



# *Putting People First*

## **AGENCY DRUG AND ALCOHOL ACTION PLAN**

### **SCHOOL DRUG EDUCATION PROJECT**

**2003 - 2005**

## **Foreword**

The School Drug Education Project is pleased to contribute to the Western Australian Drug and Alcohol Strategy through a drug and alcohol action plan. Contemporary drug issues require a concerted, comprehensive and practical approach by the whole community in order to reduce drug use and drug related harms and schools have an important prevention role to play.

The School Drug Education Project is a key prevention component of the Western Australian Drug and Alcohol Strategy 2002 – 2005 and contributes to the strategy by aiming to ensure that effective drug education is provided in all Western Australian schools.

The School Drug Education Project works in tandem with both government and non-government education system and sector initiatives and the broader alcohol and drug field to provide strong support, training and links to WA school communities in relation to drug related issues.

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# EXECUTIVE SUMMARY

The key issues identified through the Area Planning process includes the following themes:

## **Prevention**

- Increase the priority on alcohol education statewide particularly in the Kimberley, Pilbara and Goldfields regions.

## **Resourcing**

- Review the funding allocations to regions based on the information gleaned from the Area Planning profiles and the School Drug Education Network reports.
- Increase strategic allocation of resources to the Year 12 (*Leavers Live* Project) for 2003/04 to continue to promote and coordinate regional activity after Commonwealth funding expires in June 2003.

## **Research**

- Undergo an outcome evaluation of the School Drug Education Project by an external research agency.

# INTRODUCTION

## BACKGROUND

The development of the School Drug Education Project drug and alcohol plan represents a significant step towards a more integrated response to drug and alcohol issues in this state. A Key State Government commitment to 'Deliver a Better Government' has underpinned the implementation of more cohesive and integrated Government policy, enabling greater coordination and integration of services. This commitment has also been embraced by the Western Australian community through the WA Community Drug Summit, which has demanded more than a 'siloed' response from Government.

The response to the Summit, called 'Putting People First', reflected an ideological shift in responding to drug and alcohol related problems by primarily treating them as a health and social issue, rather than a criminal or justice issue. Furthermore, Government recognised the importance of a more seamless system of care for those in need, and a more coordinated response from the many agencies and individuals involved. This approach was spearheaded by the development of *'Putting People First' The Western Australian Drug and Alcohol Strategy, 2002 - 2005*.

The WA Drug and Alcohol Strategy provides a framework for all key stakeholders. It builds on the priorities of the WA Community Drug Summit, and provides a clear commitment to target attention towards the unmet needs of a number of priority groups in our community, namely children and young people, families, Indigenous people and communities, people from regional, rural and remote communities, and people with co-occurring mental health and drug use problems.

The approach outlined in the WA Drug and Alcohol Strategy is hinged on pragmatism and is consistent with the directions of the National Drug Strategy. The priority areas for action, which are based on the National Framework and the WA Community Drug Summit, include Prevention and Early Intervention, Treatment and Support, and Law, Justice and Enforcement.

Two key features of this new approach are the development of both *Agency Drug and Alcohol Action Plans*, and *Area Drug and Alcohol Plans*. Agency plans provide the basis for development of specific agency and sectorial contribution to drug response, for the first time clearly outlining the contribution and directions of key Government Departments in overall drug and alcohol strategy. Area Planning is both an important process of community engagement, and a means of targeting action to local need. While Area Plans are necessarily broader in scope than the activities of Government, the resultant documents should support and complement each other, and therefore should be read in parallel. Put simply, Agency Plans provide, a basis and mechanism for Area Plans through 'top-down' support of the central authority, and Area Plans provide a vehicle for Agency action at the local level.

The Drug Summit strongly supported the need for comprehensive school based drug education that has an evidence base, however attention must be paid to:

- **research and evaluation relating to behavioural outcomes and school implementation;**
- **enhanced student, family and community input into the development of school programs;**
- **increased government resourcing of drug education programs particularly targeting post-compulsory programs (years 11 and 12);**
- **compulsory inclusion of drug education in pre-service teacher training;**
- **enhanced provision for comprehensive parent and community education;**
- **cultural relevance of all interventions and materials; and**
- **all school administrators and councils consider the need for a comprehensive approach to school drug education.**

## GOVERNMENT RESPONSE

The Government supports this recommendation in principle.

- **research and evaluation relating to behavioural outcomes and school implementation;**

The strengths of the existing School Drug Education Project are acknowledged and should be further developed. Identified strengths include the involvement of community and service agencies in partnerships with participating schools and other processes used that are consistent with the evidence for effective drug education. Simultaneously, there are opportunities for the refinement and expansion of the project that will maximise these strengths.

