

School-based Drug Education

**a guide for practitioners
and
the wider community**

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INTRODUCTION

School-based drug education has been based on the belief that it could change the drug behavior of students. Some educators, however, question the behavior change goal and propose a more education oriented approach to drug prevention in schools.

School is not about repairing all social evils. It is about repairing one: the evil of ignorance. We all have responsibilities as adults for these evils. But as teachers, we don't need to be ashamed if we can't fix homelessness or stamp out violence, or prevent AIDS, or end drug abuse.

Individual teachers will care as human beings when students use drugs, or contract sexually transmitted diseases, or adopt poor nutritional practices. But it is not the fault of schools, and schools ought not to set targets to change such behaviors. Schools can, of course, influence such behavior. The way they do it is through the development of knowledge and skills and the cultivation of values in their students

*The fact is that schools do not have it in their power to stop smoking, drinking, sex or poor eating patterns. They do have it in their power to improve student knowledge and skills and to encourage the development of defensible values. Equally, they should not be blamed when students engage in health behavior that is less than desirable. They should be blamed, or at least held accountable, if students do not gain essential knowledge and skills regarding health, and cannot articulate a value position.
(Wilson 1988)*

There is now significant research to draw upon to develop programs based on sound educational, developmental and pedagogical principles, as well as a clearer understanding of the issues surrounding the use, non-use and abuse of drugs

Before undertaking the considerable work involved in writing and delivering curriculum programs, teachers and school communities need to have a reasonable expectation that programs will be successful and that they will give students opportunities to develop knowledge, skills and values to become worthwhile and contributing citizens.

Why then would schools want to spend a considerable amount of time including drug education programs in their school curriculum without some guarantee of success?

The answer to this question lies in the capacity to reassess what past drug programs were trying to achieve, and what drug education programs can achieve in the future.

Also, evaluations of past and current programs have enabled researchers and educators to develop principles and guidelines, as well as characteristics and components of effective programs that should underpin new drug education programs.

This manual is not a drug education program to be picked up and implemented. It is, however, a conceptual basis upon which teachers, policy makers and school administrators can make decisions about the design and delivery of school-based drug prevention programs that are more likely to be successful in educational terms.

SECTION ONE

THE CONTEXT & COMPONENTS OF DRUG EDUCATION

The context of drug education

Drug prevention is a commonly used term, but what does it really mean generally, and more specifically, what does it mean to schools? Drug prevention, or drug abuse prevention, may be considered under three main headings.

Demand reduction strategies aim to reduce the desire and preparedness to obtain and use drugs. These strategies, aimed at preventing, reducing and/or delaying the uptake of harmful drug use, may include abstinence-oriented strategies.

Supply reduction strategies aim to disrupt the production and supply of illicit drugs as well as limit the access and availability of licit drugs in certain contexts. In the school setting, this includes measures taken to limit the use, possession and sale of illicit drugs on school premises.

Strategies for the reduction of the adverse consequences of drug use aim to reduce the impact of drug use and drug-related activities on individuals and communities.

The role of the school in drug prevention

It is possible, and desirable, for schools to be concerned with demand reduction, supply reduction and consequences reduction in relation to drugs, although the major focus should be on demand reduction. However, education authorities should not accept sole responsibility for changing student health behaviors, including reducing drug use. Schools may well be able to influence drug use behavior and it is hoped that they do.

However, it is the primary role of the school to impart knowledge, skills and a sound values base in relation to health and drug use, not change behaviors that may be determined by factors beyond the influence of the school.

Schools, therefore, should not make change in health behaviors of students, particularly drug use behaviors, the only measure of their success or effectiveness. Schools can and should report to the community on the achievement of educational outcomes that have been identified as contributing to the achievement of the broader health goals of preventing drug use and reducing adverse consequences to individuals and society.

School-based drug education defined

Drug education in schools may be defined as the educational programs, policies, procedures, and other experiences that contribute to the achievement of broader health goals of preventing drug use and the adverse consequences of drug use to individuals and society.

Drug education should be considered in relation to both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and the wider community in the planning and delivery of programs.

Drug education in the classroom is defined as the set of lessons, programs, activities and practices that lead to the achievement of education outcomes that relate to reducing drug use and associated consequences for individuals and society. The school drug education program can be described as the collection of these educational outcomes sequenced over the years of compulsory schooling.

Components of a school drug education and intervention program

Education components

- a program based on the *Guiding Principles for School-based Drug Education* that is a core component of the school curriculum and focuses on equipping young people with the information, skills/attitudes, values and understandings about drugs;
- clearly communicated policies and procedures that strive to achieve a safe and supportive school environment including provision of care, counseling and support for all students and a cooperative approach among staff, students, parents, and related professionals/agencies and police;
- strategies for ensuring all members of the school community contribute to and support school policies and procedures for dealing with drug matters;
- appropriate professional development/training for relevant staff;
- information and support for parents, particularly parents of students involved in illicit and other unsanctioned drug use; and
- mechanisms for the ongoing monitoring and review of the school's approach to drug education and incident management.

Intervention components

- policy and procedures for drug incidents based on the *Guiding Principles for School-based Drug Education* that consider the context of the student's whole life, family situation, mental and emotional health, intellectual ability and the degree to which they may be in control of their actions and decisions;
- immediate and longer term options for responding to drug incidents that protect the health of all students and the school community;
- a plan for managing drug incidents consistent with laws, regulations and policies;
- a communication strategy for drug incidents that ensures all staff are aware of school and/or system wide procedures for contacting and responding to the media;
- a directory of professionals and agencies, including police, who can provide professional development, advice and resources;
- protocols with professionals and agencies, including the police, to formalize and strengthen cooperative liaison and referral arrangements;
- support for students involved in drug incidents that maintain their engagement in education programmes; and
- maintenance of records of drug incidents with due attention to the protection of the rights and privacy of all those who may be involved; and their usefulness in monitoring the effectiveness of policies.

SECTION TWO

GUIDING PRINCIPLES AND DISCLOSURE

Guiding Principles for School-based Drug Education

Definitions

guiding principle - a statement encapsulating the basic idea or assumption upon which an action may proceed with the greatest likelihood for success in achieving the stated purpose of the action

drug - includes tobacco, alcohol, illicit (illegal, or unlawful) drugs, prescription drugs and over-the-counter medicines

school-based drug education - the total set of experiences to which students are exposed over their time at school that contribute to preventing drug use and reducing the consequences of drug use

The purpose of the *Guiding Principles for School-based Drug Education* is to express the concepts and values upon which legislators, policy makers, school administrators, teachers, students, parents, and community agencies can base decisions about school-based drug education.

Guiding principles can convey a sense of direction towards the ideal, and, with associated guidelines, can confirm that plans are as close to the ideal as they can be, given the situation and the circumstances. However, they should not be seen as so idealistic and rigid as to convey a sense that nothing can be achieved unless programs and policies reflect every principle to its extreme ideal.

Much can and has been achieved in resource-poor settings working from the basis that the school already has the resources most needed for success: committed teachers and students who want to be engaged meaningfully in the education process. The *Guiding Principles for School-based Drug Education* can help to ensure that scarce resources are not wasted on programs and resources that have a superficial or immediate appeal but do not meet the criteria for achieving learning outcomes or long-term changes to the school environment that will impact on future drug use.

They help to define the central role of the teacher, and stress the educational rather than the preventive focus of school-based drug education. When adopted they will reduce the use of ineffective programs that place students at risk by giving parents and the community a sense of confidence that their children are being helped when they are not.

The *Guiding Principles for School-based Drug Education* were developed through consultation with a group of practitioners, including youth experts, policy makers and researchers from a number of countries with a balanced consideration of research, current practice and professional judgment.

PRINCIPLE ONE

elements of school-based drug education

Schools will be more effective when committed to the three elements of school-based drug education, which are learning outcomes, environmental factors and collaborative partnerships, that contribute to reducing drug use and the adverse individual and social consequences of drug use.

Schools that aim to change drug use behavior directly, risk failing to achieve targets not under their control. Schools influence behavior through the development of knowledge and skills and the cultivation of values, which can be achieved only when sufficient time is allocated to achieving clearly stated learning outcomes, as well as developing partnerships and a climate of support for personal and academic growth.

PRINCIPLE TWO**drug related learning outcomes**

Schools will be more effective when drug related learning outcomes are addressed in the context of the health curriculum, or other appropriate learning area that can provide sequence, progression, continuity and links to other health issues that impact on student's lives.

Most isolated programmes cannot provide ongoing, comprehensive and developmental elements that allow complex personal and social skills and values to be developed and reinforced. As drug use is not an isolated occurrence, drug education should incorporate other issues important to young people, including adolescent development, stress and coping, sexuality, home/school collaboration and personal relationships.

**PRINCIPLE THREE
environment****the school**

Schools will be more effective when the school environment, which includes the culture, milieu, ethos, sense of community, goals and the presence of order, provides a fertile setting for achieving educational outcomes and building productive partnerships.

Students respond to a school environment in which they are treated fairly, are close to others, and feel part of the school. Students benefit when their schools are purposeful places that clearly define what they want students to know and do; when they clearly describe how they are going to bring about these outcomes, and how they know if they are succeeding.

PRINCIPLE FOUR**collaborative partnerships**

Schools will be more effective when students, school personnel, parents, prevention practitioners, referral agencies and the wider community are involved in collaborative decision-making concerning drug policy, including managing drug incidents, and curriculum in schools, as an integral and valued part of the planning process.

Drug policy integrates agreed values into the curriculum and general life of the school and is shaped by the school mission statement, which guides, informs and inspires teaching and learning, staff development, student engagement, and parent and community involvement. A collaborative approach to policy development will reinforce desired values and consistent behaviors at school, in the home and among the community.

PRINCIPLE FIVE**interactive teaching and learning**

Schools will be more effective when programmes that are student focused and teacher facilitated reflect interactive teaching and learning methods characterized by small-group processes that are participatory and encourage peer exchanges within a supportive classroom climate.

With a focus on connectedness, relevant life contexts, real-life challenges, and personal and interpersonal competence, interactive teaching techniques stimulate the active participation of all students through activities such as discussion, brainstorming, decision-making, assertion training or role-playing new skills and behaviors.

PRINCIPLE SIX**responsiveness and inclusiveness**

Schools will be more effective when programmes are responsive, in educational terms, to levels of drug use in individuals and society and *risk* and *protective* factors, as well as gender, ethnicity, culture, language, developmental level, ability level, religion and sexual orientation.

Being open to this concept creates an opportunity to interact with students in a way that acknowledges the reality of their backgrounds and experiences, and gives them an opportunity for meaningful input into drug education programmes. Students react more positively when their individual needs and the needs of users and non-users are acknowledged, and communication channels are kept open without condoning drug use.

PRINCIPLE SEVEN
sustainability

capability and

Schools will be more effective when programmes are implemented effectively and supported beyond the adoption phase through professional development that provides an orientation to drug education, which enables teachers to use a range of learning strategies, resources and evaluation techniques appropriate to student needs, rather than training only in the use of a specific programme or resource.

Teachers, like other professionals, have more difficulty accepting concepts and strategies that are new and unfamiliar. The impact and sustainability of programmes are enhanced when implementation is maintained by supporting teachers with ongoing technical advice, networking, opportunities to share both successes and problems, and, more importantly, support from school leaders.

PRINCIPLE EIGHT
outcomes

strategies and resources and drug

Schools will be more effective when programmes, strategies and resources support, not replace, the role of the teacher, enhance the achievement of drug related learning outcomes and/or contribute to the long-term positive changes to the environment and ethos of the school.

Superficially attractive, stand-alone, one-off or quick-fix alternatives are limited in achieving the success of initiatives aimed at influencing learning outcomes as well as environmental influences predictive of elevated risk of drug use such as a sense of purpose and belonging, and student, parent and community engagement.

PRINCIPLE NINE

evaluation

Schools will be more effective when drug education processes and outcomes are evaluated regularly to provide evidence of their worth and to improve the design of future programmes.

Some drug education programs are unable to demonstrate effectiveness in educational terms and some are counterproductive. Schools can avoid poor practices if they refer to principles, guidelines and models of good practice as standards to inform and guide both process and outcome evaluation.

PRINCIPLE TEN

managing drug related incidents

Schools will be more effective when collaboratively developed and widely publicized policies and procedures for managing drug related incidents at school result in productive responses rather than inappropriate, punitive, ineffective, exclusive or unjust actions.

Some responses to drug use may marginalize and stigmatize students. Detection of drug use with a solely punitive outcome is not a productive strategy unless the health and safety of the school community is compromised, and may isolate at risk students from the only place where individuals and activities can support their efforts to change.

Teacher disclosure and about personal drug use

Teachers of drug education are likely, at some time when teaching about drug, to be asked questions about personal drug use, including alcohol or tobacco, or attitudes to, and beliefs about drug use. As a teacher who may be in this situation, it is useful to have thought in advance about what your response would be and how much you would be willing to share with students.

One way to avoid personal issues being discussed in class is to ensure that a group rule about disclosure is incorporated into the general group rules established in the group facilitation session at the commencement of the program, or the year.

