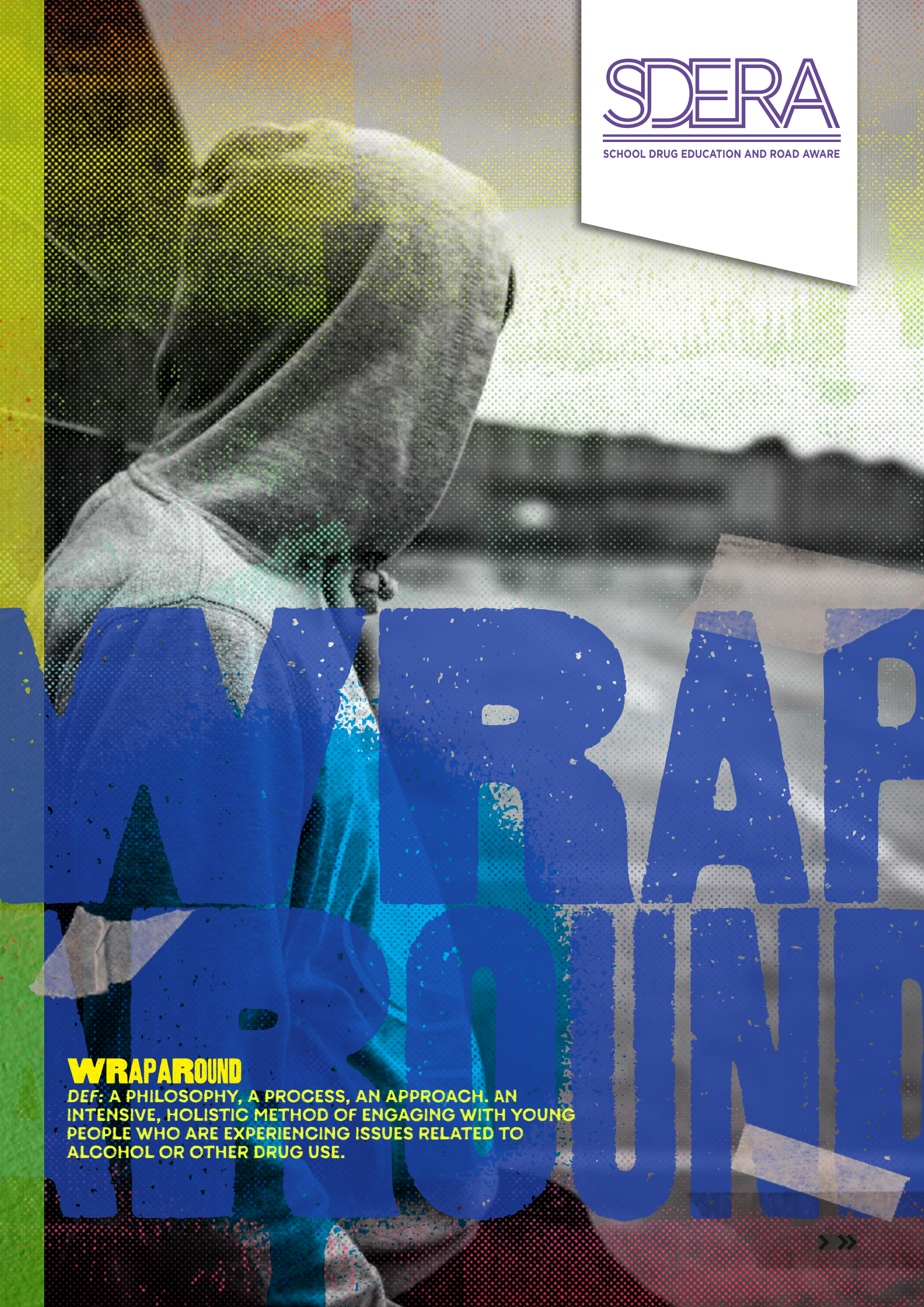

WRAPAROUND

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.

TITLE

Wraparound: 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.

SCIS record no. 1864456

The *Wraparound* program has been proudly funded by the Mental Health Commission, Western Australia.

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SDERA acknowledges Western Australian education sectors and community alcohol and other drug organisations and agencies for their feedback throughout the development of this resource.

DISCLAIMER

SDERA
SCHOOL DRUG EDUCATION AND ROAD AWARE

Government of Western Australia
Department of Education
Mental Health Commission

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CATHOLIC EDUCATION
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WRAPAROUND

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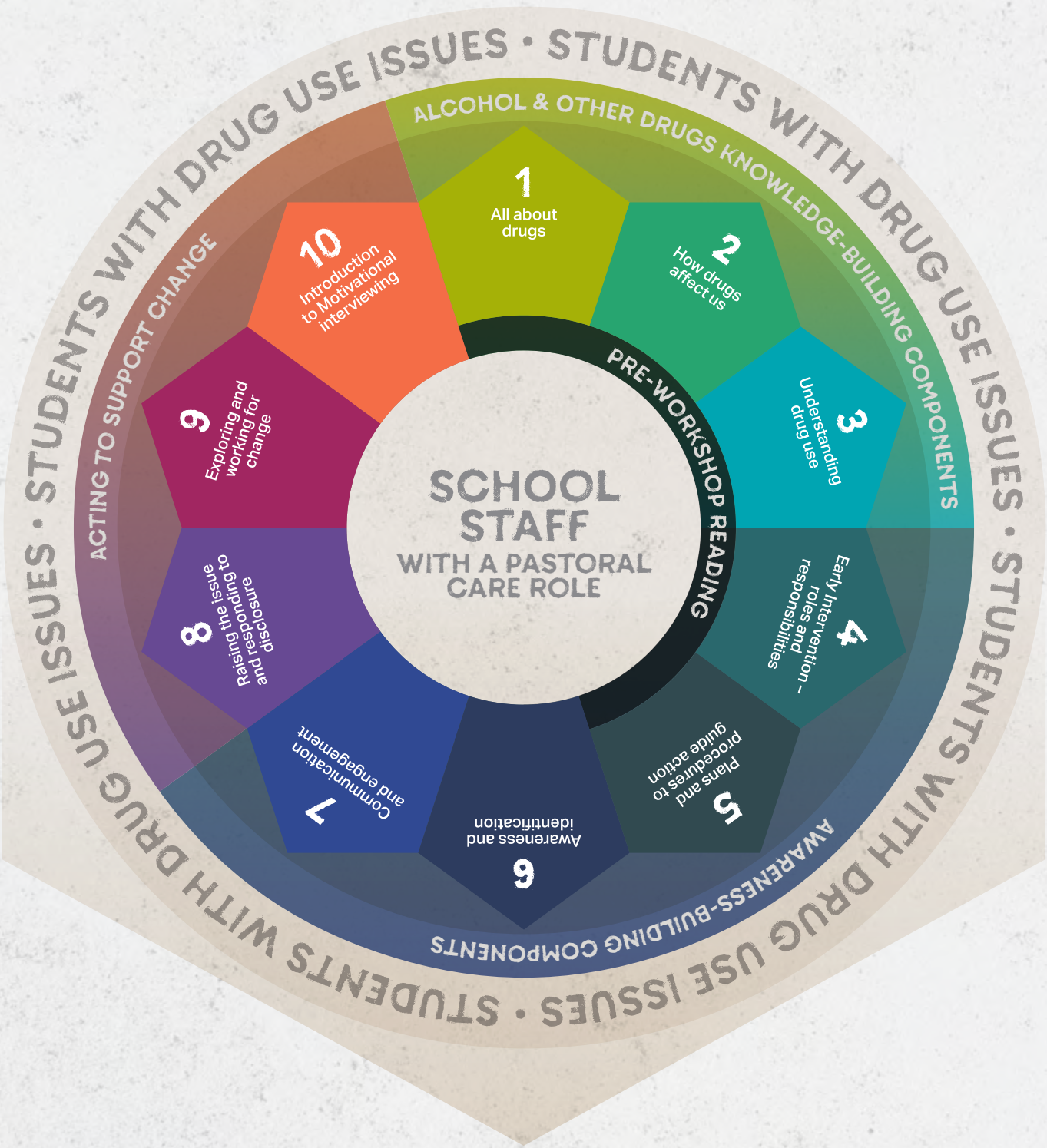
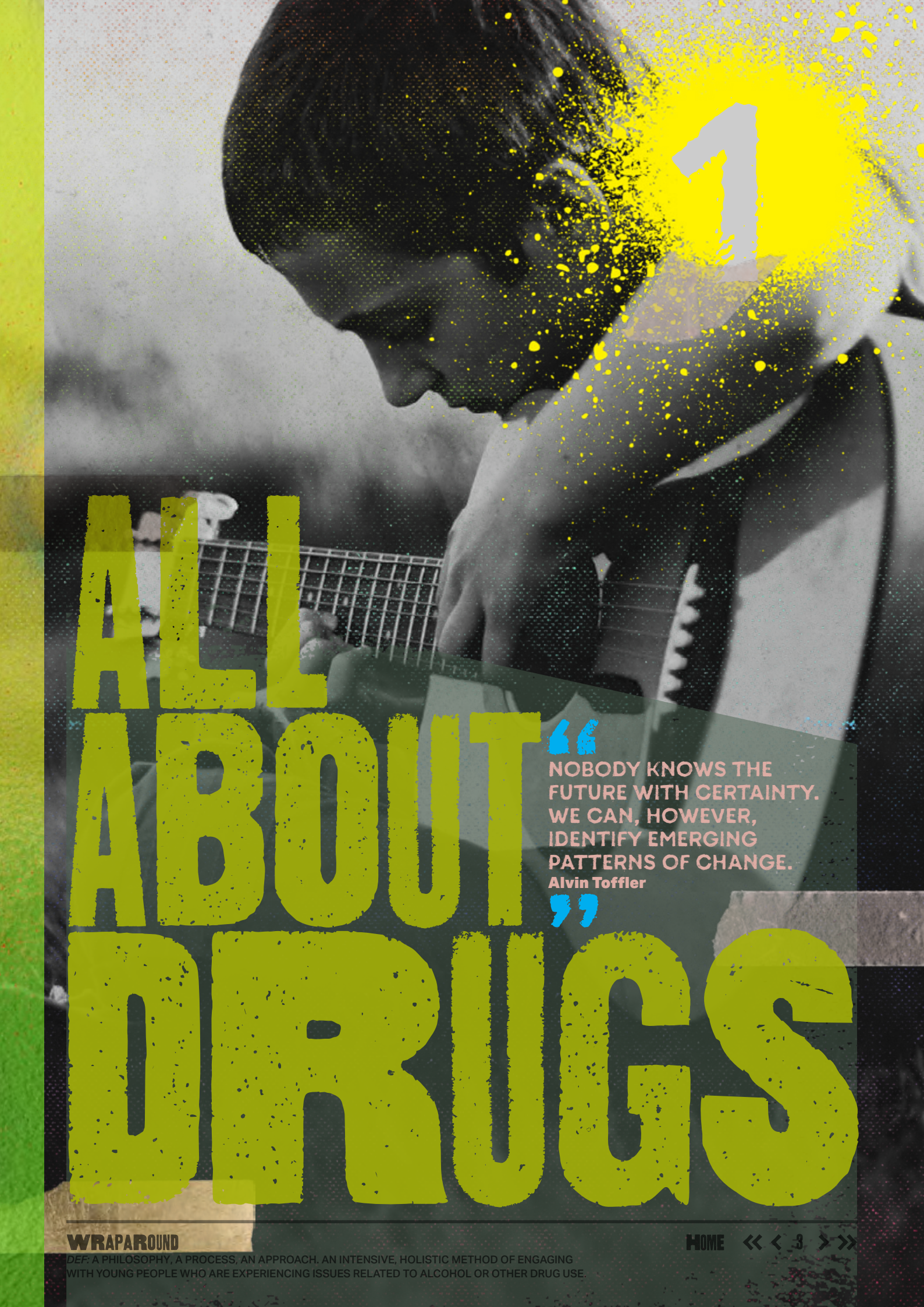


SUPPORTED BY

WRAPAROUND PROFESSIONAL LEARNING WORKSHOPS

Intervention Toolkit • SDERA resources



ALL ABOUT DRUGS

> NOBODY KNOWS THE FUTURE WITH CERTAINTY. WE CAN, HOWEVER, IDENTIFY EMERGING PATTERNS OF CHANGE.
> **Alvin Toffler**

MODULE OVERVIEW

This module provides background information about drugs and the laws around drugs and drug use in Australia.

