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| Theme Area : Comprehensive and evidenced based practicesPrinciple 1: Base Drug Education on sound theory and current research and use evaluation to inform decisionsPrinciple 2: Embed drug education within a comprehensive whole school approach to promoting health and wellbeingPrinciple 3: Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm |
| *1*. *School practice based in evidence*Focus question: Is your drug education program based on sound theory and current research?* Policies and practices are based on harm minimisation
* Learning and teaching activities are monitored and evaluated
* Resources are evidence based and rely on latest research eg REDI and DE&T resources
* Programs are rigorously implemented to ensure fidelity
* DEEM and other data is utilised to inform future planning
* Programs and practices are informed by local needs and context.

*2. A whole school approach*Focus question: Is drug education embedded within a comprehensive whole school approach to promoting health and wellbeing?* Drug education policies and practices are based on harm minimisation and are applied in a consistent manner across school operations and includes curriculum, student wellbeing, incident management
* Drug education is taught within a health context
* Teachers utilise a range of learning and teaching activities
* Partnerships with parents and the school community are seen as essential and are therefore encouraged
* Partnerships are formed with local community health services/agencies in supporting a comprehensive whole school approach to drug education.
 | *Clear educational outcomes*Focus questions: Does your school establish drug education outcomes appropriate to the school context?**Do they contribute to the overall goal of minimising drug-related harm?**Across all areas of the school there is a clear shared understanding of drug education outcomes:* learning and teaching
* student wellbeing
* policies
* parent engagement
* community consultation and participation

**Useful resources and documents:**PoLT – Principle 5REDI resources : Whole school PD package Drug Education and the Effective Schools ModelOutcomes of effective drug education teaching and learning Get WiseSmoke Free SchoolsAustralian Government drug education resources |
|  | **Stage of implementation** | **Comments** | **Recommendations for Action** |
| **1. School practice based in evidence** |  |  |  |
| 2. A whole school approach |  |  |  |
| **3. Clear educational outcomes** |  |  |  |
| **Stage of implementation I=Implemented P= Partially implemented N= Needs attention** |

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| Theme Area : Positive school climate and relationshipsPrinciple 4 : Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harmPrinciple 5: Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education |
| 4. *Safe and supportive environment*Focus question: Does your school promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm?* All students are provided with a safe supportive environment that fosters engagement and connectedness with access to teachers who know them well and care about them
* Cooperation and mutual support is promoted throughout the school community to build resilience
* Emotional intelligence is highly regarded and reflected in our programs and practice
* Attitudes to school survey data, especially safety, and connectedness to school, teachers and peers, is used to revise and improve current practice
* Students have access to specialised support services as needed.
 | 1. ***Positive and collaborative relationships***

**Focus question: Does your school promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education?*** Partnerships with parents and the school community is encouraged
* Partnerships with local agencies is encouraged
* Consultation occurs with all school community stakeholders in relation to the development and delivery of drug education
* Access to drug education activities and information is regularly provided for parents
* Referral processes and protocols are developed with community agencies and health services
* Schools have a current and comprehensive list of drug related resources and agencies in the local area.

**Useful resources and documents:**PoLT especially Principle 1Framework for Student Support Services in Government Schools – Primary Prevention Parent Involvement in Drug Education GuidelinesREDI resources – PD for School CommunitiesIt’s Not OK to Be AwayPreventing Drug-related Harm: A guide for student welfare coordinatorsSchool Retention…What Does It Take? – a guide to keeping young people connected to school.Parent brochures from websiteCelebrating Safely materialsStudent Transition and Resilience Training (START) |

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|  | **Stage of implementation** | **Comments** | **Recommendations for Action** |
| 4. Safe and supportive environment |  |  |  |
| 5. Positive and collaborative relationships |  |  |  |
| Stage of implementation I=Implemented P= Partially implemented N= Needs attention |

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| Theme Area : Targeted to needs and contextPrinciple 6 : Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and prioritiesPrinciple 7: Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug usePrinciple 8: Use consistent policy and practice to inform and manage responses to drug-related incidents and risks |
| 6. *Culturally appropriate and targeted drug education*Focus question: Does your school provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities?* All students participate in relevant drug education
* Drug education is provided in a manner that is sensitive to cultural and experiential background of students
* Learning and teaching strategies are reviewed and modified to ensure that they are appropriate and inclusive for all students
* Local data informs programs and practices
* Drug education programs focus on the drugs that are most likely to cause the harm to the student population and local community
* The *Framework for Student Support Services* is used to inform how schools work within the area of student intervention
* In responding to drug related incidents the school takes a broad health approach and focuses primarily on the safety and wellbeing of those students directly and indirectly affected
* Harm minimisation underpins the school’s response in relation to dealing with drug related incidents.

