GUIDELINES TO SUPPORT
THE DEVELOPMENT OF SCHOOL-BASED
DRUG EDUCATION POLICIES AND PRACTICES
GUIDELINES TO SUPPORT
THE DEVELOPMENT OF SCHOOL-BASED
DRUG EDUCATION POLICIES AND PRACTICES
The Guidelines to Support the Development of School-Based Drug Education Policies and Practices have been developed as a result of the Commonwealth Government initiative the National School Drug Education Strategy, (NSDES).

These guidelines have been produced as a collaborative project involving the Catholic Education Commission, NSW, and The Association of Independent Schools, NSW. The CEC and the AIS wish to thank the organisations and individuals from both sectors who have generously contributed their time and expertise in the preparation of these guidelines.

In particular we acknowledge the contribution of the Working Party established to address this challenging task, and express our appreciation to the Working Party members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominique Parrish</td>
<td>Diocese of Wollongong; Chairperson</td>
</tr>
<tr>
<td>Carmel Bartkiewicz</td>
<td>Parramatta Diocese</td>
</tr>
<tr>
<td>Robert Nastasi</td>
<td>Sydney Archdiocese</td>
</tr>
<tr>
<td>Michelle Nemec</td>
<td>The Association of Independent Schools, NSW</td>
</tr>
<tr>
<td>Christine Rheinberger</td>
<td>Broken Bay Diocese</td>
</tr>
<tr>
<td>Margaret Sykes</td>
<td>Catholic Education Commission, NSW</td>
</tr>
<tr>
<td>Julie Thompson</td>
<td>The Association of Independent Schools, NSW</td>
</tr>
<tr>
<td>Lorraine Walker</td>
<td>Catholic Education Commission, NSW</td>
</tr>
</tbody>
</table>

These guidelines are not policy, but are provided to assist schools and school authorities to develop their own policies. The values of the school or school authority should be central to the development of the drug education policy. It is important that the policy be linked to a whole school approach which emphasizes the promotion of resilience, linked to the beliefs and values of the school community.

Processes and practices are most effective when they are founded on research and experience and implemented by competent and committed teachers in schools, acting in strong partnerships with parents. The policy, in order to be most effective, requires a joint focus involving home and school, which assists students to develop a high level of understanding and self discipline, as well as a positive belief in their own self-worth.

We trust that these guidelines will provide a useful resource to schools and school authorities developing drug education policies.

Dr Brian Croke
Executive Director
Catholic Education Commission,
New South Wales

Terry Chapman
Executive Director
The Association of Independent Schools,
New South Wales
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td>Rationale</td>
<td>9</td>
</tr>
<tr>
<td>Spirituality, Well-Being and Resilience</td>
<td>10</td>
</tr>
<tr>
<td>Key Concepts</td>
<td>12</td>
</tr>
<tr>
<td><strong>A Whole School Approach to Drug Education</strong></td>
<td>13</td>
</tr>
<tr>
<td>Curriculum Teaching and Learning</td>
<td>13</td>
</tr>
<tr>
<td>School Organisation, Ethos and Environment</td>
<td>13</td>
</tr>
<tr>
<td>Partnerships and Services</td>
<td>14</td>
</tr>
<tr>
<td><strong>Developing a Drug Education Policy</strong></td>
<td>15</td>
</tr>
<tr>
<td>Steps in Developing a Drug Education Policy</td>
<td>16</td>
</tr>
<tr>
<td>Steps in Developing a School Drug Education Policy</td>
<td>17</td>
</tr>
<tr>
<td>Suggested Framework and Content of a School Drug Education Policy</td>
<td>18</td>
</tr>
<tr>
<td><strong>Drugs and the Law</strong></td>
<td>19</td>
</tr>
<tr>
<td>Categories of Drugs</td>
<td>19</td>
</tr>
<tr>
<td>Drugs in Sport</td>
<td>19</td>
</tr>
<tr>
<td>Offences</td>
<td>20</td>
</tr>
<tr>
<td>When to Involve Police</td>
<td>20</td>
</tr>
<tr>
<td>Searches</td>
<td>21</td>
</tr>
<tr>
<td>• Bags, desks and lockers</td>
<td>21</td>
</tr>
<tr>
<td>• Personal searches</td>
<td>21</td>
</tr>
<tr>
<td>• Confiscation and Disposal</td>
<td>22</td>
</tr>
<tr>
<td>Recording of Incidents</td>
<td>22</td>
</tr>
<tr>
<td>Investigation and Interviewing</td>
<td>22</td>
</tr>
<tr>
<td><strong>Glossary</strong></td>
<td>23</td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td>28</td>
</tr>
<tr>
<td>Appendix 1: Principles for Drug Education in Schools</td>
<td>28</td>
</tr>
<tr>
<td>Appendix 2: Issues that need to be Considered in Developing a Whole School Drug Education Policy</td>
<td>29</td>
</tr>
<tr>
<td>Appendix 3: Protective Factors in Relation to Resilience</td>
<td>33</td>
</tr>
<tr>
<td>Appendix 4: Drug Intervention Checklist</td>
<td>34</td>
</tr>
<tr>
<td>Appendix 5: How to Handle the Media</td>
<td>38</td>
</tr>
<tr>
<td>Appendix 6: List of Resources/References</td>
<td>40</td>
</tr>
<tr>
<td>Appendix 7: List of Working Party Members</td>
<td>41</td>
</tr>
</tbody>
</table>
These guidelines have been developed by The Catholic Education Commission, New South Wales and the Association of Independent Schools, New South Wales, as a project of the Commonwealth Government’s National School Drug Education Strategy (NSDES). This strategy recognises that schools are critical places to educate young people about the harms of drug misuse, and acknowledges that parents and school communities clearly have a role to play in dealing with unsanctioned drug use among school students.

These guidelines aim to reduce the demand for drugs and to emphasise the community’s concern with the harmful use of both licit and illicit drugs. They acknowledge that all students have a right to attend a school that is free of illicit substances and unsanctioned drug use.

These guidelines are designed to assist non-government schools in NSW to:

• Formulate preventative drug education programs for students which develop:
  - opportunities to acquire knowledge that will assist responsible decision-making;
  - the skills of interacting, communicating, problem solving, critical thinking, and decision making;
  - the attitudes and values necessary to act on their healthy decisions; and
  - a sense of shared responsibility in students for the welfare of others, to prevent and or reduce the harm of drug misuse.

• Develop drug related school policies.

• Incorporate their own specific values framework within a whole school approach to drug education.

• Involve, inform, and support parents and the wider community.

1 Refer to The Principles for Drug Education in Schools, Appendix 1
2 Refer to Suggested Framework and Content of a School Drug Education Policy pg 18
2. RATIONALE

Drug use and drug related issues confront most communities at some time and in some way. School communities realise there is a need to provide a safe environment to enable young people to achieve their full potential and to address parents’ concerns about the impact of drugs on their families. All governments, parents, schools and the wider community have a role to play in reducing the harm that can arise from personal drug use and the drug use of others.

The role of the school in the prevention and intervention of drug related issues is enhanced when a whole school approach is used. Dealing with issues related to drugs is complex and requires a comprehensive and complementary approach. School communities need to take action to prevent drug experimentation and usage by their young people, and to be able to respond appropriately to the harm that may arise. Schools can assist students to build resilience which will strengthen their capacity to cope with change and with circumstances they confront in their lives.

