A best practice guide to policy, prevention and planning for

ALCOHOL AND OTHER DRUGS IN SCHOOLS







Dovetail provides clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by alcohol and other drug use. Dovetail is an initiative of Queensland Health, hosted by Metro North Hospital and Health Service.

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This best practice guide has been developed to assist school communities to better prevent and respond to alcohol and other drug use. Research shows that school can be a powerful protective factor in reducing alcohol and other drug use, risk and harm for young people.

The package contains:

- advice on how to implement a 'whole school approach' to alcohol and other drug prevention
- information on evidence-informed alcohol and other drug classroom education
- practical steps on responding to alcohol and other drug incidents
- an audit to identify areas for improvement in your current approach to alcohol and other drug use
- a template for developing a plan to improve your approach to alcohol and other drug issues
- guidance for supporting young people and their families who are affected by alcohol and other drug use.

By following this guide your school can enhance the quality of classroom alcohol and other drug education and improve responses to incidents relating to alcohol and other drug use.



What is a whole school approach?

Alcohol and other drug issues confront all communities in some way. Effective responses should consider the individual young person, peers, family, school and the wider community. Governments, parents, schools and the wider community all have a role to play in reducing the harm that can arise from alcohol and other drug use. Research into school alcohol and other drug prevention has evolved significantly in recent years. This research has demonstrated the effectiveness of a "whole school approach" in reducing alcohol and other drug use and harm.

A whole school approach involves aligning the school's policies, practices and programs so that the response to alcohol and other drug issues is holistic.

A whole school approach involves:

- utilising a harm minimisation approach
- ensuring that the school alcohol and other drug policies and procedures are comprehensive and consistent
- increasing students' sense of "connectedness" to the school community
- implementing evidence-informed classroom alcohol and other drug education
- responding appropriately to alcohol and other drug use in the school environment
- linking with external services and supports.

POLICY & PROCEDURES

The aim of a school alcohol and other drug policy is to:

- provide guiding principles and procedures to inform the actions taken by a school in relation to alcohol and other drug use
- clarify expected behaviours and roles of each member of the school community
- detail the school's commitment to providing evidence-informed alcohol and other drug education.

What does a comprehensive school alcohol and other drug policy look like?

The policy should describe how alcohol and other drug education is implemented within the school, and how alcohol and other drug use is managed day to day. This includes how alcohol and other drug related incidents are responded to, how medications are stored and used safely, and guidelines around alcohol and tobacco use by adults at school functions and events. The policy should also describe the external partnerships and linkages the school has with agencies in the community that can offer support to young people and their families.

Developing a comprehensive school alcohol and other drug policy

A comprehensive school alcohol and other drug policy is best developed with input from the whole school community. The policy should be consistent with state and federal government policies, including the "National Drug Strategy 2017 - 2026" and the principles of harm minimisation.

This guide includes an Audit for reviewing current practices, and an Action Plan Template to assist in the development of the school alcohol and other drug policy.

Suggested steps for completing the action plan

- 1. Establish a working group for the project
- 2. Consult with the whole school community
- 3. Decide on priorities for action
- 4. Develop an action plan that is realistic and achievable
- 5. Implement the action plan
- 6. Review the progress
- 7. Measure what is working well or not working so well
- 8. Ongoing review of the plan to address any future gaps



HARM MINIMISATION

Harm minimisation is the policy approach at the centre of the Australian Government's "National Drug Strategy 2017-2026". Harm minimisation has formed the basis of the National Drug Strategy since 1985. This approach involves three pillars.

- **Supply Reduction:** approaches that reduce the supply and availability of alcohol and other drugs in the community.
- **Demand Reduction:** approaches that reduce the demand for alcohol and other drugs.
- **Harm Reduction:** approaches that reduce the harms and risks associated with the use of alcohol and other drugs.

Schools can use a harm minimisation approach to:

- reduce alcohol and other drug use and harm through evidenceinformed education programs
- create safe and respectful school environments by ensuring the consistency of policies and procedures relating to alcohol and other drugs
- intervene early to support young people at risk of alcohol and other drug related harms
- help guide the management of alcohol and other drug related incidents by coordinating a response
- cultivate partnerships between school staff, families and community support services to provide assistance to any young person using or at risk of using alcohol and other drugs.

SCHOOL CONNECTEDNESS

A significant body of research^{1,2} has been undertaken in Australia and globally to identify the risk and protective factors related to alcohol and other drug use by young people. This research helps explain why some young people develop alcohol and other drug problems while others do not.

