# CHALLENGES AND CHOICES

TEACHER RESOURCE

DRUG

**9**

A Resilience Approach to **Drug Education**

SDERA

EDUCATING FOR SMARTER CHOICES

## School Drug Education and Road Aware

School Drug Education and Road Aware (SDERA) is
the WA State Government's primary drug and road
safety education strategy for all government and non-
government schools, and early childhood services.
SDERA is a cross-sectoral initiative of the Association
of Independent Schools of WA (AISWA), the Catholic
Education WA (CEWA) and Department of Education
(DOE). SDERA is funded by the Mental Health Commission,
Road Safety Commission via the Road Trauma Trust
Account, and the Department of Education.

SDERA aims to prevent road-related injuries and the
harms from drug use in children and young people.

SDERA empowers early childhood and school-based
staff, parents and carers, and community groups to
implement effective resilience, drug and road safety
education approaches within their schools and
community, through the provision of professional
learning, evidence-based resources, and a state-wide
consultancy team.

## Foreword

The transition from childhood through adolescence to adulthood can be challenging for many of our young people. It is during these formative years that our children will be required to make decisions around a range of factors that could have a significant impact on their future physical, social and emotional development.

School based education programs, such as the *Challenges and Choices* secondary school resources, play a significant and vital role in equipping our children with the necessary knowledge and skills to make informed decisions regarding alcohol and other drug use. Participating in an appropriate school alcohol and other drug education program, assists students to make healthy and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. Education can also play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision making.

Minimising harm to young people and those around them are the key objectives of *Challenges and Choices*. Focusing on skills development such as building resilience, problem solving and help seeking, are integral to this approach. Students who are able to identify and develop their own attitudes and values associated with adopting a healthy and safer lifestyle are better equipped to make personally and socially responsible decisions during adolescence and beyond.

As educators, you have a key role in encouraging belonging and connectedness within the school community, as this fosters resilience and an overall improvement in the health, safety and wellbeing of our young people.

This resource represents a wonderful opportunity for School Drug Education and Road Aware to partner with schools and families to provide adolescents in Western Australia with meaningful learning experiences that will enhance their resilience and drug risk awareness.

**Timothy Marney**
Mental Health Commissioner

Government of **Western Australia**
**Mental Health Commission**

# Contents

# Challenges and Choices program

The *Challenges and Choices* program has been developed for secondary schools who wish to conduct resilience and drug education programs. The program aims to develop students' awareness of the possible harmful effects of drug use and acquire skills needed to help them make informed decisions and manage drug-related situations.

The program is designed to address two relevant and contemporary health contexts for young people, mental health and wellbeing, and drug education. The content aims to support and expand students' knowledge, understanding, skills and attitudes in relation to their health, safety and wellbeing. This approach is considered to be more effective than programs that only focus on providing information or knowledge to students about what is safe and what is dangerous or risky, and does not address the range of reasons why young people engage in risky behaviours.

*Challenges and Choices* focuses on developing the protective personal and social resistance skills that can assist in motivating young people against drug use and help identify and resist pro-drug influences. Rather than just describing 'what' these protective skills are, this program provides explicit and intentional learning activities that show teachers 'how' to develop the skills, beliefs and attitudes that can enable young people to effectively resist pressures and influences from others and make responsible decisions in drug-related situations. Practical examples of how teachers and families can promote the learning of skills such as: positive self-talk, optimistic thinking and attitudes; emotional intelligence; social skills; help seeking; problem-predicting, problem-solving and decision-making; and self-knowledge and personal competence, are provided.

When working to assist young people to reduce the harms associated with drug use, there is a need to consult best practice and evidence. SDERA's *Challenges and Choices* program is the State Government's strategy for school drug education and is underpinned by evidence and the Principles for School Drug Education (Department of Education, Science and Training [DEST], 2004).

Schools are encouraged to use the *Challenges and Choices* program in conjunction with other evidence-based resilience and social and emotional learning programs, and drug education programs.

## Strengths based approach

Rather than focusing on what students do not know or cannot do, a strengths-based approach recognises the abilities, knowledge and capacities of students. This approach assumes that students are able to learn, develop and succeed, and also recognises the resilience of individuals. It affirms that students have particular strengths and resources that can be nurtured to improve their own and others' health, safety and wellbeing. A strengths-based approach to planning programs for students can transform practice and result in a more satisfying experience for everyone – students, families and educators.

The *Challenges and Choices* program focuses on this approach and provides content and learning activities that build on students' knowledge, skills and capacities. Some content, concept or skill introduced in one year level however, may need to be revisited, consolidated and further enhanced in later year levels. For example, making decisions is a skill that can be introduced in early childhood and then continue to be developed through a student's schooling years. This means educators need to provide ample opportunity for revision, ongoing practice and consolidation of previously introduced knowledge and skills.

