number of components to a message and these include verbal and non-verbal communication. In training it is essential to harness all factors in communication.

An audience has a short attention span and more than listening is required to remember something well. For example:

We learn: 11 per cent by listening
83 per cent by sight.

We remember: 10 per cent of what we read
20 per cent of what we hear
30 per cent of what we see
50 per cent of what we see and hear
70 per cent of what we say
90 per cent of what we say and do.

To be effective in creating a lasting learning experience, all of these factors must be considered.

As a trainer, a key factor in providing effective communication is realising that communication involves a relationship and the principles of building and maintaining relationships are crucial. Taylor (1999) describes three key elements of building and maintaining relationships to foster effective communication: respect, empathy and genuineness (REG). The REG concept is explored in Section 7: Strategies for Responding.

Differences in learning and learning styles

People have individual differences and many of these can become barriers to learning if they are not addressed in the design of training. Possible barriers to learning include language, culture, physical factors, level of education, relevance of content, motivation and learning styles.

Learning styles are different for different people and change over time, depending on experience. Over the years people develop learning 'habits'; these 'habits' are the way they may learn best. Effective learning is about people becoming consciously competent of their abilities and the knowledge, skills and attitudes that support them. Kolb (2001) identified four learning styles that form a cycle of learning. As well as stages in integrating learning later developed by Honey and Mumford (2000), these learning styles are *activist, reflector, theorist* and *pragmatist*. Generally people need to integrate their learning using all four stages; however, people often have preferences in their learning style.

Creating learning opportunities, formal and informal, needs to incorporate activities that allow for different learning styles, and work to integrate learning using the action learning cycle. It is also useful for participants in training to be aware of individual differences and appreciate other people's styles and needs.

Activists are doers who learn best by the concrete experience of doing things.

Reflectors are observers who always review the experience, consider what has happened and learn best by watching and reflecting.

Theorists are thinkers who learn best from models, concepts and theories. They tend to think problems through in a step-by-step logical way.

Pragmatists are planners who, when introduced to something, will work out what to do next or make adjustments to fit their situation.

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Adult learning principles

Adult learning is seen as an active process, as adults are not used to passively receiving information. In general, adults are problem-centred rather than subject-centred, and information must be relevant to them. Improved learning comes from situations in which they can learn from each other, as they all have experiences to offer. Adults also need to be responsible for their own decisions. There will be a range of people with a variety of experiences. The people in the group will also have different learning styles: active, reflective, theoretical and practical. To create a learning opportunity to meet all these factors it is necessary to follow adult learning principles and have a mixture of activities that meet the needs of the group.

Adults learning methods need to:

- be interactive
- be relevant to the target group in both content and method
- contain many opportunities for participation and contribution
- provide opportunities for the exchange of ideas
- use a range of learning experiences
- foster a safe learning environment.

> ***"What we learn with pleasure we never forget."***
> *Alfred Mercer*

Adults may feel threatened in training, even if they are skilled in education and training themselves. They may be with peers and in this situation they may feel they are on show and also have a need for peer acceptance and status. Awareness of these factors can foster a respectful, safe and permissive learning environment through avoidance of demands that lead to embarrassment or failure: being constructive with feedback, maintaining confidentiality and providing reinforcement.

Reinforce through acknowledging and using the experiences of the staff. It is useful to create experiential learning activities and provide opportunities for staff to contribute to each other's learning. Learning must be interesting and, if possible, fun. Help learners to discover for themselves the gaps between where they are now and where they want to be. Be flexible and attend to their needs, which include asking for feedback about yourself as a trainer and then responding to it. It also means being available for follow-up and support.

These principles relate to all learning situations. The following information provides ideas on creating a range of opportunities in which learning can occur.

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Creating learning opportunities

Training can be defined as a learning experience that seeks to effect a relatively permanent change in an individual that will improve his or her ability to perform on the job. Formal professional development sessions are not the only way of creating learning opportunities. Clearly schools have limited time and resources to spend on professional development opportunities and this increases the need for more informal learning opportunities to be created.

Regardless of whether formal professional development sessions are provided to school staff, it is recommended that structures for following up and ensuring integration of learning to the workplace are established.

This can be done using some of the ideas listed below. The following information provides some ideas for schools on both formal and informal or semi-formal learning opportunities to support the implementation of *The KIT* resource.

All learning opportunities are best done as part of an integrated plan, rather than as ad hoc training which is less effective (remember adult learning principles indicate relevance as a significant factor), and is then usually not integrated into workplace practice or sustained over any period of time.

Action learning

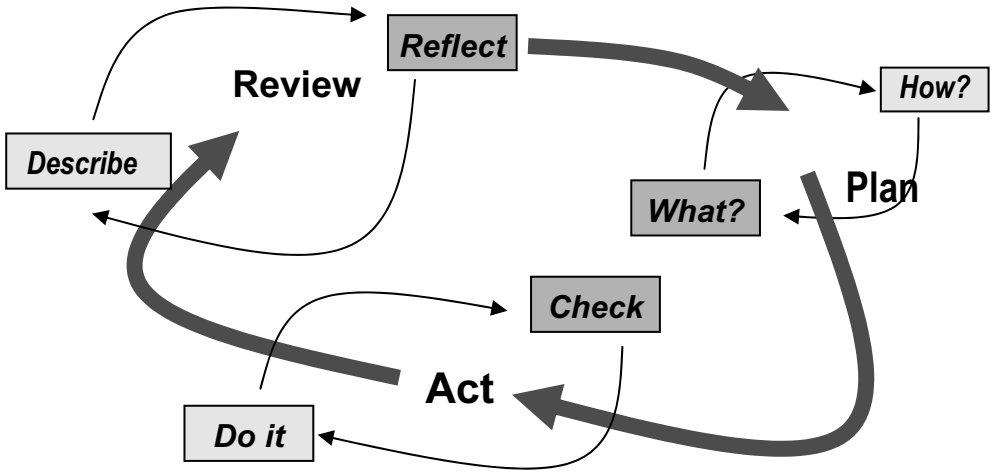
Action learning is a process of continuous action and reflection, supported by colleagues, with the intention of getting things done *and* developing skills and insights for the future. Action learning implies both self-development and organisation development.

Action learning means *learning as you go*:

- working on skills and knowledge directly relevant to the task at hand
- developing the disciplines of *review* (conscious reflection of what works and what doesn't work in your practice, without jumping to solutions too soon) and *planning* (set yourself specific tasks that will build your skills, and do not procrastinate).

'Plan/Act/Review' is a simple framework to organise the process of action learning.

Figure 12: Plan/Act/Review Framework



Informal or semi-formal learning opportunities

Whilst informal learning opportunities can occur naturally, we can also 'engineer' opportunities and semi-formalise some practices to ensure that they do occur in the busy workday schedule. Any opportunity where staff can reflect on current practice, or be introduced to a new idea or skill, creates a learning opportunity. Consider some of the following.

- **One-to-one discussions**. Follow-up with staff you know may be interested or who have a particular issue happening that is relevant (remember the LATE Model to guide your discussion). Some of the training exercises can be used, or adapted for use, on a one-to-one basis.
- **Observing colleagues.** Creating opportunities for staff members to work together, either by inviting staff members to your activities (or teaming up in theirs), working in teams wherever possible and providing opportunities for mentoring or peer support.
- **Developing Communities of Practice.** The aim of Communities of Practice is to purposefully create time for groups of staff to reflect, discuss, share experiences and problem solve in a semi-structured way. Often this sort of practice occurs naturally on an informal basis. A Community of Practice aims to extend this informal learning process. This usually occurs where staff agree on times to meet and someone on each occasion takes responsibility for providing an issue for discussion. This may be based around a case issue (remembering confidentiality, of course); an interesting idea, challenge or dilemma; or a new resource or article they have encountered. Organise the group around an opportunity to socialise (eg form a café club) and keep it informal and fun, particularly if it has been organised over lunchbreaks.
- **Providing ad hoc information.** Leaving information and resources in strategic places can also be a good way to generate interest. Articles in newsletters and brochures, and drawing models on whiteboards, are some examples. Anything eye-catching or linked to relevant issues happening in the school at the time will be particularly effective in drawing attention.

Formal learning opportunities

Importantly, reviewing policy, procedures and practices within schools can also be a formal learning opportunity. In addition to identifying gaps in practice, knowledge and skills that need development, the review process provides an opportunity to reflect on our ways of working and how effective (or otherwise) we are.

It is recommended that schools begin by reviewing current policy, procedures and practice and develop a plan to link learning and development opportunities to identified need.

Formal learning opportunities can also be structured in different ways, from quite brief presentations to off-site formal professional development lasting several days. Again this can happen on a one-to-one basis in the form of structured tutoring or supervision, or as a facilitated group or training session.

It is recommended that participation in any formal professional development include some follow-up process to assist in integrating and sustaining the application of the learning to workplace practice. This can be done by using an individual action plan that looks at how new information and skills can be used in the workplace. See page 154 for a sample action plan.

Train the trainers

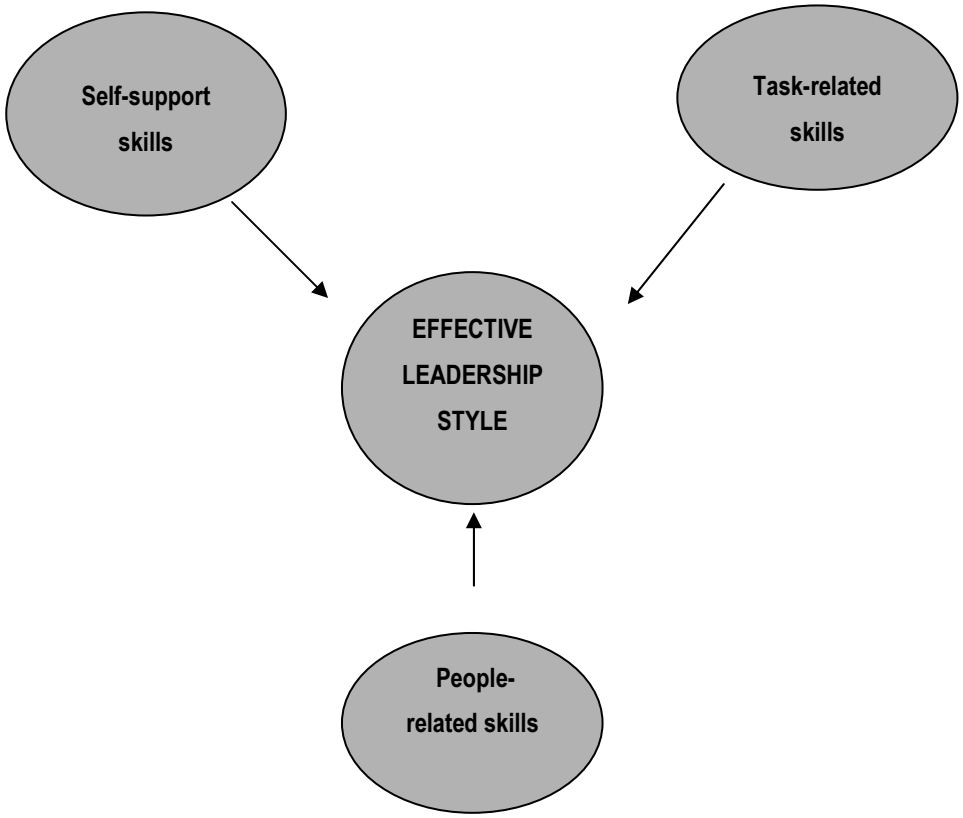
Depending on the model adopted, it may be that a Train the Trainers model is used to effect the transfer of training to other staff in the workplace. This can be an effective and efficient way of disseminating information across systems. However, it is important to review and realistically assess the capacity of the staff allocated the tasks of training other workers. Additionally, for the strategy to be successful it is crucial that management and other staff are supportive of this approach.

The following information includes more tips for constructing and managing formal professional development sessions, and includes a sample session plan on page 156.

Model for skills in effective leadership

A mixture of knowledge, skills and attitudes is required to be an effective trainer. The model below identifies this mixture in sets of skills: task-related, people-related and self-support.

