



Submission to the Parliamentary inquiry into
**the potential for developing opportunities
for schools to become a focus for promoting
health community living**

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Introduction

VAADA is pleased to offer this submission to the **Parliamentary inquiry into the potential for developing opportunities for schools to become a focus for promoting health community living**. As the peak organisation representing alcohol and other drug (AOD) service providers in Victoria, VAADA's purpose is to ensure that the issues for people experiencing the harms associated with alcohol and other drug use and the organisations that support them are well represented in policy and program development and public discussion.

Given its concern and grounding in AOD issues, VAADA's submission focuses specifically on drug (both licit and illicit) education in Victorian schools, within the broader framework of health promotion programs and activities.

In preparing this submission, VAADA sent out an electronic request for comments and perspectives on AOD education and health promotion programs in Victorian schools. In summary, the agencies that responded:

- Put forward the names of some programs and resources developed by Victorian AOD agencies and used in schools;
- Expressed concern about perceived inadequacies in current programs that can be 'one-offs', while also highlighting the dangers of some models of drug education;
- Emphasised that effective drug education is a specialised and complex area that requires adequate, ongoing funding and resourcing.

Terms of Reference

In responding directly to the Terms of Reference, VAADA believes that

1. in relation to *best practice models and programs for health promotion in schools*

There is considerable work being done to establish best-practice models for school-based drug education. This is reflected in the existence of a substantial body of literature reviewing and detailing the elements of effective drug education programs (see references). Although there will always be a need for ongoing and rigorous research and evaluation, this literature provides a good starting point and a very sound basis for understanding the components of effective drug education programs and activities. Two research projects currently underway are particularly encouraging. These and other programs and resources highlighted by VAADA's member agencies are noted below.

2. in relation to *how school based activities could relate and coordinate with existing broader health promotion policies and activities to maximise impact and efficiency*

This is already established as a principle within drug education literature.

3. and, in relation to *whether it is appropriate for the State to encourage schools to extend health programs to the broader school community, and if so, what the most effective and efficient approaches are*

Schools first need to be resourced adequately in terms of funding, resources and professional development for teachers.

1. Best practice models for drug education and health promotion in schools

As evidenced by this Inquiry, schools are a popular starting point for the delivery of many social education and health promotion programs. Program models, delivery, quality, content and effectiveness vary widely, as do the measures of 'success' or effectiveness. Drug education can cover both licit and illicit substances, with evidence suggesting different models may be more appropriate for some types of drugs over others (Soole et al 2008). However, all the evidence confirms that any drug education should be embedded in the general wellbeing and welfare policies of schools.

Although the seminal monograph *The Prevention of substance use, risk and harm in Australia: A review of the evidence* (2004) found that school-based education programs can be effective, focussing only the provision of information and education generally has only limited, and sometimes harmful, results. Similarly, findings in relation to standard alcohol education programs worldwide contained in the *Second Report of the WHO Expert Committee on Problems Related to Alcohol Consumption* (2007) indicate that

while provision of information and persuasion is perennially attractive as an intervention to reduce alcohol-related harm, particularly in relation to younger people, theory and evidence would suggest that this is unlikely to achieve sustained behavioural change, particularly in an environment in which many competing messages are received in the form of marketing material and social norms support drinking, and in which alcohol is readily accessible. (p.31)

Instead of straight information in discreet units, evidence suggests drug education must be integrated, interactive, ongoing, informed and be based around the development of social competencies and skills (see, for example, Soole et al 2008). Indeed, the importance of a student's connectedness to the school and the school climate itself in protecting against drug related harms is gaining currency. Roche et al contend that

critical to the successful implementation of [health promotion] programs are measures that encourage students to bond with their schools as social institutions and to form trusting and nurturing relationships with staff and other students at the school. This represents one of the most important and empirically tested drug prevention strategies available to schools. (2007, p.137)

Drug education should also be positioned within a broader health and personal development curriculum (Cahill 2003). For example, one practitioner commented that

From a blood-borne virus (BBV) prevention point of view, we would welcome a focus, from lower primary upwards, on basic germ theory – eg. what bacteria, viruses and fungal pathogens are; how the skin barrier works; how the immune system works, etc. Unless students do Year 12 Biology (or microbiology at tertiary level), it seems that even the basic principles underpinning basic hygiene, asepsis and the prevention of infectious illness are very poorly understood... This means that until they come into contact with BBV prevention interventions as active drug users, those kids who do progress to injecting drug use are not equipped to properly conceptualise core BBV prevention messages. Of course, by the time injecting drug users actually access this kind of educational intervention, they have a 50 to 80 per cent chance of being already infected with Hepatitis C and have been at risk of contracting HIV/AIDS and Hepatitis B. (Damon Brogan, Harm Reduction Victoria)