It also offers an introduction to harm minimisation. This is the national and state strategic approach that guides actions to reduce the supply, demand and harms of licit and illicit drug use.

LEARNING INTENTIONS

At the end of this module you will:

- understand the broad definition of a drug
- have greater awareness of drugs and their use
- understand the differences between legal and illegal drugs
- know the laws pertaining to drugs and their use in Australia
- be familiar with what is meant by a 'harm minimisation' approach.

KEY MODULE UNDERSTANDINGS

1. DRUGS

A drug is any substance that, when taken or administered into the body, has a physiological effect.

A psychoactive or psychotropic drug affects mental processes and can influence mood, behaviour, cognition and perception.

Alcohol and Drug Foundation

Drugs are used by people for the benefits that they expect or hope to experience. Some of these benefits are real and based on experience from previous drug use; some are perceived benefits. Most people take drugs because they want to change how they feel both physically and/or psychologically.

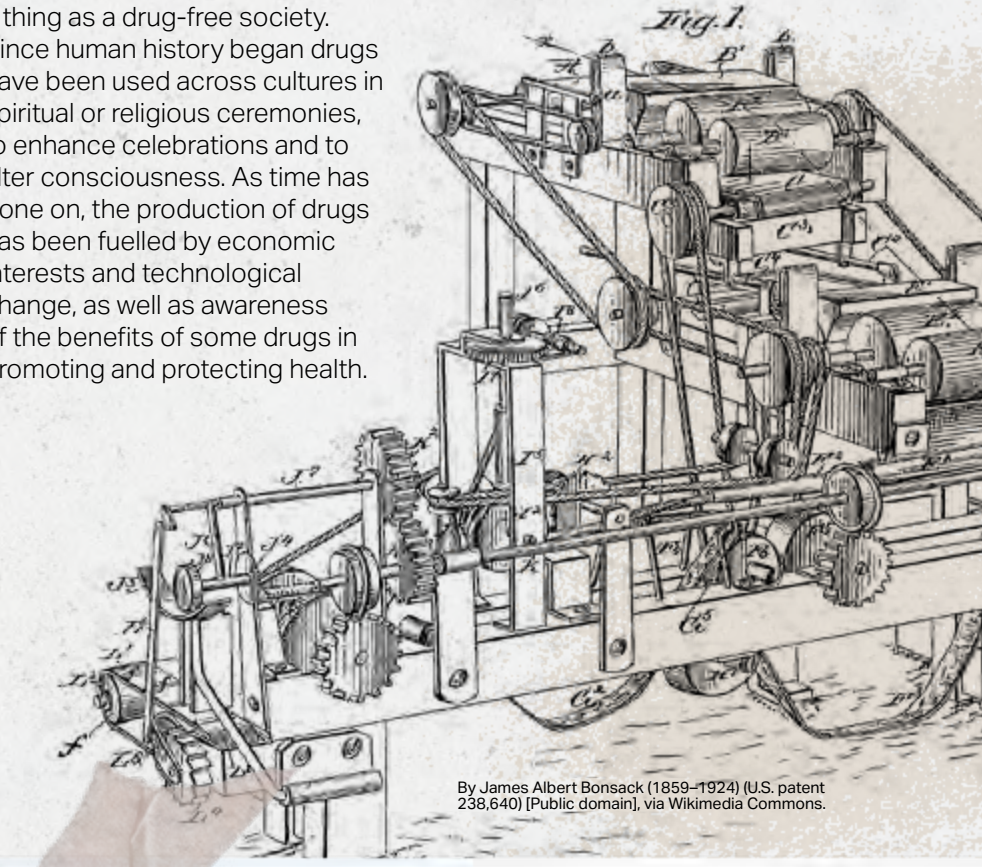
There are multiple and complex reasons why people use drugs, what types of drugs they choose to use, the frequency with which they use them, and the amount they decide to use.

> "Drug use affects people differently and any drug has the potential to cause harm."

2. DRUGS ARE NOT NEW

There has never really been such a thing as a drug-free society. Since human history began drugs have been used across cultures in spiritual or religious ceremonies, to enhance celebrations and to alter consciousness. As time has gone on, the production of drugs has been fuelled by economic interests and technological change, as well as awareness of the benefits of some drugs in promoting and protecting health.

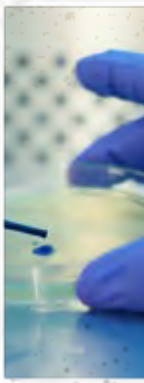
The Bonsack machine (1880) enabled mass production and increased availability of cigarettes.



By James Albert Bonsack (1859–1924) (U.S. patent 238,640) [Public domain], via Wikimedia Commons.

The internet has provided a new supply route for drug distribution.

Research enables the discovery and production of pharmaceutical drugs to address health issues.



3. DRUG TYPES USED AND LEVELS OF USE CHANGE OVER TIME

Patterns and prevalence of drug use vary and statistics can help identify changes in trends over time. Sometimes the decision to use a particular type of drug is driven by the effect that drug is expected to have. Other times the decision might be guided by affordability, availability and the way in which certain drugs are promoted.

Increased awareness of health harms associated with drug use and resultant changes in legislation also contribute to changes in patterns of drug use. For example, these factors helped influence behaviour change around tobacco use leading to considerable decline in smoking rates in Australia.

In recent times, one change in drug use behaviour that has been identified through research and reported on strongly in the media is an increase in the use of an amphetamine type stimulant known as 'ice' (the crystalline form of methamphetamine) by existing users of amphetamine/methamphetamine. Although the National Drug Strategy Household Survey (NDSHS) results show that use of amphetamine/methamphetamine has decreased since 2013, concern continues to exist around this drug. This is because there is a continuing trend towards the use of the more potent version of methamphetamine – 'ice' – among those that are using amphetamine/methamphetamine (as at October 2017).

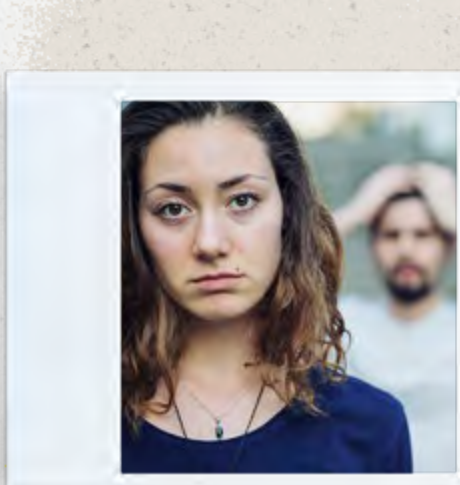
Statistics from the Australian School Students Alcohol and Drug (ASSAD) Survey and the NDSHS provide the most recent picture on trends in drug use, including amphetamine/methamphetamine, and illustrate changes in use over time and across the age ranges.

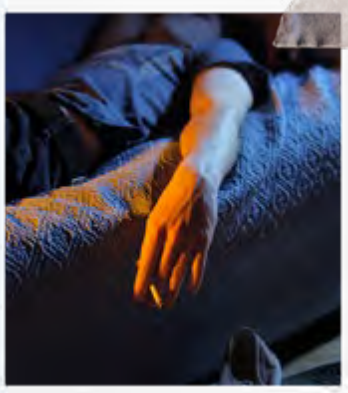
To gain greater understanding of current levels of drug use in student and general populations in Australia and particularly in Western Australia (WA), refer to the link below and read the following bulletins from the ASSAD Survey 2017 and the NDSHS (2016):

MENTAL HEALTH COMMISSION
Australian School Students Alcohol and Drug (ASSAD) Survey

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
National Drug Strategy Household Survey (NDSHS)

SDERA
Putting methamphetamine into perspective – School Fact Sheet





"IT IS OUR CHOICES THAT SHOW WHAT WE TRULY ARE, FAR MORE THAN OUR ABILITIES."
J.K. Rowling, *Harry Potter and the Chamber of Secrets*

4. ANY DRUG CAN CAUSE HARM

> Drug use is complex and different types of drugs are used for different reasons.

The majority of people who use drugs experience minimal harm and many may feel that they benefit from the relaxation, distraction, or improved intellectual or physical performance that drug taking allows.

> Drugs are not all the same.

Some drugs are familiar to us through history while others appear to be new to the market. Costs also vary as do methods of obtaining drugs. Some drugs are prescribed, others bought over-the-counter while others are obtained anonymously and illegally.

The extent to which a drug can have damaging effects **should not be** determined by its status as being legal or illegal. There are risks to taking drugs of any sort and some of those can be very serious. Risks of harm are increased as intensity and/or frequency of use increases.

> It is possible for ANY drug to cause harm.

5. DRUGS AND THEIR LEGAL STATUS

Some drugs are **legal (licit)** in Australia and others are **illegal (illicit)**.

LEGAL

Legal drugs include:

- alcohol
- caffeine found in coffee, tea and energy drinks
- nicotine
- over-the-counter medications
- prescription medications
- volatile substances.

The active ingredients in legal drugs can be regulated and controlled. Although legal, restrictions still apply such as areas where smoking or drinking are not permitted, legal age for smoking/drinking alcohol, and legislation to prevent driving while under the influence of alcohol and other drugs.

WA – DRINK DRIVING
WA – DRUG DRIVING

ILLEGAL

Illegal drugs include:

- cannabis
- amphetamines (including methamphetamine)
- ecstasy
- heroin
- cocaine
- New Psychoactive Substances (NPS) including synthetic cannabis (illegal in WA).

There is no possibility of quality control of illegal drugs and the amount of active ingredient in these drugs is not consistent. This makes it hard to ascertain the strength of a drug, to know what other substances may have been added to it and to be certain of the active ingredients. So how do you determine what it actually is and what effects it will have? You can't. These unknown factors increase unpredictability and risk.

Behaviour can be illegal even when the drug being used is legal. For example:

- the sale, supply or misuse of pharmaceutical medications
- the use of legal products containing volatile substances such as petrol, paint or glue if being used outside of the intended purpose eg to get intoxicated, to change mood.

