Drug Education Resources for Schools and their Communities
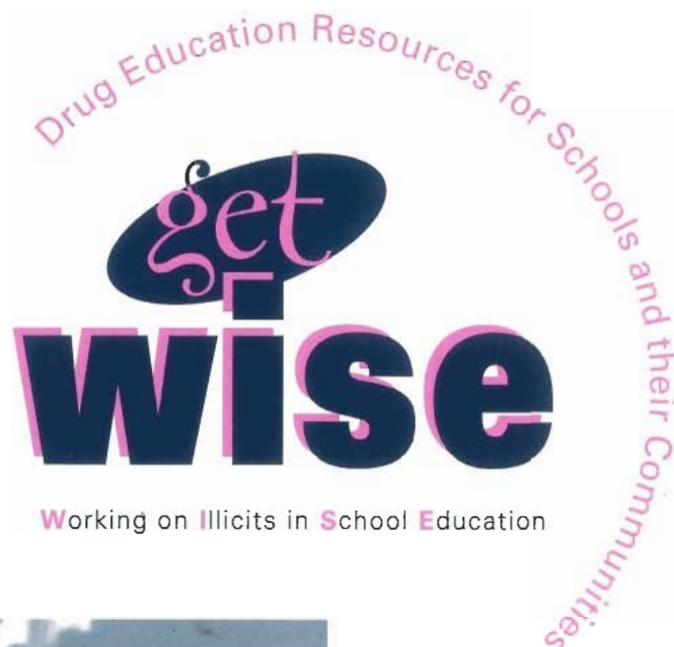
get wise

Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

get
wise

Working on Illicits in School Education

Introduction to

Get
Wise

State Government
Victoria

Department of
Education,
Employment and Training

COMMUNITY SUPPORT FUND
VICTORIA

'Drug use is not a new phenomenon. The major changes in drug use have occurred relatively recently - the last two hundred years - and relate to the types of drugs being used, and the modes and social context of use. The available evidence suggests that prior to these recent changes, which have brought with them a veritable explosion of problems, drug use was (with the exception of alcohol) a relatively benign activity.'

What we learn from history is that drug use is a normal activity in human society. Drugs are with us every day in ways that have both benefits and risks.

What we have also learned is that discussions around drugs are fraught with emotion, misunderstanding and myth. Government responses and public perceptions shift and waver according to what drugs are currently illegal, or what drugs fit within a notion of public menace or to the nature of business surrounding drugs.

It is within this context that the Premier's Drug Advisory Council (PDAC) was established in 1995 to conduct public investigation into the trade and use of illicit drugs in Victoria.

The Council's report, *Drugs and Our Community* presented their recommendations as advice on legislation, law enforcement, education, prevention and support and treatment initiatives. There has been bipartisan support for drug reform in Victoria and current initiatives consolidate and enhance drug education as a central response to reduce drug-related harm in this state.

The PDAC stated (in part) that: 'Council wishes to ensure that all school children are provided with appropriate health education. Council is aware that quality material exists regarding licit drugs and believes that this should be expanded to effectively address

illicit drugs'.[2]

Get Wise follows *Get Real*, a resource for primary and secondary schools which was produced as part of the Drug Education Support for Schools (DESS) project. It is currently available to schools in a reprinted version. *Get Real* provides schools with information and practical examples of drug education and drug-related student welfare from a policy, curriculum and welfare perspective and includes booklets to guide the running of parent forums as well as course materials and drug information for teachers. *Get Real* focuses on legal drugs and *Get Wise* is designed to complement and extend the curriculum and welfare approach of *Get Real*, with an additional focus on illicit drugs.

Drug Education

Individual School Drug Education Strategy (ISDES)

As part of the *Drug Education* initiative all government and most non-government schools developed an Individual School Drug Education Strategy (ISDES), an agreed outline of action for a specific school community.

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The purpose of an ISDES is to enhance and sustain drug education in schools in Victoria in order to contribute to the minimisation of the harm associated with drug use by young people.

Other projects

In addition, the Parent Information, Consultation and Education project and the Connect project as well as the Backgrounds project complemented and reinforced the notion of comprehensive drug education in

1 *Individual School Drug Education Strategy Guidelines, Department of Education, Victoria, 1998*

1   Drug Use in Australia. M, Kellehear. A, & Rumbold. G. Oxford University Press. 1998.Hamilton. p 2

2   Drugs in our community. Report of the Premier's Drug Advisory Council 1996. p 120

schools (refer pp 4-7 ISDES Guidelines for more details on each of these projects). Further initiatives for developing community networks and opportunities for cooperation between government departments and other services were encouraged.

Before starting

The *Get Wise* resource is designed to complement the harm minimisation curriculum and welfare approach in *Get Real* and the policy guidelines in the ISDES Guidelines. Schools should use *Get Real* before *Get Wise* as it covers the basic principles of harm minimisation in relation to alcohol, nicotine and other licit drugs prior to addressing illicit drugs.

What is an illicit drug?

Get Wise focuses more specifically on illicit drugs. Illicit drugs include drugs which are:

- illegal to cultivate or manufacture
- illegal to sell to others or possess
- not legally available to the general population (as opposed to cigarettes and alcohol, which cannot legally be sold to people under the age of 18 but are legally available to people over 18)
- legal under some circumstances (such as by prescription) but obtained illegally (for example, a person steals a prescription pad and writes their own).

Get Wise - Working on Illicits in School Education

Drug Education Resources for Schools and their Communities

What is in *Get Wise*?

Get Wise consists of six booklets. The content of each is summarised as follows.

The Principal's Guide

Aim

To provide guidance to primary and secondary principals in their leadership role as it relates to curriculum, student welfare and management of drug-related incidents.

Content

- An analysis of the patterns and trends in the use of illicit drugs.
- Advice on the role of policy in guiding school practice.
- Exploration of what constitutes an appropriate and effective drug education curriculum.
- Structures for the monitoring and support of "at risk" students.
- Summary of the Principal's legal obligations and issues surrounding the law.
- Information and advice regarding the management of drug-related incidents.
- Liaison with parents, media and external welfare agencies.

The Student Welfare Action Manual

Aim

To provide information, strategies and advice to designated student welfare staff to enhance student welfare in regard to drug education with specific emphasis on illicit drugs.

Content

- Discussion and advice about what constitutes drug-related student welfare.
- Advice on reviewing of welfare and discipline responses.
- Advice for planning and implementing an incident response including ideas and tools for documentation and working with the community sector.
- Information on applying the Student Support Services Framework, a four level framework of primary prevention, early intervention, intervention and postvention to drug education.
- Guidance on the management of drug-related incidents.

- Illicit drug scenarios for use in professional development and analysing of a school's capacity to respond to a drug-related incident.

- A supporting paper, promoting resilience in young people at high risk of developing substance abuse problems.

Communicating with Parents

Aim

To provide guidance for schools to work together with parents in illicit drug education, through the provision of information, consultation opportunities and activities.

Content

This booklet provides advice and strategies in developing school / community partnerships.

Parent participation in social policy and program development.

This section gives some practical advice on ways to achieve genuine parent participation.

Parent / community education forums.

This section consists of information on setting up and running forums on illicit drugs. It also contains a selection of 13 activities, designed to provide practical and relevant ways to inform and engage parents on issues relating to illicit drugs.

The Primary Classroom Activities

Aim

To provide teachers with both context and materials for a classroom approach for teaching about illicit drugs in upper primary levels.

Content

- Information and advice about teaching methodology and approaches to drug education.

- A curriculum chart linking each activity to key understandings and learning outcomes (Level 4) in the Curriculum and Standards Framework II.

- Five comprehensive classroom activities with relevant handouts and activity sheets.

This resource is supported by four brochures containing information about alcohol, cannabis, cigarettes and pain killers.

The Secondary Classroom Activities

Aim

To provide teachers with both context and materials for a classroom approach for teaching about illicit drugs in secondary schools.

Content

- Information and advice about teaching methodology and approaches to drug education.

- A curriculum chart linking each activity to key understandings and learning outcomes (Levels 5 & 6) in the Curriculum and Standards Framework II.

- Fourteen comprehensive classroom activities with relevant handouts and activity sheets.

This resource is supported by nine brochures containing information about cannabis, cocaine, ecstasy, heroin, LSD, tranquillisers and amphetamine, consequences and classification of drugs.

The A to Z of Illicit Drugs

Aim

To give teachers and others working in school drug education a factual up-to-date directory of information about illicit drugs.

Content

Contains information on a range of drugs and includes definitions, drug groups, drug types, effects (long and short term), how drugs are used, legal status, patterns of use, common street names, myths and misconceptions.

Drug Education Resources for Schools and their Communities

get
wise
Working on **I**llicits in **S**chool **E**ducation

Principal's
Guide

State Government
Victoria
Department of
Education,
Employment and Training

COMMUNITY SUPPORT FUND
VICTORIA

Get Wise Working Party

Get Wise Reference Group

Contents

SECTION 1
Introduction

Schools can play a preventative role in addressing illicit drug issues involving students and families by providing comprehensive P-12 drug education curricula and welfare programs designed to equip students to make healthy and informed decisions about drug use. Schools also have a key role in early identification and support of students at risk of harm resulting from their own or other's drug use. Principals are increasingly aware of the need to develop sound policy and practice guidelines to prevent and manage drug-related incidents at school.

This guide is designed to provide specific information and advice for principals to assist them in taking a key leadership role to address illicit drug issues which may arise within the school.

Key considerations for school communities when developing approaches to illicit drug issues include understanding:

- the varied and complex reasons for illicit drug use

- the risks and harms associated with both illicit drug and licit drug use

- that illicit drug use is often experimental and/or recreational

- that the majority of young people who experiment with illicit drugs will not become dependent users

- that long term exclusion from school marginalises vulnerable young people

- that most illicit drug use does not occur in school hours or on school property

- that illicit drug issues may involve use, supply or possession

- that illicit drug issues are usually sensitive and emotive.

Get Wise has been developed in response to recommendations made by the Premier's Drug Advisory Council which were based on evidence that some primary and secondary schools are required to respond to situations involving illicit drug use.

Get Wise provides specific strategies for educating about illicit drugs and responding to incidents of illicit drug use. It follows on from and affirms the principles of *Get Real: A Harm-minimisation Approach to Drug Education for Primary and Secondary Schools (1995)*. These two resources represent a comprehensive guide to the development and maintenance of drug education in schools.

What is in *Get Wise*

Get Wise consists of six booklets.

The Principal's Guide

- Provides guidance to primary and secondary principals in their leadership role as it relates to curriculum, student welfare and management of drug-related incidents.

The Student Welfare Action Manual

- Provides information, strategies and advice to designated student welfare staff to enhance student welfare relating to drug education with specific emphasis on illicit drugs.

Communicating with Parents

- Provides guidance for schools working with parents in illicit drug education, through the provision of information, consultation opportunities and activities.

The A to Z of Illicit Drugs

- Provides teachers and others working in school drug education with a factual up-to-date directory of information about illicit drugs.

Primary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in upper primary levels.

- Contains 5 comprehensive classroom activities with relevant handouts and activity sheets and is supported by four brochures containing information about alcohol, cannabis, cigarettes and painkillers.

Secondary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in Years 7 - 10.

- Contains 14 comprehensive classroom activities with relevant handouts and activity sheets and is supported by nine brochures containing information about cannabis, cocaine, ecstasy, heroin, LSD, tranquillisers, amphetamine, consequences and classification of drugs.

Responding to illicit drug issues

The leadership role of the principal is critical in addressing illicit drug use issues. The principal is advised and encouraged to:

- ensure that policy and procedures are collaboratively developed and communicated to the school community

- have accurate and current information available

- manage the provision of appropriate classroom curriculum and staff professional development

- access support from region and school council / board

- structure appropriate pathways for the provision of welfare support and critical incident management

- structure appropriate processes and sanctions for discipline actions

- be familiar with legal issues

- manage parent liaison

- establish / maintain communication links with the local police via the station commander

- develop any response within the context of the Individual Schools Drug Education Strategy (ISDES)

- have a local network and agreed guidelines between schools for negotiated movement of students

- carefully consider and manage responses to media inquiries

- consider links to other issues such as student attendance, homelessness and family disruption.

In developing approaches to illicit drug issues, it is important that principals have an awareness of:

- current approaches to drug education. A harm minimisation approach to drug education in schools and communities is current State and Federal Government policy

- accurate and up-to-date information on drugs with an emphasis on illicit drugs

- current departmental regulations, policy advice and regional procedures

- responses that incorporate the health needs of students

- relevant school sector guidelines and regulations.

Harm minimisation

Get Wise is based upon principles of harm minimisation. The aim of a harm minimisation approach is to prevent and reduce drug-related harm.

Harm minimisation involves a range of approaches to prevent and to reduce drug-related harm, including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence.

A distinguishing feature of harm minimisation from other approaches is that it:

- acknowledges that many people in our community use drugs

- takes into account the relationships between people, the drugs they use and the environments in which they use them (National Drug Strategic Plan, Drugs of Dependence Branch, Department of Health, Canberra, 1993-1997 p.4)

- acknowledges the rights of individuals not to use drugs.

A harm minimisation approach allows schools the flexibility to develop specific focus areas and implementation strategies that address relevant issues within the school context.

A harm minimisation approach does not condone, or encourage drug use. It aims to reduce the risks associated with use and to promote healthier, alternative behaviours. A harm minimisation approach acknowledges that students can be affected by their own drug use, or the drug use of others, including parents, relatives, siblings and friends.

One way to prevent and reduce drug-related harm is to abstain from drug use. Due to the illicit nature of some drugs, abstaining from use within school hours or on school property, should be a school priority.

In the school setting, a harm minimisation approach is framed by school policy and incorporates the provision of curriculum and welfare support, and the development of partnerships with parents, police and welfare agencies.

Support for a harm minimisation approach

Drug Education - Individual School Drug Education Strategy Plan (ISDES)

As part of DEET *Drug Education* initiatives, every government and most participating non-government schools have developed or reviewed their Individual School Drug Education Strategy Plan (ISDES), a written, agreed outline of action for a specific school community.[1] The purpose of an ISDES is to enhance and sustain drug education in schools in Victoria in order to contribute to the prevention and reduction of drug-related harm.

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Drug information & trends

In addressing issues related to illicit drugs, it is important to understand that communities and individuals will have different levels of exposure, knowledge and information. An examination of the levels and patterns of use can be a helpful guide in planning for developmentally appropriate drug education curriculum, school policy and welfare strategies.

It is useful for principals to have a basic understanding of some generic drug information pertaining to young people. This includes understanding:

- reasons why young people use illicit drugs
- patterns of use and polydrug use
- the extent to which drug use affects individuals and communities (drug-related harm)
- factors that affect how a person feels after using an illicit drug
- the difficulties associated with recognising signs of drug use.

Illicit drug use trends

The level of illicit drug use in Victoria, relative to licit drug use, is very low. However, indications are that the worldwide supply of some drugs, especially heroin, will affect future levels and patterns of drug use in Australia. This raises concerns about the availability of illicit drugs and initiation of new users.[2]

> A harm minimisation approach does not condone or encourage use. It aims to reduce the risks associated with use and to promote healthier, alternative behaviours.

Tables 1 and 2 show 1992 and 1996 percentages of year 7 and 11 students surveyed who had ever used substances or had used in the last month.

Methodological and ethical issues have prevented drug use data being collected for primary school students.[3]

1   **SOFweb site** http://www.sofweb.vic.edu.au *(student welfare / drug education)* for *more information on Drug Education in schools.*

1 Individual School Drug Education Strategy Guidelines, Department of Education, Victoria, 1997.
2 Drugs in our Community, Premier's Drug Advisory Committee, 1996, p79.
3 School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and other Drug Use Among Victorian Secondary Students, Department of Human Services, Melbourne, 1999.

Table 1. Percentage of Year 7 and Year 11 Victorian secondary school students who have *ever used* substances by year level for 1992 and 1996.[4]
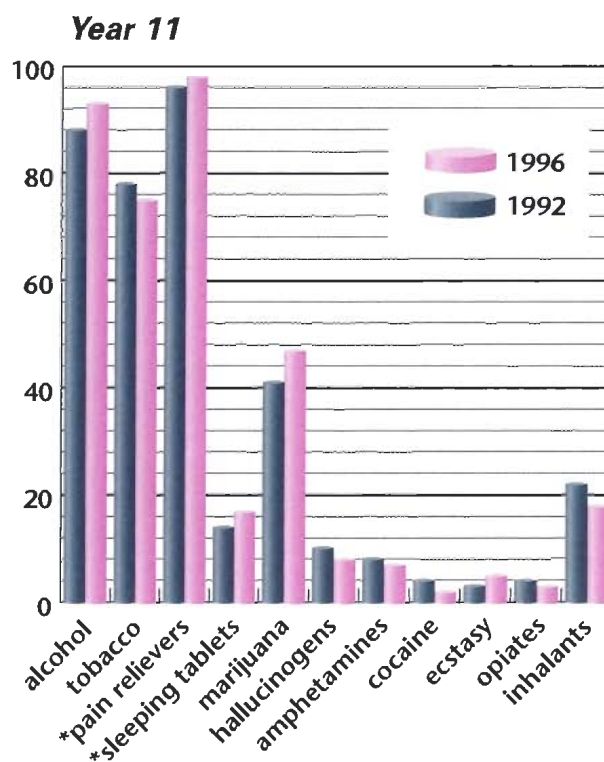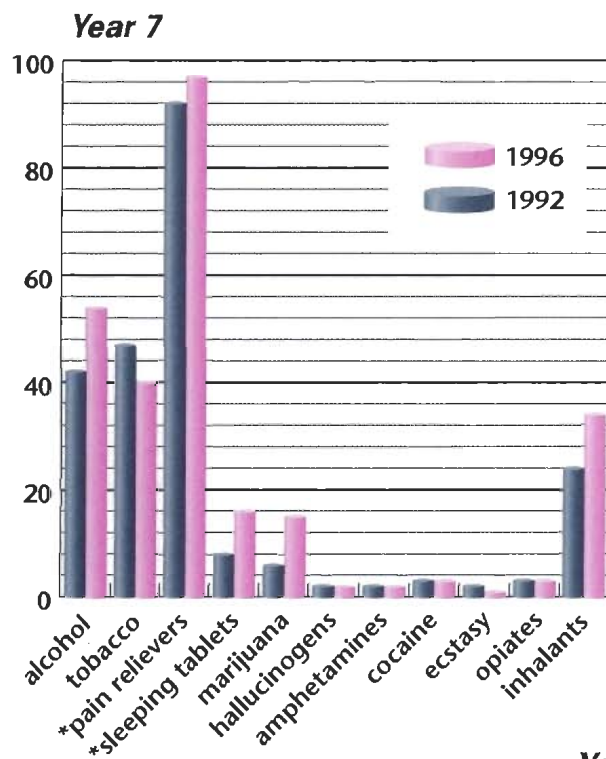
Year 7

Year 11

4 School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and other Drug Use Among Victorian Secondary Students, Department of Human Services, Melbourne, 1999.

Table 2. Percentage of Year 7 and Year 11 Victorian secondary school students who had used each substance in the *last month,* 1992 and 1996.[5]

Year 7

Year 11

2

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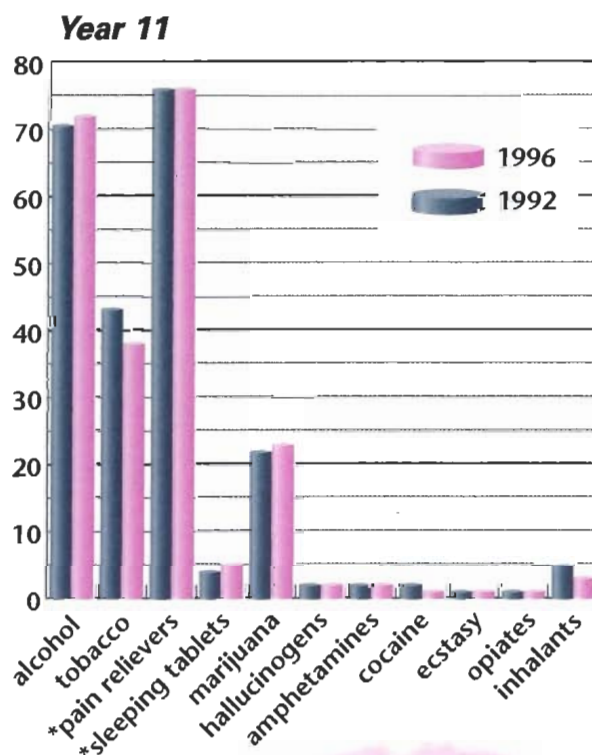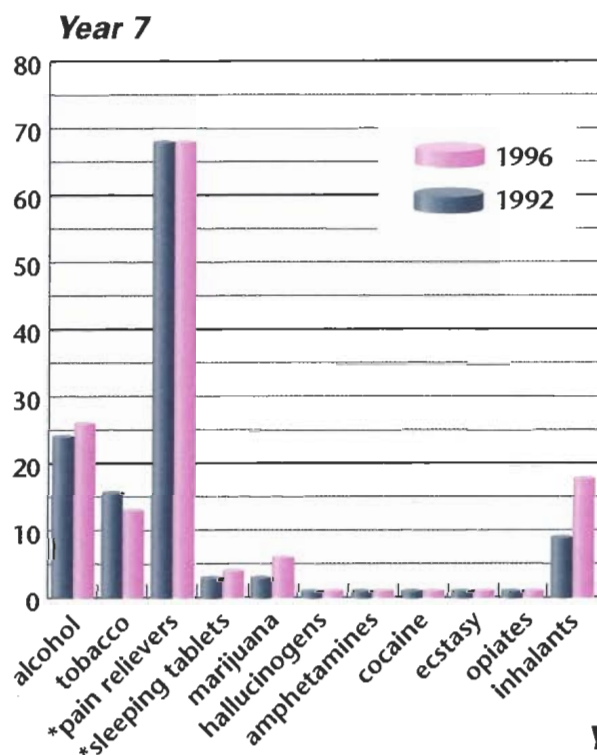
* *While not necessarily illicit drugs, pain relievers and sleeping tablets have been included in drug use statistics. Pain relievers and sleeping tablets may be prescribed or purchased over the counter. Use of these drugs by students while at school may be cause for concern, for example if shared among students, or if used in conjunction with other drugs.*

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2   For information about the effects of illicit drugs, refer to *Get Wise: A to Z of Illicit Drugs.*

5 School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and other Drug Use Among Victorian Secondary Students, Department of Human Services, Melbourne, 1999.