Disclosure rule

A good rule is for **no disclosure** of personal drug use or drug use of friends and family in the classroom.

It should also be made clear that if drug use is disclosed, it may be necessary to report it to the school administration. Students who wish to genuinely explore aspects of a drug use situation that they know of or are concerned about should use a fictitious character and a make-believe scenario to initiate discussion.

The teacher should provide opportunities for students to develop well thought out responses to personal questions and challenges.

Student drug use disclosure issues

In any discussion about drug related issues, it is important that students are able to discuss their feelings and opinions openly in an atmosphere of trust and support. Students should know that conversations that occur inside the classroom, or privately with trusted staff members, student welfare officers or counselors will remain confidential, and that each person's opinion will be respected.

Disclosure by a student of their personal drug using behavior or that of their friends or parents/caregivers could lead to unfortunate and harmful consequences if repeated outside the classroom. With this in mind it is recommended that students be encouraged not to disclose potentially incriminatory information in groups based in the school.

Students with a real need for counseling and referral will not feel able to come forward and seek help if they cannot trust the school, the teacher concerned or the principal to keep their information confidential and be treated in a calm and dignified manner. Clear rules about confidentiality and disclosure that take account of school policy need to be incorporated into the development of a school based drug program.

It may be necessary for teachers and school counselors to make it clear to students that any information that is disclosed that may put others life or health in danger, or is about illegal activities, cannot be kept confidential.

SECTION THREE

PLANNING, CONTENT, RESOURCES & STRATEGIES

Planning learning activities

The teacher is in the best position to:

- assess needs and concerns of students;
- know social, emotional and intellectual development of students;
- plan programs that develop over the year and from year to year;
- relate drug education to the subject area in a meaningful way;
- teach the skills needed to resist influences to use drugs;
- cover social, cultural, health, and safety aspects of drug use;
- deal with issues raised in a sensitive and non-judgmental way;
- build trust and confidence needed to promote shared feelings and values; and
- involve students in the development of programs to foster a feeling of ownership.

The key areas for planning

1. Situation analysis
2. Needs assessment
3. Setting goals and objectives
4. Selecting programme components
5. Implementing the programme
6. Evaluating the programme

1. Situation analysis

Teachers need to conduct a simple situation analysis asking:

- What is the prevalence of drugs?
- What drugs are used, and in what context?
- What ages are children using, and which substances?
- What is the depth of use in particular age groups?
- What are the country laws and policies pertaining to drugs?

2. Needs assessment

Teachers need to consider what:

- students already know and want to know about drugs;
- values/attitudes, beliefs and perceptions students hold now on drugs; and
- skills students already have mastered and what skills still need developing.

3. Setting goals and objectives

Teachers need to consider how to:

- challenge students to defend their values, increase their knowledge, explore their attitudes and the attitudes of others, and refine their skills; and
- encourage students to reflect on what they have learned and how it can be applied to situations in school, in the community and their every day lives.

4. Selecting program components

Planning a learning sequence can be guided by answering these questions.

- What are the key concepts in drug education prevention?
- What are the skills the students will need to develop?
- What values, attitudes and beliefs should students explore?
- What opportunities will there be for students to demonstrate their knowledge, values/attitudes and skills in relation to drug education?

5. Implementing the program

Teachers should ask these questions in reflecting on the learning sequences developed.

- Is there a balance of knowledge, values/attitudes and skill development?
- Do the activities provide practice and can students demonstrate what they have learned?
- Will the activity contribute to the development of an environment that is non-threatening and non-judgmental of students' ideas, opinions and discussions?
- Is there a range of activities for the different learning styles of individuals?
- Are programmes responsive, in educational terms, to levels of drug use in individuals and society and risk and protective factors, as well as gender, ethnicity, culture, language, developmental level, ability level, religion and sexual orientation.
- Are there opportunities to draw links between knowledge, attitudes and skills?

Programme content

Knowledge about drugs and drug use is important for informing decisions and shaping or reinforcing values and attitudes about both personal and societal drug use. The nature of the information, how it is presented, and when, can have a significant influence on its impact.

Information introduced in the context of learning experiences, which are based on two-way communication that respects the feelings and attitudes of students, will influence the success of the program more than information presented in isolation and out of context.

The guidelines below will help in determining content that is most appropriate to support and enhance the drug education program and, more importantly, will help in recognizing that some information may be useless, and some counterproductive. Appropriateness of content should be decided by the teacher with due consideration of the needs of the students, the drug related learning outcomes and the *Guiding Principles for School-based Drug Education*.

Guidelines for selecting content

1. Information about drugs and drug use should be selected for and evaluated on its capacity to contribute to drug related learning outcomes that lead to reducing drug use and adverse individual and social consequences of drug use.

In relation to achieving learning outcomes, selection and presentation of information should be considered in terms of:

- *what students already know and need to know about drugs;*
 - *the values, attitudes and perceptions held by students;*
 - *skills students already have mastered and skills that need developing;*
 - *ensuring a balance of knowledge, values/attitudes and skill development; and*
 - *links being drawn between knowledge, attitudes/values and skills.*
2. Decisions about what drugs and drug use information to include in a program should be based on knowledge of the drugs that cause most harm to individuals and/or society, and the drugs that students are likely to encounter at some time in their lives.

In relation to drugs used, selection of information should be considered in terms of:

- *the prevalence of drugs in the community indicated by:*
 - *surveys at local and broader levels*
 - *police, drug counselor and/or health workers information*
 - *community consultation*
 - *student input;*
- *the personal and social context of the use of particular drugs;*
- *the age when are students start using particular substances;*
- *the level of use and level of harm in particular age groups and of particular drugs; and*
- *laws, policies and school rules pertaining to different drugs.*

3. Information about selected drugs should be presented only after consideration of both the learning context (way it is presented) and the social context (the way the drug is used) of the student.

In relation to the context of drug use, information should be presented in a way that:

- *encourages students to reflect on what they have learned and how it can be applied to their social situations and their lives generally;*
- *does not increase either use of or harm caused by the drugs being addressed;*
- *contributes to the development of an environment that is non-threatening and non-judgmental of student ideas, opinions and discussions; and*
- *is respectful of student's gender, ethnicity/culture, language, developmental level, ability level, religion and sexual orientation/lifestyle*

CONTENT FOR THE LOWER SCHOOL

Students will know

KNOWLEDGE

- ways of enhancing their and others' confidence and self esteem
- how to share with, and care for, family and friends
- people who can help them when they have questions or concerns
- physical and emotional differences and be accepting of them
- what medicines are for, their safety rules and the danger of incorrect use
- ways that substances can get into the body
- alternatives to medicines
- possible effects of others' smoking on their health

Students will articulate

ATTITUDES AND VALUES

- valuing one's body and recognizing their individuality
- responsible attitudes towards medicines and health professionals
- positive attitudes towards the non-use of tobacco
- a responsible attitude towards the social use of alcohol (where laws allow it)
- critical responses to advertising presentations of medicines
- their feelings with confidence

Students will be able to

SKILLS

- demonstrate basic listening and communication skills when interacting with others
- express feelings constructively and show respect for the feelings of others
- work effectively in small groups
- recognize situations where choices can be made and identify the consequences of their choices
- set simple goals to keep themselves safe and healthy
- follow simple safety instructions and know when and how to get help from adults and others such as police or ambulance

CONTENT FOR THE MIDDLE SCHOOL

Students will know	KNOWLEDGE
<ul style="list-style-type: none">• school and society rules and laws relating to legal and illegal drugs• safe use of products used to maintain health• appropriate health services and how to access them• how manufacturers, media and advertisers try to influence decisions about drugs• consequences of smoking and of misuse of alcohol• that drugs can alter the way a person behaves and feels• the contribution of drug use to lifestyle diseases and associated social, emotional, legal and economic costs• that changing the type of drug, the person(s) involved, or the context and situation can vary the risk to individuals and groups	
Students will articulate	ATTITUDES AND VALUES
<ul style="list-style-type: none">• how values about drugs are shaped by teachers, family, friends, media and church• an acceptance of responsibility for their actions and safety• a positive self image• respect for the right of others to have different attitudes and values• realistic attitudes and accurate beliefs about drugs and people who use them	
Students will be able to	SKILLS
<ul style="list-style-type: none">• communicate effectively with a wide range of people• identify problem or risk situations and make decisions based on firmly held values• cope with peer influences, assert their ideas their decisions• use decision-making and assertiveness in drug use situations• maintain friendships/give care and get help• recognize and deal with a range of feelings and changes in relationships over time	

CONTENT FOR THE UPPER SCHOOL

Students will know	KNOWLEDGE
<ul style="list-style-type: none">• the importance of self-esteem, positive self-concept and identity• rights and responsibilities in relationships• the concepts of abstinence and alternatives to drug use• the definitions of drugs, drug misuse and abuse, drug dependence• how different contexts and situations influence personal values, attitudes, beliefs and behavior in relation to drug use• consequences of unlawful and unsanctioned drug use• drugs can affect a person's ability to perform tasks• the impact of media messages on the health behavior of individuals and society	
Students will articulate	ATTITUDES AND VALUES
<ul style="list-style-type: none">• a values stance on drugs and confidence to act on those values• the significance of the social and cultural influences on beliefs about drugs• empathy and acceptance of a diverse range of people• individual responsibility for health and universal health protection• personal beliefs about drugs and their effects on decisions to use	
Students will be able to	SKILLS
<ul style="list-style-type: none">• communicate constructively with parents, teachers and peers• give and get care in a variety of health related situations• set short and long term health goals• demonstrate conflict, aggression, stress and time management skills• identify and assess personal risk and practise universal protection• assert themselves and deal with influences from others• work effectively with others and cope with change, loss and grief	

Teaching resources

Resources, like charts, videos or stories, can contribute to learning experiences by stimulating interest and enjoyment, but it is more significant to consider **how** a resource is used than **whether** a resource is used. Student needs, interactive strategies and the role of the teacher are critical factors to consider when selecting or designing drug education resources.

These guidelines will assist classroom teachers to select resource materials that can be used efficiently and in innovative ways to support student demonstration of drug related learning outcomes.

The appropriateness of a resource should be decided by the teacher with consideration of how to engage students in interactive processes; the drug related learning outcomes being addressed and the *Guiding Principles for School-based Drug Education*

Guidelines for selecting teaching and support resources

2. Resources should be selected and evaluated on their capacity to achieve drug related learning outcomes that contribute to the health outcomes of reducing drug use and the adverse individual and social consequences of drug use.

Resources should be considered in terms of their ability to address students:

- *who choose to abstain from drug use;*
- *who choose to postpone or delay their drug use;*
- *who already use drugs; and*
- *who are experiencing difficulties with their own use or that of relatives and/or friends.*

Resources should also:

- *complement the central role of the classroom teacher in the delivery of the drug education program;*
- *present a balance of drug use information based on possible effects, risks and consequences of drug use; and*
- *differentiate between problematic and experimental use.*

3. Selected resources should provide information about drugs and drug use that students are likely to encounter, and which cause the most harm to individuals and/or society.

Such a resource will be considered in terms of how it:

- *contributes to the achievement of the public health goals of preventing and reducing drug use and the negative consequences of drug use to individuals and society through integrating approaches that:*
 - *reduce the number of students using drugs;*
 - *reduce the level of use of drugs;*
 - *delay the uptake of particular drugs;*
 - *reduce the harmful use of drugs; and*
 - *minimize the danger associated with the use of drugs.*
- *aims to equip drug users and potential users with the knowledge and skills to minimize harmful consequences to themselves and others, accepting that, despite our best efforts, some young people will choose to use drugs, even some illicit drugs.*
- *portrays realistic representations of physical, emotional, social and financial consequences relevant to young people.*

- *acknowledges that effects of drug use are the result of an interaction of the characteristics of the drug, the person involved and the environment in which it is consumed.*
- *includes normative education, which teaches adolescents that most people do not use drugs.*

4. Information about drugs should be presented only after consideration of the learning context (the way it is presented) and the social context (the way the drug is used) of the student.

*A good resource will **not** present information about drugs and drug use in a way that would support, encourage or normalize drug use or experimentation with dangerous substances.*

Examples of approaches that may be counterproductive include:

- *glamorizing - presenting drug use/users as sophisticated (cool);*
- *strategies that exaggerate and misrepresent the dangers of drug use reduce the achievement of drug related learning outcomes – especially for students who know, or believe, the message may not, in their experience, reflect the whole truth;*
- *sensationalising - using graphic images can portray drug use as dangerous and exciting ;*
- *frightening case studies that are too far removed from the reality of young people;*
- *emotionally loaded videos and personal anecdotes;*
- *romanticizing - using slang or 'street' names without using the pharmacological name which highlight a drug's supposed positive effects, while concealing the potential harms associated with its use;*
- *informing students how to obtain, make or use potentially harmful substances, including detailing the chemical composition of substances; and*
- *using pictures and images of drug use or the drug user that are appealing or attractive.*
- *using 'one-off' or 'stand-alone' activity rather than those that contribute to an ongoing, comprehensive, developmentally appropriate program.*

Teaching strategies

Interactive teaching and life skills

A life skills approach is a way of teaching and interacting with young people that has the potential to lead to better health and drug education learning outcomes, and may ultimately influence student drug use. Life skills are best taught through interactive methods and are most effective when applied and practiced in potential drug use situations that are relevant and meaningful to the social situations of students.