6. UNDERSTANDING THE LAWS AROUND LEGAL DRUGS

Some legal drugs are obtained through a medical practitioner, under guidance from a pharmacist or can be purchased over-the-counter. Others such as tobacco and alcohol are bound by legal restrictions such as age and location of use.

ALCOHOL AND THE LAW

Laws also exist around the supply of alcohol to minors. Under Secondary Supply Law it is now an offence for anyone to provide alcohol to under 18s in a private setting without parental or guardian permission. There is a maximum penalty of $10,000 for this offence.

It is an offence in WA for persons of any age to drink in public, such as on the street, park or beach. It is also an offence for juveniles to possess alcohol in a public place. A $200 infringement or maximum $2,000 fine can be received.

Further information on secondary supply or the legalities around drinking can be found at:

Young people and the law
Alcohol and the law

VOLATILE SUBSTANCE USE (VSU) AND THE LAW

Volatile substances are products that have intended legitimate uses eg chemicals for thinning paint, glue for adhesive purposes and propellants for aerosols.

If a young person is found using a volatile substance outside of its legitimate purpose, an authorised officer (police officer) can seize and destroy any substance contributing to the intoxication of a minor and take them to a safe place as per the *Protective Custody Act 2000*.

While information is provided in this section about volatile substance use, in schools, education around this must only be provided in the context of early intervention either 1:1 or in small groups with those identified as using these substances.

Further information specific to working with VSU is found in other modules within the Wraparound resource and in the Intervention Toolkit.

https://vsu.mhc.wa.gov.au/about-vsu/the-law-volatile-substances/

MENTAL HEALTH COMMISSION
The law & volatile substances

TOBACCO AND THE LAW

It is against the law for anyone to sell cigarettes to a person under the age of 18. Anyone who sells cigarettes to someone under 18 can be fined.

It is also against the law for someone else to buy cigarettes for a person aged under 18 years. This can result in a fine.

Cigarettes or other smoking products (even if they don't contain tobacco) can be confiscated by police if they think a person is under the age of 18. ID will be requested. Anything confiscated will not be returned.

If an individual is aged 14 or older, refusing to answer questions or lying to the police is against the law. A fine of $100 can be given. Parents can be informed if young people underage are found smoking, in possession of cigarettes or attempting to buy cigarettes.

Cigarettes and the law

7. UNDERSTANDING THE LAWS AROUND ILLEGAL DRUGS

It is against the law to produce, use, possess, import or sell illegal drugs. It is also against the law to possess drug-using equipment examples of which include a pipe for smoking methamphetamine or a bong for smoking cannabis.
The penalties for drug offences vary across the states and territories depending on:

- age of offender
- type of drug
- amount of drug
- previous offences.

Further info on methamphetamine (including ice) related offences in Australia can be found at:
Cracks in the ice

CANNABIS LAWS (WA)

The laws around cannabis in WA are that individuals who:

- do not have any prior offences for cannabis
- are in possession of less than 10 grams of cannabis and/or a used smoking implement

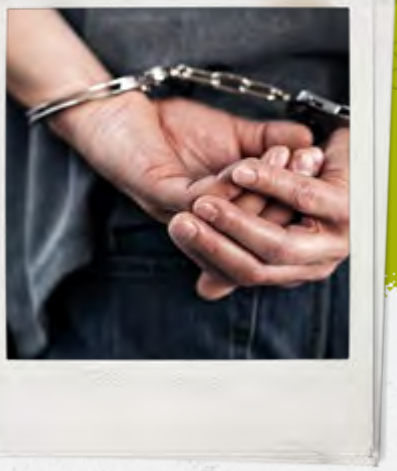
can be issued with a Cannabis Intervention Requirement (CIR) by the police. This requires the individual to attend a Cannabis Intervention Session (CIS) within 28 days of receipt of the CIR at an approved alcohol and other drugs (AOD) treatment service. If this does not occur, the individual will be prosecuted through the courts.

An adult who has previously received a CIR and commits a second or subsequent minor cannabis related offence, will be prosecuted through the courts. A young person 18 years and under can be issued with three CIR's. Subsequent cannabis related offences may result in the young person being referred to a Juvenile Justice Team, where appropriate under the *Young Offender's Act 1994*.

NEW PSYCHOACTIVE SUBSTANCES (NPS) LAWS INCLUDING SYNTHETIC CANNABIS (WA)

In WA, under the *Misuse of Drugs Amendment (Psychoactive Substances) Act 2015*, it is illegal to manufacture, sell, supply or promote psychoactive substances.

Offences under this Act carry heavy fines and/or prison sentences. Penalties of up to $48,000 or 4 years in jail apply. In WA, it is against the law for anyone to drive impaired by a drug which includes NPS.



MEDICINAL CANNABIS

The legislation around Medicinal Cannabis is complex and evolving and a link to information around this is provided at the end of this module.

Diagram 1 on page 10 provides a summary of drugs, laws and the legal system.

8. WORKING TO MINIMISE THE HARMS FROM DRUG USE

Australia's National Drug Strategy and The Western Australian Alcohol and Drug Interagency Strategy work a balanced approach where actions are implemented across the three pillars of harm minimisation:

1. **Harm reduction –** reduce the adverse heath, social and economic consequences of the use of AOD (eg random breath testing to discourage driving while intoxicated).
2. **Demand reduction –** prevent, delay and reduce use and support people with substance use issues (eg education to increase awareness of the harms from use to discourage uptake).
3. **Supply reduction –** Prevent, disrupt, and reduce production and supply of illicit drugs; and manage and regulate access to legal drugs.

The origins of the practice of working to minimise harm dates back to the 1920s where leading physicians in the United Kingdom first argued that addiction be treated as a health issue. The introduction of needle exchange services through the Mersey Harm Reduction Model in the 1980s extended the concept of harm reduction. It showed that when users of drugs had access to support through these services this led to a reduction in the sharing of needles and syringes as well as in the use of illicit drugs.

Diagram 1: Drugs, laws and the legal system

A person convicted of a drug offence can receive a criminal record, which can lead to difficulties in getting a job, health insurance, credit, and/or visas for overseas travel.

MINOR DRUG OFFENCES

In WA, minor drug offences such as possession of small amounts of certain illegal drugs can result in:

- **A Caution** – A formal warning recorded on a database for police records
- **A Fine** – Up to $2,000
- **A Criminal Penalty** – Up to 2 years in prison

Diversionary Schemes

These can help to refer those with drug issues to relevant services to help them address their drug use and related behaviours. This places an emphasis on positive action (not necessarily prosecution) through options that work with treatment and support services.

Police Diversion

To avoid a criminal conviction:

Cannabis Intervention Requirement
- Must be over 14 years of age
- Small amounts of cannabis (<10g) or implement with traces of cannabis

Other Drug Intervention Requirement
- Can only be issued once
- Small quantities of illegal drugs other than cannabis

Court Diversion
- After a person has been charged
- Available in some cases for those with drug related issues

Young person specific programs:
- Young Person's Opportunity Program
- Youth Supervised Treatment Intervention Program

MAJOR DRUG OFFENCES

In WA, major drug offences such as possession of a larger amount of illegal drugs, manufacture and cultivation, repeat offending, as well as supply and trafficking can result in:

- **A Fine** – Up to $10,000
- **A Criminal Penalty** – Up to 25 years up in prison Can include a fine of up to $100,000

DRINK DRIVING

Blood alcohol content (BAC) 0.05 – 0.079 (first offence) OR BAC less than 0.02 when on a Zero limit (first offence) (eg taxi driver; L or P plate)
- Infringement with demerit points
- All other drink driving offences result in a notice to appear in court for a magistrate to make the penalty decision

DRUG DRIVING

Driving under the influence of drugs (including prescription drugs) or with an illicit drug in your system
- A fine with demerit points (first offence)
- License suspension, permanent disqualification, jail
- Even if you used drugs several days (or more) prior, they could still be in your system so your test could still show as a positive

Source: Adapted from Newton et al. (2014)

In Australia, measures to reduce the harms associated with drug use have also been around since the 1980s when a harm reduction approach was adopted to reduce the sharing of drug injecting equipment thus reducing the spread of blood borne viruses (HIV).

Harm minimisation aims to reduce the harms associated with drug use that are experienced by individuals and by the community. This approach acknowledges that drug use is complex and that people can be affected by their own drug use or the drug use of others. It neither condones nor encourages drug use. Rather, it promotes non-use and delayed use of all drugs. It encourages healthier, alternative and safer behaviours, and works to reduce preventable risk factors for drug use. It is an inclusive approach that is supportive of people who are not using drugs, those who may be experimenting or recreating with drugs and of those who may be experiencing issues related to drug use.

> Alcohol and other drugs impact everyone. National Drug Strategy (2017-2026).
>
> A harm minimisation approach can reduce health harms, social harms and economic harms.

The National Drug Strategy 2016-2025

The WA Mental Health Commission, in consultation with the Drug and Alcohol Strategic Senior Officers' Group, is currently revising the WA AOD Interagency Strategy.

TAKE AWAY MESSAGES

1. Drug use is not new.
2. Any drug has the potential to cause harm.
3. Some drugs are legal and others are illegal.
4. Legislation around drug use behaviour varies across states and territories – know the law.
5. National and state drug strategies are based on a harm minimisation approach to reduce drug use and drug related harm.

ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES

SDERA
Putting methamphetamine into perspective – School Fact Sheet

The following activities could be adapted and used when working with students with drug use issues.

CHALLENGES AND CHOICES

YEAR 7 Module 2 – Drug Education
Topic 5 Activity 1: Clued up on cannabis
Activity 3: Cannabis and the law

YEAR 8 Module 2 – Drug Education
Topic 1 Activity 4: Other illicit drugs
Topic 4 Activity 1: Clued up on cannabis

YEAR 9 Module 2 – Drug Education
Topic 1 Activity 3: Illicit drugs
Topic 4 Activity 1: Cannabis information

DRUG TALK: BODY. MIND. FUTURE.
Year 10-12 AOD Resource

EXTERNAL RESOURCES

MENTAL HEALTH COMMISSION
Australian School Students Alcohol and Drug (ASSAD) Survey

Cannabis Laws in Western Australia

Cannabis Intervention Requirement (Juvenile)

Strong Spirit Strong Mind

Western Australian Mental Health Alcohol and Other Drug Services Plan 2015-2025

The WA Mental Health Commission, in consultation with the Drug and Alcohol Strategic Senior Officers Group, is currently revising the WA AOD Interagency Strategy.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
National Drug Strategy Household Survey (NDSHS)

