ADF POSITION ON DRUG EDUCATION IN SCHOOLS

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PURPOSE: The purpose of this document is to articulate the ADF’s position on alcohol and other drug education in schools. It should be read in conjunction with the ADF Knowledge Article on Primary Prevention https://intranet.adf.org.au/kms/ka/prevention-and-programs/community-prevention/what-is-primary-prevention

BACKGROUND: Drug education has a chequered history. In the 1960s it was introduced to ‘inoculate’ children against drug use (Midford R., 2006). In some cases children have been confronted with ‘scare tactics’ to arouse fear of drug use by a focus on possible harms, but this is unsuccessful (Midford R., 2006). While that notion persists in some quarters, it is not credible as it ignores various personal, social and communal factors that encourage children and adolescents to try substances for various purposes (Munro, 2006).

At its best drug education in schools can prevent some drug use by young people, or delay drug use for a temporary period at least (Babor T, 2010). A deferral is valuable as early drug use increases the risk and the magnitude of potential harm (Babor T, 2010). The positive impact of drug education on individual students’ drug use is generally small, but on a population scale the impact is more significant (Foxcroft DR, 2011) (Babor T, 2010). White and Pitts found drug education reduced the prevalence of drug use by 3.7% (White D, 1998).

The nationally ratified Principles for School Drug Education provides an evidence-informed framework for planning and implementing school drug education programs (Meyer L, 2004). This document emphasises the most effective drug education is interactive, skill focused, provided by the classroom teacher and involves the participation of parents and families.

According to the Principles drug education is most effective when it:

- is located within the curriculum framework and employs interactive strategies to develop student’s knowledge, skills, attitudes and values;
- it provides accurate information and meaningful learning activities that focus on real life contexts and challenges;
- is embedded within a whole school approach to health and wellbeing;
- promotes a safe and supportive and inclusive school environment;
- promotes collaboration between students, staff, parents and broader community;
• includes pastoral care for students at risk and involved in drug related incidents;
• is taught by teachers who are resourced adequately to deliver the program;
• responds to local needs and is culturally appropriate;
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**ADF POSITION:**

i. Young people need to be informed and educated about legal drugs (pharmaceuticals, alcohol, tobacco) and illegal drugs, throughout their schooling.

ii. School programs should reflect the evidence encapsulated in the policy document *Principles for School Drug Education*.

iii. The most effective programs teach social skills to deal with drug taking and are substantial in length and should be delivered by the classroom teacher.

iv. Schools should develop a health promoting culture and involve parents as far as possible in its health promotion programs.

v. The CLIMATE drug education program has shown impressive results and as it is available to all schools via the internet it deserves a wider application.

**RATIONALE:**

Drug education requires teachers skilled in interpersonal development. Effective programs provide accurate information about drugs, a focus on social norms, and an interactive approach. A Cochrane Review found the most effective programs teach social skills and coping skills to deal with drug taking issues and have substantial duration: (between 10–20 sessions with follow up) (Faggiano F, 2005). Care is needed because education and social marketing programs have sometimes been followed by increased drug use, possibly because students perceived their peers were using drugs, rejected exaggerated claims of risk as uniformed and attracted daring students (Hopfer S, 2010). Programs that simply provide information on drugs have no impact (Faggiano F, 2005) and presentations talks by ex-drug users are not effective and may even be counterproductive (Ashton, 2005).

The CLIMATE program

Contemporary intensive Australian programs based on an interactive approach have shown good results (Midford R., 2015) (Lee N, 2014). One such program that is available to all schools at low financial cost via the internet and has shown good results is the CLIMATE program that was developed and evaluated by the National Drug and Alcohol Research Centre. Compared to a control group, CLIMATE students showed a reduction in average weekly alcohol consumption and frequency of cannabis use at 6 months follow up (Lee N, 2014). At 12 months follow up there was a reduction in weekly alcohol consumption and in the frequency of excessive drinking (Lee N, 2014). Application of the CLIMATE program is far
from universal and it deserves to be more widely disseminated for schools that do not have adequate programs.

Works cited