Outcome evaluation of the School Drug Education Project is recognised by the Government as important and would be charting new ground both nationally and internationally. The Government will develop a proposal for an outcome evaluation and seek support from other states and territories. Existing research resources within the new Drug and Alcohol Office will be used to develop a proposal within a six-month time period.

- **enhanced student, family and community input into the development of school programs;**
- **enhanced provision for comprehensive parent and community education;**

A further area for enhancement is the link with parent and community education. New processes for engaging parents in complementary education will be investigated and developed as a partnership between the Health and Education portfolios. In addition, the activities of statewide drug campaigns and programs will be coordinated with local school drug education to ensure a complementary mix of messages and strategies.

- **increased government resourcing of drug education programs particularly targeting post-compulsory programs (years 11 and 12);**
- **cultural relevance of all interventions and materials; and**
- **all school administrators and councils consider the need for a comprehensive approach to school drug education.**

The post compulsory years of schooling are currently structured to provide students with the opportunity to choose and focus in depth on specific subjects that will help them meet their future study or career aspirations. Currently, some schools provide opportunities for students to receive information and discuss issues such as drug use, road trauma, mental health, relationships, sexuality education and other contemporary issues in blocks of time that are not scheduled for specific subjects.

The Government acknowledges that the key to enhancing drug education in both the compulsory and post-compulsory years of schooling is for schools to adopt a planned but flexible approach that will provide students with the time to learn about these important issues. The Curriculum Council is currently examining courses of study offered in the post compulsory years of schooling through its Post Compulsory Review.

The Government commits to exploring ways to make drug education available in compulsory and post-compulsory curriculums within all schools. This commitment will include, but not be limited to, a submission to the Curriculum Council's Post Compulsory Review presenting the case for the inclusion of drug education and life skills in post-compulsory school curricula. Furthermore, the Government acknowledges that there is considerable opportunity for the expansion of the School Drug Education Project to all Western Australian schools and will actively promote this program through all school district offices.

- **compulsory inclusion of drug education in pre-service teacher training;**

Similarly, the Government recognises the value of providing training in drug education for trainee teachers. The Government commits to progress this issue with the relevant teacher training institutions.

## **LINKS TO BROAD SOCIAL POLICY**

The impact of drug and alcohol use on the human service sector is well documented. The police and justice sectors have reported figures that up to 80% of their work is drug and alcohol related. The Health sector reports that up to 30% of hospital admissions, and up to two-thirds of mental health conditions are also closely associated with drug and alcohol use.

The Department for Community Development reports that approximately 70% of Care and Protection Applications made to the Children's Court during 2000 involved parental drug and alcohol use in combination with factors such as family violence, mental illness and poverty, including homelessness. Other figures suggest that up to around 50% of marital breakdown is related to drug and alcohol use. Clearly, all human sector agencies have an investment in ensuring effective responses to drug and alcohol harm.

Yet drug and alcohol use and associated harms do not occur in isolation. New research clearly shows that drug and alcohol-related risk and harm share common causal pathways with a range of other social problems, including crime, welfare dependency, physical and mental ill-health, and even school and work performance and participation. Drug and alcohol use and related harm is but one part of the complexity of the human condition, not

the root cause of all social ills. But when present, drug and alcohol use problems can exacerbate and complicate these other issues, such that an effective and combined response to drug use becomes essential, and can achieve solid improvements and gains. Drug use treatment and prevention has been shown to achieve up to a \$7 return on every \$1 invested.

Drug and alcohol issues affect the entire community and have significant health, social and economic impacts on all West Australians. The annual cost of alcohol and other drugs to the Australian community has been estimated for 1998/99 at \$34.4 billion (includes tobacco at a total cost of \$21.1 billion) by Collins and Lapsley<sup>1</sup>.

The need now is to develop cross-sectoral responses that can capture the depth of people and their needs.

This is illustrated by a number of recent Government inquiries into serious health, social and economic problems in Western Australia that have all identified common themes. The inquiries and major themes include:

1. The State Government 'Response to the findings of the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities' (Gordon Inquiry):
  - *Significantly the Report found that violence and child abuse are grave social problems that are endemic in many Aboriginal communities.*
  - *The report recommended the need to shift from planning within individual agencies to planning that is sector wide and responds to each community's need for integrated service provision.*
2. The Government's Response to the Report of the Homelessness Taskforce 'Putting People First' May 2002:
  - *The combined resources of the social sector, together with the continuing input of the community, are essential in tackling this social issue.*
  - *The social, economic and health issues associated with the risk of being homeless include, but are not limited to; family conflict, mental illness, family violence, and problematic alcohol and other drug use.*
3. The Early Years Taskforce: The Government established the Early Years Taskforce to develop an 'early years strategy' aimed at improving the wellbeing of young children aged 0-8:
  - *The Strategy is to be based on strong cooperation between State and Local Government service agencies and non-government service providers and a high degree of consultation and engagement with local communities.*
  - *In keeping with the social determinants model, the Early Years Strategy aims to improve outcomes for children.*