ALCOHOL.THINK AGAIN
Secondary Supply Legislation

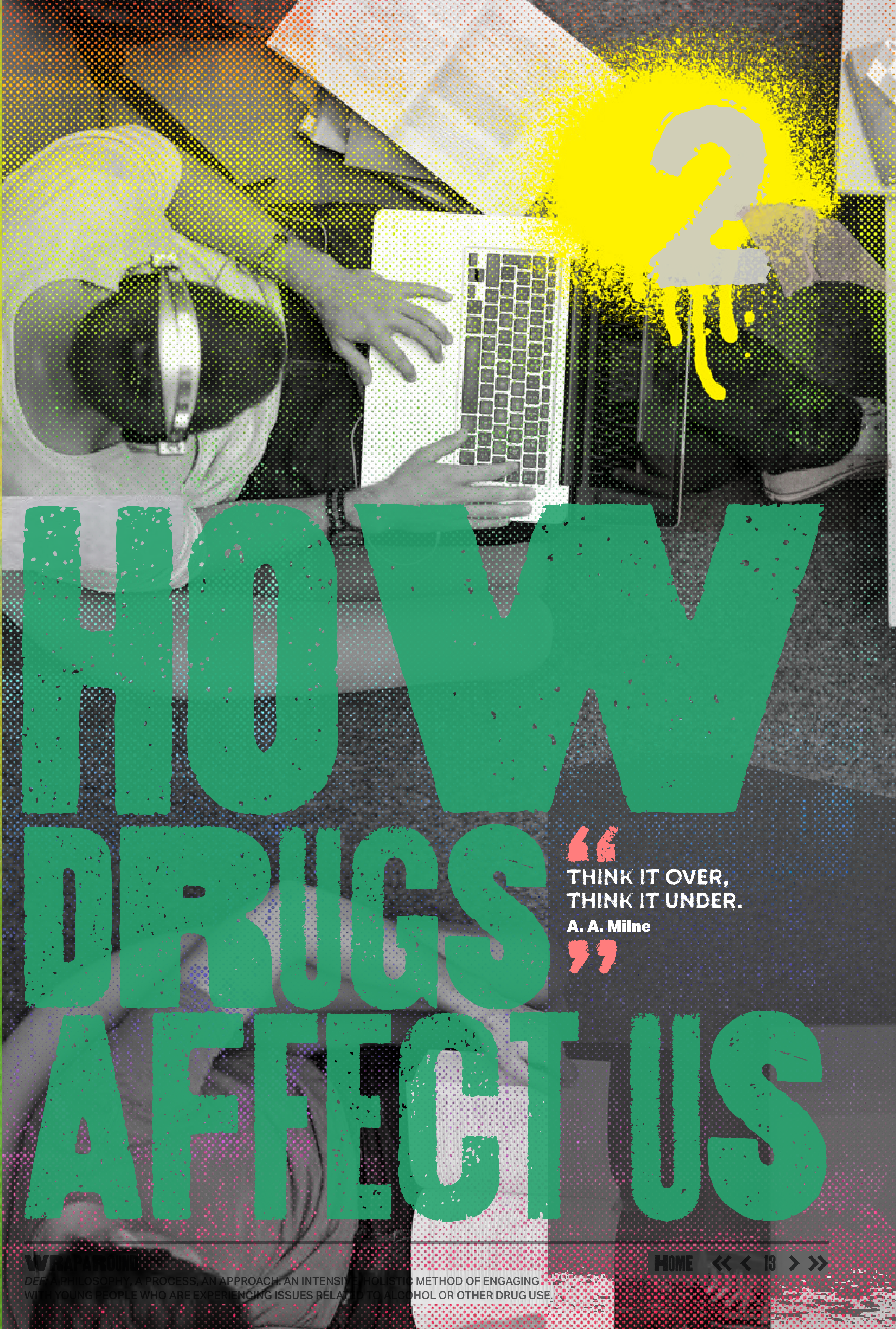
ALCOHOL AND DRUG FOUNDATION
ADF – Drug Facts – Medical Cannabis

AUSTRALIAN GOVERNMENT
The National Drug Strategy 2016-2026

REFERENCES

Newton, N., Rodriguez, D., Teesson, M., Black, E., Allsop, S. et al. (2014). *Illegal Drugs: What you need to know.* National Drug and Research Centre.

Wraparound is a collaborative effort between SDERA and the Western Australian education sectors and has been proudly funded by the Mental Health Commission.



HOW DRUGS AFFECT US

> THINK IT OVER, THINK IT UNDER.
>
> **A. A. Milne**

MODULE OVERVIEW

This module illustrates the way in which drugs are classified in the context of prevention education. This aids understanding of the effects that might be experienced by use of particular drug types.

It extends learning by exploring the interplaying factors outside of the drug that influence a person's drug use experience. It also highlights the impacts of drug use on the developing brain.

LEARNING INTENTIONS

At the end of this module you will:

- have a clear understanding of the effects of alcohol and other drugs (AOD) and the way that they are classified
- be aware that a person's experience of AOD and possible harms resulting from use are impacted by factors beyond just those associated with the drug they take
- understand the possible impacts of AOD use on the developing brain
- know that education around volatile substance use (VSU) should be through a targeted approach and should not form part of the health curriculum
- be clear on where to get further current and reliable information about facts pertaining to specific drugs.

KEY MODULE UNDERSTANDINGS

1. EFFECTS OF DIFFERENT DRUGS

When it comes to use of AOD those who choose to use them may have certain expectations about how they will feel and what they will experience. This may come from a medical practitioner's explanation, from hearsay, or from previous experience of using a drug. It may also come from understanding the way in which a particular drug affects the body physiologically and/or psychologically.

Some drugs like antibiotics or simple analgesics will affect the functioning of the body but will not impact mood. Others, known as psychoactive or psychotropic drugs, affect mental processes and can influence mood, behaviour, thinking and perception. These are the drugs that are most often used recreationally or to aid coping sometimes leading to misuse and for some, to dependent use.

Drugs can be classified into groups. Whilst these might include type of use (medicinal or recreational), source (plant or synthetic), legal status (licit or illicit) or risk status (hard drugs or soft drugs), these categories can be misleading.

For example:

- some drugs used in medicine may be misused for recreation
- legal status can change over time and can vary from one state or country to another
- the assessment of how 'hard' or 'soft' a drug is may vary greatly from one person to the next.

One useful way of grouping psychoactive drugs is to classify them by considering the primary impact that they have on the Central Nervous System (CNS). Understanding how a drug affects the CNS can allow more informed consideration by individuals of whether or not to use the drug. Psychoactive drugs can be classified into four categories. These are described in Table 1.

Table 1: Drug categories

DEPRESSANTS

Depressant drugs affect the CNS by suppressing neural activity between the brain and the body. People may use these drugs to feel relaxed and less inhibited.

In small quantities depressants can reduce concentration, coordination and reaction time. Large quantities can lead to drowsiness, vomiting, unconsciousness and even death. On occasion, reduced personal inhibition in relation to alcohol use can lead to some people acting aggressively.

Examples of depressants include alcohol, heroin, codeine, minor tranquilisers and volatile substances eg solvents, aerosols and gases.

STIMULANTS

Stimulant drugs increase neural activity in the brain speeding up the messages between the brain and the body. They increase heart rate, blood pressure and breathing rate and can make a person feel more awake, alert, confident or energetic.

Large quantities of stimulants can cause over-stimulation. This can impair performance and can lead to anxiety, panic, seizures, headaches, aggression and paranoia.

Examples of stimulants include caffeine, nicotine, amphetamine/ methamphetamine, cocaine and ephedrine.

HALLUCINOGENS

Hallucinogenic drugs distort a person's perception of reality and can cause them to feel disconnected from their body and environment. People who have taken these drugs might experience hallucinations and imagine that they see, hear or feel things that are not there.

Examples of hallucinogens include magic mushrooms, LSD, ayahuasca (known by young people as DMT), and NBOMe (a new psychoactive substance).

MULTIPLE ACTION

There are a few drugs that commonly have more than one effect on the CNS.

For example, cannabis may have both depressant and hallucinogenic qualities and ecstasy (MDMA) may have both stimulant and hallucinogenic effects. Ketamine can cause hallucinations and also has stimulant, depressant and analgesic properties.

2. UNDERSTANDING THE DRUG USE EXPERIENCE

People's experiences when using AOD will not be the same. The effects and possible harms of drug use vary enormously and are determined by a combination of factors connected to the individual using the drug, the drug/s they choose to use and the environment in which they are using them. The Drug Use Triangle explores this concept.

Diagram 1: The Drug Use Triangle

Source: Zinberg (1984)

> The Drug Use Triangle shows how the effects and harms of drug use are determined by the combination of factors connected to the individual, the drug/s they choose to use and the environment in which they are using them.

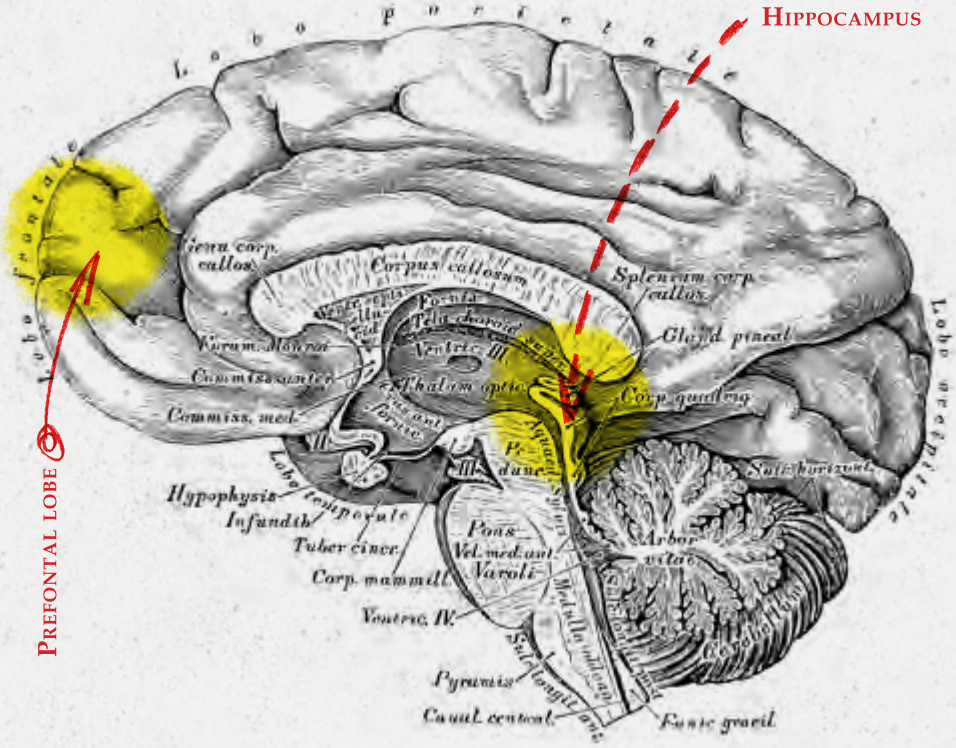
Understanding that multiple factors will combine and affect the drug use experience can help us to see why a person's experience with a particular drug might be positive or negative. For example:

Person 1
One person may be feeling good, spending time with friends and taking a depressant drug (alcohol) makes them feel more relaxed and less inhibited.

Person 2
Another person may be feeling low or stressed and be alone. Using the same drug (alcohol) even in the same quantity could exacerbate their low mood and make them feel more anxious.

Different places, moods, experiences, social groups or situations, and varying availability of drug types, will influence a person to decide to take a drug, not to take a drug, to use more or less of a drug, and/or to use more than one drug. The factors influencing this choice may also vary from one day to the next since our moods and circumstances change day to day.

AOD use is complex because it is not just about the drug. What happens when people take drugs can therefore be hard to predict and the impact of a specific drug is much more variable than is often understood. It is important to consider all of these factors when examining the drug use experience and when working with a student to identify and reduce the harms associated with their drug use.