It is more effective if delivered:

- by teachers or facilitators who help students view themselves as worthwhile;
- in classrooms that have a non-threatening and non-judgmental atmosphere; and
- within a learning environment that reflects care, understanding and involvement.

Drug education is more successful when it is student focused, using interactive methods, with experiential learning and small group work as its basis.

A life skills approach to drug education will provide drug information in the context of developing attitudes, values and skills in students. These include skills for increasing self-esteem, setting realistic goals, coping with anxiety, resisting pressures, communicating effectively, making decisions, managing conflict and dealing assertively with social situations in which drugs are offered.

Small group work

Life skills are best taught in small groups, which provide the opportunity for a free and thorough exchange of ideas and increased individual participation. Small group processes, being interactive, are more appropriate to facilitating the examination of attitudes to drugs and drug use and they provide an environment conducive to attitude change by encouraging trust and reducing personal obstacles to change such as egocentrism (looking at things from your own point of view only) and defensiveness.

Teachers who model good personal and interpersonal skills in their classroom, and in the course of the school day, provide opportunities for students to observe effective skills in people who are significant to them.

Good practice suggests that programs that are teacher facilitated and student oriented, rather than those that are drug oriented, one-off, or information based, are more likely to achieve drug and health related learning outcomes.

Effective group work does not happen as a matter of chance, but is a well-orchestrated organizational strategy that requires planning in advance. The facilitator needs to carefully confirm the group goals, organize how the small groups are formed, establish group member roles and select the process that the small groups will follow to achieve their goals.

The goals and objectives of group work must be clearly defined before selecting and facilitating a learning activity. The environment in which group work is facilitated is critical to the effectiveness of the process.

Facilitation of learning

Facilitation is a process in which participants are guided by a facilitator through a sequence of learning experiences, encouraged to reflect on the experiences and provided with opportunities to lead and be led by their peers through the learning process. This is appropriate to school drug education where student drug use choices are often made within a social group context.

In this process, the facilitator is not the primary source of knowledge and does not predetermine the outcome of the learning experience.

To be most effective, facilitation of learning activities is conducted best in small groups when group members are provided with opportunities to assume different roles including observer, leader and participant.

Students who are actively engaged with group facilitation processes can enhance their access to information, be exposed to different views and perspectives and develop effective interpersonal skills.

These experiences and skills are essential elements of drug education where individuals can review and confirm their values and beliefs in relation to their own behavior and the behavior of others.

Well-facilitated group work creates a supportive learning environment whereby individual opinions are valued, personal differences are accepted and empathy is shared. This results in openness, trust, confidence and support between the students and teacher.

This process can create a sense of shared learning where the teacher assumes the role of **facilitator** within the group rather than the more traditional didactic role of instructor.

The facilitator

The role of the facilitator is different from that of instructor. The facilitator should promote an atmosphere of trust, support and encouragement for the group and intervene only when ineffective group behavior is impacting negatively on group outcomes.

An effective facilitator will:

- model the skills that are being taught;
- use active and interactive methods;
- follow the procedures for experiential learning;
- set a climate of openness, acceptance and support;
- be sensitive to the needs, styles and personal preferences of students;
- introduce, complete and link all learning experiences;
- organize material, procedures and facilities required;
- be task oriented and keep to time;
- know, understand and be enthusiastic about material being presented;
- show enjoyment of the experience and enthusiasm, ensuring that it is a worthwhile personal learning experience; and

- focus attention on the key learnings and understandings, and the underlying theory and application.

Experiential learning

Experiential learning involves active and interactive participation in structured learning experiences or activities employing a combination of learning styles including:

- **concrete experience** – doing things rather than learning from text;
- **observation and reflection** – watching the facilitator and other participants and thinking about what they have seen and experienced;
- **abstraction and generalization of concepts** – understand the theory and purpose behind the activities and link these to real life situations; and
- **testing new ideas and assessing implications** – using the safe learning environment to explore ideas and theories as well as hypothesize.

In experiential learning, it is important that the facilitator:

- is sensitive to the needs of the students and tries to create successful learning outcomes to develop their self-confidence and self-esteem;
- is responsible for the rate of presentation of material and subsequent processing, ensuring that it does not proceed too quickly; and
- acknowledges, and draws upon, the huge reservoir of learning resources available from within the students as a result of their personal experiences.

The four components of experiential learning

Experiential methods provide students with a balance between didactic and inquiry teaching methods, and the opportunity for everyone to contribute, to share feelings about an activity and its application to interpersonal relationships, and to acquire the necessary theory.

1. Warm-up

Short activities will warm-up the group for the lesson and give members time to focus on group tasks. Activities can be physical or passive, written or oral. A secondary aim of the warm-up is to enhance group empathy so activities need to be selected according to the level of group development.

2. Leading the activity

This involves setting the stage for learning and stating the purpose of the activity. An activity or statement can act as a way of connecting the previous session or activity to the present session. The objective of an activity should be stated from the outset. Group members are more likely to understand the purpose and relevance of the activity and are less inclined to resist it. Once a group is working well, the objectives of an activity need not be stated prior to the activity, but can be drawn out in the processing.

3. Conducting the activity

This provides the experience from which learning and application to real life can be drawn. Facilitators should use their knowledge of the group when selecting activities. The activity should provide for maximum participation, relevance to objectives with a balance between theory and practice.

4. Reflection

Students should be actively involved in the learning process and encouraged to reflect on the learning experiences in terms of how and why activities contributed to the objectives and how activities may be applied to their lives. Reflection is a vital component of the learning process.

Learning from an experiential activity occurs when students see how classroom skills and knowledge can be generalized and applied to real life situations. Making these connections and stating them provides significantly better application of the learnings.

Reflecting on an activity

- questioning – use feedback questions, or structured questionnaires
- unfinished sentences – sentence starters to elicit responses
- brainstorming – see additional information within this resource
- fishbowl – some observe the group during an activity and provide feedback
- recording – record the activity and then analyze it

Reflection questions

These questions, or at least the first three, framed to reflect the learning experience, should be asked after every activity, or at the end of a session or lesson.

- Description: *What did we do?*
Objective: *What did we learn?*
Feelings: *How did you feel?*
Values: *Why did we do this activity?*
Application: *How would you use this?*

These questions, in the form of unfinished questions, enrich the learning experience.

1. *I learned that.....*
2. *I was surprised that.....*
3. *I was happy that.....*
4. *I was frustrated that.....*
5. *Something I felt today was.....because.....*

Interactive learning experiences

Interactive teaching involves learning techniques that complement or are part of the experiential learning approach.

Learner-centered teaching

This method focuses on the needs of the learner and encourages students to actively participate through questioning, challenging and exploring issues instead of being passive recipients of information. Learning is more effective when there is a high level of participation.

Co-operative learning

Students are encouraged to work towards the achievement of education outcomes collaboratively and to use social co-operation in developing other skills. Students interact with each other, and sometimes with other resource people, including the teacher, to:

- debate;
- question;
- explore issues;
- share experiences;
- reach consensus;
- solve problems;
- consider different points of view;
- discuss;
- clarify; and
- build skills and knowledge.

Co-operative groups develop the social skills of sharing, leadership, communication, building trust and managing conflict, which are important skills in life, at work, within families and for other personal relationships.

Inquiry method

This method is incorporated into experiential learning to draw issues and lessons from activities. Using this method, teachers would:

- use a questioning mode that enables students to take responsibility for their learning, in terms of content and style, rather than being provided with information by the teacher;
- encourage student/student interaction as well as student/teacher interaction in a way that respects the ideas and opinions of everyone;
- develop lessons that respond to the needs, interests and concerns of students and not limited by a set curriculum; and
- engage students in exploring how and why they think in a particular way rather than advising them what they should think.

Questioning techniques

Experiential learning incorporates a variety of questioning techniques including:

- **Closed questions** are simple and require only a *yes* or *no* answer.
- **Defined questions** are simple questions of definition and recall and establish a knowledge base on which to build.
- Question beginnings could be: *What? When? Who? Which?*
- **Personalized questions** build on the knowledge base so students can be involved and achieve learning outcomes. They yield more information and aid application. Question beginnings could be: *Why do you? When do you? What is your experience?*
- **Challenge questions** require clear, logical, creative thinking, analysis, synthesis and evaluation. Utilizing *defined* and *personalized* questions encourages students and enhances learning. Question beginnings could be: *How could we? Think of a way? Compare and contrast.*

These questioning techniques are highly significant in drug education as they provide an opportunity for all aspects of an issue to be raised and considered before a decision is made or an attitude formed. For example, instead of asking - *Are drugs bad for you?* and expecting a 'yes' answer, ask - *What good and bad aspects of this drug would we have to consider before making a decision to use it?* This allows a full and open discussion about the drug with due consideration of perceived good points as well as bad points.

Responding to questions

When preparing to answer a question the facilitator or teacher should:

- acknowledge the significance of the question and inform the group if it is relevant for all to hear;
- admit if you do not know; ask how the information may be obtained; and
- decide whether it is necessary to give an answer. Some options are to:
 - a. explore the nature of the question with the student or the group. For example, *That's a good question, I'd like to hear what you or what everyone thinks might be the answer;*
 - b. find out why the question has been asked if it is not clear; and
 - c. encourage students to assist in the development of a response.
- give positive encouragement by asking questions such as:
 - a. *Thanks for asking that question.*
 - b. *Good question!*
 - c. *That raises an interesting issue.*
 - d. *I'm glad you asked that question.*

Role-play

Role-play is one of the most useful experiential learning techniques and is ideally suited to group work. Through role-play students can experience and explore the feelings and potential outcomes of a social situation without suffering actual consequences of decisions.

Role-play can provide an opportunity to:

- broaden a person's skills;
- practise and reinforce new skills without fear of failure or criticism;
- generate solutions to conflict situations in a safe environment;
- reflect a range of responses to particular situations;
- experiment with roles and personalities in a non-threatening environment; and
- experience the feelings that may accompany decisions.

For a facilitator, teacher or health educator, role-play may be used to explore attitudes, values and skill levels of students and as an evaluation tool to assess changes in each of these over time.

Decision-making

Decision-making is a skill, able to be learned and practiced. It helps students to look after themselves, their peers, others in the community and their environment. Teachers do not need to be experts to facilitate the learning of decision-making. Decision-making is relevant to drug education as it promotes and supports student decisions in relation to positive healthy behavior and acceptable social activity.

Role of the facilitator in decision-making

- Provide a decision-making process that can be used in a variety of situations.
- Assist students to realize they have control over decisions they make.
- Encourage students to gather accurate information from many sources to inform their decisions.
- Assist students to assess the positives and negatives of their decisions, including possible consequences for themselves and for others.
- Support students to identify factors that influence options and choices before an accurate assessment of a situation can be made.
- Allow a number of decision-making options to be considered.
- Explore feelings and values associated with the various options.
- Encourage students to take responsibility for their actions before a choice is made.
- Reinforce to students the need to re-evaluate the decisions they make and adapt them to new situations.
- Remind students to confirm the decision prior to assertion, as it is critical for students to be committed to the decision before asserting the choice.

Components of decision-making

- An issue, situation or problem
- Alternative actions, options or possible decisions
- Consequences of each alternative
- Feelings associated with the consequences
- Values underlying each potential decision, and possible conflict

Assertion

Assertion is a specific way of communicating that enables people to express their thoughts, feelings and values about a situation openly and directly with due regard for the other person's feelings and values. It focuses on the rights of the individual with consideration of the rights of others. As such, it is an important skill in social situations that involve pressure to use drugs, as well as dealing with many other real life situations.

Assertion, aggression or submission

Assertion is one of three types of behaviors a person may choose to adopt in a conflict situation. The three types of behaviors may be described as *assertive*, *aggressive* or *submissive*. Below is a table outlining why people choose a type of behavior, and what the result of the choice may mean. It is the behavior, not the person, which is called *aggressive*, *submissive*, or *assertive*.

Basic assertive rights

The concept of assertion is based on the assumption that people have rights in their interaction with others and that they must assume a level of responsibility for asserting those rights.

As a person, you have the:

assertable right to:	associated responsibility to:
1. make your own decisions	1. allow others to make their decisions
2. be treated with respect	2. treat others with respect
3. refuse others' requests	3. refuse courteously and assertively
4. make mistakes	4. ensure mistakes don't harm others
5. change your mind	5. act reasonably
6. take time to consider requests	6. allow others this courtesy
7. make reasonable requests	7. do not impose upon others
8. hold personal opinions	8. respect the opinions of others
9. control your own destiny	9. allow others to control theirs
10. express your feelings	10. consider the feelings of others

Reference: *Skills for Drug Education in Schools – A Manual for Teachers and Trainers*, available free from Mr Tay Bian How, Director, Drug Advisory Programme, Colombo Plan Secretariat, email: cplan@slt.lk

This publication is a comprehensive training manual on skills for drug education in schools including group facilitation, communication, decision-making, self-esteem building, assertion and other personal skills.