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<sup>1</sup> Collins, D., & Lapsley, H. (2003). *New estimates of the social costs of drug abuse in Australia*. Paper presented to the *International Research Symposium – Preventing substance use, risky use and harm: What is evidence-based policy?* National Drug Research Institute, Curtin University of Technology, Fremantle 24-27 February, 2003.



4. The Statement of Commitment to a New and Just Relationship between the Government of Western Australia and Aboriginal Western Australians:
  - *The agreement commits the parties to work together to build a new and just relationship between the Aboriginal people of WA and the government of WA.*
  - *The shared objective is to negotiate a new approach in Aboriginal affairs policy and administration in WA based on regional agreements.*
  - *The partnership framework aims to enhance negotiated outcomes that protect and respect the inherent rights of Aboriginal people and to significantly improve the health, education, living standards, and wealth of Aboriginal people.*

## **LINKS TO AREA DRUG AND ALCOHOL PLANS**

The Area Plans supplement the existing data collection by the Regional School Drug Education Networks (RSDENs) through the 16 Regional Organising Committees.

The key areas for strategic consideration as a result of the Area Plan information include:

- increasing the profile of alcohol as an issue particularly in the Kimberley, Pilbara and Goldfields regions;
- increasing or at least maintaining the support afforded to school leavers and their communities; and
- increasing the capacity of the Regional Organising Committees in order to provide stronger school community links.

# AGENCY CONTEXT

## AGENCY OVERVIEW

### EDUCATION SYSTEMS AND SECTORS

The Department of Education and Training, the Association of Independent Schools of WA and the Catholic Education Office each serve to achieve valuable drug education outcomes through a multitude of general health and welfare programs and policies not addressed in this document. These initiatives are vital in providing the basis upon which the School Drug Education Project delivers a more specific and targeted drug education response.

### THE SCHOOL DRUG EDUCATION PROJECT

All education systems and sectors of education endorse the School Drug Education Project as the main service provider of teacher training and curriculum support for school drug education in Western Australia. Through the School Drug Education Project a coordinated approach to school drug education has been achieved at central, regional and system and sectors levels. This coordinated approach has been a strength of school drug education in Western Australia. Further to this, the School Drug Education Project has developed an infrastructure that links schools with providers of alcohol and other drug services in the community, thereby, facilitating a more integrated prevention and early intervention response to drug issues in schools.

The School Drug Education Project (SDEP), launched in April 1997, models a comprehensive approach in the planning and implementation of drug education interventions in Western Australian schools.

#### The School Drug Education Task Force

The School Drug Education Task Force was formed to address the educational recommendations within the Report of the Task Force on Drug Abuse (September 1995) that drug education is taught in all schools. The Task Force is representative of key stakeholders. The Task Force includes representatives from the Association of Independent Schools, the Catholic Education Office and the Department of Education and Training, with representatives from principals, parent and professional associations, Police Services, Health and universities.

The Task Force initially developed a four-year strategic plan (1997 – 2000) aimed to ensure effective drug education is provided in all WA schools. The strategic plan is reviewed every two years to ensure it is current and relevant. The current strategic plan is the 3rd edition and provides direction for the SDEP until 2003.

The Task Force meets every second month to provide advice, support and direction to the SDEP Management Group.

## **The School Drug Education Project Management Group**

The School Drug Education Project Management Group (SDEP Management Group) oversees the day-to-day operation of the School Drug Education Project. This group meets monthly to make decisions on all aspects of the Project. It is comprised of senior officers from the Drug and Alcohol Office (DAO), AISWA, CEO, DoET and the Manager of the School Drug Education Project.

## **The School Drug Education Project – a vehicle for drug education in all schools**

The School Drug Education Project (SDEP) was developed to implement the recommendations of the report of the WA Task Force on Drug Abuse (1995). The Project is funded by the Department of Health through the Drug and Alcohol Office and is based upon the *Principles for Drug Education in Schools* (Ballard et al 1994) and is aligned to the *Principles that Underpin Effective School Based Drug Education* (Midford et al 2002).

