Alcohol and Other Drug Education in Schools Toolkit.

The following toolkit provides an overview of evidence-informed approaches to Alcohol, Other Drugs (AOD) Education in Schools, to help prevent and reduce AOD harms in your community.

1. AOD Education in Schools overview – key points for LDATs

- AOD Education in Schools refers to policies, practices, programs and events in schools connected with the prevention and reduction of alcohol and other drug-related harms.[1]

- Alcohol and other drug education has been shown to be effective with young people in primary and secondary schools, if it's based on principles of 'effective practice' (outlined below).[1,2]

- Engaging students in alcohol and other drug education activities can help shape their attitudes towards alcohol and other drugs. This enables them to identify and develop strategies to prepare for risky situations and make safer and healthier choices.[3,4]

- Although LDATs cannot deliver drug education programs in schools themselves, they can encourage schools to adopt best-practice standards and recommend/promote curriculum programs that are supported by strong evidence to reduce AOD use by students.

- Additionally, LDATs can promote good alcohol and other drug policies in schools and encourage a whole-of-school approach to prevention.

Table 1: Factors that protect against AOD and factors that increase risk of AOD[5-10]

Protective factors	Risk factors
• Evidence-based drug education for teens	• Family conflict
• Community building activities	• Teen's lack of engagement in activities with positive adult role models
• Positive role models including around AOD	• Mental health issues among teens
• Clear rules around alcohol use	• Teen's academic failure
• Parental/carer monitoring and supervision	• Low attachment to school
• Sense of belonging and connectedness to community, school and family	• Low attachment to community
• Knowledge of harms/health beliefs that support healthy AOD use and access to appropriate AOD help and support	• Negative peer influence
	• Availability and accessibility of AOD
• Participation in positive activities with adult engagement	• Favourable parental/carer attitudes towards AOD use
• Involvement in recreational activities	

Read more about risk and protective factors here: https://adf.org.au/reducing-risk/community-approaches/prevention-strategies/

A guide to icons used in this toolkit

Strength of evidence
The coloured stars show how strong the evidence is for each program/activity and the potential benefit to your community.

⭐ Strong ⭐ Good ⭐ Fair ⭐ Little ☆ Promising

Cost, resources and expertise required
The coloured figures indicate how simple, or difficult, it is for LDATs to deliver each program in your community.

Less   More

1.1 Drawing on existing programs

A number of programs have been shown to be effective in Australia, including:

OurFutures – Alcohol Module ★ ⚊

Developed for 13-14-year-olds. Aims to prevent and reduce alcohol use and related harms. Designed to be implemented within the school health curriculum, OurFutures is based on a social influence approach to prevention and uses cartoon storylines to engage and maintain student interest and involvement.[11] https://positivechoices.org.au/teachers/climate-schools-alcohol-module

OurFutures – Alcohol and Cannabis Module ★ ⚊

Developed for 13-15-year-olds. Aims to prevent and reduce alcohol and cannabis use and related harms. Designed to be implemented within the school health curriculum, OurFutures is based on a social influence approach to prevention and uses cartoon storylines to engage and maintain student interest and involvement.[12] https://positivechoices.org.au/teachers/climate-schools-alcohol-cannabis-module

SHAHRP – School Health and Alcohol Harm Reduction Project ★ ⚊

SHAHRP is a classroom-based program, aimed at reducing alcohol-related harm and risky drinking. The content and discussions reflect life experiences of young people and interactive involvement is emphasised throughout. It also fits well within the school curriculum.[13] https://positivechoices.org.au/teachers/shahrp-school-health-and-alcohol-harm-reduction-project

Drug Education in Victorian Schools (DEVS)/Get Ready ★ ⚊

DEVS is a harm minimisation education program that aims to provide junior high school students with a critical attitude, knowledge, and the communication and decision making skills required to manage risk and minimise AOD-related harms.[14] https://positivechoices.org.au/teachers/get-ready

Resilient Families ★ ⚊

Provides a structured sequence of activities and resources that secondary schools can use to encourage family support for education and positive student experiences with parents. The program aims to increase family involvement and improve student adjustment to secondary school.[15] https://positivechoices.org.au/teachers/resilient-families-program

Preventure ★ ⚊

A drug prevention program that is adapted for school students who are considered to be at high risk of hazardous or harmful substance use, as well as other underlying issues such as mental health.[16-18] https://positivechoices.org.au/teachers/preventure

School Drug Education and Road Aware (SDERA) ★ ⚊

SDERA is not a curriculum program but a gatekeeper for drug and road safety education in WA schools on behalf of the WA Education Department. The SDERA website provides teachers at all levels with drug information, education programs, classroom resources, online training and access to the Education Department's regional consultants. https://www.sdera.wa.edu.au/programs/

Although most of these programs focus on high school students, there are some that offer content which would also be appropriate for primary school children.