## Mapping against Health and Physical Education content

There are links between the learning activities in this resource and the *Western Australian P-10 Curriculum Health and Physical Education Syllabus*. These are described in Table 1 page 11.

## Mapping against General Capabilities in the Australian Curriculum

The following icons have been used to indicate where the seven general capabilities have been embedded in the learning activities in this resource.

**Key**

- 🏅 Literacy
- 🔢 Numeracy
- 📱 Information and communication technology (ICT) capability
- 🧠 Critical and creative thinking
- 👥 Personal and social capability
- 👁 Ethical understanding
- 🌏 Intercultural understanding

## Mapping against Personal and Social Capabilities

*Challenges and Choices* learning activities that specifically link to the *Personal and Social Capability* have been listed in Table 2 on page 12 to 13 under the four elements – Self-awareness, Social awareness, Self-management and Self-management.

## Delivery of the program

The activities have been written to support the delivery of Year 9 Health Education content and skills, however the program is flexible and can be implemented in English, life and relationship skills, careers, workplace readiness, and home groups.

Teachers may choose to modify or use activities that are more relevant or support their students' needs and the context within which the program is to be delivered. The *Challenges and Choices* resources for earlier or later year levels may also be referred to depending on the needs of students.

## Currency of information

Whilst every attempt has been made to include the latest information and live links within this resource, statistics, legislation and brochures/fact sheets/information sheets do change over time.

You are encouraged to use the most up-to-date statistics, legislation and information in your drug education program. Websites provided at the back of this resource can assist you.

### Staff working in schools with a religious philosophy

When teaching resilience, decision-making and coping skills, links to Religious Education and developing a positive sense of self in relation to the values and philosophy of their religion, can be emphasised and promoted.

### Support for implementing *Challenges and Choices*

Professional learning workshops offered by SDERA, aim to enhance participants' understanding of resilience and drug education. These workshops support the implementation of classroom programs using the *Challenges and Choices* resources and can be accessed by all schools in Western Australia.

### Complementary health and safety frameworks

*Challenges and Choices* is underpinned by national and state strategies including the *Drug and Alcohol Strategic Plan 2013-2018*. This ensures an evidence-based and scientific approach to the pedagogy within the resource.

*Challenges and Choices* is also underpinned by other frameworks, including: *Health Promoting Schools Framework* (WHO 1986), *Revised National Safe Schools Framework; Melbourne Declaration on Educational Goals for Young Australians;* the *National Framework in Values Education;* and the *National Family-School Partnerships*. These frameworks support the implementation of whole-school health, wellbeing and safety initiatives by schools.

## Program components

The *Challenges and Choices* program for Year 9 includes two components: the Teacher Resource and the *Be Ready* student workbook.

### Teacher Resource

This easy to use resource offers two modules:

- Module 1: Resilience Education
- Module 2: Drug Education.

The topics in each module are non-sequential and are informed by a strong evidence base that highlights the positive outcomes of building resilience and enhancing personal and social capabilities through the context of drug education. Teachers can select the activities that will meet the learning needs of their students, however it is strongly suggested that Module 1 is delivered before or in conjunction with Module 2.

Each Module includes:

- related topics and learning activities appropriate for Year 9 students
- teaching tips to support delivery or extend students' learning
- activity sheets that require photocopying and/or cutting up
- activities that link to the *Be Ready* student workbook

- *Family information sheets* to use as a conversation trigger between students and their families
- links to useful websites and other resources for background information.

A PDF version of the Teacher Resource can be downloaded from the SDERA website.

### *Be Ready* student workbook

The student workbook is linked to activities in the Teacher Resource and gives students information about resilience and drug education topics. Teachers may choose to use the workbook as a record of students' achievement. A PDF of the workbook is included on the SDERA website and can be printed or photocopied for use by schools and other educational settings.
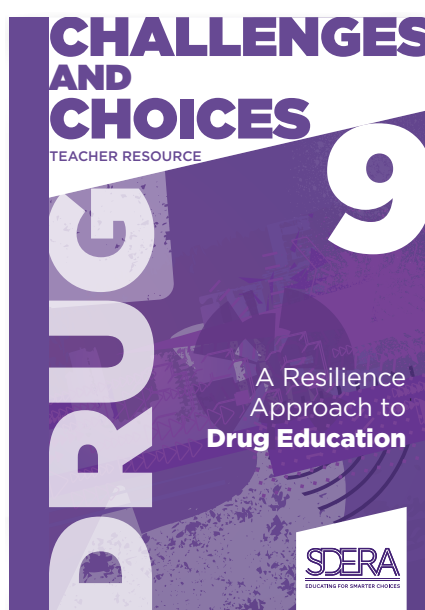
# Resilience education

Student resilience and wellbeing are essential for both academic and social development. Children who are confident, resilient and emotionally intelligent perform better academically. The skills these children possess can contribute to the maintenance of healthy relationships and responsible lifestyles and help them to manage challenging situations.