Trends and prevalence of use for individual illicit drugs

Cannabis - marijuana

- Cannabis is the illicit drug most widely used by Victorian school students. The most widely used form of cannabis is marijuana.

- Use of marijuana increases substantially over the year levels with 15% of Year 7 students, 33% of Year 9 students and 47% of Year 11 students having *ever used* marijuana. Compared with 1992 data, a greater proportion of students have *ever used* marijuana.

- 6% of Year 7 students, 19% of Year 9 students and 23% of Year 11 students have used marijuana in the last month.

- The percentage of students who have *ever used* marijuana is less than half of those who have used in the last month. This suggests that a proportion of students use experimentally and do not continue use.

- Most students who try marijuana do not become regular or frequent users. Only a small proportion continue to use on a daily basis over an extended period of time.

- Use of marijuana is generally higher among male than female students, particularly in the middle secondary years.

- In the last week of the survey, more Year 11 students used cannabis than tobacco.

The prevalence of cannabis use indicates it is readily available and suggests that most secondary schools will have students who have experimented with this drug. There may also be a number of students who do not use cannabis but are exposed to use by others around them.

> **It is important to note that no drug is instantly addictive. How much a person uses and how often, depends much more on their personality and lifestyle than it does on the drugs they choose to use. The majority of drug users do not progress from experimental or recreational use to regular or problematic use.**

Cannabis is not considered to be a 'gateway' drug. Users do not necessarily progress from using cannabis to other drugs. Some people will stay with cannabis, others will choose to use other drugs or stop using all together.

Hallucinogens

- Hallucinogens are a range of drugs including LSD (lysergic acid diethylamide) and magic mushrooms

- Hallucinogens (and amphetamines) are the second most widely used illicit drugs among Victorian school students, with 2% of Year 7 and 8% of Year 11 students having *ever used* them.

- Less than 1% of Year 7 and 2% of Year 11 students have used hallucinogens in the last month.

- Slightly more males than females have ever used hallucinogens, particularly in the younger year levels. Gender differences are significant among Year 9 students where 9% of boys and 5% of girls have *ever used* hallucinogens.

- Research shows that hallucinogen use is low and mainly experimental among secondary students.

Amphetamines

- 95% of secondary school students have *never used* amphetamines.

- 2% of Year 7 students have *ever used* amphetamines. This increases to 7% of Year 11 students.

- 2% of Year 11 students have used amphetamines in the last month.

- A greater proportion of Year 12 males (4%), and year 9 males (3%) used amphetamines in the last month than any other group of students. Generally males are more likely to have *ever used* or be recent users of amphetamines.

- The discrepancy between *used in the last month* and *ever used* figures indicates that many of those who use do so at an experimental or occasional level and are not frequent or regular users.

Ecstasy

- A small proportion (3%), of students have *ever used* ecstasy.

- *Use in the last month* is consistently lower than *ever used*, ranging from less than 1% for Years 7 and 10, to 2% for Year 11.

- Recent use or *use in the last month* does not increase significantly as students progress through secondary school.

Opiates

- Opiates include heroin, codeine and morphine.

- 97% of students have *never used* substances such as heroin.

- For those students who have *ever used* opiates, *use in the last month* is highest amongst Year 9 students (2%).

- The peak period for initiation to heroin use usually occurs in the late teens. Many people who start to use heroin continue to do so for a relatively brief period (weeks or months).

Recent evidence suggests that heroin is becoming cheaper and more readily available. Research indicates that the average age of heroin users has decreased and the price of heroin has been falling while its level of purity is rising - two strong indications of greater availability.[6] Other indications of increasing prevalence include the fact that heroin-related arrests rose by 350 per cent between 1992 to the year 1996-97 while opioid overdose deaths in the general population increased six-fold between 1979 and 1995.[7]

Inhalants

- Inhalants are substances that give off a vapour at room temperature that can be sniffed/inhaled to produce a mind altering depressant effect. Inhalants include a range of household and industrial chemicals.

- Use of inhalants, while not illicit, is high amongst secondary school students with 24% having deliberately sniffed inhalants at least once in their lives, possibly due to their easy availability and low cost.

- Inhalant use decreases substantially from Year 7 to Year 12. Year 7 students were nine times more likely than those in year 12 to report *use in the last month* (18% compared to 2%).

- There are no significant gender differences relating to inhalant use.

Use of inhalants is usually periodic or short lived and may follow a fashion or fad that is sweeping a community. Very occasionally, inhalants induce a toxic reaction which can be fatal.[8]

Steroids

- Use of steroids among students is very low.

- 99% of students have never used steroids.

- Males are generally more likely to have ever used steroids. 2% of Year 11 boys had used steroids in the last month, while no girls in this year level had used steroids in this time.

Cocaine

- 97% of students have never used cocaine.

- Less than 1% of students had used cocaine during the last week of the survey.

6   School Students and Drug Use, 1996 Survey of Alcohol, Tobacco and other Drug Use Among Victorian Secondary Students, Department of Human Services, Melbourne, 1999.

7   Lynskey, M. and Hall, W., Jurisdictional trends in opioid overdose deaths 1988-1996 NDARC Technical Report No. 54, National Drug and Alcohol Research Centre, University of New South Wales, 1998.

8   Commonly Used Drugs & their Effects, Health & Community Services, Victoria, 1996

Interpreting statistics

Care needs to be taken when interpreting illicit drug use statistics. The validity and reliability of data can usually be determined from reading the full statistical report. It is also important to consider:

- what the data is measuring. *Ever used* rates will often be significantly higher than *recent use* rates

- the size of the survey sample. How many people have been involved in the survey? Small sample sizes may not be representative of the larger population

- the sample population. Who is being surveyed? Is the sample indicative of the whole population or of a sub group?

- the demographics of the survey and sample population. For example, statistics from a specific town or group of suburbs may not indicate true and reliable data for the whole population

- the dates of the survey and when the material was published.

Reasons for using illicit drugs

Reasons for illicit drug use are varied and complex, and include:

- alleviating feelings of distress

- relieving boredom, depression or sense of hopelessness

- having fun

- pushing boundaries

- finding out what it's like

- celebrating or socialising with others who are using.

All young people are different, however adolescence is commonly marked by characteristics that reflect cognitive and emotional stages of development. Risk-taking is a component of everyone's lives, however it is particularly associated with

adolescence. Young people are genuinely curious and may choose to experiment with new ideas and experiences, test boundaries and learn from mistakes and successes. This could include experimenting with or using illicit drugs.

Patterns of illicit drug use

Many young people do not use illicit drugs. Some young people use illicit drugs for experimental or social reasons and are therefore likely to be occasional users. This can be seen in the variation between *ever used* and *recent use* (use in the last month) statistics in Figures 1 and 2. Some young people use illicit drugs on a regular basis. For a smaller group, illicit drug use becomes heavy, problematic or dependent.

This closely mirrors the pattern and profile of drug use by the adult population, with larger numbers of social or recreational users, and diminishing numbers of regular, heavy and dependent users. It is important to be aware however, that whether illicit drug use is social, experimental or regular, the use of any illicit drug has the potential for harmful consequences. Although harm is more likely to be associated with heavy or frequent use, it can also occur with experimental or social use, or when two or more drugs are used at the same time (poly-drug use). The harm can be physical, emotional and social and, for many, a key harm is the legal status of the drug.

It is important to note that no drug is instantly addictive. How much a person uses and how often, depends much more on their personality and lifestyle than it does on the drugs they choose to use. The majority of drug users do not progress from experimental or recreational use to regular or problematic use.

> **Young people need to be aware of the full range of consequences of illicit drug use. Effective classroom programs provide opportunities for young people to identify risks and plan and evaluate strategies for preventing and reducing drug-related harm.**

Drug-related harm

Problems related to illicit drug use include those of a social, physical, legal and economic nature. The broad range of problems related to the use of any drug are described using a model developed by Roizen (1992);

- **Liver:** This includes physical and psychological problems, for example illness and accidents caused as a result of drug use

- **Lover:** This includes relationship problems, for example, drug use can cause or exacerbate problems within a user's family

- **Livelihood or lifestyle:** This includes problems related to a person's job, finances, education and housing situation

- **Legal:** This includes legal problems related to drug use, for example, being fined / prosecuted for drug use or possession, or assault and criminal damage relating to drug use.

Young people need to be aware of the full range of consequences of illicit drug use. Effective classroom programs provide opportunities for young people to identify risks and plan and evaluate strategies for preventing and reducing drug-related harm.

The factors that effect the drug experience

When an incident of illicit drug use occurs at the school, enhancing and preserving the safety and well being of those involved is of paramount importance. Staff managing the incident need to be aware of the factors that influence the way a drug affects a person.

Drugs can affect people in very different ways. The way a person feels after using a drug will vary according to factors relating to:

- the drug
- the characteristics of the user
- the environment or setting in which the drug is used.

Two people may use the same amount of the same drug yet experience very different reactions.

> There is no easy way to recognise if a young person is using licit or illicit drugs.

The person

The drug

The environment
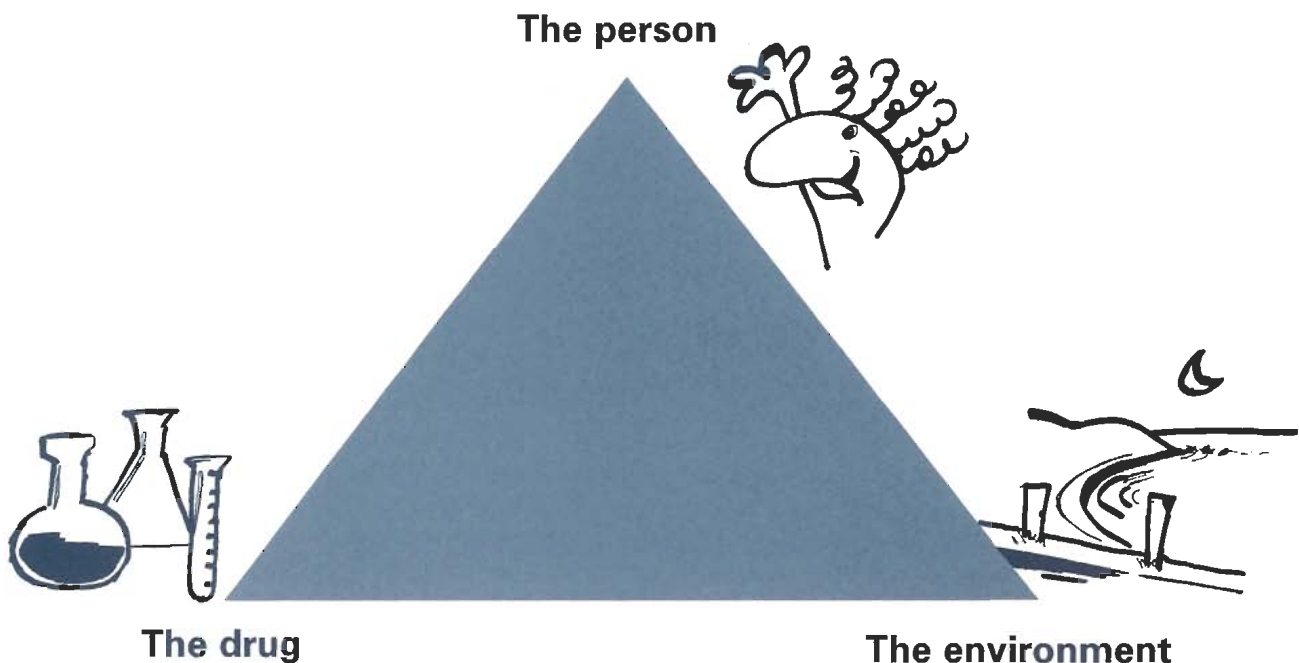
Signs of drug use

There is no easy way to recognise if a young person is using licit or illicit drugs. Possible indicators of drug use can also be signs of illness, hormonal changes and emotional distress. Young people over a period of time may exhibit some of the following signs as they meet everyday challenges. It is therefore important to observe if a combination of these factors is present before suspecting drug use. However, even when all factors are present, drug use should be considered as only one of a variety of possible issues affecting young people.

Possible indicators of drug use

- A marked personality change. A placid, softly spoken person may suddenly become disruptive, noisy and / or abusive.

- Declining grades (over a period of time) may also be cause for concern.

- Significant and long term personality swings. From high to low and back again for no apparent reason. There may also be extreme outbursts precipitated by innocuous events or statements.

> It is important to observe if a combination of these factors is present before suspecting drug use. However, even when all factors are present, drug use should be considered as only one of a variety of possible issues affecting young people.

- Changes in physical appearance or well-being. This may include sudden or gradual changes in weight, slurred speech, staggering gait, sluggish reactions, pin-point or dilated pupils, sweating, talkativeness, euphoria, nausea and vomiting.

- Intuition or stories related from other students, parents or teachers. Where staff know students well, it may be possible to notice behavioural changes over a period of time that may indicate drug use.

- An excessive need for, or increased supply of money. Buying drugs costs money, however it is not the only transferable commodity. Sporting clothes and shoes, other substances and sexual favours could be traded in return for illicit drugs.

Other issues

In addressing illicit drug issues, principals need to ensure there is a balance between welfare and discipline. For example, in responding to possession, use or supplying illicit drugs, the principal, in consultation with welfare staff, often has to weigh up the competing needs of individual students with the needs of the school community. The actual circumstances surrounding the incident require careful consideration throughout the decision-making process. It is therefore important for a principal to take a flexible and informed approach to drug-related issues in schools.

3

SECTION 2
Policy and procedures

Responses to illicit drug issues can be made clear to the school community through the development and implementation of school policy. Schools are advised to develop their own policies in accordance with:

- *Schools of the Future Reference Guide*
- school charter / mission statement
- individual school needs
- harm minimisation principles.
- *Framework for Student Support Services in Victorian Government schools.*

The principal has a key leadership role to play in ensuring that drug-related policy and procedures are developed and communicated. Responses to illicit drug issues in each of the four arenas of prevention, early intervention, intervention and postvention should be addressed within such a school policy.

Developing a school drug policy

The concept of Health Promoting Schools offers one example of a systematic, practical framework within which schools can design or review policy, practices and curriculum. This framework has three domains, each of which should be considered in the development of school drug policy and in review or design of curriculum and welfare strategies.

Formal Curriculum (teaching and learning)

This includes:

- placement, design and delivery of P-12 drug education curriculum and staffing
- content and teaching strategies used in drug education programs
- provision of ongoing, relevant professional development opportunities for staff.

Informal Curriculum (school ethos and environment)

This includes:

- development or review of policies and practices regarding drug use in the school community
- student code of conduct
- practice and procedures for student management
- provision of welfare support, identification, monitoring and referral for at risk students.

Family and Community Links (partnerships and services)

This includes:

- development of partnerships with parents, services, police, referral agencies and local treatment centres, neighbouring schools, the media.

The Health Promoting Schools framework diagram:

curriculum teaching learning
- health topics integrated into other subjects
- planned sequential curriculum
- student-centred teaching
- experimental teaching
- preservice and inservice training
- cultural and social education
- non-violent conflict resolution

school organisation, ethos and environment
- clean
- physical activity areas
- passive recreation areas
- shade
- respectful of diversity
- staff health and welfare
- friendly waste disposal
- based on social justice principles
- health promoting schools policy
- occupational health and safety
- caring ethos underpins social interactions
- resource allocation for health

partnerships and services
- lessons in specialist health areas
- community service
- teacher professional development
- counselling services
- family support
- school welfare services
- community use of school facilities
- school community members involved in initiation, development and implementation of school health policies and programs
- local health services contribute to school health through;
  • screening
  • immunisation
  • education of teachers and parents
  • expert advice on referral and policy development.
- alliances formed with health, welfare and local community agencies

Development of a whole school approach

For guidance in using a *Health Promoting School* framework to structure the development or review of drug policy, refer to Tools Section:

- *Tool 1:* Supportive school management checklist
- *Tool 2:* Developing or reviewing school drug policy checklist
- *Tool 3:* Sample drug policy.
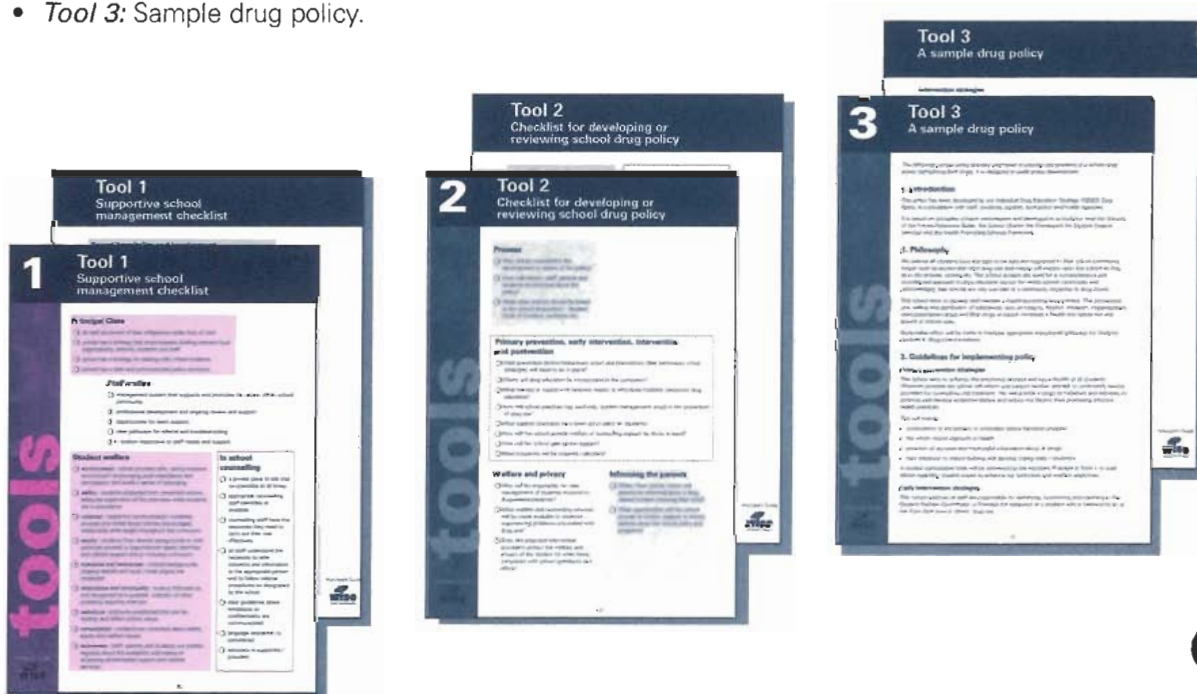
Relevant Department of Education, Employment and Training documents and other policy and procedural advice

A range of references will inform policy development. It is important to ensure that the *Framework for Student Support Services in Victorian Government Schools* is taken into account during drug policy development.

The following documents and references will also help support the development of drug education policy and procedures.

Schools of the Future Reference Guide, 1996

The *Schools of the Future Reference Guide* provides information regarding school - based responses to drug-related issues. It is essential that responses are consistent with relevant sections.

Duty of Care Section 4.6.1.1 (is central to any policy development around illicit drugs).

> 'A teacher is to take such measures as are reasonable in the circumstances to protect a student under a teacher's charge from risks of injury that the teacher should reasonably have foreseen.'

In summarising the duty of care owed by schools / teachers it is fair to say that:

- the standard of care is higher than that owed by a reasonable parent
- the duty is to take reasonable care to avoid harm
- the duty is to take positive action to prevent injury
- the duty is not that of strict liability.

The ultimate determinant of whether an act is reasonable or not may be determined by a court of law. Legal liability of educators is now interpreted as one to avoid injury that could reasonably be foreseen as possibly occurring.

Other relevant sections when dealing with illicit drugs include:

AIDS/HIV prevention education

Student Attendance

Student Safety

Student Health

Student Care and Supervision

Student Code of Conduct

Issues relating to mandatory reporting

Protocols with Victoria Police.