SECTION FOUR SCHOOL, CLASSROOM, COMMUNITY/HOME INFLUENCES

School environment and classroom climate

School environment and classroom climate are major variables influencing the effectiveness of drug education programs. Students interact in the context of classrooms, each of which has its own normative climate, encouraging or discouraging certain behaviors. Classrooms exist within and form part of the school environment that provides the larger context for all activities in a school.

Schools, as institutions engaging people in their formative years, are ideal strategic settings for advancing health enhancing skills, policies, practices and community links. Some of the characteristics of schools that relate to successful change include quality leadership, teacher morale, teacher mastery, school climate and resources.

School climate can directly influence emotional well-being and health, as well as academic outcomes. A sense of belonging to both family and school are major *protective factors* against health-risk behaviors in young people. The features of a school environment or culture that enhance a sense of belonging include:

- caring and supportive teachers;
- opportunities and skills for meaningful and valued contribution to school life;
- a sense of security; and
- the availability of close and positive relationships.

Students benefit when their schools are purposeful places that clearly define what they want all students to know and do, and describe how they are going to bring about these desired results, and how they know if they are succeeding.

Characteristics of a purposeful school environment

1. Strong administrative leadership and an orderly school climate
2. High expectations of student success
3. An organizational culture that channels teachers and students toward achieving high teaching and learning standards
4. A clear school mission statement

Physical and structural aspects must be a consideration in building a positive environment, including the following four overlapping spheres of influence.

1. physical ecology, or the school buildings and material aspects;
2. culture or ethos, or that set of beliefs, values and sense of meaning embodied within the school;
3. social climate, as manifested by the dynamic relationships among school community members; and
4. milieu, or the particular characteristics and mix of groups within the school.

Schools in which students notice clear school rules, reward structures and unambiguous sanctions, experience less disorder, as do schools in which students feel as though they belong and that people in the school care about them.

The influence of the school mission statement and policy on the environment

The school environment, its culture, milieu, sense of community, the presence of order and discipline, and the establishment of clear goals, provides the setting for successful education outcomes. The challenge for schools is to convey this to the school community.

One way to do this is for schools to outline their values, beliefs and educational goals in a **mission statement** that provides the big picture of school organizational goals and priorities, which motivates all members of a school community to work together.

The mission statement should be communicated to all stakeholders early and repeatedly, and focus on student learning and achievement as the major responsibilities of the school. Suggested themes, or goals, for a mission statement are provided below. It is not intended that they be adopted as such, but used in a consultation process for a school to arrive at a mission statement that reflects its values and priorities.

Themes, or goals, for a mission statement

The *Global Earth School* will:

- encourage academic learning through mention of curriculum, student learning, thinking, and analytical skills;
- foster robust self-esteem among students;
- develop student social skills through mention of the ability to work together, resolve conflict, and behave responsibly;
- ensure a caring environment in which all students feel valued;
- provide a safe environment with an emphasis on balancing emotional, mental, physical and spiritual safety;
- encourage community involvement through mention of parent participation or communication with groups in the community served by the school;
- prepare students for future work outcomes through mention of preparation for the world of work, vocational skills, or employment;
- prepare students for future life other than work by mention of citizenship and the ability to contribute to community or family life as adults;
- ensure equal opportunity to all students; and
- provide a positive, professional environment for all staff.

Sample departmental/system level drug policy

School drug policy is part of a school mission statement. A policy statement concerning drug education that addresses the education component, parental concerns, school and

classroom values, and protocols for dealing with drug incidents in schools, adds to the perception of a supportive school environment.

The Global Department of Education Drug Policy

AIMS and OBJECTIVES

The *Global Department of Education Drug Policy* aims to ensure that all students have access to drug education programs and provisions for intervention, including counseling and referral to professional help, throughout their time at school.

Global Department of Education schools will:

- implement drug education programs within appropriate curriculum areas, which align with the *Guiding Principles for School-based Drug Education*;
- incorporate statements in school plans about drug education and intervention that include referral, counseling and procedures for managing drug incidents at school;
- inform the school community of drug education programs and procedures developed under the *Global Department of Education Drug Policy*;
- report on policy implementation and the achievement of learning outcomes related minimizing drug related harm; and
- provide professional development opportunities that assist teachers to achieve drug-related educational outcomes.

The Global Department of Education Central Office will:

- develop policy for drug education and intervention in schools; and
- provide information and guidelines to assist schools in implementing the policy.

GUIDELINES

Department of Global Education schools can implement the policy by:

<p>1. implementing drug education programs:</p>	<ul style="list-style-type: none"> • shaped by learning outcomes from the school health education or other relevant syllabus • consistent with <i>Guiding Principles for School-based Drug Education in Schools</i> • guided by a situational analysis of school community needs and review of resources • on drugs young people may encounter now <u>and</u> in the future
<p>2. incorporating statements on education and intervention in school plans:</p>	<ul style="list-style-type: none"> • in the context of the health (or appropriate) curriculum • including processes to identify and assist students with drug-related problems • outlining intervention procedures for staff and students, including consequences for drug related actions • requirements for disclosure of information
<p>3. informing/engaging the school community:</p>	<ul style="list-style-type: none"> • by disseminating information about drug use • of school programs and procedures for managing drug-related incidents at school • in planning and delivery of programs
<p>4. reporting on policy implementation:</p>	<ul style="list-style-type: none"> • using learning outcomes from the health syllabus or other related curriculum areas • by providing a framework for planning & student assessment • including the achievement of long and short-term goals • and the achievement of learning outcomes
<p>5. providing access to professional development:</p>	<ul style="list-style-type: none"> • through workshops, seminars, conferences, and networking • including web site access • to reassure teachers of their central role in drug education • on basic counseling skills for teachers

Two checklists on creating a positive environment

School factors

Does your school:

- engage school stakeholders, teachers, administrators, students, parents and community members, to engage in collaborative planning and collegial relationships?
- develop a sense of community among stakeholders?
- establish clear goals and high expectations of student performance?
- create a presence of order and discipline within the school?
- build the school capacity to be self-managing?
- Set norms (values) and expectations for behavior and establish and enforce school rules, policies or regulations?
- change classroom instructional and management practices to enhance classroom climate and improve educational processes?
- group students in different ways to achieve smaller, less alienating, or otherwise more suitable microclimates within the school?

Leadership factors

As a school leader do you:

- utilize consultative, collaborative processes to develop drug education programs and procedures for managing drug related incidents?
- identify roles and responsibilities of personnel in implementing and evaluating drug education programs and procedures for managing drug related incidents?
- inform the school community of the aims of drug education programs and the procedures for managing drug related incidents?
- relate intervention procedures to principles, policies and practices identified in relevant system policy statements?
- provide opportunities for school personnel to attend drug education and intervention professional development programs?
- ensure adequate resources are available to school personnel responsible for implementation of drug education programs and intervention procedures?
- access appropriate resources and services to meet identified drug related problems of students or their families?
- ensure that school drug education programs are consistent with the *Guiding Principles for School Drug Education*?

Engaging parents

The role of parents as primary educators can be recognized and supported by schools by working in partnership with parents. Partnerships with parents and community help to integrate consistent and relevant health messages into the home and the community improve student health and enable a greater awareness of health issues by students and their families

Programs that are implemented and initiated in consultation with parents are not only more successful but also empower parents. Parents often have difficulty discussing drug issues with their children, yet parents can be the most trusted and preferred source of information around health issues for young people.

Schools can assist parents by providing information around health and drug issues to them as a group as part of their whole school approach. Schools working in partnerships with parents remove some of the anxiety parents experience from the expectation that drug education is their sole responsibility. Further, such programs have the potential to provide parents with skills and knowledge to initiate and carry out informed discussion with their children

Parents are also important because families are a primary socialization source, and because parental opinion can either reinforce or countermand the messages of drug education programs. Parents are important also as their opinions contribute to community norms about substance use and community support for drug education.

Family protective factors

The family can play a role in preventing drug use among its members by addressing *family related protective factors*, such as:

- adequate parent/child communication;
- solid affectionate relations;
- a fair distribution of responsibility among family members;
- good relationships between siblings; and
- non-use of social or illegal drugs.

The role of parents in drug prevention

Parents can have a significant influence through modeling responsible behaviors concerning drug use, the institution of family rules, by becoming more aware of youth culture, recognizing early signs of drug use, and in maintaining communication within the family and with other parents and the school.

Parents can be influential in promoting drug policies at the school and community level and through advocating for changes to laws, and parents have a role in managing drug incidents in schools.

Schools, together with families and the wider community share responsibility for the education and welfare of students, and parents and guardians have a right to know when their children are misusing substances. The importance of mutual support between school and home is emphasized, and parental support is seen as fundamental to dealing with drug-related issues.

Aims of parent programs

Parent programs could try to:

- give parents a clear understanding of drug usage patterns among school age persons;
- give parents an understanding of reasons underlying drug use;
- assist parents in forming a personal perspective on alcohol and drugs based on facts and to assist them in clarifying their attitudes and beliefs towards alcohol and drugs; and
- outline effective parent strategies for preventing and coping with drug use by their children.

Informing parents

Parents and community members need to know that the school:

- is a completely smoke free environment,
- teachers, students and staff how to dispose of needles, syringes and sharps bins, safely;
- advocates the safe and responsible use of medicines;
- prohibits the use or possession of alcohol, tobacco or illicit drugs at school;
- will take action when information about drug use or possession at school is disclosed;
- has procedures for managing drug-related incidents; and
- provides referral and/or counseling for students with drug problems.

Involving parents

To involve parents, and the community, schools can:

- design pamphlets that answers the most commonly asked questions;
- provide families with access to advice and recommend support agencies for assistance with drug-related issues;
- publicize the school support system and its availability for members of the school community who may be experiencing drug problems;
- ensure a school environment that encourages any student experiencing drug-related problems to seek help;
- offer parents drug information sessions that are accessible to a range of cultural backgrounds and sensitive to differing ability levels;
- suggest strategies for parents to assist in the prevention of drug use problems, for example by:
 - modeling responsible use of drugs;
 - discussing the topic of drug use with children;
 - setting clear family rules about drug use;
 - teaching children first aid skills.
 - providing them with a summary of current research that indicates the importance of parental influence on young people and their drug use behavior; and
- encourage parents to develop an authoritative, warm and supportive style of parenting, to express negative attitudes about teenage drug use, to keep in touch with other parents to establish consistent expectations, and to keep up to date on drug relates issues.

Community engagement

- involving the school community in local and national health events, youth and community service activities and local action groups;
- involving them in the review of school policy statements and programs;
- working on newsletters, pamphlets, websites, committees, open days, student homework activities, forums, information evenings;
- conducting drug free activities for students;
- sponsoring drug education programs in schools;
- involvement in teacher training workshops; and
- working with youth groups in schools.

Religious and cultural diversity

The diverse views of religious and/or cultural groups need to be acknowledged and catered for when developing school-based policies, programs and practices. Often, religious and cultural values are ignored because of the perceived difficulty in talking about or acknowledging young people's behavior when it could be in conflict with religious or cultural teaching. This does not mean that young people with firm beliefs should not have relevant teaching about health and safety, especially in drug education.

Fostering the importance of the partnership of home and schools in developing approaches to drug education is likely to provide the soundest approach to catering for and acknowledging the range of religious beliefs within a school community. Partnerships with parents and community help to integrate consistent and relevant health messages into the home and the community, improve student health, and enable a greater awareness of health issues by students and their families.

Programs that are implemented and initiated in consultation with parents are not only more successful but also empower parents who may feel left out because of language difficulties or lack of confidence in a new environment.

Getting better results engaging parents – a case study

We had a major drug incident at school involving about a dozen students. The school called a parents meeting attended by about 60 parents. From that we established a support group supposedly aimed at helping parents to network and support each other. That quickly fell over as, there were parents whose kids 'weren't problems' who wanted to tell the others how to do it. I did identify two Maori parents though and started working with them.

One was a public health nurse, the other a tribal elder. They would bring parents along to school to meet with me and we'd discuss all sorts of problems, including drug use). My office was away from the main block and easily accessible to parents. This group grew and grew and in the end I was spending a whole morning with parents. The spin off was that they also started getting more involved with other school activities as they saw it a less threatening place.

In the long run, it improved the relationship between Maori parents and the school and I believe enabled a more positive environment to be established for our other programmes. (I also put on weight, as they'd bring food). So, the big meeting was a failure, but by identifying key community people and starting small, I got better results.

Thanks to Cliff Shepherd Vienna International School, previously New Zealand

SECTION FIVE

EVALUATION AND ASSESSMENT

Evaluation must relate directly to the stated learning outcomes or objectives of the program. To give young people a drug education program and then use their level of drug taking alone as a measure of success of the program is a common mistake.

The school can influence knowledge, values and attitudes, and skills that may in turn influence drug use. Evaluation of the program should focus on the classroom level of knowledge, attitudes, values and skills that reflect an immediate impact of the program.