Schools can provide safe, supportive and respectful learning environments that optimise the development of students' resilience and wellbeing. Delivering classroom programs that help students to learn and build on their personal and social capabilities can promote health and wellbeing and lead to success in life.

Students with reported high levels of resilience and wellbeing:

- are more likely to achieve academic success and higher levels of schooling
- have better physical and mental health
- are less likely to engage in problematic drug use
- are more likely to have a socially responsible lifestyle (Zins, Weissberg, Wang, & Walberg, 2004).

Conversely students with low levels of wellbeing and resilience:

- have higher levels of mental health problems and harmful risk-taking behaviour
- are more likely to leave school at a young age
- have higher risk of unemployment and poverty
- have lower levels of participation in the community.

## A positive approach

Programs that focus on young people's strengths and assets are important for building their skills and competencies as well as being an effective strategy for reducing problem outcomes such as alcohol or other drug use, bullying or disengagement with school (Porter, 2011; Benson, Leffert, Scales, & Blyth, 2000; Theokas, Almerigi, Lerner, Dowling, Benson, Scales, & von Eye, 2005). While these issues are extremely important and need to be addressed, we want young people not to participate in bullying, or use alcohol and other drugs, and to remain engaged in their education. We want them to thrive as young people and develop the competencies that will equip them for success both academically and in life.

This shift in focus from preventing (fixing) behaviour deficits, to building and nurturing all the beliefs, behaviours, knowledge, attributes and skills that can result in a healthy and productive adolescence and adulthood, is supported by research (Pittman, 1999).

## Risk and resilience

There is a wealth of research that indicates that an adolescent who is resilient is likely to enter adulthood with a good chance of coping well, even if he/she has experienced difficult circumstances in life such as poverty, health problems or strained family relationships (Werner, 1995). Some research also suggests that resilient adolescents may be in a better position to avoid risky behaviours such as violence, alcohol and drug use, and adolescent pregnancy (Substance Abuse and Mental Health Services Administration Center for Mental Health Services, 2007).

There are also indications that social disconnection increasingly underlies drug-related harms and other high risk health behaviours amongst students (Spooner, Hall, & Lynskey, 2001). Apart from families, schools are the most important socialising agents that provide a positive environment and promote resilience and wellbeing.

For those students who are not connected to resilient families, it is particularly important that schools provide a sense of belonging and connectedness, meaningful participation and contribution and support for learning. The whole-school enrichment activities in this book (refer to pages 9 to 10) provide a range of ideas on how to enhance the school environment in order to promote resilience.

## Factors that contribute to resilience

A combination of factors contribute to resilience. Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, and offer encouragement and reassurance can help bolster a person's resilience. Positive outcomes of resilience education programs include young people who have:

- **Confidence** – a sense of self-worth (a positive view of yourself) and mastery (confidence in your strengths and abilities); having a sense of self-efficacy (belief in one's capacity to succeed); seeing yourself as resilient (rather than as a victim).
- **Character** – taking responsibility; a sense of independence and individuality; connection to values; good problem solving and communication skills; helping others.
- **Connection** – a sense of safety, structure and belonging; close, respectful relationships with family and friends; positive bonds with social institutions.
- **Competence** – the ability to act effectively in school, in social situations, and at work; the ability to manage strong feelings and impulses; seeking help and resources; the ability to cope with stress in healthy ways and avoiding harmful coping strategies such as alcohol and drug use.
- **Contribution** – active participation and leadership in a variety of settings; making a difference.
- **Caring** – a sense of sympathy and empathy for others; commitment to social justice.

## Explicit teaching of personal and social capabilities

While the concept of emotional intelligence and self-regulation generally encompasses more than what is typically meant by resilience or positive mental health, it does include managing one's emotions, which can be especially important to adolescent wellbeing.

Schools can incorporate social and emotional learning into their programs by the explicit teaching of skills described in the *Personal and Social Capability,* and through whole-school initiatives that focus on increasing supportive relationships among students and adults. Results of this approach show that being able to manage one's emotions, and having supportive relationships with adults, contributes to students' academic success, as well as to their adopting positive social attitudes and behaviours (Payton, Weissberg, Durlak, Dymnicki, Taylor, Schellinger, & Pachan, 2008; Snyder, Flay, Vucinich, Acock, Washburn, Beets, & Kin-Kit, 2010).

# Drug education

## What is school drug education?

Effective school drug education focuses on skills development and provides students with the capacity to make healthy and responsible decisions for their own and others' safety and wellbeing. It also nurtures a sense of belonging and connectedness and fosters resilience. This approach differs from traditional approaches to school drug education which often focused simply on providing information about drugs and possible harmful effects, on the assumption that somehow this will guard young people against experimentation and use.

