

Choices

ALCOHOL & OTHER DRUGS

School Drug Education and Road Aware (SDERA)

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

SDERA is a successful collaborative organisation of the Department of Education and Training, the Association of Independent Schools of WA and the Catholic Education Office and is funded by the Drug and Alcohol Office, the Insurance Commission of Western Australia and the Department of Education, Employment and Workplace Relations.

SDERA wishes to acknowledge the contribution of the teachers, academics and SDERA Consultants who have collaborated in the development of this resource.

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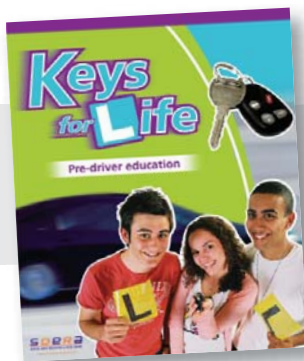
School Drug Education and Road Aware (SDERA)

SDERA offers a comprehensive range of resilience, drug and road safety education resources, programs and professional development for school-based staff.



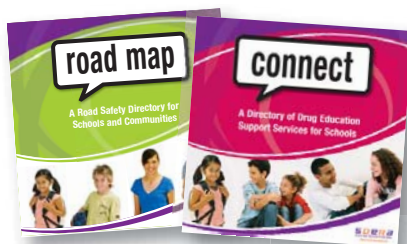
Choices: Alcohol and Other Drugs and Licensed to Drive are Health Studies Course support materials and are available in all WA schools. They can also be downloaded from our website. The materials include teacher notes, suggested activities, resource sheets, assessment tasks and marking keys. A CD-ROM provides a PDF copy of the support materials, resources sheets and assessment tasks for each unit.

Challenges and Choices is a resilience, drug and road safety education resource for Year 8 to 10 students and their parents/carers and is available in all WA schools. The teacher resource can be downloaded from our website. Professional development workshops are available for school staff.



Keys for Life is a pre-driver education program for Year 10 to 12 students and their parents/carers. Professional development workshops are available for school staff.

The Getting it Together resources assist schools to plan and implement whole school initiatives in drug and road safety education. Professional development workshops are available for school staff.



Road Map and Connect provide information about agencies who can help school communities implement road safety and drug education.

Further information about these SDERA resources and accompanying professional development workshops can be found at www.sdera.wa.edu.au

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Choices: Alcohol and Other Drugs

Choices: Alcohol and Other Drugs (Choices) is designed to support teachers delivering the Western Australian Curriculum Council’s Health Studies Course and should be read in conjunction with the Health Studies Course documentation at www.curriculum.wa.edu.au

The Choices support materials use the context of alcohol and other drug issues to cover unit content and to develop outcomes.

HEALTH STUDIES COURSE

Stage P		Stage 1				Stage 2		Stage 3	
Unit PAHEA	Unit PBHEA	Unit 1AHEA	Unit 1BHEA	Unit 1CHEA	Unit 1DHEA	Unit 2AHEA	Unit 2BHEA	Unit 3AHEA	Unit 3BHEA

CURRICULUM FRAMEWORK - OVERARCHING LEARNING OUTCOMES

COURSE OUTCOMES

Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:
Knowledge and understandings	Beliefs, attitudes and values	Self-management and interpersonal skills	Health inquiry

CONTENT AREAS

Health concepts	Attitudinal and environmental influences over health	Health skills and processes
<ul style="list-style-type: none"> • An holistic/social view of health • Health principles, frameworks, models and theories • Actions and strategies for health • Healthcare systems 	<ul style="list-style-type: none"> • Personal beliefs, attitudes and values influence health behaviour • Social and cultural norms and expectations influence health behaviour 	<ul style="list-style-type: none"> • Self-management skills • Interpersonal skills • Health inquiry skills and processes

Units

Each unit in the Choices support material, aims to address a broad spectrum of key and relevant alcohol and other drug issues facing young people. The units include suggestions for learning opportunities that will develop students' knowledge and understandings, skills, and attitudes and values.

The concepts, content and activities are intended to be used along with other learning activities and contexts and as such, do not cover all content areas outlined in the Scope and Sequence for the Health Studies Course.