Figure 13: Effective Leadership Model



Task-related skills: These are contracting skills, knowledge of content, training design, group work methods, presenting skills, knowledge of resources and equipment, logistics, working with co-trainers, and evaluation and review.

People-related skills: These are the skills of maintenance of a learner or group of learners, and involve skills in connecting people, group processes, motivation and energising, ensuring safety for risk-taking and dealing with difficult people or dynamics.

Self-support skills: These involve using a knowledge of group work theory to support yourself, maintain yourself through difficulties, offer reflection and positive or constructive corrective feedback to yourself, as well as the use of supervision and review.

Task-related skills

Contracting

Contracting is often based on a training needs analysis. It is a negotiation between the organisation or individual requesting the training and the trainer. Effective contracting also includes the target group or participants in determining needs. Factors to consider and negotiate include purpose, learning outcomes, topic, group content and size, context (one-off, series, etc), venue and equipment needed/available. Many of these factors have already been contracted for *The KIT* program. However, there are some issues that may need to be contracted, such as time of day and venue. It is also effective to structure some form of contracting with the participants at the beginning of the training session, as this supports adult learning. Group rules, what the key concerns are, lengths of breaks and what participants can offer the training are ways of bringing contracting even into a set course.

Preparation

Professional development is a challenging and rewarding activity and the best way to maximise success for yourself and your participants is to create a positive learning environment and plan ahead. Be prepared so that you avoid problems. Useful tips include knowing who the group is, what the venue is like, what equipment is available and how it works, and what you need to take with you (extras and spares).

There is also much preparation you can do in relation to your own skills, the most important being in the design of the session. It should include a clear outline of what you are going to talk about, a check of the participants' levels of knowledge and experience, and the use of humour and good support materials. Be realistic about what you can achieve in a session. Practising is a key factor to successful teaching, and serves a number of purposes:

- familiarising yourself with content and resources
- assessing the time needed
- reducing nervousness
- refining the session plan
- anticipating questions and preparing answers.

Successful group learning

There are many elements that create successful group learning, and the facilitator has a number of strategies and skills to use in order to achieve success. The structure and design of training are essential to group cohesion and need to be based on the process of group development and facilitate cooperative group dynamics. Tuckman (1977) presented a model of group development that identifies the stages a group moves through over time, although not all groups pass through these stages sequentially or go thorough all stages. These stages are *forming, storming, norming, performing* and *mourning* or *adjourning*.

Tuckman suggests that there is an emotional life to groups and that initially (forming) there is anxiety about joining the group and concern about what it will be like. In the next stage, *storming*, there may be conflict and emotional resistance or testing out of the leader as group members work through questions and concerns about tasks, control and other issues. In the *norming* stage, participants know what is expected and are more willing and cooperative. When the group is *performing*, they work together, interpersonal conflict is resolved and they feel safe to express opinions. As the group closes (mourning/adjourning) there may be concern about disengagement and there can be quite varied behaviour ranging from lethargy to frantic working to accomplish tasks.

Taking feedback from groups

It is important to employ a range of techniques for taking feedback that controls repetition and does not allow more vocal participants to dominate. Try the following suggestions.

- Limit feedback to two points per group, in turn, until all points are covered.
- Time-limit group feedback.
- Ask for comments from other group members.
- Place the small group responses around the room and ask the groups to move around, reading what other groups had to say (then take feedback in the entire group on what they have observed).

Supportive climate

Creating a supportive climate for learning starts in preparation and in the introduction of the training. It is essential to:

- establish ground rules
- support differences
- confront destructive behaviour
- reinforce contributions.

Introductory statements set the scene for effective group functioning and the language used is critical. Emphasise the importance of the group's existing skill and knowledge base, acknowledge possible apprehensions they have and make reference to the effort required to commit themselves to training. Warm them up to the benefits of learning about alcohol and other drug issues and set a link to their mandate. Importantly, find ways to capture and engage their hearts and imaginations as well as their minds.

Conducting skill rehearsal

Participants in professional development will have varying degrees of competence in the different skills presented. Skill development is an ongoing process and can therefore always benefit from some practice and critical reflection. Training is designed to incorporate skill rehearsal (role play) so that participants get a chance to practise and develop competencies.

Skill rehearsal exercises may provoke anxiety and need to be managed appropriately to get maximum benefits. However, it is usually worthwhile and can be fun. There are three stages to consider in conducting skill rehearsal successfully: creating the environment, conducting the rehearsal and managing the feedback. The facilitator should carefully observe all phases of the skill rehearsal and offer guidance and perspective where necessary.

Creating the environment

The aim of skill rehearsal is to practise and develop skills. The anxiety associated with undertaking skill rehearsal can interfere with participants' learning and also their willingness to participate. It is therefore important to create an environment that is safe and conducive to participants engaging in the activity in a positive manner. To do this:

- ask participants to respect the collegial environment and undertake the activity in a spirit that supports their own and their colleagues' learning
- expect that some things will go well and other things won't, and that both are important to learning (even 'experts' have some sessions that go better than others)
- ensure that participants are clear about the task and know exactly what skill they are meant to be rehearsing
- understand and have time to prepare the roles that participants are to play
- participants need to be willing and prepared to take some risks.

Conducting the rehearsal

Skill rehearsal can be done with only two people, but it benefits from having a consultant/observer as well. However many roles you decide, it is important to explain the purpose of the roles carefully. Each person will have to play each role and the success of the rehearsal depends on everyone fulfilling his or her roles, not only the counsellor.

1. Client

It is important to be yourself, using the scenario as a guide only. Be creative with the role but stick to what you know. Be neither too easy nor too difficult a client, and remember what the task of the rehearsal is, so you can stay on an appropriate role. Avoid playing difficult, unresolved issues. Spend some time prior to rehearsal explaining your character to the consultant to help get you into the role.

2. Counsellor/helper

Spend some time before the rehearsal making a note of the task you are practising and some of the questions pertinent to that task. Be your normal self and rehearse one or two questions before you start. Listen to the client (verbal and non-verbal). Remember that some things you will do well and some not so well, and expect to give and receive feedback. If you get really stuck you can ask the consultant/observer for help.

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3. Consultant/observer

You need to assist both client and counsellor to get into role and stay in role, and then you need to keep the rehearsal on track and on time. Note both the good and not-so-good aspects of rehearsal. You will also be responsible for managing the feedback process. The counsellor may ask you for help if they get really stuck. If possible, make a suggestion for how they can proceed ('You could try asking…'), but don't get into a long discussion at this stage.

Managing feedback

In all roles, participants should expect to give and receive feedback on how each role was performed with regard to both conducting the exercise and achieving the set task. It is important to present feedback in a positive manner and focus on the aspects of behaviour. Don't be too 'nit-picky' and focus on the important issues that relate to the task at hand. Frame feedback in terms of 'Have you thought of…?' or 'An alternative could be…', as these are usually better received than the 'You should…' or 'I think…' statements.

A suggested format for feedback is to ask the consultant first what went well and also not-so-well. The consultant can then provide feedback on these comments before asking the client for a view. The counsellor should then be asked for a response to the feedback. It is useful to reflect on what has been learned and how this can be incorporated into the next rehearsal.

A general group debriefing should be undertaken at the end of every skill rehearsal exercise to establish the learning occurring and the comfort level of the group.

Build cohesion

Strategies to build cohesion are about bringing participants together and balancing this with an acknowledgment of and respect for individual differences. Strategies include underlining similarities, common themes and shared views, as well as reframing differences.

Cohesion is higher when safety is assured, and so any experimentation or skill rehearsal must develop participants rather than confront them. Design training for minimal exposure at first, increasing risks as participants become more comfortable. Similarly, model and reinforce appropriate disclosure. If there is any inappropriate disclosure, respond to it. Support the participant through coaching.

Conflict

Conflict can be minimised or prevented through the way in which the group is facilitated. Suggested strategies are as follows:

- support differences that are not destructive or personal
- reframe/reflect
- listen carefully and underline commonalities
- summarise conflict
- see people individually if possible
- confront destructive behaviour
- model appropriate behaviour.

Suggested solutions for group difficulties

Following are some suggested solutions for group difficulties:

- validate feelings
- diffuse the situation by taking issues to smaller groups
- look at how issues have impacted on the group (perhaps use a problem solving approach)
- redefine original goals if the situation is off-track
- use appropriate humour if possible
- describe how things may have got out of hand as a starting point for re-establishing leadership and order.

Remember, it is your responsibility as the group facilitator to keep things on track. Don't abdicate this responsibility to the group.

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TRAINING EXERCISES

The following exercises have been developed to support learning opportunities around the first eight sections of this resource. The exercises can be packaged together to create formal training sessions (see the sample plan at the end of this section) or individually as brief training exercises.

Each exercise has an outline that describes:

- the aim or purpose of the exercise
- step-by-step instructions
- the resources required
- the approximate time required
- adaptations or variations for different groups or conditions.

The exercises relate to information in the corresponding sections of *The KIT* resource, unless stated otherwise. The CD-ROM has a series of PowerPoint slides that can be printed as overhead transparencies or used in multimedia presentations if this is appropriate. A list of the slides available is at the end of this section (see page 157).

It may also be worthwhile to use the information from other sections of *The KIT* as handouts to support the activities in the training exercises. Note that the scenarios outlined are examples only and can be changed and adapted to suit the needs of the target audience. There may often be a need for adaptation and this will rely on the skills of those conducting the professional development activities.

Please note that these exercises have been designed for use as professional development activities for school staff and should *not* be used with school students.

The sections of *The KIT* resource, whilst written as discreet chapters, do follow sequentially, each one building on the one before it. It is recognised that school staff have a vast range of attitudes, knowledge and skills about alcohol and other drugs and drug use issues in the school setting and, as such, may already have prior knowledge, making it possible to start at whatever point is appropriate to the staff concerned. If any of the exercises require prior knowledge or completion of other exercises, this will be indicated in the outline of the exercise. It is always useful to start with a brief review or refresher of any underpinning knowledge to ensure consistency and to clarify context of the training topic.

Gaining an understanding of other job roles is an important part of being able to work collaboratively, therefore staff may participate in exercises that may not be specifically relevant to their own job role. However, they do need to be very clear about their job role, and how information in any particular exercise fits with their job role should be part of every training session.

Unless otherwise specified, the exercises can be done as one-to-one or in groups of any size, with adaptations to how feedback is received. When taking feedback, remember to be inclusive and manage the group dynamics.

Alcohol and other drug issues are emotive and controversial by nature, and as a consequence they may stir up issues for participants. Intimate personal disclosure is usually not encouraged in a professional development environment as a guarantee of confidentiality cannot be given. Participants should be reminded of the collegiate environment and advised to be careful about personal disclosure. Participants should also be advised that, should the session raise any issues that disturb or distress them, they are encouraged to speak to the facilitator privately or leave the session to compose themselves.

Importantly, staff should at all times be respectful of confidentiality and careful with personal disclosure.

Section 1: The Role of Schools

Exercise 1: Concerns about alcohol and other drug use

Purpose

- To identify the issues and concerns staff have about alcohol and other drug use in schools.
- To provide a focus for discussion of roles in the next exercises.

Method

- Pose the following questions and ask participants, in groups, to list their responses:
    1. What alcohol and other drug issues/problems do you see or know about?
    2. What are your concerns about alcohol and other drug use?
- Ask the main group for feedback and then ask if anyone has any questions/observations.
- Leave the list(s) up or keep them for future reference.
- *Summarise* the key issues, identifying the range of issues and concerns identified. This is useful to link to when exploring the need for a range of responses, job roles and knowledge, resources and skills needed.

Time: 30 minutes

Group size: Any

Resources: Butcher's paper, marker pens.

Variations: Note feedback directly on a whiteboard or discuss on a one-to-one basis.

Exercise 2: Roles

Purpose

- To identify the different roles that exist in the school and the roles needed to manage alcohol and other drug use issues.