The SDEP is implementing six objectives that relate to the following areas of the strategic plan:

1. To implement and support K-12 drug education curriculum materials within the context of a whole of school (health promoting school) framework.
2. Provide comprehensive training and ongoing support for teachers of drug education in all schools.
3. To support schools to develop policies and guidelines for a whole school approach to drug / health education and ensure the effective management of drug use issues for all schools.
4. To promote parent and community participation in the development and implementation of drug education programs, policies and protocols.
5. To promote effective school drug education practices in order to maximise sustainability.
6. To coordinate the initiatives of the National School Drug Education Strategy.

The SDEP is based upon the Health Promoting Schools model. The model uses a comprehensive approach to school health education, widely acknowledged as best practice in promoting student health and responding to health issues of concern for students. The model provides an ideal conceptual framework within which to develop effective drug education and intervention activities for students.

## **The School Drug Education Project Reference Group**

The SDEP Reference Group is made up of individuals and community organisations that have an interest in drug education. These people represent educational, health, drug education, police, parent, community and many other community agencies who are concerned with the issue of ensuring that there is effective drug education in all Western Australian schools.

The three key functions of the Reference Group are to provide:

1. advice and on-going feedback on the Project's strategic initiatives;
2. access to a variety of health and drug education networks; and
3. a forum for interested community groups and individuals to contribute to the implementation of the SDEP Strategic Plan.

## **Regional School Drug Education Networks**

The establishment of Regional School Drug Education Networks in Western Australia has further expanded the teacher professional development support provided by the SDEP.

The purpose of these networks is to provide appropriate and local support to teachers and school staff as they implement drug education in their school community to meet the needs of their students. The Regional School Drug Education Networks provide on-going professional development relevant to the locally identified needs of teachers and their students and provide networking opportunities for teachers / school staff to share ideas.

A key component of this option has involved the establishment of sixteen Regional Organising Committees (ROCs) throughout the State.

Funds from the SDEP budget have been allocated to the ROCs to coordinate on-going drug education professional development and regular networking opportunities for teachers and other relevant school staff.

In addition to providing professional development and networking opportunities for schools and teachers in drug education, a broader function of the Regional School Drug Education Network is to create and maintain links with the school community by developing partnerships between schools, parents and community groups or agencies.

Teacher / school community network meetings provide on-going opportunities for teachers/school staff to meet with colleagues to share ideas and reflect upon their progress in implementing changes in their school communities to support effective drug education for their students. The teacher / school networks support best practice in professional development by providing on-going opportunities for action learning processes to occur where staff may plan, act, review and reflect as they implement changes.

The networks also provide forums where collaboration between teachers, other school-based staff, agencies and the community can occur, in order to support school and community links for health promotion and drug education.

## **ILLICIT AND LICIT USE OF DRUGS BY WA SCHOOL STUDENTS**

(Quoted directly from: Illicit and licit use of drugs by Western Australian school students in 1999, Alcohol and Other Drugs Program Bulletin 16)

### **Recent Drug Use**

In 1999, the drugs most commonly used by 12 to 17 year-old WA students were painkillers and analgesics (73% had used these in the last four weeks) and alcohol (51%). Tobacco and cannabis were used by one in five students aged 12 to 17 years in the last four weeks. Following cannabis, the most recently used illicit drugs were inhalants and amphetamines (used other than for medical reasons), each being used by 6% to 8% of 12 to 17 year-old students in the four weeks prior to the survey. Between 1% and 3% of students had used hallucinogens, ecstasy, heroin, cocaine and steroids (used without a doctor's prescription to improve performance, muscle size or appearance) in the last four weeks. Six percent of

students had used tranquillisers, sedatives or sleeping tablets (other than for medical reasons) in the last four weeks.

### **Painkiller / analgesic use**

Painkillers were the most commonly used drugs among students aged 12 to 17 years. Overall, almost all male (96%) and female (97%) students had used painkillers in their lifetime. Half of all females and four in ten males had taken painkillers in the week prior to the survey. Use in the last week among females increased considerably from 36% at 12 years to 50% at 13 years, and remained at 50% or more for all other ages. Among males, use in the last week showed small fluctuations around the 40% mark between the ages of 12 to 16 years, but peaked at 52% for 17 year-olds.

### **Alcohol Consumption**

Overall, 36% of Western Australian school children aged 12 to 17 years had drunk alcohol in the week prior to the survey (i.e. were current drinkers). The consumption of alcohol increased with age, with 16% of 12 year-olds reporting they had drunk alcohol in the last week, compared to 45% of 15 year-olds and 58% of 17 year-olds.

Among current drinkers, males were generally heavier drinkers than females. Males aged 12 to 17 years consumed an average of 7 alcoholic drinks in the week prior to the survey while females averaged 5 drinks. However, females were more likely than males to be classified as 'at risk' drinkers (females:42%, males: 36%), that is to have exceeded the recommended adult daily limit (females: >2; males: >4) on at least one day in the previous week.

