getting it together

A Whole-School Approach to **Drug Education**





School Drug Education and Road Aware (SDERA)

School Drug Education and Road Aware (SDERA) is the WA State Government's primary drug and road safety education strategy for young people. SDERA works with schools and the wider community to provide prevention education aimed at keeping young people safer.

SDERA is a collaborative organisation of the Department of Education, Association of Independent Schools of WA and the Catholic Education Office.

SDERA is funded by the Drug and Alcohol Office, the Insurance Commission of Western Australia and the Department of Education, Employment and Workplace Relations.

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ISBN 978-0-7307-4337-8 SCIS 1442483



Acknowledgements

SDERA acknowledges the contribution of the school staff, academics, professional associations and other members of the community who have collaborated in the development of this resource. Special thanks to the SDERA Board, SDERA Manager and Consultants.

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getting it together



Is drug use an issue in WA?

The simple answer is YES.

Research continues to show drug use as a significant contributor to ill-health, disease, injury, violence, family and community disharmony, and even premature death.

The whole community plays an important role in the development of young people's attitudes and behaviours around drugs.

School drug education provides an opportunity for young people to build resilience and develop skills to keep themselves safer.

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What is the *Getting it Together* resource?

Getting it Together: A Whole-School Approach to Drug Education (Getting it Together) is a resource based on research that identifies effective drug education strategies and practices for schools, and focuses on the *Principles for School Drug Education*¹ and the *Health Promoting Schools Framework*². It aims to assist school communities to implement effective school drug education and seeks to:

- promote understanding of a whole-school approach to drug education
- highlight and exemplify what constitutes a best practice approach to school drug education
- assist in developing *School Drug Education Guidelines* and action plans to assess, plan and implement a whole-school approach to drug education
- support schools in establishing Procedures for Incident Management and Intervention Support
- heighten awareness of resources, organisations and agencies who can assist schools in enhancing their drug education approach.

Getting it Together components

- the Getting it Together resource
- a CD-ROM which contains:
 - ▶ PDF version of Getting it Together
 - ▶ PDF version of Connect: A Directory of Drug Education Support Services for Schools
 - ▶ School Drug Education Guidelines template
 - School Drug Education Action Plan templates
 - Procedures for Incident Management and Intervention Support flow chart templates
 - ▶ Principles for School Drug Education checklist
 - Checklist for engaging guest presenters
 - Request form for guest presenters
 - Referral form for Intervention Support.



Getting it Together is complemented by:

Connect: A Directory of Drug Education Support Services for Schools

This booklet directs schools to resources and agencies that can contribute to drug education initiatives and provide support services for students, staff and parents.

Principles for school drug education¹

This resource describes the research which informed the development of 12 evidence-based, best practice school drug education concepts known as the *Principles for School Drug Education*¹.



These resources and other resources described on pages 23 to 25, are available from SDERA and can be viewed at **www.sdera.wa.edu.au**

What is a whole-school approach to drug education?

A whole-school approach is dependent on schools, parents and communities working together to plan, implement, support and sustain drug education strategies and practices within the school community.

CURRICULUM

The *Health Promoting Schools Framework*² developed by the World Health Organisation in 1986, encourages a whole-school approach to addressing health which can include drug education. This framework consists of three areas:

- Curriculum
- Ethos and Environment
- · Parents and Community.

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote student health and well-being. Through the inter-relationship of these three areas, classroom-based drug education is consolidated by a supportive school environment and effective links to family and the community.

Research which led to the development of the *Principles for School Drug Education*¹ demonstrates that drug education

Health Promoting Schools Framework² (World Health Organisation, 1986)

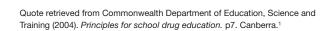
PARENTS AND COMMUN

ETHOS AND ENVIRONME

is more likely achieve positive outcomes when schools, parents and communities work together.

Note: In this resource, the term 'parent' also refers to caregivers and/or guardians.

"Nurturing a positive climate and relationships across the school community is as fundamental to addressing drug-related harm for young people as is determining appropriate classroom programs."



"The World Health
Organisation defines
drugs as all substances,
both legal and illegal,
which when administered
produce a change in
biological function and
possibly structure."

In this resource, 'drug' refers to alcohol, tobacco, illicit drugs, volatile substances and pharmaceutical drugs.

Quote retrieved from Department of Health, Drug and Alcohol Office (2005). Western Australian Drug and Alcohol Strategy 2005–2009. Government of Western Australia, Perth.³

What is school drug education?

Drug education in schools is a structured approach to providing information and support, and developing skills which aim to reduce students' risk of harm from drug use. Rather than focusing on drug issues in isolation, drug education:

- presents young people with credible and relevant information about drugs, their use and possible consequences
- builds resilience in young people by developing their knowledge, selfawareness and self-management skills
- assists young people in exploring their attitudes to drugs, drug use and people who use drugs
- promotes responsibility in considering the ways in which drugs are used in today's society
- highlights ways that young people may reduce the risk of harm from their own or someone else's drug use
- enables empowerment so young people can influence their own lifestyles positively
- promotes intervention through appropriate action and support by staff members when a student drug use incident or issue arises.

Consistent with the approach of the current Western Australian Drug and Alcohol Strategy³ and National Drug Strategy⁴, school drug education aims to prevent and reduce potential and existing risks of harm from drug use across the whole-school community.

To achieve this requires an inclusive approach involving provision of prevention education and support to those who do not use drugs, those who may be beginning to use drugs, and to those for whom drug use has become a regular or problematic behaviour.

Through this approach, school drug education aims to address potential causes of student drug use as well as seeking to address the consequences in order to promote physical, social and emotional health and well-being. A range of strategies is offered including those which are abstinence oriented, with the aim of reducing drug-related harm.

This approach encourages and supports integrated prevention education and intervention response processes that work across the whole-school community with the aim of keeping young people safer.

Development of School Drug Education Guidelines (refer to pages 27 and 30 to 32) can support schools in achieving this aim.

Drug education allows us to identify and understand why students use drugs. Schools should avoid labelling students who may use drugs and provide support pathways that encourage students to seek help.







Why should school communities implement drug education?

Research shows that a safe and supportive school environment is protective for young people against a range of health-related risks including drug use issues. It also shows that school staff are in the best position to provide drug education as part of an ongoing whole-school program.

Schools therefore, are ideally positioned and have a responsibility to provide students with the opportunity to gain appropriate knowledge, skills, attitudes and values, to equip them to make safer choices around drugs thus aiming to reduce the numbers who are harmed by drug use.

Of course, schools are not solely responsible for reducing student drug use, nor can they on their own prevent drug-related harm. However, through provision of best practice drug education involving a whole-school approach, school communities can increase their capacity to make a difference.

For websites providing current statistical information on levels of student and community drug use refer to page 80.

"To provide a safe and supportive environment for all students and staff, schools need to give priority to preventive drug education and student welfare/pastoral care as well as to specific processes for managing drug-related incidents."

Quote retrieved from Commonwealth Department of Education, Training and Youth Affairs (2000). National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools. p4. Canberra.⁵



How are schools already addressing drug education?

Many schools are already addressing drug education by:

 developing School Drug Education Guidelines that support staff across the whole school to engage in best practice drug education.

This allows a coordinated approach to drug education, support and behaviour management, and promotes cohesion in the school team in addressing drug use issues within a health and well-being context.

Information in the *Getting it Together* resource (pages 30 to 32 and 43 to 63) and throughout the Australian Government resource *Keeping in Touch* (the kit) – *Working with Alcohol & Other Drug Use, A resource for Primary and Secondary Schools* ⁶ (*Keeping in Touch*) can assist schools with guideline development and intervention support strategies.

 developing learning, teaching and assessment programs that give students the opportunity to progress in the Health and Physical Education Learning Area Outcomes.

Drug education is a context that can support and contribute to the achievement of these outcomes. The *Challenges and Choices*⁷ resources and *Choices: Alcohol and Other Drugs*⁸ support materials for Health Studies produced by SDERA, can assist schools to implement drug education from Kindergarten to Year 12.

 actively involving students in facilitating drug education initiatives e.g. expos, forums, events.

Youth participation strategies provide students with opportunities to be active participants and partners in developing and coordinating events that allow them to share knowledge and understanding gained from the school's drug education approach with the whole school and local community.

CASE STUDY

We decided to combine a Drug Education Forum with our annual reading competition 'Speak-itout'. A group of Year 10 students took the lead role in organising the forum, which involved three quiz events for different age groups. The Year 10's promoted and advertised the event, organised prizes, designed certificates and facilitated quiz rounds. In the lead-up to the event all classes helped prepare quiz questions while they were learning about health, safety, nutrition, smoking, alcohol and illicit drugs.

METRO SECONDARY SCHOOL

What are the *Principles for School Drug Education?*

The 12 *Principles for School Drug Education*¹ are based on current theory and research. They have been developed from a framework presented by Ballard et al⁹ in 1994 following an extensive review, research and consultation process throughout 2001 commissioned by the Commonwealth Government.

Presented in their current format in 2004 by the Commonwealth Department of Education, Science and Training (DEST), the Principles provide a best practice, evidence-based guide to understanding what can be included in school drug education programs and how they can be delivered to ensure a comprehensive approach.

They illustrate a multi-layered approach and provide a framework of core concepts and values to support effective drug education practice. As such, the Principles can be used to guide the planning, implementation and review of drug education programs, guidelines and practices in school communities.

In this resource, the *Principles for School Drug Education*¹ have been linked into the *Effective School Drug Education Model* (refer to page 12) developed by SDERA (2010).

SDERA acknowledges the ownership of the Principles by DEST, which is now known as the Department of Education, Employment and Workplace Relations (DEEWR). SDERA also acknowledges that the description of each Principle presented in this resource (refer to pages 13 to 21) has been sourced directly from the Australian Government publication entitled *Principles for school drug education*¹ which can be viewed at **www.deewr.gov.au**



Why should school communities consider the *Principles for School Drug Education* when developing a wholeschool approach?

By using the *Principles for School Drug Education*¹ as a guide, school communities can be assured that:

- they are following an evidenced-based guideline which will promote the effectiveness of their school's drug education approach
- drug education will form part of a broader health and well-being focus which can be applied to meet local needs and priorities
- areas of strength will be identified as will areas which may require further focus and planning
- they will provide the best opportunity for improving health and welfare outcomes for young people.

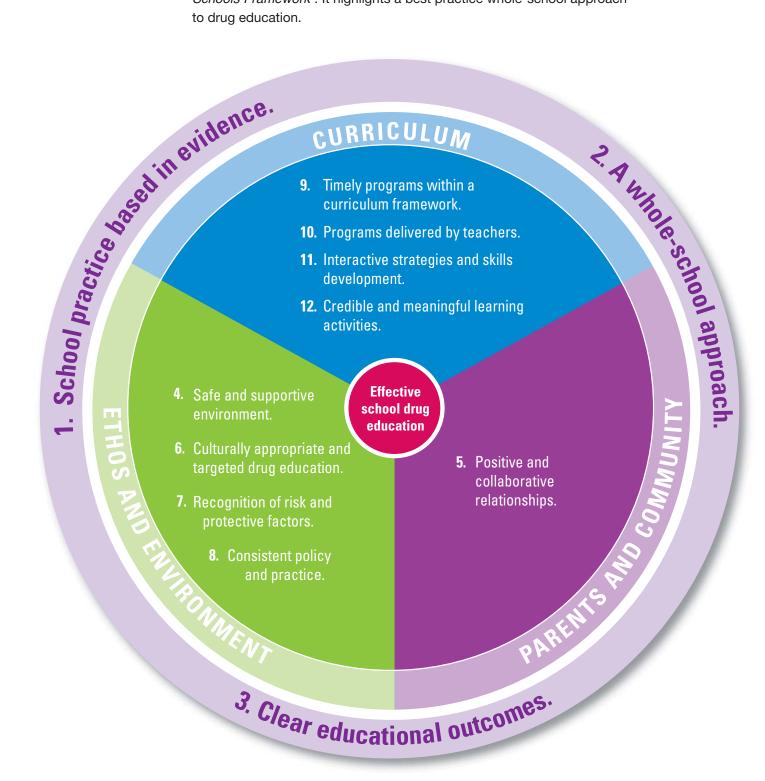
The Principles and practical examples of what they may look like in the school community across the three areas of the *Health Promoting Schools Framework*² are illustrated in the *Effective School Drug Education Model* described on page 12.



Schools are in an ideal position to deliver drug education and to promote and maintain the health of children and young people.

What is the *Effective School Drug Education Model?*

Illustrated below is the *Effective School Drug Education Model* developed by SDERA (2010). The model demonstrates how the 12 *Principles for School Drug Education*¹ fit within the three areas of the *Health Promoting Schools Framework*². It highlights a best practice whole-school approach to drug education.



Note: Only the key aspects of each Principle are shown in the *Effective School Drug Education Model*.

The Principles along with their explanations are represented in full on pages 13 to 21.

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Principles for School Drug Education

Overarching principles

These three overarching Principles illustrate that school drug education will be most effective when driven by a comprehensive approach which is underpinned by evidence-based practice.

Principle 1

School practice based in evidence – Base drug education on sound theory and current research and use evaluation to inform decisions.

Drug education needs to be based on what works. Evidence-based practice within a school involves staff using current theory and research to determine programs that are appropriate to their students; staying informed about effective curriculum practice; applying professional judgement to implement and monitor programs; and evaluating outcomes to determine their impact. Regular evaluation of the school's drug education processes and outcomes is critical, providing evidence of the value of activities and informing future school practice.

Principle 2

A whole-school approach – Embed drug education within a comprehensive whole-school approach to promoting health and well-being.

Tackling drug-related issues in isolation and only at a classroom level is less likely to lead to positive outcomes. Drug education activities are best understood and practised as part of a comprehensive and holistic approach to promoting health and well-being for all students. Through a whole-school approach schools can provide a coherent and consistent framework for their policies, programs and practices.

Principle 3

Clear educational outcomes – Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm.

When schools establish agreed goals and outcomes for drug education they have a common understanding for consistent and coordinated practice. The process of ensuring that those goals and outcomes are clear and realistic supports schools in achieving targets within their sphere of influence.

Curriculum

The following Principles illustrate that to meet with best practice, drug education should be provided within a curriculum framework by school staff who are adequately supported and resourced.

Principle 9

Timely programs within a curriculum framework – Locate programs within a curriculum framework thus providing timely, developmentally appropriate and ongoing drug education.

Drug education programs are best provided within a clear curriculum framework for achieving student learning outcomes. Drug issues should be addressed within a broader health context relevant to students' concerns and stage of development. The timing and continuity of drug education across students schooling is critical. Programs should commence before young people start to make decisions about drug use, be developmentally appropriate, ongoing and sequenced, and provide for progression and continuity.

Principle 10

Programs delivered by teachers – Ensure that teachers are resourced and supported in their central role in delivering drug education programs.

Teachers are best placed to provide drug education as part of an ongoing school program. Effective professional development and support enhance the teacher's repertoire of facilitation skills and provide current and accurate information and resources. Appropriately trained and supported peer leaders and visiting presenters can complement the teacher's role.

Principle 11

Interactive strategies and skills development – Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values.

Skills development is a critical component of effective drug education programs. Inclusive and interactive teaching strategies have been demonstrated to be the most effective way to develop students' drug-related knowledge, skills and attitudes. These strategies assist students to develop their problem-solving, decision-making, assertiveness and help-seeking skills. Inclusive methods that ensure all students are actively engaged are the key to effective implementation of interactive strategies.

Principle 12

Credible and meaningful learning activities – Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.

Students need credible and relevant information about drugs and the contexts in which choices about drugs are made. They need to engage in meaningful activities with their peers, examine the social influences impacting on drug use and encounter normative information about the prevalence of use, which is typically lower than students expect.

What do these Principles look like in a school?

9. Timely programs within a curriculum framework. 10. Programs delivered by teachers. 11. Interactive strategies and skills development. 12. Credible and meaningful learning activities.

framework thus providing timely,
developmentally appropriate and
ongoing drug education.

• Develop a scope and sequence for drug

9. Locate programs within a curriculum

- Develop a scope and sequence for drug education including age appropriate content (refer to pages 65 and 66) to be provided on a regular basis over a child's school years.
- Use evidence-based resources which allow drug education to be delivered in the Health and Physical Education Learning Area in particular e.g. Challenges and Choices⁷ (SDERA), REDI ¹⁰ resources (DEST) – refer to pages 23 to 25.
- Implement programs which develop students' knowledge, skills, attitudes and values in relation to drug use issues to contribute to their health and well-being.
- 10. Ensure that teachers are resourced and supported in their central role in delivering drug education programs.
- Ensure that school staff have the opportunity to attend regular professional development to gain the appropriate knowledge and skills to provide effective drug education that promotes student learning, resilience and well-being e.g. SDERA professional development workshops.
- Ensure school planning and budgets include professional development costs, registration fees, teacher relief, time and resources.
- Provide teachers with access to current, evidence-based resources e.g. Challenges and Choices⁷ (SDERA), REDI ¹⁰ resources (DEST) – refer to pages 23 to 25.
- Ensure school staff understanding of the use
 of relevant community partnerships which
 can complement and add value to an
 existing, in-school and ongoing, drug
 education program. Refer to page 76 for a
 Checklist for engaging guest presenters and
 to Connect resource for a directory of drug
 education support services for schools.