Individual School Drug Education Strategy Guidelines.
1998 - Core Team Support Material

The Guidelines provide additional information regarding:

- policy development and a sample annotated drug education policy (p122-128)
- first aid and medicines policy
- managing drug-related incidents policy.

Drugs, Legal Issues and Schools - A guide for Principals of State Schools 2000

This document provides legal advice for state schools about specific drug-related issues including:

- student disclosure of illicit drug use
- police involvement in drug incidents
- confidentiality
- surveillance and searches.

Student Attendance Guidelines

According to the *1992 Survey of Alcohol, Tobacco and Other Drug Use Among Victoria Secondary School Students*, unsupervised recreation and truancy have a high correlation to inappropriate drug use.

It is clear that schools need to maintain a set of procedures to monitor and identify attendance patterns and to have in place appropriate follow up and contact with students and parents. *The Student Attendance Guidelines* (1997). The Victorian Department of Education, Employment and Training provides general information regarding school responsibilities and advice on processes for supporting student attendance.

Managing School Emergencies

The manual *Managing School Emergencies: Minimising Impact of Trauma on Staff and Students* was produced in 1997 by the Victorian Department of Education, Employment and Training to provide policy and procedural information.

Important advice for schools and student support staff includes:

- details of roles and responsibilities at the regional, school support service and school level
- requirements for reporting emergencies and traumatic incidents
- considerations relating to post-traumatic stress.

Principals are required to notify the DEET's 24 hour communications centre by telephone **(03) 9589 6266** about any incident including criminal activity in which the safety of staff or students is at risk.

Other school sector documents

Pastoral Care of Students in Catholic schools - Catholic Education Commission of Victoria, 1995.

This policy elaborates on:

- quality of relationships
- formation of self-discipline
- pastoral programs
- comprehensive and inclusive approaches to teaching and learning
- supportive school / family relationships
- effective networks of care
- co-ordinated and supportive organisational structures.

This document also offers advice on the development of discipline policies, rules and sanctions for inclusive student welfare.

Legal Issues in Schools: Catholic Education Commission of Victoria

Revised Edition 1998

This document offers both general and specific assistance to school administrators and staff in dealing with the legal requirements associated with the day to day activities in Catholic schools.

This includes advice relevant to drug issues and incidents in sections addressing:

- reporting and recording incidents
- responding to student offences
- accident and safety legislation.

SECTION 3
Curriculum Leadership

Implementing Drug Education in the Classroom

The principal may lead the debate on what constitutes an appropriate and effective drug education curriculum and be required to be an advocate for the school's approach.

An effective drug education program?

Get Wise has been informed by a review of literature of effective drug education curricula research.

The literature indicates that successful programs include a combination of knowledge, social and life skills, and values clarification.

Based on studies of both successful and unsuccessful drug education programs, the following is a summary of what works and what doesn't in effective drug education programs.

What works?

- Training in broader personal and social skills such as decision-making, anxiety reduction, communication, and assertiveness.

- Provision of accurate and factual information.

- Training in social skills or how to recognise influences and resist them effectively.

- Normative education illustrating that illicit drug use is not the norm.

- Interactive teaching strategies supported by appropriate professional development.

- Anchoring drug education in Health key learning areas.

- Sufficient allocation of time, reinforcement and follow-up.

- Programs occurring in association with media, community and parental response.

What doesn't work?

- One-off programs.

- Approaches that attempt to scare students out of drug use by exaggerating the danger and presenting misleading information (this can result in the teacher losing credibility with students).

- Focusing solely on the long-term impact of drug use.

- Brief interventions by external 'drug educators' or ex-users. (This approach may glamorise drug taking or lead to increased interest or experimentation).

- Knowledge-only (focusing only on provision of information) and affective-only (focusing only on the development of self-esteem, personal growth) programs.

- Prohibition or a 'just say no' approach - will work for some people but has proven to be generally ineffective.

Interactive teaching

Research has shown that the failure to use interactive teaching strategies is the area in which breakdown in delivery of effective drug education programs is most likely to occur. The principal should be aware that appropriate allocation of staff and the provision of effective professional development is likely to be a critical component in the successful delivery of the drug education curriculum.

Get Real and Get Wise

A drug education program using *Get Wise* to extend the *Get Real* program provides an extensive preventative curriculum for use at an age prior to experimentation with drugs. It also gives ample opportunity for ongoing education targeted to the developmental needs of children and adolescents.

The program takes a normative approach, provides opportunities for students to obtain factual and accurate information about drugs and their effects, to develop skills of prediction, problem solving, decision-making and help seeking using student-centred interactive teaching strategies.

Common questions about drug education

Why the harm minimisation approach?

A harm minimisation approach acknowledges that many young people will use drugs at some stage of their life, making it critical that students acquire knowledge and skills that will assist them in making informed decisions about their drug use and so minimise any harmful effect associated with that use.

The principles of harm minimisation include;

- an understanding that many students have used, currently use and will use drugs

- a recognition of the rights of students not to use drugs

- a recognition that non-using students are subject to potentially harmful situations by the behaviour of drug using people

- a recognition that drug use provides varying degrees of risk for the user

- an acceptance that drug use by young people is a personal choice that is usually not within the control of teachers and schools.

This approach is appropriate for all students, whether they are non-users, potential users

> **The literature indicates that successful programs include a combination of knowledge, social and life skills, and values clarification.**

or drug user. It is fundamentally about the health and wellbeing of our school community, of preventing harm and reducing risks associated with substance misuse.

What outcomes are we pursuing - behaviour change or the development of knowledge and understanding?

Traditionally Victorian schools have done both. In areas of health, students have historically learned about health, and been the recipients of public health interventions conducted in schools with specific behavioural and health outcomes, eg. immunisation, wearing sunhats, use of sunscreens and improved canteen practices. These represent complementary activities on a continuum of knowledge and understanding through to behaviour change. Most school programs have objectives that span knowledge, attitudes, behaviour, health status and healthy school environments.

Unfortunately drug education can sometimes be equated to 'do something about the drug problem' in society. And by 'do', these advocates of school drug education don't mean increase student understanding of drug issues.

Some drug educators have proposed that schools aiming for short-term behavioural change are setting unrealistic goals. This is not to say that school drug education cannot achieve behavioural change. It is certainly possible to find examples of drug education programs that don't work, but equally there are a number of programs that have demonstrated long-term behavioural outcomes in terms of reduced harm of both licit and illicit drugs.[9]

Drug education can appropriately aim to achieve a range of outcomes from the acquisition of knowledge and skills through to behavioural and health outcomes. Schools which choose to focus on knowledge, understanding and skills should be seen as making an appropriate contribution to students' education in terms of ensuring that students do not harm themselves as a

9 Dusenbury & Faico, Eleven components of effective drug abuse prevention, 1995.

result of ignorance or lack of skills. A key to program effectiveness is the quality of the teaching and the competence of the teacher.

Should we teach about inhalants?

Teaching about specific inhalants can increase curiousity and therefore should only be considered if prevalence is such that it warrants such a measure. There is evidence that when information about inhalants is made available, promoting interest when none existed before, use of these substances increases. Giving examples of products or methods of use should be avoided.

Inhalants are available in many different forms and are relatively cheap. This makes them appealing to young people who find it difficult to obtain other 'drugs'. Their peak use tends to be around years 7 and 8.

The decision on whether to teach about inhalants needs to be considered both within the context of a comprehensive program and the local experience. If large numbers of students are already using inhalants there may be a need to address this issue, but it is generally recommended that the users be targeted with specific interventions. In general inhalants are not included in mainstream curriculum programs.

The principal, in consultation with staff and external agencies will have to plan the appropriate approach for their school community.

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At what age is it appropriate to teach about illicit drugs?

School drug education programs aimed at prevention should begin before use commences and provide developmentally appropriate extension and booster programs. Consideration of the statistics about levels and patterns of use may be a guide in locating programs. In developing and placing programs, schools may need to respond to the particular challenges, needs and beliefs of those in their community.

Evidence suggests that effective drug education programs span P-12, are sequential, relevant, developmentally appropriate, and are based on current research and harm minimisation. The information provided should be accurate, relevant and credible.

> **Research has shown that the failure to use interactive teaching strategies is the area in which breakdown in delivery of effective drug education programs is most likely to occur.**

Most primary school programs will focus on drugs such as medicines at junior levels, caffeine, nicotine, alcohol and sometimes cannabis at senior levels. Secondary schools should provide booster information sessions about these drugs and can introduce material on illicits progressively.

Students may initiate discussion about illicit drugs, prompted by the media, parents, siblings or a friend's drug-related behaviour. A teaching response to this should be contextualised and incorporated within a harm minimisation framework.

It can be easy for schools to ignore the issue of drug use. Given that most drug use occurs outside school time, it may seldom present as an issue during the school day. It should be remembered however, that drug use might be a real factor in the lives of a number of students.

4   *Refer to A to Z of Illicit drugs, p41-44, Inhalant section for further information and advice.*

5   *Student Welfare Action Manual, p28, for more information regarding school responses to inhalant use.*

Where does drug education fit within the curriculum?

It is recommended that drug education be integrated into the Curriculum and Standards Framework II and occur as part of a broader on-going P-12 health education curriculum.

In primary schools, drug education will ideally be integrated into areas of health, social education or science. A focus on legal drugs should occur prior to engaging in lessons about illicits. *Get Real*, supplemented by *Get Wise* provides an appropriate context for this process.

In secondary schools, key learning areas of Health, Physical Education, Social Education, English and the Arts all have learning outcomes relevant to drug education. Specific drug education outcomes can be incorporated into the strands of Safety, Human Relations and Health of Individuals and Populations in the Health and Physical Education Learning Area.

> Drug education should be a core component of an ongoing health curriculum.

What skills are required to conduct such classes?

Skills and competencies that have been identified as being required by teachers involved in school drug education include the following:

- recognition that drug education is a 'sensitive issue' requiring a range of different teaching strategies, in addition to recognised health education strategies

- employment of a range of ways of putting principles of harm minimisation into practices in different contexts

- knowledge of the personal, gender, social and environmental influences on student drug use

- acknowledgement of student curiosity about drugs and their attractiveness and symbolic use in youth culture

- active seeking of opportunities for professional development and networking with other health professionals

- designing programs that encourage student compliance with drug-related laws and recognise the consequences of breaking such laws

- promoting the concept of personal and social responsibility for decision making about drug-related choices

- engendering a classroom climate of two-way, open and non-judgmental communication between students, and between teachers and students

- networking effectively with school staff, parents and caregivers, drug educators and the wider community

- planning programs that provide students with knowledge and opportunities to develop harm minimisation skills relevant to licit and illicit drugs in different settings

- employing practices of limited confidentiality, protective interrupting and principles of personal safety

- designing activities that encourages students to critically analyse information and evaluate sources of drug-related information

- providing accurate, credible information when relevant.

Leadership of Student Welfare and Discipline

A broad approach to student welfare incorporates the provision of a safe and supportive school environment, a positive school ethos and a robust preventative curriculum. It also provides for those students with particular needs and for the management of incidents involving breaches of the school's student code of conduct.

When an incident involving the use, possession or supply of illicit drugs by students occurs, the principal is ultimately responsible for the school response and should be informed. The principal may wish to appoint another member of staff as case manager to oversee implementation of the school's welfare response.

A case management approach can be designed to support the retention and reintegration of students experiencing difficulties related to drugs.

Dealing with at risk students

When a breach of the school rules occurs in relation to use, possession, supply or distribution of illicit drugs, it is important to distinguish between the school's welfare and discipline responses. The principal can play a pivotal role in identifying appropriate pathways, establishing case management processes and promoting strategies for students at risk or in dealing with students who have engaged in experimentation with drugs.

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

The school can provide effective support for "at risk" students by working in co-operation with family members, and support agencies to address the range of risk factors and other health, personal or social vulnerabilities of the student.

A case management approach

Student welfare and continuing education are key issues in the short-term management of the student.

A case management approach can help structure the school's short, medium and long term response. Such an approach requires the appointment of a senior member of staff to oversee the collection of information, the design of an appropriate and an ongoing welfare response and liaison with parents, the student, police, Region, or other agencies.

Appointment of a case manager who is not the welfare teacher can help to ensure that disciplinary responses and periodic review of the student's progress are not confused

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

with ongoing welfare support.

The structure for case management should be clearly supported by well-publicised school protocols highlighting defined information pathways. The responsibility of 'duty of care' and issues related to confidentiality and privacy should be understood by all staff.

Established practice should include clear indications about what staff members should do if they find information regarding student use or supply of illicit drugs.

Balancing welfare and discipline

When an incident involving illicit drug use occurs, the principal is often left to balance what may appear to be the competing needs of the individual student and those of the greater school population.

The fear of placing other students at risk via their contact with an individual who uses, possesses or deliberately assists others to use illicit drugs is a consideration which the principal must address. The long term case management of such students can be used to explore options and as a structure to maintain an educational pathway.

A school's ability to respond to incidents involving illicit drugs may at times be limited. While there is good evidence to suggest that it is better to keep young people connected to school, this in reality can be difficult and taxing. Country schools particularly may find it hard to access relevant support services; public perception or opinion may weigh in favour of 'moving on' difficult students, or the time and effort required for long term case management may stretch school resources. The challenge then is to organise school responses in recognition of available resources, support staff, links to local police, welfare, drug and health agencies.

A greater challenge is to 'keep' students at school who may have committed offences involving illicit drugs. Schools collaborating with each other and their local community are generally better positioned to respond to such situations from a health and welfare perspective. This may mean providing a 'second chance' option at a neighbouring school.

Grounds for suspension and expulsion are clearly spelled out in Ministerial Order No. 1 and may be examined in cases requiring a serious response to major violations of the student code of conduct. Permanent expulsion is the most extreme sanction available to the principal and it is only to be used after other relevant forms of behaviour management have been exhausted.

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Other options include:

- school-based detentions or targeted suspension, eg a student could be linked up with a welfare or drug treatment agency for the duration of the suspension period

- voluntarily undertake detoxification

- home visits organised to discuss / negotiate behaviour contracts.

Tools to guide leadership of student welfare and discipline procedures

For guidance in developing policies and guides to enhancing leadership of student welfare procedures refer to:

Tool 4: A structure for case management

Tool 5: Action Chart

Tool 6: Principals' incident action chart

Tool 7: Annual briefings checklist.

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6 *Refer to Schools of the Future Reference Guide for procedures in response to serious offences. In Catholic schools refer to in Pastoral Care of Students in Catholic Schools.*

7 *For further information regarding case management and options for welfare and discipline responses see Get Wise: Student Welfare Action Manual, p29.*

SECTION 5
Legal Advice and Protocols Regarding Illicit Drugs

If principals require advice in relation to illicit drug use, possession or supply they may wish to seek Departmental advice, legal advice, or to contact the station commander at the nearest police station.

Some general principles apply to the legal circumstances surrounding incidents involving illicit drugs:

- teachers cannot promise absolute confidentiality to students

- if teachers are aware of school incidents involving use, possession or supply of illicit drugs they must pass this information on to the principal who in turn should pass this information on to the police

- schools need to establish a line of communication with local police

- a designated student welfare coordinator has no medical or legal privilege. DEET does recognise the special role of welfare co-ordinator within a school and allows some discretion in what information is passed on to senior officers. Principles of mandatory reporting apply

- principals normally advise parents of students involved in illicit drug incidents

- principals should decide whether or not to notify the school community about an illicit drug incident after taking account of the people involved and the circumstances

- schools need to consider and take reasonable steps to prevent drug-related harm on and around school grounds.

Duty of care and confidentiality

Duty of care in relation to illicit drugs

As part of their 'duty of care', teachers are required to supervise students adequately. This requires not only protection from known hazards, but also protection from those that could arise (that is, those that should reasonably have been foreseen) and against which preventative measures could be taken.[10]

In situations where school personnel become aware that illicit drug use by students is occurring or is likely to take place, there is a clear 'duty of care' to pass on this information via the defined school channels. These channels may include Year Level Co-ordinators, Student Welfare Co-ordinators through to the Principal.

Confidentiality

The requirements of 'duty of care' preclude staff members from being able to promise confidentiality to students. Teachers have a positive 'duty of care' to prevent injury and must advise their school principal of information given to them by a student, irrespective of whether use is occurring on or outside the school grounds and irrespective of the type of drug involved. This includes information about use of an illicit drug by a member of the student's family. The principal is then in the best position to make a decision about notifying parents; reporting to police; arranging counselling; notifying the Region or Department of Human Services; etc.

10   Schools of the Future Reference Guide, section 4, Department of Education, Victoria, 1996.

It is recommended that schools clearly indicate the pathways for staff to pass on information or concerns they may have about students in relation to drug use. The principal should ensure that all staff are aware that they should not promise confidentiality, but be rigorous in their efforts to protect privacy.

Legal liability of educators is now interpreted as one to avoid injury that could reasonably be foreseen as possibly occurring.

Welfare Co-ordinator

If a student tells a welfare co-ordinator something 'in confidence' there is no medical or legal 'privilege' under law for such disclosure. A co-ordinator who is a registered psychologist is further governed by a Code of Practice as it relates to privacy and confidentiality.

The co-ordinator should ordinarily pass on information regarding illicit drugs to the principal.

However having regard for the special nature of their position within a school, the student welfare co-ordinator may choose to exercise his / her discretion.
This may mean:

- initially (having regard to the best interests of the student and other students in the school) not to disclose information concerning the use, possession or distribution of illicit drugs, to the principal or others

- subsequently, communicating to the principal what is necessary and relevant.

The principal is ultimately responsible for decisions about whether to pass on information to parents and would normally work in close consultation with the welfare co-ordinator and / or school counsellor.[11]

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Informing parents

There is no breach of the criminal law for the failure of the school to notify the parent or legal guardian, save for some issues involving mandatory reporting.

The requirement of 'duty of care' however would direct the school to take action to prevent foreseeable harm. The school principal would normally advise the parent or legal guardians of the knowledge that has come into the possession of the school and what support can be provided.

If police are involved a parent or legal guardian or advocate should be present. If immediate action is required the principal should appoint a suitable advocate and notify parents as soon as possible.[12]

Documentation

Adequate documentation of the information obtained by the school and the response then undertaken is important. The principal must keep adequate records of information received and action taken to inform Region, parents or police.

Protocol between the Victoria Police and the DEET

Victoria Police and the Department of Education, Employment and Training have agreed on a protocol concerning any crime alleged to have been committed by students at school, travelling directly to or from school or during school sponsored activities

In this protocol a criminal offence means any behaviour that could seriously threaten the safety, security or well being of any person or property for whom the principal has responsibility .

Any alleged criminal offence, including use, possession and supply of illicit drugs must be referred to the police.

Contact with the police should be directed to the local station commander. Police will investigate and decide whether an offence has occurred.

In less serious matters the principal should be guided by their knowledge of a student and the circumstances of the case as to whether or not the matter be reported.

8   *Section 2 of this text for further information regarding Duty of Care.*

11 Drugs, Legal Issues and Schools - A Guide for Principals of State Schools, Department of Education, Victoria, 1998, p 6.

12 Schools of the Future Reference Guide, Section 4, Department of Education, Victoria, 1996.

Police interviews: rights of young people

Whether the student to be interviewed is regarded as a victim, witness or suspect, the principal's duty is to balance the obligation to protect the rights of the student and the parents / guardians with the obligations to assist the police in the exercise of their duty.

Where possible the principal should contact parents / guardians to obtain their permission and to seek their presence or permission for the principal or suitable third party to be present during a police interview in their absence.

Young people interviewed by police as suspects should be informed that they have a right to silence and have the right to have a parent / guardian or independent third person present when interviewed by the police. Students interviewed as suspects have a right to a solicitor if they wish. In cases where a principal decides to allow an interview to proceed without the presence of parents / guardian or nominee, then a previously uninvolved staff member should be nominated as the parent's representative.

Parents should be advised as soon as possible after the interview.

It is the role of the independent person to ensure that there is an accurate recording of the student's statement, and further that the student fully appreciates that the statement is given voluntarily.

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Detaining offenders

Under Section 458 of the Crimes Act, anyone has the right to detain a person they find committing an offence. They must immediately call the police and hand the offender to them.

The police have a power of arrest for any person found committing an offence or may summons a person who is no longer committing the offence.

However, not reporting a crime is not an offence (mandatory reporting is an exception).

Searches and surveillance

Searches

As the school lockers remain the property of the school, they can be searched if a teacher has reasonable cause for concern. That should be spelt out in the school's own documents such as the student code of conduct and school newsletters. The student's bag is his / her own property.

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If a teacher has a serious concern about what is contained in a student's bag, the student should be asked to deposit his / her bag or empty it for inspection. If the student refuses and there are reasonable suspicions of drugs being held in the bag, the police should be called to open the bag in front of the student, teacher, and principal.

Police should be called to undertake a search where there is suspicion that students are concealing a weapon or illegal drugs on themselves or in their bags.

As a part of the principal's and teachers' duty of care, there may be circumstances where action must be taken immediately to prevent injury to students or staff before the arrival of the police. This may include a search of personal property, bags, lockers, desks etc.