### **Cannabis use**

Cannabis is the most widely used illicit drug amongst 12 to 17 year-old students. Almost four in ten had ever used marijuana or cannabis (32% of 12 to 15 year-olds and 59% of 16 and 17 year-olds). One in five 12 to 17 year-olds had used cannabis in the four weeks prior to the survey (18% of 12 to 15 year-olds and 29% of 16 and 17 year-olds), with 13% in the week prior to the survey.

Based on this survey, it is estimated that almost 17 300 Western Australian school students aged 12 to 17 years used cannabis in the week prior to the 1999 survey. This included just over 10 300 males and 7000 females. An estimated 12 200 of those who used cannabis in the last week were aged between 12 and 15 years.

Males were more likely than females to have used cannabis. Approximately 15% of males and 10% of female students aged 12 to 17 years had used it in the past week. The biggest gender difference was recorded among older students, 21% of males aged 16 to 17 years had used cannabis in the last week compared to 12% of females of the same age.

### **Tobacco use**

Overall, 17% of students aged 12 to 17 years had smoked in the last week. Among these current smokers, 63% smoked on three or more days a week and 27% smoked daily. The average number of cigarettes consumed by current smokers in the week prior to the survey was 20. Overall, this average increased with age, with 12 year-olds smoking an

average of three cigarettes per week, compared to 24 cigarettes for 15 year-olds and 31 cigarettes for those aged 17 years.

### Other drugs

One in five students aged 12 to 17 had tried tranquillisers, sleeping pills or sedatives (other than for medical reasons) and 6% had used them in the last four weeks.

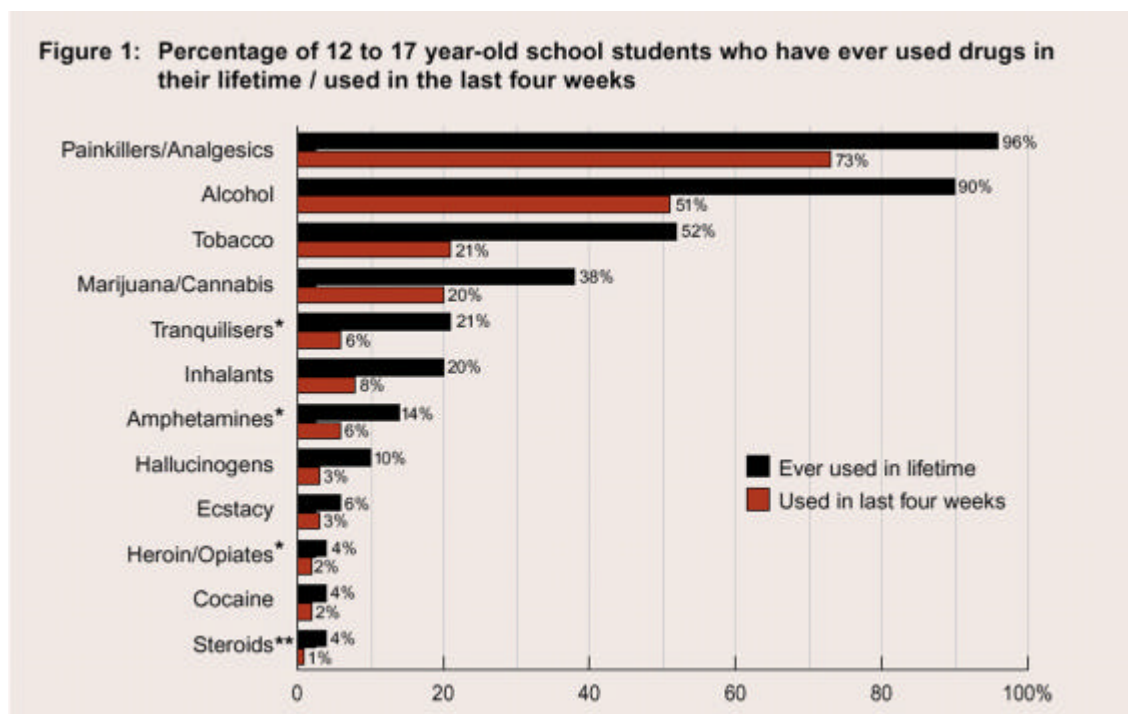
One in five students had tried inhalants and 8% had used them in the last four weeks. Use of inhalants was highest among students aged 12 to 14 years, with 11% reporting they had used inhalants in the last four weeks.