Informal evaluation or professional judgment

Teachers and other qualified and trained professional program facilitators can and should evaluate the worth of lessons and programs by using their professional judgment, monitoring their own feelings and reactions as well as seeking feedback from students. This is useful when time and resources do not allow for a more formal evaluation to be undertaken.

Professional judgment may be applied by considering these questions.

- Was I comfortable with how the lesson proceeded?
- Were intended learning outcomes achieved?
- Were resources and activities adequate and engaging?
- Was my knowledge of the subject matter sufficient?
- Did students remain active, interested and motivated?
- Did students contribute with questions and opinions?
- Was discussion focused and structured enough?
- What would I change to make it better next time?

Indicators of a well-planned learning sequence are:

- enhanced teaching methodology;
- teacher confidence/satisfaction; and
- teacher effectiveness evidenced by student learning outcomes of knowledge, attitudes, skills and behaviors.

Guidelines for assessing knowledge skills and values/attitudes

Processes for assessing student learning should:

- be consistent with the program objectives and school goals;
- be based on student outcomes and reflect the program content;
- be gathered from the everyday learning activities of the student;
- make a positive contribution to student learning;
- build self-esteem of students and provide motivation to achieve;
- recognize and value the diversity of student background;
- acknowledge the personal experiences of the student;
- inform the teacher of the student's ability and assist in the further development of learning activities; and
- provide a basis on which to plan for further improvement.

General assessment tools

- written tests with questions on knowledge of drugs, as well as items on attitudes and intentions;
- student folders that show samples of their work reflecting their knowledge as well as their attitudes;
- observation of students preparing and participating in role-play;
- item assessment, when students create a pamphlet, poster, song, debate that reflects their learning in the area of drugs;
- self assessment, where students identify risk situations and possible risk factors for themselves in their lives;
- peer assessment, where students compose questions to assess each other's knowledge and attitudes and construction of situations where they can demonstrate their skills; and
- teacher interviews, where questions or discussions topics have been identified.

More advanced assessment strategies

1. Students identify dilemmas faced by characters in drug-related scenarios and the possible decisions these individuals could make.
2. Assuming they were the characters in the scenarios, students predict the likely consequences of each decision option for themselves and others, focusing on ways in which health may be harmed or put at risk.
3. They decide which decisions would most effectively promote health and communicate these appropriately.
4. Students propose actions they could take to support their decisions and to promote health, now and in the future.
5. Students predict how drug use might result in own and others' health being harmed or put at risk in the short and long term.
 - a. Can students identify the consequences of each decision?
 - b. Can students identify decisions most likely to promote their own and others' health?
 - c. Can students propose actions to promote health, now and in future?
6. Students participate in scenarios involving drug use situations and demonstrate recommended first-aid behaviors and actions to provide care and to manage risks in responding to those situations.
 - a. Does the student demonstrate appropriate care in response to situations involving drugs?
 - b. Does the student assess the situation to manage risks to health associated with drug use?
 - c. Students use role-play scenarios involving possible drug use to demonstrate decision-making, assertiveness and negotiation.
 - d. Does the student use a decision-making process to deal with challenges and conflicts that may arise from the situation?
 - e. Does the student choose an appropriate skill to suit the situation?
 - f. Does the student demonstrate effective use of assertiveness, decision-making and negotiation skills?

More formal types of evaluation – program level

Formative evaluation is the gathering of generally qualitative data to help design and modify a new program. It refers to the process of gathering information to advise the planning and design stages and decisions about implementation. This information can be gathered through observation and/or individual and group interviews to gather feedback from students, teachers and other interested personnel.

Process evaluation is the gathering of information about what has been done and with whom. There needs to be ongoing monitoring so that it will be obvious what services have been delivered, to whom and when. This will help assess progress towards agreed goals and objectives. Information can be gathered through written student diaries, school records and interviews with teachers, school administrators, parent and community leaders. Documentation of planning, development and implementation stages will assist others who want to replicate the success of the program.

Outcome evaluation is gathering information about what has been done and whether it has made a difference. It is to establish if any changes have occurred from before the intervention is implemented to after implementation and to demonstrate that the changes identified are the result of the intervention itself. It is important to measure outcomes that are directly tied to the objectives of the program.

Checklist for evaluating skills-based drug education programs

This checklist, based on the *Guiding Principles for School-based Drug Education*, provides a method for determining the quality of drug education programs.

- Are learning outcomes related to or likely to contribute in the long term to desired behavior change in the broad context of prevention?
- Do the teaching and learning strategies relate directly to the learning outcomes?
- Is the drug education program part of the formal school curriculum, or able to link to it?
- Does a qualified and trained teacher facilitate the program?
- Do programs have sequence and progression throughout the year and across year levels?
- Are the messages across the broader school environment consistent with the stated learning outcomes?
- Are programs and resources accurate and appropriate for the target group and the year level?
- Does the program address knowledge, attitudes and values of the community as well as the individual?
- Are interactive and participatory teaching and learning methods used in the program?
- Is the program based on sound principles, current research, effective teaching and learning practices, and student needs?
- Does the program address external factors, such as social and environmental, that can affect individual behavior?
- Does the program consider other complementary strategies that can reinforce drug education such as policy and services?
- Does the program respond to risk and protective factors as well as levels of drug use, gender, ethnicity/culture, language, developmental level, ability level, religion and sexual orientation/lifestyle?
- Are students, parents and the wider community involved in planning and implementing programs?
- Are objectives, processes and outcomes evaluated?
- Do the programs, activities and resources contribute to long term positive outcomes in the health curriculum and the health environment of the school?

Teacher training

Teacher training is as important as content, resources and teaching method, which are usually highlighted in components of successful programs.

Drug education is more effective when teachers receive formal training and ongoing consultation and support. Some common features of drug education programs have been described, which are a useful starting point for training teachers involved in school-based drug education.

Common features of drug education for the basis of teacher training programs

- **Understanding the theory underpinning drug education programs**

It is important that teachers understand the theoretical rationale underpinning the new programs and to learn the skills needed to implement it with fidelity in the school environment.

- **Understanding of the life skills needed by adolescents to deal with challenges of adolescent life**

Teachers need an understanding of the importance of including these skills in their drug education programs and also practice at providing real life situations and contexts for student to develop these skills.

- **Understanding adolescent developmental changes**

Teachers must be aware of the wide range of behaviors in adolescents that are part of the natural process of separating from parents, developing a sense of autonomy and independence, and acquiring some of the skills necessary for functioning effectively in the adult world. Profound cognitive changes occur during the beginning of adolescence that significantly alter the adolescent's thinking and view of the world.

- **Understanding of interactive classroom strategies**

Interactive teaching strategies such as role-play, discussions and small group activities that promote active participation of students, and programs using these techniques have been found to be more effective than didactic teaching strategies and that a major emphasis in teacher training and support should be on interactive teaching techniques.

(Botvin 1995)

Drug education training should not focus on training teachers in the use of a specific set of resource materials, but provide an orientation to drug education that enables participants to select content and use a wide range of strategies and resources appropriate to meeting student needs.

Training objectives

Some objectives of training programs are to:

- assist teachers in planning, developing and implementing a drug education program for their classroom;
- train teachers to identify students who may be at risk of alcohol and drug problems and the steps to assist them in getting help;
- increase teacher comfort level with the content and process of drug education;
- increase teacher level of knowledge of the facts of student drug use and related issues;
- expand the repertoire of methods for delivering drug education;
- increase the competence, confidence and commitment of teachers of drug education; and
- improve teacher confidence in using interactive teaching methods.

Students also reap the benefits of increased teacher competence, confidence and commitment.

Training elements

These elements contribute to the success of training for teachers.

1. Support from the principal and other administrators is apparent.
2. School personnel attend training over an extended period.
3. Training provides information related to the prevention of drug use and other negative student behaviors.
4. Time and technical assistance is given to develop a program.

The **commitment** of teachers and administrators is a vital element of success.

The training effect can be strengthened by: requiring a school administrator to be a member of the school team; regular technical assistance meetings to help facilitate project goals; and incentives, either psychological (public recognition, support) or of a more material nature (release time, monetary stipend).

Teachers may benefit from assignments that offer choices such as attending a treatment center or other community health related activity, developing a prevention plan or presenting a mini-session of the course to colleagues as an in-service opportunity.

The training can increase the confidence of participants in recognizing and intervening with student alcohol and drug problems, and in increasing the knowledge of participants regarding substance use prevention. The application of adult learning principles to the requirements of drug education provides the basis of sound teacher training in drug education.

Adult learning processes incorporate experiential and multi directional techniques, rather than one-way learning processes to enable use of skills and experiences of the participants. Multiple sessions, sequenced and involving active participation produce higher levels of skill acquisition.

Effective training requires teachers to identify information relevant to students of different age levels and social backgrounds and that drug education information be taught in small amounts in conjunction with the development of skills such as decision-making, assertiveness and coping.

The acquisition of social skills, such as assertiveness, should be taught in small groups, reflecting the approach recommended for school classes, as small group work provides opportunities for a free and thorough exchange of ideas and increases individual participation.

The processes that occur in small groups are more appropriate for facilitating the analyzing of attitudes to drugs and drug education. Small groups also provide an environment conducive to attitude change by encouraging trust and reducing obstacles to change such as ego centrism and defensiveness.

The major processes used in successful teacher training programs include:

- small group discussion
- independent study
- simulation and role-play
- practice in using the techniques
- curriculum development
- video and film presentation
- experiential learning
- structured learning experiences
- large group discussion and lecturing;

It is important to develop in teachers a sense of belonging or collegiality, and to ensure that teachers are working within their comfort zone. It is also critical to build in short term success through clear and achievable goals, and to have ongoing system support.

Using external agencies for training and technical support

Guidelines for engaging external agencies

1. Agencies engaged in drug education service or support roles in schools should be evaluated on their capacity to contribute to drug related learning outcomes, or their ability to provide services beyond the scope and expertise of the teacher.

Quality agencies are characterized by their knowledge of school policies and guidelines, and syllabus documents, and their capacity to work collaboratively with schools to achieve learning outcomes.

2. Decisions to use external agencies/individuals should be made on the basis of program or service compliance with the *Guiding Principles for School-based Drug Education*.

Using external agencies to conduct professional development and training, rather than providing sessions directly to students may serve the drug education program better in the longer term.

3. There should be understanding and agreement between the school and the provider regarding the content of the session and resources used, prior to the presentation.

The effectiveness of an external provider will be enhanced by the school providing the presenter with information about how their contribution will fit in the context of the school program, and the presenter demonstrating how the presentation will contribute to learning outcomes.

The school should provide the person or organization (external agency) with:

- the school policy and guidelines for engaging external agencies;
- an opportunity to discuss the proposed presentation with the appropriate staff member, including the context in which the presentation is placed;
- the learning outcomes and related content to be addressed in the presentation;
- information on: developmental level of students, socio-cultural, economic, gender and other issues that may be relevant; and
- a process for evaluating the session/presentation.

The person or organization should provide the school with:

- information about the agency and its position on drug education;
- how the presentation will address the learning outcomes;
- learning experiences (activities), resources and content;
- pre-session requirements and suggested follow up actions; and
- operational requirements for the proposed session, such as audio-visual equipment, whiteboard, handouts.

School checklist for the engagement of an external provider

- The decision to engage the agency has been informed by an analysis of school needs, current internal resources and how learning outcomes can be addressed adequately.
- The external agency will neither replace an existing school program nor impose on the role of the teacher as the person accountable for the learning outcomes.
- The school has approved the content, the learning experiences and the resources to be used with students.
- The session uses interactive activities rather than just passive information giving.
- Criteria have been developed by the school to evaluate the presentation.
- A teacher will be present during the program/presentation.
- Parents have been informed.

OR

- There is no need to inform parents in this instance.

Student action

Students can be powerful agents for change when they are encouraged to undertake anti-drug action. Outlined below are some suggested activities that students could undertake either in conjunction with the school or student groups and clubs, or individually.

Suggested student activities

1. write letters to favorite sporting teams and stars asking them neither to use drugs nor to endorse tobacco or alcohol products
2. write to film, television and magazine producers and editors protesting tobacco and alcohol advertising and promotion
3. promote non-smoking male and female role models and seek to establish non-smoking as the normative behavior for most people
4. survey local businesses that make inhalant products easily accessible to young people to buy and/or steal
5. create anti-drug art projects for display around the school
6. use the school newsletter/magazine to promote drug free messages
7. help to revise existing school drug policy or curriculum
8. participate in local community parades and festivals with drug free messages
9. plan a culturally appropriate *Youth Health Day*
10. design and painting an anti-tobacco/alcohol/drug mural in the school
11. support drug free celebrations, formals, social and cultural events, dances and festivities
12. provide active support for youth drug prevention campaigns and strategies

SECTION SEVEN

MANAGING DRUG RELATED INCIDENTS

In dealing with drug use or possession incidents at school, inappropriately punitive, ineffective or unlawful actions are less likely if procedures are clear and in place. A rational response, planned in advance, is more likely to have a good outcome than an action determined when actually confronted with a drug use or possession incident.