Teachers may choose to address content organisers and content areas through different contexts. The alcohol and other drug activities in Choices are just one possible context.

Teachers' notes, resource sheets, assessment tasks, marking keys, references to websites and other credible and useful sources of information and support agencies are also provided.

Using the support materials

An overview is provided at the beginning of each unit indicating the content areas and content organisers, the suggested activities, resources and assessment tasks.

Teachers should note that the suggested activities are not designed to be conducted in sequence nor are they prescriptive.

Unit overview

The following table shows the links of the specific content areas to the content organisers, the suggested activities and strategies, and the assessment tasks covered in this unit.

	Content area	Suggested activities	Resources	Page	
Health concepts	Health principles, frameworks, models and theories <ul style="list-style-type: none"> health promotion in your community: agents and agencies and their role in promoting health eg. Local Drug Action Gs, non-government organisations (NGOs), community action groups for special events - Leavers 	Activity: Alcohol and other drug campaigns Identifies local, state and national alcohol and other drugs health promotion campaigns and related features of these.	<ul style="list-style-type: none"> Teacher notes: <i>Health promotion</i> Activity sheet: <i>Alcohol and other drug campaigns</i> Internet Current alcohol and other drug campaign materials 	208 209	
		Activity: Linking with the community Increases awareness of health services focusing on alcohol and other drug issues relevant to young people.	<ul style="list-style-type: none"> Activity sheet: <i>Linking with the community</i> 	210	
	Actions and strategies for health <ul style="list-style-type: none"> group techniques for health promotion eg. Developing personal skills, workshops, seminars, self-help groups 	Activity: Drug education forum Enhances learning about alcohol and other drugs through planning and facilitating an education session.	<ul style="list-style-type: none"> Activity sheet: <i>Drug education forum</i> Leading Education About Drugs (L.E.A.D.) resource 	212	
Health skills and processes	Self-management skills <ul style="list-style-type: none"> solution-focussed approaches to decision-making prediction of barriers and enablers to healthy decision-making practical decision-making tools and strategies i.e. PMI, cost benefit analysis, Six Thinking Hats 	Activity: What choices did they have? Identifies factors that influence decisions about health choices and behaviours using a decision-making model.	<ul style="list-style-type: none"> Teacher notes: <i>Decision-making</i> Activity sheet: <i>What choices did they have?</i> DVD '6' Resource sheet: <i>Decisions</i> 	213 214 215	
		Activity: Staying safe Examines alternative and consequences of decisions and develops personal action plans using strategies for getting home safely when socialising.	<ul style="list-style-type: none"> Activity sheet: <i>Staying safe</i> Resource sheet: <i>Deadly combination</i> Resource sheet: <i>What's the plan?</i> Resource sheet: <i>My personal plan</i> Resource sheet: <i>Safe socialising agreement</i> 	216 217 218 219 220	
		Assessment: Response (30 marks)			
		Task 1: Personal journal entry for staying safe			
		Part A: Personal action plan	Part B: Safe socialising agreement	Part C: Decision-making journal entry	<ul style="list-style-type: none"> Assessment task: <i>Response</i> Resource sheet: <i>My personal plan</i> Resource sheet: <i>Safe socialising agreement</i> Student journals Part A Marking key: <i>Personal action plan</i> Part B: Marking key: <i>Safe socialising agreement</i> Part C: Marking key: <i>Decision-making journal entry</i>

Delivery of Unit PAHEA and PBHEA

According to the Curriculum Council, 'The scope of the P units for Health Studies is very broad. Teaching and learning programs and accompanying assessment tasks need to be highly specialised and driven by the needs and abilities of the cohort' (Curriculum Council, 2008).

These support materials have been designed to be used in a flexible manner in order for teachers to meet the diverse needs of students studying preliminary units. This may include students with special needs, Indigenous and CALD students, and/or students at educational risk. Teachers are encouraged to adapt teaching and learning activities in ways that are suitable and specific for their particular students.