Elements of best practice are evident in programs identified by some of VAADA's member agencies as being effective. These include:

Odyssey Community Schools Project has placed AOD practitioners in several community schools since 2006. Evaluations of the pilot reflect the value of embedding specialist alcohol and drug services in specific schools in order to both carry out ongoing, comprehensive drug education as well as engaging high risk students early. (See Appendix 1)

Great Mates (Eastern Drug & Alcohol Service EDAS)

Hepatitis C Victoria's education sessions on body piercing and blood-borne virus (BBV) education. It was suggested these sessions convey preventative health information in a relevant context, and that knowledge and practical skills in terms of virus-prevention and hygiene would be relevant to potential future injecting drug use or contact with injecting drug users.

Headspace

SUMMIT youth dual diagnosis teams

School Health and Alcohol Harm Reduction Project (SHAHRP)

The Gatehouse Project used whole-school strategies to promote strong connections between staff and students, foster positive classroom climates and help students deal with real life challenges. By promoting a sense of security, better communication and positive regard, rates of reported smoking, drinking and cannabis use were reduced.

VAADA also wishes to draw to the attention of the Inquiry two current research projects whose purpose is to contribute to the evidence base for effective drug education programs.

1. The *School drug education: evaluation tools project DEECD (VIC)* is a pilot project designed to develop and test an evidence-based, school drug prevention intervention that comprises classroom and parent-assisted homework components. According to online synopsis, the project is being carried out in collaboration with the Youth Research Centre at the University of Melbourne and the Centre for Youth Drug Studies at the ADF. The work will be carried out over two years in four Victorian government high schools. The intervention will recruit a cohort of students who commenced Year 8 in 2008. The formative research and initial pilot intervention will occur in 2008, with follow up intervention with the same group in 2009.
2. A study of the *Role of Schools in Alcohol Education* was recently undertaken by the National Centre for Education & Training on Addiction as part of the Australian Government's 'National Binge Drinking Initiative'. The project will seek to develop a comprehensive evidence base to support future school based work in educating students on alcohol-related harms.

The Project examines:

- The range of programs currently being used in Australian schools that address binge drinking and alcohol use through consultations with key stakeholders including state and territory government and non government education authorities;
- Implementations of these programs, strategies and interventions showing the degree of effectiveness and/or other results;
- Limitations and/or gaps of current approaches;
- Influence and impact of families, peers and products on young people's attitudes and practices in relation to alcohol use; and
- How best to educate young people to understand the impact of alcohol and the social and cultural pressures that can lead to misuse.

VAADA understands the final report and project findings will be submitted to the Department of Education, Employment and Workplace Relations (DEEWR) and will be publicly available at end 2009 or early 2010.

3. Coordinating school based drug education with existing broader health promotion policies and activities

VAADA notes that coordinating school based drug education with existing broader health promotion policies and activities is already an established principle, both nationally and internationally.

Even based on a cursory review of relevant literature, VAADA identified several key articles and publications that demonstrate this, including *The World Health Organization's Information Series on School Health: Local Action: Creating Health Promoting Schools* (1996) and the Commonwealth Government's *Principles for school drug education* (Department of Education, Science and Training 2004) which iterates the need for a comprehensive approach:

There is increasing recognition of the need for comprehensive approaches to tackling drug use problems in young people. It is now recognised that there are multiple layers to drug use, involving the individual, their relationships to peers, family, school and community, as well as broader structural factors, all of which interconnect and are relevant to a young person's health outcomes. One-off, single approaches are views as limited. The 2004 Principles promote a comprehensive approach to drug education involving a whole of school response which addresses programs, the school environment and relationships with the broader community. Schools are encouraged to provide a multi-dimensional response that seeks to foster positive social networks and support structures within which young people have clear expectations for their conduct as well as opportunities to participate in the life of the school and broader community.

A whole school approach requires moving beyond traditional notions of a teacher being responsible for drug education lessons within the health curriculum. The school executive, staff and all teachers have a role to play. A class program becomes part of a system-wide approach that seeks a comprehensive response across the school's policies, practices and programs.

Nurturing a positive climate and relationships across the school community is as fundamental to addressing drug-related harm for young people as is determining appropriate classroom programs. (p.7)

4. Is it appropriate for the State to encourage schools to extend health programs to the broader school community?

VAADA is concerned the intent and outcome of this Inquiry may be cost-cutting and an ill-conceived shifting of responsibilities to result in a greater burden on teachers and schools with only limited commensurate investment of funding and resources. Rather than spreading the resources of school more thinly, any initiative aimed at Victoria's already strained education system must be underpinned by additional funding and resources.