Guidelines for planning responses to drug incidents

1. Detection of drug use, with a solely punitive outcome is a limited strategy, and democratic discipline, as opposed to authoritarianism, is consistently found to have the most positive outcome.
2. Responses to illicit drug use should not marginalize users or exacerbate existing predispositions to alienation and emotional distress that is likely to encourage more drug use.
3. A common response across education systems is the recognition that schools can provide effective support for at-risk students by working in cooperation with family members and support agencies.
4. A particular behavior is likely to occur more frequently in an environment where the behavior is either explicitly or implicitly condoned. Similarly, deterrent effects are most potent when there is a perception of the likelihood of detection and punishment, or some undesirable consequence
5. Behaviors associated with illicit drug use, for example possession or dealing, are more likely to be curtailed when there is a perception among students of a high likelihood of detection, and the consequences of detection are serious enough to discourage it.
6. Education authorities have a responsibility to society to retain students at school rather than remove them when drug use occurs. Underpinning this ideal is a process that is democratic, and the belief that offenders and victims and their communities have a right to learn from the experience, and failing to confront them with the consequences of their actions does them a disservice.
7. The harmful behavior can be the basis, if used creatively, of an opportunity for positive change.
8. The task for schools is to identify the values that will guide school policy and procedures on managing drug related incidents in consultation with the students, teachers, parents and the wider community.
9. The messages that students receive in the classroom and from the school response to a drug incident are consistent with the values articulated in the policy by the school and the community.
10. Schools are required to act in the best interests of all students, and there is little evidence that a hard line disciplinary approach is helpful to the student, the family and the community in the longer term.

Strenuous efforts should be made to retain those with problematic drug related behavior within a treatment or educational setting. Drug use commonly occurs in association with other risk factors or behaviors. Detachment from school is an additional risk factor, and an attempt to build connectedness with school can be a key component in the welfare response.

Assumptions and values underlying intervention

Ten statements about values for adaptation, or adoption as part of a school drug policy

1. Illegal or unsanctioned drug use at school, including alcohol and tobacco use, can have significant social, legal, health, safety and educational implications for young people and cannot be ignored.
2. Responses to student drug use should recognize that some drug use is a transient behavior among some young people.
3. Unlawful drug use, possession and/or distribution, has no place in schools, however, students do have the right to a place if not a threat to others.
4. Illicit drug use, possession and/or selling must be detected in schools as early as possible.
5. The consequences of possessing, using and/or selling drugs at school should be reinforced publicly, fairly and consistently.
6. Curriculum and management practices should take account of the individual needs and circumstances of all students.
7. A range of strategies should be utilized to reintegrate students where the health and safety of the school community is not threatened.
8. The most significant action is to discourage use and/or dealing at school through the definition of, and education about, the real and inevitable consequences of such activities.
9. Students involved in drug incidents should experience one or more consequences including: counseling, involvement of parents, involvement with police and the justice system, detention, loss of privileges, suspension and/or exclusion.
10. Student drug use and the consequences of that drug use should be considered in the context of the student's life, family situation, mental and emotional health, intellectual ability and degree to which they may have been, or are, in control of their actions and decisions.

Objectives for the drug intervention process

- implement intervention guidelines for drug incidents that are fair and just and that recognize the educational and welfare needs of all students;
- apply consistent and fair disciplinary processes for all violations of guidelines;
- support students, parents and school personnel in the process of coping with drug related incidents;
- coordinate school and community resources relevant to drug related incidents;
- create a school climate in which unlawful drug use, possession and selling is unacceptable by the whole school community;
- provide and publicize clear guidelines on acceptable and unacceptable drug use behavior at school;
- eliminate drug possession and/or selling on school premises; and
- identify students who use drugs or with drug related problems and encourage them to get help.

Suggested outcomes for acceptable drug interventions

A program based on the above objectives above will result in these outcomes.

1. School personnel, parent and student knowledge and understanding of drug related issues would be enhanced.
2. School personnel, parents and students will perceive that there is an increased level of information available to and support for all individuals involved in drug related incidents in schools.
3. All school community members will consider that the intervention processes developed and implemented by schools are clear, fair and consistent.

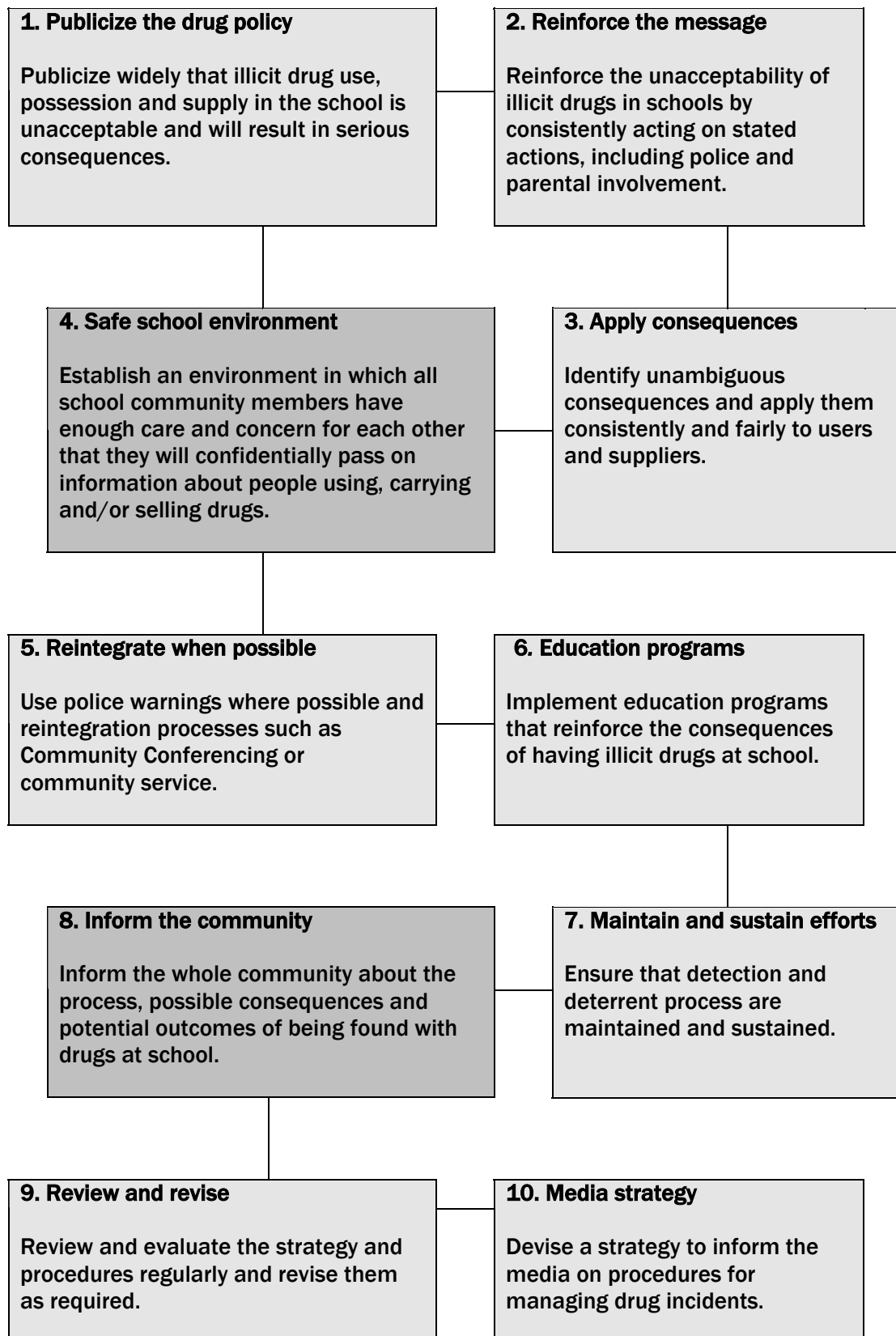
Notes on the process for managing media contact

If media attention is unavoidable, the following may assist with a more productive communication with journalists.

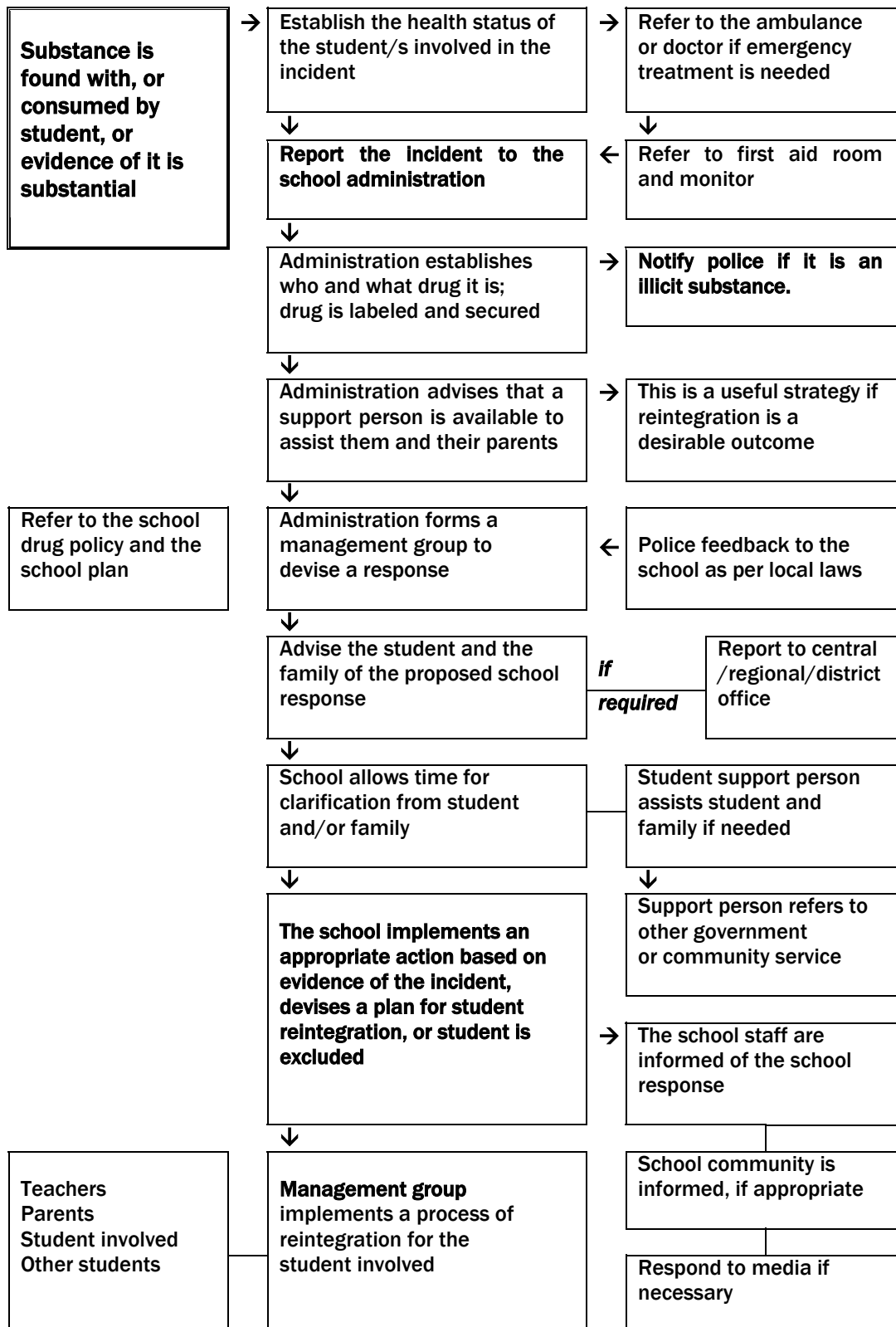
1. One person should be the designated media contact. This person should be confident in this role and provided with all relevant information.
2. When necessary, provide short and concise written statements to the media. Avoid phone or face-to-face interviews, which are difficult to manage and subject to editing.
3. Do not be drawn into broader issues that are not directly relevant to the situation.
4. Do not disclose names of teachers, students, parents or administrators or discuss specific aspects of an incident.
5. Consider the option of making *no comment*, particularly if previous experience has led to misrepresentation of facts or sensationalism,
6. It is generally advisable to avoid discussing issues *off the record*.
7. Confirm statements to the media with the school principal and, where possible, inform other school staff prior to contact with the media.

Other school or system guidelines or regulations may also apply.

Actions to minimize drug incidents at school



Suggested procedures for managing drug incidents



The drug incident intervention plan

It is important for any action to be based on specific details of the incident only after consideration of the validity of the information and evidence.

These actions should be modified according to school guidelines and procedures determined by system policies and relevant laws.

Immediate intervention

Scenario 1

School personnel suspect, or are advised, that a student has used a drug, is in possession of a drug or is selling drugs at school at school.

- establish and respond to the student's health and safety status
- refer the student/s and the drug to the school administration
- identify a person to manage the incident, *incident manager*
- advise the counselor/chaplain, or other appropriate person, that an incident has occurred and that their involvement as a student and family *support person* may be required
- establish and validate facts by interviewing relevant staff and students, and/or securing substance, to establish the substance and to identify those involved, and where and when

Scenario 2

An illicit substance is found, such as marihuana.