## What content is covered in drug education programs?

As drug education programs can develop a range of skills such as decision making, help seeking and problem solving, the content through which students practise these skills should be age appropriate and relevant to the students' needs.

In the secondary years, programs should focus on drugs such as caffeine (contained in energy drinks), tobacco (passive smoking), alcohol, cannabis and other illicit drugs. Students are also introduced to the definition of a drug (eg any substance, excluding food, water and oxygen, which when taken into the body, alters its function physically and/or psychologically) (WHO, n.d.).

Students also explore the range of factors that can contribute to a drug experience such as:

- the person eg age, gender, previous experience with the drug, mood
- the drug eg type, amount, taken with other drugs
- the place eg where the drug is being used, with friends or strangers.

Knowing this, students begin to understand that the drug is not the only contributor to the range of harms that can be associated with drug use. It also provides opportunity for students to identify how potential harms can be avoided or reduced.

## When should drug education start?

Children become aware of drugs from an early age. They gain information and form attitudes about drugs and drug use issues from a range of influences including family, friends, peers, school, the community, and the media. It is therefore important that prevention drug education:

- is started in early childhood
- is age appropriate
- is continued through a child's schooling years in order to build students' knowledge, skills and experiences, and to bring about effective behaviour change.

Prevention education is best introduced when the prevalence of use of the particular drug is still low and before most young people are exposed to the possibility of use. There are three critical phases when the intervention effects of drug education are most likely to be optimised, and include:

- **Phase 1: Inoculation** which is when children are first exposed to certain drugs. Most children in secondary school have had some experiences with analgesics and over-the-counter medications, prescription medications and caffeine. In some communities some children will also be familiar with tobacco and alcohol, as well as cannabis and other illegal drugs.
- **Phase 2: Early relevancy** which is where information and skills may have practical application in real life.
- **Phase 3: Later relevancy** which is when prevalence of alcohol and drug use increases and the context of use changes (eg alcohol and driving).

The early adolescence years are, therefore, a crucial inoculation phase where schools need to implement both resilience and drug education programs as young people are often faced with many influences to use both licit and illicit drugs. Engaging students in alcohol and drug education programs assists them to make healthy and safer choices, identify high risk situations, and develop a range of strategies to prepare them for challenging situations. Education can also play a counterbalancing role in shaping a normative culture of safety, moderation and informed decision making.

SDERA can assist schools to develop ongoing, sustainable drug education programs and school drug education guidelines based on a harm minimisation approach. This approach aims to reduce the adverse health, social and economic consequences of drugs by minimising or limiting the harms and hazards of drug use for both the school community and the individual without necessarily eliminating use.

## Who should deliver drug education to young people?

The *Principles for School Drug Education* (refer to www.sdera.wa.edu.au) highlight that classroom teachers, with specific knowledge of students and the learning context, are best placed to provide drug education. External agencies and personnel should be used only where relevant and appropriate, and where they enhance existing drug education.

## Harm minimisation approach to drug education

A harm minimisation approach does not condone or encourage drug use. It promotes non-use and delayed use of all drugs, and support of young people who are experiencing drug use issues either themselves or by their family or friends. This approach acknowledges that drug use is complex and that students can be affected by their own drug use, or the drug use of others, and aims to reduce the harms associated with use and to promote healthier, alternative behaviours.

Key messages, which are not specifically for discussing with students, include:

| | |
|---|---|
| Students who have never used alcohol or other drugs | *Don't start*<br>*Delay starting* |
| Students who have experimented with alcohol or other drugs | *Don't continue use*<br>*Ensure don't progress to higher levels of use* |
| Students who use alcohol or other drugs more regularly | *Cease use*<br>*Reduce use*<br>*Ensure don't progress to higher levels of use*<br>*Don't become a regular user* |

Additional harm reduction messages for students, and depending on level of use, include:

- reduce exposure from others' drug use
- avoid people, places and situations where drug use is common
- provide support for others who wish to cut down or quit their drug use
- don't pressure others to use drugs
- avoid using drugs in some situations
- do things to reduce risks when using drugs
- try to avoid mixing alcohol and other drugs.

A consistent message to be given to young people is that there is no safe level of drug use and any drug has the potential to cause harm. Understanding the factors involved in the drug use triangle experience can help to minimise the potential risks in drug-related situations.

An understanding of the ways to reduce harm and of the risk and protective factors impacting on patterns of drug use by young people can assist schools to work effectively at both prevention and intervention levels.

### What is not covered in classroom drug education programs?

Volatile substance use (VSU) refers to the practice of deliberately inhaling substances that are volatile (vaporous) for the purpose of intoxication. Education around VSU is not the strategy currently used in Australia, as these products are found in many households and may lead to 'copycat' behaviour. Where it is believed that a student or group of students are involved with volatile substance use, a targeted-approach is acknowledged to best practice.