7. *Recognition of risk and protective factors*Focus question: Does your drug education program acknowledge that a range of risk and protective factors impact on health and education outcomes and influences choices about drug use?* School increases protective factors for all students and reduces risk factors
* PD for staff on the complexity and interrelationship of risk and protective in the development of resilience
* Understanding of the continuum of drug use and interventions for each level of use.
 | 8*. Consistent policy and practice*Focus question: Does your school use consistent policy and practice to inform and manage responses to drug-related incidents and risks?* Clear procedures for responding to drug related incidents have been developed in consultation with students and parents.
* Staff professional development on appropriate responses to drug related incidents is provided
* Induction for new staff on policies and procedures and regular policy updates for all staff is provided
* Processes to support students with a range of complex issues that may be impacting on their health and wellbeing are developed
* Protocols are enacted with local agencies eg. Victoria Police and Department of Human Services
* Relationships with local agencies are encouraged to enable staff to support vulnerable students.

**Useful resources:**Retention and Reintegration: Recommendations and model of practice for schools/Family support resourceFramework for Student Support Services - InterventionInnovation and Good Practice in Drug Education monographsTranslated drug information for parents on websiteGet WiseSmoke Free SchoolsVolatile Solvents, a Resource for SchoolsResponding to Cannabis video |
|  | **Stage of implementation** | **Comments** | **Recommendations for Action** |
| 6. Culturally appropriate and targeted drug education |  |  |  |
| 7. Recognition of risk and protective factors |  |  |  |
| 8. Consistent policy and practice |  |  |  |
| Stage of implementation I=Implemented P= Partially implemented N= Needs attention |
| Theme Area : Effective pedagogyPrinciple 9: Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug educationPrinciple 10: Ensure teachers are resourced and supported in their central role in delivering drug education programsPrinciple 11: Use student-centred, interactive strategies to develop student’s knowledge, skills, attitudes and valuesPrinciple 12: Provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges. |
| 9*. Timely programs within a curriculum framework***Focus question: Is your drug education program located within a curriculum framework? Does this framework provide timely, developmentally appropriate and ongoing drug education?**Drug education programs:* + are based on accurate, age-appropriate information on licit and illicit drugs
	+ have a minimum of 10 hours per year of drug specific information
	+ are developmentally, culturally, and gender appropriate
	+ are taught within a framework of health promotion and wellbeing
	+ assist students in making healthy choices
	+ aims to prevent, postpone or reduce levels of harm
	+ recognise the critical importance of the timing of programs
* before experimentation
* before problematic behaviour patterns are established
* at the developmental stage most likely to cause harm

10*. Programs delivered by teachers.*Focus question: Does your school ensure that teachers are resourced and supported in their central role in delivering drug education programs?* Training and professional learning activities are regularly provided for teachers
* All teachers delivering drug education programs have participated in recent drug specific professional learning activities
* Teachers have access to current evidenced based resources
* Teachers have training in using interactive learning strategies
* Teachers tailor programs to meet the local needs of students
* Adequate time is allocated to fully implement programs to ensure fidelity
* Time and resources are allocated to plan programs
* Presentations by visiting speakers are a part of an ongoing integrated program and the materials presented are consistent with harm minimisation
* If peer leaders are utilised to deliver programs they are adequately trained and supported.
 | 11. *Interactive strategies and skills development***Focus question: Does your drug education program use student-centred, interactive strategies to develop students’ knowledge, skills, attitudes and values?*** **Classroom teaching practice:**
	+ uses interactive strategies to engage all students
	+ builds a climate of respect and inclusivity
	+ is student centered and collaborative
	+ includes small group activities, discussions and role-plays
	+ develops critical thinking, problem solving, decision making, help seeking, and refusal skills
	+ has a focus on skill development
	+ protects the safety and privacy of all students

**12. *Credible and meaningful learning activities*** **Focus question: Does your drug education program provide accurate information and meaningful learning activities that dispel myths about drug use and focus on real life contexts and challenges?*** **Students need:**
	+ Accurate information from reliable sources
	+ Information relevant to their needs
	+ Normative information
	+ The opportunity to debunk myths and discuss assumptions
	+ Information that is transferable
	+ Focussed on the drugs most likely to cause harm to their age group
	+ Information relevant to life experiences and of immediate and practical use
	+ Information and skills to keep themselves safe in drug using situations
	+ Learning activities that are conducted within a harm minimisation context

**Useful resources:**Tips on using interactive and inclusive strategies in drug education. [www.redi.gov.au](http://www.redi.gov.au) PoLT – Principle 5 VELS – Health & PE, Thinking processes, Civics and Citizenship DomainsIn Tune, LEAD, Get Wise, Smoke Free Schools, Commonwealth Resources |
|  | **Stage of implementation** | **Comments** | **Recommendations for Action** |
| 9. Timely programs within a curriculum framework |  |  |  |
| **10. Programs delivered by teachers**  |  |  |  |
| 11. Interactive strategies and skills development |  |  |  |
| **12. Credible and meaningful learning activities**  |  |  |  |
| **Stage of implementation I=Implemented P= Partially implemented N= Needs attention** |