- obtain and secure the suspected substance and implements for its use observing procedures for searching and securing student property
- exercise care with confiscated property; label and store it carefully and securely in the presence of a witness

Scenario 3

The presence of an unsanctioned substance is suspected, but the student declines a request for their property to be searched.

Scenario 3A

Suspected substance **is not illicit**, such as alcohol and cigarettes, but possession contravenes school rules.

- contact the student's parents or guardians for consent to search the student's property and request their cooperation (or as school rules)

Scenario 3B

Suspected substance or item **is illicit**, such as cannabis and bongs.

- inform the police and request a search of the student's property

Scenario 3C

Suspected substance or item **is illicit**, such as cannabis, and it is understood that an adult, including the student's parent may be involved.

- principal contacts police for advice prior to informing the parent or guardian

Scenario 4

Student is suspected of using or possessing an illicit substance at school.

- refer the matter to the police
- inform the student's parent or guardian of the incident
- advise them that a support person is available

Scenario 5

A substance is **not** found, but there is reasonable evidence, such as reliable witnesses or specific student behavior, to suggest that a student has used or possesses a drug.

Scenario 5A

Suspected **substance is licit**, such as alcohol.

- Contact the student's parents or guardians and take action according to school procedures for drug related interventions

Scenario 5B

Suspected **substance is illicit**, such as cannabis.

- Inform the police of relevant details
- contact the student's parent or guardian
- take action according to lawful procedures for drug related interventions

Scenario 6

There is not sufficient information/evidence to take action.

- note the incident
- advise student's parents of the concerns about the student's behavior
- implement processes to monitor the student's behavior at school

General points

1. Maintain a record of the incident, including the names of students, school personnel, parents, police and others involved in the incident, the nature of the incident, meetings with parents and students and actions taken.
2. The *student support person* may contact the student, their parent or guardian, year level coordinator and, where necessary, community health agencies with a focus on and support the *health* and *education* needs of the student involved and all students.
3. A witness to the incident should not be a student support person as they may be required later to appear in court to give evidence in an impartial manner.

Medium term intervention

This period is to implement fair and just actions, consistent with system and school policy and laws, that address the education and welfare needs of the student involved in an incident, all students as well as other school and community members.

The incident manager may:

- in consultation with the student support person, disseminate a written statement to staff, students and parents, clarifying the school *drug prevention and intervention plan*, which acknowledges that an incident has occurred and that action has been taken according to the guidelines.
- prepare a statement and procedure for managing media contact. Refer to previous ***Notes on the process for managing media contact***.
- coordinate with the school counselor, or other appropriate person, a follow-up debriefing for all students and staff involved if not done at a previous stage. Another appropriate person may have to be involved if the school counselor has been the student support person.

The student support person may:

- provide ongoing support to the student and family through liaison with health, police and community agencies, including monitoring of the student's welfare and progress at school and school or community-based counseling for the student and family.

The school may:

- If, after all other approaches have been exhausted or rejected, and the education and welfare needs of the student have been considered, the principal suspends the student, put in place procedures for:
 - a. maintaining liaison with the student, family and community agencies;
 - and
 - b. providing work programs for the student.

Long term intervention

Action at this stage will focus on facilitating reintegration of the student into the current school, or integration into the new school.

The student support person, or other nominated person, can:

1. monitor the student's welfare and progress at school through liaison with the year level coordinators, teachers, administration and parents;
2. provide ongoing support to the student and family in cooperation with health and community agencies;
3. provide student information to the new school in accordance with system policy concerning the provision of student information;
4. contact the new school's administrator, counselor or identified student support person to assist the integration of and support for the student;
5. contact the student support person at the new school again after week four and week twelve to ascertain the effectiveness of the student's integration into the new school.
6. where appropriate, contact the student, or parents of the student, to obtain information on the student's progress at the new school. This action will indicate to the student, their family and the new school that the school has maintained interest in that student, as well as provide an evaluation of the intervention process; and
7. record all actions in the incident report file.

Consequences of drug use for students

These consequences are suggestions that can be adapted or expanded upon as required. Each incident should be assessed with the focus on the student, not the drug, involved. Reintegration should be considered in all cases of suspension or exclusion. Police involvement may be necessary even when not indicated if there is a possibility of harm to others, or associated unlawful activity, such as theft or drink/drug driving.

Level of involvement	Possible response/s
1. Knowledge of drugs at school not communicated to administration.	<ul style="list-style-type: none"> • Counseling by administration • Referral to parents
2. Requesting an illicit substance from another student on school premises. Request not fulfilled.	<ul style="list-style-type: none"> • Counseling by administration • Referral to parents
3. Involvement via proximity to an activity, in the presence of others using or supplying.	<ul style="list-style-type: none"> • Counseling by administration • Referral to parents • Detention, withdrawal of privileges
4. Coming intoxicated onto school premises or to school functions.	<ul style="list-style-type: none"> • Counseling by administration • Referral to parents • Period suspension and counseling
5. Smoking tobacco on school premises or at school functions.	<ul style="list-style-type: none"> • Referral to quit programme • Warning as to breach of school rules • Detention
6. Repeatedly smoking tobacco on school premises or at school functions.	<ul style="list-style-type: none"> • Referral to parents • Quit program and/or counseling • Detention
7. Using alcohol on school premises or at school functions.	<ul style="list-style-type: none"> • Referral to parents • Suspension and counseling
8. Supplying alcohol on school premises or at school functions.	<ul style="list-style-type: none"> • Health and illegality warning • Referral to parents • Suspension and counseling
9. In possession of or using a small quantity of illicit substance on school premises or at a school function.	<ul style="list-style-type: none"> • Referral to police • Parents notified • Suspension and counseling • Community Conferencing
10. Repeated possession or use of a small quantity of illicit substance on school premises or at a school function.	<ul style="list-style-type: none"> • Referral to police • Parents notified • Suspension and counseling • Community Conferencing
11. In possession of a large quantity of an illicit substance on school premises or at a school function.	<ul style="list-style-type: none"> • Referral to police • Parents notified • Community Conferencing • Exclusion
12. Sale or supply of a small quantity of an illicit substance on school premises or at a school function.	<ul style="list-style-type: none"> • Referral to police • Parents notified • Exclusion; exclusion for from one semester to year and counseling • Community Conferencing
13. Sale or supply of a large quantity of an illicit substance on school premises or at a school function, to minors.	<ul style="list-style-type: none"> • Referral to police • Parents notified • Exclusion and counseling
14. Repeated sale or supply of illicit substances whilst on school premises or at a school function.	<ul style="list-style-type: none"> • Referral to police • Parents notified • Exclusion from all schools

Community Conferencing - a non-punitive approach to managing students involved in drug related incidents in schools and community settings

Community Conferencing is a process that brings together, in the wake of a serious incident, the *offender* and his or her victim(s) along with their families, and appropriate school personnel to explore the harm done to all those affected, decide what needs to be done to repair that harm, and how to minimize the chance of it happening again.

A trained facilitator conducts the conference. While illicit drug use is viewed by many as a *victimless* crime, the impact on families and the school community can be immense, not to mention the impact on the young person's health and life chances.

When examining who is hurt when a student uses illicit drugs, it becomes obvious that the hurt is widespread. Parents are usually frantic with worry about their child's situation both from a health point of view and the possibility of a criminal record. They are often deeply ashamed of their situation. The school administration has the burden and frustration of dealing with a disruptive incident and the possibility of a damaged reputation if it becomes public knowledge via the press.

Other students and staff may feel let down by the student, especially if the situation has interfered with sporting teams, group assessments, or school camps. The Conference provides a forum for all those affected to speak openly and honestly about their issues. It allows the deeply negative feelings to be transformed into feelings of cooperation.

Integration of the student back into the school community becomes possible in a real and emotional sense. Plans for supporting the student are made during the Conference. They may include drug counseling, or social and academic support, a response to the needs of the student, which become clearer during the Conference.

Conferences are designed to provide all those affected with a chance to tell their stories about the harm that has been caused. Being able to talk about deeply negative feelings is a great relief. Having those feelings acknowledged and validated is even better. Seeing young people and their families understand the hurt, be genuinely remorseful and offer an apology from the heart does something fundamental for those affected; it allows them to forgive.

This does not mean letting people off easily. Indeed, they are often asked to do any number of things to repair the damage. The Conference is very demanding on those responsible. It is more demanding than a suspension, detention or some other sanction that does not necessarily make the young people involved accountable for the hurt caused. But it is demanding for a reason: to help repair the damage and to avoid further harm by helping the perpetrators and others to gain a deeper understanding of how damaging their behavior was to themselves and others.

Experts in the field of drug counseling caution us to be certain our interventions do two things: that they do no further harm; and that the intervention is more likely to motivate the person to change their behavior than to repeat it. The practice of Conferencing is consistent with this advice. It has a great deal to offer those seeking to build healthier, more accountable and connected communities

The philosophy of restoration and indeed transformation offers hope for those who want students to understand the impact of their behaviors on themselves and others, the need for thoughtful consideration of options and the possibilities for relationship building despite things going wrong between people. The harmful behavior can be, if used creatively, an opportunity for positive change.

Community Conferencing case study

One morning before school two Year 8 girls were discovered smoking marijuana behind a shed in the school grounds by the Janitor. The school administration took the girls to the sick room to establish their health status, then suspended them with a view to exclusion, and phoned their parents.

It transpired that the girls had obtained the joint from a *friend* and had decided to smoke it before class. After an investigation it was decided to conduct a Community Conference to deal with the issues and to help decide whether the girls would come back to this school or not. Details of the incident and the source of the drug were passed on to police.

Conference participants

- Tracey, one of the girls, and her mother and father
- Bronwyn, the other girl, and her mother; Bronwyn's father was so angry he refused to participate in the conference and hung up on a call from the conference facilitator
- the person who discovered the girls smoking the joint
- the Deputy Principal who investigated the incident
- the Year 8 Coordinator who had a significant role in managing the affairs and behavior of the Year 8 students
- the Police Liaison Officer, who had been talking to classes about criminal behaviors that would impact on their lives, and had been in a supportive, preventive role in the school
- the Principal who would decide the fate of the girls
- the Conference Facilitator

Description of the conference

The Conference opened with both girls being asked to speak of their involvement; what they had been thinking at the time; what had happened to them since; who had been affected and in what way. They spoke of their foolishness and their worry about getting caught at the time.

They talked about the disappointment of their parents, and the loss of trust. They mentioned that sanctions had also been applied at home, and the affect on their families at home. They were unable to guess at the impact of their behavior on any others.

The Janitor spoke of what it felt like to discover the girls down behind the shed, about his attachment to the school after working there for many years, and how he would feel if he had a daughter busted for using drugs. He offered to support the two girls any way he could.

The Deputy Principal spoke of how difficult it was for him to ring parents with bad news and how he felt about their shock and embarrassment. He spoke of his feelings of responsibility to the students in his care and his wish for both girls to make the most of their lives at school. Later in the Conference he discussed the health risks associated with smoking marijuana and how often he had seen whole families destroyed because of young people's drug taking.

The Year 8 Coordinator was very emotional, and cried when speaking of her own guilt that somehow she had contributed to the girls' behavior by not trying harder with the girls. She spoke of how committed she was to the welfare and education of the Year 8 population. She faced a dilemma every time parents rang her to ask about the use of drugs in the school.

She talked of girls and women needing to take risks to get on in the world, but of their need to choose the right sort of risks. She spoke of how highly both girls were regarded by other staff and students, and their leadership potential, which was now ruined by their behavior.

The Police Liaison Officer, with a lump in her throat, said she now felt that her work in the school was seen as an absolute joke, and how embarrassing that was for her. She said how *lucky* the girls were to have been caught, providing an opportunity for some positive changes. She spoke of her disappointment in hearing that the only risk the girls had perceived was *getting caught*.

She also mentioned that the first she heard of it was at the police station, so word was already out. She offered her support for the girls at school.

The Principal echoed and empathized with the views held by staff present at the Conference. She flagged issues relating to how better the school might minimize the chance of the event recurring and how these might be handled when they do occur.

Both mothers were visibly upset, one had to leave the room at one stage, and spoke of their worry, their disappointment, the conflict at home, the ruining of futures when such potential is there for success and leadership.

They spoke of how hard they had tried to follow up and follow through with adolescent needs for independence, and how hard it was to achieve a balance between too hard and too soft. They were relieved to hear that the school shared their sentiments. Tracey's father confessed to being in trouble as a child and knowing all the tricks. He also added that as parents they tried to steer their kids through their potential mistakes.

The two girls, who had cried on-and-off during the Conference, offered their apologies to their parents and staff and assured the group that they would never make the same mistake again and would work hard to win back the trust and respect of their parents and the school.

Conference outcomes

The following agreement was reached by all present.

- The proceedings and outcomes of the Conference were to remain confidential.
- Tracey was to come to school on a later bus so she did not have so much time at school in the mornings.
- Both girls agreed to assist the Year 8 Coordinator reach some conclusion about what she would tell prospective parents.
- Both girls were encouraged to seek support from caring adults in the school when they were troubled by anything; Guidance Officer (Counselor), Deputy, Principal, Year 8 Coordinator.
- The Deputy Principal requested to meet the girls later so they could give him the names of other Year 8 students who were using drugs so he could refer them for help.
- Both girls were to exhibit exemplary behavior in and out of class to prove that they have changed their behavior and could again be trusted.
- The Principal would recommend to Regional Office their readmission to the school.