Successful practices that support the language and learning needs of P stage students and that have been considered in the development of these support materials include:

- ensuring appropriate levels of literacy
- using visual or concrete stimulus materials such as storyboards, graphics, graphs, pamphlets, pictures
- reinforcing important points with written activities
- using short activities with repetition rather than longer activities to consolidate content
- simplifying and explaining instructions and checking for meaning
- teaching essential new vocabulary before each unit or activity and modelling the use of this throughout the activities
- choosing role rehearsal scenarios relevant to the students' experience and backgrounds
- using structured formal lessons. For example, modelling an activity then asking the class to complete an example before proceeding to independent work.

Teaching and learning strategies

Many of the interactive and collaborative strategies used in Choices are described in SDERA's *Challenges and Choices: Middle childhood resource for resilience, drug and road safety education* and *Early adolescence resource for resilience, drug and road safety education*.

For more details on implementing specific strategies see the Teaching and learning strategies section of each of the *Challenges and Choices* resources at www.sdera.wa.edu.au

Rationale for drug education

Adolescence is a time of transition. It is a time when young people start to re-examine and challenge the values and attitudes of others such as parents and authority figures. Young people may also believe that they are invincible and fail to appreciate the dangers associated with drug use (Ryder et al 2001).

As young people move into their middle to late adolescence they become more independent, more mobile, they are exposed to diverse social situations, older peer groups and have greater disposable income as a result of their involvement in part-time work. Increasingly they are exposed to drug use in social situations and drug use per se increases as young people progress through their adolescent years. This trend is borne out by data collected in the recent Australian Secondary Schools Alcohol and Drug (ASSAD) survey and the National Household Drug Survey (NHDS). Of particular concern is their exposure to illicit drug use and the drinking patterns exhibited by adolescents of both sexes.

Students in Years 11 and 12 have limited opportunity to engage in drug education that addresses the knowledge, understandings and skills that will be helpful to them as they encounter new and complex

social situations. In this regard, the embedding of drug education in the Health Studies Course, through the Choices: Alcohol and Other Drugs support materials, will provide opportunities for students to reinforce their learning and expand their knowledge and skill repertoire at a significant time in their life development.

Engaging students in the adolescent years in health and drug education is important as the decisions people make and the behaviours they adopt during these formative years can have a major impact on their health and lifestyle as adults.

Most young people do not smoke or use illicit drugs. However, the frequency and amount of alcohol consumed by 12-17 year old students is of concern. Research consistently shows that of the licit and illicit substances available, alcohol is the substance most commonly used by young people (and adults) in Australia. A recent report states that alcohol-related harm is one of the leading causes of the disease and injury burden among 16-24 year olds (Ward and Snow 2008).

Students in this age group may be exposed to, or at risk from, a wide range of potentially harmful behaviours. Behaviours such as:

- **use of alcohol**

90% of young people over the age of 14 reported having some experience with alcohol and approximately half of those aged 16 and 17 consumed alcohol regularly (ASSAD 2005)

- **harmful and hazardous use of alcohol**

27% of 14-19 year olds reported drinking alcohol at risky or high-risk levels for short-term harm at least monthly (AIHW 2007)

- **use of illicit drugs**

16% of 14-19 year olds reported having used any illicit drug in the past 12 months (AIHW 2007)

- **unsafe sexual activity**

25.9% of all sexually active Year 10 to 12 students reported having unwanted sex at some time in their life (ARCSHS 2002)

3.5% of sexually active Year 10 to 12 students were diagnosed with a sexually transmitted infection (STI) (ARCSHS 2002)

- **teenage pregnancy**

6% of students in Year 10 to 12 reported having sex that resulted in a pregnancy (ARCSHS 2002)

- **road crash fatalities**

alcohol-related fatal crashes cost the Western Australian community more than \$75 million a year (ORS, 2008).

Evidence suggests that drug education must be relevant and authentic to students. Responding to these issues of relevance to students such as partying and drink driving provides opportunities for students to explore possibilities and consequences, seek help if necessary, and continue to develop and rehearse life skills (DEST, 2003).

Inclusive practices for drug education

The Principles for School Drug Education (page 12) cites evidence that there are particular disadvantaged groups upon whom the burden of risk factors associated with drug use falls heaviest. The Principles emphasise that drug education therefore needs to be relevant to all students and that 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.