Method

- List the roles you *have* that deal with alcohol and other drug use issues.
- List the roles that are *needed* to manage these in your school.
- Note feedback onto butcher's paper in two columns.
- Ask the group to refer to their second list – roles needed – and then ask if any are missing.
- Ask for reflection and comment and conduct a brief discussion.
- *Summarise* the range of roles, the importance of each different role and the need to work as a team.

Time: 15 – 30 minutes

Group size: Any

Resources: Butcher's paper, marker pens, Figure 2: Drug Education Strategies Model (page 2), Table 1: Defining job role tasks (page 5), PowerPoint slides 2 and 3.

Variations: Expand this activity to look at what each role does, why it is important and how it links with other roles.

Exercise 3: Concerns about working with alcohol and other drug use

Purpose

- To identify the concerns about working with alcohol and other drug use issues. (This activity is very important in building empathy, particularly if you have staff members who are cynical or reluctant to get involved with responding to alcohol and other drug use for various reasons.)

Method

- Ask participants to think about what stops staff (or themselves) from getting involved in responding to alcohol and other drug use issues (ie what are the barriers)?
- Note feedback on the whiteboard.
- Link the issues raised to the role legitimacy, adequacy, desirability and support issues identified in Section 1. These are common reasons for why staff feel concerned about 'getting involved' and they need to be addressed for staff to feel comfortable in undertaking this role.
- *Summarise*: Explain the need to be clear about our responsibilities (legitimacy), the role of training to support knowledge and skills (adequacy), the need to understand our own beliefs and attitudes (desirability), as well as the importance of working well within the resources we have and being realistic about what can be achieved (support).

Time: 15 – 30 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 4.

Section 2: Drug Information

Exercise 4: What is a drug and what are drug classifications?

Purpose

- To define a psychoactive drug and explain how psychoactive drugs are classified according to their effect on the central nervous system (CNS).

Method

- Explain the definition of a drug and a psychoactive drug (either use a slide or a handout).
- Divide the whiteboard into four sections, each representing one classification.
- Brainstorm what psychoactive drugs the group has heard of and note their feedback on the appropriate section of the whiteboard.
- Explain classifications of drugs.

Time: 15 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slides 5 and 6.

Variations:

- Use Activity 2.1: Drug Classification Exercise (see page 16).
- Write the categories on the whiteboard and distribute pieces of paper to participants with the drugs you want to cover; next, ask them to call out the drug and guess where they think it fits.
- Sometimes the exercise can be done with a triangle, with each point representing one of the categories. Place the drugs that are classified as others on the line in between the two categories that they are a mixture of.
- Give three sticky notes to each participant and ask them to write the names of three drugs they know, then place them on a board or sheet of paper (outlining the drug groups) where they think they each fit.

Exercise 5: Alcohol and other drug use in society

Purpose

- To examine the role of alcohol and other drug use in the broader community, and the reasons for drug use.

Method

- Split the group into two. Ask one group to discuss why adults use alcohol and other drugs and the other group to discuss why young people use alcohol and other drugs. (If the group is very large you may want people to discuss in pairs, with one half of the pairs discussing adults and the other half young people.) They can list their thoughts on butcher's paper for easy feedback, or you can note them directly on the whiteboard.
- Take feedback, prompting with questions such as 'What does this tell us about alcohol and other drug use?', 'What are the differences or similarities?', and 'How does this impact on the messages we give young people about alcohol and other drug use?'
- *Summarise.* Use the information in Table 4 (see page 21).

Time: 15 minutes

Group size: Any

Resources*:* Whiteboard or butcher's paper.

Variation: Use the information in Table 4 to extend the discussion. Ask what the reasons might be that people *continue* to use drugs. Would the list be different?

Exercise 6: Statistics

Purpose

- To examine the role of statistics as a source of understanding alcohol and other drug use.

- To develop knowledge on the patterns of alcohol and other drug use in Australia/your region.

Method

- Refer to the findings of the 2004 National Drug Strategy Household Survey listed under Patterns and Prevalence in Section 2 (see page 18). Ask the group to discuss these findings in pairs, and identify two or three points of interest.
- Note feedback and explore reasons for what they notice, and any surprises. Is this different to what they observe locally?
- Prepare your own statistics (see Sources in Section 2) and discuss what they can tell us. Importantly, discuss the issues around careful use of statistics and the importance of not making assumptions.

Time: 15 minutes

Group size: Any

Resources: Statistics (either your own or from Section 2).

Exercise 7: Linking in

Purpose

- To encourage participants to think about alcohol and other drug use in the context of the general community.

Method

- Explain that this activity looks at the use of drugs in the general community rather than in participants' immediate school community.
- Prompt — 'Let's think about who uses drugs and what drugs they use. Spend a couple of minutes with the person next to you, jotting down some of your ideas on who uses what drugs, generally in the community.'
- Note direct feedback briskly onto the whiteboard in three columns:

  What drugs? Who uses them? How do they use?

  Brainstorm one column at a time. You may need to prompt to ensure a broad community perspective. Do not move to reasons; this is in the next activity.

- *Summary*: Many people do use alcohol and other drugs in the general community, and they use a variety of drugs in a variety of ways.

Time: 10 minutes

Group size: Any (but difficult to do one-to-one)

Resources: Whiteboard, marker pens.

Section 3: Understanding Drug Use

Exercise 8: Interaction Model

Purpose

- To examine the different factors involved in the subjective experience of alcohol and other drug use and in influencing drug-using behaviour.

Method

Option 1

- Ask the group to think about alcohol and call out the moods and feelings that can be experienced when consuming alcohol. When you have a good range, ask how is it that the same substance can cause so many different reactions? What factors influence this difference?
- Note feedback on the whiteboard in the categories of the Interaction Model (see page 23) without actually revealing the model, and when you have several examples in each category explain the model and add any other factors that have not been raised.
- Ask the group to think about the young people they work with and then ask for feedback on the factors they think *stop* young people from using drugs. Take one issue at a time and relate it to a factor of the Interaction Model. For example, they might say they do not like the effect, which is a drug factor; or wanting to be healthy to perform well in sport, which is an individual factor; or not wanting to be kicked out of the sport team and not be with their friends, which is an environmental factor.
- *Summarise,* highlighting the relevance of the model and stressing that looking at what influences behaviour is essential in guiding our responses.

Option 2

- In pairs, think of your own alcohol and other drug use. Discuss a situation when it was a pleasurable or positive experience and contrast it with a less positive experience. What factors were involved in producing the different experiences?
- Explain the model using the overheads at the end of this section (page 157).
- Ask the group to think about the young people they work with and then ask for feedback on the factors they think *stop* young people from using drugs. Take one issue at a time and relate it to a factor of the Interaction Model. For example, they might say they do not like the effect, which is a drug factor; or wanting to be healthy to perform well in sport, which is an individual factor; or not wanting to be kicked out of the sport team and not be with their friends, which is an environmental factor.
- *Summarise*, highlighting the relevance of the model.

Time: 30 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slides 7, 8 and 9.

Variations: Use Activity 3.1: Applying the Interaction Model (see page 27).

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Exercise 9: Shafer's Model

Purpose

- To explore the different patterns of using alcohol and other drugs. (Understanding this model is a good basis for understanding the concept of reducing harm as it demonstrates the range of patterns of use rather than seeing alcohol and other drug use as a dichotomy of good and bad.)

Method

- Provide an overview of Shafer's Model (see page 28). Emphasise that problems can and do occur in all use patterns, not just compulsive use. Discuss what patterns of alcohol and other drug use they mostly see with students.

Time: 10 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 10.

Variations: Apply the model to the scenario of Corey in Section 3 (see page 32).

Exercise 10: 4Ls Model

Purpose

- To increase knowledge of problems associated with alcohol and other drug use.

Method

- In groups of two or three, jot down problems associated with the use of cannabis.
- Note feedback on the whiteboard in the four categories — liver, lover, livelihood and law.
- Explain the 4Ls Model (see page 31) and that this is a useful model for reminding us to think more broadly about issues that may arise in assessing alcohol and other drug use issues.

Time: 10 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 11.

Variations: Apply the model to the scenario of Corey in Section 3 (see page 32).

Exercise 11: Thorley's Model (follow-on from Exercise 10)

Purpose

- To introduce Thorley's Model and the patterns of use that can result in problems.

Method

- Introduce this as another model that broadens out our thinking of drug-related problems. Explain that this time we are looking at how different problems can arise according to the

pattern of alcohol and other drug use. Traditionally when we think of drug problems we immediately think of people who are dependent on drugs.

- Which of the problems that are already on the whiteboard from the previous exercise could be related to dependence? Ask for any others that aren't already on the whiteboard.
- Repeat for intoxication and regular use.
- *Summarise,* emphasising that this is important as it helps to guide intervention strategies required.

Time: 10 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 12.

Variations: Apply the model to the scenario of Corey in Section 3 (see page 32).

Exercise 12: Dependence

Purpose

- To explore the process of dependency in relation to a range of behaviours.

Method

- When we talk about alcohol and other drug use and problems of drug use, people often think of dependent users. When we tried to make sense of statistics, we discussed the issue of how they would be influenced by the different terms, 'ever used' or 'used in the last month'. Obviously if someone had 'ever used' it includes experimental and recreational alcohol and other drug use as well as dependent use. It's important that we understand who we are talking about when we use the term 'dependency'.
- Draw three columns on the whiteboard. Brainstorm with the whole group, one column at a time. Write the column heading as you brainstorm each one.
- Ask: *1. 'What do people depend on?'* (Column 1)
- Ask: *2. 'Why?'* (Column 2) Don't relate each item in Column 1 to Column 2. This exercise works best as a quick brainstorm. Also, being general doesn't put people 'on the spot' to explain their dependencies.
- When the first two are finished, summarise, noting the wide range of substances, activities and people. Go to Column 3.
- Ask: *3. 'What do people do, feel and think when they are denied the things they rely/depend on?'* (Column 3).
- Summarise using the notes from Section 3.

Time: 20 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slides 13, 14 and 15.

Variations: Use the worksheet in Section 3 (see page 35).

Section 4: Drugs and Young People

For professional development activities around resilience, see the REDI resources.

Exercise 13: Attitudes to alcohol and other drug use

Purpose

- To explore the range of attitudes and values young people have about alcohol and other drug use.

Method

- Young people are not a homogeneous group and yet we often refer to them as though they are. It is important to recognise the variation across young people and how this influences their choices around alcohol and other drug use.
- Think back to when you were a school student. Can you identify any 'subgroups' within the other students in your year? Where did alcohol and other drug use fit for them? Share your response with the person next to you.
- Facilitate discussion around the different attitudes and values young people have to alcohol and other drug use and how these are influenced by friendship groups.
- *Summarise*, emphasising the range and the importance of tailoring interventions.

Time: 20 minutes

Group size: Any

Resources: Whiteboard, marker pens.

Variations: Introduce the Attitudinal Archetypes from Section 4 (see page 37) and discuss.

Exercise 14: Risk factors

Purpose

- To explore risk and protective factors that influence development of problematic alcohol and other drug use and the role of schools in mediating these factors.

Method

- Explain the concept of risk and protective factors and give some examples using the information in Section 4.
- Examine the scenario on Corey (see page 45) and identify the protective and risk factors. Discuss the role of the school in mediating risk factors. Identify some personal examples of how you increase protective factors and assist students to cope with risk factors that cannot be changed.

Time: 15 minutes

Group size: Any

Resources: Scenario from Section 4.

Section 5: Intervention: Theory and Principles

Exercise 15: Theoretical models for understanding dependence

Purpose

- To introduce the theories that explain alcohol and other drug use, particularly dependence.

Method

- Explain that there are a number of theories that have been developed to explain drug use, particularly around alcohol and other drug problems. Ask participants to form small groups and to think about why some people develop alcohol and other drug problems and others do not.
- Next, present with the key statements and ask the group (as a whole) how they fit with what they have been discussing. Allow further discussion in small groups (five minutes).
- Note feedback, then explain the social learning model and the disease model as the most common models in contemporary use (disease more so in the USA than Australia).
- *Summarise*, emphasising the importance of models in providing common language, frameworks and explanations. Note the key features of the models and explain that the social learning model is the basis of *Keeping In Touch.*

Time: 15 minutes

Group size: Any

Resources: Table 8 from Section 5 (see page 47), PowerPoint slide 16.