1.2 Guiding principles

The following principles will guide LDATs on how to foster best practice in AOD Education in Schools. LDATs can:

- Encourage schools to base their efforts on best practice as embodied in the International Standards on Drug Use Prevention (see section 1.3, below).[1,19,20]

- Promote curriculum programs that are supported by strong evidence to reduce AOD use among students. These include SHAHRP, DEVS, OurFutures, Preventure and Resilient Families.[21,22]

- Encourage classroom education that is delivered in structured sessions by teachers and other trained staff; uses interactive processes to develop social and personal skills; increases understanding of drugs and their effects; and, extends over multiple years.[1,19]

- Encourage schools to reflect on the effectiveness of not only their drug education programs, but also their whole-of-school approach to encouraging positive behaviour change.[19]

- Support school efforts by raising awareness of good parenting methods and promoting risk and protective factors by circulating information throughout the community to educate parents who are not reached by school mechanisms.[5,19] This could be through sporting clubs, service clubs, childcare services, alcohol and other drug services and health care services as well as all your LDAT partners.

- Encourage schools to adopt school policies which firmly discourage drug use by all school community members and take a non-punitive approach to drug use.[23,24] (See section 1.3, below.)

1.3 Considerations for planning and delivery

Attention to **how** a program is delivered or implemented is just as important as **what** is delivered, when it comes to your project's outcomes.

(a) What works and doesn't work in AOD Education in Schools

What works	What doesn't work
Best practice principles for AOD education in schools includes[1]: • The use of interactive methods. • Program is delivered through a series of structured sessions (typically 10-15 mins), about once a week and is supported by booster sessions over multiple years. • Delivered by teachers or other trained staff. • Provides an opportunity to learn and practice a wide range of personal and social skills; including coping, decision-making and resistance skills. • Dispels the common belief that everyone else is using AOD, providing the data to show the decline in use among young people, and the fact that a lot of young people don't use AOD in Australia.[23]	Some programs may not work, and some could cause negative effects. Some examples include[1]: • Using non-interactive methods such as lecturing, as the main strategy. • Relying heavily on giving information to elicit fear. • Using unstructured dialogue sessions. • Only focusing on building self-esteem and emotional education. • Only addressing ethical and moral decision-making or values. • Using people who have previously used drugs to talk about their experiences. This can have the negative effect of making AOD use seem more normal than it actually is, which may lead to more students experimenting.

(b) School policies on AOD

As well as supporting a school to deliver the most appropriate AOD education to students, LDATs can encourage schools to think about their policies on AOD.

The characteristics of an effective school policy around drug use incidents include[1]:

- policies support normal school function and do not disrupt the school
- all stakeholders (students, teachers, staff and parents) are involved in developing policies
- policies specify the substances that are targeted, and the locations and occasions to which the policy applies (for example not having alcohol at school events such as fundraisers or being used as prizes/gifts)
- policies apply to all legal/illegal psychoactive substances (tobacco/nicotine, alcohol, other drugs, prescription medications) and to everyone in the school (student, teachers, staff, visitors including parents)
- policies should have transparent and non-punitive mechanisms to address incidents of use and treat those as an opportunity for education and health-promotion
- policies are enforced consistently and promptly.

(c) Implementation considerations for AOD Education in Schools

Supporting schools to deliver education programs

LDATs are not responsible for delivering Alcohol and Other Drug Education in Schools.

Your role is to support schools to engage on the topic and select the appropriate programs/mechanisms to deliver quality AOD education. You can also promote the implementation of a whole-of-school approach through the development of appropriate AOD school policies. See section 1.2 above, for more information on how LDATs can do this.

The 5Ws

Being clear about what you want to do and the outcomes you want to achieve will support your LDAT to influence schools within the community in a safe and effective way, as well as track success. Consider the 5Ws:

- **What** do you want to happen? (activity)
- **Who** will it happen with? (direct audience)
- **Why** will it happen? (outcome - improving an identified gap for that audience)
- **When** will it occur? (time frame - over 6 months)
- **Where** will it occur? (location)

Measuring success

Once you know what outcomes you want to achieve you need to measure the success of your activities so that you know how effective they were. You can do this by evaluating your activities using process and impact measures.

- **Process measures:** these relate to how your activity is being delivered. In other words, they help you to monitor if the implementation of your activity went according to plan.
- **Impact measures:** these relate to the short-term difference your activity has made on the community. Impact measures seek to increase protective factors, decrease risk factors, or change how people think about AOD harms. Due to the strength of evidence, certain programs do not require you to collect impact measures. You can find more information about this in the digital CAP

Working with community partners

Productive partnerships between schools, family and the community provide a strong network of connections that can help protect young people against a range of harms including those associated with drugs, emotional distress and problem behaviours.[24]

Partners can also support the education program in many ways, including promoting the program, recruiting schools, supporting teachers and other staff to deliver the content, financial assistance, and much more.

Partners may include:

- local primary and secondary schools
- school staff, including principals, teachers, student counsellors, admin staff
- school community, including parents or carers, school SRC reps, homework clubs and study groups
- parent associations
- youth associations and groups in the area
- sporting clubs
- community arts organisations (e.g. music, dance, drama)
- local council.