"There is clear evidence in the literature that resourcing and supporting teachers is critical to the effective implementation of drug education."

Hawks et al (2002)

School communities working with vulnerable groups (i.e. socially disadvantaged, rural and remote, Indigenous and culturally and linguistically diverse) should consider the learning styles of these groups and adapt drug education activities and programs to meet students' needs.

- 11. Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values.
- Use interactive and experiential activities such as problem-solving, group discussion, role-play to engage students and help them personalise the information that leads to development of helpseeking, decision-making and self-reflection skills.
- Provide opportunities for students' voices and opinions to be heard by engaging them in appropriate leadership positions in the classroom.
- Incorporate the use of interactive learning strategies such as group activities, role-play, DVDs, peer and adult-led discussion.
- Plan programs and use teaching materials that consider students' learning styles and diverse needs.
- Provide diverse opportunities for students to be meaningfully involved, learn and be recognised (e.g. students working together to plan and conduct drug education initiatives for the school community such as a Drug Education Forum).

- 12. Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.
- Use age appropriate, evidence-based resources that provide normative information as regards drugs and their use to explore the drugs causing most harm to specific age groups.
- Conduct learning activities which provide accurate information and use interactive strategies to develop skills students can use in drug-related situations.
- Extend learning to parents to support classroom programs (e.g. take-home activities).
- Use issues and incidents in the classroom as 'teachable moments' to educate students on selfmanagement, empathy, co-operation and conflict resolution skills.

Ethos and Environment

The following Principles illustrate that to achieve best practice, drug education should extend beyond the classroom and involve promotion of a positive school climate and relationships.

Principle 4

Safe and supportive environment – Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.

A safe and supportive school environment is protective for young people against a range of health related risks, including substance use problems. A positive climate within and beyond the classroom fosters learning, resilience and well-being in students and staff. An inclusive school provides a setting where students, staff, families and the broader community can connect and engage in meaningful learning, decision-making and positive relationships.

Principle 6

Culturally appropriate and targeted drug education – Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.

Drug education needs to be relevant to all students. In providing programs, schools should be sensitive to the cultural background and experience of students. Diverse components of identity, including gender, culture, language, socio-economic status and developmental stage, should be considered when providing drug education that is targeted to meet students' needs.

Principle 7

Recognition of risk and protective factors – Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.

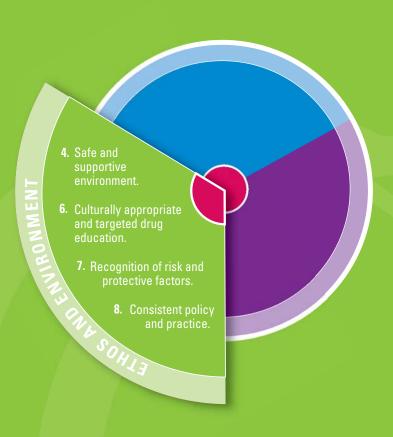
Drug education should be based on an understanding of the risk and protective factors that affect young people's health and education. Schools that recognise the complexity of issues that may impact on students' drug use are in a better position to provide relevant drug education.

Principle 8

Consistent policy and practice – Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.

The school's discipline and welfare responses should protect the safety and well-being of all students and staff. Policies and procedures to manage drug-related incidents and support students who are at risk are best determined through whole-school consultation and implemented through well defined procedures for all school staff. Vulnerable students may require additional support from the school and relevant community agencies. Retaining students in an educational pathway should be a priority of care for students who are at risk.

What do these Principles look like in a school?



- 4. Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.
- School administration demonstrates support of drug education through attendance at meetings and activities.
- Inform all staff, students and parents of the School Drug Education Guidelines as part of the induction/orientation process and through the school's channels of communication (e.g. newsletter, website).
- Encourage staff to attend relevant professional development to enhance their skills and confidence in working with drug use issues within the boundary of their role (e.g. SDERA's Keeping in Touch professional development).
- Use staff meetings to promote awareness of support staff who have been trained in intervention and referral procedures for students experiencing stress. Invite school health staff into classrooms to promote student awareness of these personnel and their roles.
- Establish practices, including school rules, that promote safety and respect and are the responsibility of all students and staff (e.g. rewards for pro-social behaviour, encourage students and staff to greet each other by name).

Research study

The Gatehouse Project¹¹ was developed in Australia using a whole-school environment, multi-level approach to build the capacity of schools to promote emotional well-being in students. An evaluation of this project found that promoting positive social environments in schools can contribute to a reduction in risky health behaviours including regular smoking, drinking and cannabis use.

- 6. Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.
- Provide all students with the opportunity to participate in drug education.
- Provide drug education resources which are culturally sensitive and use these to plan programs that support the diversity in the student population.
- Promote awareness of culturally secure resources and agencies. (Refer to Connect resource).
- Ensure that drug education programs address the issues which are relevant to the local context while remaining developmentally appropriate (refer to pages 65 and 66).
- Develop relationships with local health agencies to support and complement existing drug education programs (e.g. invite guest presenters from agencies that display culturally sensitive practice such as the Aboriginal Alcohol and Drug Service – refer to Connect resource).

- Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.
- Begin curriculum-based drug education at Kindergarten and continue to Year 12 as part of the health focus to address and build protective factors.
- Promote the aim of preventing and reducing harm from drug use. This
 ensures that an inclusive approach underpins the school's drug education
 programs and initiatives.
- Encourage staff to attend professional development to ensure a broader understanding of the triggers to drug use and the benefits of intervention support to promote student health.
- Build protective factors by encouraging connection beyond the classroom with whole-school community building activities which link students, parents and teachers.
- Encourage school staff to reach out to students with academic or social issues to create stronger relationships and link them to role models, mentors, peers or trusted adults (e.g. *The School Volunteer Program* – refer to *Connect* resource).
- 8. Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.
- Form a School Drug Education Leadership Team or identify school leaders, staff, students and parents to co-ordinate the development and implementation of School Drug Education Guidelines. Invite feedback from staff, students, parents and relevant community agencies. (Sample guidelines are provided on pages 30 to 32 and a template on the CD-ROM.)
- Develop Procedures for Incident Management and Intervention Support which demonstate an inclusive approach and include these in the guideline document. (Refer to pages 43 to 63.)
- Encourage attendance at professional development which can offer support in developing guidelines and procedures and provide strategies for managing drug use incidents and providing support interventions (e.g. SDERA's Keeping in Touch professional development workshop).
- Ensure all school stakeholders are aware of the School Drug Education
 Guidelines by introducing and promoting these through staff and student
 induction and orientation, promotion at staff meetings, school assemblies
 and through the school newsletter and website.
- Identify and engage key agencies that can provide support in working with vulnerable students. Refer to Connect resource.
- Use the school newsletter to highlight what drug education is and how the School Drug Education Guidelines support staff and students, and may reduce harm throughout the school community.
- Calendar annual reviews and updates of the School Drug Education Guidelines.

Parents and Community

The following Principle illustrates that a best practice approach to school drug education requires a broad, inclusive approach across the school and the wider community.

Principle 5

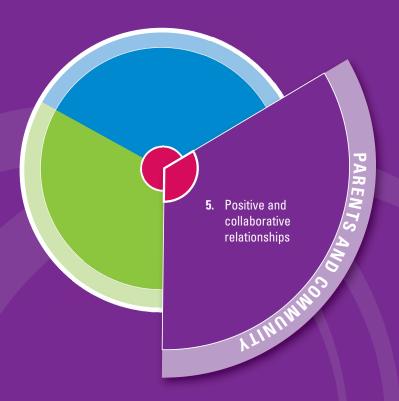
Positive and collaborative relationships – Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.

Schools that use collaborative processes whereby students, staff, families and the broader community are consulted, are more likely to provide relevant and responsive drug education. Broad approaches that integrate school, family, community and the media are likely to be more successful than a single component strategy. Strong relationships with families, external agencies and the broader community can enhance students' sense of connectedness, and support access to relevant services.

"The family is the single most critical factor shaping a student's attitudes and behaviours."

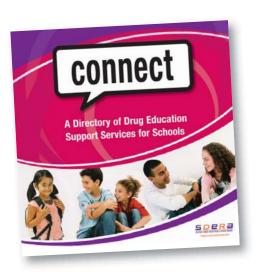
Quote retrieved from Commonwealth Department of Education, Science and Training (2003). Schools can't do it alone: A report from the National School Drug Education Innovation and Good Practice Project. Monograph 3, P 6: Canberra.¹²

What do these Principles look like in a school?



- 5. Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.
- Provide opportunities that encourage openness and communication between parents and young people to explain issues related to drug use through providing access to resources, websites, parent forums and teacher-student-parent conferences.
- Offer a broad spectrum of opportunities for parent and community involvement that fit diverse schedules, skills and abilities (e.g. assisting in the classroom, attending after-school events, collaborating on homework activities and linking community resources to the school).
- Involve parents in developing, maintaining and promoting the School Drug Education Guidelines by consulting parents and inviting parent representatives to be involved in the process.
- Include information on the school's approach to drug education in student orientation packs when starting at the school (e.g. provide a copy of the School Drug Education Guidelines).
- Identify agencies that provide services to support and complement the school's drug education approach and support with intervention requirements (e.g. Community Drug Service, Parent Drug Information Service – refer to Connect resource.)
- Seek access to funding to participate in whole-school community drug education activities and events.
- Develop current and comprehensive lists of drug-related resources to be found in the school and circulate to all staff.

Is there support available to help school communities implement drug education?



Yes. School Drug Education and Road Aware (SDERA) is the Western Australian State Government's primary drug and road safety education strategy for young people. SDERA works with schools and the wider community to provide prevention education aimed at keeping young people safer.

SDERA aims to empower school-based staff, parents and community agencies to develop effective drug and road safety education programs within their schools and communities.

SDERA offers a comprehensive range of programs, professional development and resources including *Getting it Together*. Other SDERA resources are illustrated on page 23 and in the *Connect* resource.

The Australian Government has also produced a number of resources for inclusion in a whole-school approach to drug education (refer to pages 24 to 25 and the *Connect* resource).

Connect (provided in the back of this resource) will help schools identify and access drug education resources and programs as well as community-based support agencies. These can contribute to drug education initiatives and provide support services for students, staff and parents.

Some drug education initiatives are easily implemented by schools, whereas other initiatives may require consultation, collaboration and support from external agencies.

School Drug Education and Road Aware curriculum resources

SDERA resources are evidence-based and present ageappropriate content suitable for Kindergarten to Year 12 students. Further information on why school drug education programs should be based on age-appropriate content is described on pages 65 to 66.

Resources produced by SDERA are distributed free to all schools throughout Western Australia.

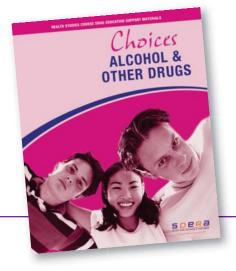


www.sdera.wa.edu.au

Challenges and Choices⁷ is a resilience, drug and road safety education program targeted at children and young people from Kindergarten through to Year 10, and their parents.

These resources are in all Western Australian schools. The teacher resource can be downloaded from the SDERA website. Professional development workshops offered by SDERA, assist school staff to implement resilience and drug education using these resources.





Choices: Alcohol and Other Drugs⁸ support materials are for teachers implementing the WACE Health Studies Course. The materials use drug education as a context to cover unit content and to develop outcomes.

Further information about these resources and professional development workshops is available at **www.sdera.wa.edu.au** and in the *Connect* resource.

Department of Education, Employment and Workplace Relations resources

A range of resilience and drug education resources have been produced by the Department of Education, Science and Training (DEST) and are available through the Department of Education, Employment and Workplace Relations (DEEWR).

The **Resilience Education** and Drug Information

(REDI)¹⁰ resources are designed for use by classroom teachers, tertiary educators, parents and other school staff. They focus on preventing and reducing drug-related harm by building resilience and connectedness in young people.

SDERA offers professional development that focuses on some of the Australian Government resources and assists school staff to implement resilience and drug education. Refer to the SDERA website www.sdera.wa.edu.au





Rethinking Drinking¹³ and Cannabis and Consequences¹⁴

have been produced for use with secondary school students. Information on professional development based on these resources is available on the SDERA website.

Keeping in Touch⁶ (the kit) – Working with Alcohol & Other Drug Use, A resource for Primary and Secondary Schools (Keeping in Touch) is an information resource for school-based staff.

Keeping in Touch aims to develop staff confidence and competence in working with student drug use issues. It is available through DEEWR and can also be downloaded from SDERA's website. Participants attending a SDERA Keeping in Touch professional development workshop will obtain a CD-ROM copy of the resource. Refer to the SDERA website.

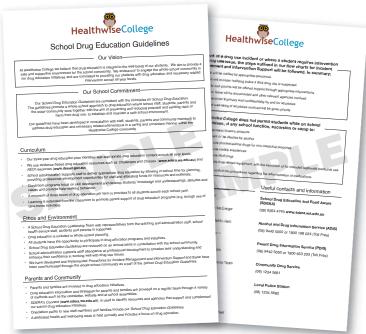


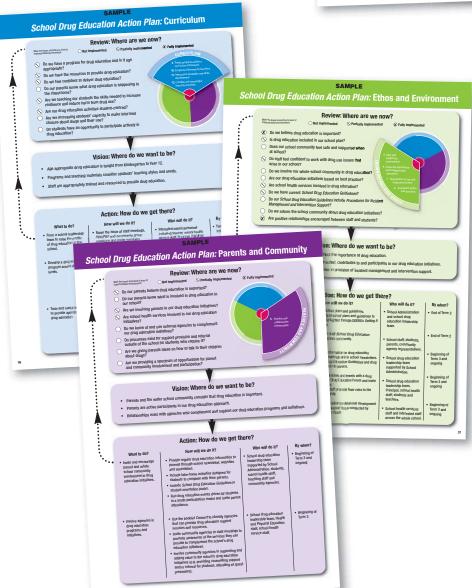
Further information about these and other Australian Government resilience and drug education resources can be found at **www.deewr.gov.au**, **www.sdera.wa.edu.au** and in the *Connect* resource.

How can school communities get started?

When a school community makes the decision to implement drug education using a whole-school approach, it is suggested that *School Drug Education Guidelines* are developed and supported by action plans for each of the areas of the *Health Promoting Schools Framework*².

Sample School Drug Education Guidelines can be found on pages 30 to 32 and a template is provided on the CD-ROM in this resource.





Samples of the School Drug Education Action Plans are provided on pages 36 to 41. These can assist schools to identify their drug education vision and goals. One of these goals may be to begin by developing drug education guidelines or revising existing drug education guidelines.

School Drug Education Guidelines

School Drug Education Guidelines aim to keep young people safer and encourage a shared commitment to drug education between staff, students and parents.

Guidelines that are developed in consultation with school community members, and are clear and well communicated, are more likely to be implemented and effective.

Guidelines should:

- state the school's drug education vision and goals
- address all areas of the Health Promoting Schools Framework²
- · highlight strategies being used to achieve drug education goals
- focus on improving the school's approach to drug education
- identify roles and responsibilities of school staff and parent groups
- identify agencies who can contribute to achieving the school's drug education vision
- provide guidance on school drug education issues
- outline *Procedures for Incident Management and Intervention*Support (refer to pages 28 to 29 and 43 to 63)
- · align with system and sector policies
- be reviewed on a regular basis.

Guidelines need to be distributed to staff, students and parents with other opportunities used to communicate and highlight their importance, such as:

- school assemblies
- inclusion of guidelines in induction packs
- school newsletters and website
- parent information evenings
- staff meetings
- letters to parents.

School Drug Education Guidelines including Procedures for Incident Management and Intervention Support apply to all members of the school community while on school premises, at a school function or on excursions where there are students present.

Schools developing *School Drug Education Guidelines* may contact SDERA to receive constructive feedback and advice.

Where guidelines state the school's drug education intentions and goals, the action plan states how these goals are to be achieved.

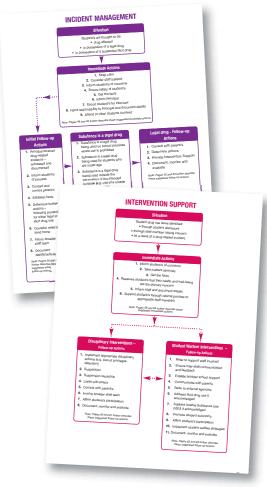


Procedures for Incident Management and Intervention Support

All School Drug Education Guidelines should outline the procedures that exist within the school for managing issues and incidents involving possible drug use and providing support interventions. These procedures should be developed in consultation with staff, students and parents and should align with school, system and sector policies.

It is important that the procedures demonstrate a commitment to providing a consistent and considered approach that aims to promote inclusion of students whose drug use may be linked to educational, personal, social or psychological issues in their lives. By adopting an educative and supportive approach to student drug use issues, the procedures can minimise stigmatisation of students and promote a continued connection to school.