Teachers impounding substances suspected to be illicit drugs, or paraphernalia

9 *See Get Wise: Student Welfare Action Manual, p13, for more information regarding confidentiality.*

10 *For further details consult the Schools of the Future Reference Guide see section 4 regarding police protocol.*

associated with drug use should immediately notify the principal. The confiscated items may become evidence in a criminal investigation and should be sealed and secured in the presence of a witness and then handed to police as soon as possible. On advice from police, schools may be asked to dispose of some substances.

Victoria Police have two types of search powers for drugs of dependence - search with a warrant and search without a warrant.

Search with a warrant (Section 81)

If police are required to search for drugs on school property it will generally be at the invitation of the principal and a warrant will not be required. In the circumstances where permission is denied and a warrant is required, the power to search with a warrant can be found in Section 81 of the *Drugs, Poisons and Controlled Substances Act*.

Search without a warrant (Section 82)

The power of police to search without a warrant is found in Section 82 of the *Drugs, Poisons and Controlled Substances Act 1981*. They must have reasonable grounds for suspecting that a person in a public place (and other nominated places such as a car in a public place) has possession of a drug of dependence in respect to which a crime has been committed.

The police may, with such assistance as they think necessary, search the person (or car etc). They may search and seize the drugs and deal with them according to the law.

Police dogs in schools

Under either section 81 or 82 of the *Drugs, Poisons and Controlled Substances Act 1981*, police can enter school premises to enable them to conduct a search. Although neither sections discuss the manner of the search it is possible that police dogs may be used.

> **The trust and quality of the relationship between staff and students are important considerations in the longer-term approach to reducing and preventing drug-related harm.**

Police guidelines recommend that such a search be conducted without students present and outside school hours. The full support of the school principal is required. (Refer to previous section on Protocol between the Victorian Police and DEET).

It is advised that schools develop workable and collaborative partnerships with local police. A response such as the use of police dogs would be viewed by DEET as a short-term reactive measure. Police dogs are unlikely to prevent illicit drug use by school students. They may also have the effect of creating drama and excitement among students or increasing parental anxiety. The use of any police resources, such as dogs, is the judgement only of the Victoria Police. The use of police dogs by police is subject to strict control and would not be undertaken as a precautionary measure nor to demonstrate a 'tough on drugs' stance.

The trust and quality of the relationship between staff and students are important considerations in the longer-term approach to reducing and preventing drug-related harm. A preventative approach that combines discipline and student welfare allows schools to deal more comprehensively and consistently with student health issues arising from drug-related behaviour.

It should be noted that it is possible for some private security companies to use dogs as part of their service. These are not official police dogs and have no connection with the Victoria Police.

Other legal matters for schools

Surveillance

The Surveillance Device Act 1999 prohibits the following surveillance:

• Listening devices to hear, record, monitor or listen to a private conversation without the consent of each party to the conversation and

• Optical surveillance devices to record or observe a private activity without the consent of each party to the activity.

It is mandatory to seek and obtain approval for installation of surveillance cameras from the DEET Emergency and Security Management Branch. References should be made to Executive Memorandum 98/020 dated 18 February 1998.

Court orders

Schools have the ability to obtain copies of relevant Court Orders that are by their nature public documents. Up-to-date Court Orders should be kept on appropriate school files.

Offences and warnings

A principal may wish to use the law of trespass to protect students or staff from unwelcome visitors, particularly those who may be associated with violent or criminal activity including the supply or use of illicit drugs.

Trespass

The offence of trespass is committed by a person who does not have permission from an authorised person (i.e. principal or delegate), who enters a scheduled place (State School) unless for a legitimate purpose (Section 9 Summary Offences Act).

A person who now enters school premises after being previously warned by the principal not to enter, or in breach of a prominently displayed sign, will be guilty of trespassing.

Offences

Offences related to drugs involve the use, possession, manufacture and sale of drugs. It is a specific offence for an adult to supply drugs to a child under 18 for the child's use or for a person to supply a child and then that child to supply to another child. Trafficking drugs is dealt with as a more serious offence and incurs heavier penalties. ('Trafficking' means to prepare, manufacture, sell or possess for sale a drug of dependence and is related to specific quantities and circumstances in law.)

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Court appearances of children

Children on their first appearance before a court for possession of small quantities of drugs such as cannabis, heroin, morphine or cocaine will be required by the courts to complete education and training courses. First time offenders for the possession of small quantities of cannabis often receive a good behaviour bond.

Where minor drug offences occur, child offenders are usually warned under the police cautioning system.

Drug cautioning

The Victoria Police, under their Cannabis Cautioning Program and Pilot Drug Diversion Project have adopted an operational view that steering first time users away from the courts and into drug treatment services is more likely to benefit the community in the longer term.

> *"I am absolutely convinced that diverting first time offenders away from the criminal justice system will ultimately save lives by keeping people away from the downward spiral of drug abuse and criminal stigmatism".[13]*

Where a minor drug offence occurs, child offenders (under seventeen) are usually warned under the police cautioning system.

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11 *For detailed guidelines, see Executive Memorandum numbered 907/041 dated 29 August 1997.*

13 Neil Comrie, Victoria Police Commissioner, Press release 6 July 1998

The Victoria Police have extended this practice of cautioning to people seventeen years or more under The Cannabis Cautioning Program. This program applies to adult offenders detected in possession of or using cannabis weighing not more that fifty grams for personal use.

The person must have no criminal history of drug offences, must admit the offence and consent to be cautioned. A 'Caution Notice' is given to the person. It contains information about the health and legal ramifications of cannabis use and a confidential telephone drug information help line. The young person must attend the local police station and wherever possible parents are notified.

For additional information on legal advice and protocols refer to other DEET resources

A to Z of Illicit Drugs, booklet component of Get Wise resource

Get Real series

Guidelines for Developing the Student Code of Conduct

Drugs, Legal Issues and Schools. A Guide for Principals in State Schools

Schools of the Future Reference Guide Section 4.

- protocol between the Victorian Police and DEET concerning criminal offences
- smoking in school
- alcohol in school
- school functions off premises
- students consuming alcohol during school hours
- consumption of alcohol during school camps and excursions
- solvent misuse
- use of non-prescriptive addictive drugs
- students and medication
- student code of conduct.

School policy, structures and practice guidelines should be sufficiently robust and prescriptive to guide management of a range of drug-related concerns.

The school's student code of conduct and safety protocols should support action and provide all staff with reasonable confidence that if policy is followed they will have adhered to 'duty of care'. The provision of ongoing support for welfare and education are key issues in the longer-term management of the student.

The following scenarios are based on examples of school experience and are designed to act as a prompt for discussion about the management of incidents involving illicit drugs.

Tools and photocopiable masters to assist in short, medium and long-term management are to be found in the Tools Section:

Tool 6: Action Chart

Tool 7: Principal's incident action plan

Tool 8: Staff briefing and reminder sheet

> *Note: No one action chart or response guide can address all situations. Some steps may not be necessary and it may be appropriate to change the order. Various key steps are highlighted to ensure schools consider them when preparing response plans.*

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Scenarios

Primary School Scenarios

The following scenarios include suggested response plans.

Scenario 1: Student brings cannabis and a bong to school and appears to be under the influence of a drug

The scene is a small primary school. Just prior to the morning bell the Year 6 teacher is summoned for help. Some Year 5 girls are claiming that a Year 6 boy is 'on drugs' and 'acting weird' and boasting in the yard that he has smoked marijuana with his big brother before school and even has a 'bong' in his bag to prove it.

Scenario 2: Child brings cannabis to school from family source

A student was found showing a small bag of cannabis leaves to friends at school 'just to show what it looked like.' He claimed his parents wouldn't care because they used it themselves anyway.

(Also consider your response if this scenario were to involve a different drug eg. medicines, sedatives, cigarettes, alcohol and heroin.)

Sample response plan A

Immediate

- manage first aid response / seek medical help if unsure of health status
- interview the child in private location, ascertain if the child is at risk
- get the facts: who / what / when / where / how often?

Short term

- inform and involve police
- inform and involve parents
- inform and involve relevant staff
- choose appropriate welfare / disciplinary response
- possibly refer student / family if appropriate to support services
- refer to drug education programs to meet individual and wider school needs.

Medium to long term

- possible case management
- monitor child's behaviour / wellbeing.
- evaluate response.

Scenario 3: Parent use of drugs is affecting child's attendance

Two siblings, from Years 2 and 5 are frequently absent from school. The younger child explained to his teacher that when mum is 'stoned' they are allowed to stay home from school and watch television all day.

Sample response plan B

- notify student welfare staff / principal
- revisit school attendance guidelines and policy
- contact / interview family
- assess risks to students
- refer on / report as appropriate
- plan and implement ongoing monitoring of child's wellbeing.

Scenario 4: Syringe found in playground

The primary school yard is often used after hours as a meeting point for older youths. Students playing in the sandpit on Monday morning tell the yard duty teacher they have found a syringe in their adventure playground tunnel.

Scenario 5: Bong found in playground

A group of Year 4 students find what appears to be a homemade bong in the playground. They do not know what it is, and are using it as a rocket in their space game.

Sample response plan C

- staff member to use safe disposal procedures
- revisit and rehearse safety responses with students, staff and parents
- revisit school security
- alert parents within school community
- reinforce protective behaviours messages for students
- increase surveillance in school yard
- liaise with local schools and police
- revisit preventative education program.

Secondary school scenarios

The following scenarios are accompanied by a suggested appropriate response plan.

Sample response plan A

Immediate

- stay calm, ascertain health and safety risks
- manage first aid response / seek medical help if unsure of health status
- get the facts: who / what / when / where / how often?
- seek help / notify welfare staff / principal
- secure and label substances.

Short term

- inform and involve parents
- inform police for support and /or advice
- inform and involve relevant staff
- government schools to advise DEET and Region
- appoint case manager.

Medium to long term

- refer student / family, if appropriate to support services
- choose appropriate disciplinary / welfare response
- refer to drug education programs to meet individual and wider school needs
- review and / or enhance yard duty surveillance, attendance guidelines
- implement and monitor case management
- monitor child's behaviour / wellbeing
- evaluate response.

Scenario 1: Truancy and drug use

A small group of students was observed leaving the schoolyard at lunchtime. Later in the afternoon their behaviour in class showed signs of mild intoxication. On a number of previous occasions these particular students had left school at lunch-time and not returned for the afternoon session. Another student was heard to joke that this group was 'stoned again.'

Scenario 2: Students using inhalants on oval during school day

Some Year 8 students have taken to clustering in a group on the far side of the oval, but dispersing on the approach of a teacher. A yard duty teacher notices bizarre behaviour and upon approaching the group they run, leaving a plastic bag and spray can behind.

Scenario 3: Student overdose of unknown substance in school toilets

A senior school student is found unconscious in the school toilets by her close friends. Alarmed, they seek help and indicate they believe she has taken a drug overdose, as they know her to be a user of amphetamines. There is no sign of injecting equipment or drug paraphernalia. They are not clear about what she has taken or whether the overdose was intentional or accidental. The arrival of the ambulance is public, and rumours are all around the school.

Scenario 4: Use of tranquillisers belonging to parents

A student becomes irrational and groggy during class after lunch. She staggers and slurs her words. When removed from class she reveals that she and two friends went to her house at lunchtime and took some of her mum's tablets with alcohol. Neither of the friends returned to school. She thinks they went to the station.

(Consider your response if this scenario were to involve a different drug, for example cannabis, heroin, amphetamines)

Sample response plan B

Immediate

- assess health and safety risks
- interview students / get the facts: who / what / when / where / how often?
- secure and label substances if possible.

Short term

- contact police
- inform parents
- brief relevant staff
- inform relevant staff
- government schools to advise Department and Region
- appoint case manager
- choose appropriate disciplinary / welfare response.

Medium to long term

- refer student / family, if appropriate to support services
- refer to drug education programs to meet individual and wider school needs
- review and / or enhance yard duty surveillance
- implement and monitor case management
- monitor student/s behaviour / wellbeing
- manage potential media contacts
- evaluate response.

Sample response plan C

- ascertain level of risk and ensure immediate safety
- get the facts: who / what / when / where / how often?
- contact previous school and case worker if applicable
- inform and involve parents / guardian
- appoint case manager
- devise welfare plan
- investigate other risk factors
- refer student / family if appropriate
- initiate medium and long term welfare support strategy
- evaluate response.

Scenario 5: Student is allegedly selling cannabis at school and found with a supply in his locker

A student informs a teacher that one of the Year 11 students is on a get rich quick scheme at the expense of younger students. Upon further questioning, a hint is offered 'put it this way - he's not just selling cigarettes, and there aren't only books in his locker'. A later investigation reveals a supply of cannabis in his locker.

Scenario 6: Suspected selling and use of heroin

A parent informs the principal that her son has passed on information that heroin is being sold in the schoolyard by older students, and some Year 9's have taken up a 'first time it's free' offer.

(Consider your response if this scenario were to involve a different drug, for example, cigarettes, alcohol, ecstasy and amphetamines).

Scenario 7: 'At risk' student accepted from neighbouring school

A school has a Year 9 male student who has just transferred into their school but has rarely attended school. Both the principal (from the initial interview) and staff members were concerned over issues relating to the boy's health and welfare. Staff at the current school believe he is under the influence of heroin and fear he may be injecting at school or involved in trafficking on site. The principal is concerned about the student, other students and the reputation of the school.

Scenario 8: Privacy / confidentiality

The physical education teacher notices one of her students, a sixteen-year-old female, has marks on her arm. She suspects intravenous drug use. After class the teacher talks with the student and the student confesses to heroin use. She pleads with the teacher not to tell her parents and indicates she wants help.

(Consider your response if this scenario were to involve a different drug eg alcohol, amphetamines or disclosure of a different nature - for example experience of abuse).

SECTION 7
Dealing with the public

Parents

The principal is ultimately responsible for the school's approach to informing and consulting parents on issues relating to discipline, welfare or preventative drug education. Parents have a key responsibility for their children's health and behaviour and a positive partnership between home and school can be in the best interests of the child.

Many schools will choose to run parent forums to discuss issues surrounding drug use. Most parents appreciate being informed about the preventative curriculum as well as the student conduct code and welfare structures offered by the school.

The *Get Wise* resource acknowledges that different families have different rules and beliefs and will model a range of attitudes towards drug use. Strategies and agendas for working with parents and running parent forums are found in *Get Wise: Communicating with Parents*.

Schools have found it useful to form parent support groups of parents whose children have been involved in a drug-related incident. Parents can discuss possible strategies, be provided with accurate information about drugs or simply compare feelings and concerns. Supporting parents in this way may alleviate some of the trauma associated with incidents and build confidence and understanding of the support strategies the school has implemented.

Role of the school council

The school council has a key role to play in the development and ratification of school health and drug education policy. The school council also ratifies the Individual School Drug Education Strategy. Opportunities should be made to regularly discuss the school's response to drug / health issues at school council meetings.

Referral agencies

The principal should ensure that the school provides a structure to facilitate partnership, liaison or referral to outside agencies. This may also include the allocation of a budget to buy in expertise and support and the allocation of time for classroom or welfare staff to coordinate or meet with agency staff when required.

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Police

The principal may from time-to-time need to liaise with the local police on matters relating to illicit drug incidents. This may entail facilitation of preventative activities through programs such as the Police Schools Involvement Program or more specific interventions in situations involving use, supply or possession of illicit drugs. Police should be notified of incidents involving illicit drugs. Confiscated 'drugs' should be handed to police as soon as possible. Principals are advised to establish contact with the local police station commander prior to such an incident. This will facilitate a better working relationship.

Guest presenters

The principal or delegate should ensure that guest speakers or presenters of drug education work in the context of the school's broader curriculum. Avoid sensationalising or glamourising drug taking - a risk when ex-addict testimonials are used. Ensure that drug education is not relegated to one-off presentations but is part of an ongoing course taught as part of the regular school curriculum. A 'just say no' message delivered to a school assembly will have little impact.

Media .

Many principals dread the day the media takes an interest in how drugs affect their school community. Schools taking a proactive or preventative response are concerned to ensure that media coverage does not interpret school programs or public forums as evidence that the school has a 'drug problem'. Similarly schools are concerned that media coverage of incidents involving student drug use are not exaggerated or sensationalised with negative impact on the school's standing community.

> **Ensure that drug education is not relegated to one-off presentations but is part of an ongoing course taught as part of the regular school curriculum. A 'just say no' message delivered to a school assembly will have little impact.**

With planning, schools can attempt to ensure that media coverage is accurate, balanced and reflects the school's long term commitment to drug education. Also consider a group or regional approach with other schools in the locality.

Proactive and responsive media relations strategies

A proactive media relations strategy means knowing what positive media coverage the school would like to generate and planning means by which to promote school programs to the media. Schools could write an individual media release; designate a member of staff to liaise with journalists and plan for photo opportunities; make it clear to the journalist that the school is providing broad prevention strategies in line with departmental / system recommendations.

Principals may consider nominating a media relations officer and accessing professional development opportunities to gain experience or expertise in dealing with the media.

A responsive media relations strategy entails knowing what to do in response to media attention following an incident. The principal should alert staff that all contact with the press will be via the principal (or designated spokesperson). This may also include contact with the Regional General Manager or Department of Education Employment and Training Community Information Services Branch (03 9637 2871). Other sectors will have media liaison strategies in place.

It is advisable to prepare a media release that summarises the key facts in writing. It is reasonable to request that journalists make an appointment prior to any interview to allow sufficient time for the principal to consult relevant staff or the Regional Principal Consultant to prepare a briefing document.

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SECTION 8
Tools

Tool 1
Supportive school management checklist

Principal Class

- ○ all staff are aware of their obligations under duty of care
- ○ school has a strategy that encompasses briefing relevant local organisations, parents, students and staff
- ○ school has a strategy for dealing with critical incidents
- ○ school has a clear and communicated policy structure.

Staff welfare

- ○ management system that supports and promotes the values of the school community
- ○ professional development and ongoing review and support
- ○ opportunities for team support or debriefing
- ○ clear pathways for referral and troubleshooting
- ○ a system responsive to staff needs and support.

Student welfare

- ○ *environment* - school provides safe, caring inclusive environment encouraging pupil attendance and participation and builds a sense of belonging
- ○ *safety* - students protected from unwanted visitors, adequate supervision of the premises while students are in attendance
- ○ *violence* - respectful communication modelled, physical and verbal abuse actively discouraged, relationship skills taught throughout the curriculum
- ○ *equity* - students from diverse backgrounds or with particular physical or psychosocial needs identified and offered support and an inclusive curriculum
- ○ *tolerance and awareness* - cultural backgrounds, religious beliefs and racial / tribal origins are respected
- ○ *attendance and punctuality* - truancy followed up and recognised as a possible indicator of other problems requiring attention
- ○ *sanctions* - protocols established that are fair, realistic and reflect school values
- ○ *consultation* - students and parents are consulted about safety, equity and welfare issues
- ○ *awareness* - staff, parents and students are briefed regularly about the availability and means of accessing school-based support and welfare services.

In-school counselling includes:

- ○ a private place to talk that is accessible at all times
- ○ appropriate counselling staff identified or available
- ○ welfare staff have the resources they need to carry out their role effectively
- ○ all staff understand the necessity to refer concerns and information to the appropriate person and to follow referral procedures as designated by the school
- ○ clear guidelines about limitations on confidentiality are communicated
- ○ language assistance is considered
- ○ advocacy is supported / provided.

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Tool 1
Supportive school management checklist

Parent hospitality and involvement

○ parent / family involvement in the school is actively encouraged

○ the school communicates in an ongoing and collaborative way with parents

○ the school consults with parents in the development of policy and on curriculum and welfare matters

○ the school offers advice or support services for families

○ there are forums for discussion and awareness raising for students, parents and staff.

Curriculum

○ harm minimisation approach is reflected in welfare and curriculum responses

○ drug education is developmentally appropriate, sequential and a core component of the curriculum

○ student welfare is a priority in the classroom

○ diversity is celebrated through the curriculum.

Monitoring

○ school has a plan for dealing with welfare / drug-related issues / critical drug-related incidents

○ procedures for documenting incidents and actions are in place to support a student or staff member when involved in a drug-related incident

○ early intervention is recognised and implemented.

Referral

○ staff are aware of the range of problems students may encounter, the symptoms to look for and the support and referral structures that exist within the school

○ school maintains a database of appropriate referral agencies

○ school provides a staff member in a welfare role to provide ongoing support or referral to those with drug-related problems.

Counselling
Critical incident management

○ first aid procedures are in place

○ case management structure is in place for students, staff and families

○ postvention or trauma response plan is in place

○ parent and community liaison structure is in place

○ budget allocation is available.

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Tool 2
Checklist for developing or reviewing school drug policy

Process

○ Who will be consulted in the development or review of the policy?

○ How will visitors, staff, parents and students be informed about the policy?

○ What other policies should be linked to the school drug policy? - Student Code of Conduct, medicine etc.

Primary prevention, early intervention, intervention and postvention

○ What prevention (before behaviours occur) and intervention (after behaviours occur) strategies will need to be in place?

○ Where will drug education be incorporated in the curriculum?

○ What training or support will teachers require to effectively facilitate classroom drug education?

○ How will school practices (eg: yard duty, student management) assist in the prevention of drug use?