The whole school approach should incorporate links to the curriculum, school policy, pastoral care programs, school ethos and values, interpersonal relationships, effective partnerships with parents and services in the wider community. (See figure 2.1)

Fundamental to improving the capacity of school communities to respond to drug use and misuse is the development of a policy, or a range of policies, that address drug issues in schools. Such an approach will allow all members of the school community to identify and implement both appropriate preventative drug education programs, and agreed and understood procedures for handling drug use in the school.
Total health generally consists of a variety of elements, notably the physical, mental, emotional, social and spiritual dimensions. The spiritual dimension, or spirituality, may be the key element in which the physical, mental, emotional and social dimensions interact with one another and lead to an integrated response to life. Spirituality concerns the answers we are giving to the questions: Who am I? Where do I come from? Where am I going? What is the purpose and meaning of my life? It is that dimension of human life that draws all the different parts into one whole and gives a sense of meaning to life. It is a journey towards wholeness. It relates to our ability to rise above egocentric considerations of self, to consider and be moved or directed by such concerns as the welfare of others, or the mystery and ‘awesomeness’ of the natural world. Spirituality helps us to make sense of our being, to situate us within the cosmos, to propose ultimate meaning.1 The sacred texts of religious traditions can provide insight when planning activities to promote spirituality.

Despite more than a decade of headlines about “a generation at risk”, the void of spirituality in the lives of young people is a factor rarely perceived as contributing to self-destructive or even violent behaviour. Drug use may be both a search for connection and meaning, and an escape from the pain of not having a genuine source of spiritual fulfilment. As the research of DeLeo et al (1999)2 shows, strong spiritual or religious faith, or a sense of meaning and purpose to life plays an essential role in providing protective factors for individuals.

Programs that minimise the impact of risk in the lives of individuals include positive ways of relating. Schools can improve bonding through a school culture that promotes opportunities for ritual and celebration. These may include assemblies, prayer and liturgy, graduation and feast day celebrations; opportunities for outreach and community service; action for justice; and working with a shared vision that promotes the dignity and uniqueness of each person, recognising God's presence in all of creation.

Promoting a strong sense of connectedness at school and within the family can also contribute to students’ well being and act as a protective mechanism for them. This has been acknowledged by Australian students who identified four key factors for promoting their well-being. These include peer connectedness, fitting in at school, feeling loved by your family to the degree that you feel they can help you understand yourself, and having a positive adult advocate outside the family. (See Appendix 3) These factors highlight some major challenges for schools to enhance students’ well-being, resilience, and sense of self. Some of these include:

• the development and maintenance of a school climate that promotes positive relationships between staff as well as between students and staff;
• meaningful teaching and learning programs that underpin and complement the school ethos; and
• a strong sense of community that can be recognised through ongoing partnerships with parents and local communities.

1 Treston, K. (1992) Transforming Catholic Schools, p9
2 DeLeo et al (1999) Aging and Suicide a Report to the Commonwealth Department of Health and Aged Care Cited in Life Living is For everyone
Spirituality is essentially about helping students develop a sense of foundation and consciousness; a way to help them understand life within a range of experiences. It is becoming increasingly important for many young people today to develop their spirituality to reduce their feelings of alienation and the lack of connectedness that they experience in relationship to others and the world. Spirituality is a significant aspect in the development of resilience. It is a fundamental protective factor for schools to foster in all members of their community. Identified protective factors such as feelings of belonging are reinforced by the spiritual dimension of the Catholic school where students are members of a church community and have the opportunity to participate in meaningful rituals and celebrations of life in abundance.

The spiritual development of students is an essential component of education. The development of relationships with other people and with God, the search for meaning and purpose in life and for the values by which to live, are distinctive contributors to the spiritual development of students. The inclusion of a spiritual dimension in the curriculum is a vital aspect of education in the Twenty First Century.

For religious groups, questions of spirituality are vitally important to the education of their young people. For example, for the Catholic Church, a holistic vision of what it means to be a human person, created by God in God's image, living in relationship with all life forms of the earth is central to the educational endeavours of Catholic Education. "The person of each individual human being, in his or her material and spiritual needs, is at the heart of Christ's teaching: this is why the promotion of the human person is the goal of the Catholic school".¹ An education towards wholeness and to life in abundance must be characterised by a commitment to the total health and well-being of individuals.

¹ John Paul II, Address to the First National Meeting of the Catholic School in Italy, November 24, 1991 in The Catholic School on the Threshold of the Third Millennium, n9

Guidelines to Support the Development of School-Based Drug Education Policies and Practices

Spirituality, Well-Being and Resiliency has been adapted from:
2. Paper compiled by Beverley Begg, Educational Officer in the Pastoral Care Unit at the Catholic Education Office, Melbourne, on secondment to the Intervention Team of the Gatehouse Project at the Centre for Adolescent Health, Parkville. 1999
4. KEY CONCEPTS

*A Glossary of drug related definitions and terms has been provided on pages 23–27

Drug: A substance that produces a psychoactive effect that alters mental processes including mood, thinking or behaviour. Within the context of the National Drug Strategic Framework, the term drug is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs.

Drug-related incident: An occasion involving alcohol, tobacco and/or other illicit or unsanctioned drug use and/or the possession of a drug or drug-related equipment, including bongs, pipes and syringes (except for legal medical use).

Drug-related issues: A comprehensive term that describes all issues associated with drugs, including those that arise from personal use and use by another person or persons.

Harm Minimisation: refers to policies and programs aimed at reducing drug-related harm which includes the promotion of abstinence, prevention of anticipated harm, and reduction of actual harm.

Illicit Drug: A drug for which the production, sale, possession or use is prohibited. An alternative term is ‘illegal drug’.

Resilience: The capacity of young people to cope with change and the circumstances they confront in their lives.

School Drug Education Policy: The school community’s response to drug issues in schools, including the teaching and learning program, pastoral care, partnerships with the wider community parents and support agencies, and the agreed and accepted procedures for dealing with drug related issues.

Unsanctioned Drug: A drug whose use is restricted by law, school authorities and/or school policies/guidelines. The term includes illicit, social and prescription drugs.
5. A WHOLE SCHOOL APPROACH TO DRUG EDUCATION

A whole school approach for managing drug related issues requires all members of the school community to work together. It focuses on:

- **prevention** through drug education and safe and supportive environments; and
- **intervention** to protect other students and to provide appropriate support for students involved in drug related incidents.

Drug related issues should be approached within the context of a school’s pastoral care/student welfare policy with clear links to other related school policies such as the behaviour management policy. The whole school approach provides a systematic and practical framework which schools can use to manage drug related issues and to ensure that the well-being and individual needs of all students is supported. **The exclusion/expulsion of students should be a last resort and only then used as a sanction if there is significant danger to other students.**

The three interactive components of a whole school approach to prevention through drug education and the management of drug related incidents, is summarised in Figure 5.1.

**CURRICULUM TEACHING AND LEARNING**

Whilst preventative drug education is provided within the Personal Development, Health and Physical Education (PDHPE) syllabus, planning needs to occur across the whole school curriculum. The curriculum refers to both the formal teaching and learning program in the school and the informal curriculum component. This provides students with an opportunity to gain knowledge and skills, and to develop attitudes and values that enable them to make informed decisions relating to drug use.