Exercise 16: Stages of change

Purpose

- To demonstrate the stages and processes involved in changing behaviour.

Method

- Write each stage (refer back to Figure 7 on page 49) on a separate piece of paper and place these around the room. Explain the features of each stage and ask participants to think of a behaviour they have changed or considered changing (give examples). State care in personal disclosure (nothing too personal or emotional for them), and ask participants to go to a stage that best describes where they are with that behaviour now.
- Ask them to talk to someone nearby about why they have stood where they are.
- Go around each stage and ask for volunteers to describe how they feel being in that stage, what their history of changing that behaviour is (eg how many times have they tried in the past). You may also ask what is needed to help them move to the next stage.
- Ask the group to sit down, then explain the stages of change model and the key aspects of the processes of change, drawing on the examples provided by the group. Emphasise the difficulty most of us have with change and the role of external and internal influences.

Comment: This is an experiential activity and is therefore intended to raise personal issues. Do not use this activity if you are uncomfortable about managing this. An option is to use the activity noted in the variation, as that requires less disclosure.

Time: 40 minutes (depending on group size)

Group size: Five or more

Resources: Stages of change cards, PowerPoint slides 17, 18 and 19.

Variations: Use Activity 5.1: How do you change? (page 52) and/or Activity 5.2: Applying the stages of change (page 53).

Exercise 17: Reducing harm

Purpose

- To introduce the concept of reducing harm.

Method

- Explain to the participants that cars and driving result in a number of deaths and injuries. Ask participants what strategies are implemented to reduce harm, limit damage and prevent problems with driving cars.
- Write participants' responses on the whiteboard. These can be written up in two columns if you wish – behavioural (eg obey road rules, use 'skippers') and structural (eg speed restrictions, seat belt laws).
- Explain that the same concept can be applied to alcohol and other drug use. As a consequence, there are strategies that have been put in place to ensure possible harm to young people who are using drugs can be reduced. Provide an overview of reducing harm and examples of harm reduction strategies.

Time: 15 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slides 20 – 27.

Variations: Use the video package Harm Minimisation: An Approach for Australian Schools, produced by the Commonwealth Department of Health and Family Services, 1996.

Exercise 18: Applying harm reduction strategies

Purpose

- To develop strategies for harm reduction.

Method

- Write the name of one of the following drugs – cannabis, alcohol, and either volatile substances or heroin – on butcher's paper (one drug per piece of paper).
- Participants will work in three groups and each group will devise harm reduction strategies for each of the different problems areas (Thorley's Model) for the drug allocated to them.
- Note feedback. Facilitators may need to develop a prompt sheet that identifies appropriate strategies if they are not confident that they are conveying the correct information.

Time: 40 minutes

Group size: Any

Resources: Butcher's paper, marker pens.

Variations: Use Activity 5.3: Applying Harm Reduction (see page 58). You may want to provide drug information leaflets to prompt participants.

Section 6: Identifying Drug Use Problems

Exercise 19: Signs and symptoms

Purpose

- To identify the issues involved in recognising signs and symptoms of alcohol and other drug use.

Method

Option 1

- Ask participants how we know if young people are using drugs. What are the signs or symptoms that alert us to do something? What would you see?
- Brainstorm responses and note them on the whiteboard.
- Ask if they relate to other behaviours, for example being in love, emotional crisis, being ill, stressed, tired, allergic.
- Explain that the common signs of alcohol and other drug use are often associated with other factors and behaviours, so be careful of jumping to conclusions and, particularly, of going on a witch-hunt. The response may be distrust and hurt. There are some signs that might raise your suspicions. We need to be careful about how we go about checking out our suspicions, as the purpose here is to be able to assist the student (see Exercise 20: Raising the Issue).

OR

Option 2: Index of suspicion

- Break into small groups. Each group is to work on a specific drug type: alcohol, heroin, speed, tranquillisers, cannabis.
- Ask the groups to write on butcher's paper what it is they see if someone is using this drug, ie the signs and symptoms.
- Put each sheet of butcher's papers on the wall, and get participants to go through them all, looking for similarities.
- Ask them to note these similarities and point out the difficulties of spotting which drug is being used, especially when looking at withdrawal effects. Then ask about similarities to other behaviours and conditions (being in love, medication, stress, etc).
- Explain that the common signs of alcohol and other drug use are often associated with other factors and behaviours, so be careful of jumping to conclusions and, particularly, of going on a witch-hunt. The response may be distrust and hurt. There are some signs that

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might raise your suspicions. We need to be careful about how we go about checking out our suspicions, as the purpose here is to be able to assist the student (see Exercise 20: Raising the Issue).

Time: 15 minutes

Group size: Any

Resources: Butcher's paper, marker pens, whiteboard.

Exercise 20: Raising the issue

Purpose

- To evaluate ways of raising the issue of alcohol and other drug use with students.

Method

- Form participants into pairs and be prepared to note their feedback on the whiteboard.
- Prompt questions:
  1. How do you raise the issue of any sensitive subject with students?
  2. What are the risks involved?
- Use the examples in Section 6 to explore different ways of raising the issue in different circumstances, using your co-trainer or a volunteer from the group as a student. If you feel adventurous, you may want to also try demonstrating some of the ways *not* to raise the issue.
- Before each demonstration, explain the context of the situation, eg when a specific incident has occurred and the student has been sent to you.
- Note feedback after each demonstration. What was effective? What could be done better? What are some other techniques people have used? What should be avoided in that specific situation?
- *Summarise.*

Time: 25 minutes

Group size: Any

Resources: Marker pens, whiteboard.

Variations: Use the scenarios in Section 6. Set up a skill rehearsal to give people the opportunity to practise the skill.

Exercise 21: Understanding risk

Purpose

- To develop skills in assessing the level of risk of harm to students.

Method

- Using the information from Section 6, introduce the concept of risk happening on a continuum and the complexity of risk as an issue. Use the examples from Figure 8 (see

page 68) and point out the role of both the Interaction Model and Thorley's Model (refer back to Section 3) in helping us to understand risk.

- Reinforce the need for appropriate expertise and the importance of responding to immediate risk.
- Use the scenarios to explore risk in different situations and appropriate responses.

Time: 45 minutes

Group size: Any

Resources: Scenarios, butcher's paper, marker pens, PowerPoint slide 28.

Section 7: Strategies for Responding

Exercise 22: Communication skills

Purpose

- To reinforce and refresh the skills required for effective communication.

Method

- In small groups, divide a piece of butcher's paper into two columns. In the first column develop a checklist of key strategies for communicating with young people. In the second column make a list of any additional strategies you would use for discussing alcohol and other drugs with young people.
- Note feedback and summarise, using REG (see page 74) and acknowledging the participants' existing level of learning.

Time: 15 minutes

Group size: Any

Resources: Butcher's paper, marker pens, PowerPoint slide 29.

Variations: Use Table 9: Engaging young people in conversations (see page 77) as a basis for discussion.

Exercise 23: Process for responding to disclosure

Purpose

- To develop a process for responding to disclosure by students about alcohol and other drug use.

Method

- Brainstorm and then note on the whiteboard the range of ways disclosure may occur in the school situation.
- Introduce the Three Step Process Model (see page 79) and discuss.

Time: 15 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 30.

Exercise 24: LATE model

Purpose

- To develop skills in responding to students who raise issues about alcohol and drug use.

Method

- Ask participants to think of a time when they have asked for help. Ask them to brainstorm the negative feelings and then write the feedback in one column on the whiteboard. Then ask for the positive feelings and write these in the second column.
- Highlight that most of the negative feelings were anticipatory and the positive feelings were related to how well our request was responded too. For this reason it is important that we pay attention to how we respond to requests for help from students.
- Introduce the LATE Model (see page 81) as a simple approach for responding to students.
- Set up a skill rehearsal for participants to practise using LATE.

Time: 60 minutes (with skill rehearsal)

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 31.

Variations: Use the information in Section 7 to explore other issues related to responding to disclosure.

Exercise 25: Balancing discipline and support

Purpose

- To explore ways of developing a balanced approach to discipline and support.

Method

- In two small groups, with one group looking at support and the other at discipline (if you have a large group split into more groups but just ask half of the groups to do support and the other half to do discipline), ask participants to identify what is the purpose of support/discipline, whose role is it to provide and what are the key features required for it to be effective.
- As a whole group, explore how these roles function together. Develop a checklist of what is important to do and rate your school against how well you do these things. Develop an action plan for how you will address these issues.

Time: 60 minutes

Group size: Any

Resources: Whiteboard, butcher's paper, marker pens.

Variations: Use the information in Section 7 to explore other issues related to balancing discipline and support.

Exercise 26: Goal setting

Purpose

- To summarise the key points to goal setting.

Method

- Run through the key points to goal setting (refer back to page 88).

Time: 10 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 32.

Variations: Use a scenario or do a demonstration to illustrate the process.

Exercise 27: Problem solving

Purpose

- To refresh problem solving process skills.

Method

- Do a problem solving exercise on the whiteboard (refer back to page 89).
- Have participants generate a problem and do a group problem solving exercise on the whiteboard. This could be a humorous exercise: for example, compact discs are now in, and your company has 1000 records/albums to clear from your stock. Think of alternative uses for these records and a marketing strategy, allowing you to still make a profit by selling the obsolete stock.

Time: 15 minutes

Group size: Any

Resources: Whiteboard, marker pens, PowerPoint slide 33.

Variations: Use a scenario or do a demonstration to illustrate the process. Use Table 10: Decision matrix (see page 91) to explore a problem.

Exercise 28: Motivational interviewing

Purpose

- To develop skills in motivational interviewing.

Method

- Explain the key ideas, strategies and steps to motivational interviewing.
- Take questions and comments from the group.
- Use a video or do a demonstration of a motivational interviewing session.

- Set up a skill rehearsal exercise to practise.

Comment: It is important to identify for staff where this skill fits with their job role.

Time: 3 hours

Group size: Any

Resources: Whiteboard, marker pens, video (if available), checklist, sample questions, place-mat activity (see Figure 10 on page 104), PowerPoint slides 34 – 47.

Examples of videos available are:

- *Meaningful Conversations: Working with young people affected by Alcohol and other Drugs*. Ted Noffs Foundation, Sydney, NSW.
- *Therapeutic Journeys: Mental Health and Drug Problems, Series two, Working with Young Adults and Adolescents*. Sushi Productions, PO Box 717, Mt Lawley WA.

Section 8: Involving Others

Exercise 29: Investigating school policy and procedures

Purpose

- To examine management issues related to alcohol and other drugs (AOD) use.
- To introduce issues relating to policies and guidelines for the management of AOD use incidents.
- To identify concerns and strategies for the management of AOD use in schools.

Method

- Allocate participants into four groups, each with a different scenario. The incidents raise issues such as confidentiality, school protocols, supervision, duty of care and legal issues. Ask groups to suspend their individual roles and subsequent restrictions, and focus on what would be the best outcome for the student.
- Explain that the aim of the exercise is for the group to read the scenarios and, as a group, identify the *key issues, actions plans* (provide all possible alternatives), *rationale* for their decision(s) and the *difficulties* they encountered.
- Note feedback, allowing each group to summarise and display their responses, and record their main points on the whiteboard. Obtain feedback from other group members. Summarise so far.
- Next, work through scenarios from Activity 8.2: Home in the classroom (see page 111), as a group. Make notes on the whiteboard and add group responses for these more complex incidents to existing answers under the three column headings.
- As a group, circle the common points of concern, courses of action and difficulties.
- Ask the group: 'Taking into consideration these key factors, how can we possibly overcome these difficulties?'
- Brainstorm answers and note them on the whiteboard or butcher's paper.

Time: 3 hours

Group size: Any

Resources: Whiteboard, marker pens, butcher's paper, scenarios.

Variations: Create your own scenarios or work with real examples that your participants generate.

Exercise 30: Working with parents

Purpose

- To explore concerns of parents and possible strategies to assist them.
- To identify issues relating to students' concerns about parents with alcohol and other drug-related problems.