○ What support structures have been put in place for students?

○ How will the school provide welfare or counselling support for those in need?

○ How will the school gain parent support?

○ What resources will be required / allocated?

Welfare and privacy

○ Who will be responsible for case management of students involved in drug-related incidents?

○ What welfare and counselling services will be made available to students experiencing problems associated with drug use?

○ Does the proposed intervention procedure protect the welfare and privacy of the student (s) while being consistent with school operations and ethos?

Informing the parents

○ When / how and by whom will parents be informed about a drug-related incident involving their child?

○ What opportunities will the school provide to involve, support or inform parents about the school policy and programs?

Tool 2
Checklist for developing or reviewing school drug policy

Police contact

○ When and by whom will police be notified of incidents involving illicit drugs?

○ What procedure is in place for police interview of students or staff?

○ Who is responsible for establishing a prior relationship with local police?

Community contact

○ What role will personnel from outside agencies play?

○ What will be the referral processes?

○ Who will co-ordinate referrals to outside agencies?

○ Will local retailers be reminded about illegality of selling to minors?
Eg. alcohol and tobacco products.

Incident management

○ Does the school have an incident management plan?

○ What structure is in place to ensure that all staff are appropriately briefed?

○ Does the school have a incident management plan that incorporates drug-related incidents such as death, suicide or controversial media coverage?

○ Does the incident plan have clear criteria to indicate when to declare an incident and how and by whom regional personnel will be contacted?

○ Does the incident management plan include postvention strategies?

○ Is the critical incident management plan appropriate for young people from culturally and linguistically diverse backgrounds?

Media

○ Who will be responsible for media releases and contacting regional or central media unit should an incident arise?

○ Who is responsible for developing media responses to promote initiatives or events within the school or district?

○ How will staff be informed of media management strategies?

Note: A school may link licit and illicit drug issues within one policy, or may choose to link drug issues within a range of other policies.

The following sample policy provides examples of possible components of a school drug policy highlighting illicit drugs. It is designed to guide policy development.

1. Introduction

This policy has been developed by our Individual School Drug Education Strategy (ISDES) Core Team, in consultation with staff, students, parents, local police and health agencies.

It is based on principles of harm minimisation and developed in accordance with the Schools of the Future Reference Guide, the School Charter, the Framework for Student Support Services, the Health Promoting Schools Framework and the Guidlines for Developing a Student Code of Conduct.

2. Philosophy

We believe all students have the right to be safe and supported in their school community. Issues such as alcohol and other drug use and misuse will impact upon this school as they do in the broader community. This school accepts the need for a comprehensive and co-ordinated approach to drug education across the whole school community and acknowledges that schools are only one part of a community response to drug issues.

This school aims to develop and maintain a health-promoting environment. The possession, use, selling and distribution of substances such as tobacco, alcohol, inhalants, inappropriately used prescription drugs and illicit drugs at school constitute a health and safety risk and breach of school rules.

Strenuous effort will be made to maintain appropriate educational pathways for students involved in drug-related incidents.

3. Guidelines for implementing policy

Primary prevention strategies

This school aims to enhance the emotional, physical and social health of all students. Wherever possible the school will inform and support families and link to community service providers for counselling and treatment where necessary. We will provide a range of initiatives and activities to promote and develop protective factors and reduce risk factors thus promoting effective health practices.

These will include:

- the continuation of the primary to secondary school transition program
- the whole school approach to health
- the provision of accurate and meaningful curriculum about all drugs
- new initiatives to reduce bullying and develop coping skills / resilience.

A student consultative body will be convened by the Assistant Principal in Term 1 to seek advice regarding student issues to enhance our curriculum and welfare responses.

Early intervention strategies

This school believes all staff are responsible for identifying, monitoring and reporting to the Student Welfare Co-ordinator or Principal the behaviour of a student who is believed to be at risk from their own or others' drug use.

Intervention strategies

This school, through the student welfare co-ordinator will develop a case management plan for students who engage in problematic or unlawful drug-related behaviour. Such a plan will have as its first concern the safety of staff and students and take account of the health issues for that student, the drug(s) involved, the circumstances and nature of the incident, the student(s) involved and the likely effects of any consequences. Referral practices will be clarified and communicated where necessary to staff by the principal. Different personnel, where possible, will carry out welfare and discipline responsibilities.

Postvention strategies

It is the aim of the school to consider and respect the rights of all individuals involved in any traumatic or critical incident. All actions and support will be consistent with sector guidelines, policies and procedures.

A critical incident and trauma management team will be convened by the principal to review and maintain the school's response plan. This plan will be presented annually to the school community via the school newsletter and parent information evenings.

The ISDES Core Team and the Professional Development Team Leaders will be responsible for all staff to be trained in the management of a drug-related incident.

The Region and Department of Education, Employment and Training will be notified of critical incidents via the 24 hour Department of Education Communications Centre on 03 9589 6266.

4. Management and administration of the policy

The ISDES Core Team Leader in consultation with the principal will be responsible for the maintenance, implementation and review of this policy.

A proposed outline of activities and budget associated with this policy will be presented for approval to school council by the end of Term 1 in the year 2000.

5. Links to related policies

This policy should be read in conjunction with related policies including the Student Code of Conduct and Student Attendance Guidelines.
Counselling and/or treatment options will be provided where appropriate.
In 2000 this will include the establishment of budget to purchase counselling services.

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15   *Other examples of school drug policy can be found in The Core Team Support Material, pp 123 -125, of the Individual Drug Education Strategy Guidelines and in Get Real: A harm minimisation approach to Drug Education, Appendices A & B.*

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Case Management: the short term (24 hours)

Considerations

- safety and physical well-being of the student(s)
- availability of welfare staff and / or designated case manager
- location of the incident
- emotional state of the student(s), parent(s) and school staff
- procedures for questioning, searching and rights of all involved.

Case Management: the medium term (1-2 weeks)

Considerations

- implementing fair and just actions, consistent with departmental / system / school policy and legislation
- addressing relevant welfare and educational needs / issues of the student(s) involved in the incident and other school or community members
- ensuring that students understand the limitations on confidentiality, that is, privacy has limitations when harm / danger is a possible outcome of remaining silent
- initiating parent support groups for parents of students involved.

Case Management: the long term (as long as it takes)

Considerations

- facilitating the re-integration of the student(s) into the current or new school
- involving the appropriate people in the development and monitoring of the strategy
- using agreed procedures to communicate with parents, referral agencies and police
- monitoring progress and consequences of behaviour
- ensuring staff know and understand the extent and limitations of their roles.
- providing necessary professional development.

Tool 5
Annual briefings check list

A procedure for updating and reminding all staff should be put in place to ensure that safety procedures which cover the key points outlined below are not overlooked. New or casual staff will need to be made aware of the appropriate procedures.

Staff	Parents	Students

○ Duty of care
 	
○ Mandatory Reporting
 	
○ Displan - critical incidents
 	
○ Rules / sanctions
 	
○ Key people, pathways and support mechanisms for both staff and students
 	
○ Welfare policy
 	
  - personal safety
 	
  - sexual harassment
 	
  - alcohol and / or other drug use
 	
  - suicide.
	○ Rights and responsibilities
	
	○ School welfare / discipline policy
	
	  - personal safety
	
	  - sexual harassment
	
	  - alcohol and / or other drug use
	
	○ Key people in the support pathways
	
	○ School attitude towards parents in the school
	
	○ Opportunities for parents to be involved in the school.
		○ Welfare and discipline policy - rules and sanctions including those relating to the issues listed below
		
		○ School support mechanisms and key people for issues such as;
		
		  - personal safety
		
		  - sexual harassment
		
		  - alcohol and / or other drug use.
		
		○ Avenues for involvement in influencing school practices.

Tool 6
Action Chart for illicit drugs

Immediate response

Substance found with / consumed by student, or evidence of above

→

- Establish health and safety needs of student(s)
- First aid if required

→

- Seek assistance
- Call ambulance if needed

↓ (from Establish health and safety)

- Collect the facts. Establish who, what, where, how?
- Secure substance if possible

→

- Monitor students
- Isolate from other students

↓

Short term response

- Report incident to principal or senior staff
- Substance secured, labelled and stored
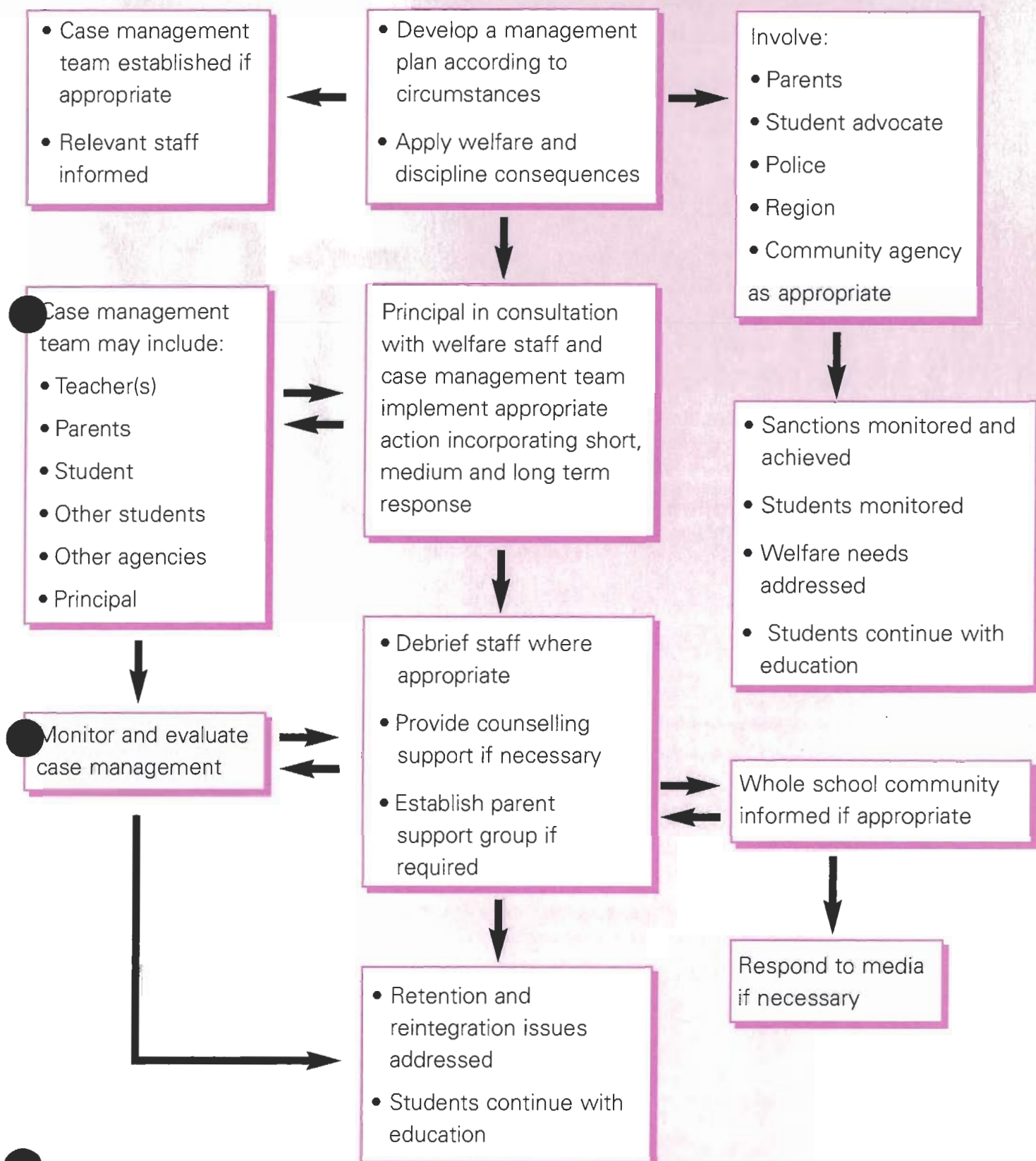
→

- Continue to monitor students

↓

Advise 24 hour DEET Communications Centre
03 9589 6266

Notify relevant regional personnel

→

- Investigate and document facts
- Allow time for clarification

→
←

- Notify police
- Notify Region
- Notify parents

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Longer term response

- Case management team established if appropriate
- Relevant staff informed

- Develop a management plan according to circumstances
- Apply welfare and discipline consequences

Involve:
- Parents
- Student advocate
- Police
- Region
- Community agency

as appropriate

Case management team may include:
- Teacher(s)
- Parents
- Student
- Other students
- Other agencies
- Principal

Principal in consultation with welfare staff and case management team implement appropriate action incorporating short, medium and long term response

- Sanctions monitored and achieved
- Students monitored
- Welfare needs addressed
- Students continue with education

Monitor and evaluate case management

- Debrief staff where appropriate
- Provide counselling support if necessary
- Establish parent support group if required

Whole school community informed if appropriate

Respond to media if necessary

- Retention and reintegration issues addressed
- Students continue with education

Note: No one action chart or response guide can address all situations. Some steps may not be necessary and it may be appropriate to change the order. These key steps are highlighted to ensure schools consider them when preparing response plans.

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Tool 7
Principal's incident action plan

Managing illicit drug-related incidents

Immediate

- assess the situation
- ensure safety and first aid procedures are in operation
- get the facts
- label and secure substances
- notify parents, department, Region and police as necessary

Short term

- appoint a case manager if necessary to ensure welfare support is provided
- brief staff / students / parents if appropriate
- arrange for transfer of secured substance to police

Medium to long term

- prepare media / community / legal response if appropriate
- ensure case manager* implements strategies as per school policy for short, medium and long term management of student
- structure regular briefings with case manager*
- ensure documentation is kept and school policy and procedures are implemented

Safety first

Remind staff that in dealing with a suspected drug-related incident safety is the first consideration and regular school first aid procedures should be implemented. An attempt to get the facts can usually follow a call for first aid assistance or an ambulance.

*case manager may be a member of the welfare staff, or a designated senior staff member; consider separating disciplinary response from welfare contact

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Tool 8
Staff briefing / reminder sheet 1 – for staff desks

Managing illicit drug-related incidents

Immediate

- identify nature of emergency / stay calm
- safety first - for students, onlookers, staff; apply emergency first aid
- get the facts - ask what / when / how much / is anyone else affected?
- summon assistance if necessary - school first aid / ambulance; stay with patient, send student for help. Inform Principal
- monitor condition until assistance / emergency services arrive
- get rid of the onlookers to a safe place if you can - call for back-up to assist here
- secure and label any relevant evidence in presence of a witness

Short term

- notify key people in the critical incident action plan / pathway
- government schools to advise Department (DEET/Region)
- principal informs police
- involve parents
- brief welfare teacher and appoint case manager
- choose appropriate disciplinary / welfare response
- document actions and give to case manager
- brief staff
- debrief or support staff involved

Medium to long term

- review prevention strategies; curriculum and welfare
- monitor and review case management
- provide information as appropriate to other parents and students and broader school community
- evaluate response

tools

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tools

Managing illicit drug-related incidents

Getting the facts

Stay calm or at least appear calm. If the young person appears intoxicated, the teacher should be calm and non-threatening while making it clear that their intent is to ensure the student's well being and safety.

Summon help, summon first aid / ambulance as required, monitor the student, inform principal, confiscate substances if posing a safety hazard, remove onlookers, move student to protected / private location if appropriate.

Reassure them that you are there to help, then try to establish:

- what was taken and how much?
- when was it taken?
- how the student feels
- where was it taken?
- how was it taken - did you drink it, eat it, inject it, smoke, sniff it?
- was anything else taken as well - eg alcohol, medicines, other substances, foods or products?
- was anyone else involved? Did they take any / as much or something else?

Protect privacy but do not promise absolute confidentiality

Under 'duty of care' teachers are precluded from being able to promise confidentiality to students. When there is likelihood that the students could encounter harm or danger to themselves or from others, there is a duty to pass on information. In some circumstances a student welfare co-ordinator may demonstrate some discretion about what information is passed on. Ensure that you are familiar with the appropriate line of referral within the school.

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Principal's Guide

get wise

Drug Education Resources for Schools and their Communities

get wise

Working on **I**llicits in **S**chool **E**ducation

Student
Welfare

Action Manual

State Government Victoria

Department of
Education,
Employment and Training

COMMUNITY SUPPORT FUND
VICTORIA

Get Wise Working Party

Get Wise Reference Group

Contents

SECTION 1
Introduction

As a community, our perception of drug use is formed by personal and family experiences, as well as media, cultural and spiritual backgrounds. In response to community perception about the widespread misuse of illicit drugs, the Premier's Drug Advisory Council conducted a public investigation in 1996 and advised how Victoria should tackle this problem.

The Council reported that there are many firmly held and divergent views about illicit drugs in the community. There are no simple solutions to long standing and intractable problems.

> "The issues must be tackled as a whole as the many facets are interrelated. There are no easy answers." [1]

Whether by choice or circumstance, all schools will eventually need to respond to illicit drug issues. Information in this booklet is particularly relevant to schools developing the pastoral care and welfare aspect of an illicit drug education program and response.

Get Wise has been developed in response to recommendations made by the Premier's Drug Advisory Council which were based on evidence that some primary and secondary schools are required to respond to situations involving illicit drug use.

Get Wise follows and affirms the principles of Get Real: A Harm-minimisation Approach to Drug Education for Primary and Secondary Schools (1995). These two resources represent a comprehensive guide to the development and maintenance of drug education in schools.

Get Real: A Harm Minimisation Approach to Drug Education provides a framework for drug-related student welfare with particular reference to identification, monitoring and intervention. Since then, The Framework for Student Support Services in Victorian Government Schools has been released. This Framework best outlines how schools can manage the differing needs of students from primary prevention through to intervention and management of traumatic incidents (postvention). While being consistent with Get Real, the language is slightly altered and the approach is more comprehensive. Get Wise uses the language of the Framework: prevention, early intervention, intervention and postvention and aims to provide advice to schools about pastoral care and welfare issues as they relate to young people and illicit drugs at each of these levels.

Get Wise is based upon principles of harm minimisation. The aim of a harm minimisation approach is to prevent and reduce drug-related harm.

Harm minimisation involves a range of approaches to prevent and to reduce drug-related harm, including prevention, early intervention, specialist treatment, supply control, safer drug use and abstinence.

A distinguished feature of harm minimisation from other approaches is that it:

- acknowledges that many people in our community use drugs

1   Premier's Drug Advisory Council: Drugs and our Community Overview, 1996, piii.

- takes into account the relationships between people, the drugs they use and the environments in which they use them (National Drug Strategic Plan 1993-1997 Drugs of Dependence Branch, Department of Health, Canberra P4)

- acknowledges the rights of individuals not to use drugs.

A harm minimisation approach allows schools the flexibility to develop specific focus areas and implementation strategies that address relevant issues within the school context.

This booklet pays particular attention to:

- advice for the classroom teacher and those responsible for the welfare of all students

- managing incidents of illicit drug use in schools

- providing continuity of care to young people who are at particular risk from illicit drug use.

When schools are considering their approaches to illicit drug education, they should be aware that:

- the causes of illicit drug use are complex

- illicit drug use carries additional risks to licit drug use

- illicit drug use is often experimental and/or recreational

- the majority of young people who experiment with illicit drugs will not become chronic users

- long term exclusion from school marginalises vulnerable young people

- promoting protective factors such as resilience in young people can help reduce drug use.

What is in *Get Wise*

Get Wise consists of six booklets.

The Principal's Guide

- Provides guidance to primary and secondary principals in their leadership role as it relates to curriculum, student welfare and management of drug-related incidents.

The Student Welfare Action Manual

- Provides information, strategies and advice to designated student welfare staff to enhance student welfare in regards to drug education with specific emphasis on illicit drugs.

Communicating with Parents

- Provides guidance for schools working with parents in illicit drug education, through the provision of information, consultation opportunities and activities.

The A to Z of Illicit Drugs

- Provides teachers and others working in school drug education with a factual up-to-date directory of information about illicit drugs.

Primary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in upper primary levels.

- Contains five comprehensive classroom activities with relevant handouts and activity sheets and is supported by four brochures containing information about alcohol, cannabis, cigarettes and painkillers.

Secondary Classroom Activities

- Provides teachers with both context and materials for a classroom approach for teaching about illicit drugs in Years 7 - 10.

- Contains fourteen comprehensive classroom activities with relevant handouts and activity sheets and is supported by nine brochures containing information about cannabis, cocaine, ecstasy, heroin, LSD, tranquillisers, amphetamine, consequences of drug use and classification.

SECTION 2
Primary prevention

Promote health and build belonging

Primary prevention

- aims to raise awareness of what makes students vulnerable, and develop strategies to reduce vulnerability and increase coping skills

- refers to population-based strategies that may be universally or selectively targeted

- is an approach that acknowledges the co-existence of risk factors such as substance abuse, family conflict, homelessness, abuse and neglect, and a range of emotional disorders.[2]

Primary prevention is at the centre of effective health and drug education. Broad based prevention programs focusing on relationships, health and wellbeing typify school activity in such areas as anti-bullying, peer support, life or social skills, conflict resolution and student leadership. There are short and long term benefits for young people who are able to develop skills, knowledge and experience that enhance the way they view themselves and relate to others.