Drug education programs also need to provide:

- opportunities for students to develop resiliency skills that enable them to better cope with change;
- a harm minimisation approach which focuses on messages of abstinence when dealing with all forms of drug use with the exception of medication; and
- information on the consequences of drug use and safety messages about risks.

**SCHOOL ORGANISATION, ETHOS AND ENVIRONMENT**

Developing a positive school climate is fundamental to creating a school environment that focuses on the well-being and individual needs of all students. Factors such as connectedness and belonging, values and beliefs, fairness, justice, and success at school all promote resilience in students. It is the enhancement of resilience in students that underpins drug education programs. The school ethos encompasses these resilience factors and plays an important role in the provision of an effective drug education program.

All members of the school community should be involved in the development of school policies and practices relating to the management of drug issues. It is also important that school policies and procedures addressing drug related incidents are clearly communicated and understood by students, staff and parents.
PARTNERSHIPS AND SERVICES

It is the responsibility of schools, parents, outside agencies and the local community to manage drug related issues. Schools need to work collaboratively with parents and community agencies, as this is an important factor in supporting the health and well being of students.

Schools have a significant role to play in providing information to parents about drug related issues through strategies such as parent information forums, the school counsellor and the school newsletter. The effectiveness of a school drug education program will be enhanced by nurturing positive relationships through the involvement of parents in the development of school policies and programs.

It is essential for schools to establish meaningful links with community agencies, especially the local area health services and the NSW Police Service to strengthen the schools’ ability to manage and respond to drug related issues. Students involved in drug related issues may need to be referred to outside agencies for professional assessment or treatment. The school can play a critical role in referring students and their families to those agencies qualified to provide the necessary support and advice. During a student’s treatment the school can offer support and assist in planning for a return to school life.

Figure: 5:1. A whole school approach to drug education incorporating education and management strategies.
6. DEVELOPING A DRUG EDUCATION POLICY

Harmful drug use is recognised as a major concern and an issue that needs to be addressed by all sectors of the community. Federal and State governments acknowledge the importance of providing a safe environment for young people. Governments have made this a priority area by providing resources to support school-based initiatives to improve their capacity to respond to drug related issues.1

A drug education policy will establish the framework for educating and managing drug related issues relevant to the school community. (See Figure 6.1) Specifically, it will:

• guide all teachers and parents of the school and wider community in their responsibilities as drug educators;
• outline the preventative drug education program;
• involve parents and the community;
• advise students, parents and staff of school rules, consequences and procedures for responding to unsanctioned drug use or drug-related incidents;
• establish guidelines for medicinal drug use and the safe handling and disposal of syringes;
• identify specific support services/networks available to students, parents and staff;
• highlight the procedures for monitoring and reinstating students at risk and those involved in illicit and other unsanctioned drug use;
• ensure the ongoing professional development of all staff; and
• show links to other related school policies.

1 Department of Education Training and Youth Affairs, National School Drug Education Strategy, May 1999
Guidelines to Support the Development of School-Based Drug Education Policies and Practices

**Figure 6.1. A comprehensive school drug education program. (Adapted from World Health Organisation, 1994)**

**STEPS IN DEVELOPING A DRUG EDUCATION POLICY**

A school drug education policy reflects the values of the school community and informs the practices and procedures that are adopted within the school. The development of a school drug education policy contains a number of distinct steps. Schools will be at different stages of policy development and therefore flexible timeframes should be established. Whilst the development process is in place, the draft policy and processes used should be seen as dynamic and able to be refined as needed.

Figure 6.2 outlines the steps for the development of a school drug education policy. This process can be adapted to suit the school context, ethos and stage of development.
Guidelines to Support the Development of School-Based Drug Education Policies and Practices

STEPS IN DEVELOPING A SCHOOL DRUG EDUCATION POLICY

AWARENESS RAISING
• Form School Health Committee representing school community e.g. administration team, counsellor/pastoral care co-ordinator, PDHPE teacher, staff member, parents and students
  • Appoint a Co-ordinator
  • Ensure support of School Executive
• Review the school’s current practices/Drug Education Policy (Refer Checklist; Appendix 2)
• Investigate the needs of students at different age levels e.g. a Student Survey (Refer CEC/AIS Website; Appendix 6)
  • Assess available resources in the community to provide educational, legal & counselling support
  • Highlight drug issues e.g. by inviting specialist guest speaker to staff/parent/student forums

PLANNING
• Draw up an action plan based on review of current practices and student survey
• Review latest research on young people’s drug and alcohol use and consider implications of findings for policy development
• Collect and evaluate sample policies and teaching resources to assist with the process of policy development
  • Identify key drug issues within the school community and establish priority areas
    • Establish short and long term goals for implementation and evaluation
    • Identify strategies to evaluate the success of the drug education program
• Review Ballard’s Principles for Drug Education In Schools to ensure best practice is integrated into the drug education policy (Refer Appendix 1)
  • Develop and draw up a framework for the School Drug Education policy (Refer to p. 18)
  • Involve and consult system education consultants, staff and parents in planning process

POLICY WRITING PROCESS
• Based on consultation and feedback make recommendations about the content
  • Develop the sections of the Policy. (Refer Suggested Framework, p. 18)
  • Circulate draft policies to staff, parents and students for comment and feedback
• Write in close consultation with Principal/School Board with reference to Diocesan/System guidelines
  • Link The Drug Education Policy to other relevant documents/policies (Refer to Figure 2.1)
  • Prepare final draft and circulate among school community. Incorporate feedback into final policy

IMPLEMENTATION
• Promote, distribute and oversee implementation of the policy
  • Principal promotes policy to staff, students and parents
• Communicate policy via newsletters, student diaries, parent information evenings, staff professional development/inservice
  • Prepare and display a one-page summary outline, highlighting key aspects of the policy.
    • Include date when policy comes into effect on all documentation
• Ensure new staff, students and parents are made aware of the policy via staff and student induction programs, assemblies, parent and student information evenings

EVALUATION
• Regularly review and evaluate policy
  • Establish a system for ongoing monitoring
  • Make recommendations based on evaluation
• Assess effectiveness of programs via survey or other feedback from a range of school community representatives
  • Provide feedback to Executive, students, staff and school community

Figure: 6.2 Outlines the steps for the development of a school drug education policy
## SUGGESTED FRAMEWORK AND CONTENT OF A SCHOOL DRUG EDUCATION POLICY

This framework is an example only. It indicates the relevant sections of this document that may assist in constructing a school drug education policy.