Detailed information on *Procedures for Incident Management and Intervention Support* is provided on pages 43 to 63 and includes flow charts illustrating suggested steps.



Incident Management
and Intervention
Support should be
guided by purposeful
processes which
support students,
staff and parents to
work together
towards fair and
reasonable outcomes.



Any staff member at some time may be required to provide intervention on some level. Therefore it is essential that all staff be aware of the procedures and actions they may be required to take.

The involvement of all staff in implementing the procedures reflects a whole-school approach and promotes a sense of shared responsibility for student welfare. This can also contribute to the prevention and reduction of harm to students, staff and the wider-school community.



Procedures should:

- offer staff, students, and parents a clear outline of the actions that will be taken when drug use incidents occur or drug use issues arise
- provide clear and supportive processes to ensure consistency in the actions taken and to reduce anxiety for those involved
- be made available to staff, students and parents in the School Drug Education Guidelines
- be reviewed and revised regularly to ensure effectiveness.

In forming part of the School Drug Education Guidelines, the procedures should be communicated throughout the whole-school community. Information on the distribution of guidelines is provided on page 27.

Schools may contact SDERA to review and provide feedback on draft *Procedures for Incident Management and Intervention Support.* Sample School Drug Education Guidelines which include *Procedures for Incident Management and Intervention Support* are provided on pages 30 to 32.



School Drug Education Guidelines

Our Vision-

At Healthwise College we believe that drug education is integral to the well-being of our students. We aim to provide a safe and supportive environment for the school community. We endeavour to engage the whole-school community in our drug education initiatives and are committed to providing our students with drug education and necessary related intervention across all year levels.

Our School Commitment-

Our School Drug Education Guidelines are consistent with the Principles for School Drug Education.

The guidelines promote a whole-school approach to drug education where school staff, students, parents and the wider-school community work together with the aim of preventing and reducing potential and existing risks of harm from drug use, to establish and maintain a safe school environment.

Our guidelines have been developed in consultation with staff, students, parents and community members to address drug education and necessary related interventions in a caring and consistent manner within the Healthwise College community.

Curriculum

- · Our three-year drug education plan identifies age-appropriate drug education content across all year levels.
- We use evidence-based drug education resources such as Challenges and Choices (www.sdera.wa.edu.au) and REDI resources (www.deewr.gov.au).
- School administration supports staff to deliver appropriate drug education by allowing in-school time for planning, providing professional development opportunities for staff and allocating funds for resources and materials.
- Classroom programs focus on skill development and develop students' knowledge and understandings, attitudes and values and promote help-seeking behaviour.
- · A minimum of three hours of drug education per term is provided to all students across each school year.
- Learning is extended from the classroom to promote parent support of drug education programs (e.g. through use of take-home activities).

Ethos and Environment

- A School Drug Education Leadership Team with representatives from the teaching and administration staff, school health service staff, students and parents is supported.
- Drug education is included in whole-school planning.
- All students have the opportunity to participate in drug education programs and initiatives.
- · School Drug Education Guidelines are reviewed on an annual basis in consultation with the school community.
- School administration supports staff attendance at professional development to broaden their understanding and enhance their confidence in working well with drug use issues.
- We have developed and implemented Procedures for Incident Management and Intervention Support and these have been communicated through the whole-school community as a part of the School Drug Education Guidelines.

Parents and Community

- · Parents and families are involved in drug education initiatives.
- Drug education information and strategies for parents and families are provided on a regular basis through a variety
 of methods such as the newsletter, website and at school assemblies.
- SDERA's Connect (www.sdera.wa.edu.au), is used to identify resources and agencies that support and complement our school drug education initiatives.
- Orientation packs to new staff members and families include our *School Drug Education Guidelines*.
- · A dedicated health and well-being week is held annually and includes a focus on drug education.

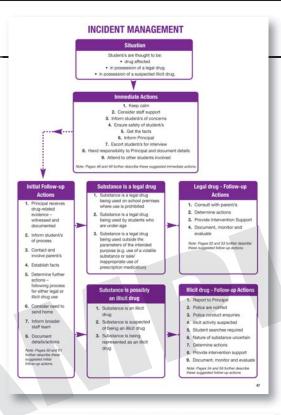
SAMPLE



Incident Management and Intervention Support

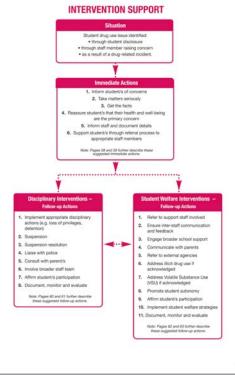
The following Incident Management and Intervention Support flow charts illustrate the steps which will be taken in the event of a drug use incident or issue. Should you wish to contact school personnel in this regard, contact details are provided.

Incident Management Procedures to follow



Note: At this point, the Incident Management flow chart illustrated in this resource on page 47 should be included in the guidelines. Schools should use the flow chart provided on the CD-ROM to insert and illustrate the steps that will be taken specific to their school.

Intervention Support Procedures to follow



Note: At this point, the Intervention Support flow chart illustrated in this resource on page 57 should be included in the guidelines. Schools should use the flow chart provided on the CD-ROM to insert and illustrate the steps that will be taken specific to their school.

SAMPLE



In the event of a drug use incident or where a student requires intervention for a drug use issue, the steps outlined in our flow charts for Incident Management and Intervention Support will be followed. In summary:

- · the parent/s will be notified by appropriate personnel
- · the Principal will consider notifying police if illicit drug use is suspected
- · both students and parents will be offered support through appropriate interventions
- · the incident or issue will be documented and other relevant agencies involved
- · respect will be given to privacy and confidentiality by and for all parties
- · the health and well-being of all parties involved will be given priority.

Healthwise College does not permit students while on school premises, at any school function, excursion or camp to:

- · smoke and/or possess tobacco products
- consume, possess or be affected by alcohol
- · possess and/or use pharmaceutical drugs for non-medicinal purposes
- possess and/or use volatile substances
- possess and/or use illicit drugs
- · possess and/or use drug-related equipment, with the exception of for intended legitimate medicinal use.

All school staff should confirm the procedures regarding the administration of medications.

School contacts

Principal – Mr David Harper (08) 1234 5671

Deputy Principal – Mrs Kate McGregor (08) 1234 5672

School Health Nurse – Ms Caitlin Jack (08) 1234 5673

Student Services Co-ordinator – Mr Ben Lenton (08) 1234 5674

School Psychologist – Di-Ann Koh (08) 1234 5675

School Drug Education Leadership Team (08) 1234 5676

Mrs Maggie Brady (08) 1234 5677

Mr Drew Miller (08) 1234 5678

Ms Joyce Franklin (08) 1234 5679

Mr Anil Arumagum - First Aid qualified (08) 1234 5680

Useful contacts and information

School Drug Education and Road Aware (SDERA)

(08) 9264 4743 www.sdera.wa.edu.au

Alcohol and Drug Information Service (ADIS)

(08) 9442 5000 or 1800 198 024 (Toll Free)

Parent Drug Information Service (PDIS)

(08) 9442 5050 or 1800 653 203 (Toll Free)

Community Drug Service

(08) 1234 5681

Local Police Station

(08) 1234 5682

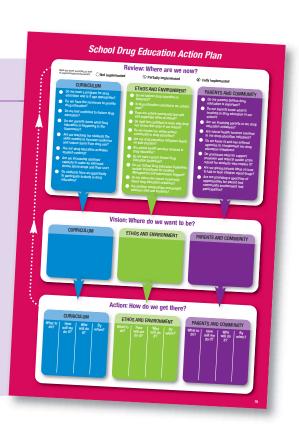
School Drug Education Action Plan

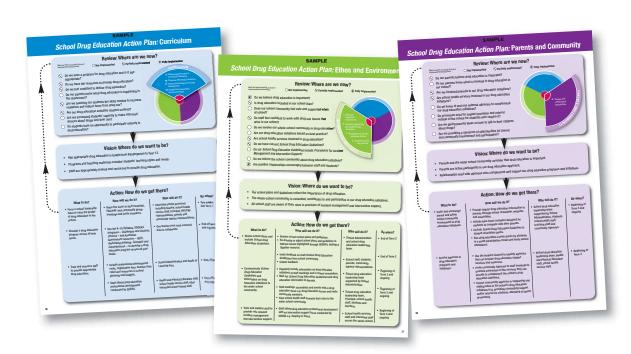
The School Drug Education Action Plan described in this section will assist schools to assess, plan and implement drug education strategies. This plan is based on the Principles for School Drug Education¹ and the three areas of the Health Promoting Schools Framework².

Step One

Become familiar with the School Drug Education Action Plan (page 35). Consider the three sample action plans which indicate what schools may focus on for each of the three areas of the Health Promoting Schools Framework² – Curriculum, Ethos and Environment, and Parents and Community.

Although the sample action plans indicate activity spread across one year, it is important to acknowledge some drug education strategies will take longer to implement than others and plans may need to be implemented over a period of two to three years.





Step Two

Using the planning templates on pages 39 to 41, develop an action plan for your school by progressing through the phases described below. The *School Drug Education Action Plan* templates are also provided on the CD-ROM accompanying this resource.

- Review: Where are we now?
 Take a snapshot of your school's current drug education programs and practices by answering the questions listed for each of the three areas. This phase can help to highlight your school's areas of strength and those which require to be addressed.
- Vision: Where do we want to be?
 Record any gaps you have identified in your review. This phase helps schools determine their drug education vision and set goals that form part of their School Drug Education Guidelines.
- Action: How do we get there?
 Think about and record ways to achieve your drug education vision who needs to be involved and what steps can be taken to get the wheels in motion. This phase helps schools map out a plan to achieve their drug education vision.

Step Three

Consult with your school community to reach an agreement on the proposed plans. Incorporate feedback from the consultation into your final action plan/s.

Step Four

Implement the action plan/s and monitor progress by returning to Step Two at regular intervals and working back down through the model to acknowledge goals achieved and identify further gaps to be addressed.

School Drug Education Action Plan

Review: Where are we now?

Mark the boxes according to level of implementation/achievement.

Not implemented

Natially implemented

Fully implemented

CURRICULUM

- Do we have a program for drug education and is it age appropriate?
- Do we have the resources to provide drug education?
- Do we feel confident to deliver drug education?
- Do our parents know what drug education is happening in the classrooms?
- Are we teaching our students the skills needed to increase resilience and reduce harm from drug use?
- Are our drug education activities student-centred?
- Are we increasing students' capacity to make an informed choice about drugs and their use?
- Do students have an opportunity to participate actively in drug education?

ETHOS AND ENVIRONMENT

- Do we believe drug education is important?
- Is drug education included in our school plan?
- Does our school community feel safe and supported when at school?
- Do staff feel confident to work with drug use issues that arise in our school?
- Do we involve our whole-school community in drug education?
- Are our drug education initiatives based on best practice?
- Are school health services involved in drug education?
- On we have current School Drug Education Guidelines?
- Do our School Drug Education Guidelines include Procedures for Incident Management and Intervention Support?
- Do we inform the school community about drug education initiatives?
- Are positive relationships encouraged between staff and students?

PARENTS AND COMMUNITY

- Do our parents believe drug education is important?
- Do our parents know what is involved in drug education in our school?
- Are we involving parents in our drug education initiatives?
- Are school health services involved in our drug education initiatives?
- Do we know of and use external agencies to complement our drug education initiatives?
- Do processes exist for support provision and referral outside of the school for students who require it?
- Are we giving parents ideas on how to talk to their children about drugs?
- Are we providing a spectrum of opportunities for parent and community involvement and participation?

Vision: Where do we want to be?

CURRICULUM

ETHOS AND ENVIRONMENT

PARENTS AND COMMUNITY

Action: How do we get there?

CURRICULUM

What to How will do when? do it?

ETHOS AND ENVIRONMENT

What to How Who By do? will we will do when? do it? it?

PARENTS AND COMMUNITY

What to How Who By do? will we will do when? do it? it?

SAMPLE

School Drug Education Action Plan: Curriculum

Review: Where are we now?

Mark the boxes according to level of implementation/achievement.

- Not implemented
- Natially implemented
- **X** Fully implemented
- On we have a program for drug education and is it age appropriate?
- On we have the resources to provide drug education?
- Do we feel confident to deliver drug education?
- Do our parents know what drug education is happening in the classrooms?
- Are we teaching our students the skills needed to increase resilience and reduce harm from drug use?
- Are our drug education activities student-centred?
- Are we increasing students' capacity to make informed choices about drugs and their use?
- Do students have an opportunity to participate actively in drug education?



- **9.** Timely programs within a curriculum framework.
- 10. Programs delivered by teachers
- **11.** Interactive strategies and skills development.
- **12.** Credible and meaningful learning activities.



Vision: Where do we want to be?

- . Age appropriate drug education is taught from Kindergarten to Year 12.
- Programs and teaching materials consider students' learning styles and needs.
- Staff are appropriately trained and resourced to provide drug education.

Y

Action: How do we get there?

What to do?

- Form a school leadership team to raise the profile of drug education in the school.
- Develop a drug education program across all year levels.
- Train and resource staff to provide appropriate drug education.

How will we do it?

- Raise the issue at staff meetings, P&C/P&F and community group meetings and invite members.
- Use the K-10 Syllabus, SDERA's programs - Challenges and Choices, Choices - and Australian Government resources - REDI, Rethinking Drinking, Cannabis and Consequences - to develop a drug education program across all year levels.
- Include professional development costs, registration fees, teacher time relief and resources in school planning and budgets.
- Staff attend drug education professional development conducted by SDERA.

Who will do it?

- Interested school personnel including teachers, school health service staff, Principal, P&C/P&F representatives, parents and community agency representatives.
- One teacher from each Learning Area to collaborate.
- End of Term 2
 and ongoing

By when?

Two weeks

into Term 1

- School Administration and Heads of Learning Area.
- Health and Physical Education staff, school health service staff, other interested school-based staff.
- End of Term 1
- End of Term 2 and ongoing

SAMPLE

School Drug Education Action Plan: Ethos and Environment



Vision: Where do we want to be?

- Our school plans and guidelines reflect the importance of drug education.
- The whole-school community is consulted, contributes to and participates in our drug education initiatives.
- All school staff are aware of their roles in provision of incident management and intervention support.

Y

Action: How do we get there?

What to do?

- Revise school plans and include School Drug Education Guidelines.
- Communicate School Drug Education Guidelines and information on drug education initiatives to the wider school community.
- Train and support staff to provide role relevant incident management and intervention support.

How will we do it?

- · Review current school plans and guidelines.
- Re-develop or adjust school plans and guidelines to address issues highlighted through SDERA's Getting It Together resource.
- Invite feedback on draft School Drug Education Guidelines from school community.
- · Collate feedback.
- Regularly include information on drug education initiatives at staff meetings and in school newsletters.
- Mail out School Drug Education Guidelines and drug education information to parents.
- Hold meetings, assemblies and events with a drug education focus e.g. Drug Education Forum and invite community members.
- Have school health staff promote their roles to the wider school community.
- Staff attend drug education professional development with an intervention support focus conducted by SDERA e.g. Keeping in Touch.

Who will do it?

- School Administration and school drug education leadership team.
- School staff, students, parents, community agency representatives.
- School drug education leadership team supported by School Administration.
- School drug education leadership team, Principal, school health staff, students and teachers.
- School health services staff and interested staff across the whole school.

By when?

- End of Term 2
- End of Term 2
- Beginning of Term 3 and ongoing
- Beginning of Term 3 and ongoing
- Beginning of Term 3 and ongoing

School Drug Education Action Plan: Parents and Community

Review: Where are we now?

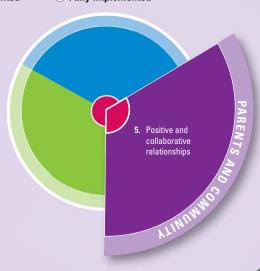
Mark the boxes according to level of implementation/achievement:

Not implemented

N Partially implemented

Fully implemented

- Do our parents believe drug education is important?
- Do our parents know what is involved in drug education in our school?
- Are we involving parents in our drug education initiatives?
- Are school health services involved in our drug education initiatives?
- Do we know of and use external agencies to complement our drug education initiatives?
- Do processes exist for support provision and referral outside of the school for students who require it?
- Are we giving parents ideas on how to talk to their children about drugs?
- Are we providing a spectrum of opportunities for parent and community involvement and participation?



Vision: Where do we want to be?

- · Parents and the wider school community consider that drug education is important.
- Parents are active participants in our drug education approach.
- Relationships exist with agencies who complement and support our drug education programs and initiatives.



Action: How do we get there?

What to do?

 Invite and encourage parent and whole school community involvement in drug education initiatives.

 Involve agencies in drug education programs and initiatives.

How will we do it?