Method

- Split the group into two and give each group butcher's paper on which are different questions.
    1. One group looks at concerned parents.
    2. One group looks at concerns of students over parents' AOD problems.
- Ask them to brainstorm their concerns and develop strategies.
- Take feedback from Group 2 first (if there are more than two groups for each question, toss a coin to see which one will provide feedback).

Time: 30 minutes

Group size: Any

Resources: Whiteboard, marker pens, butchers paper, PowerPoint slides 48 – 50.

Variations: Brainstorm both issues as a large group, noting responses directly on the whiteboard if time is short or the group is smaller. Alternatively you could centre a discussion around the article by Margaret Quon, 'Parent's view of early intervention in schools' (see page 116). Key questions to ask could include 'How does your school provide early intervention to students?' and 'How do you support parents?'

Exercise 31: Referrals

Purpose

- To develop information on referral sources, shared care and consultancy.

Method

- Set the scene with an overview of work with clients (students, parents, etc) and why you may need to refer students and/or families elsewhere.
- Split the group so half do Task 1 and half do Task 2. They are to work in groups of two or three.
    1. Have one half of the group brainstorm 'What agencies/referrals are there that we can access?' Also ask them to mark the ones that provide consultancy and those where shared protocols exist.

2. The remaining small groups are to brainstorm a checklist of criteria to consider when making a referral (eg school policy/procedure, agency criteria, needs of the student).

- Note feedback on the whiteboard.
- Emphasise the role of central agencies to assist with referral information, and the need for referrals to be done appropriately.

Time: 30 minutes

Group size: Any

Resources: Whiteboard, marker pens, butcher's paper.

Variations: Brainstorm both issues as a large group and note responses directly on the whiteboard if time is short or the group is smaller.

Action plan

Instructions

- The purpose of this worksheet is to help you review your learning, consider how this learning will integrate into your work, and identify any gaps in skills or knowledge that require further learning.
- Complete the sheet individually and retain for future discussion and professional development.

What are the key learnings for me from this training?	How will I use this learning in my work?	What else do I need (eg knowledge, skills, permission, resources)?

What are my next steps?	By when?	What resources do I need?	What support do I have or need to obtain?

Notes/comments

Sample session

The following is a sample of how a two-hour session can be constructed using the staff development exercises. Mix and match the exercises according to the needs of the group and the time and resources available. Remember, it is important to explore the relevance of the material to the participant's job role.

Understanding Drug Use

(Two-hour session)

Time	Activity	Content	Resources
0.00 (10)	1	Welcome and introductions Outline the aim and content of the session	
0.10 (10)	2	Ice-breaker of your choice (optional)	
0.20 (15)	3	Exercise 4: What is a drug and what are drug classifications?	
0.35 (30)	4	Exercise 8: Interaction Model	
1.05 (10)		Break	
1.15 (10)	5	Exercise 9: Shafer's Model	
1.25 (10)	6	Exercise 10: 4Ls Model	
1.35 (20)	7	Exercise 13: Attitudes to alcohol and other drug use OR Exercise 2: Roles OR Complete an action plan around how you can use this information in your work.	
1.55 (5)	8	Summary	
2.00		Close	

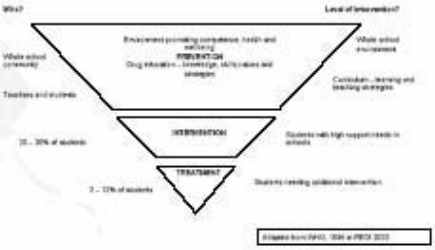
PowerPoint Slides (available on CD-ROM)

Keeping In Touch

Professional Development Package

1

Figure 2: Drug Education Strategies



2

Table 1
Defining Job Role Tasks

Job role		
All Staff	Specific Student Management (Principals, Deputies, Year Coordinators etc)	Specific Student Welfare/Support (School counsellors, psychologists, nurses, youth workers, chaplains etc)
• Identification • Raising the issue • Linking to school support services • Ongoing support & monitoring as advised • Support school policy & procedures including reporting breaches	• Identification • Raising the issue • Linking to school support services • Ongoing support & monitoring • Support school policy & procedures including reporting breaches Plus • Specific incident investigation & management • Informing family or caregivers as required • Negotiate a management plan with appropriate involvement from others	• Identification • Raising the issue • Ongoing support & monitoring • Support school policy & procedures including reporting breaches Plus • Assessment • Counselling • Referral • Advising and supporting other school staff as appropriate • Supporting families or caregivers • Targeted info/education

3

Barriers to working with AOD problems
(Shaw & Cartwright,1978)

1. Legitimacy - Is it my job?
2. Role adequacy – Do I have the skills to do it?
3. Desirability – Do I want to work with these issues?
4. Support – Do I have the resources I need?

4

What is a Drug?

- Any substance, with the exception of food and water, which when taken into the body alters its function either physically and/or psychologically. (WHO, 1981)
- Psychoactive drugs act on the Central Nervous System (CNS) and alter mood, thinking and behaviour.

5

Drug Classifications

Stimulants
Increase alertness of CNS

Depressants
Decrease activity of CNS

Hallucinogens
Affect the CNS by causing perceptual distortions and sometimes true hallucinations

Others
Have more than one effect on the CNS

6

OCS034 | Keeping in touch (the kit): Working with alcohol and other drug use

Interaction Model

7

Interaction Model

- Involves interaction of the drug, individual and environment
- Drug use is functional
- Drug use is a learned behaviour
- Drug use is not bad or good but a balance of costs and benefits - depends on the interaction of these three factors

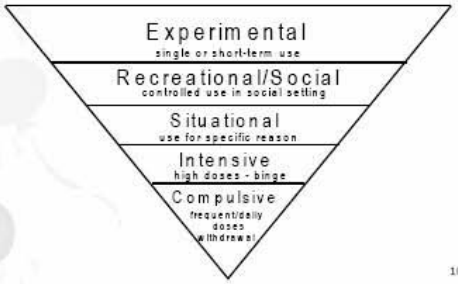
8

Interaction Model

- Drug use in one setting may be problem free and in another setting may be a problem
- Model gives us clues for understanding and intervening in someone's drug use (it does not highlight the problem)
- Explains use and why people may choose not to use

9

Shafer's Model



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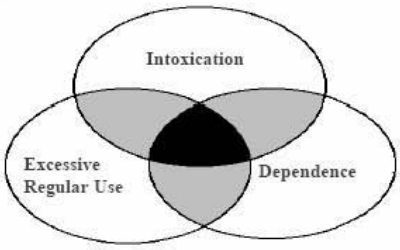
Thorley's Model

Problems associated with:



11

Types of Problems: 4Ls

Liver
- Health

Lover
- Relationships, Family, Peers

Livelihood
- Work, Recreation, Money

Law
- Legal, (Cause & Effect & Association)

12

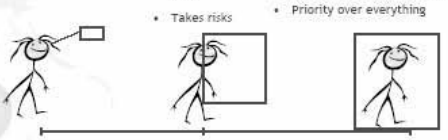
Dependence

- dependence is normal
- we are all dependent to some degree on someone/thing
- not necessarily bad - often good
- it is a continuum (mild - severe)
- strength of dependence relates to
  - importance given to it
  - withdrawals/discomfort

13

Spectrum Of Dependence

- Drug use kept separate
- Recreational
- Implied control
- Drug use starting to escape the compartment
- Partial loss of control
- Uses despite knowledge of harm
- Takes risks
- Drug use all consuming
- Total loss of control
- Uses despite evidence of harms
- Neuro-adaptation
- Experiences withdrawals
- Uses to relieve withdrawal
- Priority over everything



Use Dependence

14

Elements of Dependence Syndrome

- importance or exclusiveness of drug use
- compulsion
- increased physical tolerance
- repeated withdrawal symptoms
- drug use to avoid w/d
- sameness of use and amount in different situations
- return to use at same level after a period of abstinence

15

Table 8

Theories for Understanding Problematic Drug Use

	Moral	Disease	Socio Cultural	Social Learning
Caused by	Weak willed or sinful individual	Disease caused by genetic/biological make up of individual	Environmental/social disadvantage	Drug use is a learned behaviour
Response	Needs salvation, increase punishment	Abstinence (often through 12 step programs)	Improve social conditions	Learn alternative behaviours
Advantages	Individual seen as the key to change	Doesn't blame the individual (victim of genes)	Identifies macro factors. Easily integrated with other models.	Not blaming but does hold user responsible for change
Disadvantages	Punitive approaches not effective	Absolves individual of responsibility Limited options for treatment	Implies social change is sufficient Absolve individual	Can over simplify change process and overlook personality features.

(Adapted from Ravaud, 1998)

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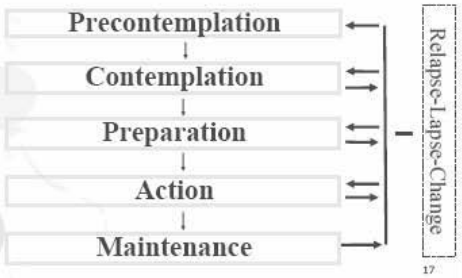
Stages of Change



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Strategies

- **Precontemplators**
  - Information about risks and advice about reducing the harm
- **Comtemplators**
  - Need to assess pros & cons to make an informed decision
- **Preparers**
  - Reinforcement about reasons for change and practical advice on how

18

Strategies cont'd

- **Actioners**
  - Problem solving & goal setting to progress change and relapse prevention strategies
- **Maintainers**
  - Assessment of useful strategies, potential difficulties & reinforcement of benefits
- **Relapsers**
  - Analysis of event & learnings. Assess motivation & high risk situations. Problem solving & goal setting

19

Harm Minimisation is...

An overall policy statement which aims to:

Improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches including abstinence-oriented strategies.

National Drug Strategy, 2004 - 2009

20

Harm Minimisation ...

Three strategies work together to achieve this:

- Supply control - aims to disrupt and reduce supply
- Demand reduction - aims to stop/deter use
- Harm reduction – aims to reduce harms

21

Harm Reduction

Harm reduction is not just about minimising the spread of blood borne viruses, but about minimising all drug-related problems.

Strategies will vary according to the risks and problems associated with methods of use and effects of the drug.

22

Harm Reduction

- Most people use drugs to some extent
- Many people do not want to abstain from drug use
- There is a continuum of harm
- The risks can be reduced

23

Harm Reduction

What this approach doesn't do

It does not:

- Say "go and use drugs"
- Leave out abstinence as an option
- Increase the harm

24

Harm Reduction

It includes problems of:
- Intoxication
- Regular use
- Dependence

Which may concern:
- Liver
- Lover
- Livelihood
- Law

25

Harm Reduction

Factors the harm arises from include:
- Drug
- Individual
- Environment

Level of the system at which harm occurs:
- Individual
- Community
- Societal

26

Reducing Harm: Hierarchy of Risk

Injecting behaviours

1. Abstain from drug use.
2. Smoke, swallow or snort drugs. Don't inject.
3. Use new needles every time.
4. Reuse own needle - clean with water immediately after use.
5. Using shared equipment cleaned with water, bleach and water.
6. Sharing without cleaning.

