



MODULE OVERVIEW

This module introduces and provides guidance to further information about school drug policies and procedures. This will aid staff in providing appropriately guided support to students with drug use issues.

It reinforces and extends awareness of what is meant by the term 'early intervention' and assists staff in understanding what may be expected of them according to their job role. It also provides necessary information on confidentiality.



LEARNING INTENTIONS

At the end of this module you will:

- know where to find information on school policy and procedure that guides best ways of addressing alcohol and other drug (AOD) use
- understand the broad view of early intervention within the school setting
- be clear on the responsibilities that fit with your role in the school in terms of addressing student drug use
- have an understanding of the boundaries of confidentiality and how to state this clearly when required.



KEY MODULE UNDERSTANDINGS

1.

WORKING WITHIN POLICY AND PROCEDURE

Within this resource when discussing a school drug policy we are referring to a whole school drug education plan which contains procedures for incident management and intervention support.

The ideas presented through the upcoming modules in this resource are intended to be used following attendance at the Wraparound Professional Learning Workshop for staff. They also aim to assist relevant school staff to work with drug-related issues within the context of their own role, as supported by the policy and procedures of their school.



For information on developing or updating a school drug policy, also known as a whole school drug education plan, refer to Module 5 – Plans and Procedures to Guide Actions.



2.

EARLY INTERVENTION IS ABOUT RELATIONSHIP AND SUPPORT

Providing support to students around health and wellbeing is a familiar task for schools. Identifying and addressing drug use issues is just like addressing any other health issue to protect and promote student wellbeing. Staff members across the whole school have a unique opportunity to build relationships with students that can provide an important avenue for early identification and intervention around AOD use and related issues.

Consistent with a harm reduction approach when working in early intervention, we need to remember that drug use will be attractive to some young people. We need to stay aware that drug use will occur at different levels and in different patterns and that drug use does not necessarily indicate progression to high-level use or to substance use disorders.

Our approach through early intervention should be to help young people identify the problems that are occurring or being exacerbated by their AOD use. Then we can assist them to address these problems and their AOD use and reduce risks of harm. Early intervention strategies work best alongside ongoing school based prevention education and when supported by a whole school drug education plan that includes procedures for incident management and intervention support. (See Module 5)

Early intervention can be protective of a student by providing an opportunity to build relationships and engage with the student while supporting them to understand what contributes to their drug use and to consider ways to change their behaviour.



Intervention is effective if it helps a student **reduce their use of a drug**. Intervention is effective if it contributes to **behaviour that reduces risk**.





Diagram 1: Key outcomes for early intervention

In-keeping with best practice in drug education, early intervention is about:

- (offering support and guidance)
- (exploring and developing a student's knowledge of the drugs they are using and the possible impacts of their use)
- (building a student's skills in decision making and self-efficacy)
- (developing a student's ability to respond assertively if pressured to use AOD (refusal strategies))
- (offering strategies to prepare a student better for challenging situations)
- (helping a student to understand what may be contributing to their drug use behaviour and supporting them to address these issues)
- (helping to keep a vulnerable student engaged in school)
- (building effective links between the school and parents/caregivers)
- (developing relationships with relevant community based agencies who may be required to provide specialist counselling and support services.)

3

UNDERSTANDING MY ROLE IN EARLY INTERVENTION

Table 1 illustrates the level of involvement and tasks that are undertaken by different school staff in providing support to students around AOD use. As student needs increase, the level of intervention and skills needed to work appropriately with the student also increase. (Information on determining student needs and on intervention strategies that can be used will be explored in upcoming modules).

Working within a school's whole school drug education plan, staff should collaborate with each other to provide a fair, consistent and effective response. This happens best when staff:

- know their own job role and understand the roles of others
- are aware of the procedures for working with drug use issues
- support these procedures and recognise when and to whom to refer the matter.

In some instances, particularly in smaller, rural and remote communities, staff will play multiple roles within the school. It is important that these roles are understood and documented. This can assist with balancing workload and ensuring clarity for students and staff.



Refer to **Module 5** to understand what makes a strong and well-guided whole school drug education plan.

Table 1: Level of involvement and tasks that could be undertaken by staff in the school according to job role

ALL SCHOOL STAFF	STAFF WITH A SPECIFIED ROLE OR AN EXTENDED ROLE (PRINCIPALS, DEPUTIES, YEAR COORDINATORS, IDENTIFIED STAFF IN RURAL AND REMOTE LOCATIONS)	STAFF WITH A SPECIFIED ROLE IN STUDENT WELLBEING AND SUPPORT (SCHOOL PSYCHOLOGISTS, SCHOOL AND COMMUNITY NURSES, YOUTH WORKERS, CHAPLAINS, IDENTIFIED STAFF IN RURAL AND REMOTE LOCATIONS)
<ul style="list-style-type: none"> • Being aware • Identifying possible AOD use • Engaging student and raising the issue • Responding to disclosure • Knowing and following school procedures as set out in whole school drug education plan • Communication with relevant staff • Referral to staff with a specified role or school support staff • Reporting AOD incidents • Ongoing support as required and appropriate 	<ul style="list-style-type: none"> • Being aware • Identifying possible AOD use • Engaging student and raising the issue • Responding to disclosure • Knowing and following school procedures as set out in whole school drug education plan • Communication with relevant staff • Referral to school support staff • Reporting AOD incidents • Ongoing support as required and appropriate <p>IN ADDITION</p> <ul style="list-style-type: none"> • Investigation and management of reported AOD incidents • Negotiate an intervention support plan (with involvement from relevant staff) • Informing family or caregivers as required 	<ul style="list-style-type: none"> • Being aware • Identifying possible AOD use • Engaging student and raising the issue • Responding to disclosure • Knowing and following school procedures as set out in whole school drug education plan • Communication with relevant staff • Reporting AOD incidents • Ongoing support as required and appropriate <p>IN ADDITION</p> <ul style="list-style-type: none"> • Assessment • Targeted information and education • Counselling and one-to-one support provision • Negotiate an intervention support plan (with involvement from relevant staff) • Liaising and referring beyond the school • Advising and supporting other staff as appropriate • Supporting families or caregivers

Source: Adapted from Heath et al. (2006)

4.

