How alcohol and other drugs education in our schools is taught is very important. Through research and anecdotal evidence, we know that effective school alcohol and other drugs education should focus on skill development and provide students with the capacity to make healthier and more informed decisions for their own and others’ safety and wellbeing (Meyer & Cahill, 2004).

To engage students, best practice alcohol and other drugs education should explore and develop students’ drug related knowledge, skills, attitudes and values through use of inclusive and interactive teaching strategies (Meyer & Cahill, 2004). This is not always easy as the knowledge and experiences students have about alcohol and other drugs and their resilience skills can differ greatly as does the level of engagement they will have for the program.

In the secondary years, alcohol and other drugs programs should focus on licit drugs such as alcohol, caffeine, tobacco, over-the-counter and prescription medicines. Illicit drugs such as methamphetamine, cannabis, synthetic cannabis and other drugs should also be discussed.

Schools should not engage in broad, classroom based prevention education about volatile substance use (VSU) nor make direct reference to volatile substances as potential drugs of intoxication for risk of promoting awareness of easily accessible substances and their psychoactive effects.

Education around VSU should only be provided in the context of intervention support (one-to-one or in small groups) with those identified as using or being at risk of using these substances.

Drug Talk: Body. Mind. Future. (Drug Talk) is an holistic program that recognises the interconnectedness of the body, mind and the future through a series of interrelated components and activities. Activities within Drug Talk provide opportunities for students to:

- identify how potential harms from alcohol and other drug use can be avoided or reduced
- develop and extend the skills that best assist with a harm minimisation approach.

The program encourages students to consider the factors that can contribute to a drug use experience. Understanding this process encourages students to realise that the context in which drug use occurs (including the drug, the person using the drug and the environment in which the drug is taken) can either exacerbate or reduce the risks of harm.

Drug Talk aims to:

- increase students’ knowledge, social skills and refusal skills so they can make informed choices about alcohol and other drugs
- foster student resilience and increase these skills and capabilities
- question students’ values, attitudes and beliefs towards alcohol and other drugs
- apply critical thinking to why students take risks around alcohol and other drug use
- explore help-seeking strategies
- investigate the impact alcohol and other drug use can have now and into the future.
HOW TO USE DRUG TALK TO BUILD A SUCCESSFUL ALCOHOL AND OTHER DRUGS PROGRAM

The Drug Talk program includes a number of components. Educators are encouraged to watch the introductory video (and/or read the supporting transcript) that:

- explores the components of the program
- provides suggestions of how the program can be applied in a school or classroom setting.


CHARACTERISTICS OF THE DRUG TALK PROGRAM

A RESILIENCE APPROACH

All of SDERA’s alcohol and other drugs education teaching and learning resources adopt a resilience and skills-based approach to teaching young people. Our resources recognise that building and developing resilience is continuous and that resilience is not a fixed characteristic. It is changeable and can be inherent and nurtured. Our resources also recognise that there are a number of crucial social and personal skills that can equip and empower young people to make safe and responsible decisions in drug-related situations.

The Drug Talk program recognises that adolescence is a time of great social, emotional, cognitive, psychological and social change. It is also a time where an individual’s resilience can be extended through the development and improvement of social and emotional skills such as being assertive, problem predicting and solving, decision-making, and collaboration to achieve shared goals. Research tells us that resilience is the most powerful factor in reducing substance use, school drop-out, violence, suicide, teen pregnancy and other high-risk behaviours (Department of Health and Human Services, Substance Abuse and Mental Health Administration, 2009). Therefore, a resilience approach to alcohol and other drugs is grounded in evidence.

Understanding that resilience is the ability to ‘bounce back’ and cope with changes and challenges so that an individual’s level of wellbeing remains relatively constant, the Drug Talk program has looked to research by Hart and Blincow (2007) to develop a resilience framework which underpins all of the drug content and activities within the resource. This framework articulates the five key focus areas that establish the approaches that young people can take to help them:

- make sound, healthy decisions about their own body, mind and future
- mitigate risk in drug use situations
- to apply help-seeking strategies for drug use issues they, or family or friends, may be experiencing.

