

# Teaching drug education in schools

## What is school drug education?

Effective school drug education focuses on skills development and provides students with the capacity to make healthier and more responsible decisions for their own and others' safety and wellbeing. We have moved a long way from the traditional approach to drug education, which focused mainly on provision of information about drugs and their possible harmful consequences. While still including this, best practice drug education explores and develops student's drug related knowledge, skills, attitudes and values through use of inclusive and interactive teaching strategies. It fosters resilience through nurturing a sense of belonging and connectedness both to the school and to the broader community and works to reduce the harms from drug use.

## Harm minimisation approach to drug education

National and State strategy support a harm minimisation approach. In school drug education, this approach acknowledges that drug use is complex and that students can be affected by their own drug use or the drug use of others. It aims to reduce the harms associated with use and to promote healthier, alternative behaviours. A harm minimisation approach does not condone or encourage drug use. It promotes non-use and delayed use of all drugs, and is an inclusive approach that is supportive of young people who are not using drugs, those who may be experimenting with drugs and those who may be experiencing issues related to drug use.



## Who should deliver drug education to young people?

The [Principles for School Drug Education](#) (DEST, 2004) highlight that classroom teachers, with specific knowledge of students and the learning context, are best placed to provide drug education. This should be provided through schools with the support of [School Drug Education Guidelines](#) to ensure a clear and consistent approach. Outside agencies and personnel should only be used where they complement and enhance the existing drug education initiatives of the school.

For information of how to develop [School Drug Education Guidelines](#) and [Procedures for Incident Management and Intervention Support](#), see the [Who can help?](#) section of the SDERA website.

For more information about how to use guest speakers, refer to [Fact Sheet 4: Use of guest speakers](#) on the SDERA website.

## When should drug education start?

Prevention education is best introduced when the prevalence of use of the particular drug is still low and before most young people are exposed to the possibility of use. It is therefore important that drug education is started in early childhood, is age appropriate and continues through a child's years of schooling in order to build their knowledge, skills and experiences and to bring about effective behaviour change.



There are three critical phases when the intervention effects of drug education are most likely to be optimised, and include:

- *Phase 1:* Inoculation which is when children are first exposed to certain drugs.
- *Phase 2:* Early relevancy which is where information and skills may have practical application in real life.
- *Phase 3:* Later relevancy which is when prevalence of alcohol and drug use increases and the context of use changes.

The early adolescence years are a crucial phase where schools need to implement both resilience and drug education programs as this is when young people are more likely faced with influences to use both licit and illicit drugs. Engaging students in alcohol and drug education programs assists them to make healthier and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. A consistent message given to young people is that there is no safe level of drug use and that any drug has the potential to cause harm.

## What content is covered in drug education programs?

As drug education programs can develop a range of skills such as decision making, help seeking and problem solving, the content through which students practise these skills should be age appropriate and relevant to the students' needs. Using SDERA's drug education resources - [Challenges and Choices – for years K to 6](#) and [Challenges and Choices - for Years 7, 8, 9 and 10](#) aligned to the Western Australian Curriculum, will ensure that teachers introduce teaching and learning programs about methamphetamine and other illicit as well as licit drugs in a way that is age appropriate and relevant to the students' needs. *Challenges and Choices* can be downloaded from the SDERA website.



**In the early years (Kindergarten- Year 2)**, programs should focus on safe use of prescription and over-the-counter medications and non-medicinal alternatives to these drugs such as relaxation and using coping strategies; hazardous and poisonous substances such as cleaning and gardening products, as well as the warning signs on these. Legal drugs such as caffeine (contained in energy drinks) and tobacco (passive smoking) should also be included in classroom programs.

**In the middle and upper primary years (Years 3 -6)**, programs should focus on that identified above as well as safe use of analgesics. Alcohol and, in later primary years, illegal drugs such as cannabis should also be included in classroom programs. Programs should also explore the range of factors that can combine and lead to possible consequences if students chose to use a drug. This assists in promoting awareness of how to reduce risks of harm.

**In the secondary years**, programs should focus on legal drugs such as alcohol, caffeine (energy drinks), tobacco, over-the-counter and prescription medicines, illegal drugs such as cannabis, synthetic cannabis, and other illicit drugs including methamphetamine. Students should also continue to explore more broadly the range of factors that can contribute to a drug use experience. This promotes understanding that the context in which drug use occurs can either exacerbate or reduce the risks of harm. This provides opportunity for students to identify how potential harms can be avoided or reduced and to develop or extend the skills that assist with this.

**Note:** Education on Volatile Substances should only be provided with professional support and targeted to those known to have issues around use of volatile substances. The National Drug Strategy supports that this not be included in classroom programs to avoid 'copycat' behaviour.



## Including parents in student's drug education

Parents and carers can be the most important influence in a child's life. Exposure to drug use can undermine healthy development and be a predictor of harmful drug use in later life. Parent education, in the form of drug education as well as education on how to promote resilience skills, should be considered as part of a whole-school resilience and drug education program. The family information sheets provided in SDERA's [Challenges and Choices](#) resources, located on the SDERA website, cover a range of topics that parents can use as a guide when talking with their children.

## Support in implementing drug education

This summary information offers an insight into effective, best practice drug education for schools. For further information, support and guidance in implementing drug education in your school contact SDERA. Details can be found on the [Contact](#) tab on the SDERA website.

## Contact SDERA

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