- Provide regular drug education information to parents through school newsletter, websites and assemblies.
- Include take-home activities designed for students to complete with their parents.
- Include *School Drug Education Guidelines* in student orientation packs.
- Run drug education events driven by students in a youth participation model and invite parent attendance.
- Use the booklet Connect to identify agencies that can provide drug education support services and resources.
- Invite community agencies to staff meetings to promote awareness of the services they can provide to complement the school's drug education initiatives.
- Involve community agencies in supporting and adding value to the school's drug education initiatives (e.g. providing counselling support and/or referral for students, attending as guest presenters).

Who will do it?

- School drug education leadership team supported by School Administration, students, school health staff, teaching staff and community agencies.
- School drug education leadership team, Health and Physical Education staff, school health service staff.

By when?

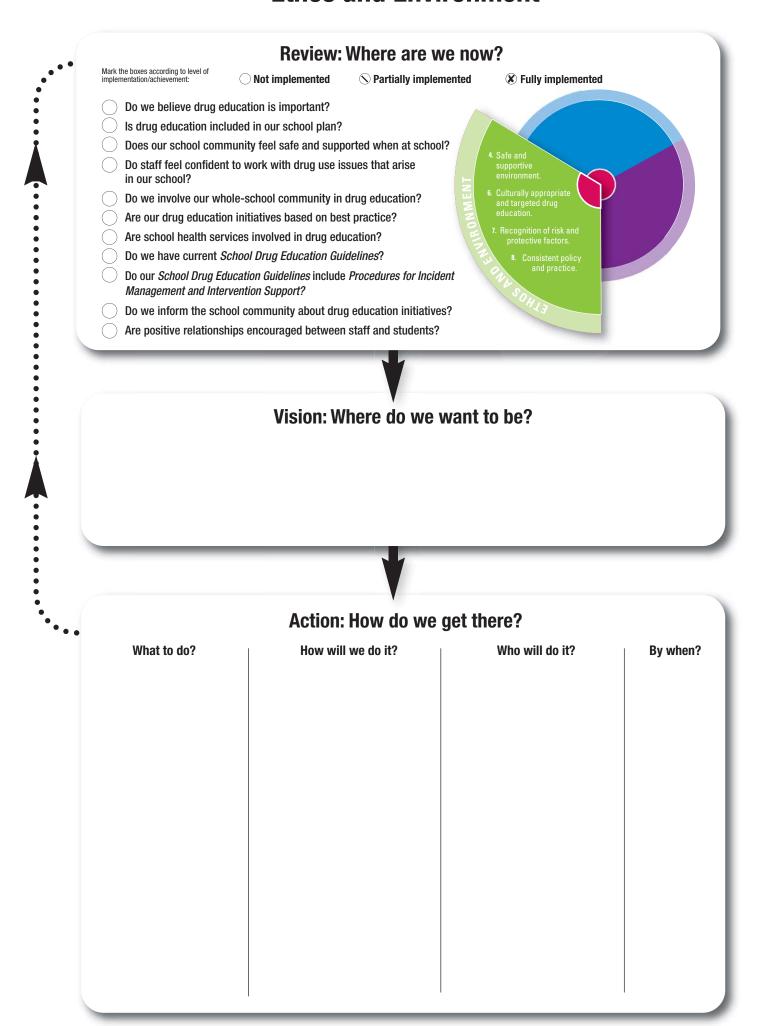
 Beginning of Term 3 and ongoing

 Beginning of Term 3

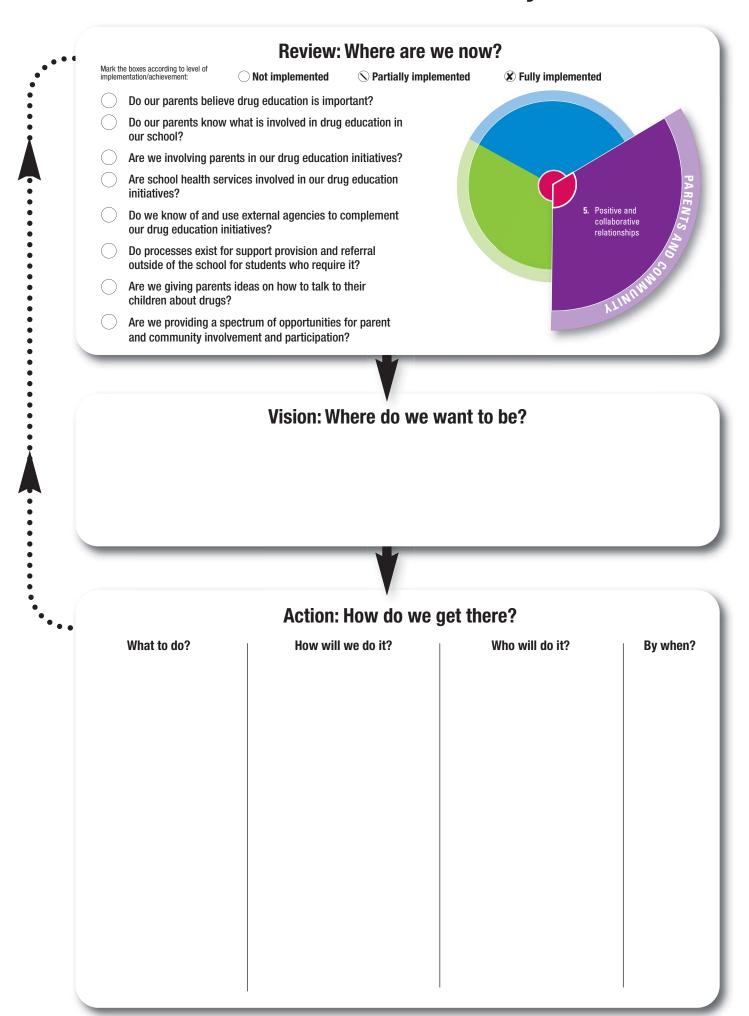
Curriculum

| | Review: Where are we | now? | |
|--|---|--|----------|
| Mark the boxes according to level of implementation/achievement: | ○ Not implemented ○ Partially implement | ed | |
| Do we have a program appropriate? | m for drug education and is it age | CURRICULU 9. Timely programs wit | |
| O Do we have the resource | ces to provide drug education? | curriculum framewo | ırk. |
| O Do we feel confident to | deliver drug education? | 10. Programs delivered 11. Interactive strategie | |
| Oo our parents know w classrooms? | that drug education is happening in the | development. 12. Credible and meanin learning activities. | ngful |
| Are we teaching our st resilience and reduce h | udents the skills needed to increase narm from drug use? | | |
| Are our drug education | activities student-centred? | | |
| Are we increasing stud about drugs and their u | ents' capacity to make informed choices use? | | |
| Do students have an opeducation? | pportunity to participate actively in drug | | |
| | Vision: Where do we wa | to wo i | |
| | | | |
| | | | |
| | Action: How do we get | there? | |
| What to do? | Action: How do we get | t there? Who will do it? | By when? |
| What to do? | _ | | By when |
| What to do? | _ | | By when |
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| What to do? | _ | | By when |

Ethos and Environment



Parents and Community



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Procedures for Incident Management and Intervention Support

School Drug Education Guidelines and Procedures for Incident Management and Intervention Support should be developed consistent with current, related policies of the relevant education system and sector and of the individual school.

When making reference to the need for schools to work within the context of relevant legislative, policy and procedural requirements, the term 'jurisdictional requirements' will be used.

Further information on jurisdictional information is provided on page 69.



What are *Procedures for Incident Management and Intervention Support?*

Promoting health and well-being is a familiar task for schools. Working with drug use issues in terms of Incident Management and Intervention Support is no different from working with any other health issue and should strive to have students:

- · accept responsibility for their actions
- · remain engaged and connected with their school
- abstain from or reduce drug use.

There are many factors involved in student drug use and any member of the staff team may be required to manage and support incidents and issues at any given time. These may involve:

- · suspicion of student drug use
- student possession, use and/or distribution of legal or illicit drugs
- disclosure of student drug use and/or issues relating to drug use
- student attendance at school while drug affected.

To work well with drug use incidents and issues, a school's response should be coordinated, authoritative, consistent, fair and reasonable in order to achieve improved health and educational outcomes for all concerned. This occurs best where a range of supporting structures exist and are known to the whole-school community. Operating from a clear set of procedures allows staff, students and parents to feel supported.

Therefore, *Procedures for Incident Management and Intervention Support* should:

- · state the consequences for inappropriate behaviour
- have disciplinary and educative components
- provide support options
- act as a deterrent.

WHAT IS INCIDENT MANAGEMENT?

Incident Management is the structured response to drug use incidents occurring within the school and should be actioned along with appropriate Intervention Support.

WHAT IS INTERVENTION SUPPORT?

Intervention Support is the structured provision of assistance to students who are identified as being at risk of drug use, or who disclose, demonstrate or are suspected of drug using behaviour.

Why provide Incident Management and Intervention Support?

Being guided by *Procedures for Incident Management and Intervention Support* protects both the student and the staff member, and ensures that a best practice, whole-school approach is adhered to where no one person is required to address or manage a situation on their own.

Incident Management

Effective Incident Management means that potential harms to students can be minimised by consistent and responsible management of drug-related incidents. Working with appropriate procedures for drug-related incidents may increase the likelihood of students involved remaining connected to school through application of a balance of disciplinary and educative consequences. "The consequence of being caught with drugs at school should not cause more harms than the drug itself."

Intervention Support

Effective Intervention Support may be preventive of later harmful drug use and of escalation of current drug use. To intervene early and effectively may allow an opportunity to identify and work to resolve the possible causes of drug use and to address the consequences. This allows staff and students a chance to work together to promote physical, emotional and social health and well-being.

Having an established procedure for providing Intervention Support allows staff the reassurance that they are operating according to their roles and are meeting their responsibilities within the school.

School staff are well placed to identify concerns around drug use and to intervene before drug using behaviour escalates. In recognition of this the *National School Drug Education Strategy Innovation and Good Practice Project, Monograph 8* stated:

"Good practice requires all staff develop the skill 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." \(^\)

The *Keeping in Touch*⁶ resource (refer to page 25) provides schools with support information to help increase staff confidence and competence in working with these issues in schools.

Quote retrieved from New South Wales Department of Education and Training (2000). Guidelines for Managing Drug Related Incidents in Schools.
 P. 4. New South Wales.¹⁵

[^] Quote retrieved from 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. 16

Who is involved in Incident Management and Intervention Support?

Staff will engage in Incident Management and Intervention Support at different levels depending on their role in the school. The following model from the *Keeping in Touch*⁶ resource (refer to page 25) outlines the level of involvement and tasks that could be undertaken by staff in the school according to job role.

| Job role tasks | | | | | |
|---|--|---|--|--|--|
| All staff | Specific student management (e.g. Principals, Deputies, Year Coordinators) | Specific student welfare/support (e.g. School counsellors, psychologists, nurses, youth workers and chaplains) | | | |
| 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 and education | | | |

To provide a fair, consistent and effective response, it is imperative that staff:

- know their own job role and understand the role of others
- are aware of the procedures for working with drug use issues
- are supportive of these procedures.

When all staff are aware of the Procedures for Incident Management and Intervention Support and their role within these, they can complement the management and support strategies of their colleagues.

What are the suggested steps for Incident Management and Intervention Support?

When student drug use, either legal or illicit, occurs or is suspected to have occurred at school, the following flow charts outline suggested steps in Incident Management and Intervention Support. Each of the steps are outlined and elaborated on through pages 47 to 63.

In the flow charts:

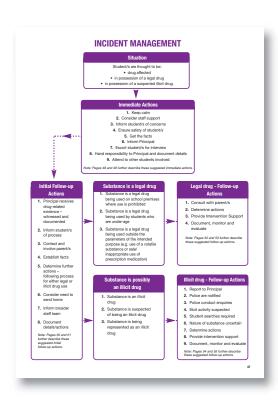
- a legal drug is one which is sanctioned by law and may be readily available (e.g. caffeine), may be restricted by age (e.g. tobacco, alcohol) or provided by prescription (e.g. dexamphetamine)
- an illicit drug is one which it is prohibited to produce, sell, possess or use (e.g. cannabis, amphetamine).

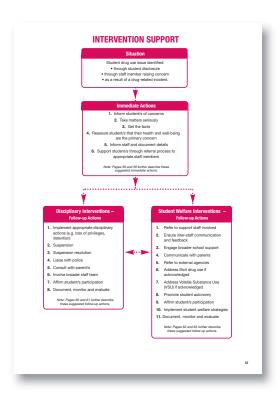
For further information around volatile substances refer to page 68.

Using the flow charts

- Schools should become familiar with the steps and accompanying actions outlined in each of the flow charts.
- Schools should then identify actions specific to their school that will promote the safety and welfare of students.
- 3. Schools can then insert these actions, nominated staff, their logo and any other details relevant to their school community into the flow chart templates which are included on the CD-ROM with this resource.
- 4. It is recommended that these flow charts be included in the *School Drug Education Guidelines* (refer to pages 30 to 32).

Where the term "Principal" is used through the flow-charts that follow, this could be replaced with "nominated staff member" or "appointed staff member".





INCIDENT MANAGEMENT

Situation

Student/s are thought to be:

- · drug affected
- in possession of a legal drug
- in possession of a suspected illicit drug.



Immediate Actions

- 1. Keep calm
- 2. Consider staff support
- 3. Inform student/s of concerns
- 4. Ensure safety of student/s
 - 5. Get the facts
 - 6. Inform Principal
- 7. Escort student/s for interview
- 8. Hand responsibility to Principal and document details
 - 9. Attend to other students involved

Note: Pages 48 and 49 further describe these suggested immediate actions.



Initial Follow-up Actions

- Principal receives drug-related evidence – witnessed and documented
- 2. Inform student/s of process
- Contact and involve parent/s
- 4. Establish facts
- 5. Determine further actions following process for either legal or illicit drug use
- **6.** Consider need to send home
- 7. Inform broader staff team
- 8. Document details/actions

Note: Pages 50 and 51 further describe these suggested initial follow-up actions.

Substance is a legal drug

- 1. Substance is a legal drug being used on school premises where use is prohibited
- 2. Substance is a legal drug being used by students who are under-age
- 3. Substance is a legal drug being used outside the parameters of the intended purpose (e.g. use of a volatile substance or sale/ inappropriate use of prescription medication)

Legal drug - Follow-up Actions

- 1. Consult with parent/s
- 2. Determine actions
- 3. Provide Intervention Support
- **4.** Document, monitor and evaluate

Note: Pages 52 and 53 further describe these suggested follow-up actions.

Substance is possibly an illicit drug

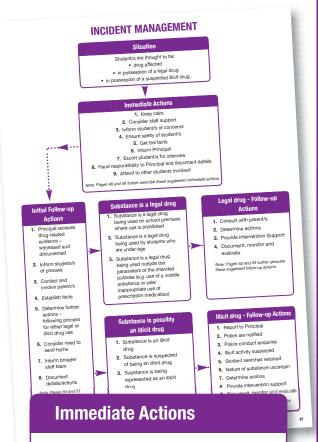
- **1.** Substance is an illicit drug
- **2.** Substance is suspected of being an illicit drug
- **3.** Substance is being represented as an illicit drug

Illicit drug - Follow-up Actions

- 1. Report to Principal
- 2. Police are notified
- 3. Police conduct enquiries
- 4. Illicit activity suspected
- 5. Student searches required
- 6. Nature of substance uncertain
- 7. Determine actions
- 8. Provide intervention support
- 9. Document, monitor and evaluate

Note: Pages 54 and 55 further describe these suggested follow-up actions.





- 1. Keep calm
- 2. Consider staff support
- 3. Inform student/s of concerns
- 4. Ensure safety of student/s
- 5. Get the facts
- 6. Inform Principal
- 7. Escort student/s for interview
- **8.** Hand responsibility to Principal and document details
- Attend to other students involved

The first issue to be considered in any drug-related incident is to address the safety and welfare needs of the student/s. The following suggested immediate actions are recommended.

1 Keep calm

 Keep calm and focus on working through the steps outlined.



2 Consider staff support

 Decide whether or not you require support from another staff member prior to intervening.



3 Inform student/s of concerns

 Advise student/s of your concern around their behaviour and your suspicion of possible drug use. State the boundaries of confidentiality (refer to pages 70 and 71) and that your intervention aims to promote their safety and welfare.



4 Ensure safety of student/s

- Determine the need for first aid or emergency care
- If the student/s appear physically unwell, proceed with school medical procedures and consider sending home (refer to page 51, Step 6).
- If Volatile Substance Use (VSU) is suspected, approach with caution with reassurance of intent to support. Student safety in this case is promoted by reduced agitation. To startle or give chase can exacerbate risk of Sudden Sniffing Death Syndrome. (For further information about VSU refer to page 68 and page 52, Step 2.)
- Where possible, confiscate any drugs and isolate the student/s who appear to be directly involved.
- If student/s appear physically well and coherent, continue to work through the procedures that follow.

5 Get the facts

- Try to obtain the facts to promote the safety of the student/s involved. Was a drug used? What type of drug was used? How much was taken? When and how was it taken? Was more than one drug taken?
- Proceed in a non-threatening manner and do not make assumptions.