3. AOD USE AND THE BRAIN

Adolescence is a critical period of brain development and there is increasing evidence to suggest that the adolescent brain may be at particular risk to the effects of AOD use.

Substantial remodelling of the brain occurs during the teenage years where extensive refinement (pruning) occurs in the connections between nerves (cortical synapses) to strengthen optimal functioning. Pruning happens alongside a process called myelination which aids neural conduction and helps the brain to operate efficiently.

AOD use during this period may lead to disturbances in brain development. Increasing awareness of this through education can assist young people to consider the risks of AOD use during this critical period of development. This may be integral to keeping young people safer through promoting the choice to delay initiation into AOD use and/or to reduce AOD use.

ALCOHOL AND THE BRAIN

There are a number of areas of the brain affected by alcohol during adolescence and in particular:

- the **hippocampus** which is responsible for memory and learning
- the **prefrontal lobe** which is needed for planning, judgement, decision making, impulse control and language.

Alcohol can have a negative impact on a young person's memory and ability to learn and can interfere with problem solving skills and performance at school. It has the potential to affect the body, mood and mental health. Early onset of alcohol use can increase the risk of having alcohol-related problems later in life.

> Developmental changes in the brain are now thought to be continuing until the mid-20s and are particularly pronounced in brain regions associated with regulation of emotion and behaviour (Arain et al., 2013).

This visual clip by Professor Daniel Fatovich discusses the effects that use of methamphetamine can have on the body and the brain.

METHAMPHETAMINE AND THE BRAIN

Use of amphetamine type stimulants, including methamphetamine, may also cause particular problems for the brain, including issues with memory, judgment, thinking and mood.

VOLATILE SUBSTANCES AND THE BRAIN

Volatile substances, also know as inhalants, are predominantly used by young people and can cause substantial brain damage. Education on volatile substances must be provided in a targeted approach and not offered broadly across the school health curriculum. This fits with national and state strategies. The reason for this is to avoid any contamination effect or copy-cat behaviour which could raise awareness among young people of these readily obtainable substances that can alter mood and cause intoxication.

Strategies considered through this resource and accompanying workshop can assist in working with users of volatile substances. Information on specific interventions will be provided in the Wraparound Intervention Toolkit.

TAKE AWAY MESSAGES

1. Psychoactive drugs affect mood, thinking and behaviour.
2. Psychoactive drugs are the drugs most often used for recreation or to aid coping.
3. To describe the impact on the CNS, psychoactive drugs are classified as depressants, stimulants, hallucinogens or multiple action.
4. Effects and harms of drug use are determined by the interplay of multiple factors specific to the individual, the environment and the drug that is used.
5. Use of AOD during adolescence may contribute to disturbances in brain development.
6. Delaying initiation and reducing drug use can help to reduce risk of harm.
7. Education on VSU should be targeted to known users and not provided through the general health curriculum.

ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES

SDERA FACT SHEETS
About Ice
It's not just about the drug

The following activities could be adapted and used when working with students with drug use issues.

CHALLENGES AND CHOICES

YEAR 7 Module 2 – Drug Education
Topic 1 Activity 2: What are drugs?
Activity 4: The drug use triangle
Topic 4 Activity 2: Australian guidelines to reduce health risks from drinking alcohol

YEAR 8 Module 2 – Drug Education
Topic 1 Activity 2: Drugs – what are they?
Topic 3 Activity 3: Identifying harms from alcohol use

YEAR 9 Module 2 – Drug Education
Topic 1 Activity 2: Drugs – what are they?
Topic 2 Activity 1: Use of alcohol by school students

DRUG TALK: BODY. MIND. FUTURE.
Year 10-12 AOD Resource

WRAPAROUND INTERVENTION TOOLKIT

WRAPAROUND PROFESSIONAL LEARNING WORKSHOPS

EXTERNAL RESOURCES

Alcohol.Think Again.
What is alcohol?

DRUG AWARE
Getting the facts – drug types

MENTAL HEALTH COMMISSION
Volatile Substance Use in Western Australia (Strategies for addressing VSU)

MENZIES SCHOOL OF HEALTH RESEARCH
Sniffing and the brain

REFERENCES

Arain, M., Haque, M., Johal, L., Mathur, P., Nel, W., & Rais, A. et al. (2013). Maturation of the adolescent brain, *Neuropsychiatric Disease and Treatment*, 9, pp. 449-461.

Zinberg, N. E. (1984). *Drug, set, and setting: The basis for controlled intoxicant use*. New Haven: Yale University Press.

Wraparound is a collaborative effort between SDERA and the Western Australian education sectors and has been proudly funded by the Mental Health Commission.

3

UNDERSTANDING DRUG USE

> "THERE ISN'T A WAY THINGS SHOULD BE. THERE'S JUST WHAT HAPPENS, AND WHAT WE DO."
> **Terry Pratchett**

MODULE OVERVIEW

This module builds understanding of why young people might take drugs. It offers background on the way in which psychoactive drugs affect the brain's reward system. It considers that drug use is different for each person and offers information to assist in understanding and working with this.

LEARNING INTENTIONS

At the end of this module you will:

- have a clearer understanding of why young people might use drugs
- be more aware of how drugs affect the brain and therefore impact mood and drug use behaviour
- have increased knowledge of what constitutes a substance use disorder
- understand that drug use can cause different types of problems depending on an individual's level and pattern of use
- have awareness of Shafer's Model and Thorley's Model which can assist in building understanding of a person's drug use and possible areas for intervention.

KEY MODULE UNDERSTANDINGS

1. WHY YOUNG PEOPLE TAKE DRUGS

When working with young people to prevent or reduce the harms from alcohol and other drug (AOD) use, it is important to understand why people take drugs. The reasons will be different from one person to the next. Some people will use drugs to: relax, for fun, because they are curious, to join in; others, to rebel, to combat boredom, as a coping mechanism or to reduce physical and/or emotional pain.

> We need to understand what it is that drives drug use for each person and then help them work on addressing these issues.

With the uncertainty and change that can be associated with adolescence, this can be a particularly stressful time for some young people. Risk taking and experimentation are a normal part of adolescent behaviour consistent with the pursuit of independence. Use of AODs may be to aid coping or might be one of several ways that young people engage in risk taking behaviours.

2. DRUGS AFFECT THE BRAIN'S REWARD SYSTEM

Human behaviours and emotions are modulated by neurotransmitters. The amounts of these are closely controlled within the brain's circuitry. Psychoactive drugs disrupt the delicate balance of neurotransmitters by increasing production and/or blocking re-uptake of some of these chemicals.

Initially, drug use can lead to increased amounts of pleasure chemicals such as dopamine and serotonin in the brain leading to a good feeling and even euphoria. The response of the brain will be to try to bring things back into balance by decreasing its own natural production of the neurotransmitters that are in excess of normal levels. As a consequence, as the effects of the drug wear off, a depleted state of 'feel good' chemicals can result leading to a feeling of dysphoria.

For some, this can be motivation for further use of the drug to reinstate the good feelings. Continued drug use over time can deplete the natural availability of these neurotransmitters leading to low mood and it can take some time for the brain to restore its natural balance.

3. SUBSTANCE USE DISORDERS

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association [APA], 2013) is used by clinicians and researchers to diagnose and classify mental health disorders. Rather than referring to substance abuse, the latest edition refers to 'substance use disorders'. These include where use of AOD leads to experience of problems at school, in the home, at work or contributes to health and legal issues.

The level of severity of a substance use disorder is determined by the number of diagnostic criteria met. For example:

- mild substance use disorder (minimum of 2-3 criteria)
- moderate substance use disorder (4-5 criteria)
- severe substance use disorder (6-7 criteria).

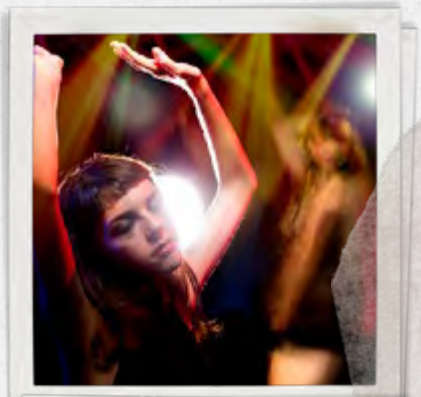
Specific criteria exist for each of the specific substance use disorders listed below:

- alcohol use disorder
- cannabis use disorder
- caffeine use disorder
- tobacco use disorder
- inhalant use disorder
- stimulant use disorder
- opioid use disorder.

At the severe level, some of these criteria include:

- using larger amounts for longer than intended
- persistent lack of success in cutting down or controlling use
- experience of cravings for the substance
- reduced ability to participate in social, recreational or occupational activities that don't involve drug use.

Most adolescents will not have been engaging in AOD use regularly enough or for long enough to develop a disorder. However, some will and it is important to intervene and explore each student's level and pattern of use and the contributing factors to use. This allows us to understand their specific situation more clearly. This then enables provision of relevant support including referral where required.

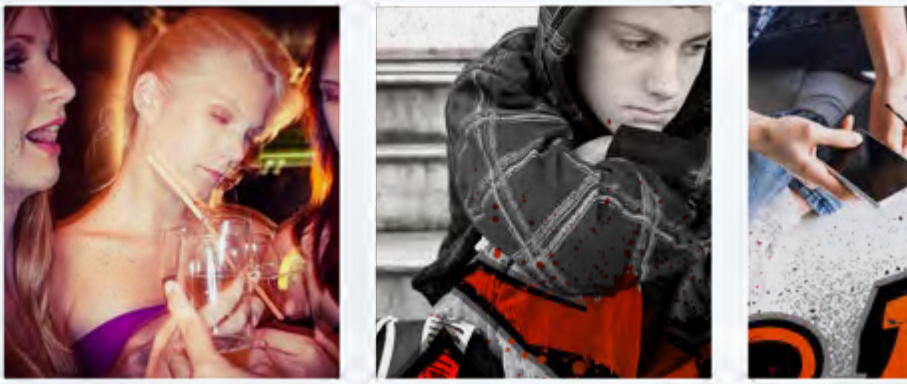


4. DRUG USE CAN BE DIFFERENT

It is important to understand the most current means by which substance use disorders are assessed and classified. It is equally important though when considering problems that may be experienced from drug use, that we don't over focus on high-level drug use or substance use disorders. This can be a barrier to identifying drug use issues that may be more common among general populations and student populations in particular.

SHAFER'S MODEL

Shafer's Model (1972) suggests that drug use exists as a continuum and that most drug use is experimental or occasional. The model does not suggest that people who use AOD will all progress through these patterns of use, or that progress is inevitable. If a person always progressed from experimentation to compulsive use then rates of compulsive use and experimentation would be similar. This is not the case.



Some people may have different levels or patterns of use with different drugs. For example, an individual could drink alcohol socially, experiment with ecstasy at a dance party and consume higher than usual levels of caffeine during exam time. Any level or pattern of drug use can cause harm.

For school students, AOD use is mainly experimental and recreational/social with some situational use. Some students will however experience problems relating to intensive use and a smaller proportion still could experience compulsive use and may have a substance use disorder.