The Principles stress the need for a safe, supportive and inclusive school environment in which to effectively deliver drug education. This means providing drug education which meets the needs, capabilities and contexts of different students and the school community by using inclusive practices in teaching and learning activities, with the aim of reinforcing harm minimisation.

Inclusive practices will lead to more successful and meaningful educational experiences for all students, particularly when the focus of student learning is around skill development for resiliency, including drug refusal and resistance skills, and responsibility for personal safety and the safety of others in an alcohol and drug-using world.

For some students, vulnerability to alcohol and other drug-related harm can be compounded by disability and learning difficulties. Activities should provide opportunities for these students in particular to demonstrate their achievement in a range of ways and focus on strengths and support skill development.

To determine needs and priorities and to plan a locally relevant program, active consultation with young people, families and community groups, as well as education and health services is essential, especially in remote, rural and Indigenous communities.

Some students, especially those with refugee or migrant experience, may have lost their homes, place and culture, and possibly their parents, siblings, friends and significant others. These complexities require an approach that sensitively explores perceptions and interpretations, whilst providing opportunities for students to clarify these with each other and their teachers.

In some circumstances, culturally specific drug education material or approaches may be required, such as when students are newly arrived from overseas or when sensitive content is being introduced. Content may be sensitive because of strong opinions held by a group or groups within the school community which may be informed by different cultural and other understandings. This may necessitate gathering and exchanging information about beliefs around particular drugs and what is understood by terms used to discuss drugs and drug education.

Examples of sensitive drug education content may include: alcohol, when it is prohibited on religious grounds; tobacco, when it is customary to offer it as a form of hospitality; or an acceptance within particular cultures of traditional drug use. It is important to explore the local community's ideas and understandings about these issues.

(Adapted with permission from Inclusive education in Towards safer partying, South Australia Department of Education and Children's Services, 2008.)

Effective drug education – the theory

Traditional approaches to school drug education often focused simply on providing information about drugs on the assumption that somehow this would guard against experimentation and use. Through taking a resilience approach, effective drug education, as well as providing opportunities for increasing awareness and knowledge of issues, also encourages students to look at the influences that may affect people's choices. It gives students opportunities to plan, develop, practise and reflect on the skills they need to handle these situations.

While most young people do not smoke, use cannabis or other illicit drugs, the frequency and amount of alcohol consumed by 12-17 year old students, and especially 16-17 year olds, is of concern. Delaying the onset of experimentation of all drugs is a protective factor against future problematic drug use.

Problematic drug use derives from a complex range of factors associated with the individual's temperament, family, peers, school, community and broader social and economic environment.

The more risks a young person experiences the more likely that drug problems and related issues may occur. These risks interplay with the protective factors a person has available. An understanding of the risk and protective factors impacting on patterns of youth drug use can assist schools to work effectively at both prevention and intervention levels.

Peer and school risk and protective factors for substance use

Risk	Protective
Academic failure	Opportunities and rewards for positive social involvement
Low commitment to school	Realistic expectations by teachers
Friends use of drugs	

Family risk and protective factors for substance use

Risk	Protective
Poor family management	Family attachment
Negative communication patterns	Opportunities and rewards for positive social involvement
Parental attitudes favourable to drug use and antisocial behaviour	High but realistic family expectations
Harsh or inconsistent discipline	Extended family support

Individual risk and protective factors for substance use

Risk	Protective
Rebelliousness	Social skills and competence
Early initiation of drug use	Conflict resolution and negotiation skills
Impulsiveness	Capacity for humour and empathy
Interactions with anti-social peers	Having an interest/hobby
Sensation seeking	Positive attachments

The above tables are derived from Training Frontline workers: Young people, alcohol and other drugs: Young people at risk learners workbook, 2004, Department of Health and Ageing, Canberra.

Normative education

The most important normative education message for students is, that apart from analgesics and alcohol, most young people do not use drugs. The assumption that everyone is 'doing it' can put pressure on students to take up such activities in order to fit into a perceived norm. For instance, 75% of 16 and 17 year old WA students in 2005 had not smoked tobacco in the last 12 months; 62% had never used cannabis; 93% had never used ecstasy. However, research shows that use increases with age from early adolescence to early adulthood (Drug and Alcohol Office, WA, 2007).