<table>
<thead>
<tr>
<th>SECTION</th>
<th>FOCUS</th>
<th>REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale/Preamble</td>
<td>This is an explanation of the need for the policy</td>
<td>p. 9, 13, 15 &amp; 26</td>
</tr>
<tr>
<td>Preventative Education</td>
<td>This is an overview of the drug education program incorporating preventative/harm minimisation strategies. The goal of this program is to reduce the incidence of drug use and misuse. (Demand reduction)</td>
<td>p. 8, 17, pp.9-15, 23–27 Appendix 1, 2 &amp; 3</td>
</tr>
<tr>
<td>Behaviour Management</td>
<td>This outlines school rules and regulations that clearly define acceptable behaviour for the whole school community.</td>
<td>p. 9, pp. 13-17, 19-22 Appendix 2</td>
</tr>
<tr>
<td>Intervention Strategies/Guidelines</td>
<td>An outline of procedures for the management of drug related incidents within the school and school related activities. Specific action plans should be developed to address the immediate and long-term consequences of every drug-related incident</td>
<td>p. 25, pp. 13–15, 19-22, Appendix 3, 4 &amp; 5</td>
</tr>
<tr>
<td>Guidelines for Dealing with Medications</td>
<td>The procedures and practices for the administration and dispensing of medications to students.</td>
<td>Refer to system / school policies and practices on dispensing medications</td>
</tr>
<tr>
<td>Evaluation of the Policy</td>
<td>This is the framework for reviewing evaluating and assessing the effectiveness of the policy.</td>
<td>p. 17</td>
</tr>
<tr>
<td>Assistance and Referral</td>
<td>A guide to personnel and agencies to support the delivery and implementation of the drug education policy</td>
<td>p. 9, 20, pp. 13-16,</td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td>Appendix 2 &amp; 6</td>
</tr>
<tr>
<td>Glossary</td>
<td></td>
<td>pp. 23 - 27</td>
</tr>
</tbody>
</table>
Law, of course, regulates drug use. Any Drug Education policy and/or program must be developed within the constraints of relevant Commonwealth and State laws.

The legal structures surrounding drugs in Australia regulate:
• Production;
• Distribution/sale;
• Personal use; and
• Protection of minors.

When a school authority develops a drug education policy it must do so within the existing legal framework, (State drug laws as well as Commonwealth drug laws). For the guidance of policy developers some key drug education legal issues are summarised below. Policy developers may need to consider differences in State drug laws, particularly when providing advice to communities located close to State boundaries.

The following information is summative in nature and does not constitute formal legal advice. Before a school drug education policy is finalised it would be prudent to have it reviewed for legal accuracy.

CATEGORIES OF DRUGS
There are essentially four categories of drugs from a legal point of view:
• Illicit (or illegal) drugs, such as heroin;
• Prescription drugs, such as antibiotics and tranquillisers, which are only permissible by prescription;
• Restricted legal drugs, such as alcohol and tobacco (which are restricted in terms of use by minors); and
• Unrestricted legal drugs, such as “over the counter” cough medicines, caffeine in coffee etc (although in some sport contexts these may in fact be banned).

There is a fifth category of “drug” which is that of a legal substance, such as petrol or glue, which is not normally ingested or inhaled, but which becomes a drug if misused in such a manner.

DRUGS IN SPORT
One of the greatest threats to fair competition in all sports is the taking of drugs designed to enhance performance. These drugs\(^1\) are banned worldwide; they are a form of cheating and they can produce long-term medical problems for the athletes who use them. Sporting bodies are taking active measures to remove drugs from training and competition through education, testing and punishment of offenders\(^2\).
OFFENCES

In NSW the Drug Misuse and Trafficking Act 1985 creates the following main offences in relation to illicit drugs:

- Use;
- Possession;
- Supply (a person in possession of a “trafficable” quantity will be deemed to be supplying the drug);
- Trafficking;
- Aiding and abetting;
- Possession of drug administering implements;
- Cultivation of prohibited plants; and
- Manufacture of prohibited drugs.

The Commonwealth Customs Act 1901 establishes the offences of:

- Importing prohibited drugs;
- Assisting or being knowingly concerned in the importation of prohibited drugs; and
- Dealing with prohibited drugs after they have been imported.

It is also an offence in NSW under the Poisons Act 1966 to possess a controlled drug without a prescription or to obtain a controlled drug through false representation.

The Liquor Act allows licensed premises in NSW to be authorised for use by under 18 year olds only if they are in the company of a responsible adult. An offence is committed if a person under 18 consumes or is given liquor on licensed premises. Licensees are required to ask for proof of age if they are in any doubt whether a customer is 18. “Proof of age cards” are available free from RTA offices. It is an offence to use false documentation to enter or consume liquor on licensed premises. On the spot fines can be issued for breaches of the Liquor Act.

It is an offence under the NSW Summary Offences Act for a person under 18 to consume alcohol in a public place unless they have a reasonable excuse or are in the company of a responsible adult.

It is an offence under the NSW Public Health Act 1991 to sell cigarettes to people under 18.

WHEN TO INVOLVE POLICE

Principals are obliged to report a matter to police if they know or believe that a serious indictable offence has been committed and they have evidence that might assist in apprehending the offender. A serious indictable offence is defined in the NSW Crimes Act as one that involves imprisonment of at least five years. The following offences carry a penalty of imprisonment of five years or more, and are therefore matters that must be reported to police in the above circumstances:

- Cultivation of an indictable quantity of illegal drugs;
- Manufacture or production of an indictable quantity of illegal drugs;
- Supply of an indictable quantity of illegal drugs (including supply to a person under 16 years of age); and
- Conspiring, aiding or abetting the cultivation, manufacture, production or supply of an indictable quantity of illegal drugs.
Indictable quantities of the more common illegal drugs are:
- Cannabis 1000 grams
- Hash resin 50 grams
- Heroin 5 grams
- LSD 0.005 grams
- Amphetamines 5 grams
- Ecstasy 5 grams

If the amount in question is less than the above amounts then whether or not to report the incident to police, for them to investigate, is a matter for the Principal’s discretion.

The purity of the drug does not matter - only the weight. For example, a mixture of heroin and glucose is regarded as being all heroin for the purpose of determining an indictable quantity.

Any attempt to represent and sell a substance as a drug renders the seller liable to prosecution for supplying the drug itself, even if the substance was falsely represented. This is true whether they have made a genuine mistake or were attempting to cheat the other person.

SEARCHES

(a) Bags, desks and lockers
A search of a student’s belongings should occur only when the Principal has reasonable grounds to believe that the student is in possession of a dangerous or illegal item.

The school may search a locker that a student is licensed to use. However, it would be wise to include a reference to this right when hiring out the locker. A school has no right to search a student’s personal property such as a bag unless it is a condition of enrolment or the student otherwise agrees. It is strongly advised that schools include this condition within the school’s own drug issues policy and make parents aware of this condition at the time of enrolment.

In the first instance, the student should be asked to open his/her locker, bag or desk himself/herself. If the student refuses, the Principal or Principal’s representative should ensure that both the student and another staff member (as a witness) are present as the locker, bag or desk is searched.

(b) Personal searches
The school cannot make searches of a student’s person (i.e. body searches) a condition of enrolment. To attempt a body search without the consent of the student would be to commit an assault. Teachers can ask students to empty their pockets etc, but if a body search is considered necessary, police should undertake it.

An exception to these legal restraints would exist if a Principal (or Principal’s representative) had good reason to believe that a student was concealing a dangerous weapon presenting a real and immediate threat to the safety of others.
(c) Confiscation and Disposal
When any substance believed to be an illegal drug is discovered it should be confiscated and temporarily stored in a secure location. A written and independently witnessed record of this action must be made.

It needs to be remembered that no Principal or school has the right to store or hold illegal drugs. Unless an indictable quantity of drugs is involved, there is no direct statutory requirement to involve the police. Nevertheless, legal advice strongly recommends in all circumstances, irrespective of the quantity, the matter should be referred to the police immediately and the drugs passed over to them. If the police do not promptly attend the school to collect the illegal drugs, the school should deliver those drugs to the nearest police station without delay.