Figure 1: Shafer's model – Patterns of drug use

EXPERIMENTAL
motivated by curiosity

RECREATIONAL/SOCIAL
choosing to use a particular drug to enhance a social experience

SITUATIONAL
use of a drug to improve function or aid coping in a specific situation

INTENSIVE
regular ongoing use at a high level over a period of time and/or bingeing on an excessive amount at one time

COMPULSIVE
ongoing, high level use continuing over time.
Use of drug central to day to day living.
Using AOD just to function.
Difficult to discontinue use

Source: National Commission on Marihuana and Drug Abuse, 1972

"This model can assist in building a picture of a student's pattern of drug use and can be used to guide relevant intervention."

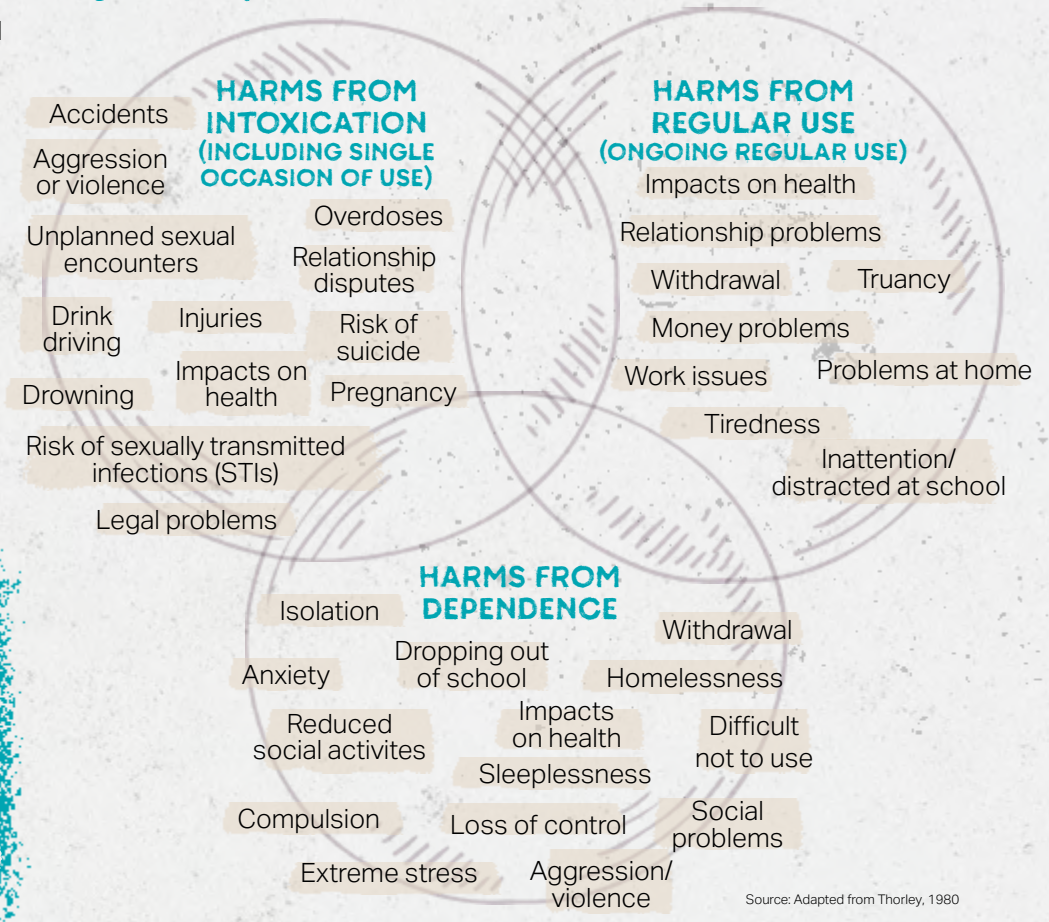
THORLEY'S MODEL

As with Shafer's Model, this model steers us away from focusing on AOD problems as occurring only with high-level use. A person may use a drug infrequently or even once and still experience problems. Thorley's Model explains that different types of problems can arise from three different patterns of use:

1. Intoxication.
2. Regular use.
3. Dependence.

> This model is important to build understanding of the types of problems that might be experienced by a student relevant to their level and pattern of use. Being aware of this allows intervention to be targeted appropriately.

Figure 2: Thorley's Model



Source: Adapted from Thorley, 1980

TAKE AWAY MESSAGES

1. People use drugs for many different reasons.
2. Use of psychoactive drugs affects mood by altering the balance of chemicals in the brain.
3. Most people who use drugs will not develop substance use disorders.
4. Problems from AOD use can occur at any level of use, even experimentation or one-off use.
5. Shafer's Model and Thorley's Model can be used to build understanding of a person's drug use allowing for the provision of appropriate interventions.

ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES

The following activities could be adapted and used when working with students with drug use issues.

CHALLENGES AND CHOICES

YEAR 8 Module 2 – Drug Education

Topic 1 Activity 1: Why young people choose to use drugs

Topic 3 Activity 1: Why people drink
Activity 3: Identifying harms from alcohol use

YEAR 9 Module 2: Drug Education

Topic 1 Activity 4: Reasons why young people use drugs

DRUG TALK: BODY. MIND. FUTURE.
Year 10-12 AOD Resource

WRAPAROUND INTERVENTION TOOLKIT

WRAPAROUND PROFESSIONAL LEARNING WORKSHOPS

LINKS TO EXTERNAL RESOURCES

For facts about alcohol and other drugs:

ALCOHOL AND DRUG FOUNDATION (ADF)

Alcohol.Think Again.
What is alcohol?

DRUG AWARE
Getting the facts – drug types

REFERENCES

American Psychiatric Association [APA]. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*, 5th Ed. United States of America: American Psychiatric Association.

National Commission on Marihuana and Drug Abuse. (1972). *Marihuana: A Signal of Misunderstanding; First Report*. Washington, D.C., U.S. Government Printing Office.

Thorley, A. (1980). Medical responses to problem drinking. *Medicine* (3rd series), 35, pp. 1816-1822.

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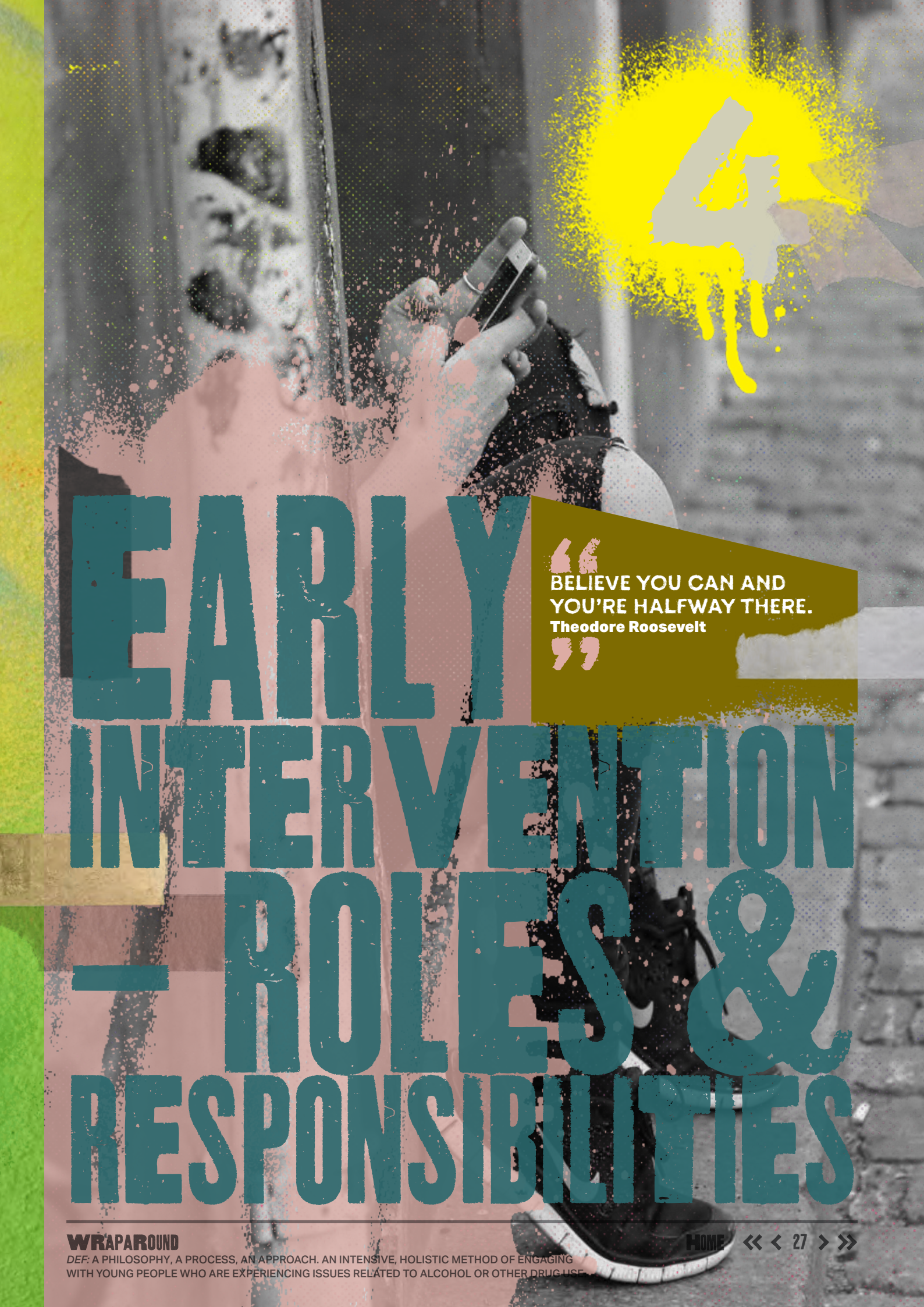


4

EARLY INTERVENTION – ROLES & RESPONSIBILITIES

> "BELIEVE YOU CAN AND YOU'RE HALFWAY THERE."
> **Theodore Roosevelt**

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)
• 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	• 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 **IN ADDITION** • Investigation and management of reported AOD incidents • Negotiate an intervention support plan (with involvement from relevant staff) • Informing family or caregivers as required	• 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 **IN ADDITION** • 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.

> Confidentiality is about protecting students and staff.

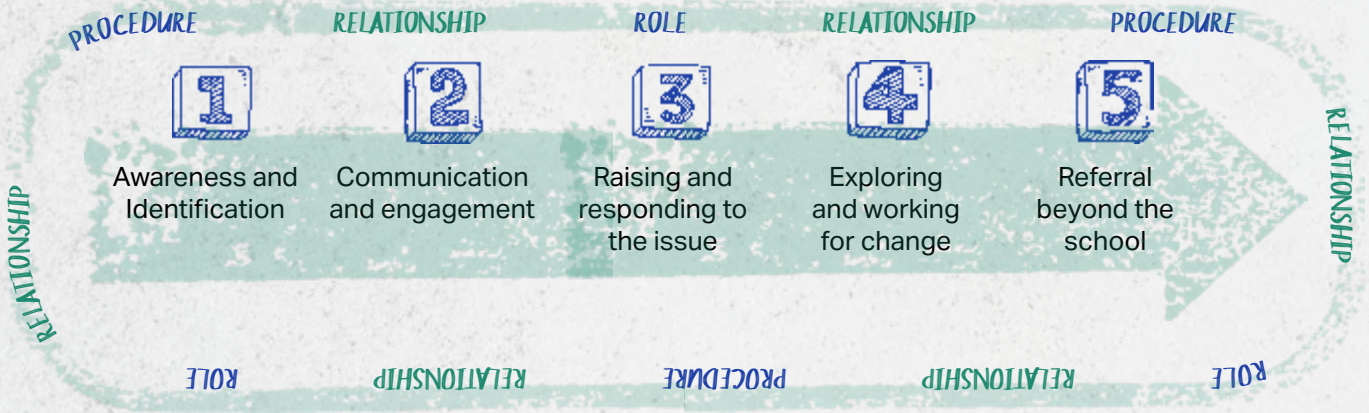
Further information on confidentiality can be found on pages 70-71 of *Getting It Together* (GIT).