School connectedness has been identified as a key protective factor that can reduce alcohol and other drug use, risk and harm. School connectedness refers to the sense of connection a young person feels to their school community. School connectedness also refers to the belief a young person has that the school staff care about them individually, just as much as they care about their learning.

Research has consistently shown that young people who feel connected to their school are less likely to engage in a range of risky behaviors, including alcohol and other drug use. Students who feel connected to their school are also more likely to do better academically, have better school attendance and stay in school longer.

STATEGIES TO INCREASE SCHOOL CONNECTEDNESS



Source: Centers for Disease Control and Prevention. (2009). School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services.

1. Loxley, W. et al. (2004). *The prevention of substance use risk and harm in Australia: A review of the evidence.* Canberra: The National Drug Research Centre and the Centre for Adolescent Health.

2. United Nations Office on Drugs and Crime (UNODC) (2015). *International Standards on Drug Use Prevention*. United Nations. Vienna: United Nations Office on Drugs and Crime (UNODC).

THE 12 PRINCIPLES

What works in alcohol and other drug education?

The essential characteristics of effective classroom-based school alcohol and other drug education are well known, and supported by a significant body of evidence.^{3,4} There are three main types of alcohol and other drug classroom education programs.

- 1. Universal programs are embedded within the school curriculum, target the entire school population regardless of individual risk factors and are delivered sequentially across year levels.
- 2. Selective programs are targeted at particular groups considered "at risk", or at particular times of heightened risk (for example "Schoolies Week"), or they are sometimes implemented following a substance related incident.
- Indicated programs are delivered to individuals who are known to be "at risk" or beginning to use substances.



³Faggiano F, Minozzi S, Versino E, and Buscemi D. (2014) Universal school-based prevention for illicit drug use. Cochrane Database of Systematic Reviews 2014, Issue 12.

10 ⁴Lee, N.K., Cameron, J., Battam, S., and Roche, A. (2014) *Alcohol education for Australian schools: A review of the evidence*. Adelaide: National Centre for Education and Training on Addiction.

Framing and underpinning effective school alcohol and other drug education is **comprehensive and evidence-informed practice** involving

| Principle 1 | School practice based in evidence |
|-------------|-----------------------------------|
| Principle 2 | A whole school approach |
| Principle 3 | Clear educational outcomes |

Part of a school's ability to provide effective outcomes for minimising alcohol and other drug related harm is through promoting a **positive school climate and relationships** ensuring there is

| Principle 4 | A safe and supportive environment |
|-------------|--|
| Principle 5 | Positive and collaborative relationships |

Each school needs to determine what is required to meet their students' needs through alcohol and other drug education that is **targeted to needs and context** by ensuring

| Principle 6 | Culturally appropriate and targeted education |
|-------------|---|
| Principle 7 | Recognition of risk and protective factors |

Principle 8 Consistent policy and procedures

At the core of the Principles is **effective pedagogy** involving

- **Principle 9** Timely programs within a curriculum framework
- Principle 10 Programs delivered by teachers
- **Principle 11** Interactive strategies and skills development
- Principle 12 Credible and meaningful learning activities

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

IN THE CLASSROOM

Dovetail's Practical Tips

Classroom education is one part of a broader response to alcohol and other drug use in the school community. Dovetail has prepared some practical tips on delivering classroom alcohol and other drug education. Whilst discussion with young people about alcohol and other drugs may raise some sensitive topics, it is an important part of learning.

Below is a list of practical tips to assist with classroom alcohol and other drug education.

What to do

- Choose resources that portray balanced representations of the physical, emotional and social harms of alcohol and other drug use, which are relevant to young people
- Describe alcohol and other drug effects in a way that takes into account the interaction between the substance being used, the characteristics of the person and the environment in which the substance is being used
- Remember to differentiate between experimental use and problematic use whilst acknowledging that harm can occur at any level
- When external agencies are promoting their services through school presentations, ensure that a teacher is present at all times
- Interrupt a student who discloses personal information in order to protect their privacy and avoid a potentially distressing situation

What not to do

- Steer clear of resources that glamorise or romanticise alcohol and other drug use
- Refrain from using slang terms
- Don't use resources that rely on scare tactics like pictures or videos that exaggerate or misrepresent the harms of alcohol and other drug use
- Avoid one-off presentations that don't link with the curriculum
- Do not unintentionally give information on how to obtain or use substances where young people do not already have this information

When considering how to deliver alcohol and other drug education in the classroom, the United Nations Office on Drugs and Crime has developed **"International Standards on Drug Use Prevention"**. The Standards are based on a synthesis of the available evidence on effective prevention approaches including school alcohol and other drug education. The Standards relevant to schools are summarised below.