Further information on VSU education can be found on www.sdera.wa.edu.au

New Psychoactive Substances (NPS) or Emerging Psychoactive Substances (EPS) are a range of drugs that have been designed to mimic established illicit drugs such as cannabis, ecstasy, cocaine and LSD. Manufacturers continue to develop these drugs using new chemicals that aim to replace those that are banned. As these substances can be easily accessed via the internet it is recommended that education around NPS or EPS is not discussed in classroom programs and a targeted approach similar to VSU, is used.

### Including parents in their child's drug education

Parents and carers can be the most important influence in a child's life. Neglect or exposure to drug use can undermine healthy development and be a predictor of harmful drug use in later life. Parent education, in the form of drug education as well as education on how to promote resilience skills, should be considered as part of a whole-school resilience and drug education program. The *Family information sheets* in this resource cover a range of topics that parents can use as a guide when talking to their children.

To provide families with reliable information about alcohol and drugs:

- send home a copy of the *Family information sheets* provided
- advise parents about websites that can also provide them with information about resilience and drug education
- advise parents about the help lines that they and their children can contact for advice about alcohol and other drug use problems.

## Implementing a drug education program in your classroom

### Create a class environment

Teaching drug education involves discussing sensitive issues so it is important to establish a safe and supportive environment where students can explore their own values and understandings.

### Positive interrupting

Some students may have personal experience where their own or another person's drug or alcohol use has led to situations such as drink driving, mental health problems, family fragmentation, domestic violence, illness, death, or criminal behaviour and incarceration. A young person who has been affected by these or other traumas may become distressed or they may disclose information about their experience.

Personal stories about alcohol and other drug use *should not* be encouraged. This will protect students' personal privacy and the privacy of those related to students, and will prevent them from damaging their reputation. It also prevents students from sharing stories that they feel may increase their status, glamorise risky behaviour, or covertly influence others to engage in risky behaviour. It will also stop the class from being side-tracked.

Teachers should set ground rules and establish a classroom climate where students agree not to reveal personal information and instead use the third person such as 'I know someone who…' or 'A friend told me…'

If disclosure does occur in the classroom, teachers should tactfully but firmly interrupt the student, acknowledge that they have heard the student and indicate to the student that they may want to discuss this later. Straight after the lesson, arrange a time for a follow-up conversation.

School drug education is enhanced by the implementation of *School Drug Education Guidelines* which include procedures for managing incidents related to drug use and providing support interventions for students. The resource, *Getting it Together: A whole-school approach to drug education* (SDERA, 2010) can assist schools to develop their guidelines.

### Normative education

Normative education practices need to be included in school drug education programs to correct inaccurate beliefs about the normality and acceptability of drug use. Normative beliefs are most relevant when the forms of drug use in question really are uncommon and not widely accepted among young people, but might be thought to be more common. The use of current prevalence data in Western Australia (WA) can give an accurate indication as to the extent of drug use in particular age groups. The statistics referred to in this resource are taken from the latest *Australian School Students Alcohol and Drugs Survey* (ASSAD).

The ASSAD survey is conducted every three years and the WA results are published on the Drug and Alcohol Office website www.dao.health.wa.gov.au/ and the Mental Health Commission website www.mentalhealth.wa.gov.au/

**A RESILIENCE APPROACH TO DRUG EDUCATION**
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## Terms to avoid using

It is important that teachers are aware of inappropriate terms and words when teaching drug education. Many terms used to describe drugs and drug use are negative and inappropriate because they can create or perpetuate myths and stereotypes, and may also be insensitive to issues being experienced by some students or their families.

| Terms to use | Terms to avoid | Reasons |
|---|---|---|
| Drug use<br>Drug taking<br>Harmful drug use<br>Problem drug use<br>High risk use | Drug abuse<br>Drug misuse<br>Substance abuse<br>Substance misuse | All drug use has the potential to cause harm. Terms such as drug use and drug taking are non-judgemental. |
| Depressant drugs<br>Stimulant drugs<br>Hallucinogens<br>Legal or illegal drugs<br>Licit or illicit drugs | Soft or hard drugs<br>Recreational drugs<br>Party drugs<br>Good or bad drugs | Describing a drug as soft implies that it is safe to use.<br><br>People may think that a drug described as soft or hard is referring to the legal status or level of harm. The terms recreational or party drug implies that the drug is fun and safe to use. |
| Drug-related problems<br>Alcohol-related problems<br>Dependence | Addicted<br>Addiction<br>Alcoholic | Dependence describes the physical or psychological state of the person without a stereotype being applied. |
| Someone who uses drugs | Drug addict<br>Junkie<br>Druggie | Avoid terms that are judgemental and negative. |

## Interactive teaching and learning strategies

Interactive programs that involve a discussion format to explore content have been found to be between two and four times more effective than non-interactive approaches (Tobler & Stratton, 1997). The activities in this resource use a range of interactive teaching and learning strategies that promote active involvement of all students, require students to work collaboratively in small and large groups, and use skills such as negotiation, decision making, active listening and assertive communication, problem predicting and problem solving, and goal setting.