Within a school environment, drug education relies on students receiving meaningful and relevant information that promotes and models positive behaviour, health and wellbeing and personal success. Intended primary prevention outcomes for drug education include the avoidance, delay or reduction of drug-related harms.

Prevention also promotes identification and monitoring of students who may be vulnerable to a range of risk factors. In drug-related student welfare, primary prevention aims to enhance the emotional and social health of all students.

Examples of good practice

To fulfil a school's aim to provide a safe and caring environment for all students, one secondary college has established 'safe rooms' for student use at recess and lunch times. Students were encouraged to make decisions about the contents of the rooms and they conducted fundraising initiatives for furniture.

The room contains a public phone, careers and health information. The 'safe room' is supervised by a yard duty teacher during recess and lunchtime. The room provides students who are experiencing any difficulties or conflict in the school yard with a supervised and indoor place as an alternative. Students use the room on a regular basis and develop links and friendships with other students who use the facility.

In an endeavour to have students feel more connected with their school, another secondary college has established a prayer room and a girls' area for their Muslim students.

Prevention also promotes identification and monitoring of students who may be vulnerable to a range of risk factors. In drug-related student welfare, primary prevention aims to enhance the emotional and social health of all students.

2 Framework for Student Support Services in Victorian Government Schools, p15.

Protective factors

Recent research has identified a number of protective factors that contribute to the resilience of young people. Resilience refers to the ability to bounce back, recover or adjust to stress or change. It is suggested that young people who have a number of protective factors in their lives are less likely to engage in long term risky behaviour.

Preventative programs that aim to enhance protective factors may target the general school culture or environment, the curriculum and community initiatives including parent participation and programs.

American researcher, Bonnie Benard, believes protective factors that enhance resilience may be broken into three categories:[3]

- caring relationships
- high and positive expectations
- youth participation and contribution.

Caring relationships

Schools can provide a nurturing and caring environment to students and provide opportunities for children and young people to develop relationships with significant adults. They can also teach about the benefits of supportive and caring relationships through:

- classroom management practices and teaching strategies eg, cooperative learning
- promotion of success for students in a range of school activities
- team games promoting participation and skill development
- major events such as school concerts and exhibitions
- opportunities for outdoor activities and challenges
- active and enthusiastic pastoral care
- positive parent and community involvement
- a comfortable and safe school environment
- an adequately resourced welfare structure.

High and positive expectations

Children and young people need to be given opportunities to achieve, be respected for their contributions and recognised and acknowledged for their efforts. Richard Catalano[4] similarly describes this approach as a way of building a sense of belonging among students. He recommends that schools provide realistic opportunities, the skills to maximise these opportunities, and be diligent about recognising those efforts. Schools have always built this process into their general programs. However, it is useful to consider whether all students have access to satisfying opportunities, appropriate skill development and recognition.

Youth participation and contribution

Strategies can be adopted by the school to provide young people with the opportunities to contribute to their community, family, school and peers. The challenge is to provide meaningful activities that help young people develop responsibility, gain mastery and access to resources.

In the classroom, these may include:

- fostering active and real student responsibility
- inquiry-based and cooperative learning
- student participation in decisions related to learning experiences.

In broader school operations, many student opportunities can be provided for recognition, participation and contribution in areas such as:

- community service programs
- positive and pro-active social skills programs, like peer support
- extra-curricular activities that include events like school sports, concerts, plays
- student organised events
- group tasks like creating a school garden or home room
- school council, junior school student council
- student organised health forums.

3   Bonnie Benard, Fostering Resiliency in Kids, Western Centre, Oregon, 1995.

4   Richard Catalano, Communities That Care, 1993, p13

Other factors promoting resilience

Other protective factors influencing the capacity to cope with stressful situations have also been identified. This includes individual characteristics as well connections with family, peers, school and the community.

Individual characteristics

- having a pleasant temperament and reasonably calm level of activity
- reacting positively to social cues and responding to people's interaction
- having curiosity and a zest for life
- high intelligence (except when paired with sensitive temperament)
- work success during adolescence
- having a special gift, ability or talent

Peer connectedness

- sense of belonging to a friendship group is a high priority
- positive connection to a peer group

Family connectedness

- having a sense of belonging or connectedness to family
- having some traits or characteristics that are valued by family members
- having a warm relationship, even with one parent, can protect young people even in situations where there is family violence or disharmony

School / community connectedness

- having a sense of belonging and connectedness to school (this doesn't necessarily correspond with academic performance)
- positive achievements and evaluations in the school setting
- having someone who believes in the young person as an individual
- having a positive relationship with an adult outside the family
- attending pre-school education as a child

can protect young people in that they usually learn social skills and connect with other adults and peers beyond their family.

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Primary prevention in the curriculum

How content and skills are taught is as important as what is taught. Outcomes relating to both curriculum and student welfare may foster:

- a high level of social competence
- an ability to problem solve
- a sense of autonomy and identity
- a sense of purpose and personal optimism for the future.

Furthermore, the formal curriculum should provide opportunities to practise a range of important personal and social skills. These may include:

- time to evaluate beliefs, behaviours and consequences associated with living in a drug-using society
- practice in group skills such as cooperation, communication, discussion, listening and problem-solving
- practice in assertiveness, negotiation and decision-making
- involvement in peer support or peer drug education programs
- an opportunity to consider or rehearse possible responses in a supportive environment.

1 *See the Appendix of this booklet for more information on resilience.*

An example of good practice

Transition between year six and year seven or between schools is often a period of stress for students. In an effort to improve communication between schools and help students adjust to new environments the use of 'passports' has been incorporated into transition programs.

Passports are developed by students in the latter part of their grade six year and taken to their secondary school. The passport provides a picture of the skills, interests and abilities of the year seven student and can be used by teachers and students early in the year to assist transition.

This is an activity that promotes effective communication, which in turn allows the possibility of meaningful relationships that young people may have with their prospective teachers.

Another transition strategy may be to undertake a range of activities with young people that help them to articulate their expectations of good teachers. Teachers can initiate classroom discussion or brainstorming sessions with students about qualities that make a good teacher. These can be written on cards and then placed in order of importance along a continuum. This information could be passed on to prospective teachers to help guide them in dealing with their prospective students.

Once again, this is a potentially effective form of communication that may ease the stress associated with transition.

Primary prevention and the teacher

It is important to recognise that the trust and relationships a classroom teacher builds with students, in many instances, is often the best support that a young person will receive and is a vital part of primary prevention.

A classroom teacher will be able to provide the most effective primary prevention programs when they:

- operate within a collaborative and supportive environment or school culture

- are supported by a comprehensive and sequential health education program

- have access to professional development in relation to relevant knowledge, teaching strategies and pastoral care

- regularly evaluate and report on school policies and programs

- collaborate with other teachers, parents and community representatives

- are supported by a well resourced, consistent and easily understood pastoral care and welfare framework

- understand the clearly defined roles of welfare staff

- have access to effective channels of communication

- are willing to seek advice or support.

SECTION 3
Early intervention

Strengthen coping skills and reduce risk

Early intervention:

- aims to target those at risk of ongoing social, emotional and / or physical harm in order to reduce the intensity, severity and duration of the risk behaviour

- intends to minimise potential harm by improvements in identifying, assessing and managing students at risk.[5]

Fundamental to the establishment of a comprehensive and consistent student welfare strategy is an acknowledgment that all staff have broad welfare responsibilities. Everyone in the school can make a contribution. Teachers can play a vital role in identifying, monitoring, managing and mentoring young people who are experiencing difficulties. While designated student welfare staff have specific responsibilities, it is often the classroom teacher who has first contact when a student requires support.

But who are the vulnerable ones? How does a teacher know when a student is at risk of harm associated with drug misuse, particularly illicit drug problems?

Research suggests there are a number of indicators to help identify at risk young people. They include:[6]

- poor academic achievement
- defiant behaviour
- strong bonds to delinquent peers
- lack of positive parenting
- early initiation into drug use.

These may be useful signposts for teachers, but generally, the most effective form of identification of an 'at risk' young person is to engage in meaningful communication.

A school with a culture that promotes relationships of caring, trust and respect are the schools most likely to get the most honest answers. Only when a school has identified the needs of a student will it be in a position to respond effectively to them. With limited resources, schools cannot afford to be making 'educated guesses' about a student's 'problems'. More often than not, this sort of speculation leads to inappropriate intervention that lacks commitment from the student and causes frustration on the part of those who are trying to help.

> **Everyone in the school can make a contribution. Teachers can play a vital role in identifying, monitoring, managing and mentoring young people who are experiencing difficulties.**

While an accurate assessment of a young person at risk of drug misuse is essential to planning an appropriate intervention, it is also worth noting that risk is not a quantifiable or static thing. For a range of reasons, it is subject to change over time. Many young people go through temporary stages in their development when they are more vulnerable to drug-related risks than at other times. Interventions may need to be only short term. Other students may require more persistent support. Ongoing communication, evaluation and flexibility are important considerations for schools that are committed to supporting young people.

5   Framework for Student Support Services, DEET, 1998, p26
6   Resnick, M. Protecting Adolescents from Harm, Journal of the American Medical Association, 1997, p278

Schools may wish to consider a range of strategies when developing their approach to early intervention but four essential elements are:

- school policy and procedures that clearly articulate and support pastoral roles and responsibilities of all staff

- clearly articulated school management structures and job roles and responsibilities

- an organised and effective system of communication and recording (documenting) that ensures young people need to disclose only once; that enables large amounts of disparate information to be collated to reveal what might otherwise have been missed and to guard against the same tasks and procedures being done more than once

- perseverance and a positive approach. (Clark Kent and Lois Lane wouldn't go astray either).

> **A school with a culture that promotes relationships of caring, trust and respect are the schools most likely to get the most honest answers.**

The other important, and sometimes forgotten, resource in an early intervention is the parent or guardian. Schools need to work in consort with families to enhance their initiatives. The Premier's Drug Advisory Council suggested:

'In instances where young people are using drugs, it is important to involve parents where possible, and community-based services in the provision of early intervention or treatment to address drug issues. Pupil welfare coordinators or other appropriate persons could arrange this collaboration.'[7]

At a program level, early intervention aims to strengthen student coping skills and promote strategies within the school that have the potential to reduce risks associated with drug use. Early intervention is focused on groups that are potentially at higher risk of harm.

Responses in schools that reflect early intervention in relation to illicit drugs include:

- developing a caring climate to ensure students will feel comfortable discussing concerns with a responsible adult in the school

- incorporating clear procedures for student access to support staff and services through the pastoral care system

- regular staff professional development regarding obligations; accountability and legal aspects relevant to drugs and particularly with illicit drugs, recognising signs of distress that may be drug-related and focusing on marginalised young people especially in relation to drug-related issues

- assessing children and young people who may be vulnerable to drug-related harm from direct or indirect use of drugs

- identifying the needs of children and young people in relation to drug-related risks

- provision of relevant programs designed to enhance resilience and improve personal and social skills

- developing and promoting coping skills and strategies for the whole school community especially students and teachers

- provision of school-based support and counselling for school members and clear referral guidelines for the use of all staff and students

- ensuring response systems are integrated into the school management practices and coordinated across the school

- identifying and responding to potential times of risk such as transition

- consulting, involving, supporting and including parents in early intervention.

7   Drugs and our Community Premier's Drug Advisory Council Report 1996, p81

Confidentiality

Under 'duty of care' teachers are not able to promise absolute confidentiality to students. When there is a likelihood that students could encounter harm or danger, there is a duty to pass on information. Where issues of mandatory reporting are evident there is a legal obligation under criminal law to act. It is important to ensure familiarity with the appropriate line of referral within the school.

Having regard to the obligations of all teachers to disclose to the principal the use, possession or distribution of drugs, student welfare coordinators should ordinarily disclose such information to the principal. However given the special nature of their position within a school they may choose to exercise professional discretion. This may mean:

- initially (having regard to the best interests of the student and other students in the school) not to disclose information concerning the use, possession or distribution of drugs, to the principal and others

- subsequently, communicate to the principal what is necessary and relevant.[8]

Student Welfare Coordinators who are registered psychologists

If information is given to a student welfare coordinator who is a registered psychologist and the information has been given as part of any form of counselling or treatment, the psychologist must comply with the Code of Behaviour for Psychologists. This Code specifies privacy and confidentiality and provides for medical privilege over information. In particular:

1 Psychologists must take reasonable precautions to respect the confidentiality of clients within the requirements of the law, institutional rules and professional relationships.

2 Psychologists must ensure appropriate confidentiality in creating, storing, transferring and disposing of all records under their control.

3 Psychologists must not divulge information about a client unless

a. The client specifically authorises in writing the release of that information or

b. The release of information is to protect the client or others from harm or

c. The release of that information is required by law.

General guidelines

Issues of confidentiality may cause stress for teachers and students. The following are some guidelines:

- students have the right to privacy, but a teacher cannot always guarantee confidentiality

- from the beginning a teacher should advise a student of the limits of the help and confidentiality they can provide, and that they may need to seek help elsewhere

- the student should be informed prior to the teacher seeking further advice or support

- trauma associated with breaking confidentiality should be minimised, and will to a great extent depend on the quality of the relationship between teacher and student

- teachers should only communicate what is necessary and relevant.[9]

> *The Premier's Drug Advisory Council suggested;*
>
> **'In instances where young people are using drugs, it is important to involve parents where possible, and community-based services in the provision of early intervention or treatment to address drug issues. Pupil welfare coordinators or other appropriate persons could arrange this collaboration.'**

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8   Drugs, Legal Issues and Schools, A Guide for Principals of State Schools August 1998, p5.

9   Get Real: Drug-Related Student Welfare, p7.

SECTION 4
Intervention

Access support and provide treatment

Intervention

- involves access to appropriate support and treatment services to students in crisis

- includes ensuring access to affordable and appropriate counselling, care and treatment services.[10]

In some cases this will involve efforts directed at:

- retaining students within the school

- ensuring ease of transition between schools

- reintegrating students back into the school following drug treatment programs

- providing support, referral and monitoring following an incident

- supporting students with drug using parents

- establishing links to appropriate counselling services, community agencies and police.

The Premier's Drug Advisory Council stated that:

'a small group of young people are vulnerable to developing serious and lifelong substance use problems. It is important that strenuous efforts be made to retain this group within the school system to enhance their skills, knowledge and preparation for the workplace, and to prevent or delay their labelling and experience of unemployment...'[11]

The council further recommended:

'If a young person leaves school, careful case management into the community and linkage with other facilities and resources could reduce the impact of the sudden lack of support and connectedness to the general community, which makes young people particularly vulnerable to increased and harmful drug use'.[12]

A model of intervention

This strategy assumes the health and wellbeing of a young person is the fundamental concern of the school. In this sense, it focuses on the young person requiring support and avoids many of the broader management issues.

When dealing with students and illicit drugs, it is recommended that the welfare and discipline (if necessary) aspects of a situation or incident be handled by different people.

Separate areas of responsibility for welfare and discipline are more likely to:

- protect the young person and mean the drug-related issues are approached in a health context

- provide a better model for addressing confidential issues

- ensure that community agencies are able to provide welfare support that is consistent with disciplinary actions.

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10 Framework for Student Support Services in Victorian Government Schools, p31.

11 Drugs and our Community Premier's Drug Advisory Council Report 1996, p81

12 ibid.

Successful intervention strategies for young people at risk incorporate the following:

1. A holistic view

A holistic view sees each young person as part of a family, peer network, neighbourhood and community. Programs that effectively intervene with young people at risk of drug-related harm must treat the young person in the context of their social family.

The school cannot choose with whom adolescents will engage. For those with histories of fragile attachments we need to promote any positive engagements they make.

2. Continuity of staff

If there is one factor that contributes to a successful outcome, it is having someone who is prepared to support the young person over an extended period. Young people often need a primary contact person who is supported by other colleagues who take on different roles.

High-risk adolescents with more complex issues may also need:

- a 'manager' whose job it is to provide structure, containment and consequences for problematic behaviour

- an 'advocate' who will accompany the young person in their dealings with professionals and institutions and provide guidance

- a 'mentor' who can remain in a neutral, engaging role with the young person

- a pastoral care teacher who makes time to have a 'chat'

- a student welfare coordinator / year level coordinator / assistant principal who provides structure, as well as ensuring that issues relating to Duty of Care are given attention.

In other instances it may be a designated student welfare staff member who is the advocate and the year level coordinator who is the manager. Job roles depend on the level of support required by a young person, the roles of school personnel and the resources available.

3. Comprehensive individualised assessment

An assessment of a young person's illicit drug use requires the counsellor to take a curious and interested approach. The effect of taking a 'hard line' on drugs usually results in not hearing about the drug use.

At this stage it is important to:

- remember that a young person may have chosen to use a drug that is beyond a teacher's experience. Don't make a judgement about their choice of a drug but ensure appropriate counselling and treatment options are provided as necessary

- outline to the student early in the process what you will and won't do with the information you are seeking. While you can't promise absolute confidentiality, you can spell out the basis for your concern and let the young person know that you are trying to explore positive options which may include treatment

- have a clear protocol for response that guides a consistent application of the school expectations.

Some indicators, which may suggest the need for further treatment, include:

- drug or alcohol use during school hours / while at school

- ongoing school absence associated with alcohol or poly-drug use

- the young person self-refers to the student welfare coordinator or another staff member

- a family member expresses concern about a young person's drug use

- a young person is mixing drugs to enhance their effectiveness

The Premier's Drug Advisory Council further recommended:

'If a young person leaves school, careful case management into the community and linkage with other facilities and resources could reduce the impact of the sudden lack of support and connectedness to the general community, which makes young people particularly vulnerable to increased and harmful drug use'.

- a peer raises concerns about the substance use of a friend

- a teacher is notified about concerns related to substance use in the child or young person's family.

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4. Coordinated service plan

A coordinated service plan is needed when the behaviour needs to be addressed on a more long term basis and should involve all of the key players. Often an effective and efficient way of delivering this is through a student support group.

A student support group allows different staff and family to assume appropriate roles in the support of a student as described in the section relating to continuity of staff. It provides an efficient way of communicating, planning and reviewing. Student welfare staff are likely to play a leading role in this group including convening initial meetings. Members of a school-based support group may include:

- parent(s)

- student welfare coordinator

- principal or representative

- classroom teacher

- health, youth and welfare workers

- an adult of the student's choice (often one of the above)

- the student.

The number of people attending student support groups may vary over time.

Where possible, including the student and parent(s) is an important part of the process. It is likely to positively contribute to:

- developing the student's own planning and management skills

- increasing their understanding and interpretation of their predicament

- increasing their knowledge about support services

- increasing their own understanding of what to expect from various support workers

- fostering a sense of responsibility for and ownership of the decisions that are made.

5. Routine monitoring and follow-up

The monitoring process will depend on the complexity of the issues and the level of support the child or young person and their families require. Monitoring can vary from informal to formal processes (scheduled to view and records kept). Monitoring may include any of the following:

- a pastoral care teacher or student welfare coordinator making time to have a 'chat' with a young person

- a telephone call to a parent or guardian about successes as well as challenges

- a pastoral care teacher or student welfare coordinator checking with the classroom teacher about the student's behaviour in class

- the convening of a student support group meeting. As well as operating as a central point of communication for the coordination of planning and review, the convener needs to encourage people to implement agreed action plans and act as a 'bus service, caterer and dish washer' to ensure everybody comes to meetings. It is often the little things that can cause a support plan to break down.

6. Inter-agency collaboration

Inter-agency collaboration between school welfare and mental health or drug and alcohol workers is a necessary and ongoing component of the whole process. School-based student support groups are a useful way of coordinating these links. School support groups can be organised by the school or an outside agency.

7. Time set aside to review practices

For those children and young people who require the support of a range of service providers, the issues surrounding substance use in their lives are potentially complex and sometimes chaotic. The usefulness of the intervention will often depend on:

- the reliability and communication strategies of the service providers

- perseverance in spite of almost inevitable failures

- a preparedness to do the 'extra little things' eg, like making sure a parent has transport to the student support meeting

2 *For discussion about assessment and solution focused questions refer to Get Real Drug-Related Student Welfare: Identification, Monitoring and Intervention.*

or arranging interpreters who speak the parent's preferred language

- follow-up with people who may have failed to attend a meeting

- making adjustments to plans if they aren't achieving as anticipated

- making time for staff to debrief.

Less tangible influences on the effectiveness of an intervention include timing and patience. Sometimes support workers want to plan an intervention on a timetable that they consider appropriate. However, if this doesn't accord with the young person being supported, the plan may be no more than a recipe for frustration and failure. For example, a support worker may consider their client has a problem and needs help but, in contrast, the client is in a state of denial. At this point, a short-term plan to minimise harm may be more appropriate than a plan that aims for abstinence. At a later date, perhaps after a bad experience, the client may have a different attitude.

While taking a balanced view is important, the intervention should be as positive as possible. Avoid talking about the hopelessness of a situation or other negative thoughts. Focus on achievements, no matter how minor they may appear, and build upon them.

Furthermore, while holding young people, their families and support staff responsible for their actions and commitments is essential, blaming is destructive. If someone is falling short of their commitments, it is more productive to understand why and adjust the Student Support Plan to something more realistic, or perhaps to review job roles.