27

Risk of Harm Continuum

Low Risk → **High Risk**

No alcohol consumed at all	Drink alcohol within the recommended low risk levels*	Drink more than the recommended level	Drink more than the recommended level and engage in additional risk (e.g. driving, swimming, combining other drugs etc)

*National Health and Medical Research Council Australian Alcohol Guidelines

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Communication

- R - respect
- E - empathy
- G - genuineness

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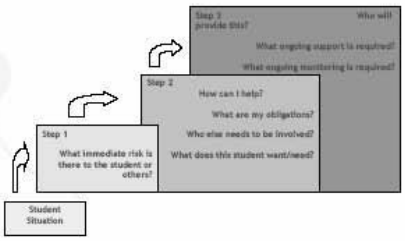
Figure 9: Three Step Process Model



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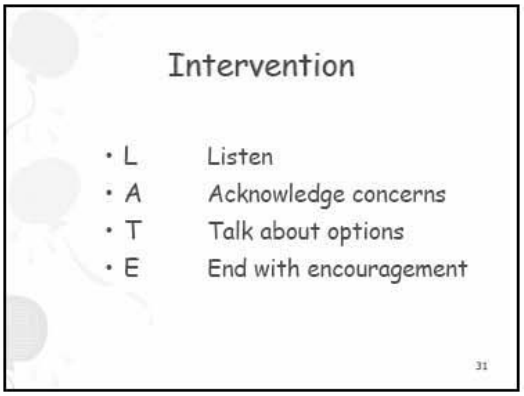

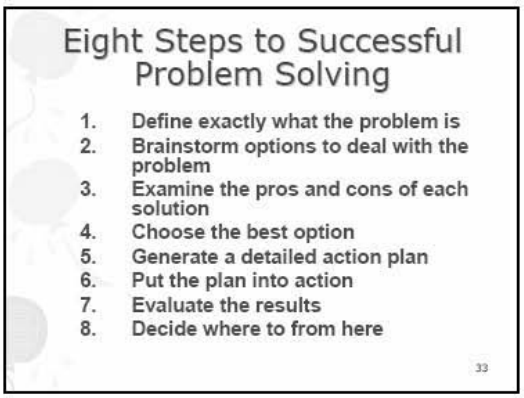

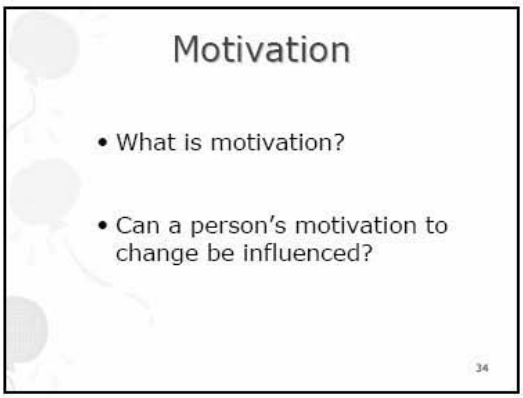

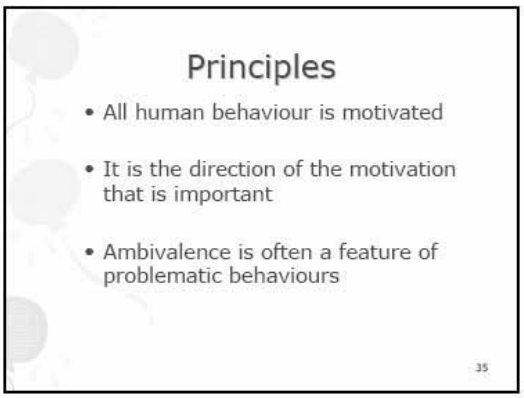

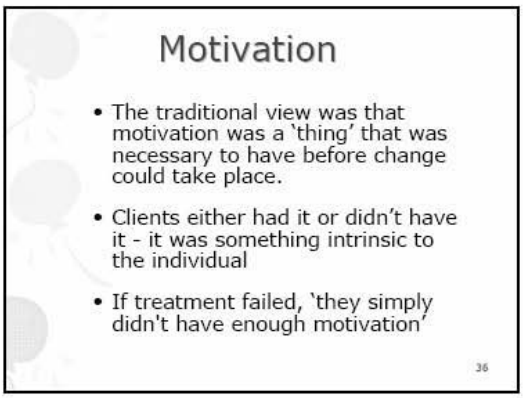

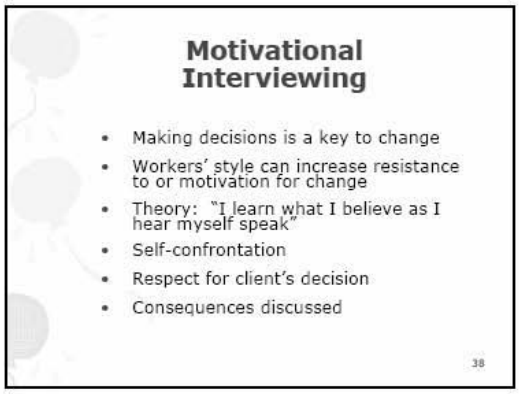

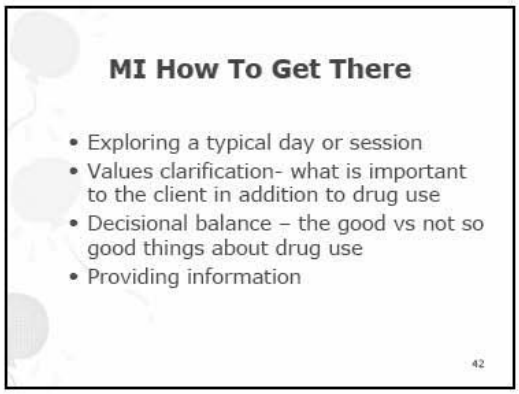

MI Questions: Good Things

- What are some of the good things about smoking?
- What do you like about the effects?
- What would you miss if you didn't smoke?
- What else, what else?
- Give praise & support self-efficacy

43

MI Questions: Less Good Things

- Can you tell me about the down side?
- What are some aspects you are not so happy about?
- What are the things you wouldn't miss?
- If you continued as before, how do you see yourself in 3 months/3 years from now?
- What else, what else ?

44

MI Owning Problems

- But how is this a problem for YOU?
- Do you agree with what they say?
- Do you think that these things will ever happen to you?
- Give praise and support self efficacy

45

MI Summarise

- Summarise at end of positives
- Summarise at end of less positives
- Summarise at end of life interface
- Summarise, summarise, summarise
- If you get stuck say things like...
- *"So let's see, so far you've said..."*

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MI Questions Reflecting the Conflict

- What are some of the good things your friends or family say about you?
- If things worked out well for you, what would you be doing in one year?
- What sort of things are important to you?
- How does your smoking fit in with that?

47

Assisting Parents

- be available to listen and understand their concerns, ask how you can help, and allow plenty of time
- express understanding of the difficult situation
- encourage them not to panic
- let them know they are not to blame for their children's drug use
- support the developing independence of the student

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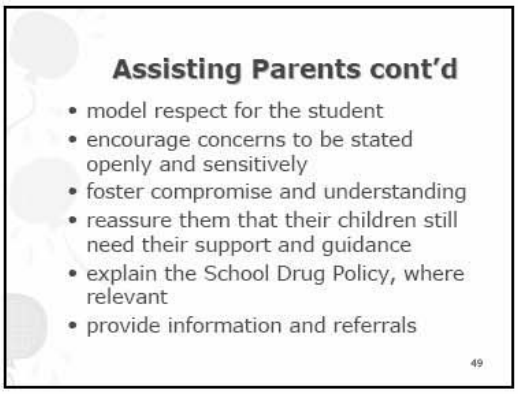

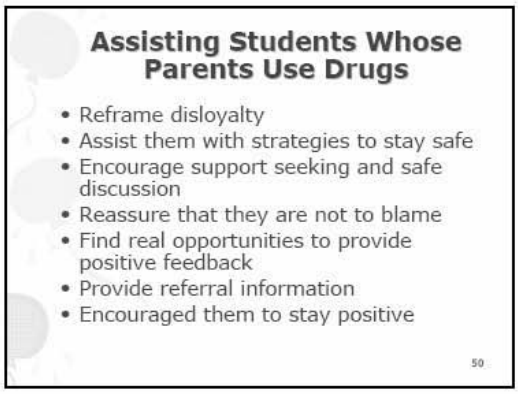

Section 10: Jurisdictional Information

Australian Capital Territory

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

↓

School sector policy and procedure

↓

School policy and procedure

↓

Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school with regard to how you work with alcohol and other drug issues and incidents that arise in the school setting.

Jurisdictional information

How will this resource be used in the ACT?

Distribution of the *Keeping In Touch* resource in the ACT will be coordinated by the Department of Education and Training. Appropriate professional learning to assist schools in using this resource will be offered by the Department of Education and Training and funded through the National School Drug Education Strategy.

What specific legislative, policy or procedural instructions relate to the use of *The KIT*?

ACT schools will need to use this resource in conjunction with their system and school student support and welfare policies.

What other resources are available?

Some other resources that are also useful to refer to when using *The KIT* include:

- Every Chance To Learn – Curriculum for ACT Schools P–10
- Australian Government resources (eg REDI, *MindMatters*).

Other resources are currently being developed.

Who should I contact if I require further help?

The ACT Department of Education and Training.

Drug Education Officer
Curriculum Support Section
ACT Department of Education and Training

Catholic Education Office (CEO)
Education Officer, Student Health, Sport and Safety
Catholic Education Office

Association of Independent Schools (AIS)
The Director
Association of Independent Schools of the ACT Inc

Section 10: Jurisdictional Information

New South Wales

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

↓

School sector policy and procedure

↓

School policy and procedure

↓

Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school and how this resource can be used to assist in the development of policy and practice in your school.

Jurisdictional information

How will this resource be used in NSW?

The KIT could be used as an additional resource to existing materials for New South Wales schools that require further information. Not all the contents of *The KIT* are relevant to NSW schools as specific requirements and support are available for schools in each sector, as outlined below. Schools are advised to refer to the relevant policies and procedures for their sector.

Preventative drug education is provided in all NSW schools within the context of the Personal Development, Health and Physical Education syllabuses, K–6 and 7–10. These are available at: http://www.boardofstudies.nsw.edu.au/syllabus_sc/index.html

NSW Government school sector

The KIT could be used as an additional resource to *Young people and drugs: a guide for school staff to support students* for those schools that require further information. Government schools should always refer to the relevant NSW Department of Education and Training policies and procedures when working with children and young people in relation to alcohol and other drugs issues.

Policy context

Drug issues in NSW Government schools are approached within the context of the following Department of Education and Training policies:

- *Student Welfare Policy, PD/2002/0052/V001*
  https://www.det.nsw.edu.au/policies/student_serv/student_welfare/stude_welf/PD20020052.shtml
- *Good Discipline and Effective Learning: Ministerial Statement (December 1995), PD/2002/0073/V001*
  https://www.det.nsw.edu.au/policies/student_serv/discipline/disc_minist/PD20020073.shtml
- *Guidelines for Managing Drug Related Incidents in Schools, PD/2002/0040/V001*

This policy applies to the management of drug-related incidents including the use and possession of alcohol, tobacco and illegal drugs and the misuse of inhalants/solvents and over-the-counter and prescribed medicines, and the supply of restricted substances.
https://www.det.nsw.edu.au/policies/student_serv/student_welfare/drug_incid/PD20020040.shtml

- *Suspension and Expulsion of School Students – Procedures, PD/2002/0014/V002*
  https://www.det.nsw.edu.au/policies/student_serv/discipline/susp_expul/PD20020014.shtml
- *Code of Conduct, PD/2004/0020/V001*

This policy refers to standards of behaviour expected of staff with respect to alcohol, tobacco and other drugs.
https://www.det.nsw.edu.au/policies/staff/ethical_behav/conduct/PD20040020.shtml

The Student Welfare Policy framework for drug prevention

The three focus areas of the Student Welfare Policy provide a systematic and practical framework within which schools manage drug-related issues. They enable schools to develop, implement and review effective preventative drug education programs and practices for managing drug-related incidents. This approach corresponds closely to the health promoting schools model described in *The KIT.*

Refer to *Young people and drugs: a guide for school staff to support students* for further information on using the Student Welfare Policy framework to develop and implement effective drug prevention and intervention strategies.

The curriculum framework for drug education

Preventative drug education is provided within the context of the Personal Development, Health and Physical Education syllabuses, K–6 and 7–10.

Drug education is provided for students in Years 11 and 12 in *Crossroads: A Personal Development and Health Education Course for Stage 6.*

Supporting students with drug-related problems

The booklet, *Young people and drugs: a guide for school staff to support students* is available in all NSW Government schools. It provides advice to schools on:

- appropriate prevention and intervention strategies
- how to identify and support young people who are experiencing drug use problems
- accessing drug and alcohol information and treatment services
- referral of families and young people to appropriate support services.