The strategies referred to in activities are shown in bold text and are explained on pages 91 to 97 of this resource.

Where students have not previously experienced collaborative teaching and learning strategies, teachers may need to spend additional time explicitly teaching the skills and set up a classroom environment where students feel comfortable to share their opinion and attitudes without fear of ridicule or of having their personal experiences shared with others outside of the classroom.

## Managing discussion activities

Activities which require students to move around the room or discuss with a partner or small group, are likely to produce higher levels of noise and energy. Teachers should not mistake these behaviours as a sign that students are not on task. The use of 'noise level' management strategies such as hand clapping, music starting and stopping, or hand in the air, should be introduced to the class at the start of the program.

## Assessment

Assessment takes place for different purposes. Teachers are encouraged to select appropriate activities from the resource and use these to make judgements about students' learning and achievement. These samples can also be used to provide feedback to students with the aim of improving their learning through reflective practices.

Self-assessment can be used to gain an understanding of students' knowledge and understanding, attitudes and values, and skill level. The optional quiz provided on page 30 to 31, can be used to identify students' current drug education knowledge prior to commencing a program using this resource.

Students can also complete the self-assessment activities throughout the resource that require identification of the personal and social capabilities that they possess and those that need development through practice and rehearsal.

# Best practice in school drug education

There is good evidence as to what works best in school drug education. The *Challenges and Choices* program is underpinned by the *Principles for School Drug Education* (SDERA, 2009) which outline the critical elements of drug education programs that are believed to delay the uptake or reduce the use of drugs. Schools need to consider these critical elements of drug education when planning, implementing and reviewing drug education programs, policies or guidelines, and practices in their school community.

## Whole-school approach

A comprehensive, whole-school approach is widely acknowledged as best practice in working holistically to promote and enhance student health, safety and wellbeing. By adopting this approach schools ensure full engagement with the school community and are more likely to secure sustainable health improvements.

The whole-school approach is not just what happens in the curriculum, it is about the entire school day, advocating that learning occurs not only through the formal curriculum but also through students' daily experience of life in the school and beyond. If consistent messages are evident across the school and wider school community, the students' learning is validated and reinforced.

## The Health Promoting Schools (HPS) Framework

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the *Health Promoting School (HPS) Framework* (WHO, 1986) when planning health education or responding to a health concern within the school.

The Framework describes an approach for schools to address the health, safety and wellbeing of their staff, students, parents and the wider community through three key components working in unison. The three components are:

- **Curriculum:** teaching and learning, how this is decided, and the way in which teaching is delivered and learning encouraged.
- **Ethos and Environment:** the physical environment, the ethos and values as well as health-enhancing guidelines, processes and structures developed to create an environment for living, learning and working.
- **Parents and Community:** appropriate partnerships with parents, staff, students, community organisations and specialist services, enhance a healthy and supportive school environment.

  *(Note: The term 'parent' in this resource also refers to caregivers, guardians and other significant adults in the child's life).*

## Supporting a whole-school approach to drug education

School communities can take a coordinated whole-school approach to health and safety by addressing each component of the HPS Framework when planning health education or responding to a health concern within the school.

A whole-school approach can be easily developed using the consultancy support provided by SDERA and the *Getting it Together: A Whole-School Approach to Drug Education* resource which provides action planning templates, sample *School Drug Education Guidelines* and practical ideas to support the implementation of the three areas of the HPS Framework.
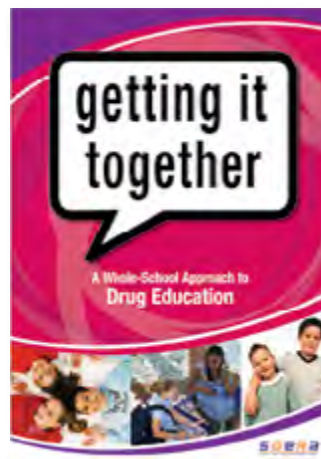
A PDF version of *Getting it Together* is available at www.sdera.wa.edu.au

## Curriculum ideas

- Develop a scope and sequence for resilience and drug education that outlines which learning activities described in the *Challenges and Choices* resources will be completed by each year level.
- Teach the skills relevant to resilience and social and emotional competence across all learning areas. For example, coping skills in relation to exploration and inventions, establishing classroom and school rules, and dealing with conflict, can be taught through the Society and Environment learning area.
- Plan classroom activities that encourage peer and class connectedness to enhance resilience. For example, older students can work with younger students in a buddy system.
- Select and purchase books that focus on resilience skills and inspirational and self-belief stories such as *I can jump puddles* by Alan Marshall, *Survival* by Simon Bouda (the story about Stuart Diver), *Unstoppable* or *Life without limits* by Nick Vujicic and *Jonathon Livingston Seagull* by Richard Bach.