DRUG TALK PROGRAM – RESILIENCE FRAMEWORK

<table>
<thead>
<tr>
<th>SPECIFIC APPROACHES</th>
<th>BASICS</th>
<th>BELONGING</th>
<th>LEARNING</th>
<th>COPING</th>
<th>CORE SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some of the basic necessities for life</td>
<td>Creating healthy relationships with family, friends, teachers etc</td>
<td>Incorporates school education, life skills, interests and talents</td>
<td>Skills to help get through the day</td>
<td>Shaping a young person’s character</td>
<td></td>
</tr>
<tr>
<td>Keep safe</td>
<td>Connect with others to create a sense of belonging</td>
<td>Develop life skills</td>
<td>Understand boundaries and keep within them</td>
<td>Tune in to emotions to create self-awareness and foster protective behaviours</td>
<td></td>
</tr>
<tr>
<td>Get enough sleep</td>
<td>Create and maintain as many healthy relationships as possible</td>
<td>Engage positive mentors</td>
<td>Solve problems</td>
<td>Use emotions to bridge thought, feeling and action</td>
<td></td>
</tr>
<tr>
<td>Regularly exercise</td>
<td>Tap into good influences</td>
<td>Highlight achievements</td>
<td>Remember tomorrow is another day</td>
<td>Recognise and respect the feelings and emotions of others</td>
<td></td>
</tr>
<tr>
<td>Find life balance between study and play</td>
<td>Understand responsibilities and obligations</td>
<td>Learn from mistakes</td>
<td>Lean on others when necessary</td>
<td>Accept responsibility for self and decisions made</td>
<td></td>
</tr>
<tr>
<td>Adopt a positive growth mindset</td>
<td></td>
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</tbody>
</table>

Adapted from Hart and Blincow, 2007
AREAS OF FOCUS

Adopting a resilience approach to alcohol and other drugs education, the Drug Talk program has three main areas of focus. The focus areas have been determined by research and the needs and requirements of adolescents engaged in an alcohol and other drugs education program (Davis & Kelly, 2012; McBride, 2003; Midford et al., 2014; Teeson, Newton & Barrett, 2012).

2. Risk-taking.
3. Help-seeking.

Adolescents often have a view that they are indestructible and that negative things will not happen to them. Unfortunately, this is not always true.

The Drug Talk program challenges students to think about the drug use choices that they may make and how these choices may impact their body, their mind and their future. It encourages them to develop a deeper understanding of the implications of drug use and the potential effects that it can have on their health, lifestyle, relationships, future study, work, and travel opportunities.

Unpacking real and relevant scenarios and exploring risk taking and help-seeking in the context of respecting themselves is an approach utilised in the Drug Talk program.

2. Risk-taking

“In Western countries like Australia, risk-taking is often seen as a rite of passage for some and influential in developing self-determination, autonomy and self-identity” (Shanahan, Wilkins & Hurt 2002, p. 35). However, we also know that adolescence is a time when risky behaviours become temporarily more normative than they are at other times in the life span. For some adolescents, engaging in risky behaviours may be limited, while for others these behaviours form part of long-term problems (Moffitt & Caspi, 2001). Adolescence is also a time when young people are increasingly involved in health risk-taking. This has the potential to adversely affect health in the short and long term (Di Clemente, Santelli & Crosby, 2009). This is especially so for use of alcohol and other drugs and associated behaviours.

Recognising that developing resilience supports the taking of calculated risks is important in school drug education as is providing students with particular skills and strategies to mitigate risk eg problem solving, conflict resolution. Resilience is not constant and can depend on the specific circumstances students find themselves in. So, reminding them that building and developing resilience is a continuous process, that resilience is changeable depending on circumstances and can be improved, are essential components of addressing the risk-taking behaviours which developmental psychology describes as normal adolescent exploration and part of the learning process of a young person (Davis and Kelly, 2012).