Afterwards

In the weeks and months following the Conference, both girls settled down at school and were model students. Tracey's mother later commented that it was a defining moment in her daughter's life. Bronwyn's mother said how disappointing it was that her husband had not attended the Conference as he missed out a valuable opportunity for healing some of his hurt.

Some months later, a visiting American documentary maker interviewed these two girls about the Conference and its impact on them. They spoke of the feelings of shame they felt when they had realized just how many people had been affected and how much these people cared for them.

For information about Community Conferencing in schools, or training of school-based Conference facilitators, contact:

Margaret Thorsborne at marg@thorsborne.com.au or this web site www.thorsborne.com.au

SECTION EIGHT

COUNSELING AND REFERRAL

Early signs of students at risk

Young people may from time to time exhibit some of the signs listed below, as they meet normal everyday challenges. Observe a combination of factors before drug use is suspected, but even when all factors are present, drug use is still only one possibility among things affecting young people.

Marked personality change

A placid, softly spoken student suddenly becomes noisy and abusive. The change may be gradual and apparent only when you think about it. And sometimes it is the other way around.

Mood swings

Moods may swing from high to low and back seemingly without reason, with outbursts sparked by simple events.

Change in physical appearance or well-being

Changes in weight, sleep patterns and general health may be sudden or gradual. They may include: slurred speech; staggering; sluggishness; pinpoint or dilated pupils; talkativeness; euphoria; nausea and vomiting.

Change in school performance

A significant deterioration in performance, especially when a student has been diligent, may be an indicator of difficulties.

A rapid change from poor performance to diligence may be equally important.

Increased secretive communication with others

Often seen as cryptic telephone calls. Remember that some of this may just be typical behavior of adolescence.

Intuition

This warning sign is based on the awareness you have of a young person you know well. You may not be able to be specific or clearly verbalize your feelings, but you will know there is something wrong.

Increased need for, or supply of money

Buying drugs costs money, and the more drug dependent the person is the greater is their need for money. Money, however, is not the only transferable commodity for young people. For example, baseball caps, sport shoes and sexual favors may be traded for drugs.

Don't jump to conclusions!

There may be a number of other reasons for these behaviors, which must be considered in the context of the person's whole life situation.

Advice for approaching young people about their drug use

When young people are reluctant to talk, believing that adults will attempt to persuade them to stop, or criticize their behavior or punish them, try to:

- convey a desire to understand, but not condone, the reasons behind the person's behavior;
- be inquisitive and non-judgmental;
- ensure confidentiality and student access to counseling sessions; but inform students of the ramifications of disclosing certain information before they compromise themselves;
- balance your view of the drug use itself against the reasons behind it; concentrate on discovering what the young person finds attractive about the drug use rather than assuming they must believe it is a problem;
- increase open communication and resist playing detective;
- consider who is the best person to broach the subject; perhaps another member of the staff knows the student better;
- gather all the facts first, including information on the drugs being used/abused;
- explore reasons behind the use, weighing up the benefits and costs with the student is useful;
- make sure the person is drug-free when approaching them so their perception of the discussion is not distorted;
- select a time when there will be minimum interruptions and sufficient time so the issues can be discussed as fully as possible;
- take advantage of opportunities to open up a conversation on the topic, like a news piece on television;
- be aware of the environment; are there people around whom you would prefer were kept from hearing about this?
- be respectful and amiable to construct an atmosphere where future discussion is likely;
- show a caring attitude and intention to understand the nature of the situation, rather than focusing on disciplinary action;
- convey a sense of genuine interest in the reasons behind the student's decision to use/abuse drugs, rather than a determination to change behaviour; and
- discuss the issue as a concern not a problem; the student may negatively perceive a problem label, thus diminishing their motivation to address the issue.

Basic counseling skills for teachers

These basic skills for counseling students experiencing drug-related problems are for at teachers who do not have access to trained drug counselors, or who need to take positive first steps to get a young person to the stage of accepting professional help for a drug related problem. With some basic training from specialist services, school personnel are well placed to offer students initial support and counseling on drug-related problems.

The initial contact

General topics should be discussed in the initial contact with a young person suspected of having drug problems, such as signs and symptoms of use, communication issues, reasons for use, and information on drugs. Convey a relaxed and confident manner that encourages exploration of the problem rather than fixing of the problem at any cost.

Adopt a reasoned approach

A composed reaction helps to create a similar reaction by the student with whom you wish to discuss the issues. Panic tends to impede discussion, as the focus is intensely and singularly on the drug abuse behavior rather than the total picture surrounding it.

Express only concerns that you can substantiate

The tendency is to jump to conclusions, but first impressions may be wrong. In a calm manner, express concern and ask whether your concern is justified. Commenting on the student's behavior without drawing conclusions is helpful.

Spend time thinking

Consider that the use of the drug does something for the person, which is worth risking the dangers. This is more important to talk about than the actual abuse of the drugs.

Listen

Hear the what, where, when, how, and why, to understand the situation.

Avoid being judgmental

Judging risks alienating the student precisely when they most need understanding. Remember that the student has made a judgment that using drugs has definite attractions.

Recognize that a crisis can be productive

There is a common belief that with any crisis, like a young person abusing drugs, there is an opportunity for positive actions and outcomes. School personnel should keep this concept in mind when they are involved with a student who abuses drugs.

Six basic drug-counseling principles

1. Ensure confidentiality

It contributes to openness and trust essential in any helping relationship. Confidentiality has to be total, or school personnel must make students aware of the ramifications of disclosure beforehand. Students are likely to refrain from engaging in counseling opportunities where confidentiality cannot be guaranteed.

2. Know your strengths and limitations

Consider your level of skill and knowledge in intervening remembering that limitations also relate to issues such as available time, confidentiality, and student acceptance.

Be prepared to refer if you need to, or seek the advice of a drug counselor.

3. Separate counseling from discipline

At some schools it may not be possible to have a different staff member providing counseling from the person responsible for discipline. Where possible, however, separate these roles to increase the effectiveness of intervention in both areas.

4. Normalize without condoning drug use

Avoid trying to force the student to change, as this may increase their resistance. Similarly, condoning or condemning the student's behavior is counter-productive. Instead, treat the student as a decision-maker who has certain reasons for their choices, based on how he or she sees the world, and work on balancing the costs and benefits of his or her decisions.

6. Concentrate on rapport and empathy

Drug use is a sensitive topic young people are often reluctant to talk about. Some believe that adults will attempt to convince them to stop, or criticize their behavior, or punish them. Gaining rapport and expressing empathy is vital to a healthy helping relationship.

Assessing the drug problem

The extent of a drug problem can be assessed by the depth and complexity of responses to the following areas, which provide a framework for an initial assessment with students who present with any concern or who want to discuss their drug use or abuse.

Pattern of use

Try to get an overall picture of the level of drug use by quantifying the amount of each drug used. Ask about use of drugs by addressing when, where, with whom, which drugs, what route of administration, oral, intravenous, or inhalation, how much, how often and the effects of the drugs being used.

Style of use

Examine the student's style of drug use, be it intoxication, regular use, dependent use or a combination of these. The style of use will provide an insight into the types of drug related problems likely to be experienced if the young person continues to use, and the level of help that may be needed.

Level of safety

Enquire about the safety of the environment and manner in which the young person is using. Examine the potential for drug related problems. Drug related problems fall into four main categories: personal (physical and emotional), social, vocational, and legal. Some drug use may need an immediate response to protect the person or others.

Combining drugs

Ask if the student uses any drugs in combination like alcohol and cannabis or alcohol and medicines. The risk of dangerous adverse reactions is significantly increased from the interaction of two or more drugs.

The safest way of handling these situations is to seek professional advice immediately, when and where it is available.

Level of dependency

Look for evidence of physical or psychological dependency. Questions about tolerance and withdrawal symptoms need to be asked. Seek advice or refer students with signs of physical dependence, as detoxification may be required.

Associated health problems

Ascertain if the student has any health problems, physical and mental, that could be contributing to, resulting from or exacerbating the effects of their drug use. Examples may include acute or chronic pain management following surgery or trauma, menstrual cramps, depression, headaches, anxiety and asthma.

Referring students to expert help

The decision to refer requires consideration of the needs of the person and the competence, confidence and context of the helper. Where issues are complex, referral should be made to a counselor with experience to provide assessment and intervention.

To whom should the student be referred?

The easiest way of dealing with referral is to phone the relevant health authority in your area to determine the most appropriate referral option, and how to facilitate the referral.

Seeking professional help

Wanting to refer a young person as opposed to actually getting them in to see someone are vastly different propositions. Even if the referral is successful, there is the challenge of getting the most out of the counseling session when the young person might be reluctant to be there. Teachers, parents and other helpers can use a variety of strategies to encourage the person to seek help, including those suggested below.

1. Visit the counselor first yourself

People who do this can describe their experience of the counselor and the counseling process to the young person to give them a picture of what to expect, reducing anxiety about referral.

2. Offer mutual support

Offering to attend a counseling session with the young person is helpful.

3. Highlight the positives

Weighing up costs and benefits of drug use can provide a positive influence for change. Counseling can help the person find clarity in their life, particularly if they feel they are losing control over their drug use.

4. Discuss confidentiality

Confidentiality is a major plus because it really means *you've got nothing to lose by seeing the counselor because no-one needs to know.*

SECTION NINE

DEFINITIONS OF TERMS

These definitions describe the way the terms are used within this document. They are drawn from a number of sources and sometimes adapted for use here. Schools and education authorities should also draw upon local laws, strategies, policies and customs and curriculum documents for their own definitions.

If some of these definitions serve in the absence of local definitions, or if they spark debate that results in their adoption and adaptation, they will have served their purpose.

drug - tobacco, alcohol, illicit (illegal, or unlawful) drugs, prescription drugs and over-the-counter medicines

school policy - a statement, which includes principles, on an approach to be taken to a particular issue, which integrates commonly agreed values into the life of the school

guidelines - action-oriented measures which underpin and aim to achieve the policy

school curriculum - the totality of experiences in which students are engaged during their life at school, including activities, teaching programs, classroom practices and the school ethos that contribute to the achievement of learning outcomes

health curriculum - the set of experiences within the school curriculum that contributes to the achievement of health related learning outcomes

drug education curriculum - the set of experiences within the school health curriculum that lead to the achievement of drug related learning outcomes

health education - health education is a subject, or course of study, that draws its learning outcomes, or educational objectives, from the health syllabus

assessment - assessment is the purposeful, systematic and ongoing collection of information about student demonstrations of learning outcomes, or achievement of educational objectives

basic counselling skills - the everyday listening, talking and caring relationship which exists between teacher and student

drug counseling - personal interaction to reduce or eliminate a person's drug use, the aim of which is to facilitate interpersonal relationships and improve the individual's ability to function within the family, school and community

culturally responsive - strategies that take into account practices and beliefs of particular groups that ensure initiatives are acceptable, accessible and/or meaningful

evaluation - the process of collecting, analyzing and interpreting information so judgments can be made regarding the appropriateness, effectiveness and efficiency of a program

illicit drug or illegal drug - a drug whose production, sale or possession is prohibited; *unlawful* drug use is a term used in some places

Intervention – a deliberate and planned action that seeks to change the pattern of consumption, dependence and drug-related harm, preferably at an early stage, in order to circumvent or contain health or social problems

referral - the process of directing a person to another service or agency for a detailed assessment of their condition, usually followed by counseling, treatment and care as appropriate, and should occur when a student's needs cannot be met within school

school community - students, staff, including teachers and other professionals, administrators and support staff, parents/guardians and other carers, interested individuals and members of other agencies and organizations, including community organizations who work together to achieve the best educational and personal outcomes for students

supportive school environment - is an environment that protects and provides for the physical, physiological, psychological, social, cultural, aesthetic and intellectual needs of students

unsanctioned drug use - drug use that is unlawful, or prohibited by school authorities, policies and/or guidelines, and includes illicit, social and prescription drugs

value - a judgment of what is important or worthwhile in life, determined by beliefs held as both individuals and groups, and demonstrated by the way people act

good practice - the action most likely to produce improved outcomes for an identified issue based on research, accepted principles and professional judgment

protective factor - aspects of personal behavior or lifestyle, environmental exposure, or an inherited characteristic that is associated with a decreased risk of a person developing a disease or disorder

risk factor - aspects of personal behavior or lifestyle, environmental exposure, or an inherited characteristic that is associated with an increased risk of a person developing a disease or disorder

connectedness - or social cohesion, is the degree to which individuals are integrated with, and participate in a secure social environment

broader health goals –these are generally accepted as to:

- reduce the number of young people using drugs;
- reduce the level of use of drugs used by young people;
- delay the uptake of drugs for as long as possible;
- reduce the harmful use of legal drugs and medicines; and
- reduce adverse individual and social consequences of drug use.

(These may vary according to local or country decisions)