## Ethos and Environment ideas

- Have the school leaders articulate to school staff, parents and students through the school's various channels of communication (eg newsletter, website, induction package) a clear, shared vision of a whole-school approach to resilience and drug education. This can be achieved through the development of school drug education guidelines that include: a rationale for why resilience and drug education needs to be taught in the curriculum, the hours it will be taught over the year, the commitment by the school staff, and the budget allocation. This is an important step to ensure all aspects of effective resilience and drug education are in place within the school.

- Teachers can build and enhance connections with students in their own classroom and in the broader school community by using strategies such as: greeting students using name and eye contact, trusting students with responsibilities, taking an interest in what students do outside of school hours, and by having fair and consistent behaviour management systems.
- To foster engagement offer students opportunities such as planning and presenting a parent drug information expo.
- Build relationships with outside agencies (eg Community Alcohol and Drug Service) to have access to additional expertise and appropriate intervention support for students involved in drug-related situations or experiencing issues with drug use. *Connect*, which is an online state-wide directory for drug services, programs and resources is available on the SDERA website.
- Encourage school staff to reach out to students with academic or social issues to create stronger relationships and a positive school environment.  Link them to role models, mentors, peers or trusted adults like the *School Volunteer Program.*
- Identify and acknowledge the ability and personal strengths of staff members and students through awards and presentations. Plan and provide opportunities for the development of the diverse strengths within the school.
- Celebrate success! Do this in a public place within the school or on the school website or newsletter (eg teacher or student profiles each week).
- Budget for professional learning. Organise for staff to attend SDERA workshops and learning seminars to enhance their understanding of resilience and drug education.

### Parents and Community ideas

- A simple way to reinforce classroom learning and stress the importance of family support and involvement in their child's resilience and drug education is to provide information to parents on a regular basis. Family information sheets included in *Challenges and Choices* can be photocopied and sent home to trigger conversations.
- Snippets in school newsletters or on the school website can be created using the *Family information sheets.*
- Parents can play an important role in shaping their child's resilience and wellbeing. Hold sessions to give parents information and tips on building resilience skills in their teenager. Give parents tips on how to develop skills such as problem solving, using optimistic thinking, ways to manage emotions, setting goals, showing appreciation and gratitude, making and maintaining positive relationships, learning from mistakes and taking responsibility for their own actions, during the sessions. SDERA can help schools to develop these parent sessions.
- It's crucial that schools seek ways to develop positive, respectful and meaningful partnerships with families. Some ideas that schools can use to improve communication between parents and school staff include:

  o have students invite their parents to school events both social and formal
  o allocate a staff member who is responsible for contacting families who are new to the school
  o set up a parent section on the school website and include tips on building resilience and talking about alcohol and drugs with children and young people.

- Gain publicity and support for successes resulting from the school's resilience and drug education programs and activities by advocating to the P&C or P&F and using local media.

- The classroom teacher, with specific knowledge of students and the learning context, is best placed to provide drug education. However external agencies may be used to complement drug education programs based in the classroom. Teachers should make sure that these presentations clearly support the classroom program and do not replace, or exist in place of, the classroom program.

- Refer to SDERA's *Connect* online state-wide directory of agencies who can support schools (http://www.sdera. wa.edu.au/resources/ primary-resources/ connect-a-directory-of- drug-education-support- services-for-schools/)

- Use the Mental Health Commission website (www.mentalhealth.wa.gov.au/) to obtain up-to-date information on alcohol and drug use by school aged students, current research and drug prevention campaigns.

- Use the Drug and Alcohol Office website (www.dao.health.wa.gov.au) for drug and alcohol information.

**A RESILIENCE APPROACH TO DRUG EDUCATION**

**Table 1: Mapping Challenges and Choices to Western Australian Curriculum Health and Physical Education Syllabus  Year 9**

**Sub-strands:** *The content from the resource draws from the Personal, Social and Community Health Strand and focuses on the three interrelated sub-strands detailed below.*