3. Help-seeking

Help-seeking is an important social skill that enables individuals to know when outside help is needed, the type of assistance required, how to access help by effectively engaging others, and how to apply what they have learnt to solve their problems.

Adolescence is a high-risk time for the development of alcohol and other substance use disorders (Kessler et al., 2005). Ensuring adolescents have access to information and support during this period is of critical importance to the prevention of longer-term harms associated with early substance use. Teaching help-seeking skills can mitigate risk by allowing for early intervention and prevention.

These three focus areas recognise that students have a large role to play in how they engage in a alcohol and other drugs context and that the choices they make, rest in their hands.

FLEXIBLE PROGRAM DELIVERY

The activities have been written to support the delivery of an engaging alcohol and other drugs education program suitable for students aged 15 years and above. The program offers teachers flexibility in the way that they choose to structure their lessons, which drugs they choose to focus on, and how they plan to structure classroom lessons. This acknowledges that teachers are best placed in understanding their students and how they learn. It also recognises that teachers are well positioned to understand any local context alcohol and other drug issues and respond to them through providing relevant, well-researched and engaging lessons. Developing a flexible program promotes ‘just-in time’ teaching and learning and recognises that if students are engaged in learning through a differentiated approach, learning is targeted and effective.

The Drug Talk program recognises that there may be differences in the amount of alcohol and other drugs education students have been exposed to over their school career. Therefore, baseline information about a range of drugs has been provided for teachers and
students. Teachers are encouraged to determine students’ understanding using the Drug Talk quiz before they structure their program drawing on information about students’ current knowledge and interests for planning purposes. Teachers are also encouraged to revisit, or introduce for the first time, the theories and models surrounding alcohol and other drug use and the drug use experience as this information is drawn upon through the lesson activities.

The information scripts available as PDFs on the Drug Talk webpage are a valuable source of information about different drugs eg classification, what they are, effects of use, legality etc. Teachers are encouraged to access this information before beginning to teach their drug education program.

Teachers are also encouraged to draw on Challenges and Choices resources for teaching alcohol and other drugs education in Kindergarten to Year 9 and depending on the needs of students. These resources offer opportunities to build foundation knowledge and skills and can be used for differentiation opportunities within the classroom.

The flexibility of Drug Talk allows teachers to ‘dip in and out’ of the program to meet their students’ needs. It can be used for just one lesson, or used to plan a few weeks or a term’s alcohol and other drugs education program.

Year 11 and 12
Finding additional time in Year 11 and 12 timetables to include health education can be challenging. It is therefore suggested that educators use components within the Drug Talk program in a variety of ways according to school needs and time allocations. Suggestions include:

- delivered in the Year 11 General Health Course of Study
- using the prepared assessment tasks in relevant courses of study
- delivered as part of a wellness program
- delivered as part of an educative alcohol and other drugs education program
- used in educative programs before events such as school balls, Leavers etc
- used to support targeted programs for small groups or individual students where drug use issues have been identified.

PROMOTING A HARM MINIMISATION APPROACH
Drug Talk supports a harm minimisation approach.

A harm minimisation approach to alcohol and other drugs education neither condones or encourages 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. It aims to reduce the harms associated with use and promote healthier, alternative behaviours and informed decision-making.

Harm minimisation strategies can be categorised into three pillars:

1. **Harm reduction** – these strategies are aimed at reducing the harm from drugs for both individuals and communities and do not necessarily aim to stop drug use. Examples include needle syringe services, methadone maintenance, brief interventions, and peer education.

2. **Supply reduction** – these strategies are aimed at reducing the production and supply of illicit drugs. Examples include legislation and law enforcement

3. **Demand reduction** – these strategies are aimed at preventing the uptake of harmful drug use. Examples include community development projects and media campaigns and school drug education programs. (Department of Health, 2004)

Best practice drug education combines age-appropriate teaching and learning programs, policies and practices in the school environment which work to stop/delay/reduce the uptake of drugs in support of the demand reduction pillar under the harm minimisation approach.