Ongoing delivery of drug education content

Recent research suggests that drug education booster sessions over a number of years, that continue to develop and reinforce knowledge and skills, and explore changing individual and community attitudes and values, can lead to greatest behaviour change. It is for this reason that many of the activities contain references to analgesics, prescription medicines and over-the-counter medications, caffeine, tobacco, alcohol and cannabis use, as well as a range of other illicit drugs.

Choices encourages students to consider alcohol and other drugs as they may be experienced in a social setting, rather than in isolation. Students are also encouraged to consider drugs in sexuality, relationships and road safety contexts. Programs that are not placed alongside other related health issues or those that are conducted as 'one off' programs have limited scope to create a change in student drug use behaviour.

Resilience

The development of resilience in young people has been linked to the prevention of substance abuse, violence, bullying and suicide, as well as academic and life successes. There is little evidence that resilience-based prevention programs reduce the rate of experimentation with alcohol and other drugs. However, research does suggest that they are effective in reducing the number of young people who will become involved in long-term problematic alcohol and other drug use.

Three key protective factors that contribute to resilience in young people are:

- a sense of belonging and connectedness
- meaningful participation and contribution
- high but achievable expectations.

(Howard and Johnson, 2000)

The school environment is an ideal setting to develop these protective factors. Focussing on the protective factors that foster stronger connectedness to family and school, fosters resilience which gives young people more resources to support them in 'bouncing back' from stress and adversity.

Teachers can enhance students' resilience by providing a class environment that promotes these factors.

SDERA's resilience, drug and road safety education resources, Challenges and Choices, have been written for early childhood, middle childhood and early adolescence (2006-2007). These support materials provide continuing opportunities for students to practise five key skills that have been identified at previous phases to promote resilience:

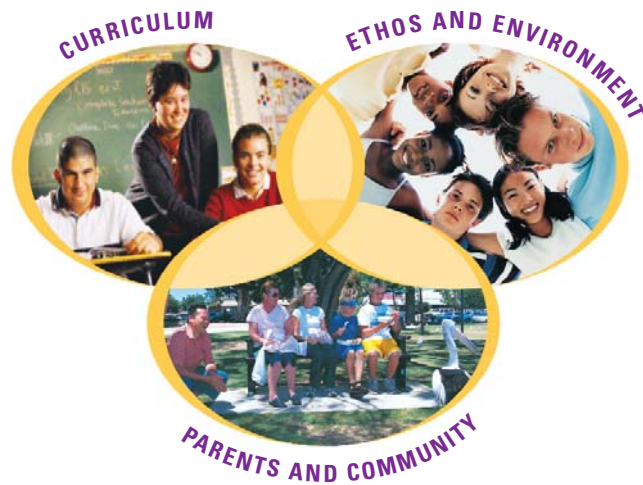
- helpful and positive thinking
- resourcefulness
- understanding emotions
- relationship skills
- self-understanding.

It is important for students to continue to develop and practise the key skills of resilience within realistic drug-related scenarios, as this is how these skills will need to be applied beyond the classroom.

Health Promoting Schools Framework

The Health Promoting Schools Framework offers a practical model within which schools can foster and promote drug education. The model uses a comprehensive approach to school health education incorporating:

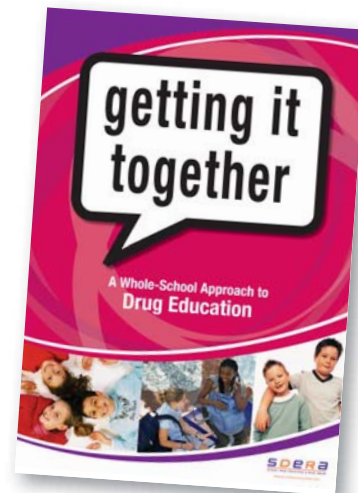
- a safe and supportive school ethos and environment
- engagement with parents and community
- meaningful, student-centred and interactive curriculum.