| | Resilience Education Module 1 – Topic | | | | Drug Education Module 2 – Topic | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Being healthy, safe and active** | | | | | | | | | | | |
| Factors that shape identities and adolescent health behaviours, such as the impact of: cultural beliefs and practices, family, societal norms, stereotypes and expectations, the media, body image (ACPPS089) | ● | ● | ● | | | ● | ● | ● | ● | ● | ● |
| Skills to deal with challenging or unsafe situations: refusal skills; initiating contingency plans; expressing thoughts, opinions, beliefs; acting assertively (ACPPS090) | ● | ● | ● | | | ● | ● | ● | ● | | |
| Actions and strategies to enhance health and wellbeing in a range of environments, such as: the use of complementary health practices to support and promote good health, responding to emergency situations, identifying and managing risky situations, safe blood practices (ACPPS091) | | ● | | | ● | ● | ● | ● | ● | | |
| Impact of external influences on the ability of adolescents to make healthy and safe choices relating to: sexuality, alcohol and other drug use, risk taking (ACPPS092) | | ● | | | ● | ● | ● | ● | ● | ● | |
| **Communicating and interacting for health and wellbeing** | | | | | | | | | | | |
| Characteristics of respectful relationships: respecting the rights and responsibilities of individuals in the relationship, respect for personal differences and opinions, empathy (ACPPS093) | | ● | ● | | ● | ● | ● | ● | ● | ● | ● |
| Strategies for managing emotional responses and resolving conflict in a family, social or online environment (ACPPS094) | | ● | ● | | ● | ● | ● | ● | ● | | |
| Skills to determine appropriateness and reliability of online health information (ACPPS095) | | | | | ● | | ● | ● | ● | ● | ● |
| **Contributing to healthy and active communities** | | | | | | | | | | | |
| The implications of attitudes and behaviours on individuals and the community, such as: prejudice, marginalisation, homophobia, discrimination (ACPPS098) | | | | | | | | | | | |

The mapping documents have been completed using using ALL suggested activities in each topic. If activities are modified, this may affect the applicability of the mapping.

**Table 2: Mapping *Challenges and Choices* to General Capabilities: Personal and Social Capability**

*Typically by the end of Year 10, students will:*

| | Resilience Education Module 1 — Topic | | | | Drug Education Module 2 — Topic | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Self-awareness** | | | | | | | | | | | |
| *Recognise emotions* — Reflect critically on their emotional responses to challenging situations in a wide range of learning, social and work-related contexts | ● | ● | ● | | | ● | ● | ● | | | |
| *Recognise personal qualities and achievements* — Assess their strengths and challenges and devise personally appropriate strategies to achieve future success | ● | | | | | | | | | | ● |
| *Understand themselves as learners* — Evaluate the effectiveness of commonly used learning strategies and work practices and refine these as required | | | | | | | | | | | |
| *Develop reflective practice* — Reflect on feedback from peers, teachers and other adults, to analyse personal characteristics and skill set that contribute to or limit their personal and social capability | ● | | | | | | | | | | |
| **Self-management** | | | | | | | | | | | |
| *Express emotions appropriately* — Consider control and justify their emotional responses, in expressing their opinions, beliefs, values, questions and choices | ● | ● | ● | | ● | ● | ● | ● | | | |
| *Develop self-discipline and set goals* — Critically analyse self-discipline strategies and personal goals and consider their application in social and work-related contexts | | | | ● | | | | | ● | | |
| *Work independently and show initiative* — Establish personal priorities, manage resources effectively and demonstrate initiative to achieve personal goals and learning outcomes | | | | ● | | | | | ● | | |
| *Become confident, resilient and adaptable* — Evaluate, rethink and refine approaches to tasks to take account of unexpected or difficult situations and safety considerations | | | | | | | | | | | |

**Table 2: Mapping *Challenges and Choices* to General Capabilities: Personal and Social Capability**

| *Typically by the end of Year 10, students will:* | Resilience Education Module 1 Topic | | | | Drug Education Module 2 Topic | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **Social awareness** | | | | | | | | | | | |
| *Appreciate diverse perspectives* — Articulate their personal value system and analyse the effects of actions that repress social power and limit the expression of diverse views | | | | | | ● | | | | | ● |
| *Contribute to civil society* — Plan, implement and evaluate ways of contributing to civil society at local, national, regional and global levels | | | | | | | | | | | ● |
| *Understand relationships* — Explain how relationships differ between peers, parents, teachers and other adults, and identify the skills needed to manage different types of relationships | | ● | | | | ● | | ● | | | |
| **Social management** | | | | | | | | | | | |
| *Communicate effectively* — Formulate plans for effective communication (verbal, nonverbal, digital) to complete complex tasks | | ● | ● | | ● | ● | ● | ● | ● | ● | ● |
| *Work collaboratively* — Critique their ability to devise and enact strategies for working in diverse teams, drawing on the skills and contributions of team members to complete complex tasks | | | | | | | | | | | ● |
| *Make decisions* — Develop and apply criteria to evaluate the outcomes of individual and group decisions and analyse the consequences of their decision making | | | | | | | | | | | ● |
| *Negotiate and resolve conflict* — Generate, apply and evaluate strategies such as active listening, mediation and negotiation to prevent and resolve interpersonal problems and conflicts | | ● | ● | | | ● | ● | | | | |
| *Develop leadership skills* — Propose, implement and monitor strategies to address needs prioritised at local, national, regional and global levels, and communicate these widely | | | | | | | | | | | ● |

The mapping documents have been completed using ALL suggested activities in each topic. If activities are modified, this may affect the applicability of the mapping.

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