Parents/caregivers should be informed as soon as the Principal has notified the police.

The Principal must make a written record of all drug related incidents.

RECORDING OF INCIDENTS
As with any other significant disciplinary matter, a factual record should be retained in the school. (See Appendix 4)

INVESTIGATION AND INTERVIEWING
If there is an incident involving drugs which has to be reported to the police then the police will conduct the investigation. If the incident may involve a breach of the school rules but does not appear to warrant police investigation, the principles relating to a criminal investigation will not apply. For example, there is no need to prove there has been a breach of school rules beyond reasonable doubt. However, it is appropriate that the accused student be afforded:

• a fair investigation;
• an opportunity to present his/her own account of events;
• an impartial determination of the facts of the matter; and
• appropriate involvement of the student’s parents/guardians in the process of reaching any disciplinary decision which may impact on the future place of the student at the school.

Interviews of students allegedly involved in such incidents should be conducted in a manner which respects the dignity of each person involved.

Where an initial investigation by the school produces sufficient evidence for the Principal to conclude that a serious offence has been committed, the police should be contacted. Any further investigation of the matter should be undertaken by the school only after approval from the police officers involved.

---

3 New South Wales Department of Education guidelines directs Principals that the police must be notified immediately if a student is in possession of a suspected illicit substance or is representing a substance as illicit. Guidelines for Managing Drug Related Incidents in Schools, p13, NSW Dept. of Education, 2000
8. GLOSSARY

**Abstinence:** State of being drug free; not using a drug.

**Aims:** Aims state the overall purpose of a syllabus. They indicate general educational benefits that are intended to accrue for students who satisfactorily complete programs of study based on the syllabus. They are generally expressed in a short paragraph that may be followed by a few key points.

**Circumstantial Drug Use:** Drug use that takes place only in specific circumstances. Eg. Cigarette smokers who smoke irregularly often talk about having to “Have a smoke when they are in social situations such as after a meal”.

**Content:** Content provides the substance or subject matter of what is to be studied by students over a Stage or Stages in a syllabus. Syllabus content may be expressed in terms of such things as topics, areas of study, forms (eg sculpture and painting), key questions, practices, skills and processes. Syllabus content reflects a balance between the acquisition of knowledge and the processes of learning so that students are encouraged to be effective learners.

**Cultivation:** To promote the growth or development of plants.

**Demand Reduction:** Strategies that aim to seek a reduction of desire and preparedness to obtain and use drugs. These strategies are aimed at preventing the uptake of harmful drug use and include, among others, abstinence-oriented strategies aimed at reducing drug use. Demand reduction strategies aim to both prevent harmful drug use and also prevent drug-related harm.

**Dependence:** Is the most publicised form of drug use. Dependent users will not be able to stop use of the drug without suffering some form of psychological or physical distress. It occurs with coffee drinkers, cigarette smokers and problem drinkers, as well as illicit drug users who may have great difficulty in refraining from use when the drug is available.

**Drug:** Any substance, with the exception of food and water, which, when taken into the body, alters its function physically and psychologically. This includes all legal and illegal substances {World Health Organisation (WHO)}.

**Drug Misuse:** Drug misuse is a term, which like abuse, dependency and addiction, has often been associated with consumption levels, patterns, length of use, problems with use, legality etc. Factors determining drug misuse are varied and are dependent on such things as laws relevant to different countries or regions. Therefore varying definitions of drug misuse may not be helpful in determining whether the use of a drug is harmful or not. For example, given a situation where a person is drinking alcohol, the drug use may only start to be considered drug misuse if that person decides to drive a vehicle.

**Drug Use:** The spectrum of drug use goes from ‘no-use’ to dependent use of one or more drugs. A person can move along the spectrum or ‘rest’ at any point or move backwards. One stage does not necessarily lead to the next. The ‘one hit and you’re hooked’ belief is a myth. Although not always clear cut, there are four main types of drug use:

- Non drug use;
- Experimental use;
- Recreational use; and
- Dependent use.

It is useful to know these, as the harms and problems associated with drug use differ along the spectrum as do the strategies needed to help the user.
**Drug-Related Incident:** An occasion involving alcohol, tobacco and/or other drug use, and/or the possession of a drug or drug-related equipment, including bongs, pipes and syringes (except for legal medical use).

**Drug-related issues:** A comprehensive term that describes all issues associated with drugs, including those that arise from personal use and use by another person or persons.

**Drug-Related Problems:** A comprehensive term that describes all problems associated with drugs, including those that arise from personal use and use by another person or persons.

**Educational Outcomes:** Those outcomes drawn from State/Territory syllabuses and curricula which contribute to the broader public health outcomes related to preventing and reducing the harm associated with drug use.

**Experimental:** Single or short-term drug use. The majority of drug use by adolescents fits into this category. Young people often try a drug, out of curiosity or to explore something new and different.

**Habitual:** Drug use that occurs in measured doses. Legal drugs such as alcohol, caffeine and tobacco are often used habitually.

**Harm Minimisation:** Refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to promote better health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches. Both licit and illicit drugs are targeted. Harm minimisation includes the promotion of abstinence, prevention of anticipated harm, and reduction of actual harm. Harm minimisation is consistent with a comprehensive approach to drug-related harm, involving a balance between demand reduction, supply reduction and harm reduction strategies.

A comprehensive approach must take into account three interacting components: the individuals involved; their social, cultural, physical and economic environment; and the drug itself. Approaches for reducing harm will, therefore, differ across target groups, time, and location. Similarly, different strategies may be required to access parents in rural areas from those in metropolitan centres.

**Harm Reduction:** Strategies designed to reduce the impact of drug-related harm on individuals and communities. Governments do not condone illegal risk behaviours such as injecting drug use, but they do acknowledge that these behaviours occur and that they have a responsibility to develop and implement public health and law enforcement measures designed to reduce the harm that such behaviours can cause.

**Harm:** The adverse effects that could potentially be experienced as a result of drug use.

**Health Curriculum:** As defined in Principles for Drug Education in Schools the Health Curriculum refers to the subjects and courses of study which address curriculum areas that draw from the Health and Physical Education Statement and Profile for Australian Schools. It may encompass health education, personal development, health and welfare or other curriculum areas that States and Territories perceive as relevant.

**Health Promoting Schools:** Health-promoting schools aim to create an environment that is safe, stimulating and satisfying, and complements classroom-based learning experiences. It is an environment where all members of the school community work together to provide students with integrated and positive experiences and structures that promote and protect their health. This includes both the formal and informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services, and the involvement of the family and the wider community in efforts to promote health.

**Illegal drug:** A drug of which the production, sale, possession or use is prohibited. An alternative term is ‘illicit drug’.
Illicit drug: A drug for which the production, sale, possession or use is prohibited. An alternative term is ‘illegal drug’.

Intervention: Intervention refers to the strategies implemented when responding to drug related issues. The intervention section of a school drug education policy may include:

- examples of drugs and drug use behaviours that are unacceptable to the school community;
- details of assistance that will be provided for students and or staff with drug related problems;
- details of assistance that will be offered to “at-risk” students and or staff;
- procedures for dealing with alcohol, tobacco and other drug related incidents; and
- the roles and responsibilities of key personnel.