For further information see: https://community.adf.org.au/run-activities/partnerships/

LDATs might also find this resource useful: Drug and Alcohol Education: Parent Booklet - Positive Choices

Resources required

Below is an indicative list of resources required for schools to deliver Alcohol and Other Drug Education in Schools. LDATs may be able to support schools by providing some of these resources or linking them to other partners who can provide additional support.

- basic administrative tools – access to stationery and office supplies, printers, phones, printing, a workspace for administrative duties
- venue for education sessions – often the school classroom, but a hall or staffroom could also be used for student education sessions, teacher and other staff training and parent sessions. Community partners may be able to provide additional off-site venue options
- funds to undertake police checks/Working With Children Checks (this is mandatory when working with young people)
- knowledge/materials and possibly funds to deliver training to school staff or teachers
- knowledge/materials and possibly funds to develop promotional material to promote your Alcohol and Other Drugs Education in Schools activity
- personnel time to liaise with schools (e.g. attend meetings, provide advice)
- liability and other insurance coverage (where appropriate).

Your LDAT may choose to consider allocating some of your Community Action Plan grant money towards some of these resources (where money is required).

Unintended negative effects

Recent reviews have suggested that many schools do not use evidence-based programs and are therefore lacking best practice when it comes to drug education in schools.[19,20,25]

In worst-case scenarios, naively conceived or poorly delivered programs can trigger negative attitudes and lead to substance use by young people.[22]

It's likely that many schools in Australia don't use best practice programs or implement them fully, which means that many students probably do not receive an effective drug education.[25]

The programs recommended in this toolkit are proven to be effective and are accessible for all Australian schools.

2. Delivering AOD Education in Schools: key activities and measuring success

The below section outlines key activities associated with delivering AOD Education in Schools. You will need to deliver at least one of these activities and evaluate it using process and impact measures (see 1.3 Considerations for planning and delivery, above).

This will allow you to determine whether or not your LDAT has achieved your intended outcomes. You can also tailor your approach by adding additional activities that suit your community's needs and evaluating them using additional process and impact measures.

Given that the programs in this toolkit specifically are so well supported by evidence, it is expected that LDATs will largely be able to report on process measures only. Key activities include:

- Training or workshops
  An event that is held for the specific purpose of training community members in a new skill set, and/or delivering a structured presentation aimed at increasing knowledge about risk and/or protective factors associated with an AOD health issue.

- Events or forums
  One or more planned occasions where community members and/or relevant stakeholders come together, either face-to-face or virtually, to share ideas, learn new information, and connect with one another over ideas or activities aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

- Policy development
  A targeted effort to either design new policies or amend existing policies to minimise AOD harm in the school community.

Evaluation is a critical component of delivering your program and needs to be factored in at every stage of planning and delivery. You'll find more detailed information on effective evaluation measures in our essential guide for LDATs: Evaluation Measures Guide. Your LDAT will also be guided to select appropriate process and impact measures when you're developing your Community Action Plan (CAP) online.
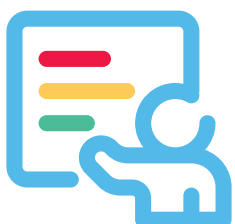
3. Delivering AOD Education in Schools: key steps

The key steps involved in delivering AOD Education in Schools are provided below as a useful starting point for developing your Community Action Plan activity. Note: these steps are an indicative guide only and it's important to tailor your approach to your local community.

Step 1: Engaging schools

- Locate existing schools and find a person in the school who can act as a champion and invest time into the school/ LDAT relationship. Champions might include principals, teachers, school nurses, health and wellbeing coordinators, student counsellors, administrative staff or Indigenous Support Workers (if you work in a school with a high Indigenous population).
- When discussing AOD education with a school/s, explain the related benefits to students, families, the school and broader community.
- Learn how alcohol and other drugs education fits within their existing curriculum and how you could work with the school to support the delivery of the program or assist in external engagement, i.e. parent or carer information session.

Step 2: Providing evidence around local needs

LDATs can help provide schools with access to alcohol and other drug resources, evidence around local needs, and link them with local initiatives or networks. Providing evidence around local needs is essential so that the education is focused on the most important issue. Your original community consultation, undertaken prior to developing your CAP, can help with this evidence.

LDATs can also assist schools by collating a list of local services that may offer further support for schools such as engaging with mental health education providers (e.g. headspace/ Beyond Blue), parent support groups or local youth groups.

Step 3: Linking schools to quality programs

LDATs can:

- link schools to the evidence-based programs listed in Section 1.1 of this toolkit
- identify accurate sources of information and related AOD materials
- identify training opportunities for teachers and other staff
- work with schools to provide upskilling opportunities for parents.

Step 4: Engage schools in developing AOD policies to promote a whole-of-school approach

After schools have been linked with quality programs, LDATs may also like to:

- Engage with schools about the benefits of implementing supportive policies that discourage AOD use and exposure at school and focus on education, health-promotion, and linking to supports, rather than punishing students.
- Encourage schools to implement policies that provide opportunities for the school to model positive behaviour around young people and minimise young people's exposure to alcohol. For example, not providing alcohol as prizes or for fund-raising and not drinking at school functions where young people are in attendance.

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