United Nations Office on Drugs and Crime: International Standards

What approaches work?

- Interactive teaching methods
- Lessons delivered in a series of structured sessions once a week, often providing booster sessions over multiple years
- Lessons delivered by a trained facilitator e.g. classroom teacher
- Space to practice and learn personal and social skills, including decision making
- Focusing on immediate consequences and realistic risks associated with alcohol and other drug use
- Challenging incorrect assumptions about how common alcohol and other drug use is, for example, most young people don't use illicit drugs

What approaches don't work?

- Lessons that rely on lecturing students
- Fear-based approaches and shock tactics that over-emphasise risks
- V Unstructured dialogue about alcohol and other drug use
- ✓ Just focusing on building self-esteem and emotional intelligence
- Framing the issue in terms of ethical / moral decision making or values
- Using "ex-drug users" and people who have recovered from substance problems as testimonials
- Having police officers deliver alcohol and other drug education programs in schools

Adapted from: United Nations Office on Drugs and Crime (UNODC) (2015). International Standards on Drug Use Prevention United Nations. Vienna: United Nations Office on Drugs and Crime (UNODC).

Language and why it's important

Providing education on alcohol and other drugs can highlight sensitive topics and experiences. Using non-judgemental terms can prevent stigma, avoid perpetuating stereotypes and foster more open communication.

This is a list of non-judgemental terms to use and terms to avoid when talking to young people about alcohol and other drugs.

| | Use these terms | Avoid these terms | Reasons why |
|--|---|--|---|
| Describing drug use within society | Substance use Non-prescribed use Drug use Harmful use Problem drug use Alcohol and other drug use | Drug misuse Drug abuse/drug abuser Substance abuse Substance misuse Non-compliant use Addiction | All substance use has the potential to cause harm. Terms such as "drug abuser" can create a perception that only high-risk or heavy use is a concern. However, problems can occur at lower levels of consumption e.g. road accidents. These terms also define a person by their alcohol and other drug use. |
| Describing individuals using substances Describing actual substances | Person who uses drugs A person who injects drugs Injecting drug use A person with a dependence on Dependence or dependent A person with lived experience of drug dependence Drug related problems Alcohol related problems | Drug addict Drug user/abuser Druggie Junkie Addict/addicted Alcoholic Has a drug habit Suffering from addiction Ex-addict Former addict | Terms like addict and alcoholic are historical terminology related to the "disease model of addiction" and have been surpassed by contemporary understandings of alcohol and other drug use. Terms such as "junkie" and "druggie" are judgemental and have negative connotations that reinforce stigma. Using these terms could prevent vulnerable young people from accessing support. These terms can also create false images of a person's lifestyle or behaviour. |
| Substances | Depressant drugs Stimulant drugs Hallucinogens Legal or illegal Licit or illicit | Hard/soft Good/bad drugs Party drugs Clean/dirty | Using terms such as "hard" or "soft" drugs can be misleading and create an impression that some drugs are safer than others. All substances can cause harm and can impact individuals in different ways. |

Adapted from: Department of Education and Early Child Development. (2013). *Get Ready, The A-Z Teacher Guide*. Melbourne: Department of Education and Early Child Development, and Network of Alcohol and other Drug Agencies (NADA) & NSW Users & AIDS Association (NUAA). (2018). *Language Matters*. Sydney: Network of Alcohol and other Drug Agencies (NADA) & NSW Users & AIDS Association (NUAA).

What is the role of external agencies in delivering school alcohol and other drug education?

Research suggests that in general, alcohol and other drug education is best delivered by the students' regular classroom teacher^{5,6}. It may be beneficial for external programs to be delivered in schools in certain circumstances. External programs that are carefully designed and rigorously evaluated may augment existing, ongoing curriculum-based alcohol and other drug education.

External community support services may deliver service promotion presentations in classrooms as a way to engage with school staff and students and to share information about the services they provide. It is recommended that a teacher remains present throughout these sessions to support the learning process.

Service promotion is different to providing alcohol and other drug education. The goals of service promotion in a school could include:

- building links between a school community and external support services
- promoting help seeking in young people who may be experiencing problems
- teaching young people about the range of supports available in the community.