6 Inform Principal

 Ensure the Principal is informed of the situation as soon as possible. Engaging support of another staff member will assist with this. One staff member should remain with the student/s and the other should inform the Principal.

7 Escort student/s for interview

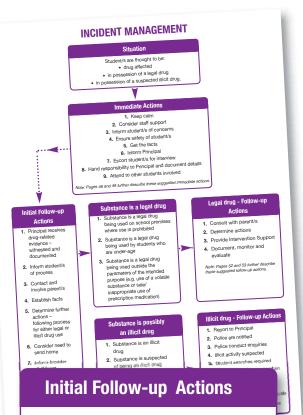
- Walk student/s to a private place known to be appropriate for the purpose of an interview situation.
- Ensure student/s wait under adult supervision until the Principal arrives.

8 Hand responsibility to Principal and document details

- Hand over all the information at your disposal as well as any drug/s or related implements confiscated from the student/s.
- Document the confiscation and exchange details in line with your school's documentation procedure.

Attend to other students involved

- Attend to the needs of all students involved to ensure their safety and welfare.
- Follow up with these students and if required consult with the Principal who may notify their
 parents while adhering to the school's confidentiality requirements and respecting the privacy of
 those directly involved.



- Principal receives drug-related evidence – witnessed and documented
- 2. Inform student/s of process
- 3. Contact and involve parent/s
- 4. Establish facts
- Determine further actions following process for either legal or illicit drug use
- 6. Consider need to send home
- 7. Inform broader staff team
- 8. Document details/actions

Effective incident management requires that appropriate follow-up actions are implemented following immediate responses to the incident. While support of the Principal is imperative, these suggested steps can be actioned by identified personnel across the school team.

The aim of the initial follow-up actions is to clarify and address the facts around the incident and to identify incident management and intervention support strategies which will allow the problems relating to drug use to be identified and addressed while keeping the student/s connected to school. These strategies can be provided either within the school and/or through referral to an external agency (refer to *Connect* resource for a list of services).

Principal receives drug-related evidence – witnessed and documented

- The Principal should receive any suspected drug or drug-related paraphernalia.
- Receipt of this should be documented and if the substance is suspected of being an illicit drug, it should be made secure pending handover to police.
- The process of exchange and documentation should be witnessed by another staff member.

2 Inform student/s of process

- Inform the student/s of the process which will follow

 the structure of the interview, its aim to determine
 what has occurred and how best to proceed for all
 involved.
- State the boundaries of confidentiality (refer to pages 70 and 71).

3 Contact and involve parent/s

- Contact the parent/s and determine if they are required to attend the school prior to the interview progressing. If a student does not choose parent attendance or their parent/s cannot attend, the parent/s should still be informed of the incident and the process which has followed, and should remain involved as the relevant intervention is determined. Where the student's parents are not in attendance, an appropriate independent staff member should be present.
- Provide the parent/s with basic information about action taken by the school while remaining aware of confidentiality and assure them that the student's welfare is the priority.
- Offer parents information about support options if required (e.g. Parent Drug Information Service).
 Refer to the Connect resource.

Establish facts

· Ascertain the facts and document the information collected.

5 Determine further actions

- For a legal drug, refer to pages 52 and 53.
- For an illicit drug, refer to pages 54 and 55.

6 Consider need to send home

- If a student is drug affected, arrangements should be made with the parent/s to collect the student.
- If no drug is found but student behaviour may suggest drug use, the student/s should be treated as unwell and collected by their parent/s.
- Acknowledge that further actions will be determined when the student/s return to school and is/are
 coherent and well. These actions should be determined through use of the suggested incident
 management processes for managing either legal or illicit drug use incidents (refer to pages 52 and
 53 or 54 and 55) depending on the type of drug found to have been involved.
- Following return to school, implement actions consistent with Disciplinary Interventions (refer to pages 60 and 61) and Student Welfare Interventions (refer to pages 62 and 63).

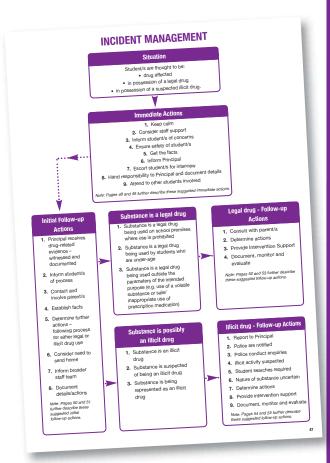
nform broader staff team

- If required, hold a staff debriefing process adhering to the school's confidentiality requirements.
 This will ensure staff are aware of the procedures that have been followed and the basic facts as regards the current status of the incident.
- Staff support should be offered where necessary to ensure their welfare.

8 Document details/actions

• Staff involved in incident management should document their school's actions as required, in line with the school's record-keeping processes and relevant jurisdictional requirements.

It is recommended that school assemblies are not used to highlight specific individuals or specific drug use behaviour. This would be a destructive practice which could lead to disconnection from school and may promote further drug-using behaviour.



Legal drug - Follow-up Actions

- 1. Consult with parent/s
- 2. Determine actions
- **3.** Provide Intervention Support
- **4.** Document, monitor and evaluate

When a student is suspected of using a legal drug the following suggested follow-up actions are recommended.

1 Consult with parent/s

 Inform parent/s of the student's situation as regards the incident and the use of the drug.
 Consult with them about the actions to be taken and invite them to attend the school to discuss the issue further. Parental support is fundamental in dealing with drug-related issues. Remain aware of the school's confidentiality requirements (refer to pages 70 and 71).

2 Determine actions

- Should evidence indicate that a legal drug has been or is being used, professional judgement about the actions which then occur should be made in conjunction with the student/s, parent/s and relevant school staff as fits with the school's jurisdictional requirements. A strong focus should remain on student welfare.
- Where a legal drug is being used illicitly (i.e. sale of prescription medication) refer to follow-up actions for illicit drugs illustrated on pages 54 and 55.
- If Volatile Substance Use (VSU) is suspected, a targeted approach to intervention should be initiated. This should include only the student/s involved in the incident. Staff should seek support from an external drug counselling agency (e.g. Community Drug Service (refer to Connect resource). Ongoing Intervention Support should then be provided as indicated on pages 57 to 63, in consultation with this external agency. For further information on VSU refer to page 68.

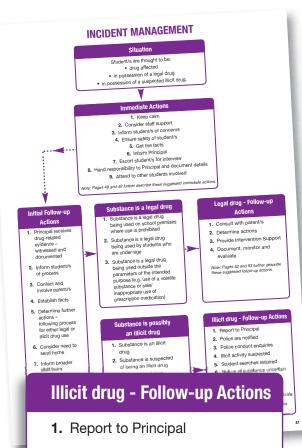


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Disciplinary and Student Welfare Interventions should then be actioned (refer to pages 60 to 63).

4 Document, monitor and evaluate

- Document involvement in the incident response and the actions taken. This should be done as required as part of the school's record-keeping strategies and the jurisdictional requirements of the school's educational system.
- Monitor and evaluate the effectiveness of the actions taken and the procedures followed.
 Where amendments to the process are required, use the School Drug Education Action Plan (refer to pages 33 and 34) to guide this development.
- If required, hold a staff debriefing process adhering to the school's confidentiality requirements (refer to pages 70 and 71). This is to ensure staff are aware of the procedures that have followed the incident and the basic facts as regards the current status of the event.
- The Principal should use discretion to determine who on the staff team requires more in-depth information in order to assist the student (e.g. pastoral care team, student health services) and should respect the student's privacy and adhere to the school's confidentiality requirements. This also applies when determining whom to inform in the wider-school community (e.g. all parents or only the parent/s of those directly involved). This decision must be made consistent with the school's jurisdictional requirements.
- Remind **all** to be familiar with the *School Drug Education Guidelines* and of the procedures and consequences that follow inappropriate behaviour.
- Evaluate the success of the procedures and consider staff attendance at relevant professional development (e.g. Keeping in Touch offered by SDERA) to increase capacity to work with such incidents.



- 2. Police are notified
- 3. Police conduct enquiries
- 4. Illicit activity suspected
- 5. Student searches required
- 6. Nature of substance uncertain
- 7. Determine actions
- 8. Provide intervention support
- 9. Document, monitor and evaluate

For situations where illicit drug use is suspected, the following information is intended as a suggestion or guide. This information should be considered alongside that provided on pages 72 and 73 – School relationship with police.

Actions taken should be consistent with the jurisdictional requirements that pertain to your school and the police should be contacted to provide further clarification and support.

Report to Principal

 When illicit drug use is suspected the substance should be handed to the Principal, witnessed by another staff member, and details of the confiscation and exchange of this substance should be documented.

Police are notified

- The Principal should retain this substance in a sealed container in a secure place and notify police for this to be collected for lawful disposal.
- The Principal should appraise the situation and liaise with the local police contact to determine if further police involvement is warranted. Actions taken should continue to give priority to the welfare of the student/s involved and the wider student community.

3 Police conduct enquiries

 Police will then carry out enquiries consistent with approved police practice. For further information about police action in schools refer to pages 72 and 73.

4 Illicit activity suspected

 Where there are implications of illicit activity, investigations are the responsibility of the police.
 Principals should not investigate further than establishing the basic facts, unless advised to do so by police.

5 Student searches required

• This should only occur where reasonable grounds for suspicion exist and there are no other means of resolving the issue. Consideration should be given to engaging police assistance. Where a search is considered necessary due to immediate threat or concern, the Principal should obtain the permission of the student and may ask them to empty their pockets, bags and/or lockers. This should occur in private and in the presence of an independent observer. Where due concern exists and permission from the student is not forthcoming, the police should be contacted to deal with the matter further. Parents should be contacted prior to any search being conducted by the police. Refer to page 72 for further information.

6 Nature of substance uncertain

• If the substance cannot be identified, the Principal may request for it to be analysed by the police. The actions which follow in terms of further incident management may depend on the result of the analysis (i.e. those for a legal drug – page 52, Step 2 – or those for an illicit drug indicated below.

7 Determine actions

- Should the evidence demonstrate that an illicit drug-related incident or behaviour has occurred, professional judgement about the actions which follow for the student/s within the school should be made in conjunction with police.
- If the police need to interview a student on school premises, a parent or alternative nominated, independent observer must be present when this occurs.
- Further actions taken in the school may involve parents and school staff working with the student.
 A strong focus should remain on the student's welfare and respect for confidentiality. These
 actions must fit in with the school's jurisdictional requirements and will have a disciplinary as well
 as an educative/support focus.
- Where the police are involved, the consequences for the student/s will vary in relation to the type
 of offence (e.g. trafficking, cultivation, possession, amount of drug, prior convictions). Legal
 action may be required such as a formal caution by police or a referral to a drug diversion
 program. Refer to pages 72 and 73 for further information.
- Student circumstances should be taken into account and focus should remain on student welfare.

8 Provide intervention support

• Determining further actions should include Intervention Support (refer to pages 57 to 63).

9 Document, monitor and evaluate

- Document involvement in the incident response and the actions taken. This should be done as
 required as part of the school's record-keeping strategies and the jurisdictional requirements of the
 school's educational system.
- Monitor and evaluate the effectiveness of the actions taken and the procedures followed. Where
 amendments to the process are required, use the School Drug Education Action Plan (refer to
 pages 33 and 34) to guide this development.
- If required, hold a staff debriefing process adhering to the school's confidentiality requirements (refer to pages 70 and 71). This is to ensure staff are aware of the procedures that have followed the incident and the basic facts as regards the current status of the event.
- The Principal should use discretion to determine who on the staff team requires more in-depth information in order to assist the student (e.g. pastoral care team, student health services) and should respect the student's privacy and the school's confidentiality requirements. This also applies when determining whom to inform in the wider-school community (e.g. all parents or only the parent/s of those directly involved). This decision must be made in line with the school's jurisdictional requirements.
- Remind **all** to be familiar with the *School Drug Education Guidelines* and of the procedures and consequences that follow inappropriate behaviour.
- Evaluate the success of the procedures and consider staff attendance at relevant professional development (e.g. Keeping in Touch offered by SDERA) to increase capacity to work with such incidents.



INTERVENTION SUPPORT

Situation

Student drug use issue identified:

- through student disclosure
- through staff member raising concern
- as a result of a drug-related incident.



Immediate Actions

- 1. Inform student/s of concerns
 - 2. Take matters seriously
 - 3. Get the facts
- **4.** Reassure student/s that their health and well-being are the primary concern
 - 5. Inform staff and document details
 - **6.** Support student/s through referral process to appropriate staff members

Note: Pages 58 and 59 further describe these suggested immediate actions.







Disciplinary Interventions – Follow-up Actions

- Implement appropriate disciplinary actions (e.g. loss of privileges, detention)
- 2. Suspension
- 3. Suspension resolution
- 4. Liaise with police
- 5. Consult with parent/s
- 6. Involve broader staff team
- 7. Affirm student/s participation
- 8. Document, monitor and evaluate

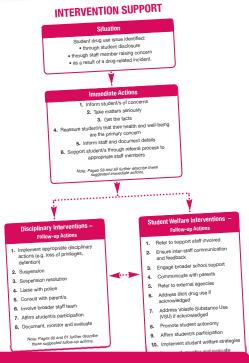
Note: Pages 60 and 61 further describe these suggested follow-up actions.



Student Welfare Interventions – Follow-up Actions

- 1. Refer to support staff involved
- Ensure inter-staff communication and feedback
- 3. Engage broader school support
- 4. Communicate with parents
- 5. Refer to external agencies
- Address illicit drug use if acknowledged
- 7. Address Volatile Substance Use (VSU) if acknowledged
- 8. Promote student autonomy
- 9. Affirm student/s participation
- 10. Implement student welfare strategies
- 11. Document, monitor and evaluate

Note: Pages 62 and 63 further describe these suggested follow-up actions.



Immediate Actions

- 1. Inform student/s of concerns
- 2. Take matters seriously
- 3. Get the facts
- Reassure student/s that their health and well-being are the primary concern
- Inform staff and document details
- 6. Support student/s through referral process to appropriate staff members

The first issue to be considered when a drug use issue is acknowledged or highlighted is to address the safety and welfare of the student/s.

The following suggested immediate actions are recommended.

1 Inform student/s of concerns

- Acknowledge the student's disclosure or, if you are raising the issue, advise of your concerns about possible drug use. State the boundary of confidentiality (refer to pages 70 and 71).
- Acknowledge your designated role in providing support to the student/s if in relation to a student druguse incident. State the boundary of confidentiality.

2 Take matters seriously

 When an issue is disclosed or raised by a student, a peer or a staff member, it must be taken seriously and intervention support procedures actioned.

3 Get the facts

- If responding to a disclosure or raising the issue, ensure privacy. Attempt to clarify the situation and provide the options for follow-up along with reassurance and encouragement.
- Apply a 'protective interrupting' strategy if disclosure is
 of a nature which requires this according to the
 jurisdictional requirements of the school. State the
 boundary of confidentiality. Affirm the student/s and
 reassure of willingness to provide support as
 appropriate to role and through referral to other staff.
- If a student is referred to you for intervention support following a drug-use incident, ensure you have the relevant referral information prior to engaging with the student.
- Ensure all engagements are appropriately and accurately documented.

Reassure student/s that their health and well-being are the primary concern

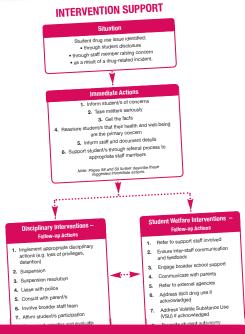
- Reassure the student/s by involving them in the process to keep them aware and explain reasons for the actions which evolve.
- Remind the student/s that the focus of any intervention is to promote their health and well-being.

5 Inform staff and document details

- Ensure appropriate staff are involved and informed to broaden the support network and to ensure diverse support options for the student/s. Know the chain of referral within your school.
- Any information shared should be offered with respect for the student/s and in line with the school's confidentiality requirements, with consideration of the roles and requirements of other staff members involved.
- Document involvement and actions taken to fit with the school's reporting and record keeping strategies and the jurisdictional requirements of the school's education system.

6 Support student/s through referral process to appropriate staff members

- If it is beyond your role to continue to address this issue with the student/s following a disclosure or following your initial awareness gained through raising this issue, acknowledge this to the student/s. Ensure appropriate referral within the school for continuing support.
- Being the initial contact person for the student/s around this issue, it is important that you remain a part of any on-going support process.
- If a student is referred to a staff member as a follow-up response to a drug-use incident, initial support should involve explanation and reassurance of what/who will be involved from here and an outline of the process which will follow.



Disciplinary Interventions –

Follow-up Actions

- Implement appropriate disciplinary actions (e.g. loss of privileges, detention
- 2. Suspension
- 3. Suspension resolution
- 4. Liaise with police
- 5. Consult with parent/s
- 6. Involve broader staff team
- 7. Affirm student/s participation
- 8. Document, monitor and evaluate

Having clear procedures to follow where disciplinary action is required, ensures appropriate and necessary action occurs with consistency across the school community, and that the process is authoritative, transparent and regards student health and well-being as a priority. In most cases, Disciplinary Interventions should be complemented and supplemented by Student Welfare Interventions (refer to pages 62 and 63).