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



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
Getting It Together (GIT) pp. 42-63 Procedures for Incident Management and Intervention Support
Getting It Together (GIT) pp. 70-71 Confidentiality
SDERA Connect – A statewide directory of AOD support services for schools and community
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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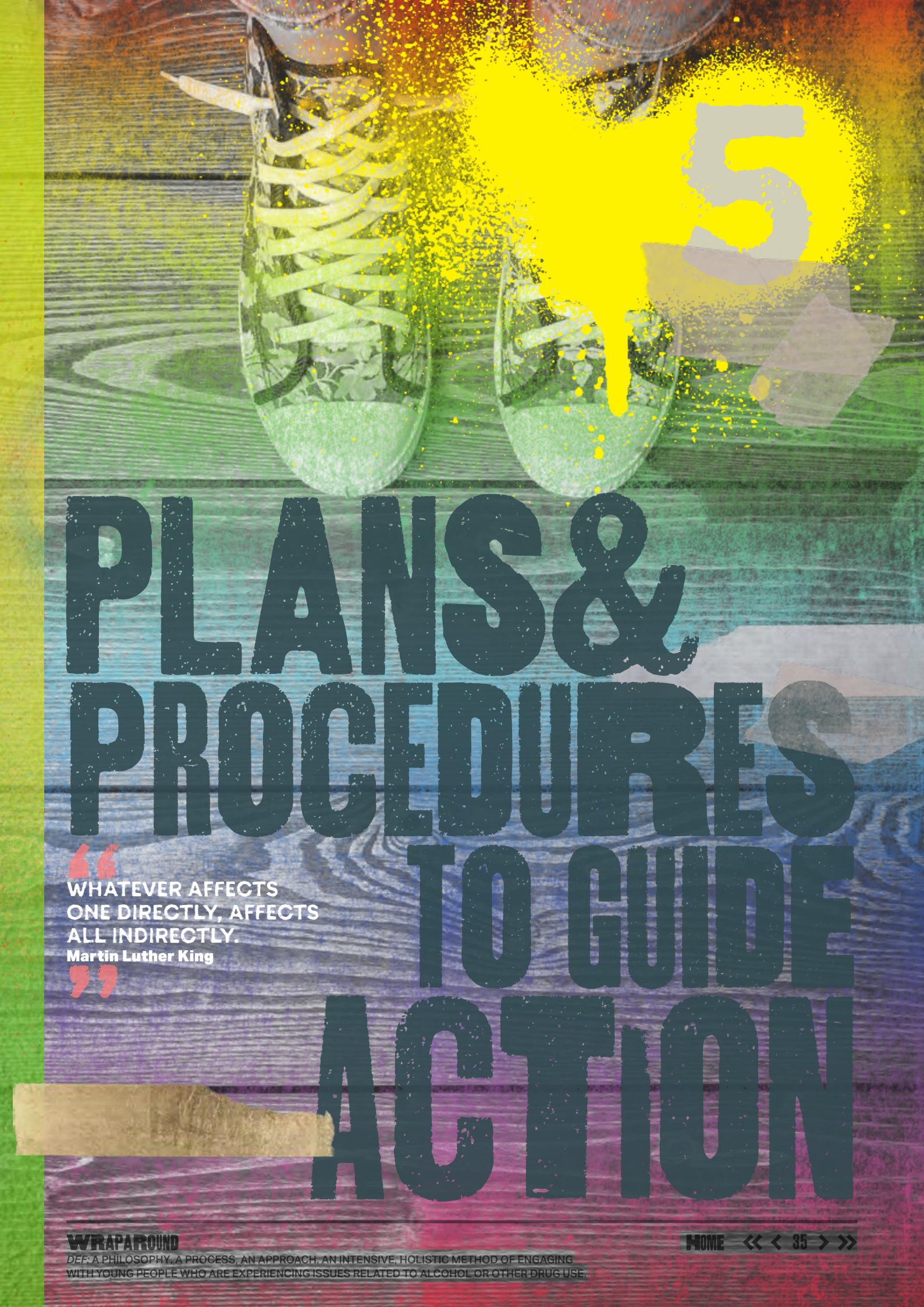


5 PLANS & PROCEDURES TO GUIDE ACTION

"WHATEVER AFFECTS ONE DIRECTLY, AFFECTS ALL INDIRECTLY."
Martin Luther King

MODULE OVERVIEW

This module outlines a best practice, whole school approach to alcohol and other drug (AOD) education. It highlights that drug education plans should be inclusive of procedures for incident management and intervention support. This guides appropriate intervention for students when drug use behaviour is identified or suspected.

Illustrations of whole school drug education plans are provided along with working procedural flowcharts for addressing student AOD use.

LEARNING INTENTIONS

At the end of this module you will:

- understand what makes effective school drug education
- be aware of the value of working from whole school drug education plans and how to develop these
- be clear on the benefits of having procedures for incident management and intervention support included in whole school drug education plans
- understand what these procedures look like and how they can guide consistent and inclusive responses to student AOD use that are protective of staff, students and the broader school community.

KEY MODULE UNDERSTANDINGS

1. BACKGROUND TO A WHOLE SCHOOL APPROACH

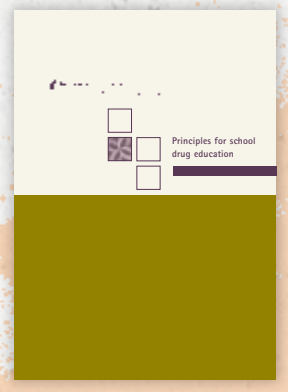
A comprehensive, whole school approach is widely acknowledged as best practice when working holistically to promote student health and wellbeing.

The Health Promoting Schools Framework (Diagram 1), developed by the World Health Organisation (WHO) 2011 encourages a whole school approach to addressing health issues. The framework consists of three areas:

1. Curriculum, teaching and learning.
2. School organisation, ethos and environment.
3. Partnerships and services.

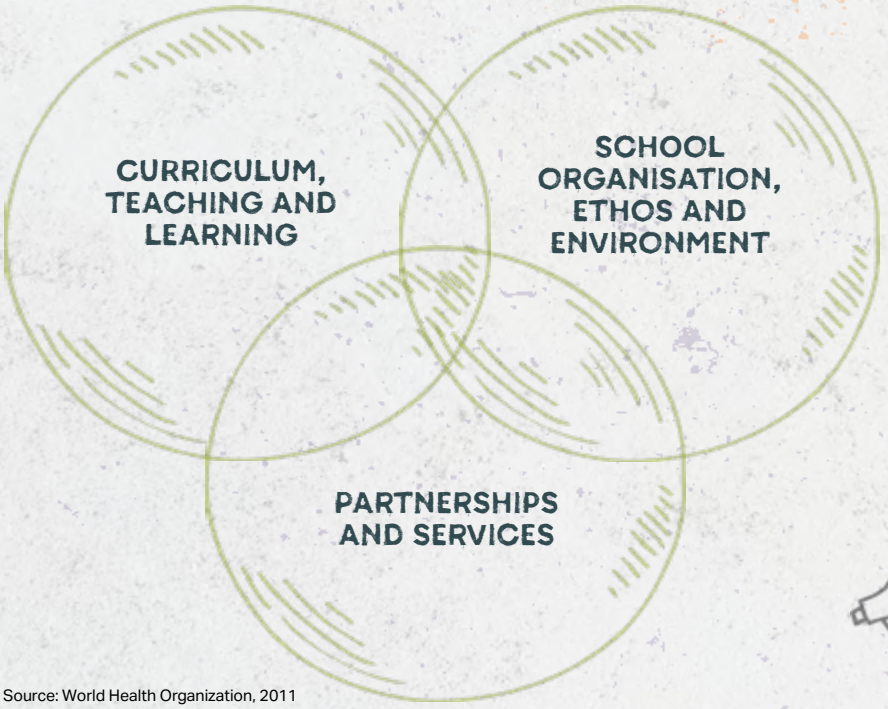
Based on theory and research, the *Principles for School Drug Education* (Meyer & Cahill, 2004) illustrate a multi-layered approach and framework of core concepts and values that support best practice drug education.

Image 1: Principles for School Drug Education



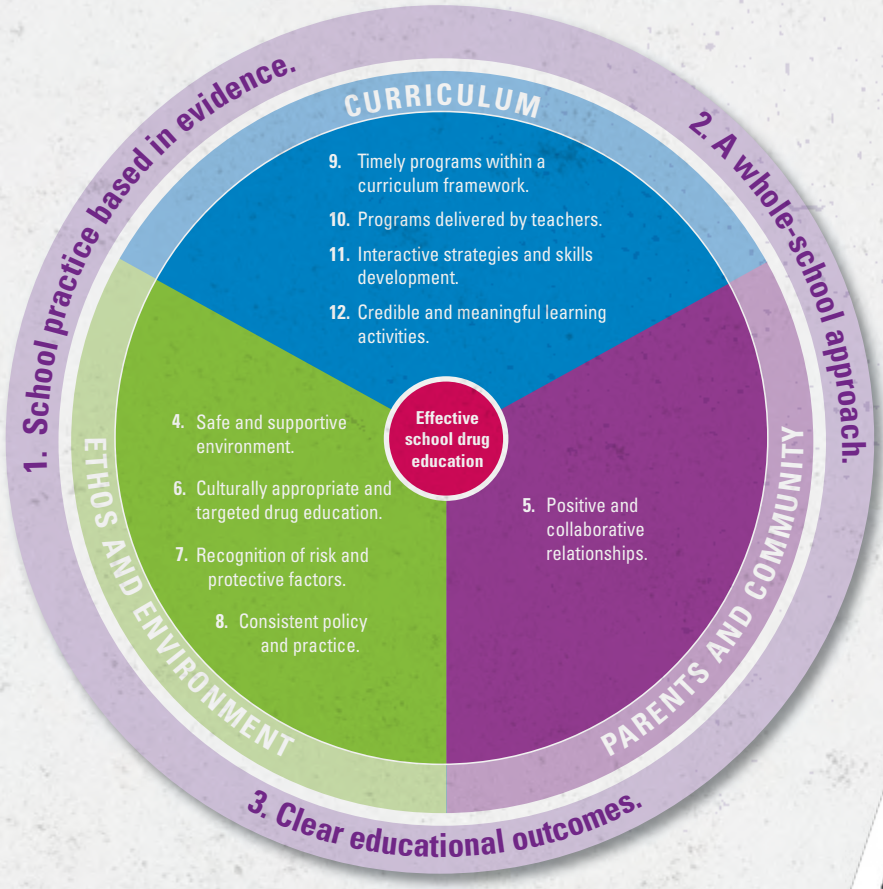
Principles of school drug education

Diagram 1: Health Promoting Schools Framework (WHO, 2011)



Source: World Health Organization, 2011

Diagram 2: Effective School Drug Education Model



The Effective School Drug Education Model demonstrates how the 12 *Principles for School Drug Education* fit within the three areas of the *Health Promoting Schools Framework* to illustrate a best practice, whole school approach to drug education.