Further, AOD education is a specialised area and can be dangerous if done badly or moralistically. Evidence has shown that some models of AOD 'education' (particularly those that focus on "facts" and/ or employ scare tactics) may result in increases in substance use and experimentation among students. VAADA proposes that investment be made into programs that embed AOD specialists in schools, such as the Odyssey Community School Project; and into programs that are based on the existing and growing body of evidence pointing to the elements of effective drug education.

VAADA wishes to thank those individuals and groups who shared their insight and experiences in preparing this Submission. While attempts were made to incorporate and represent the views of our diverse membership, the views contained in this Submission are those of VAADA.

References

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Appendix 1

Odyssey House Victoria, Youth and Family Services BUILDING RESILIENCE IN COMMUNITY SCHOOLS Community Schools Brief

The Odyssey House Project, *Building Resilience in Community Schools*, places an experienced worker in Community Schools to provide at-risk young people, their families and school workers with professional, non-judgmental support and information regarding alcohol and other drug use. The project has four components:

1. Counselling, assertive outreach and referral for young people and families
2. Secondary consultation, training and professional development for staff
3. A Drug Education Program for young people
4. Research and Evaluation

Community schools are alternative education settings for young people who do not fit into traditional mainstream schooling. For many of these young people community schools represent the last chance to remain engaged in education. These schools have a significant number of young people from disadvantaged low income backgrounds who are at-risk of or experiencing problematic substance use. Embedding a drug and alcohol worker in community schools allows for early identification of vulnerable young people. This is an essential first line of defense against the negative outcomes that may wait at the more extreme end of the continuum for these at-risk young people.

Recognising the need to implement alcohol and other drug treatment services in community schools Odyssey House has, over the past three years, established weekly out-postings in two metropolitan Melbourne community schools; Caulfield Park and Lynall Hall Community Schools. The Odyssey Community Schools Project is a well-utilised service, reflecting a high level of need for these services. From 2006 to 2007 the time spent at each school was doubled from 1 to 2 days per week resulting in a substantial increase in young people being referred or referring themselves for treatment and an increase in the provision of family support and secondary consultation for school staff.

Due to the project's success we have expanding the project into a third school, Sydney Road Community School. During the 2009 school year Odyssey has conducted a pilot at Sydney Road, this exercise demonstrating that there is a high level of need for this drug and alcohol treatment service at the school.

The following table outlines the project's aims and the methods used to achieve these aims:

	AIMS	METHODS
1.	To reduce the harms young people experience from drug use	<ul style="list-style-type: none">• A 10 week VCAL (Victorian Certificate of Applied Learning) Drug Education Program (only delivered at SRCS)• Drug & Alcohol Counselling: Direct services for students, families and carers concerned about theirs or a loved one's problematic alcohol and or other drug use.• Referral: Identifying at-risk students in need of additional services and providing supported referrals to relevant agencies.
2.	To increase the amount of young people remaining engaged in education.	<ul style="list-style-type: none">• Assertive Outreach: Assertive follow up with absent students, particularly when safety concerns exist for the student.

		<ul style="list-style-type: none"> • Referral: Identifying at-risk students in need of additional services and providing supported referrals to relevant agencies. • Drug & Alcohol Counselling: Direct services for students, families and carers concerned about theirs or a loved one's problematic alcohol and or other drug use.
3.	To build the capacity of the school to better respond to student's health and social welfare needs.	<ul style="list-style-type: none"> • Staff Secondary Consultation, Training & Professional Development: Specialist expertise, advice and targeted training to develop teaching and welfare staff capacity to respond to student health needs, including substance use.
4.	To demonstrate the effectiveness of the model in order to look at sustainable funding.	<ul style="list-style-type: none"> • Research and Evaluation

Odyssey's work in the community schools is supported by broader Odyssey services. For example, family therapy for young people experiencing problematic substance use and mental health issues is offered by Odyssey's Family Eclipse Program. Parents are offered additional support through Navigations, Odyssey's adult counselling service and the BEST program, an 8 week parent group support program. Young people from substance using families are also able to access the Counting the Kids Brokerage Fund which pays for activities and services that will enhance young people's health, connectedness to family and community, education and employment prospects, and self-esteem and well-being (i.e. music, sport and dance lessons, dental work, sports equipment and tutoring).

Embedding holistic drug and alcohol treatment services in Community Schools ensures young people are reached by way of their curriculum by making services easily accessible in a safe familiar environment and allowing for the early identification of at-risk young people.

We are currently applying for funding to maintain the community schools program in 2010.