The aim of the follow-up actions is to clarify the student's situation, and to identify and action the most appropriate further intervention strategies. This will allow the problems relating to drug use to be highlighted and addressed while keeping the student connected to school. These can be provided either within the school and/or through referral to an external agency. (Refer to *Connect* resource for further details.)

The following suggested follow-up actions are recommended.

1 Implement appropriate disciplinary actions

- Implement discipline strategies appropriate to the circumstances of the student/s. These may involve loss of privileges, detention and where warranted, other deterrent practices associated with inappropriate behaviour. (Where illicit drug use is acknowledged, refer also to pages 54 and 55.)
- Disciplinary Interventions should be actioned with relevant Student Welfare Interventions (refer to pages 62 and 63).

2 Suspension

- Suspending a student in response to a drug-related incident or behaviour, may be a required outcome, depending on the jurisdictional requirements of the school and the educational system or sector.
 However, it should be noted that suspension can decrease a student's connection with school and may increase the likelihood of the student engaging in further risk-taking behaviour.
- If suspension must occur and is considered necessary as a disciplinary and deterrent response, the school should consider in-school suspension or aim to minimise the length of the suspension period. They should also activate support measures within the school and community, to retain the student's engagement with the school.



3 Suspension resolution

- The Principal should consult with other staff, the parent/s and the student involved to develop a plan to resolve the suspension. This may include agreed statements about short and longer-term goals, performance/attendance agreements, timeline for engagement with the targeted Student Welfare Intervention (refer to pages 62 and 63).
- All students who have been suspended for a drugrelated issue should be provided an opportunity to participate in a targeted student welfare intervention program to address their drug-related behaviour/s.
 This may occur within the school or through referral to an external agency (refer to page 63, Step 5, and to the *Connect* resource).

4 Liaise with police

• Where police action has been involved, liaise with the parties to whom the student is being referred (e.g. diversion program, external counselling program, mental health program) to see where the school can retain a support role in this process.

5 Consult with parent/s

- Principal or a nominated staff member should communicate, discuss and consult with the parent/s
 while adhering to the school's confidentiality requirements (refer to pages 70 and 71) to develop a
 shared understanding of the pathways required and available for the student to meet with
 appropriate disciplinary procedures. Student welfare should remain a priority. Parent support in
 working with the school is fundamental in dealing with drug-use issues and in working to address
 student behaviour.
- Where suspension is required, the intention to take this action and the reasons behind this should be communicated to parents through the normal suspension procedure.

6 Involve broader staff team

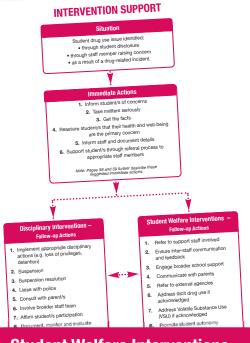
Involving staff whom the student/s find approachable and to whom they relate well can encourage
ongoing connection and engagement with the school in spite of the disciplinary measures. Staff
roles in on-going support may vary from monitoring and awareness, to actioning discipline and
support measures as part of the overall support team (refer to pages 62 and 63 for Student Welfare
Interventions.) When exchanging information, do so in line with the school's confidentiality
requirements (refer to pages 70 and 71).

7 Affirm student/s participation

• Affirm the student/s for their commitment to the process and for appropriate behaviour/ achievements in other school contexts.

8 Document, monitor and evaluate

- Document involvement and actions taken as required to meet the school's reporting and recordkeeping strategies, and the jurisdictional requirements of the school's education system or sector.
- Monitor and evaluate the effectiveness of the disciplinary interventions provided and the
 procedures followed. Where amendments are required, use the School Drug Education Action Plan
 on pages 33 and 34 to guide this process.



Student Welfare Interventions – Follow-up Actions

- 1. Refer to support staff involved
- **2.** Ensure inter-staff communication and feedback
- 3. Engage broader school support
- 4. Communicate with parents
- 5. Refer to external agencies
- **6.** Address illicit drug use if acknowledged
- 7. Address Volatile Substance Use (VSU) if acknowledged
- 8. Promote student autonomy
- 9. Affirm student/s participation
- **10.** Implement student welfare strategies
- 11. Document, monitor and evaluate

Student welfare interventions are applicable for any student when a drug-use issue is revealed or even suspected, and can occur alongside disciplinary interventions. This represents an inclusive approach which may foster resilience by encouraging student connection to school and which moves beyond the disciplinary focus emphasising the school's intent to be a protective institution providing support as a priority.

These interventions can be provided either within the school and/or through referral to an external agency. Refer to *Connect* resource for further details.

The following suggested follow-up actions are recommended.

Refer to support staff involved

- Specialist school support staff can provide opportunities for students to be involved in exploring the factors contributing to a drug-use issue. These factors may be many and complex or they may be circumstantial.
- A targeted intervention program should be developed to identify and address triggers and potential triggers to drug use and other risk taking behaviour.
- Specialist support staff can include student services teams, school psychologist, school nurse, school chaplain, year leaders and extends to approachable staff through the school. The support role provided clearly varies in intensity (refer to Job Role Tasks page 45) while this approach allows broader school awareness, support and monitoring. A team approach is also inclusive and supportive for the staff who are providing support.

2 Ensure inter-staff communication and feedback

- Use or develop an inter-staff communication process to convey required information between staff involved in supporting a student through an intervention (i.e. upfront information and feedback).
- This allows those who commence the process (e.g. classroom teacher who received an initial disclosure) to remain aware of the student's needs and progress; those receiving a referral to have basic introductory information on the student's situation; and a wholeschool approach to intervention support.
- Attention should be made to act with respect to the student's privacy and adhere to the school's confidentiality requirements (refer to pages 70 and 71). All parties do not require all the information so staff should report information according to their role and apply professional discretion. The student should be advised of the boundaries of confidentiality upfront to ensure understanding of the purpose of the information exchange process (i.e. to promote their health and well-being). For exceptions to this refer to pages 70 and 71.

3 Engage broader school support

 Link with other relevant departments and individuals who may contribute to addressing issues underlying the student's drug use (e.g. to engage support for learning difficulties, home/school liaison, school nurse for medical issues).

4 Communicate with parent/s

- Involve the parent/s to support the student and the intervention process, while again respecting privacy and confidentiality.
- Level of parental involvement may be at the discretion of the staff member coordinating the support intervention and depending on the student's wants, needs and circumstances.
- Where parent drug use is acknowledged, refer to page 74.
- Parents should be made aware of support services available to them (e.g. offer details of *Alcohol and Drug Information Service, Parent Drug Information Service)*. Refer to the *Connect* resource.
- Levels of required parental involvement may vary according to the school's education system and their jurisdictional requirements.

5 Refer to external agencies

- The school's support staff may recommend referral to an external community-based agency (refer to *Connect* resource) for an appropriate level of intervention such as those involving a need for drug counselling or support with mental health, family or neglect issues.
- An appointed specialist school staff member or case manager should maintain contact with the agency and
 work to agree to appropriate exchange of information between agency and school while adhering to the
 school's confidentiality requirements. It may be of benefit to use a *Referral form for Intervention Support*(refer to page 79).
- Establishing this relationship through to community-based support agencies allows schools to ensure that they meet with required care for the student/s while they work through this process, either at school or on their return to school should the intervention have led to a period of absence.

6 Address illicit drug use if acknowledged

 Where illicit drug use is acknowledged through intervention processes, refer also to pages 54 and 55, Illicit drug – Followup Actions.

7 Address Volatile Substance Use if acknowledged

 If VSU is suspected, staff should seek support from an external drug counselling agency (e.g. Community Drug Service). Refer to Connect resource. Ongoing intervention support should continue to be provided by the school in consultation with this external agency. For further information on VSU refer to page 68.

8 Promote student autonomy

 As far as possible, inform and involve the student/s in the processes in which they are engaged throughout the intervention period.

9 Affirm student participation

 Affirm the student/s for working with the intervention.

Implement student welfare strategies

 To support the intervention, consider using strategies such as peer support, buddy programs and mentoring programs (e.g. The School Volunteer Program). Refer to Connect resource.

11 Document, monitor and evaluate

- Document involvement and actions taken as required to meet with the school's reporting and record-keeping practices and the jurisdictional requirements of the school's education system and sector.
- Monitor and evaluate the effectiveness of the interventions. Where amendments are required, use the School Drug Education Action Plan on pages 33 and 34 to guide this process.

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Why should drug education programs be age appropriate?

In order to be effective, drug education must be ongoing and progressive so that it meets the changing developmental needs of young people.

It is essential that programs and teaching materials seek to provide information and develop skills consistent with the developmental phase when it will have the most meaning.

It is therefore appropriate that for greatest effect, drug education information should be relevant to the developmental phases of schooling.

The following page describes appropriate drug education content for each developmental phase from Kindergarten to Year 12. Developmental phases have been defined according to the *Curriculum Framework for Kindergarten to Year 12 Education in Western Australia* (Curriculum Council of Western Australia, 1998)¹⁷.

Best practice in school drug education would also suggest that to re-visit content across the school years may be advantageous to students by allowing opportunity for revision and consolidation.



Is your school implementing age appropriate drug education?

Schools can use this table of drug education content to plan and implement age appropriate drug education programs.

Schools using SDERA's *Challenges and Choices*⁷ resources and *Choices: Alcohol and Other Drugs*⁸ (Health Studies Course support materials) will be focusing on the following content which links with the *K-10 Health and Physical Education Syllabus* (Department of Education and Training, 2007)¹⁸.

| Content area | Appropriate content | Kindy to Yr 3 | Yr 3 to Yr 7 | Yr 7 to Yr 10 | Yr 10 to Yr 12 |
|----------------------|--|------------------|-----------------|------------------|-------------------|
| Promoting resilience | Identifying similarities and differences in physical appearances and personalities. | | | | |
| | Five key skills that can help contribute to resilience (i.e. helpful and positive thinking, planning ahead, reading emotions, help-seeking and courage). | | | | |
| | Rules exist to keep people safe and healthy. | | | | |
| | Problem solving in stressful situations or where rules are challenged. | | | | |
| | People have different feelings and responses to situations. | | | | |
| | Thoughts determine how we feel and what we do in a situation. | | | | |
| | There are a range of external and internal body signals that tell us how we and others are feeling. | | | | |
| | Strategies to use when feeling out of control or anxious. | | | | |
| | Managing relationships and friends. | | | | |
| | Strategies to feel better or get well including non-medicinal alternatives for pain relief. | | | | |
| Medicines and | Some people need medicines to stay well. | | | | |
| hazardous | Health workers and other people keep us healthy. | | | | |
| substances | Hazardous substances are found in our homes. | | | | |
| | Safe storage procedures for medicines and hazardous substances. | | | | |
| | Prescription medicines and over-the-counter medications come in different forms and can have helpful and harmful effects on the body. | | | | |
| | Some emergencies occur due to drug misuse. | | | | |
| | There are emergency procedures to follow. | | | | |
| | What is tobacco and how does it affect us? | | | | |
| | The potential harms associated with passive smoking. | | | | |
| | Friends, family and the media can both positively and negatively influence attitudes and influence decisions to try smoking. | | | | |
| Tobacco and passive | Caffeine is found in foods, drinks and medicines. | | | | |
| smoking | Short and long-term effects of caffeine. | | | | |
| | Friends, family and the media influence attitudes about caffeine. | | | | |
| | Alcohol as part of our lives, our laws and our culture. | | | | |
| Caffeine | Short and long-term effects of alcohol. | | | | |
| Currente | Making decisions about alcohol-related situations. | | | | |
| | Range of possible harmful effects of cannabis. | | | | |
| | Peers, family, cannabis laws and media can both positively and negatively | | | | |
| Alcohol | influence decisions to use cannabis. | | | | |
| | Media can influence attitudes and decisions about alcohol or other drug use. | | | | |
| | Alcohol is the most commonly used drug. | | | | |
| Cannabis | Myths about drug use that can impact on decisions. | | | | |
| | Consequences, both for the user and for others, can be considered in terms of physical and mental health, social, legal and financial. | | | | |
| Drugs and the media | Resilience and harm reduction strategies can be applied to a range of drug- related situations. | | | | |
| Drug use issues | Risks associated with drug use vary depending on the circumstance, people and places in which the drug is consumed. | | | | |
| | Harm reduction strategies including planning ahead, damage control and help-seeking in drug-related and social situations. | | | | |
| | Impact of personal attitudes on health behaviours. | | | | |

NB: Although illicit drugs (other than cannabis) are not directly indicated in this content table, information on these is included in the resources.

It is suggested that these are covered from Years 8 to 12.

Principles for School Drug Education Checklist

Mark the boxes according to level of implementation/achievement:

Not implemented

Nartially implemented

Fully implemented

OVERARCHING PRINCIPLES

- 1. School practice based in evidence Base drug education on sound theory and current research and use evaluation to inform decisions.
- _____
- 2. A whole-school approach Embed drug education within a comprehensive whole-school approach to promoting health and wellbeing.
- 3. Clear educational outcomes Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm.

CURRICULUM

- 9. Timely programs within a curriculum framework Locate programs within a curriculum framework thus providing timely, developmentally appropriate and ongoing drug education.
- •
- **10.** Programs delivered by teachers Ensure that teachers are resourced and supported in their central role in delivering drug education programs.
- 11. Interactive strategies and skills development Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values.
- 12. Credible and meaningful learning activities Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges.

ETHOS AND ENVIRONMENT

- 4. Safe and supportive environment Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm.
- 6. Culturally appropriate and targeted drug education Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities.
- 7. Recognition of risk and protective factors Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use.

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8. Consistent policy and practice – Use consistent policy and practice to inform and manage responses to drug-related incidents and risks.

PARENTS AND COMMUNITY

5. Positive and collaborative relationships – Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education.



This checklist is provided on the CD-ROM accompanying this resource.

Volatile Substance Use

Volatile substances are compounds that give off vapours and fumes at room temperature. These are also known as inhalants and solvents and can include:

- Volatile solvents glues, petrol, paint thinners, lacquers and varnishes containing benzene
- Aerosols sprays containing butane or propane e.g. spray paint, hairspray, cooking oil sprays
- Gases household and commercial products containing gas fuels e.g. lighter refill cans, cylinder propane gas
- Nitrites amyl nitrite and butyl nitrite.

Volatile Substance Use (VSU) refers to the inhalation of these substances which are potentially intoxicating. The effects will vary depending on the age of the individual, the method of administration, the amount and the particular substance used.

Volatile substances can be readily obtained at standard retail outlets such as supermarkets and hardware stores which in itself presents issues due to the ease of availability. Use of volatile substances can cause significant harm and this behaviour should be taken seriously and addressed appropriately.

Volatile substance use in school drug education

Current national and state policies and strategies indicate that VSU should not form part of general school-based drug education programs.

Specific, targeted education programs to address VSU may be required for students who are at risk of using these substances or who are already using these substances regularly or chronically. Such targeted education programs should be conducted outside of the classroom and conducted by trained experts (e.g. a youth counsellor from a community-based drug counselling service) and offered alongside school-based intervention support.

Variation in the prevalence of VSU does occur and some schools may experience higher levels of use. In these cases, a decision about how to conduct education to suit the local situation should be made through discussion with the local community-based drug counselling service, SDERA and/or the Drug and Alcohol Office (refer to *Connect* resource).

Resources provided by SDERA (e.g. *Challenges and Choices*⁷) provide curriculum-based information around volatile substances in the context of dealing with medicines, hazardous substances and poisons. This is in-keeping with evidence-based practice which demonstrates that addressing volatile substances this way tends to de-glamourise and reduce experimentation with these substances.

Suspected Volatile Substance Use

If VSU is suspected, approach with caution and reassurance of intent to support. Student safety in this case is promoted by reduced agitation. To startle or give chase can exacerbate risk of Sudden Sniffing Death Syndrome.

Further information about school or communitybased responses to VSU and to relevant legislation can be obtained through contacting SDERA or the Drug and Alcohol Office (www.dao.health.wa.gov.au).

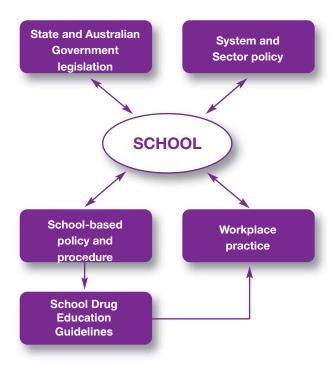


Jurisdictional information

Drug prevention efforts in Western Australia, including school drug education, are guided by state strategy (Western Australian Drug and Alcohol Strategy³) which in turn is influenced by national strategy (National Drug Strategy⁴).

The information presented in this resource is consistent with both of these strategies and reflects the prevention priorities at state and national levels.

Similarly, Western Australian schools are guided by a hierarchy of legislative and policy initiatives which include:



Getting it Together aims to provide schools with the tools to develop guidelines and procedures at the school level, which enhance workplace practice, promote student well-being and risk reduction. The development and implementation of School Drug Education Guidelines is not intended to create another level of complexity over and above existing school protocols but rather to complement existing school practice by increasing the capacity of staff to support students.

