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Drug education in government schools

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Under the provisions of section 16 of the *Audit Act* 1994, I transmit my performance audit report on *Drug education in government schools.*

Yours faithfully

J.W. CAMERON
Auditor-General

26 March 2003

Contents

Foreword

The misuse of drugs is an important social and economic issue for Australian society that generates considerable public debate and concern. Since the mid-1990s, successive Victorian Governments have committed to drug education, legislative reform, and treatment and rehabilitation. School drug education programs have focused on providing school students with a knowledge and understanding of drug prevention based on harm minimisation strategies. This audit focused on drug education for Victorian school children.

Since 1996-97, *Turning the Tide in schools* has resulted in almost all government schools and many non-government schools having a school drug education strategy in place, teachers receiving professional development in drug education, the development of curriculum materials, and information and education programs for parents.

This audit found that *Turning The Tide in schools* has successfully increased the amount and quality of drug education provided, particularly in government schools. The program has also facilitated the development of a range of student wellbeing initiatives.

The challenge for the Department of Education and Training is to facilitate drug education for students across all year levels in both government and non-government schools. The Department will also need to ensure that drug education remains relevant to young people and local communities, and is evaluated to assess its impact on students.

Yours faithfully

J.W. CAMERON
Auditor-General

26 March 2003

Part 1

Executive summary

INTRODUCTION

1.1 In March 1996, the Victorian Premier's Drug Advisory Council (PDAC) recommended that the Victorian Government support a sustained and integrated strategy that included the provision of information and education to deal with both illicit and licit drugs, such as alcohol and tobacco.

1.2 The Government's response to the PDAC's recommendations was a comprehensive, 4 year, $100 million drug reform strategy called *Turning the Tide* that addressed drug education, legislative reform, and treatment and rehabilitation. The implementation of the strategy involved the Departments of Human Services, Education and Training, Justice (Corrections and Victoria Police), and Premier and Cabinet.

1.3 The overall objective of *Turning the Tide in schools* was to enhance and sustain drug education in Victorian schools in order to contribute to the minimisation of the harm associated with drug use by young people. *Turning the Tide in schools* aimed to include drug education as a core component of the school health curriculum, provide appropriate training for teachers to ensure its practice and effective delivery in the classroom, and to provide information to parents to assist them to educate, inform and support their children. The central strategy of *Turning the Tide in schools* was the development of an Individual School Drug Education Strategy (ISDES) by all government schools and participating non-government schools.

1.4 Between July 1996 and June 2001, the Department of Education and Training received and spent about $17 million on implementing *Turning the Tide in schools*. In November 2000, the Government announced a new drug initiative, *Saving Lives,* a $77 million commitment over 3 years to improve the State's drug services system, including prevention, treatment, rehabilitation and law enforcement. The initiative provided about $3.8 million per annum for the continuation of professional development in drug education for teachers for 3 years to 30 June 2003.

AUDIT OBJECTIVES AND SCOPE

1.5 The objectives of this audit were to determine whether:

- Victorian government schools have well-designed school drug education strategies in place;
- drug education is delivered to Victorian students in a manner consistent with Department of Education and Training policy, guidelines and local community needs; and
- student educational outcomes are monitored, reported and used to inform the further development of school drug education strategies.

1.6 The audit methodology included a survey of 406 drug education teachers, examination of the development and implementation of ISDES in 100 government schools, and interviews with Department of Education and Training staff and other stakeholders.

AUDIT CONCLUSION

1.7 The *Turning The Tide in schools* program has successfully increased the amount and quality of drug education provided in Victorian schools, particularly government schools.

1.8 The PDAC in 1996 recommended that drug prevention and education services be available for all school children, including those attending non-government schools. However, reflecting their independence, the participation of non-government schools is voluntary and appears to be less extensive than government schools.

1.9 Almost all government schools now have an Individual School Drug Education Strategy (ISDES). These are well-designed and comply with the Department's developmental guidelines. Drug education is delivered to all government school students in the compulsory years of education, through a drug education curriculum that is ongoing and designed to build the knowledge and capacity of students to appropriately and safely deal with drugs in Australian society. Attention is needed, however, to expand drug education in the Victorian Certificate of Education (VCE) years 11 and 12 and for students in years 7 and 8.

1.10 Virtually all government school teachers who teach drug education have received appropriate professional development in drug education provided by the Department. Continued access to professional development will be required as new teachers come into the system and as approaches to drug education and effective teaching strategies change.

1.11 While the difficulty of engaging parents is acknowledged, parental involvement in school drug education is often too limited to be a significant contributor to the effectiveness of school drug education programs. Strategies are needed to better involve parents in school drug education programs and student wellbeing initiatives.

1.12 Government school drug education programs would benefit from building stronger partnerships with the wider school community, especially community agencies which currently have limited involvement.

1.13 There has been close monitoring of the development and establishment of drug education programs in government schools. However, changes in student knowledge, attitudes and social competencies arising from drug education programs have not been monitored. The Department, regional offices and individual schools have missed early opportunities to establish baseline performance data to allow them to measure changes brought about by the Government's school drug education initiative.

1.14 As drug education moves from being a discrete initiative to a mainstream activity, the Department will need to ensure that drug education continues in schools, remains consistent and relevant to students and local communities, and is evaluated to improve its efficiency and effectiveness.