There are a number of national and state strategies aimed at drug prevention and intervention (eg National Drug Strategy 2017-2026; National Ice Action Strategy 2015; Western Australian Mental Health, Alcohol and
Other Drugs Services Plan 2015-2025). The final report of the National Ice Taskforce (2015) recognised that we all have to work together to prevent drug use in the community. This philosophy supports SDERA’s CHAT initiative which seeks to align parents, schools and the community through a whole-school drug education approach.

NORMATIVE EDUCATION

School alcohol and other drugs education programs should incorporate teaching which corrects 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. Using current prevalence data such as that collected through the Australian Secondary Students’ Alcohol and Drug (ASSAD) survey can provide an accurate indication as to the extent of drug use in particular age groups and challenge and dispel some myths surrounding alcohol and other drug use.

Mental Health Commission – WA
Australian School Students National Alcohol and Drug (ASSAD) Survey

STRENGTHS BASED APPROACH

Drug Talk has been written to embrace a strengths-based approach which recognises the abilities, knowledge and capacities of all students. This approach assumes that students are able to learn, develop and succeed. It also recognises the resilience of individuals and seeks to develop further resilience skills.

A strengths-based approach affirms that students have particular strengths and resources that can be nurtured to improve their own and others’ health, safety and wellbeing. Adopting a strengths-based approach to planning alcohol and other drugs education programs, lessons and activities can transform practice and subsequently result in a more satisfying experience for everyone – students, families, educators and the wider community.

MAPPING TO THE WESTERN AUSTRALIAN HEALTH AND PHYSICAL EDUCATION SYLLABUS AND GENERAL CAPABILITIES

Activities within the Drug Talk resource have been mapped to the WA Health and Physical Education (HPE) Syllabus. General capabilities have also been highlighted for each of the activities.

An assessment task has been developed addressing content descriptors within the Year 10 WA HPE Syllabus.

Whilst Drug Talk has been written to address content descriptors from the WA Year 10 HPE Syllabus its content and approaches could be used in other learning areas and for delivery to Year 11 and 12 audiences. Further details about the flexibility of the program can be found in the Flexible Program Delivery section of this document.

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 alcohol and other drugs education program. Websites provided throughout the Drug Talk program can assist you to find the most current information.

STAFF WORKING IN SCHOOLS WITH A CHRISTIAN ETHOS

When teaching resilience, decision-making and coping skills, links to Religious Education and developing a positive sense of self in relationship with God and others, can be emphasised and promoted.

SUPPORT FOR IMPLEMENTING DRUG TALK

Professional development workshops offered by SDERA aim to enhance participants’ understanding of resilience and alcohol and other drugs education. These workshops support the implementation of classroom programs using the Challenges and Choices resources and can be accessed by all schools in WA. Information about the range of workshops offered by SDERA can be found in our newsletters each term and on SDERA’s website.

LINKS TO SDERA’S ALCOHOL AND OTHER DRUGS WHOLE SCHOOL APPROACH AND EARLY INTERVENTION RESOURCES

Whole school approach to alcohol and other drugs education
School alcohol and other drugs education is enhanced by the implementation of a whole School Drug Education Plan that 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.

Getting it Together: A whole-school approach to drug education

WA HPE Syllabus
Early Intervention

Wraparound is SDERA’s new early intervention program that strengthens staff confidence and ability to engage and respond well where concerns exist around student alcohol and other drug use.

All school staff have a role in early intervention and will benefit from this program which includes the 10 Module Wraparound Resource, an Intervention Toolkit and Professional Development Workshops with ongoing support from SDERA.

Wraparound has incorporated the research findings from SDERA’s award winning early intervention program, KIT Plus – an early intervention collaboration between SDERA and the Child Health Promotion Research Centre at Edith Cowan University.

The resource is accessible from SDERA’s website.

REFERENCES