Each school should develop School Drug
Education Guidelines and Procedures for
Incident Management and Intervention Support
within the parameters of relevant legislative,
policy and procedural requirements.

Subsequently, guidelines and procedures should be reviewed regularly to ensure they remain current and consistent with evolving strategy and policy.

Clarification of the jurisdictional requirements that pertain to your school can be obtained by contacting:

- Department of Education www.det.wa.edu.au
- Catholic Education Office www.ceo.wa.edu.au
- Association of Independent Schools WA www.ais.wa.edu.au

Confidentiality

A whole-school approach to drug education acknowledges that any staff member may be involved in talking to students about drugs or may have a role in managing incidents or providing support interventions. It is essential that staff:

- know their school's confidentiality requirements, procedures and practices which ensure sensitive information is handled in a consistent manner and with due care and caution
- understand that it may be necessary at times to disclose information that has been given in confidence in order to promote student welfare.

Procedures and practices which protect confidentiality and a student's right to privacy must be established in order to protect students, staff and the school. These should be developed in line with the school's jurisdictional requirements.

Confidentiality requirements should be known by all staff. They should promote understanding that there is a boundary to confidentiality and that complete confidentiality cannot be guaranteed as there may be times when it is necessary for staff to disclose information that has been given in confidence. Confidentiality requirements should highlight the process for information exchange within the school to ensure that this occurs appropriately.

Staff should be clear about the boundary of their role (refer to page 45) and should be aware through the school's confidentiality requirements of relevant personnel on the staff team to whom they can refer students to discuss drug use issues in greater detail.

Stating the boundary of confidentiality

Sharing sensitive information can be difficult for students and managing this well may promote help-seeking behaviour in the future. In most situations where an issue about drug use is being raised or responded to, the student should be offered a clear explanation about the boundaries of confidentiality before the engagement progresses.

Relationships of trust take time to develop. These need not be compromised by a staff member's need to disclose sensitive information if the boundaries of confidentiality are stated at the outset.

In situations where staff members feel there may be a need to disclose pieces of information to another party in order to best support the student, an example of how to state this to clarify the boundaries of confidentiality could be:

- I understand and I want to talk with you about this. I need to let you know too, that any information that concerns me will need to be shared with (appropriate person) because he/she may know more about how to help you with this than I do.
- Of course you can talk to me and I'll support you in whatever ways I can. If something you share suggests you might be at risk though or that someone else may be, I will have to pass this information on to (appropriate person) to make sure we address this as best we can.

This allows a student to be reassured that the intention of disclosing information of concern to another staff member is in their best interest in order to promote their welfare.

The resource *Keeping in Touch*⁶ (refer to page 25) provides useful strategies for responding to disclosures and involving others when working with issues of concern.

There may be some situations where a need to be honest and upfront about the information exchange process is outweighed by the need to protect the student. These situations may include:

- when a staff member has concerns that a student is at risk of harming themselves or others
- when a staff member has concerns that a student is at risk of being harmed by another person.

"Galla et al (2002) recommend that staff deal honestly and directly with students, making clear what is and what is not able to be confidential, and that access to safe counselling is provided within the school and/or through referral to community services."

In these situations, a statement about a need to disclose information given in confidence may not be appropriate as it may aggravate the risk of harm. Staff should ensure the student remains under supervision, work to keep them engaged and follow appropriate procedure to obtain support from relevant, additional staff who can assist in promoting the student's safety.

In situations where sensitive information is disclosed, it may be necessary to apply a protective interrupting strategy. In this case, the boundary of confidentiality should still be stated and referral provided to engage the student in appropriate additional support.

Disclosing information to other staff

Disclosing required information appropriately with relevant staff members creates a broader support team who are informed and can offer considered input to the actions to take to assist students with drug use issues.

Discretion should be employed where such information is being exchanged. Not everyone needs to know everything. The information being exchanged should be that which is necessary in order to support the student. The process followed should be consistent with the confidentiality requirements of the school.

Sensitive information is best exchanged in a private setting and should be documented and stored securely according to the school's reporting and record-keeping requirements.

It may be helpful to establish an information exchange process which highlights the need to exchange information while respecting confidentiality. Confidentiality requirements must also be adhered to when communicating with relevant parties outside the school (e.g. parents, external agencies).

Practices around confidentiality will vary and are determined by the jurisdictional requirements of each individual school (refer to page 69 for further information on jurisdictional requirements). Staff should refer to school policy and procedure for further information on confidentiality requirements within their school.



School relationship with police

Police have an important role to play in supporting schools to act accordingly on issues related to student drug use. Police involvement should be considered as an integral component of community-based support which contributes positively to promotion of a safe and supportive school environment.

It is recommended that schools establish a relationship with the local police service and include the contact number of the local police station in their *School Drug Education Guidelines* (refer to page 32). This allows a clear pathway to making contact when required and acknowledges the importance of this relationship to the whole-school community.

The police may be required to support schools by providing guidance and clarification around issues of drug use and/or by attending the school to liaise with identified staff, students or parents in the event of a drug use incident.

The following information is intended as a suggestion or guide. Actions taken should be consistent with the jurisdictional requirements that pertain to your school and the police should be contacted to provide further clarification and support.

Searching student property

There may be times when a concern arises in the school that a student is in possession of a drug. Alternatively, an incident may occur where drug use is suspected or revealed.

Where reasonable grounds for suspicion exists, and exploration of this is required in order to protect the welfare of the student involved and the wider-school community, a search of student property may be necessary. This should only occur when there are no other means of resolving the issue and consideration should be given as to whether police assistance should be sought to conduct the search.

Searches of student property should not occur randomly and should only be conducted when there is due concern.

It is preferable to request that students offer their property for inspection where a search is required and that the student agrees to the search. If consent is not given, the matter should be referred to the police who will appraise the situation with the evidence provided by the Principal and undertake the search if this is deemed warranted. In this instance, the student's parents should be contacted prior to the search taking place.

Any search of a student's property should be undertaken in a private setting, away from other students and should be handled with respect and sensitivity. An independent observer should be present along with the student. Keeping the student informed of the reasons for the process and how it will progress may make the process less intrusive.

Confiscation of illicit drugs

When an illicit drug or suspected illicit drug has been confiscated from a student, this should be received in the presence of another staff member, the details of the confiscation and the exchange of the substance should be documented and the item stored securely prior to handing over to the police at the earliest opportunity. To retain the drug for longer than is necessary may lead to an inference of intention to possess rather than to deliver the drug to the appropriate authority.

Staff are not permitted to destroy drugs which have been confiscated from students. The police are the appropriate authority to take this kind of action.

Reporting offences to police

While school staff do not have a strict legal obligation to report criminal offences by students to the police, schools should note that in some circumstances, failure to act and exercise reasonable care may result in negative consequences for students and staff.

When illicit drug use is suspected, the Principal should appraise the situation and liaise with the local police contact to determine if further police involvement is warranted.

Actions taken should continue to give priority to the welfare of the student/s involved and the wider student community. Appropriate schoolbased Student Welfare Interventions should be provided alongside disciplinary measures.

When police are involved in matters concerning student illicit drug use, investigations are then the responsibility of the police. However, they may liaise with the Principal in determining appropriate responses for the student involved. The Principal can expect to be advised of the results of analysis of any suspected illicit substance if this is required while further investigations around illicit activity are a police matter.

When student illicit drug use has been reported to police, consequences for the student may include:

- receiving a caution either verbally or in writing
- being referred to Juvenile Justice Teams
- receiving a summons or being arrested to appear before the Children's Court.

In the event of a student being required to attend the police station from school, either voluntarily or under arrest, the Principal should inform the parent/s immediately.

Police interviews

In general, where a student requires to be interviewed by the police in follow-up to a suspected illicit drug incident, Principals should encourage police enquiries to be conducted at the home of the student involved where this is possible.

If this is not possible and the police attend to interview a student on school premises, parents should be notified to attend the school for the interview.

If the parent/s cannot be present then a suitable independent observer, nominated by the student, should be involved. Police have a legal obligation under the Young Offenders Act to ensure that a 'responsible person' is present when a young person is being interviewed.

Use of sniffer dogs in drug searches

The use of drug detection dogs in schools was examined by the New South Wales Ombudsman in a review of the Drug Dogs Act. Findings of this review, stated in the 2008 research paper by the Australian National Council on Drugs ¹⁹, outline that there was no evidence that drug detection dogs deterred drug use or contributed to a reduction in drug-related crime.

Some reports included in the review suggested that this strategy may in fact lead to drug users engaging in more harmful drug use behaviours in order to avoid detection (e.g. switching to drugs which are less detectable).

Drug testing

Drug testing is sometimes viewed as an appealing strategy to deal with drug use in the school environment. In consideration of this view, the National Centre for Education and Training on Addiction was commissioned by the Australian National Council on Drugs ¹⁹ to conduct a study to determine the impact of drug testing in schools.

The evidence indicated a strong case to be made against implementing drug testing strategies. The rationale for this included:

- insufficient reliability of drug tests in school settings
- substantial financial costs of this strategy
- serious concerns around moral and legal issues
- illicit drug use among school age children is small and declining, making detection a technically challenging task
- drug testing was found to be an ineffective deterrent
- alternative and effective interventions exist.

Promotion of a safe and supportive environment in schools is acknowledged in the *Principles for School Drug Education*¹ as a protective factor for promoting resilience and well-being in young people. The development of positive relationships which contribute to this, and work to keep students connected to schools, may be compromised by this kind of approach.

Where concern exists about parent drug use

School staff may be aware of students whose parents have problems with drug use. These students can be supported through referral to specialist school support staff who may wish to consult with relevant external agencies to determine the best course of action to take.

Counselling support may be provided to the student at the school level with support from a relevant external agency. It may be determined that referral for counselling with an external agency is required in order to provide the student with time and opportunity to address complex issues. SDERA's *Connect* resource provides information on agencies that offer this service. School staff should remain involved to provide support in this situation (refer to page 63, Step 5).

Where there is concern or suspicion about child abuse or neglect, school policies and procedures should be followed.

Administration of medications

Staff should be aware of their school procedures for the administration of medications that reflect the jurisdictional requirements of their school.



Managing media contact

The media may contact your school about a drug use incident or issue. It is recommended that schools develop procedures for responding to the media and that these be developed consistent with your school's jurisdictional requirements.

Further information on media communications, advice about the processes to follow and how to prepare these can be obtained by contacting the school's relevant system and sector.

Ideas for working with the media

- Designate one person as the media contact to liaise with the system or sector Media Unit where required. This may be the Principal, Deputy Principal or a nominated staff member. This person should feel confident with this role and be provided with all relevant information. All school staff should be aware of this person's contact details. School staff should be kept informed by the individual in this role about intended contacts with the media.
- Work with the relevant Media Unit to provide concise, written statements to the media.
 When discussing drug-related incidents or issues verbally, the situation can be difficult to manage and the content subject to editing so written statements may be better.
- If written statements are not possible and an interview is requested, ask to receive the questions prior to the interview and discuss these with your Media Unit.
- Avoid discussing issues that are not directly relevant to the situation.
- Do not discuss specific aspects of an incident and do not mention the names of persons involved (e.g. students, staff, parents or other school community members).
- It is advisable to avoid discussing issues 'off the record'.
- Concluding statements should be positive and reassuring.
- Consider using your option to take time until you are prepared and ready to provide a response through discussion with the Media Unit.

Guidelines for engaging guest presenters

The following guidelines offer useful information to consider when engaging guest presenters to complement a school's drug education initiatives.

Working a best practice approach would include using this kind of initiative as a 'value adding' tool and to promote awareness through the school community of drug education resources and support services.

- Identify the benefits to be gained by using a guest presenter to conduct a session with students and decide how it will consolidate the drug education programs being offered by school based staff.
- Consider the school's philosophy and how any presentation requested fits within the Principles for School Drug Education¹.
- Determine what learning outcomes will result from the presentation.
- Ask the agency or presenter questions in order to determine how their philosophies relate to current school, system and sector practices, and government policy.
- Be aware that research indicates that an isolated 'one off' presentation to students has little positive impact on student health or drug using behaviour. For this reason, presentations outside the context of a planned program or where guest presenters provide a session in response to a drug use incident at school are not recommended.

- Understand that it is difficult to cover information, attitudes and values and provide opportunities for skill development in a single session being delivered by a guest presenter. It is important that the school is clear about the particular aspects they would like the presenter to address and that they consider what may be covered with the students in the classroom before and after the 'one off' session. This will ensure that the session being offered enriches and reinforces the key messages being offered through the school's current drug education initiatives.
- Be cautious about using a guest presenter who intends to present their own drug-related testimonials that are not linked to positive learning outcomes as outlined in the school's drug education program.

The Checklist for engaging guest presenters (refer to page 76) and the Request form for guest presenters (refer to page 77) can assist schools in meeting with best practice when seeking to engage guest presenters. These are both available on the CD-ROM which accompanies this resource.

Further information and contact details for community-based services can be found in the *Connect* resource.

Identify the benefits to be gained by using a guest presenter to conduct a session with students and decide how it will consolidate the drug education programs being offered by school-based staff.



Checklist for engaging guest presenters

Have the following questions been considered? What is the purpose of the presentation? () What will have occurred in the drug education program prior to the session? Have the learning outcomes of the proposed session been clearly outlined? Because the teacher is responsible/accountable for the teaching/learning of the students, can the use of a presenter be justified? () Will the presenter enhance rather than replace the role of the class teacher? What is the presenter's prior experience with presenting sessions to schoolaged children? Will the presenter be briefed on the drug education program into which this presentation fits? One Does the school have School Drug Education Guidelines? (A copy should be made available to the agency/presenter before the session.) How will parents be informed of the presentation? () Is there an information session available for parents? Will the presentation be part of an ongoing drug education program? Are the materials and information appropriate to the developmental level of the student? Do the resources need to be previewed by school staff before being used with students? Do the resources reflect the Principles for School Drug Education? Do the resources reflect the philosophy of the school?

What follow up will be done with the students and by whom?

Will school staff be available to be present during the session?

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Request form for guest presenters

| Name of school: |
|---|
| Presentation requested by (staff member): |
| Contact details of staff member: |
| Purpose of presentation: Presentation to staff – agency service provision information Presentation to students – whole school individual class (please circle) Presentation to broader school community – parent information evening Other – please outline |
| Date, time and duration of presentation: |
| Location of presentation: |
| Age of students (if student presentation): |
| This presentation will add value to the following initiatives currently occurring as part of our drug education program (please list): |
| The key focus areas we are seeking from this presentation include: |
| The follow-up to this presentation will be: |
| For student presentations We are seeking to consolidate the following topics which are being addressed with students in the curriculum: |

Referring students to community-based services for Intervention Support

There are a number of community-based agencies across the state that can provide information, counselling and treatment services to school aged students. Schools may have access to government, non-government and private services in their locality, all of which may have a different referral process.

The Referral form for Intervention Support provided on page 79, has been developed to help schools gather and record information to assist the referral process to community-based support services who may form part of the school's Student Welfare Interventions (refer to pages 62 and 63).

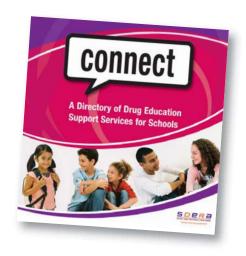
While not endorsed by any individual service, this form can assist schools by providing a framework for communicating initial referral information to assist the student's pathway to the appropriate level of intervention and support.

All exchanges of information should be made in adherence to the school's policy, procedure and confidentiality requirements.

This form is available on the CD-ROM which accompanies this resource.

Further information and contact details for community-based services can be found in the *Connect* resource.