Effective school drug education involves:

- provision of interactive, developmentally appropriate, classroom based prevention education and extension of learning through to the family
- ensuring that staff, students and parents understand the school's approach to AOD prevention education, incident management, and early intervention processes and practices
- relationship building and engagement with community support agencies who can support staff, students and parents with early intervention, counselling support and matters involving the law
- strengthening the support measures in place across the school to ensure a protective school environment.

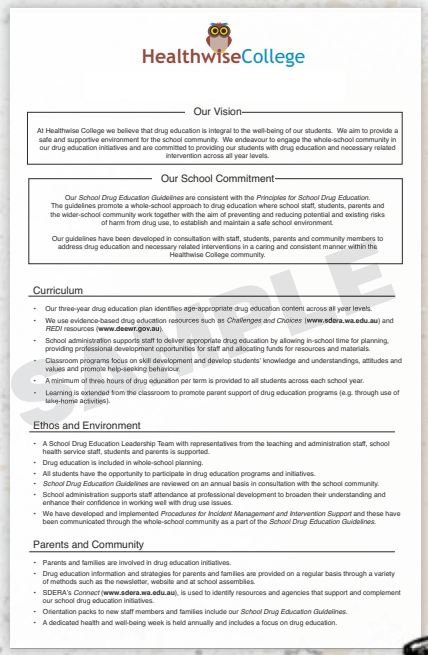
2. WHOLE SCHOOL DRUG EDUCATION PLANS

Having a whole school plan for drug education allows staff, students and parents to be aware of and involved in the school's approach to preventing risks of harm from drug use across the whole school community. They encourage a shared commitment to prevention education and early intervention that strengthens relationships between staff, students and parents.

Further information on whole school drug education plans can be found on pages 27-32 of *Getting It Together* (GIT).

> SDERA can assist schools to develop whole school drug education plans.

Image 2: Whole School Drug Education Plan examples



HealthwiseCollege

Our Vision

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

Our School Commitment

Our *School Drug Education Guidelines* are consistent with the *Principles for School Drug Education*. The guidelines promote a whole-school approach to drug education where school staff, students, parents and the wider-school community work together with the aim of preventing and reducing potential and existing risks of harm from drug use, to establish and maintain a safe school environment.

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

Curriculum

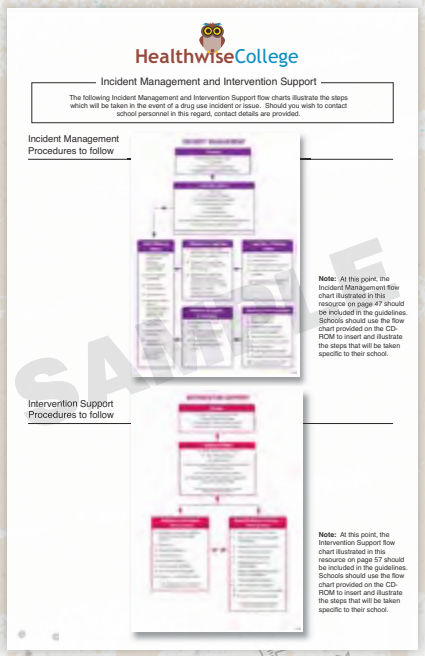
- Our three-year drug education plan identifies age-appropriate drug education content across all year levels.
- We use evidence-based drug education resources such as *Challenges and Choices* (**www.sdera.wa.edu.au**) and *REDI* resources (**www.deewr.gov.au**).
- School administration supports staff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

Ethos and Environment

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

Parents and Community

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



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Incident Management and Intervention Support

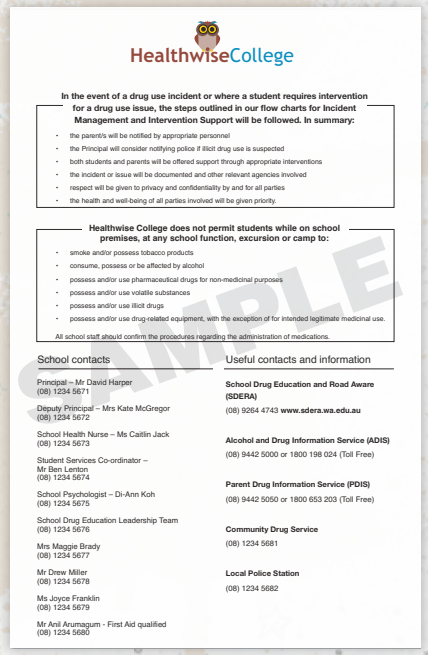
The following Incident Management and Intervention Support flow charts illustrate the steps which will be taken in the event of a drug use incident or issue. Should you wish to contact school personnel in this regard, contact details are provided.

Incident Management Procedures to follow

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

Intervention Support Procedures to follow

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



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

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

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

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

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

School contacts

Principal – Mr David Harper (08) 1234 5671

Deputy Principal – Mrs Kate McGregor (08) 1234 5672

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

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

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

School Drug Education Leadership Team (08) 1234 5676

Mrs Maggie Brady (08) 1234 5677

Mr Drew Miller (08) 1234 5678

Ms Joyce Franklin (08) 1234 5679

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

Useful contacts and information

School Drug Education and Road Aware (SDERA)
(08) 9264 4743 **www.sdera.wa.edu.au**

Alcohol and Drug Information Service (ADIS)
(08) 9442 5000 or 1800 198 024 (Toll Free)

Parent Drug Information Service (PDIS)
(08) 9442 5050 or 1800 653 203 (Toll Free)

Community Drug Service
(08) 1234 5681

Local Police Station
(08) 1234 5682

3. PROCEDURES FOR INCIDENT MANAGEMENT AND INTERVENTION SUPPORT

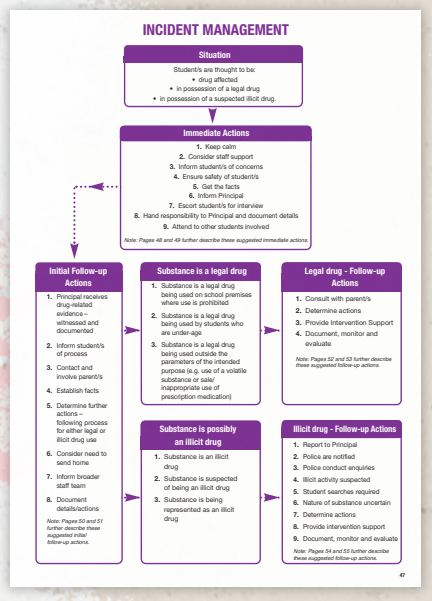
Incident management and intervention support should be guided by purposeful processes that support students, staff and parents to work together towards fair and productive outcomes.

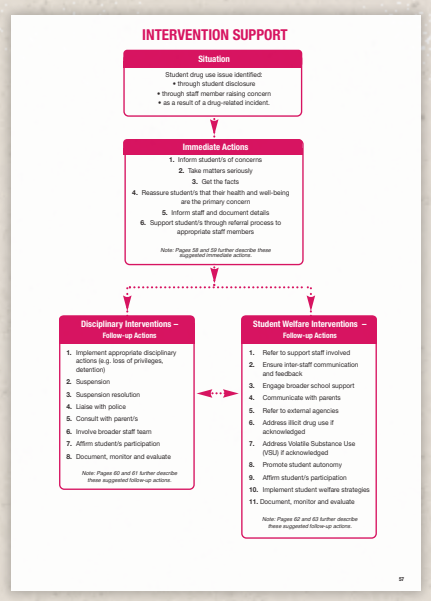
Incident Management is the structured response to AOD use incidents at school and should be actioned alongside appropriate intervention support.

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

Any drug education plan must include procedures for incident management and intervention support. Developing and documenting these procedures is essential to ensure that student AOD use is addressed in a coordinated and consistent manner.

Image 3 & 4: Procedures for incident management and procedures for intervention support



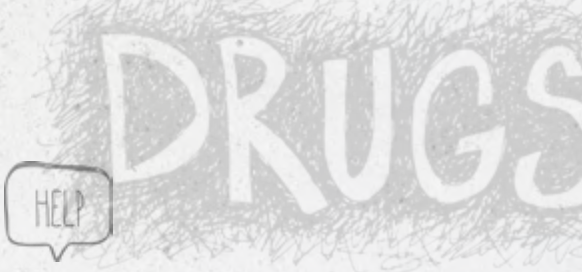


All staff have a role in early intervention thus all staff need to know the process of referral and support that is documented in these procedures. For early intervention to be most effective schools should have these procedures in place.

Working effectively with AOD use means that responses to student drug use behaviour should not lead to marginalisation or stigmatisation. Punitive responses are not productive and can lead to negative outcomes. It is important that procedures illustrate the steps that staff should follow in order to provide consistent, inclusive responses that address the drug use behaviour and promote a continued connection to school.

SDERA can assist schools to develop procedures for incident management and intervention support.

Further information and illustration of procedures for incident management and intervention support can be found on pages 46 to 63 of *Getting It Together* (GIT).



When all staff are aware of these procedures and of their own roles within them, they can complement the management and support strategies of their colleagues. This enables staff to engage in providing appropriate intervention and support to students as fits with their job role in the school.

A specific procedural flowchart for working to address volatile substance use (VSU) can be found within the Wraparound Intervention Toolkit.

TAKE AWAY MESSAGES

1. Effective school drug education involves a whole of school approach.
2. Whole school drug education plans guide a coordinated approach to prevention education and reducing the harms from AOD use.
3. Procedures for incident management and intervention support promote a consistent, inclusive response to AOD use issues and enhance connection to school.
4. SDERA can help ALL schools to develop whole school drug education plans and procedures for incident management and intervention support.

ADDITIONAL INFORMATION

ADDITIONAL SUPPORT INFORMATION RELEVANT TO THIS MODULE

LINKS TO SDERA RESOURCES	LINKS TO EXTERNAL RESOURCES
Getting It Together (GIT) Whole school drug education plans and procedures for incident management and intervention support	**MENTAL HEALTH COMMISSION** Community Alcohol and Drug Services
Changing Health Acting Together (CHAT) Further information about SDERA's CHAT program	
SDERA Connect – A statewide directory of AOD support services for schools and community	
WRAPAROUND INTERVENTION TOOLKIT	
WRAPAROUND PROFESSIONAL LEARNING WORKSHOPS	

REFERENCES

Meyer, L., & Cahill, H. (2004). *Principles for school drug education*. Australian Government: Department of Education, Science and Training, Canberra.

World Health Organization (WHO). (2011). *What is a Health Promoting School?* Geneva, Switzerland.

Wraparound is a collaborative effort between SDERA and the Western Australian education sectors and has been proudly funded by the Mental Health Commission.