MCEETYA Taskforce: A taskforce established by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) to assist in the development of enhanced protocols. This taskforce was chaired by the Commonwealth and included representatives from each State and Territory education system, NCEC, NCISA, ACSSO, APC and the National Advisory Committee on School Drug Education.

National Drug Action Plans: The National Drug Strategic Framework will be accompanied by a series of National Drug Action Plans. These National Drug Action Plans will identify specific priorities for addressing the harm arising from the use of licit and illicit drugs and other substances; strategies to address these priorities; and performance indicators.

National Drug Strategy Household Survey: The National Drug Strategy Household Survey undertakes the task of monitoring and evaluating issues relevant to Australia’s National Drug Strategy (NDS). Face-to-face interviews are conducted across Australia with approximately 4,000 persons aged 14 years or more. A self-completion component of the survey is used to collect information on the more sensitive issues, such as personal drug use.

NSDES: The National School Drug Education Strategy was developed on the basis of a collaborative, intersectoral coordinated approach to drug education. The Strategy’s key goal is one of ‘no illicit drugs in schools’.

Objectives: Objectives provide more specific statements of the intent of a syllabus. They amplify the aims and provide direction to teachers on the teaching and learning process emerging from the syllabus. They define in broad terms the knowledge and understandings, skills, and values and attitudes fundamental to the subject/KLA. They act as organisers for the intended outcomes. The same objectives may apply across stages in a subject/KLA.

Outcomes: Syllabus outcomes statements express the specific intended results of the teaching of the syllabus. They are derived from the content of the syllabus. They provide clear statements of the knowledge and understandings, skills, values and attitudes most students are expected to gain as a result of effective teaching and learning of a subject/KLA by the end of a Stage. Students may achieve unintended outcomes through the teaching and learning process. Such achievement may be significant and schools may wish to report it.

Pastoral Care: Pastoral Care reflects the positive relationships that exist in schools between students, parents and teachers. It is the unifying focus for the spiritual, academic, social and emotional aspects of school life. Pastoral Care is the framework in which Christian ministry in the context of relationships is nurtured. Each person is called to actively promote the well-being of all members of the school community.

Possession: Occupancy or holding a substance either with or without rights of ownership.
Prevention: There are three levels of prevention that include a broad range of intervention options. The type of prevention strategy used for an individual depends on the type of drug use and the problems experienced.

- Primary prevention aims to prevent drug use from occurring at all or to delay the onset of use. Strategies include education, information, community education through media campaigns and sponsorships, community development initiatives, and legislation.

- Secondary prevention aims to prevent drug problems by identifying and modifying potentially harmful drug use. Information and campaigns promoting safer levels of alcohol consumption are examples of secondary prevention strategies. Brief intervention is a secondary prevention strategy.

- Tertiary prevention aims to prevent problems caused by drug use from getting any worse and causing further harm. These strategies usually target people with an identifiable drug dependency. Tertiary prevention is often called drug treatment and rehabilitation. Intervention options include detoxification and counselling.

Principles of Drug Education in Schools: An initiative of the School Development in Health Education Project; these principles were developed by the University of Canberra as a collaborative initiative of States, Territories and the Commonwealth of Australia and coordinated by the School Development in Health Education Project. The principles were refined through a national process of broad consultation, presented for comment and critical analysis at the Third International Conference on Drug Abuse Prevention in Schools in Brisbane in 1991 and were widely trialed by all States and Territories. These principles have also underpinned the development and delivery of State and Territory drug education programs. (Refer Appendix 1)

Policy: Policy is the overarching statement, principals and/or position on the approach to be taken to a particular issue. Procedures, strategies guidelines and/or action plans are the action-oriented measures that underpin and aim to achieve the stated policy.

Protocol: In the context of the national framework, protocol is used interchangeably with policy, procedures and/or guidelines. It is recognised that in some school jurisdictions, protocol is used more formally to refer to documented liaison or referral arrangements with outside agencies.

Psychoactive Drug: Any substance that affects the central nervous system and alters the mood, perception or consciousness.

Psychoactive Effects: Effects produced by a drug or substance that alter mental processes including mood, cognition, thinking or behaviour.

Rationale: The statement of reasons or the fundamental reason behind the publication of a document. The rationale may include:

- Aims;
- Definitions of important terms;
- A brief statement about the importance of the policy;
- Members of the school community covered by the policy;
- A short description of how it was developed; and
- Proposed date for the review of the policy.

Reasonable Suspicion: Having sound justification for a held position or stance on a given issue.

Recreational Drug Use: Users choose a drug that suits their purpose and use it in a social setting. Many of the ‘party drugs’ such as ecstasy and amphetamines are usually used in a recreational way.
Reintegration: Procedures for (re)engaging and supporting students in school attendance and learning programs following drug related interruption to their involvement in schooling.

Resilience: The capacity of individuals to cope with change and with the circumstances they confront in their lives.

Safe and Supportive School Environment: An environment which provides for the physical, physiological, psychological, social, cultural, aesthetic and intellectual development of students.

School Community: The School Community is composed of a number of groups and agencies that work together to achieve the best educational and personal outcomes for students. These groups and agencies can include students, school staff (for example teachers and other professionals, administrators and other support staff), parents/guardians and other carers, interested individuals and members of other agencies and organisations, such as community organisations.

School Drug Education Policy: A set of brief statements outlining the school community’s agreed position on, and accepted procedures for dealing with drug-related issues.

School Drug Policy Guidelines and/or Procedures: A number of statements that detail the accepted procedures for dealing with drug-related issues. School drug policy guidelines may include appendices or references to other school, Education Department or other sector policies.

Supply Reduction: Strategies aimed at disrupting the production and supply of illicit drugs. They may also be used to impose limits on access to and the availability of illicit drugs - an example is legislation regulating the sale of alcohol and tobacco to persons under the age of 18. Another example in the school setting includes measures taken to limit the availability of illicit drugs on school premises.

Tolerance: People who are physically dependent usually develop tolerance to the drug. That is, they need to take more and more to get the same effect.

Unsanctioned Drug: A Drug whose use is restricted by law, school authorities and/or school policies/guidelines. It includes illicit, social and prescription drugs.

Unsanctioned Drug Use: Drug use that is not permitted by law, school authorities or school policies and/or guidelines.
APPENDIX 1

PRINCIPLES FOR DRUG EDUCATION IN SCHOOLS

1. Drug education is best taught in the context of the school health curriculum.

2. Drug education in schools should be conducted by the teacher of the health curriculum.

3. Drug education programs should have sequence, progression and continuity over time throughout schooling.

4. Drug education messages across the school environment should be consistent and coherent.

5. Drug education programs and resources should be selected to complement the role of the classroom teacher, with selected external resources enhancing not replacing that role.

6. Approaches to drug education should address the values, attitudes and behaviours of the community and the individual.

7. Drug education needs to be based on research, effective curriculum practice and identified student needs.

8. Objectives for drug education in schools should be linked to the overall goal of harm minimisation.

9. Drug education strategies should be related directly to the achievement of the program objectives.

10. The emphasis of drug education programs should be on drug use likely to occur in the target group, and drug use, which causes the most harm to the individual and society.

11. Effective drug education should reflect an understanding of characteristics of the individual, the social context, the drug, and the interrelationship of these factors.