*Health Promoting Schools Framework
(World Health Organisation, 1986)*

A whole-school approach

The *Getting it Together: A Whole-School Approach to Drug Education* resource (SDERA, 2009) promotes effective school drug education through consideration of the Principles for School Drug Education and how they sit within the Health Promoting Schools Framework.



Principles for School Drug Education

The following Principles reflect best practice and should be considered when planning whole-school drug education strategies.

Comprehensive and 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.

Principle 2

A whole-school approach

Embed drug education within a comprehensive whole school approach to promoting health and wellbeing.

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.

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.

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.

Targeted to needs and context

Principle 6

Culturally appropriate and targeted drug education

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

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.

Principle 8

Consistent policy and practice

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

Effective pedagogy

Principle 9

Timely programs within a curriculum framework

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

Principle 10

Programs delivered by teachers

Ensure that teachers are resourced and supported in their role in delivering drug education programs.

Principle 11

Interactive strategies and skills development

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

Principle 12

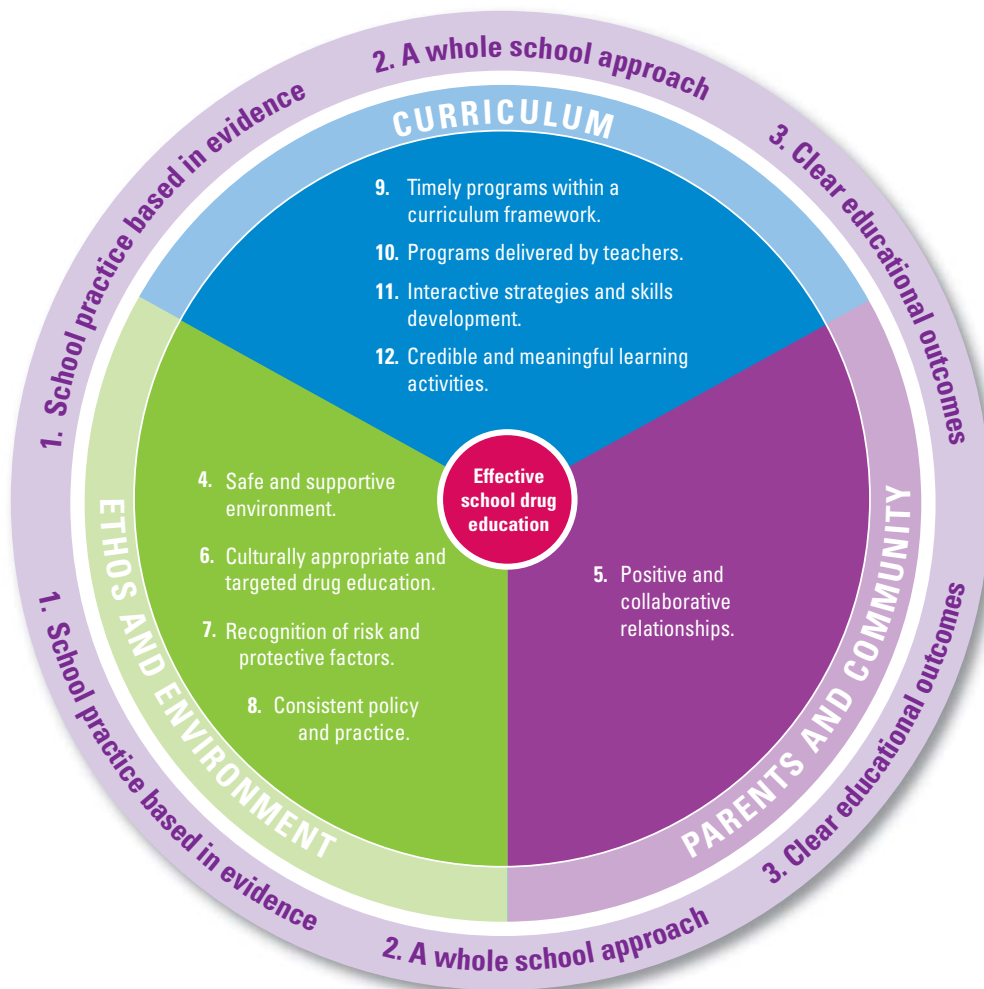
Credible and meaningful learning activities

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

Adapted from the Overview and summary of the Principles for school drug education published by the Department of Education, Science and Training, 2004. © 2004 Commonwealth of Australia.