Referral form for Intervention Support

Referring staff member details Contact person: Name of School: Phone: Fax: E-mail: Mobile: Student details , Name: Male O Female Address: D.O.B: Postcode: Age: Mobile: Permission to leave a voice mail or text message: Yes/No Reason/s for referral Drug/s used Intervention support required Information/Education Support to reduce/cease use Counselling Unsure, seeking options **Additional information** e.g. relevant medical information, mental health issues, current prescribed medications, other relevant details

Referral date:

Signature of

referring staff member:

Websites

| Act-Belong-Commit Government of Western Australia Healthway Curtin University Lotterywest | www.actbelongcommit.org.au | Act-Belong-Commit encourages people in the community to take action to improve their mental health and well-being. The site provides information on mental health and how and where to get involved in events and activities in communities across Western Australia |
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| Alcohol and other Drugs Council of Australia | www.adca.org.au | Alcohol and other Drugs Council of Australia provides a national voice for people working to reduce the harms caused by alcohol and other drugs and promotes evidence based ways to reduce drug related harm. |
| Australian Bureau of Statistics | www.abs.gov.au | Australian Bureau of Statistics provides up-to-date statistics on use of alcohol and other drugs in Australia. |
| Australian Clearinghouse for Youth Studies | www.acys.info | Australian Clearinghouse for Youth Studies provides information about early adolescence to the early adult years (12-25). It focuses on providing resources, links and information on a variety of issues that impact young people today including research and statistics about drug use. |
| Australian Drug Foundation | www.adf.org.au | Australian Drug Foundation provides information, programs, resources and services which focus on drugs and best practice approaches in drug prevention. It offers research and information on priority issues and community development initiatives. |
| Australian Drug Information Network | www.adin.com.au | Australian Drug Information Network provides a central point of access to quality internet based alcohol and drug information provided by prominent organisations in Australia and internationally. |
| Australian Indigenous Health InfoNet Centre for Indigenous Australian Education Studies and Research, Edith Cowan University, WA | www.healthinfonet.ecu.edu.au | Australian Indigenous Health InfoNet provides a 'one-stop info-shop' for gaining knowledge and information on a wide range of Indigenous health issues. |

| Australian National Council on Drugs | www.ancd.org.au | Australian National Council on Drugs is the principal advisory body to government on drug policy. This site provides access to relevant publications, news and announcements and links to sites which provide information and support around issues connected with alcohol and drugs. |
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| Celebrate Safely Regional Youth Support Services Inc and partners | www.celebratesafely.com.au | Celebrate Safely provides information on issues of social concern including drink spiking, binge drinking and drug use. It considers consequences of drug use and provides facts, mythbusters, party guides and safety strategies as well as a space for young people to contribute their ideas and insights. |
| Children of Parents with a Mental Illness – COPMI Australian Infant, Child, Adolescent and Family Mental Health Association Ltd | www.copmi.net.au | Children of Parents with a Mental Illness – COPMI – provides information and links to support options to assist in promoting mental health in children and young people aged 0-18 who have parents with a mental health problem or disorder. It also provides access to information and education resources for teachers and parents. |
| Counselling Online Turning Point Alcohol & Drug Centre | www.counsellingonline.org.au | Counselling Online offers a free professional counselling service using text-communication for anyone seeking help for their own or someone else's drug use. It is available 24 hours a day, 7 days a week across Australia. Information and referral options are also available. |
| Don't turn a night out into a nightmare Australian Government Department of Health and Aging | www.drinkingnightmare.gov.au | Don't turn a night out into a nightmare is a campaign which forms part of the National Binge Drinking Strategy. The website offers campaign information and resources and outlines facts on the harms related to alcohol use. Applicable for all age ranges and includes a section for parents. |

| <i>DrinkWise</i> Australia | www.drinkwise.com.au | DrinkWise is a research and social change organisation that fosters innovative approaches towards developing and maintaining a safer drinking culture in Australia. The site provides facts, research and information to guide parents in supporting their young people in developing responsible behaviour around alcohol. |
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| Drug Action Week Alcohol and other Drugs Council of Australia | www.drugactionweek.org.au | Drug Action Week provides individuals, organisations and communities with the opportunity to promote awareness around alcohol and other drugs. Information on how to get involved as well as activity ideas and factsheets are provided on the site. |
| Drug and Alcohol Office Government of Western Australia Department of Health | www.dao.health.wa.gov.au | The Drug and Alcohol Office is the WA government agency that works across government and nongovernment sectors to address drug and alcohol issues in the community. This site provides access to considerable resources including information on prevention and community action programs, professional education opportunities, training and research activities, statistical bulletins as well as statewide intervention, counselling and treatment services. |
| Drug Aware Government of Western Australia Drug and Alcohol Office | www.drugaware.com.au | Drug Aware provides information about drugs, where to get help, and other information that can help young people make informed decisions. It also provides information on community events for young people. |
| DrugInfo Clearinghouse Australian Drug Foundation | www.druginfo.adf.org.au | DrugInfo Clearinghouse provides easy access to information about alcohol and other drugs and drug prevention. |
| Drugs and Driving Australian Drug Foundation | www.drugsdriving.adf.org.au | Drugs and Driving provides information about the effects of alcohol and other drugs on driving and information about safe driving. |

| Ecstasy & other Drugs Australian Government Department of Education, Employment and Workplace Relations | www.deewr.gov.au/Schooling/ Programs/REDI/ecstasydrugs/ Pages/Home.aspx | Ecstasy & other Drugs has been developed for use by young people, parents and teaching staff to learn about the possible consequences and impacts of drugs and their use. It provides factual information and guidance on actions to take to promote safety through presentation and consideration of written scenarios. Answers to frequently asked questions are also provided. |
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| Head Room Government of South Australia | www.headroom.net.au | Head Room offers information and opportunity for skill development for children, young people, parents and professionals – including teachers - with the aim of promoting positive mental health. A range of issues are considered including body image, self-esteem, dealing with exam pressure, depression and loss and grief. Links are provided to resources and support services. |
| Headspace Australian Government National Youth Mental Health Foundation | www.headspace.org.au | Headspace provides support and information around mental health and well-being for young people and their families. It aims to encourage young people to seek help early if mental health and drug and alcohol issues emerge and provides information on where and how to access help. |
| Healthway Government of Western Australia | www.healthway.wa.gov.au | Healthway aims to reduce harm from tobacco, alcohol, obesity and to promote good mental health and provides information on, and funding opportunities for, events and programs with a focus on health promotion. |
| Highs 'n' lows State Government of Victoria Australian Drug Foundation | www.highsnlows.com.au | Highs 'n' lows provides information about cannabis and its consequences through use of video clips, shared stories, a chance to ask questions and get facts, help and information. |

| www.health.qld.gov.au/istaysafe | I stay safe is a site designed for adolescents which provides information and presents issues for consideration in promotion of sexual health. The information is presented in a variety of contexts including where alcohol and drugs may be involved. |
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| www.leaverswa.com.au | Leavers WA offers information for young people, schools, parents and communities about planning safe and enjoyable leavers' celebrations including tips for staying safe. |
| www.localdrugaction.com.au | Local Drug Action Groups Inc provides information on how to participate actively in local Western Australian communities to prevent and reduce alcohol and other drug related harm. |
| www.mmha.org.au | Multicultural Mental Health Australia provides information on campaigns and projects and provides translated fact sheets for those from Culturally and Linguistically Diverse backgrounds or those working with multicultural groups. It seeks to promote awareness and increase access to information on multicultural mental health, support services, stigma reduction and suicide prevention. |
| www.alcohol.gov.au | National Alcohol Campaign provides information about alcohol related health issues and Australian Government policy. Resources and publications can also be accessed through this site. |
| www.ncpic.org.au | National Cannabis Prevention and Information Centre provides evidence-based information and resources on cannabis and related harms. It includes youth specific information and details on a curriculum-based program for schools – 'MAKING the LINK' – which aims to promote help-seeking for cannabis use and mental health problems. |
| | www.localdrugaction.com.au www.mmha.org.au www.alcohol.gov.au |

| National Drugs Campaign Australian Government | www.drugs.health.gov.au | National Drugs Campaign provides information about the National Drugs Campaign including current initiatives and areas of focus. It offers links to additional related websites for parents and young people. |
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| National Inhalants Information Service Alcohol and other Drugs Council of Australia | www.inhalantsinfo.org.au | National Inhalants Information Service is an online service that provides information, research assistance and support for the Australian Community, parents and teachers, alcohol and other drug workers and other professionals providing assistance and support to users of inhalants. |
| National Tobacco Campaign Australian Government | www.quitnow.info.au | The National Tobacco Campaign aims to reduce the level of tobacco use among youth and adults in Australian. This site provides resources, publications and research, campaign updates and information on quitting smoking through the 'Quitline'. |
| Office for Youth Government of Western Australia Department for Communities | www.youth.wa.gov.au | Office for Youth site provides information for young people, parents and the general public. It also provides links to a youth specific services guide as well as events and activities. |
| Online Publication Order System Government of Western Australia Department of Health | www.dohpackcentre.com.au/DOH | Online Publication Order System allows the community to access and order multiple copies of free information resources produced by the Department of Health, including those with a focus on alcohol and other drugs. |
| OxyGen | www.oxygen.org.au | OxyGen provides information about tobacco, answers to frequently asked questions, mythbusters, and guidance to youth friendly services to aid in quitting smoking. Opportunities to learn interactively are presented and resources for schools can be accessed. |

| Reach Out! The Inspire Foundation | www.reachout.com.au | Reach Out! provides fact sheets, stories, and forums to help young people aged 14 -25 to understand and explore issues around mental and physical health and well-being including sexuality. Information on getting help and support and building resilience is also provided. |
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| Save-a-mate Australian Red Cross | www.saveamate.org.au | Save-a-mate provides information about alcohol and other drugs, positive mental health and the Red Cross save-a-mate program. |
| Smarter than Smoking Healthway Heart Foundation | www.smarterthansmoking.org.au | Smarter than Smoking provides information for those working in Western Australian schools, communities and youth settings who would like to access information and resources to help prevent young people from starting to smoke. Educational resources for use in the classroom setting are illustrated and links provided for gaining information on funding grants and sponsorship and current campaigns. |
| Somazone Australian Drug Foundation | www.somazone.com.au | Somazone has been developed by young people for young people and provides free and anonymous access to health information. It aims to help young people address issues around physical, emotional and social health including body image, relationships, drugs, mental health and sexual health. |
| Statistical Bulletins Government of Western Australia Drug and Alcohol Office | www.dao.health.wa.gov.au/ AboutDAO/StatisticalBulletins/ tabid/226/Default.aspx | Statistical Bulletins |
| The hive Government of Western Australia Department for Communities Office for Youth | www.youth.wa.gov.au/thehive/ | The hive provides an online guide to Western Australian youth services and organisations including information on drug and alcohol services across the state. |

| The Inspire Foundation | www.inspire.org.au | The Inspire Foundation provides innovative and practical online programs which seek to prevent youth suicide and promote mental health and well-being in young people aged 14-25. This site offers considerable information about the Foundation, how to get involved and links to allow access to a range of their programs. |
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| The Source Australian Government | www.thesource.gov.au | The Source offers extensive information on youth and for youth. Focus areas include llinks to support options around drugs and alcohol, mental health, sexuality, physical health and safe schools. |
| Tune In Not Out Australian Lions Drug Awareness Foundation Inc and the Drug Education Network Inc | www.tuneinnotout.com | Tune In Not Out is a national pod cast service for young people aged 16-25. It recognises the use of alcohol and other drugs is sometimes interlinked with many other aspects of a young person's life including self-esteem, stress, education and relationships. Created by and for young people, it aims to help young people make safer decisions about alcohol and other drugs. |
| Where's your head at? Australian Government National Drugs Campaign | www.drugs.health.gov.au/internet /drugs/publishing.nsf/Content/ youth-home | Where's your head at? This site for young people provides facts about drugs, information about risks and consequences of using drugs and a list of help and support services. |
| Youth Beyond Blue Beyond Blue National Depression Initiative | www.youthbeyondblue.com | Youth Beyond Blue highlights issues about depression and anxiety. It provides information for young people and their parents about symptoms, treatment pathways and where help can be accessed. |

All websites viewed December 2009.

Bibliography

Baylis, PJ (2002) Promoting resilience: A review of the literature. Alberta Mental Health Board, Alberta, Canada.

Beatty, S & Allsop, S (2009). Reducing drug-related harm: What the evidence tells us. East Hawthorn, Australia: IP Communications.

Bond, L, Patton, G, Glover, S, Carlin, JB, Butler, H, Thomas, L & Bowes, G (2004). *The Gatehouse Project: can a multi-level school intervention affect emotional wellbeing and health risk behaviours?* Journal of Epidemiology and Community Health, 58: 997-1000.

Bonell, C, Fletcher, A & McCambridge, J (2007). *Improving school ethos may reduce substance misuse and teenage pregnancy.* British Medical Journal 334:614-616

Commonwealth Department of Education, Training and Youth Affairs (2001). *Guidelines to support the development of school-based drug education policies and practices*. Canberra.

Commonwealth Department of Education, Training and Youth Affairs (1999). *National school drug education strategy*. Canberra.

Commonwealth Department of Health and Family Services (1997). *The Australian Health Promoting Schools Association: A national framework for health promoting schools 2000-2003.* Canberra.

Department of Education and Children's Services, Drug Strategy (2004). *Intervention matters: A policy statement and procedural framework for the management of suspected drug-related incidents in schools.* South Australia.

Department of Education and Early Childhood Development. *Evaluation of school drug education program: Unpacked.* Victoria. Viewed March 2009 at

http://www.education.vic.gov.au/studentlearning/programs/drugeducation/policy.htm

Department of Education and Training. *Behaviour Management: Search and confiscation of dangerous items – Articles 1,2 and 3.* Viewed June 2009 at http://intranet.det.wa.edu.au/resources/school_enquiries/behaviour_management.asp

Department of Health (2006). Western Australian Taskforce on Butane Misuse – report and recommendations October 2006. Government of Western Australia, Perth.

Department of Health, Drug and Alcohol Office (2005). Western Australian Volatile Substance Use Plan 2005-2009. Government of Western Australia, Perth.

DrugScope (2003). First steps in identifying young people's substance related needs. The Home Office. London, United Kingdom.

Hamilton, G, Cross, D, Lower, T, Resnicow, K, Williams, P (2003). *School policy: what helps to reduce teenage smoking?* Nicotine & Tobacco Research, 1469-994X, Volume 5, Issue 4, Pages 507–513.

Patton, GC, Bond, L, Carlin, JB, Thomas, L, Butler, H, Glover, S, Catalano, R, & Bowes, G (2006). *Promoting social inclusion in schools: A group-randomized trial of effects on student health risk behaviour and well-being.* American Journal of Public Health 96: 1582-1587.

School Drug Education Project (1998). *Developing a drug policy to promote health in your school: guidelines for implementation.* Government of Western Australia, Perth.

School Drug Education and Road Aware (2009). *Getting it together: A whole-school approach to road safety education.* Government of Western Australia, Perth.

Society for Safe and Caring Schools and Communities (2007) *Youth-Activism and Participation: A Literature Review on Best Practices in Engaging Youth.* University of Alberta. Canada.

World Health Organisation (1982). *Nomenclature and classification of drug and alcohol related problems: A shortened version of a WHO memorandum.* British Journal of Addiction 77. United Kingdom.

References

- 1 Commonwealth Department of Education, Science and Training (2004). Principles for school drug education. Canberra.
- World Health Organisation (1986). Ottawa Charter for Health Promotion: First International Conference on Health Promotion. Geneva.
- Department of Health, Drug and Alcohol Office (2005). Western Australian Drug and Alcohol Strategy 2005-2009. Government of Western Australia, Perth.
- Commonwealth Government (1985). National Drug Strategy (2004-2009). Viewed April 2009 at http://www.nationaldrugstrategy.gov.au/
- ⁵ Commonwealth Department of Education, Training and Youth Affairs (2000). *National Framework for Protocols for Managing the Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools.* Canberra.
- ⁶ Commonwealth Department of Education, Science and Training (2006). *Keeping in touch (the kit), Working with Alcohol & Other Drug Use, A resource for Primary and Secondary Schools.* Canberra.
- School Drug Education and Road Aware (2005) Challenges and Choices: Early childhood resource for resilience, drug and road safety education. Government of Western Australia, Perth.
 - School Drug Education and Road Aware (2006). *Challenges and Choices: Middle childhood resource for resilience and drug and road safety education.* Government of Western Australia, Perth.
 - School Drug Education and Road Aware (2007). *Challenges and Choices: Early Adolescence resource for resilience, drug and road safety education.* Government of Western Australia, Perth.
- School Drug Education and Road Aware (2009). *Choices: Alcohol and Other Drugs, Health Studies Course support materials.* Government of Western Australia, Perth.
- Ballard, R, Gillespie, A & Irwin, R (1994). Principles for drug education in schools. University of Canberra, Faculty of Education. Canberra.
- Commonwealth Department of Education, Science and Training (2003). REDI: Resilience Education and Drug Information. Canberra.
- Centre for Adolescent Health. The Gatehouse Project: Victoria, Viewed July 2009 at http://www.rch.org.au/gatehouseproject/project/theresearch/index.cfm?doc_id=399
- ¹² Commonwealth Department of Education, Science and Training (2003). *Schools can't do it alone: A report from the National School Drug Education Innovation and Good Practice Project.* Monograph 3: Canberra.
- 13 Commonwealth Department of Education, Science and Training (2004). Rethinking drinking. Canberra.
- ¹⁴ Commonwealth Department of Education, Science and Training (2003). *Cannabis and Consequences*. Canberra.
- New South Wales Department of Education and Training (2000). Guidelines for Managing Drug Related Incidents in Schools. New South Wales.
- ¹⁶ 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: Canberra.
- ¹⁷ Curriculum Council of Western Australia (1998). *Curriculum Framework for Kindergarten to Year 12 Education in Western Australia*. Osborne Park, Western Australia.
- Department of Education and Training (2007). K-10 Health and Physical Education Syllabus. Government of Western Australia, Perth.
- ¹⁹ Australian National Council on Drugs (2008). *Drug testing in schools: evidence, impacts and alternatives.* Canberra.

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This resource has been produced by SDERA with funding from the Western Australian Drug and Alcohol Office and the Department of Education, Employment and Workplace Relations.