It includes professional learning activities on CD-ROM to highlight key elements of the booklet and facilitate its use by staff.

In NSW Government schools, staff should refer to a school counsellor for advice about the need for an assessment when they have drug-related concerns about students. It is the role of school counsellors to assess students for drug-related problems, provide counselling support and refer to specialist alcohol and other drugs counsellors.

What other resources are also available?

Visit the NSW Department of Education and Training website at:
http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/index.php

The website has information about resources to support students, including:

- information for teachers
- teaching and learning resources
- resources for students
- information for parents
- translated information for parents
- policy.

Refer to *Young people and drugs: a guide for school staff to support students* for contact details for:

- drug education consultants
- student welfare consultants
- school-link coordinators
- NSW area health, drug and alcohol services

- other community support agencies.

Information for Catholic and Independent schools in NSW

Policy and pastoral care context

In the non-Government school sector in NSW, guidelines have been developed jointly by the Catholic Education Commission NSW and The Association of Independent Schools NSW. These guidelines aim to assist schools develop drug-related school policies that incorporate their own specific values framework within a whole school approach to drug education.

Guidelines to Support the Development of School-Based Drug Education Policies and Practices
http://stage.cecnsw.catholic.edu.au/druged/guidelines.pdf

Guidelines for Pastoral Care in Catholic Schools
http://www.cecnsw.catholic.edu.au/pastoral.pdf

The curriculum framework for drug education

Preventative drug education is provided within the context of the Personal Development, Health and Physical Education syllabuses, K–6 and 7–10.

For drug education in Years 11 and 12, as a component of a school-based pastoral care program, refer to *Your Choice: a Year 11 & 12 Drug Education Resource for Pastoral Care Programs.*
http://www.cecnsw.catholic.edu.au/Your_Choice_Final.pdf

Catholic sector

Catholic schools also need to refer to relevant diocesan policies and guidelines which can be accessed through the Catholic Education Commission NSW website (Drug Education: 'Diocesan Activities') at: http://stage.cecnsw.catholic.edu.au/druged/default.asp?ID=4

These cover:

Management of Drug Related Issues in Catholic Schools

Drug Education K-12 Policy Statement

Drug Education Policy & Guidelines

Dispensing of Medicines Policy & Procedures

Guideline for Management of Drug Related Incidents in Schools

Sample School Drug Management Policy

Guidelines for Administering Medication in Schools

Diocesan Pastoral Care Policies

Section 10: Jurisdictional Information

Northern Territory

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

↓

School sector policy and procedure

↓

School policy and procedure

↓

Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school with regard to how you work with alcohol and other drug issues and incidents that arise in the school setting.

Jurisdictional information

How will this resource be used in the NT?

Distribution of the *Keeping In Touch* resource in the NT will be coordinated by the Curriculum Services Branch of the Department of Employment, Education and Training. All school staff, in particular non-teaching staff in all NT schools, will implement this resource. Appropriate professional development designed to implement this resource will be offered to all schools.

What specific legislative, policy or procedural instructions relate to the use of *The KIT*?

These are currently under development and will be integrated with the use of the resource as they become available.

What other resources are available?

Some other resources that are also useful to refer to when using *The KIT* include:

- Australian Government resources (eg REDI, *MindMatters*)
- Western Australian drug education materials
- Indigenous drug education support materials.

Other resources are currently being developed.

Who should I contact if I require further help?

Project Leader Drug Education
Health Promoting Schools NT
Curriculum Services Branch
Department of Employment, Education and Training

Section 10: Jurisdictional Information

Queensland

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

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School sector policy and procedure

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School policy and procedure

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Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school and how this resource can be used to assist in the development of policy and practice in your school.

OCS034 | Keeping in touch (the kit): Working with alcohol and other drug use

Jurisdictional information

How will this resource be used in Queensland?

The Queensland School Drug Education Strategy (QSDES) is a collaborative endeavor of Education Queensland, the Queensland Catholic Education Commission and the Association of Independent Schools of Queensland (AISQ). *Keeping In Touch* will be available as an additional resource to support school drug education initiatives through the QSDES.

More information on the resources and projects available through the QSDES is available on the website at www.education.qld.gov.au

For catholic schools, see the Queensland Catholic Education Commission website at www.qcec.qld.catholic.edu.au

For independent schools, the *Keeping In Touch* resource will be distributed directly to independent schools in Queensland. Independent schools are referred to their individual policy and practice documents when using the *Keeping In Touch* resource.

If assistance is required with using the resource, requests can be made to the Senior Education Officer, Association of Independent Schools of Queensland. Each school will determine the most appropriate use of the resource according to their own policies, practices and resources.

A range of documents and resources is available on the AISQ website at www.aisq.qld.edu.au.

Who should I contact if I require further help?

Queensland School Drug Education Strategy
QSDES Project Officer, ph: (07) 3360 7529

Queensland Catholic Education Commission
Tony Kitchen, Executive Officer – Education, ph: (07) 3336 9360
tkitchen@qcec.qld.catholic.edu.au

Association of Independent Schools of Queensland
Jenene Rosser, Education Officer, ph: (07) 3228 1515; fax: (07) 3228 1595

Section 10: Jurisdictional Information

South Australia

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

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School sector policy and procedure

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School policy and procedure

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Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school and how this resource can be used to assist in the development of policy and practice in your school.

OCS034 | Keeping in touch (the kit): Working with alcohol and other drug use

Jurisdictional information

How will this resource be used in South Australia?

Schools in each sector have support from their department in the way of personnel and resourcing for implementing and sustaining drug strategies. All sectors have addressed the need for staff to have access to information and early intervention strategies to support students with drug issues. The main resources used have been the DECS program *Keeping connected*, and the QuitSA program *Keep Left*. Other resources have been accessed. Training has varied in scope. DECS has supported *Keeping connected* training for those who register an interest, including support staff, chaplains and teachers, while the other sectors have favoured counsellor training and a train-the-trainer approach (Catholic Education).

Keeping In Touch will therefore build on the knowledge and skills in this area and will be part of whole school drug strategies. Sectors will determine the extent of support for the resource, but it is agreed that it should be accompanied by training if practical. It is expected that schools will be directed to *Keeping In Touch* in formulating their policies and procedures to ensure support is in place and to keep students connected to schooling, and that appropriate referral is considered.

What specific legislative, policy or procedural instructions relate to the use of *The KIT*?

The Safe Schools Framework and Child Protection legislation and initiatives direct our work in prevention and early intervention. School staff are mandated reporters and must comply with Duty of Care legislation.

The DECS policy document *Intervention matters: A policy statement and procedural framework for the management of suspected drug-related incidents in schools* informs thinking and policy development across the jurisdiction, with the other sectors formulating their guidelines in accordance with it and other resources.

The Police Youth Drug Diversion Initiative applies to young people in possession of illegal substances and directs them to counselling and assessment.

Information for Department of Education and Children's Services (DECS) schools in South Australia

How will this resource be used by DECS schools in SA?

During 2003–04, 500 school staff had access to the DECS Drug Strategy training manual, workbook and two and a half-day workshops, which comprise *Keeping connected: a training program for those who support students with drug issues.* In 2005, *Keeping connected* was a one-day program suitable for whole of site or cluster participation. *Keeping In Touch* is congruent with *Keeping connected* and will complement it for staff who have completed that program. Those who have not participated in a workshop are advised to contact the Drug Strategy (www.drugstrategy.central.sa.edu.au or ph (08) 8226 1581) for current details of appropriate training.

It is expected that the information and strategies in *Keeping In Touch* have application for all staff, but are particularly relevant for school support staff and teams, who might well direct its use at the site level.

What specific policy or procedural instructions relate to the use of *The KIT* ?

All DECS schools in SA have implemented and are expected to review annually a drug strategy with a commitment to providing a supportive school environment where resilience is fostered. School policies

and procedures support personal growth and retention at school in a spirit of natural justice and inclusivity. Strong partnerships and specific drug and life skills education maximise the school as a protective factor in young lives.

Intervention matters: A policy statement and procedural framework for the management of suspected drug-related incidents in schools informs current school drug policies.

DECS has a commitment to a wellbeing framework and to guiding schools in the area of mental health.

The National Safe Schools Framework (DEST, 2003) and Child Protection legislation and initiatives direct our work in prevention and early intervention. School staff are mandated reporters and must comply with Duty of Care legislation.

The Police Youth Drug Diversion Initiative applies to young people in possession of illegal substances and directs them to counselling and assessment.

What other resources are available?

Keeping connected – manual, workbook and training (Drug Strategy)

Keep Left: Youth Smoking Cessation Guide for Schools, Curtin University of Technology (2001) (QuitSA)

The Drug Strategy website at www.drugstrategy.central.sa.edu.au

Health Support Planning in schools, pre-schools and childcare services (DETE, 2001)

Reducing bullying in schools: a professional development resource (DECS, 2004)

Who should I contact if I require further help?

Your principal

Drug Strategy Team, ph: (08) 8226 1581

Legislation and Legal Unit, DECS, ph: (08) 8226 1555

Counsellors–Policy Advisor, Student Behaviour Management, ph: (08) 8226 1029

Child Protection Policy Advisor, ph: (08) 8226 0831

DECS Personnel Counsellors, ph: (08) 8226 7555

Australian Education Union (members only), ph: (08) 8272 1399

Student Wellbeing and Inclusion manager, ph: district office

Interagency Student Behaviour Management, ph: district office

Project Officer Interagency Health Care, ph: (08) 8226 0974

Child and Youth Family Services Report Line, ph: 13 1478

South Australian Police (SAPol – local station), ph: 13 1444

Alcohol and Drug Information Services (ADIS), ph: 1300 131 340

Section 10: Jurisdictional Information

Tasmania

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

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School sector policy and procedure

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School policy and procedure

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Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school and how this resource can be used to assist in the development of policy and practice in your school.

Jurisdictional information

How will this resource be used in Tasmania?

The National School Drug Education Project in Tasmania continues to be implemented through the activity of its four Regional Project Officers working in school communities across the three Tasmanian regions. Project activity reflects NSDES objectives as well as objectives reflecting the Tasmanian context. Tasmania is well placed to incorporate *The KIT* into its suite of professional learning opportunities traditionally offered to stakeholders in all school communities, including teachers, school leaders, school support staff as well as representatives from Government and non-Government organisations working closely with schools and their families.

It is envisaged that schools will participate in training in order to enhance the capacity of a broad range of staff to respond appropriately to issues of student drug use and support the continued participation, where possible, of individual students to school. It is also envisaged that training of others associated with schools, especially in the area of student health and wellbeing, will encourage cogent and coherent responses to student drug use.

What specific legislative, policy or procedural instructions relate to the use of *The KIT*?

Use of the approaches outlined in *The KIT* in Tasmanian school communities – Government, Catholic and Independent – will be guided by the drug policy *Managing Drug Issues and Drug Education in Tasmanian Schools,* developed through cross-sectoral and cross-agency collaboration, reflecting a range of legislative and procedural influences and embraced by Government, Catholic and Independent schools alike. The Tasmanian policy is based on the *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools* released by the Commonwealth Government in June 2000 and has been endorsed by the Tasmanian Government. It describes the roles of stakeholders in school communities in prevention and intervention in relation to students' health and wellbeing, with particular reference to drug-related issues as well as the relationship between education and Tasmania Police through the MoU, which establishes *Protocols for Managing the Possession, Use and/or Distribution of Illicit and other Unsanctioned Drugs in Schools.* In the policy, there is particular reference to mandatory reporting, a provision under the *Children Young People and their Families Act, 1993* as well as the *Student Health Care Requirements, 2000* guidelines, which provide comprehensive information about the management of specific issues related to the health and wellbeing of students.

Independent and Catholic schools wishing to implement *The KIT* may access professional learning in relation to *The KIT* through the suite of regional workshops offered by project officers across the state.

What other resources are available?

Managing Drug Issues and Drug Education in Tasmanian Schools (2002)

Student Health Care Requirements (2000)

Health Care (Catholic Education Office, 1998)

Who should I contact if I require further help?