Overall, 6% of 12 to 17 year-old students reported using amphetamines (other than for medical reasons) in the four weeks prior to the survey and 14% claimed they had ever used them. Recent use increased up to the age of 15 for both males and females, 9% of those aged 15 to 17 years had used amphetamines in the last four weeks compared to almost 3% of those aged 12 to 13 years and 7% of 14 year-olds.

One in ten students reported having used LSD or other hallucinogens, with 3% having taken them in the last four weeks. Six percent had used or taken ecstasy, and 3% had used it in the last four weeks.


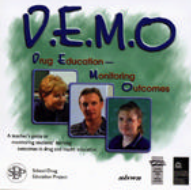


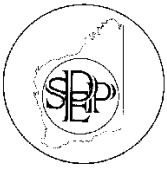










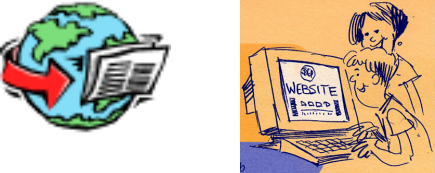
The remaining illicit drugs (heroin, cocaine and steroids) were each used for non-medical reasons or without a doctor's prescription by 2% or less of all students in the last four weeks, with 4% having tried each. Approximately 6% of students reported having ever injected drugs without a doctor's prescription and 3% claimed to have injected drugs in the last four weeks.

For nearly all illicit drugs, males aged 16 to 17 years were more likely than females of the same age to have ever used them. The exceptions were inhalants and tranquillisers, where the difference was 2% or less.



# AGENCY MISSION

To ensure effective school drug education in all Western Australian schools.

Objectives	Support			
<p><b>1. Curriculum</b></p>	 <p>Teacher Support Package resources Phases 1 – 4</p>	 <p>CD ROM</p>	 <p>Years 11 and 12</p>	 <p>Promoting quality</p>
<p><b>2. Training</b></p>	 <p>Supporting Regional Organising Committees (ROCs)</p>	 <p>Whole school approach</p>	 <p>Tertiary training</p>	
<p><b>3. Policy</b></p>	 <p>Supporting schools</p>	 <p><i>In Touch: Managing drug use issues in schools</i></p>	 <p>Linking schools with relevant school community agencies</p>	
<p><b>4. Parent &amp; community</b></p>	 <p>Parent Involvement</p>	 <p>Community Groups</p>	 <p>School Community Grant Scheme</p>	 <p>Community strategies for school leavers SDEP Reference Group</p>
<p><b>5. Evaluation &amp; promotion</b></p>	 <p>Ongoing evaluation</p>	 <p>Newsletters</p>	 <p>Conferences/ launches</p>	 <p>Enhance media profile <a href="http://www.sdep.wa.edu">www.sdep.wa.edu</a></p>

	(SDEP & ROCs)
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## AGENCY OBJECTIVES

### SCHOOL DRUG EDUCATION PROJECT

The aim of the SDEP is to ensure that effective drug education is provided in all Western Australian schools.

The objectives outlined in the School Drug Education Project's strategic plan, include:

1. drug education training and ongoing support for teachers in all schools;
2. the development and implementation of drug education curriculum materials to support teachers from Kindergarten to Year12 within the context of a health promoting school framework;
3. the development of drug education strategies for Years 11 and 12;
4. the provision of drug education information for parents;
5. support for the development of school drug policies and guidelines for a whole school approach to K-12 drug and health education and management of drug issues for all schools;
6. support for parent and community participation in the development and implementation of drug education programs, policies and protocols; and
7. the establishment of Regional School Drug Education Networks in Western Australia through the establishment of 16 Regional Organising Committees (ROCs). The ROCs provide on-going professional development relevant to the locally identified needs of schools, teachers and their students. Furthermore they provide opportunities for creating and maintain links with the school community by developing partnerships between schools, parents and community groups or agencies to deal with local drug issues.
8. the development of the In Touch: managing drug use issues in schools program. This program, developed in collaboration with Next Step - Specialist Alcohol and Drug Services encourages schools to assess the responses to drug use at the school level by identifying internal and external expertise that may assist in providing a considered response to drug use incidents. In Touch enhances the capacity of the school to manage drug use issues by encouraging the formation of links with community alcohol and other drug service providers. The In Touch program provides teachers and school support staff with:
  - training in alcohol and other drug awareness;
  - training in identification and assessment skills;
  - training in motivational interviewing skills;
  - training that supports schools in developing a school-based drug incident management plan, which includes appropriate support and referral strategies; and
  - links with Community Drug Service Teams.