Preventing unintended consequences

Poorly designed alcohol and other drug prevention programs can have unintended consequences, including increasing alcohol and other drug use and related harm. It can be difficult for a school to know if a program offered by an external agency is evidence-informed.

CONSIDER THESE SUGGESTIONS WHEN ASSESSING WHETHER AN EXTERNALLY DELIVERED PROGRAM MIGHT BE EFFECTIVE.

Does the program align with the advice offered in this guide?

Has the program been evaluated and found to change behaviour?

Has the program been developed or endorsed by a university or a government department ike Queensland Health or Education Oueensland?

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IF YOU'RE UNSURE

Feel free to get in touch with Dovetail who can help you decide if the program is suitable for your school. Visit www.dovetail.org.au or phone 07 3837 5621.

⁵Meyer, L., and Cahill, H. (2004). *Principles for school drug education*. Canberra: Australian Government Department of Education Science and Training.

⁶Van Hout, M., Foley, M., McCormack, A., and Tardif, E. (2012). *Teachers' perspectives on their role in school-based alcohol and cannabis prevention*. International Journal of Health Promotion and Education 50, 328–341.

RESPONDING TO INTOXICATION FLOWCHART

It is important that school staff know how to respond to an emergency situation and know when to contact emergency services. The following flowchart has been developed to support school staff in identifying emergency situations and how to respond appropriately.





FOLLOW-UP RESPONSE FLOWCHART

Alongside school disciplinary procedures, a good follow-up response is one that is fair and consistent and utilises the resources of school support staff and community service providers.

Central to the response is:

- following the process outlined in the school's alcohol and other drug policy
- providing opportunities for support for the student and their family
- ensuring the response does not cause any secondary harm, such as stigmatisation or school disengagement.





AUDIT AND ACTION PLAN

AUDIT

The audit is divided into the following four areas:

- school environment and ethos
- classroom alcohol and other drug education
- managing alcohol and other drug use
- partnerships and support options.

Any 'not at all' responses indicate a potential gap in the policy and should be added to the action plan. 'Needs Review' responses indicate an opportunity for updating processes and should be added to the action plan.

The information collected from this audit can be used to: review how the school currently manages alcohol and other drug issues, identify areas for improvement, and provide baseline information for the action plan.

ACTION PLAN

This Action Plan template has been developed to assist schools in planning the how, who and when of improving the school alcohol and other drug policy.

Suggested steps for completing the action plan:

- 1. Establish a working group for the project
- 2. Consult with the whole school community
- 3. Decide on priorities for action
- 4. Develop an action plan that is realistic and achievable
- 5. Implement the action plan
- 6. Review the progress
- 7. Measure what is working well or not working so well
- 8. Ongoing review of the plan to address future gaps

| School environment and ethos | Not at all | Room to improve | Achieving | n/a | Date for review |
|--|------------|--------------------|-----------|-----|--------------------|
| Does the policy provide some background information or a rationale for why it has been developed? | | | | | |
| Does the policy clearly state its intended aims and objectives? | | | | | |
| Does the policy incorporate a whole school approach when responding to alcohol and other drug use? | | | | | |
| <i>Does the policy utilise the principles of harm minimisation?</i> | | | | | |
| Does the policy value school connectedness when responding to alcohol and other drug incidents? | | | | | |
| Does the policy address all substances, including legal, illiegal, herbal, over the counter? | | | | | |
| Does the policy have a response to external presenters/agencies? | | | | | |
| <i>Is the policy presented in language that is easily understood by the whole school community?</i> | | | | | |
| Does the policy acknowledge the diverse range of students within the school community and promote cultural awareness? | | | | | |
| Were all groups within the school community involved in the development of the policy? | | | | | |
| <i>Is the policy consistent with relevant state or federal government department policy/guidelines?</i> | | | | | |
| Has the policy been clearly communicated to all school community members? | | | | | |
| Has the policy been reviewed recently (i.e. within the past 12 months)? | | | | | |
| <i>Is there a process for measuring the impact of the policy?</i> | | | | | |