Regional Project Officers

Fiona Jarvis, State Project Coordinator, ph: (03) 6233 7032

Leanne Rands, Project Officer, North-west, ph: (03) 6433 1669

Jenny Godfrey, Project Officer, North, ph: (03) 6334 0445

Michael Kelly, Project Officer, South, ph: (03) 6228 9144

Catholic Education Office

Sister Majella Kelly, Policy and Executive Services, ph: (03) 6210 8888

Association of Independent Schools Tasmania

Pamela Windsor, Targeted Programs Consultant, ph: (03) 6224 0125

Section 10: Jurisdictional Information

Victoria

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

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School sector policy and procedure

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School policy and procedure

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Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school and how this resource can be used to assist in the development of policy and practice in your school.

Jurisdictional information

How will this resource be used in Victoria?

The KIT resource can be used to provide additional information to the Drug-related Student Welfare sections from *Get Real* and the Principal's Guide and Student Welfare sections from *Get Wise*.

This resource underpins the early intervention and intervention levels of activity as set out in the *Framework for Student Support Services* (described below).

In Victoria, the term *drug education* incorporates a whole school approach, and includes activities across prevention, early intervention, intervention, restoring wellbeing, and community partnership approaches. Hence, this resource will fit comfortably alongside existing school-based drug education activities.

This resource principally sits within the Individual School Drug Education Strategy (ISDES) framework, the student wellbeing policy *Framework for Student Support Services in Victorian Schools* and the Health Promoting Schools framework.

Individual School Drug Education Strategy (ISDES) framework

While schools can immediately utilise this resource, they will benefit from a consideration of where this resource most suitably sits within its ISDES and complements the school's existing drug education initiatives. Opportunities to do this include when a school is reviewing its ISDES, developing an action plan or implementing a new drug education-related initiative.

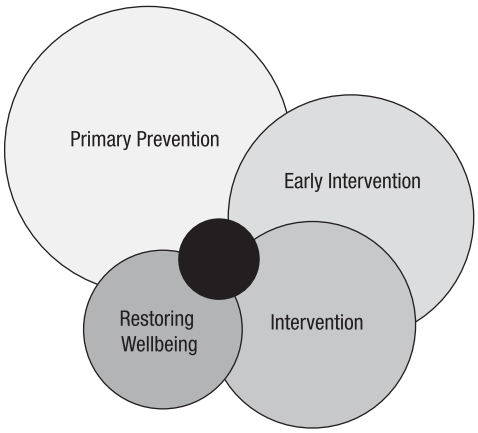
For more information related to ISDES implementation, refer to the website:
http://www.sofweb.vic.edu.au/wellbeing/druged/resource.htm

The Framework

The *Framework for Student Support Services in Victorian Government Schools* describes the principles, arrangements and the additional resources provided to strengthen student welfare and support services.

The framework outlines the concepts of *continuity of care* and *partnerships between the school and the community* as the key to improving the services provided to students and their families.

It identifies four levels at which these services take effect:



The key emphasis is on primary prevention and early intervention as the most effective means of enhancing the resilience of young people.

Further information relating to the framework is available from:
http://www.sofweb.vic.edu.au/wellbeing/welfare/framework.htm

Health Promoting Schools framework

A health promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences and structures that promote and protect their health.

This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health.

Further information is available from:
http://www.sofweb.vic.edu.au/hps/index.htm

What specific legislative, policy or procedural instructions relate to the use of *The KIT*?

General overview

The overarching objective of the drug education strategy, as set out in the Premier's Drug Advisory Council's report in 1996, is "to enhance and sustain drug education in all Victorian schools in order to contribute to the minimisation of harm associated with drug use by young people".

Turning the Tide in Schools was originally set up as a three-year project auspiced by the Department of Education and Training (Victoria) to establish effective drug education and prevention programs in all Government, Catholic and Independent schools. Thus, the implementation of drug education is a statewide strategy.

The Department of Education and Training is accountable to the state Government through the Interdepartmental Committee on Drugs – in the context of the Whole of Government Drug Strategy – for the implementation of effective drug education programs in all schools in the three education sectors.

The Department is also accountable to the Australian Government Department of Education, Science and Training for the implementation of the National School Drug Education Strategy and related national drug education projects. Full consultation with the Catholic Education Office and the Association of Independent Schools of Victoria is a pre-condition of this accountability.

Each region employs two senior program officers to provide support for schools to implement the statewide goals and targets for drug education. The specific ways in which regions implement drug education requirements and provide support to Government, Catholic and Independent schools is at their discretion and in line with central policy, accountability frameworks for each sector and reporting mechanisms.

The Victorian Government Schools Reference Guide

Section 4.6, entitled 'Student care and supervision', covers the responsibilities of principals and teachers, including:

- duty of care
- drug education and drug-related issues in schools
- responding to drug-related incidents.

Section 3.6, entitled 'Health education', covers the whole school, harm reduction approach to drug education and the relationship to drug education and sexuality education.

Student Code of Conduct

The *Student Code of Conduct* provides schools with systematic strategies for fostering and maintaining student discipline. The *Student Code of Conduct* works on the premise of creating a safe, positive and supportive school environment in which each student can enjoy their opportunities, both academic and social, and achieve their greatest potential educationally. The *Student Discipline Procedures, 1994* are incorporated in the *Student Code of Conduct.*

Guidelines for Developing the Student Code of Conduct is available from:
http://www.sofweb.vic.edu.au/wellbeing/welfare/conduct.htm

School policy

Schools are advised to have defined policies and procedures relating to illicit drugs clearly documented and included in the school's drug education policy framework. Staff should be made aware of these policies and procedures and be provided with professional development in responding to drug-related incidents.

What other resources are available?

School-based support

Within schools and school networks, primary welfare officers and student support service officers (SSSOs) can offer further support.

Regional senior program officers

Expertise and information is available from regional support staff such as the senior program officers – drug education/student wellbeing (see below for regional contact details).

Joint initiatives

Joint initiatives between the Department of Education and Training and the Department of Human Services have resulted in the Victorian Secondary School Nursing Program and the School Focused Youth Service.

School nurses can provide assistance with early intervention and facilitate referrals to intervention programs in the community.

The aim of the School Focused Youth Service is to develop greater continuity between the assistance provided by schools and by local community services.

Many schools develop partnerships with local agencies, such as alcohol and other drugs services and community health centres, to facilitate referral processes and link education support.

Printed resources

The Department of Education and Training provides resources such as *Get Wise*, *Get Real*, *Celebrating Safely*, *Smoke-free Schools*, and the *Framework for Student Support Services – Teacher Resource,* available from the website:
http://www.sofweb.vic.edu.au/wellbeing/index.htm

Three new drug education resources to support schools in planning and implementing early intervention programs for marginalised young people will be released in mid-2006.

- *School Retention*. This resource will provide good practice guidelines for working with young people under 15 years and identified as becoming disengaged from their school.
- *Retention and Reintegration*. This resource will support secondary schools developing programs to assist the reintegration of young people who have previously experienced drug-related harm.
- *Reducing the Risk: Addressing Truancy and Associated Risks*. This resource will provide a set of tools to enhance a school's existing activities to support those at risk in relation to truancy and drug use.

Who should I contact if I require further help?

Senior program officers with drug education expertise are available in each region.

Barwon South Western Region

Vines Road

NORTH GEELONG 3215

Ph: (03) 5272 8300 Fax: (03) 5277 9926

Northern Metropolitan Region

582 Heidelberg Road

FAIRFIELD VIC 3078

Ph: (03) 9488 9488 Fax: (03) 9488 9400

Central Highlands Wimmera Region

1/1220 Sturt Street

BALLARAT 3350

Ph: (03) 5337 8444 Fax: (03) 5333 2135

Southern Metropolitan Region

33 Princes Highway

DANDENONG 3175

Ph: (03) 9794 3555 Fax: (03) 9794 3500

Eastern Metropolitan Region

Level 2

29 Lakeside Dive

BURWOOD EAST 3151

Ph: (03) 9881 0200 Fax: (03) 9881 0243

Western Metropolitan Region

407 Royal Parade

PARKVILLE 3052

Ph: (03) 9291 6500 Fax: (03) 9291 6555

Gippsland Region

Cnr Kirk and Haugh Streets

MOE 3825

Ph: (03) 5127 0400 Fax: (03) 5126 1933

Goulburn North Eastern Region

Arundel Street

BENALLA 3672

Ph: (03) 5761 2100 Fax: (03) 5762 5039

Loddon Campaspe Mallee Region

37–43 Havlin Street East

BENDIGO EAST 3215

Ph: (03) 5440 3111 Fax: (03) 5442 5321

Section 10: Jurisdictional Information

Western Australia

Implementation framework

In deciding how this resource can be used in your school, it is important that you consider the following question:

What are the legislative, policy and procedural requirements that apply to my school?

Our workplace activities are governed by several tiers of authority:

Australian Government and state/territory legislation

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School sector policy and procedure

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School policy and procedure

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Workplace practice

It is vital that the way in which you use *The KIT* resource be consistent with all the legislative, policy and procedural requirements that apply to your school. The following information has been collated for each state/territory and school sector to indicate the other resources/sources of information applicable in your jurisdiction.

Once you have identified all the requirements that apply to your school, Section 9: Professional Development contains a flowchart for reviewing and determining the needs of your school and how this resource can be used to assist in the development of policy and practice in your school.

Jurisdictional information

How will this resource be used in Western Australia?

School Drug Education and Road Aware (SDERA) is a joint initiative of the Association of Independent Schools WA, the Catholic Education Office and the Department of Education & Training. SDERA offers a comprehensive service to schools to assist in the development and implementation of drug education, policy and practice initiatives. In WA, the *Keeping In Touch* resource will be offered as a part of the SDERA professional development training program for school staff.

What specific legislative, policy or procedural instructions relate to the use of *The KIT*?

An array of legislation applies to the school environment. School staff should refer to the following when considering any policy/practice implications.

Government schools – Department of Education & Training Regulatory Framework which is available at www.eddept.wa.edu.au.

Catholic schools – individual school policy and procedure documents. (See also the additional information for Catholic schools in WA at the end of this section.)

Independent schools – individual school policy and procedure documents. (See also the additional information for Independent schools in WA at the end of this section.)

It is strongly recommended that every school in Western Australia have their own School Health Policy incorporating the management of drug-related issues and incidents. The booklet *Developing a drug policy to promote health in your school: Guidelines for implementation* is available from School Drug Education and Road Aware who can also assist your school in this process.

Who should I contact if I require further help?

School Drug Education and Road Aware, ph: (08) 9264 4743

Alcohol and Drug Information Service (for information about alcohol and other drugs, and service/support options), ph: (08) 9442 5000 or toll free on 1800 198 024

Parent Drug Information Service, ph: (08) 9442 5050 or toll free on 1800 653 203

Additional information for Catholic schools in Western Australia

How will this resource be used by Catholic schools in WA?

Catholic schools wishing to implement *Keeping In Touch* can do so through the SDERA professional development program.

What specific policy or procedural instructions relate to the use of *The KIT*?

The Catholic Education Office requests that Catholic schools also refer to the following documents when using *The KIT* resource:

- Social Justice and Equity policy
- Guidelines for Pastoral Care

These documents can be accessed through the CEO website at www.ceo.wa.edu.au.

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What other resources are also available?

Norden, P (2005). *Keeping them Connected: A national study examining how Catholic schools can best respond to incidents of illicit drug use*. Ignatius Centre for Social Policy Research, Jesuit Social Services, Victoria.

Who should I contact if I require further help?

Catholic Education Office, ph: (08) 9212 9212

Additional information for Independent schools in Western Australia

How will this resource be used by Independent schools in WA?

Independent schools wishing to implement *Keeping In Touch* can do so through the SDERA professional development program.

What specific policy or procedural instructions relate to the use of *The KIT*?

Independent schools in WA are not governed by general sector policy and procedures. The Association of Independent Schools in WA provides policies and procedures which may be downloaded at their website, www.ais.wa.edu.au. Each school should refer to their individual school policy and procedure documents. The *Keeping In Touch* resource can also be used to inform development of school policy and practice.