Effective model for school drug education

The Principles for School Drug Education and how they sit within the Health Promoting Schools Framework are represented in this model. The model is further explained in the *Getting it Together: A Whole-School Approach to Drug Education* (SDERA, 2009).



Guidelines for engaging a guest speaker

First and foremost, teachers are the best placed to deliver effective drug education to their students. However, to complement the drug education programs conducted in schools, some schools may choose to engage community agencies and guest speakers.

Some key points to consider when using guest speakers

- Schools must identify if there is any benefit of an external consultant conducting a session with students in preference to school personnel (i.e. class teacher).
- Consideration should always be given to school policy, philosophy and the principles that influence effective school drug education practices.
- It is necessary to determine what positive learning outcomes will result from the presentation. Always meet with the presenter and preview their materials.
- Schools need to ask the agency or presenter questions in order to determine how their philosophies relate to current school and system practices and government policy.
- Guest presenters have sometimes been asked to present a session in response to a particular behavioural problem related to drug use at school. Research indicates that an isolated 'one-off' presentation to students has little positive impact on health/drug behaviour. For this reason, presentations outside the context of a planned program are not recommended.
- Using a guest speaker who intends to present their own drug-related testimonials does not fit within the evidence-based Principles for School Drug Education. Presentations from ex-drug users are not recommended.
- Students will be more likely to be engaged when the presentation:
 - is interactive
 - includes up-to-date drug education information
 - is relevant to students' interests and appropriate to their developmental needs
 - focuses on strategies for avoiding risks and harms
 - covers issues relevant to students' local communities.
- Inform parents/carers of the presentation and invite them to attend.

Class environment

Many sensitive issues may arise when teaching drug education. Teachers and students must be sensitive to these issues. In order to maximise the effective delivery of drug education, a safe and supportive class environment needs to be established in order for students to be able to communicate their own values and understandings.

Awareness of student cultural sensitivities is also important when planning and presenting learning material. Teachers are encouraged to examine these activities and modify or devise new learning experiences where necessary in order to meet the developmental and cultural needs of their students.

Setting ground rules

Setting ground rules at the commencement of any lesson helps to ensure that the class environment is safe for the student. In order for the teacher and students to participate in drug education in a safe and non-threatening way, it is important for both the teacher and student to discuss information in the third person and not to reveal any personal information. For example: 'My friend told me...' or 'Someone I know...', rather than 'I have...' or 'My sister...'.

Dealing with sensitive issues

It is important for teachers to recognise that there may be students within a group who have been directly or indirectly involved in drug-related trauma and its consequences. Talking about drugs can raise a range of issues, concerns and emotions.

During a drug education activity, topics such as drink-driving, drug-driving, domestic violence, mental health issues, abuse, sexual assault, illness, death or criminal behaviour, may arise.

A young person, affected by one of these issues, may become distressed during the class and disclose information about their experience. Thus teachers need to be proactive and be aware of their students' backgrounds and experiences wherever possible. If a student begins to disclose or becomes distressed, it is important to take the necessary steps to protect the student, minimise any negative consequences and to provide them with the appropriate support and referral as needed.

Protective interruption is a strategy used to interrupt or stop a potential or actual unsafe situation. It requires sensitivity and use of protective and redirecting statements. Ensure that the student acknowledges that the teacher has heard them and that they are able to discuss the issue at a more appropriate time. Make sure that the issue is followed up and a connection has been made with the student, ideally straight after the session.

If issues arise that are beyond the teacher's knowledge, level of expertise or responsibility, they need to follow school policy or guidelines, and refer the student to appropriate professionals.

Drug information and services

Parent Drug Information Service (PDIS)

T: (08) 9442 5050

Toll free 1800 653 203

Alcohol and other Drug Information Service (ADIS)

T: (08) 9442 5000

Toll free 1800 198 024

Drug and Alcohol Office (WA)

T: (08) 9370 0333

www.dao.wa.gov.au

Australian Drug Foundation (ADF)

www.adf.org.au

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