Any service seeking to reduce substance abuse problems should, in addition to ongoing professional development, put aside time each year to review outcomes with the high risk young people being supported.[13]

Note: The relationship a classroom teacher builds with a student is often the best support that that student will get. Those staff should be included in planning and implementing subsequent strategies that involve the student.

Documentation

Documentation associated with illicit drugs, usually takes two forms:

- that which relates to case management (proactive)

- that which relates to a critical incident (reactive).

Documentors should be clear about which form of documentation they are recording.

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Documenting case histories and planning

This type of documentation aims to provide the most efficient and effective support for a young person. It is motivated by pastoral and welfare concerns, and will often include an assessment of a young person's needs, as well as a plan for supporting that young person.

The benefits of this sort of documentation include:

- minimal intrusiveness (eg, having to ask difficult questions only once)

- the process of writing encouraging analysis

- thoughtful practice, accountability and accuracy of assessment and planning

- consistency if staff changes occur.

> **The intervention should be as positive as possible. Avoid talking about the hopelessness of a situation or other negative thoughts. Focus on achievements, no matter how minor they may appear, and build upon them.**

Case histories and management plans often contain information that is private. Schools need to have procedures in place that respect student, family and staff rights. A section on confidentiality is an important part of a school's welfare policy.

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Furthermore, sensitive documentation should be adequately secured. The need for this security should be discussed with the staff.

In the unlikely event that legal proceedings relevant to the documentation occur, case histories and planning may be subpoenaed.

Two areas in which staff may be liable include:

- if they have stepped beyond the bounds of their expertise (failed to adequately consult)

- if they have failed to act as other responsible people in their profession would have acted.

> **Note: The relationship a classroom teacher builds with a student is often the best support that that student will get. Those staff should be included in planning and implementing subsequent strategies that involve the student.**

Documentation relating to an incident

If a drug-related incident occurs, it is necessary for there to be an accurate record of what occurred, what staff did prior, during and proceeding the incident and an explanation of why they took particular actions. Detailed recording of incidents gives added credibility to the evidence of staff during civil proceedings.

Other types of documentation that may be required in a civil law case include:

- school policies and procedures

- case histories and management plans

- documentation relating to the incident

- newsletters, diaries, minutes of meetings

- evidence specific to the incident eg, confiscated substances, implements for ingestion

- attendance records.

4 *This is discussed in Get Real. Drug-Related Student Welfare: Identification, Monitoring and Intervention.*

18

The Premier's Drug Advisory Council suggested:

> 'Advice highlighted the fact that communities can play a positive role in reducing the harm caused by drugs... Fostering positive 'health oriented' community involvement is likely to be an important ingredient in prevention, education, and reducing the harm caused by drugs.'[14]

Schools cannot deal with illicit drug issues in isolation. The welfare of young people is a whole community responsibility requiring mutual cooperation on the part of all its constituents.

Furthermore, young people are educated not only by their whole school experience, but by their whole life experience. Efforts by schools to influence patterns of drug use will be limited by the values and experiences available to young people in the broader community.

The institutions within a community often provide services for young people. Institutions, including schools may cooperate over a case management plan or to gain support in a funding application. Sometimes these contacts grow into something more sustainable, but often as the immediate or expedient reason for the contact fades, or difficulties emerge, the relationship dissolves.

Very few local communities have a strategic plan for young people that informs all institutions within that community and facilitates on-going cooperation and development.

To make the same point in an affirmative way, the most effective and mutually beneficial way for a school to work with the community sector is to actively engage with that sector in the development of policies, procedures (protocols) and strategic plans. While this may seem a difficult process, if approached methodically, it is likely to encourage an equitable, efficient and appropriate ordering of priorities and allocation of resources. Health-related aims and outcomes will be more likely to coincide.

An example of good practice

The School Focused Youth Service, established in 1998, is a direct expression of the commitment of the Framework for Student Support Services in Victorian Government Schools to building partnerships between schools and their communities. It is designed to enhance co-operation between schools and community agencies for provision of a more coherent response to vulnerable young people.

This program aims to improve the coordination and continuity between community welfare services and school through the creation of protocols for smoother referrals and information sharing. "Brokerage Funds" are used to create new services after gaps in current services have been identified. These new services are jointly designed by schools and community agencies.

Forty-one clusters, consisting of schools (State, Catholic and Independent) and local agencies have been established across the state.

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14 Drugs and our Community Premier's Drug Advisory Council Report 1996, p83

The following snapshot is one model of community development in Victoria that has concerned itself with the health of young people.

An example of good practice

The Horsham locality has incorporated drug and alcohol issues as they relate to youth into a broader health and recreation strategy. Schools have been part of this process. However, rather than developing a bureaucratic structure for policy and management between schools and the youth sector, Horsham has fostered cooperation and planning through a methodology, with committees forming under the auspice of the Regional Youth Committee.

The methodology is based on a Youth Suicide Prevention model developed in Canada. The three main techniques being used are inter-sectoral collaboration, community development and health promotion.

The process involves:

- developing an understanding of the region and the context in which young people live, go to school and work

- consulting with different sectors of the community: health, welfare, youth, clergy, parents and local government

- understanding how young people are serviced in relation to health

- providing training to educators to improve competence, confidence and consistency

- consulting with young people using focus groups

- developing appropriate responses.

Some of the strengths of this approach include:

- involvement of all relevant groups and individuals, particularly young people

- effective allocation of resources to needs

- fostering a common language and purpose

- empowering people to resolve issues

- being task oriented

- using peoples' time efficiently

- being proactive rather than reactive.[15]

Schools cannot deal with illicit drug issues in isolation. The welfare of young people is a whole community responsibility requiring mutual cooperation on the part of all its constituents.

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15   National Initiatives on School Drug Education for Schools: stage 2. 1997, p9 (Unpublished Report)

Referring to a community agency

If counselling can't be managed within a school or if a student's drug use becomes problematic, then referral to external community agencies is an option. A variety of strategies can be adopted to encourage a young person to agree to counselling. These include:

- highlighting the positives
- discussing confidentiality
- offering mutual support
- visiting the counsellor first (or asking counsellor to visit school).

The welfare coordinator should consider the following issues when making a referral:

- the source and terms of help available
- why the referral may be helpful
- what help the student needs
- how the student and parents feel about professional help
- how the student might be involved in the decision-making process
- the person's position to pay for the service if the payment is required.

When do schools refer?

- when a student acknowledges they want help
- when parents, teachers and friends become concerned that drug use is affecting school performance or attendance, friends and family, physical health, family harmony, sleep and behaviour.

School contact with external agencies

After consultation and consent from parents or guardians the welfare coordinator or designated staff provide contact details (name of student, age, contact number, reasons for referral by the school). Any other information should be negotiated with the student and parents.

Feedback to school by agency

The young person, not the school, becomes the client of an agency, and confidentiality is a key issue for agencies. An agency will generally limit the information it feeds back to a school about a young person. This will sometimes be frustrating for the school and welfare coordinators may consider the counsellor from the agency should make more effort to communicate. While this is usually a reasonable expectation, it tends to reflect a differing culture and set of priorities, rather than any deliberate avoidance. The most positive thing that a welfare coordinator can do is to initiate the contact themselves and to discuss any issues that may assist them in supporting the young person.

> Schools may also underestimate the importance of their role and the competence of their intervention. With many students, perseverance is far more productive than any 'miracle cure'.

Ongoing communication with community agencies

Sometimes a school will refer a young person to an agency as a consequence of an incident or because they believe a student has a problem. Referrals may not be successful for a number of reasons including student disagreement or lack of compliance, or the agency's lack of expertise to competently intervene. The agency may sometimes say they cannot take the referral or that the referral is inappropriate.

This latter situation occurs because agencies have limited resources and while the student may fit the guidelines for referral, they are not considered a high priority compared to other referrals.

Schools may also underestimate the importance of their role and the competence of their intervention. With many students, perseverance is far more productive than any 'miracle cure'.[16]

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16 Critical Incident Management Regarding Cannabis use in Schools, Draft Report, Connect Project Australian Drug Foundation 1998

One suburban secondary school's experience with reintegration

The following is an example of the supported case management of a young person returning to school after a period of incarceration and problematic drug use.

'The importance of connectedness to school and family for young people who are at risk of homelessness, serious substance misuse, violence, crime or self harm have been highlighted by academics and practitioners such as Richard Catalano and Andrew Fuller. Reintegration of young people into schools is a vital strategy in helping to reduce further risk and harm.

Our school was nervous about the young person's past and our ability to support him. We felt the best way to overcome this was to work in partnership with community agencies.

We have achieved success in this reintegration through the establishment of a team approach. The case management team had a mix of school and community agency workers who had knowledge of and contact with the young person both in and outside school hours.

Regular meetings were held and functioned to monitor educational progress, address needs and strategies to offset any particular problems.

Other schools are beginning to work with community agencies within this case management and planning model. Such collaborations are likely to provide a more supportive net and distribute responsibilities across a broader group of workers with greater collective expertise and service knowledge. This process also acknowledges that the easy part is deciding to return to school. The difficulty is actually doing it, establishing routine, socialising and meeting work requirements.

The case management group consisted of the young person, the school Principal, the year level coordinator, a Juvenile Justice worker and an Alcohol and Drug worker'.

Concerns in setting up and implementing the reintegration included:

- confidentiality with other students and staff concerning his previous drug use and juvenile justice history
- provision of support and activities for the young person when not at school, so that boredom does not promote relapse
- linking the young person to an Alcohol and Drug worker for counselling and support
- clarification about the young person's short and long term goals
- identification of the young person's sporting and recreational interests
- matching the young person with an adult mentor for affirmation and support
- the Principal's responsibility to the school as a whole with regards to safety
- clarification of the young person's responsibilities when at school
- suggestion that the young person keeps a journal during school term and holidays
- adopting the best educational program mix which might include part time at secondary school and part time at a TAFE college or work experience.

Drug-related incidents can be broken into at least two stages: the **immediate response** when safety is the only concern, and the **follow up** stage when welfare and management issues become important.

The immediate response can last from a few minutes to a number of hours. During this time it is necessary that the teacher maintains an appearance of calm, gathers whatever information is practical, focuses on safety as the only objective and seeks assistance when possible.

Maintaining an appearance of calm will help to calm those involved in the incident. To appear nervous will make others nervous, to be confrontational risks a confrontational response, especially from more senior students who might be intoxicated. To start jumping about telling people how stupid they are or how much trouble they are in is likely to incite panic. Panic is a condition capable of causing nearly as much harm as the drugs. And the two certainly don't mix.

Gathering information does not mean that a teacher should pull out a notebook and pretend to be a journalist. It is more about an observation, asking a question of a witness, noticing body language, looking for signs of intoxication or any number of other indicators that will help to make an informed decision about actions to be taken. The main point is that the better informed a teacher is, the more likely the response will be appropriate.

The aim of a teacher's calmness and information gathering has one objective, safety. A teacher is not concerned about solving crimes, delivering judgements, newspaper headlines, future relationships or what other people will think. No matter how apparently minor or serious the incident, the teacher should always take a breath giving them time to check that their actions will improve the safety outcomes, not hinder them.

A teacher who follows the above advice is most likely to respond appropriately to a drug-related incident, but no matter how experienced or trained or level headed they may be, there are no guarantees that a response will be the right one. This is because split second decisions are often required on limited information. However, being singleminded about the objective, safety, will guide a teacher's instincts in the right direction.

> **The immediate response can last from a few minutes to a number of hours. During this time it is necessary that the teacher maintains an appearance of calm, gathers whatever information is practical, focuses on safety as the only objective and seeks assistance when possible.**

An example of school practice

In the instance of drug-related behaviour within the College, firm but fair action will be taken. Students must accept the consequences for their behaviour and these consequences will contain a blend of sanctions, education, counselling and support. Each case will be considered individually and will take into account the nature of the incident, the circumstances, the student and the likely effect of the sanctions.

- Heatherhill Secondary College

There is no one sequence of actions that will be appropriate for all situations. It is advised that schools develop a response plan to suit their circumstances. The following table gives suggested guidelines, as well as information about managing an incident in the short, medium and long term.

Response guide

This is a response guide for cases that may involve students and illicit drugs (although at the time of the incident you may not know the details of the drug/s):

Suggested Responses	Rationale
Immediate	
Assess	
• Remain calm	Although obvious, it is essential that staff members avoid over-reacting and missing vital stages of a response.
Get the facts	
• Gather main facts and establish the condition of the student(s) to ensure safety.	An effective response is dependent upon the factual information gained at this early stage, eg, type(s) of drugs involved, quantities and time of any administration.
First aid if necessary	
• Check the vital life signs and / or responses of the students (this depends on the seriousness of the incident) • Administration of first aid, if necessary • Continue to administer first aid as necessary • Call for the ambulance if necessary (000).	Health and safety issues remain a priority. Assessment of the person is important because of any physical risks associated with the incident. Is the person safe? What risks do they pose to themselves or others? Overdoses can be fatal. Alcohol poisoning amounts to a drug overdose. Where possible only staff with first aid qualifications should provide first aid. If the person is difficult to arouse or is unconscious, immediate attention is required, eg, clear airways, check for regular breathing and pulse, commence mouth-to-mouth resuscitation if breathing has stopped or cardio-pulmonary resuscitation if there is no pulse. If the person is awake and breathing and their pulse is normal it is appropriate to place them in a comfortable position and arrange for a medical assessment of their condition.

Suggested responses	Rationale

Immediate
Monitor situation

- Observe the immediate environment
- Send for help from other teachers / adult
- Quick and brief questioning of any other students in the area
- Isolate the affected student(s) if necessary - this may also protect privacy and aid confidentiality
- Ensure safety of all students in the immediate vicinity
- Continue to gather facts -
  Which other students were involved?
  Are all students involved still in the immediate area?
- Type of drug(s) used?
  How were the drug(s) used?
  How much of the drug(s) were used?
  Where were the drug(s) used?
  When were the drug(s) used?

Following up incident quickly may avoid disposal of substances, witnesses being influenced or stories being concocted.

Secure substances

- Secure and label substances

This will ensure safety of other students and may be useful in further investigation of the incident.

Welfare Guide

wise

Suggested responses	Rationale

Short term response

Apply consequences

- Ensure the Principal is notified. Other senior staff such as welfare staff or year level coordinator may need to be informed at this stage.

> The Principal must be notified as soon as possible. The ultimate responsibility rests with the Principal or his / her nominee to ensure that the school response is according to the emergency management plan / protocols in the school.

Investigate and document

- Investigate the incident further by gathering additional facts

- Document incidents for future reference (who / what / where / when).

> Details regarding fatality, serious injury or criminal offence must be communicated to the DEET 24 hour communication centre to ensure appropriate regional and district personnel are notified.
>
> It is very important to keep and maintain a record of the incident. Such documentation should remain confidential at this point.

Inform and brief

- Principal, welfare or designated staff inform relevant people, especially parents / guardians, relevant staff and office staff

- Government schools advise Department of Education 24 hour communications centre on 03 9589 6266

- Catholic schools may contact their Catholic Education Office for advice and support

- Principal informs police if an illicit substance involved.

> The Principal is required to notify parents / guardians as per the Schools of the Future Reference Guide.
>
> Pass information relating to incident on to police. Under the protocol between the Department and Victoria Police, the Principal must refer an alleged criminal offence concerning illicit drugs to the police. Decisions can then be made about the legalities of the situation and steps to take.
>
> Schools in possession of illegal drugs should discuss disposal with police. Confiscated 'substances' may become evidence. Technically the school is 'in possession' while drugs are in safe keeping.

Welfare response

Designated student welfare staff assess short term support for the student(s).

- speak to parents

- arrange advocate if necessary

- liaise with principal or year level coordinator

- arrange any counselling

- initiate parent support group if appropriate.

> Counselling will help schools assess the impact of an incident on those concerned in ways that are not always obvious. It will also help students to reflect on the incident, and perhaps learn from it.
>
> If a postvention response is required it is vital that protocols in Managing School Emergencies are followed.
>
> Students rights should be protected whilst any allegations are investigated or dealt with. This includes permission to search bags, and the use of advocates.

Inform the community?

- Consider and prepare a media strategy if required.

> It is advisable to notify key people and to gather information prior to making public statements about the incident.
>
> Contact Regional Media Liaison Officers for advice and support.

Suggested responses	Rationale

Medium and longer term
Apply consequences

• Determine continued school response in terms of consequences for those involved according to school and departmental guidelines • School should consider both welfare and discipline response, and as far as possible keep these separate. The welfare response should be consistent with the approaches outlined in this booklet. **5**	The school response may then be a blend of discipline and welfare and reflect both the circumstances of the incident and consequences associated with breaches of school rules. A range of responses may be beneficial and will need to be decided on the basis of the information a school has gathered. A welfare response requires a degree of rapport and empathy. Separating discipline and welfare may help resolve or deal with the cause of the problem.

Reintegrate

• Using a case management approach students should be returned to normal school activities as soon as possible • Suspensions or other sanctions should be monitored • Facilitate reintegration into current or new school.	A lack of support and connectedness can make a young person particularly vulnerable to increased or harmful drug use.

Monitor and review

• Consider a parent support group to provide information and peer support to the parents of students involved • Debrief staff and review school response • Review prevention strategies • Monitor and review progress of any continuing case management.	This may provide a time for the parents involved to debrief, discuss the issues and actions and support each other. Note: Drug-related incidents could involve trauma that requires longer term support to a range of people affected by the original incident.

Media strategy

• Implement a communication strategy.	The school needs to consider whether or not the school community should be informed and how this will be achieved. There may be a conflict between the rights of individuals and the greater benefit of all students. Young people are entitled to at least the same protection as the rest of the community. Preparation for a media response may also be necessary. Staff will need an opportunity to present their experiences and feelings associated with the incident in order to deal with any unresolved matters. A postvention response may need to be considered.

5 *Get Real: Drug-Related Critical Incidents contains further information about a response procedure for drug-related incidents. Managing School Emergencies by the Department of Education Victoria 1997 also contains information that will assist schools in clarifying responses to traumatic incidents.*

FOR TEACHER REFERENCE ONLY

Other response considerations

Suspected Drug Use

If a student is suspected of drug use, discuss the observable facts and ask the student what conclusions they would draw from these facts. Express only concerns that can be substantiated, avoid accusations, focus on the student's behaviour, attitudes to their school and their relationships with teachers, friends and parents.[17]

Labelling

Schools should takes steps to avoid young people being labelled as a 'junky,' 'addict' or the like. Labels can act as a barrier to change. American researchers, Kaplan and Johnson found that the strongest predictor of increased substance use was the effect of labelling.[18]

'Trafficking'

Trafficking is a legal term used to describe illegal trade, sale and distribution of drugs. Trafficking is generally recognised as a serious drug offence and people labelled as 'drug traffickers' are often identified with various negative stereotypes or are seen as preying on others' weakness. Such stereotypes may bear little resemblance to reality within the school setting. They can make the situation appear more serious or dramatic thus contributing a distorted response.

If schools believe an offence has been committed by students involving the sale, distribution, possession or use of illicit drugs, the police and parents should be contacted. It is then the police responsibility to determine what offence has occurred. The 'trafficking' label should therefore be avoided.

Police

It is advised that schools develop a relationship with local police to affirm protocols and contacts.

If an illegal substance is found on school premises, police must be notified within a reasonable time. Police may choose not to attend the school unless they deem the incident to be of a serious nature. However, it is more appropriate that if police attend the school they consider the timing, and where possible, attend when students have been dismissed to avoid undue attention or publicity.

Inhalant / solvent use

The majority of students will reach the end of their schooling without ever considering using an inhalant. Many will never even think of them as substances giving a psychoactive response. There is evidence that when information about inhalants is made widely available to students, use increases, in some instances quite distinctly. Consequently, to teach about inhalants in a general classroom situation may be counter-productive.

However, in a school where some students are using inhalants, there is a significant risk of a 'contamination' effect. In this circumstance, the argument for avoiding tackling the issue with the broader school community is less clear.

Use of inhalants can be particularly dangerous, especially for inexperienced users. Suffocation, choking, cardiac arrest and accidents have contributed to the deaths of users. As inhalants make the body more sensitive to adrenalin, it is important not to frighten or chase users.

If inhalant use is a regular habit the possibility of permanent damage to internal organs increases.

The Model of Intervention provides an appropriate framework for responding to inhalant use among students. In addition, school personnel should remain aware of the 'contamination' effect of inhalants which in most cases requires that a young person attend counselling. The level and duration of counselling will be dependent on the assessment. An Alcohol and Drug counsellor should be contacted for advice before deciding who will do the counselling. It is important to provide information to students to clarify the issues following incidents involving students.

17 Critical Incident Management Regarding Cannabis Use in Schools, Draft Report, Connect Project, Australia Drug Foundation 1998, p4

18 Kaplan, H. & Johnson, R., Vulnerability to Drug Abuse, American Psychological Association, 1992, pp 299 – 358

Some considerations for developing an approach to inhalant incidents:

- utilise the harm minimisation framework to develop a comprehensive school-based response that focuses on the issue in a health context

- suspension is not a recommended consequence, as this will provide more time to engage in unsafe practices.