CONFIDENTIALITY

In working with any student, particularly one that may be feeling vulnerable, it is essential to be able to respond to questions around confidentiality quickly and clearly. To do so gives best opportunity to ensure appropriate follow-up on a drug use issue that may have been revealed. Staff must understand that there is a boundary to confidentiality and that complete confidentiality cannot be guaranteed.

Staff need to be able to state clearly and gently what they can and cannot keep confidential. This ensures transparency and avoids situations where staff might struggle with feeling the need to keep a secret or to deal with an issue on their own. It also avoids breaching trust with a student who will understand from the outset that the information may need to be shared to ensure they get the best support possible. Confidentiality is about protecting students and staff.



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Further information on confidentiality can be found on pages 70-71 of *Getting It Together* (GIT) <https://www.sdera.wa.edu.au/resources/whole-school-approach/getting-it-together/>

5.

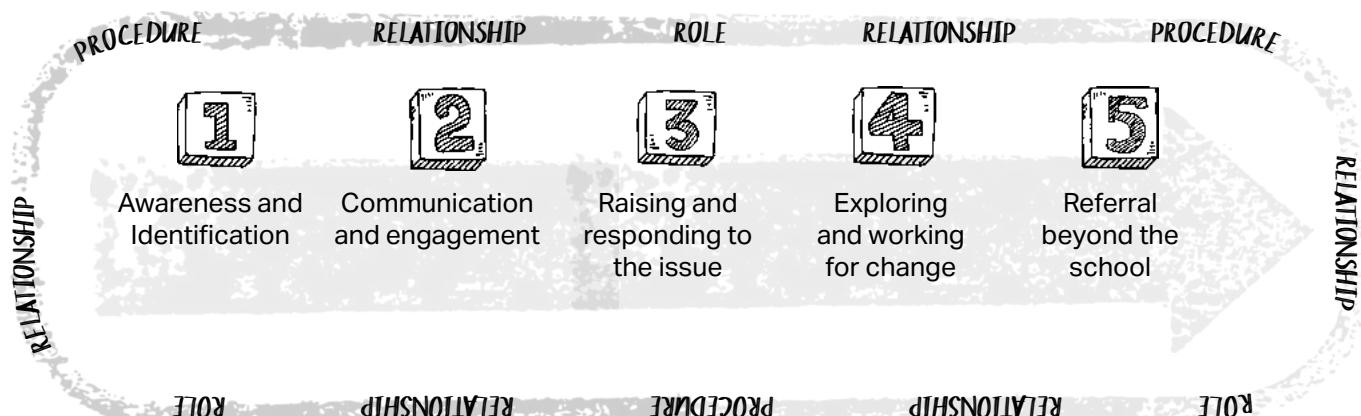
THE CONTINUUM OF EARLY INTERVENTION

Drug use occurs on many levels and in different patterns. There are many choices and pathways that lead a person into this behaviour and there need to be many and different options to guide them out of it. Different strategies will work for different people. Everyone has a role in early intervention. Central to each type of intervention is engaging with empathy to strengthen relationship.

When we see a change in student behaviour and feel concerned, the actions we take depend on our role in the school and should follow school procedure. Early intervention starts with awareness and identification and moves along a continuum as illustrated in Diagram 2.

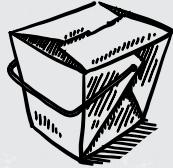


Diagram 2: The continuum of early intervention



WRAPAROUND

DEF: A PHILOSOPHY, A PROCESS, AN APPROACH. AN INTENSIVE, HOLISTIC METHOD OF ENGAGING WITH YOUNG PEOPLE WHO ARE EXPERIENCING ISSUES RELATED TO ALCOHOL OR OTHER DRUG USE.



TAKE AWAY MESSAGES

- ① → Early intervention must be guided by school policies and procedures.
- ② → Relationships are central to working well with a student.
- ③ → Successful early intervention is about reducing drug related harm even if drug use does not reduce.
- ④ → All staff have a role in early intervention – know where your role ends and to whom you refer.
- ⑤ → Confidentiality need not be a barrier to engagement if stated clearly and empathetically.





ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES

Getting It Together (GIT)

pp. 27-32 School Drug Education Guidelines
<http://www.sdera.wa.edu.au/media/1310/getting-it-together-drug-education.pdf>

Getting It Together (GIT)

pp. 42-63 Procedures for Incident Management and Intervention Support
<http://www.sdera.wa.edu.au/media/1310/getting-it-together-drug-education.pdf>

Getting It Together (GIT)

pp. 70-71 Confidentiality
<http://www.sdera.wa.edu.au/media/1310/getting-it-together-drug-education.pdf>

SDERA

Connect – A statewide directory of AOD support services for schools and community
<http://www.sdera.wa.edu.au/resources/primary-resources/connect-a-directory-of-drug-education-support-services-for-schools/>

WRAPAROUND INTERVENTION TOOLKIT

WRAPAROUND PROFESSIONAL LEARNING WORKSHOPS

REFERENCES

Heath, T., Herrington, S., Ellis, D., Long, M., & Burgess, J. et al. (2006). *Keeping in Touch (The kit)*. Canberra: Department of Education, Science and Training, Australian Government.

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