## **BROAD POLICY DIRECTIONS**

### **NATIONAL CONTEXT AND LINKS**

#### **The National Drug Education Strategy**

The National School Drug Education Strategy (NSDES) is a component of the National Illicit Drug Strategy and was prepared by the National Advisory Committee on School Drug Education. Its purpose is to provide a broad statement of intent for Commonwealth initiatives funded under the National Illicit Drug Strategy in the area of school drug education.

In Western Australia, the NSDES has supplied funds for the School Community Grant Scheme and the School Community Transition Project (Leavers Live). Both of these Commonwealth funded projects are strategic interventions focusing on engendering and developing school community links.

From 1999 – 2000 a total of \$456 384 was allocated for Western Australian NSDES Projects and from 2000 - 2003 a further \$799 100 was allocated, a total of \$1 255 484 over five years.

This school community focus is particularly appropriate given the already vigorous curriculum, training and policy development operating in Western Australia via the School Drug Education Project since 1997.

The School Community Grant Scheme and the School Community Transition Project (Leavers Live) commenced in 2000. The School Community Grant Scheme had two funding rounds per year providing on average \$115 000 of funding per round.

The School Community Transition Project (Leavers Live) operated on a budget of \$60 000 per year. Key outcomes of the School Community Transition Project (Leavers Live) include:

1. evaluate school leaver motives and needs for school leaver celebrations;
2. implement and evaluate a local school leavers drug free celebration for school leavers; and
3. produce a handbook to assist school communities to provide drug free celebratory events for school leavers.

The key outcome of the School Community Grant Scheme is to provide funds directly schools that will enable them to address and support local school community drug education issues and initiatives. The School Community Grant Scheme has:

1. built upon existing school drug education strategies funded by the State Government;
2. ensured ownership of strategies by local school communities;
3. been sensitive and relevant to local school community needs;
4. ensured that National School Drug Education Strategy funds are spent on implementation in local communities; and

5. allowed regional and metropolitan school community initiatives to be implemented quickly and promoted allowing dual that has provided positive and widespread exposure for the National School Drug Education Strategy throughout Western Australia.

## **WHOLE OF GOVERNMENT OUTCOMES AND PRIORITY AREAS FOR ACTION**

The School Drug Education Project provide and reflect a strong focus on the achievement of “whole of government outcomes”, through implementation of various strategies and initiatives that develop:

1. strong and vibrant regional plans and local strategies and initiatives;
2. an educated and skilled future for all Western Australians; and
3. safe, healthy and supportive communities.

Similarly, in meeting with the Drug and Alcohol Office’s “Priority Areas for Action,” the School Drug Education Project provide a focus on:

**1. Prevention and early intervention that includes:**

- A focus on reducing risk factors and enhancing and developing protective factors through a wide range of strategies and initiatives;
- Developing supportive school and community environments;
- Enabling the development of age appropriate knowledge, attitudes and skills in the area of drug and health education that will enable students to make informed choices about their involvement in drug use;
- Principles that first of all promote non-use of drugs but recognising the need for strategies to reduce the risks and harm for those continuing to use drugs and to the wider community, whilst taking care not to normalise drug abuse; and
- The involvement of the local communities (particularly parents and including government and health and welfare agencies) in collaborative partnerships that deal with community drug issues.

**2. Support and treatment that includes:**

- Primary intervention strategies that include counselling and referral to other government and non-government health and welfare agencies (such as Local Drug Action Groups, Community Drug Service Teams, Public Health Units). For example, In Touch, Student Services and counselling that is provided through schools and Education Districts.

**3. Law, justice and enforcement that includes:**

- Schools working closely with Police Services, local government and other health and welfare agencies to deal with drug issues in the school community.

# PRIORITY ACTIONS

## KEY STRATEGY AREA: PREVENTION AND EARLY INTERVENTION

Action Issue	Target Group/s	Action	Other key stakeholders	Area	Implementation Timeline
Community Capacity Building	School communities	SDEP will use DAO Regional Profiles to strategically resource regions within WA. SDEP will continue to manage the School Community Grant Scheme which gives schools an opportunity to receive funding to support their local prevention programs (subject to funding). SDEP will evaluate and disseminate research findings from the project and provide state funding to maintain momentum.	National School Drug Education Strategy	WA	Until end of 2003
Locally Designed Relevant Programs	Year 12 Leavers and their communities	SDEP will continue to manage the School Community Grant Scheme which gives schools an opportunity to receive funding to support their local prevention programs (subject to funding). SDEP will provide the Leavers Live handbook to communities interested in supporting Year 12 leavers.	National School Drug Education Strategy	Rottnest, Prevelly, Lancelin WA	Until end of 2003 Until end of 2003
Workforce Development	School Teachers	SDEP will provide training and support for school staff in drug education through: Central training (SDEP team) Regional training (ROCs)	National School Drug Education Strategy AISWA, CEO, DOE	WA	Ongoing
Early Drug Use Intervention	School counsellors and student services	SDEP will provide training and support for school staff with the In Touch: Managing drug issues in schools resource: Central training (only for 2003) Regional training (ROCs)	AISWA, CEO, DOE	WA	Ongoing
	School communities	SDEP will continue to support and encourage schools in developing school drug policies	AISWA, CEO, DOE	WA	Ongoing