12. Drug education programs should respond to developmental, gender, cultural, language, socio-economic and lifestyle differences relevant to the level of student drug use.

13. Mechanisms should be developed to involve students, parents and the wider community in the school drug education program at both planning and implementation stages.

14. The achievement of drug education objectives, processes and outcomes should be evaluated.

15. The selection of drug education programs, activities and resources should be made on the basis of an ability to contribute to long term positive outcomes in the health curriculum and the health environment of the school.
ISSUES THAT NEED TO BE CONSIDERED IN DEVELOPING A WHOLE SCHOOL DRUG EDUCATION POLICY

The Principles for Drug Education in Schools represents best practice and therefore should be reviewed when developing a school drug education policy. (Refer Appendix 1)

SCHOOL ORGANISATION, ETHOS AND ENVIRONMENT

School ethos refers to the mood or tone of a school. Research suggests that the factors of connectedness and belonging, fairness, justice, and success at school promote resilience. It is the enhancement of resilience in students that effective drug education programs aim to boost and develop. The statements below relate to a variety of school policies and/or procedures, which may impact on the development of the school drug education policy.

<table>
<thead>
<tr>
<th>Does the school have a policy/procedure on</th>
<th>Yes</th>
<th>No</th>
<th>Needs review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug related incidents?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare and discipline?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Truancy, school refusal, and repeated absenteeism?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Incident Policy (e.g. dealing with drug misuse)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School community health and welfare (students, staff parents)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and alcohol use by students and the wider school community?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral of suspected student drug and alcohol problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration and safe storage of medication for students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender equity/discrimination/harassment/bullying?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child protection?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SUGGESTED ACTION:
### Guidelines to Support the Development of School-Based Drug Education Policies and Practices

<table>
<thead>
<tr>
<th>Does the practice occur</th>
<th>Yes</th>
<th>No</th>
<th>Needs review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff members seek help when managing student drug and alcohol related issues?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff members act as role-models by supporting colleagues and students who are experiencing drug and alcohol issues?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers are given the opportunity to develop a clear understanding of procedures for matters involving students and illegal substances?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies and procedures for dealing with drug related incidents are clearly communicated to students, parents and staff members?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities are provided for students and staff to develop positive and meaningful relationships?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers are supportive of, and respectful towards students and other staff members?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are supportive of, and respectful towards staff members?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are supportive of and respectful towards other students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are encouraged to participate in the school decision-making process?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students are encouraged to be active participants in the learning process. (eg student evaluation and feedback)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A sense of belonging, and positive social experiences, are promoted for all students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities are provided for students to experience success in a variety of ways (e.g. creative arts, physical activity, and technology)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The school reflects and recognises the varying cultural values of the community?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competition within the school community is structured to support the personal and social growth of students?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students with special learning needs are identified and appropriate support provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The school provides a safe and supportive environment for all students?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUGGESTED ACTION:**
**CURRICULUM TEACHING AND LEARNING**

The curriculum refers to both the formal teaching and learning program in the school and the informal curriculum component. These provide students with an opportunity to gain knowledge and skills, and to develop attitudes and understanding. This will enable them to become more resilient and responsible in individual and community health matters.

**Do you have**

<table>
<thead>
<tr>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
<th><strong>Needs review</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A comprehensive PDHPE curriculum, that includes drug education, offered to all students based on the concept of harm minimisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A comprehensive, sequentially developed drug education program which reflects the needs of the school community?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A drug education program that provides information on the consequences of drug use and safety messages about risks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient time allocated to drug education in the PDHPE curriculum?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross curricula drug education that complements the PDHPE curriculum?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing professional development for teachers in drug education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current drug education resources?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of external personnel for drug education that support and enhance the teachers’ drug education program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing evaluation/review of the drug education program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug education messages that are consistent and coherent across the school community (e.g. abstinence)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug education programs based on effective curriculum practice and identified student needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs that reflect an understanding of the characteristics of the individual, the social context, the drug and the interrelationship of these factors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug education teaching and learning which is directly related to the achievement of the relevant syllabus outcomes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug education programs responsive to developmental, gender, cultural, language, socio-economic and lifestyle differences appropriate to the level of student drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities for students to develop resiliency skills that contribute to effective drug education?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUGGESTED ACTION:**
**PARTNERSHIPS AND SERVICES**

Drug education is the responsibility of schools, parents, outside agencies and the local community. The positive relationships developed will enhance the implementation of the drug education program.

<table>
<thead>
<tr>
<th>Does the practice occur:</th>
<th>Yes</th>
<th>No</th>
<th>Needs review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local groups participate collaboratively in school activities (eg Police Youth Liaison Officer, Area Health Service personnel)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular exchange of information between families, the local community and the school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent education programs in drug education?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support services are provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The drug education program contains health-related activities that involve children interacting with their families or carers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents are encouraged to be involved in decision-making and policy development within the school?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling and support services are available and accessible for students and their families?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander and other cultural community health workers are consulted and/or involved in the development and implementation of teaching/learning programs where appropriate?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUGGESTED ACTION:**

Adapted from Mind Matters Mental Health Promotion Program for Secondary Schools, 1999
PROTECTIVE FACTORS IN RELATION TO RESILIENCE

From a series of studies the following factors have been found to contribute to resilience in young people from the long-term consequences of adversity.

**Personal factors**
- Having a pleasant temperament and a reasonably calm level of activity;
- Reacting to social cues and responding to people's interaction;
- Having an age-appropriate level of autonomy;
- Having curiosity and a zest for life;
- High intelligence (except when paired with sensitive temperament);
- Work success during adolescence; and
- Having developed a special gift, ability or talent.

**Family**
- Having a sense of belonging or connectedness to family;
- Having some traits or characteristics that are valued by family members, e.g. having hair like grandpa's or a smile like mum; and
- Having a warm relationship even with one parent which can protect young people even in situations where there is quite pronounced parental violence and disharmony.

**Peer and adult support**
- Having a sense of belonging and connectedness to school. This doesn’t always correspond with academic performance;
- Positive achievements and evaluations in the school setting;
- Having someone who believes in you;
- Having a positive relationship with an adult outside the family; and
- Attending pre-school education as a child also protects young people because they learn social skills and connect with other adults and peers beyond their family.

The four main factors that promoted well being in young people, as rated by Australian students, were:

1. peer connectedness;
2. fitting in at school;
3. feeling loved by your family to the extent that they help you understand yourself better; and
4. having an adult outside your family take a positive interest in you.

Adopted from “From Surviving to Thriving” pg 76 - 77
APPENDIX 4

DRUG INTERVENTION CHECKLIST

NAME:                          DATE:  /   /

CONFIDENTIAL REPORT - DRUG RELATED INCIDENT

Supporting documentation should either be attached or placed on student file

Where is the documentation?

1. Initial awareness of situation

How/by whom were you made aware of the situation?