AUDIT

| Classroom alcohol and other drug education | Not at all | Room to improve | Achieving | n/a | Date for review |
|---|-------------------|--------------------|-----------|-----|--------------------|
| Is the alcohol and other drug cla | ssroom education | program | | | |
| evidence informed? | | | | | |
| embedded within a whole school approach? | | | | | |
| culturally appropriate, targeted and responsive to local needs? | | | | | |
| located within a curriculum framework that is timely and developmentally appropriate? | | | | | |
| <i>delivered or co-delivered by teachers?</i> | | | | | |
| focused on skill development? | | | | | |
| interactive? | | | | | |
| Does the alcohol and other drug | classroom educati | on program | | | |
| have clear educational outcomes? | | | | | |
| recognise risk and protective factors? | | | | | |
| promote positive relationships? | | | | | |
| include credible and meaningful learning activities? | | | | | |

AUDIT

| Managing alcohol and other drugs | Not at all | Room to improve | Achieving | n/a | Date for review |
|--|------------|--------------------|-----------|-----|--------------------|
| Is there a policy around | | | | | |
| storing medications safely? | | | | | |
| alcohol and other drug use by adults at school events? | | | | | |
| managing alcohol and other drug related incidents in the school environment? (including school trips and events) | | | | | |
| responding to media enquiries related to alcohol and other drug incidents? | | | | | |
| confidentiality for students? | | | | | |
| offering support to young people and their families? | | | | | |
| <i>debriefing and reflection with students/staff after a school alcohol and other drug incident?</i> | | | | | |
| managing personal disclosure? | | | | | |
| training for new staff? | | | | | |
| Are there any other ways your school could provide a more safe and supportive environment? | | | | | |

| Partnerships | Not at all | Room to improve | Achieving | n/a | Date for review |
|--|------------|--------------------|-----------|-----|--------------------|
| Have partnerships with local community support services been identified and cultivated? | | | | | |
| Have partnerships with culturally appropriate services relevant to your school been identified and cultivated? | | | | | |
| Do local services participate collaboratively in school activities? | | | | | |

| Area for improvement On the audit sheet you may have answered "not at all" or "room to improve" to some of the questions. Detail those here so that you can plan to address them. | | | | Area for improvement |
|---|--|--|--|--------------------------------|
| Strategies / Actions What strategies and actions will you implement to address the identified area for improvement? | | | | Strategies / Actions |
| Who is involved? Resources? Identify key staff involved and their roles and responsibilities. What resources do you need to carry out your actions? | | | | Who is involved? Resources? |
| Timeframe / Review Set a timeline for completing the task. Also set a review date as it is important to assess whether the activity is going as planned. | | | | Timeframe / Review |

SUPPORT

Support available to young people

If school staff become aware that a young person or their family are experiencing difficulties with alcohol or other drugs there a number of support options available. Schools play an important role in identifying issues and assisting people to access services.

Shared responsibility

In recognition of a shared responsibility for reducing the harm associated with alcohol and other drug use, schools can cultivate strategic partnerships with local community support services to develop referral pathways for young people and their families.

Recognising culture when offering support

When offering support to Aboriginal and Torres Strait Islander young people and young people from culturally and linguistically diverse backgrounds, it is important to consider ways of acknowledging and responding to culturally specific needs. This could include a referral to a culturally specific service, seeking input from elders or other respected members of the community, or consulting with relevant cultural advisors.



Dovetail provides clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by alcohol and other drug use. www.dovetail.org.au or phone 07 3837 5621

To find out about local support services in your area contact:

Alcohol and Drug Information Service (ADIS)

ADIS is a free 24 hour, 7 day a week confidential support service for people in Queensland with alcohol and other drug concerns, their loved ones and health professionals. www.adis.health.qld.gov.au or phone 1800 177 833.

Family and Child Connect

Family and Child Connect is a free service to help with the challenges of parenthood. Family and Child Connect assists with connecting people with local services that can help. www.familychildconnect.org.au or phone 133 264.

Headspace

Headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds, along with assistance in promoting the wellbeing of young people. www.headspace.org.au

Ask Izzy

Supported by Infoxchange, Ask Izzy is an Australia wide electronic health and welfare directory. www.askizzy.org.au

Family Drug Support

FDS supports families of people engaged in alcohol and other drug use by providing a 24 hour family support line (1300 368 186), family support groups and a range of information sessions and presentations for a variety of audiences. www.fds.org.au

For further information on effective responses:

Positive Choices

Positive Choices is an online portal to help school communities access accurate, up-to-date alcohol and other drug education resources and prevention programs. www.positivechoices.org.au

Reachout Schools

Reachout Schools provides resources and information for teachers and other school staff on a range of topics to support young people's wellbeing. School professionals can also access a range of professional development webinars.

https://schools.au.reachout.com





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