**KEY STRATEGY AREA: PREVENTION AND EARLY INTERVENTION (CONTINUED...)**

<b>Action Issue</b>	<b>Target Group/s</b>	<b>Action</b>	<b>Other key stakeholders</b>	<b>Area</b>	<b>Implementation Timeline</b>
Social and Life Skills Development	Students, Teachers and Parents	SDEP will continue to support schools as they utilise the K-12 Drug Education Teacher Support Package	AISWA, CEO, DOE	WA	Ongoing
	Post compulsory students and teachers	SDEP will continue to support schools as they utilise the Drug Education Strategies for Year 11 and 12 resource.	AISWA, CEO, DOE	WA	Ongoing
Flexible funding with local controls	School communities	SDEP will continue to manage the School Community Grant Scheme which gives schools an opportunity to receive funding to support their local prevention programs (subject to funding).	National School Drug Education Strategy	WA	Until end of 2003
Equity of funding issues	School communities	SDEP will continue to manage the School Community Grant Scheme which gives schools in all regions, systems and sectors an opportunity to receive funding to support their local prevention programs (subject to funding).	National School Drug Education Strategy	WA	Until end of 2003
Enhance agency awareness	School staff	SDEP will continue to produce and distribute a quarterly newsletter that promotes and provides links with relevant agencies.		WA	Ongoing

**KEY STRATEGY AREA: TREATMENT AND SUPPORT**

<b>Action Issue</b>	<b>Target Group/s</b>	<b>Action</b>	<b>Other key stakeholders</b>	<b>Area</b>	<b>Implementation Timeline</b>
Enhance agency awareness of services	School communities and Community Drug Service Teams	Through central, Regional Organising Committees and In Touch training, the role and access to CDSTs to students experiencing problems associated with drug use to be promoted to school staff.	SDEP trainers, teachers, school psychologists, principals	All regions	Ongoing

**KEY STRATEGY AREA: LAW, JUSTICE AND ENFORCEMENT**

Action Issue	Target Group/s	Action	Other key stakeholders	Area	Implementation Timeline
Follow up drug counselling and support	School staff	SDEP will provide training and support for school staff with the In Touch: Managing drug issues in schools resource: Central training (only for 2003) Regional training (ROCs)	AISWA, CEO, DOE	WA	Ongoing
	School communities	SDEP will continue to support and encourage schools in developing school drug policies	AISWA, CEO, DOE	WA	Ongoing

## EMERGING POLICY ISSUES

This section allows you to highlight gaps that require further work, including the need for additional resources as relevant.

### School Drug Education Project Evaluation

The School Drug Education Project has maintained a regime of monitoring and evaluation processes to assess the spread and penetration of project strategies. The latest independent evaluation of the School Drug Education Project by the WA Centre for Health Promotion Research at Curtin University suggests that schools which undertake training offered by the project are likely to follow good practice when implementing schools based drug education programs.

The evaluation confirmed that schools, which adopted a comprehensive, whole school approach to drug education, were more likely to:

- embrace principles of best practice in drug education;
- have implemented the K-12 teacher support materials;
- use a variety of interactive strategies in the classroom that engage students in knowledge, attitude and skill development;
- have teachers that are confident of their knowledge and skills related to teaching drug education;
- have a written school drug policy; and
- involve parents in planning and awareness raising activities in drug education.

Currently the SDEP is addressing the need to evaluate the impact of the Project's activities at the school student level and in particular to assess behavioural outcomes.

The outcome evaluation of SDEP will be conducted in two phases that will be subject to separate tender processes. Phase One is complete and consisted of a review of the literature and the development of a design for the proposed research methodology for an outcome evaluation. Phase Two will involved the implementation of the evaluation design and include the completion of a report on the project.

The SDEP Management Group budgeted \$15 000 for the completion of Phase One of the evaluation which was completed by the Curtin University, WA Centre for Health Promotion Research in February 2003. It is estimated that Phase Two will cost approximately \$180 000 - \$230 000. The SDEP Management Group is currently undergoing a peer review process to challenge the outcome evaluation design presented by the WA Centre for Health Promotion Research in order to inform the final decision to contract.