This has been documented. □

2. Initial interview(s)

The student(s) involved have been interviewed □

Name(s) of student(s)

Names of staff present at interviews

This has been documented. □
3. Supporting evidence

Were any other students interviewed? Yes / No

Name(s) of student(s) (if applicable)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Names of staff present at interviews (if applicable)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The interviews have been documented (if applicable)

[ ]

Were any searches carried out? Yes / No

If so, were any illegal substances found? Yes / No

Give details of search and substance(s) found, if applicable

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Was any other evidence collected? Yes / No

If so, give details

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Action taken - Parents

Parents/guardians have been contacted. □ Date: □ Time:

An appointment has been made. □ Date: □ Time:

Parents/guardians have been interviewed. □ Date: □ Time:

The interviews have been documented. □

5. Action taken - Police

Were police informed? Yes / No

Did police interview the student(s)? Yes / No

Who was present at the interview(s)?

Give any other relevant details

Were any charges laid? Yes / No

If so give details

6. Action taken - CEO/AIS/System

Has the regional Consultant/Education Officer/Board been informed? Yes / No

7. Action taken - Media

• See Handling the Media (Appendix 5)

Were the media involved as a result of the incident? Yes / No

Summative Comments
8. Resolution (complete a separate checklist for each student)

NAME: ___________________________ DATE: __/__/ 

No disciplinary action is required for this student

OR

This student is to:

- receive counselling
- have a consultation with the family doctor
- be referred for an assessment of learning needs/psychological assessment
- be given a school-based penalty
  If so, give details

- receive targeted intervention eg contract - give details (attach contract)
- be suspended - state length of suspension

- be transferred to another school
  If so, give details

- be expelled (Refer Page 13 Exclusion/Expulsion)

(Note: more than one of the above may apply.)

9. Monitoring

Provide details of the planned review process, an outline of the ongoing support and anticipated timeframe for these.
APPENDIX 5

HOW TO HANDLE THE MEDIA

Initial actions

- In the first instance, the Principal should contact the relevant Diocesan/System Consultant, who will inform the appropriate Diocesan/System personnel including a Media Administrator appointed to assist the school and system in dealing with the media.

- It is important to determine who will be the spokesperson (normally this would be the Principal), and to ensure that all inquiries are directed to this person only.

- The Diocesan/System Consultant will give practical support to the Principal by discussing key points and especially contentious issues in preparation for any interviews, as well as by liaising with other interested parties and attending to organisational details.

- The staff and students need to be warned not to talk to the media.

Dealing with media phone calls

- All media phone calls should be returned; if necessary the school secretary should determine the nature of the inquiry, and then note the name, phone number and organisation of the journalist and say the call will be returned.

If an interview is requested the Principal should determine all the relevant details.

- How long will the interview take?
- When and where will it take place?
- How, where and when will the interview be used?
- Will it be live or pre-recorded?
- Will there be photos of filming? If so, what preparation will be needed?
- What is the interviewer’s deadline?

If the inquiry is negative or inflammatory, the Principal should not respond immediately, but say that he/she will check the facts and return the call within the hour (or in the shortest practical time). Before calling back the Principal should:

- check the facts carefully;
- write out the key points;
- if the issue is sensitive, talk the points over with the Regional Consultant; and
- ring the journalist back within the set time.

Giving an interview

The key to a successful interview with a journalist is thorough preparation. Generally speaking, there are five basic questions that are likely to be asked, so preparation for the interview should include writing down answers to the following:

- What happened?
- Why did the incident occur?
- Who is responsible?
- What is the school doing about it?
- How does the school feel about the situation?
During the interview the Principal should:

- stay within the prepared key points, as far as possible;
- have the points written down for easy reference, and enunciate them clearly;
- be polite, positive and confident;
- speak calmly and avoid being hurried;
- never speculate or give personal opinions; and
- not make any emotive comments.

If the journalist is really hard-hitting and takes a provocative line, it is important to remain calm. Deflecting replies using statements such as those following may shift the discussion back to the prepared points.

- ‘The important point is this…’
- ‘I want to examine the question from a totally different angle …’
- ‘Wait a minute. It sounds as though you are confused about what I’m saying …’
- ‘This is not a simple issue …’

Some important DON’Ts when dealing with the media

- Don’t name or identify any of the students who are involved.

- Don’t speculate - tell the media what you do know, and be prepared to obtain further facts if necessary.

- Don’t ignore the media or make no comment. The story is likely to be published anyway, so it is important to have some input. A ‘no comment’ response can be taken as indicating guilt or attempting to cover something up. (It is also important to realise that it is pointless saying something “off the record”; a journalist can legitimately use anything you say.)

- Don’t cover up or distort the facts to make things look better; the truth is likely to come out anyway, so it is better to be honest and direct regarding negative aspects of the situation.

- Don’t ramble in your responses to questions as this increases the likelihood of selective editing or being misquoted. Be concise, and stick to the facts that you have written down.

- If a death has occurred don’t release the name to the media unless the next of kin have been informed, and even then, only if there is a very good reason.

This section has been adapted from the Critical Incident Management Guidelines for Catholic Schools, CEO Sydney 1995, pp 39 - 41
LIST OF RESOURCES/REFERENCES:

Policies / official documents

References
- School Drug Education Project, (1998) Developing a Drug Policy to promote health in your school. Western Australia

Resources

Websites
- Australian Drug Foundation: www.adf.org.au
- Catholic Education Commission Drug Education Website: www.cecnsw.catholic.edu.au/druged/default.htm
- Centre for Education and Information on Drugs and Alcohol (CEIDA): www.ceida.net.au
- The Association of Independent Schools Website: www.studentnet.edu.au
APPENDIX 7

LIST OF WORKING PARTY MEMBERS:


Carmel Bartkiewicz: Drug Education and PDHPE Adviser, Parramatta Diocese

Robert Nastasi: Drug Education and PDHPE Adviser, Sydney Archdiocese


Christine Rheinberger: Student Welfare Education Officer, Broken Bay Diocese

Margaret Sykes: Education Officer, Student Welfare Programs, Catholic Education Commission, New South Wales. (To June 2000)


Lorraine Walker: Education Officer, Student Welfare Programs, Catholic Education Commission, New South Wales. (From June 2000)

Special Thanks to:

Kevin Conolly Administrative Officer -Personnel/Staffing Parramatta Diocese (for his input into the Drugs and the Law section).

Critical Friends: Ian Baker, Michael Cannon, Mary Jane Carroll-Fajarda, Rosemary Clarke, Ellen Cooper, Jo Danzey, Linda Densmore, Graeme Ellis, Kathryn Fox, Michael Gaffney, Kate Gibson, Sue Hetherington, Vicki Jeffreys, Noeleen Mahoney, Michael McDonald, Greg Meehan, Michelle Naughton, Paul Nield, Patricia O’Gorman, Kerry-Ann O’Sullivan, Debbie Roberts, Charles Rowe, John Sparks, Jenny Vatovec and Ros Westbrook.

and Trial Schools: Bethel Christian Academy; Cathedral Primary School, Bathurst; Central Coast Grammar School; St Peter’s Coleambally; St John’s, Dapto; Good Samaritan Catholic College, Hinchinbrook; The McDonald College; St Joseph’s Central, Oberon; St Phillip’s Christian College, Salamander Bay; St Edwards School, Tamworth; Our Lady of Lourdes, Tarro; St Leo’s College, Wairoonga; and St Mary, Star of the Sea College, Wollongong.
Guidelines to Support the Development of School-Based Drug Education Policies and Practices
This project was funded under the National School Drug Education Strategy administered by the Commonwealth Department of Education, Training and Youth Affairs.