- provision of specific information to assist safety of the user and others

- a school-based response must happen very quickly after the incident, with close involvement of the parents

- confidentiality issues are paramount in relation to inhalant use due to the strong likelihood of 'copy cat' behaviour

- the process for handling such incidents must be clearly embedded in school policy, with ready availability of appropriate information to students

- the process must be designed to ensure safety, counselling and referral where necessary.

Balancing welfare and discipline

In responding to possession, use and distribution of illicit drugs, the principal, in consultation with student welfare staff, often has to weigh up the competing needs of individual students with those of the greater school population. The immediate safety of students and staff is the most important concern. Further steps will then relate to the particular circumstances and those individuals involved.

Possession, use and distribution of illicit drugs are clearly a breach of law. The Student Code of Conduct Guidelines and Ministerial Order No 1 clarify the grounds for a school's disciplinary response and offer a range of sanctions. Catholic schools should be guided by the Pastoral Care of Students in Catholic Schools.

As already stated, there is an obligation under common law for schools to inform police about incidents involving illicit drugs. The response from police, parents, schools and / or treatment services may then be

contextualised in view of the offence, the individuals involved and the consequences of the behaviour.

Tensions can occur in determining an appropriate response to an incident. Some schools are concerned about appearing 'soft' by not demonstrating a quick and decisive response to drug incidents.

Incidents involving drugs can often be complex and emotional. The following questions and responses may help reduce possible tension.

- **Would your response be the same as for a similar breach of school rules that is not drug-related, eg, assault, harassment or possession of weapons?**

  Drug-related incidents, particularly those involving illicit drugs, may arouse anxiety above what would be usual for a comparable breach of school rules. The response may therefore be seen to be harsh or lack fairness.

- **Where does the incident sit on the drug use continuum? Does the incident involve experimentation, regular or problematic use?**

  Drug incidents may represent one-off experimentation or more regular use. To expel or stigmatise students for a one-off use may disconnect them from education with the potential of promoting further substance misuse. Involvement in or use of illicit drugs gives rise to concern for the health and well-being of young people involved. The school may be in the best position to link students to support options. Regular use may indicate other health concerns such as stress, depression or anxiety.

- **Is the person responsible for the welfare needs of the student also responsible for discipline?**

  Principles of counselling youth with drug problems suggest a separation of counselling from discipline allowing concentration on rapport and empathy. This allows for a non-judgmental approach that may help resolve or deal with the cause of the problem and allow for ongoing support where required.[19]

19   Face to Face, A manual for drug counselling, 1996, p9

- **Have the staff involved had time to consider the possible response options for this incident?**

   While health and safety issues have first consideration in a drug-related incident it is often the management of information and subsequent student welfare and discipline responses that cause greatest dilemmas. It is clear that a principal must inform police and parents / guardians of those students involved. Beyond these key steps it may be wise to give enough time to staff to consider welfare and discipline options and to plan how and what information about the incident may be disseminated.

   A quick response may not always be the best, especially if its main intention is to demonstrate the school is in control or is decisive.

- **Will any discipline of students be conducted in an environment of consultation and cooperation between parents, students and teachers?**

   Designated student welfare staff play an important role in facilitating any consultation and identifying appropriate courses of action. It is important to keep channels of communication open in an attempt to respect the interests of all involved. Effective discipline and student management will require ongoing monitoring. This may include the establishment and the implementation of a case management plan.

- **Has the school made the best attempt to maintain students within an educational pathway and to activate available school and community supports?**

   Given a strong correlation between youth unemployment, homelessness and substance misuse it follows that where young people are expelled or suspended from school, for drug-related behaviour, there is an increased likelihood for further risk taking.

There are of course some students whose behaviour causes more difficulty. Where possible, other pathways need to be established. Case management, negotiated transfers to other schools, or the involvement of treatment services provide appropriate alternatives. Expulsion, while a discipline option, should be used as a last resort after other avenues for support have been explored. Such an approach may then be a blend of discipline, counselling and support and advice on the legal or health consequences.

An example of school practice

A rural primary school response to student use of cannabis

Three Year six students from a rural primary school had been identified smoking cannabis at school during school hours.

The following response was used:

- the students involved were isolated from other students to ensure safety

- an assessment was made of their medical condition

- information was gathered to find out what had happened

- parents were contacted and meetings organised

- Police Schools Involvement Program Resource Officer was contacted and informed that an illicit substance had been used. This officer was also asked to assess the legal implications and to support the school in meeting with the parents and cautioning students

- student counselling sessions were organised through a local Drug and Alcohol worker (parent consent was sought and given for these sessions)

- students were given an 'internal suspension' for 10 days of recesses and lunches. Students were required to complete a project on the possible effects of cannabis use

- a unit of work on illicit drugs for all students was incorporated into existing drug education program

- information was placed in the school newsletter informing parents about the unit of work.

SECTION 7
Postvention

Manage trauma and limit impact

Postvention

Postvention

- aims to provide appropriate support to students, their families and other members of the school community affected by emergency situations or potentially traumatic incidents, particularly fatal incidents involving death due to suicide, accident or illness

- is the work carried out to deal with the aftermath of traumatic incidents, such as suicide or attempted suicide, drug overdose, accidents or rape, in order to assist the survivors to cope with what has happened and to reduce the chances of further trauma including suicides and suicide attempts.

Trauma incidents are those which are extraordinary and beyond our normal ability to cope. Drug-related incidents have the potential to be traumatic to those involved in them.

Such incidents may include drug overdose in or out of school hours, car or other accidents where drugs have contributed to the outcome, or the misuse of medication that leads to serious reactions.

The specific situation will determine the actions a school will take. These actions will vary according to the degree to which the incident is public, the age of those affected by it, and the extent of involvement.

Emergency management and recovery response spans the three levels of activity; prevention, early intervention and postvention.

Best practice postvention is grounded in effective prevention and preparedness.

Research suggests that preparedness, appropriate response and recovery activities following a potentially traumatic event can mitigate the impact of trauma-related symptoms and facilitate the ongoing development of resilience. Schools and organisations that have response and recovery plans in place prior to a crisis reduce the likelihood of long term adverse reactions. This applies to incidents involving drugs.

Early intervention and intervention

The effects of a critical incident can be lasting, depending upon the quality of the individual's experience during or shortly after the incident. The degree and rate of recovery is determined by the extent to which the individual is surrounded by supportive, caring people who can help deal with the after-effects of the experience.

It is important that teachers are made aware of how people can be affected by potentially traumatic incidents and emergencies. They need to:

- be aware of the need to monitor the reactions of vulnerable students. Should adverse reactions be identified, teachers need to know how to respond and to access further support for the students

- ensure that they have ongoing support for themselves and their colleagues when they are involved in managing a traumatic incident. Emergency events may take a personal toll on teachers. Talking to a trusted colleague or arrangements for formal debriefing process may help to prevent the development of difficulties.

Providing appropriate counselling and support for students, their families and staff affected by drug-related incidents can involve close liaison within and outside the school systems.

Teachers can use the model of intervention described in section 4 of this manual to help organise a response to the needs of individual students involved in drug-related incidents.

6 ◖

'Recovery processes that address stress and grief responses, and that minimise distress and maximise morale, are likely to be most effective in the school environment'.[20]

get wise

Working on Illicits in School Education

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6 ***Managing School Emergencies: Minimising the Impact of Trauma on Staff and Students. Department of Education 1996***

20 Jackson & Bates, A Wellness Response to Critical Incidents, 1997. Conference proceedings: International School of Psychology Annual Colloqium

SECTION 8

Scenarios

Scenarios are a useful basis for discussion when considering the development of welfare intervention models. They may be used to examine how effectively existing practices in a school are working, or for professional development purposes when reviewing or implementing new practices.

Designated student welfare staff have an important role in assisting the Principal in presenting drug-related professional development for staff.

In order to utilise scenarios that are more relevant to the needs of the school it may be more useful to modify or blend a scenario/s by changing the drug, the context of the drug use or the student circumstances.

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7 *A range of scenarios can be found in the following Get Real booklets:*

- *Drug-Related Student Welfare: Identification, Monitoring and Intervention p14-17*
- *Drug-Related Student Welfare and Critical Incidents in Primary Schools p5-20*
- *Drug-Related Critical Incidents: Guidelines for Secondary Schools p11-14*
Get Real also provides a framework for response to drug-related incidents.

Short scenarios and responses for classroom teacher, student welfare staff and principal

In all situations safety and Duty of Care considerations apply

Theme	Scenario	Possible responses include:
Inhalants	Two students are absent from your class after lunch. Concerns have been expressed about occasional inhalant use in secluded parts of the school yard.	• Follow up absences • Collect facts • Implement inhalant response as appropriate; see page 28 of this text
Needlestick injury	A syringe is noticed by students on the school oval and reported to a yard duty teacher.	• Collect syringe and dispose of in safe manner • Inspect other areas for syringes • Regular sweeps of the school yard • Review and communicate procedures for handling and disposal of syringes
Party	As you are walking into your Year 9 class you overhear a conversation between students discussing the purchase of alcohol and cannabis for a party next weekend.	• Assess information • Pass relevant information on to welfare staff or Principal • Identify possible harms • Parents or police may be informed
Relationships	A classroom discussion, during a lesson related to sexuality, reveals an increase in student alcohol consumption related to relationship problems.	• Assess information • Pass information on to welfare staff • Provide curriculum opportunities for exploration within drug education program • Consider peer support or supportive friends program • Monitor student attitudes / behaviour according to welfare framework
Older non-students	The school ground is visited by ex-students, wishing to attract attention of younger students with free samples of amphetamines.	• Check student safety / wellbeing • Ask ex-students to leave school grounds • Refer to Principal for police contact according to established school / police protocols • Discuss issue and concerns with students as appropriate

Theme	Scenario	Possible responses include:
Parent use	Towards the end of your bus duty, two students are still waiting for their parent, and individually disclose the parent's use of 'mull'. Finally, the parent arrives and appears 'spaced out'.	• Consider Duty of Care issues • Determine potential risks to students. This may involve a discussion with the parent indicating concern or preventing students from leaving with parent. • Send for assistance
Older sibling use	A student discloses to the Year 4 teacher to having seen a marijuana plant at their older sibling's flat.	• Assess likelihood of risk to student • Pass information on to welfare staff and monitor situation
Sexual preference	Student discloses to the welfare coordinator that their reason for use of amphetamines at the weekend is to dull the pain surrounding issues related to their sexual preference.	• Listen and avoid being judgmental • Seek support for any immediate health issues • Identify curriculum and welfare opportunities to address sexuality issues • Monitor and provide further support for relationship issues
Parent condones use	During a Principal's interview with a parent, the parent admits to condoning their adolescent son's use of cannabis at the weekend.	• Explain the school's / Department's position on illicit drugs • Explain the school's responsibility under of Duty of Care, which may include reporting any school incidents to police
Drugs found	Two foils of marijuana are found by the cleaner in the toilets and are brought to the Principal at the end of the day.	• Store and label marijuana • Contact police • Investigate source of drug • Alert staff and monitor situation
Student disclosure related to parents	A student remains behind at the end of a drug education lesson and bursts into tears and relates that one of their parents has just been charged with a drug-related offence.	• Provide support • Consider privacy of student • Pass information on to welfare staff for any further support
Intention to purchase	A teacher overhears a conversation between a group of students planning to pool their funds and wait near the local licensed supermarket until they find someone willing to purchase a bottle of spirits.	• Duty of Care applies • Principal or senior staff may choose to notify parents and supermarket • Speak to students and inform them of your options

scenario

Theme	Scenario	Possible responses include:
Peer referral	In a counselling interview with the student welfare coordinator about unrelated issues a student admits their concern for a couple of friends who are binge drinking.	• Discuss some harm minimisation strategies to help reduce risks • Ask students what actions they would like to take
Teacher use	In a drug education class a teacher is asked 'Did you smoke dope at university?'	• Minimise personal disclosures where possible • Assess the question and its relevance and response in third person, eg 'at university many people smoked marijuana'.
The next morning	In class you overhear a group of friends at recess comparing their recollections of the party after the deb ball. They admit to knowing lots of different substances were available but they can't remember what they took, who mixed their drinks, what happened or how they got home.	• Pass information on to ISDES core team for review of drug education program with reference to harms associated with polydrug use • Promote harm minimisation strategies • Discuss establishing deb ball organising committee including students • Review organisation of school functions
ADHD medication	When you return to your desk after lunch, you notice that the drawer that contains the ADHD medication for one of your students has been tampered with. However you cannot recall the number of tablets there at the beginning of the day.	• Gather information and assess any possible risks to students • Refer to Schools of the Future Reference Guide for further advice on safe management and handling of medication • Review medication policy
Re-integration	A student has re-enrolled in his / her studies after a break of almost a year following harmful use of heroin and other illicit drugs.	• Principal and welfare staff to develop a Case Management Plan in collaboration with support agencies • Monitor progress • Support where appropriate

Theme/s

Collaboration between primary and secondary schools

Inhalant use

Oaktree Secondary College draws from a range of associate primary schools. During the past few years, students from Marigold Primary School, one of the associate schools, arrived at Oaktree Secondary College with a high level of welfare-related challenges. In recent years, Oaktree Secondary College has had incidents of inhalant sniffing among its younger students. Past students from Marigold Primary School are consistently involved in these incidents.

Discussion starters

1. What immediate responses are needed by both schools?

2. Should Oaktree Secondary College discuss the issue with all of its associate primary schools?

3. How might the primary schools and Oaktree Secondary College cooperate to counter any concerns?

4. What issues related to drug education could be dealt with at a transition level?

5. What programs might Oaktree Secondary College consider developing?

- for individual students

- for a family / parents

- at a school level - consider staff professional development needs

- at a community level?

6. What policies and protocols would assist in clarifying the school response?

Theme/s

In-school referral processes

Family communication and disputes

Polydrug use

Jane is 14 years old and is often late for school. When she does arrive she frequently spends time in the toilet thus avoiding class. Her pastoral care teacher refers her concerns to the welfare staff who contacts Jane's mother. The ensuing conversation with the mother clarifies a number of issues in relation to Jane's well-being. The mother admits to the Student Welfare Coordinator that she can't control her daughter and is concerned about the effect the family disputes are having on the other children. Jane comes home late at night, if at all, and often goes to a local hotel despite her age. Besides her episodes of binge drinking, she also smokes marijuana. The Student Welfare Coordinator and the mother agree to seek further support for Jane.

Discussion starters

1. Short term responses:

- Identify the short term responses that the teacher and Student Welfare Coordinator made.

- Are there any other things they could have done in the short term?

2. Medium - long term responses:

- What planning needs to be made to meet medium term needs suggested by the scenario?

- What other things could have been planned for in meeting Jane's needs in the medium - long term?

Further discussion questions

3. What are the issues contained in this scenario?

4. Who else might be contacted to get a more accurate assessment of the needs of Jane?

5. Why is it important for the pastoral care teacher to remain involved in supporting Jane? How might this be best achieved?

6. What can the school do to best support Jane?

7. What other concerns might the school have when considering how to support Jane?

8. How might the school balance any opposing interests that may arise?

9. In order to provide Jane with a supportive environment, what are the school's responsibilities?

10. Who else might have responsibilities and what are they?

Scenario 3

Theme/s:

Marijuana use - primary or secondary

Yard duty

Nearby schools

While on yard duty, you come across three students from your class smoking behind the sports shed. As you approach, one of the students sees you and casually walks off. The remaining two, due to hysterical laughter, don't see you. When aware of your presence one of the students clumsily hides something in his school bag - you realise they may be smoking marijuana.

While talking with the students you realise they are not acting normally. They seem rather slow and unsteady on their feet. The students comply with your request to accompany you to the Assistant Principal's office.

Discussion starters

1. Clarify the issues outlined by this scenario - use the themes as a guide for grouping responses.

2. What should be the immediate response for the school?

3. List those things that could be done on a medium - long term basis.

4. How could the school ensure that the marijuana use is treated as a health issue?

5. What referral protocols are needed in student welfare policy / drug education policy?

Tool 1
Student support group meetings

A practical way of implementing a Model of Intervention in drug-related issues, is through the use of student support groups (case management).

The main tasks of a student support group meeting are to:

- identify objectives for students
- develop a plan to achieve the objectives
- choose strategies to implement the program
- meet and monitor progress
- review and adjust the program.

Successful student support group meetings are dependent on:

1. planning

- knowing why you are having the meeting
- what outcomes are required
- how the processes and outcomes will be evaluated.

2. preparation

- distribution of an agenda
- listing issues with allotted times in order
- collaboration
- inviting input from all group members.

3. structure

- introducing all members and explainng their role
- members being aware of objectives of meeting
- processes being articulated so all members are informed
- a chair being appointed
- the chair managing discussions rather than engaging in them
- encouraging participation by all members

- attempting to keep meetings as positive as possible
- sometimes deferring difficult issues for later discussion
- making next meeting date.

4. documentation

- meetings and documentation being treated confidentially
- recording decisions and allocated tasks
- setting completion dates
- recording progress reports.

Also refer to the Tools

- Case manager's meeting record
- Case manager's meeting record - outcomes.

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Tool 2
Welfare teacher's student meeting record

2

Date: _____

Name: _____

_____

Home group / year level: _____

Initiated / Referred by:

❑ Student (self)   ❑ Year Level Co-ord
❑ Home Group   ❑ Welfare Staff
   Teacher
❑ Friend   ❑ Parent
❑ Staff   ❑ Principal
❑ Assistant Principal

Subject of discussion:

_____
_____
_____
_____

Length: _____

Summary of discussion:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Student action from discussion:

_____
_____
_____

SWC action from discussion:

❑ Notify parent / guardian _____
_____

❑ Talk to Assistant Principal _____
_____

❑ Consult class teacher _____
_____

❑ Notify parent / guardian _____
_____

❑ Talk to other students _____
_____

❑ Consult with other staff member _____
_____

❑ Arrange assistance with _____
_____

❑ Develop special program _____
_____

❑ Special de-briefing sessions staff /
   students / parents _____
_____

❑ Other _____
_____

Next meeting: _____

To talk about:

_____
_____
_____
_____
_____
_____

tool's

Tool 3
Referral agencies register

Direct Line:

Metropolitan

(03) 9416 1818

Country

(toll free)

(1800) 13 6385

tools

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Police

Last updated:_____ by: _____

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Other local welfare teachers

Last updated:_____ by: _____

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Agencies

Last updated:_____ by: _____

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Agencies

Last updated:_____ by: _____

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Organisation	Location	Key personnel	Overview / comments
	Contact numbers:	School deals with:	

Direct Line

Metropolita

(03) 9416 181

Country
(toll free)
(1800) 13 638

tools

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tools

Student:

_____

Year Level: _____

Group: _____

Reason for Meeting:

_____

_____

_____

Venue / location:

_____

_____

Date: _____

Time: _____

Attended by:

_____

_____

_____

_____

Chaired By:

_____

_____

Notes / summary of Discussion:

_____

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Appendices

Promoting Resilience in Young People at High Risk of Developing Substance Abuse Problems. By Andrew Fuller.

What is resilience?

Resilience is the ability to bounce back after experiencing adversity and to maintain shape through difficult times. Studies focusing on resilience look at what protects children against difficult, adverse and harmful life events.

Resilience is the knack of being able to bungy jump through the pitfalls of life. Even when hardship and adversity arise, it is as if the person has an elasticised rope around them that helps them to rebound and to maintain their shape as a person.

From a series of studies, it has been possible to isolate those risk factors that increase the risk of substance use problems as well as those protective factors that buffer people against the likelihood of developing these difficulties.

Risk and Resilience

The table on page 48 summarises the risk and protective factors for substance abuse in young people. The factors are categorised into those that act at community, school, family and individual levels. The following section discusses what schools can do to promote resilience and reduce the risk of substance abuse at each level.

It is important to note that protective and risk factors are 'contagious' in the sense that if you have one risk or protective factor you are more likely to have others.

Community Level

Community disintegration and fragmentation including high levels of mobility appear to increase the risk that young people may develop substance abuse problems. The less able a community is to monitor the behaviour of young people and to provide them with a meaningful sense of belonging and connectedness, the higher the likelihood of a wide range of problem behaviours.

Social disconnection is a common experience for many Australian young people. Until recently, Australians were among the most mobile home changers in the westernised world. About 50,000 children are affected by divorce each year and many experience at least partial disconnection from their local communities.

Catalano (1997) recommends that communities gather together a key task force group to review the health of an area and to decide on priorities for the community. Establishing cross-linkages between key stakeholders in each local community allows for broad preventive approaches to be implemented.

There is evidence to suggest that programs may need to be developed to promote different levels of connectedness; community, school, family and peer. Young people connect to specific people or places and this does not appear to generalise to other settings. One example of this is contained in work done by Jones and Offord (1989) who introduced a non-academic skills program (sporting activities, scouting, orienteering etc) in neighbourhoods with high levels of anti-social behaviour. The program significantly reduced levels of anti-social behaviour. This study suggested that programs may need to be specifically developed for each level. Jones and Offord found that neighbourhood anti-social behaviour was specifically reduced but not home or school behaviour.

The positive outcomes of community-wide programs may not be apparent if rates of drug use are used as a yardstick. Pentz et al. (1989) established a broad community program designed to reduce substance abuse. The program included a school-based prevention model, parent