AUDIT FINDINGS

Individual school drug education strategies

1.15 Between 1997 and 1999, almost all Victorian government schools developed and implemented an Individual School Drug Education Strategy (ISDES). The ISDES development process involved consultations between the school Principal, the school council, parents, teachers, students, community welfare agencies and support services. This provided an opportunity for all members of a school community to participate in the planning, adoption, implementation and review of an agreed 3 year Action Plan for drug education. ***(para. 3.1)***

1.16 The ISDES guidelines, if correctly followed, established a change management process that would ensure the inclusion of drug education in a school's curriculum and student welfare programs. The key to this process was the establishment of a "core team" in each school to provide leadership within the school community on the drug education reforms under *Turning the Tide in schools*. Core teams were to comprise the Principal or Assistant Principal, teachers and representatives from parent, student and community groups. ***(para. 3.8)***

1.17 We found that all of the 100 government schools audited had prepared an ISDES. The Department advised that in February 2002 only 14 of the State's 1 625 government schools did not have an ISDES. ***(para. 3.29)***

1.18 We found that 99 of the 100 schools audited implemented the drug-related curriculum and student welfare focus areas identified during the development of their ISDES. ***(para. 3.33)***

1.19 Non-government schools provide education for 34 per cent of Victoria's school students, but their involvement in the ISDES process is voluntary. Non-government schools have participated in, and been given access to, the same curriculum materials and professional development in drug education as government schools. However, there is insufficient government or peak body monitoring to establish whether the one-third of Victorian students in non-government schools have received similar improvements in the amount and quality of drug education. About one in 10 Catholic and 4 in 10 independent schools do not have an ISDES. ***(paras 3.41, 3.46 and 3.52)***

Quality of drug education in schools

1.20 Under the VCE, formal drug education curriculum is mostly delivered in Year 11 in elective health subjects, rather than as core subjects that are delivered across the VCE curriculum. This is of concern as years 11 and 12 students are more likely to use both licit and illicit drugs compared with younger students, and they need to learn a greater range of harm minimisation strategies to match their increased exposure to drugs in society. The drug education curriculum at the senior secondary level introduces students to the risks associated with a different range of drugs such as heroin, amphetamines, hallucinogens, cocaine and ecstasy. While some secondary schools have innovative strategies in place to informally deliver drug education to VCE students, this is not extensive. ***(paras 4.25 and 4.27)***

1.21 In 2002, our sample of 100 government schools provided an average of 49.6 hours each of drug education-related curriculum to students annually, which mainly comprised training in social competencies. The average number of hours of drug-specific education (11.4 hours) is above the effective minimum of 10 hours per year. ***(para. 4.30)***

1.22 Research indicates that Year 7 in Australia is the point at which to focus the effort in drug prevention education, with follow-up in later years to reinforce key understandings and explore new, age-appropriate harm minimisation strategies. Our data reveals that there is less time devoted to drug-specific knowledge in years 7 and 8 (9.8 hours) compared with the other year levels examined (average of 12.3 hours). The 35 per cent of VCE students who receive formal drug education also receive the least amount of drug education of all students in government schools. ***(para. 4.31)***

1.23 According to teachers surveyed, the professional development provided by the Department increased the confidence and skills in 96 per cent of drug educators across the government schools audited. ***(para. 4.58)***

1.24 A total of 6 963 (7 128 in 2001) government school teachers and 692 (620 in 2001) Catholic school teachers received professional development in drug education by Senior Program Officers in 2002. In addition, 1 499 Catholic teachers received professional development through the Catholic Education Office over the same period. That is, an average of 4 teachers per government school and 3 teachers per Catholic school have been trained in drug education. These numbers of teachers provide a core of trained drug educators who could facilitate in-school staff training in government and Catholic schools. ***(para. 4.62)***

1.25 We found that parent drug education forums were undertaken in most of our sample of 100 schools (74 per cent) during the first year of their ISDES. Unfortunately, due to limited parent participation, many of these forums have since been discontinued. Only 38 per cent of teachers surveyed for this audit reported that their school had conducted a parent drug forum in the last 12 months. ***(para. 4.76)***

1.26 Since 1997, about 34 500 parents have attended Department initiatives designed to provide information about school drug education programs. (The total number of families with school-aged children in Victoria is around 195 000.) Schools also utilise Senior Program Officers, Student Support Services Officers, agency personnel and school staff to conduct a variety of parent evening forums on issues concerned with student welfare. ***(paras 4.79 and 4.80)***

1.27 Our audit of the implementation of ISDES supports teacher views that the wider school community has had limited involvement in the development of drug-related school policies. Although many teachers (62 per cent) agree that their school has formed relationships and protocols to link in with community agencies, community agencies are not consulted to any great extent by schools. For example, 46 per cent of schools consulted community agencies as part of the ISDES process (1997 - 1999) and 32 per cent of schools consulted community agencies as part of the ISDES review process (2000 - 2002). ***(para. 4.86)***

1.28 We determined that 86 per cent of the 100 government schools audited had satisfied the Department's Quality Standards for school-based drug education to an "acceptable" to "very good" standard. While this is a good result, the overall objective of *Turning the Tide in schools* was to enhance *and sustain* drug education in Victoria's schools. Sustainability is important because drug issues will continue to arise in the community and effective primary prevention programs will need to be delivered over long periods of time. ***(para. 4.92)***

Monitoring and evaluation

1.29 The Department's Student Wellbeing Branch has centrally monitored the implementation of drug education in Victoria's government schools since 1997. Regional offices have submitted quarterly reports to the Student Wellbeing Branch, which has monitored program expenditures as required by the Department of Premier and Cabinet for continuation of funding under the Community Support Fund. ***(para. 5.8)***

1.30 The outcomes of school drug education programs, however, have not been centrally reported. Measuring outcomes such as the level of drug-related harm would be difficult given the numerous factors that influence different patterns of drug use in the community. However, outcomes such as changes in a student's knowledge, attitudes and social competencies as a result of individual school drug education strategies can and should be monitored by schools and centrally by the Department. ***(para. 5.10)***

1.31 In our sample of 100 government schools we did not find any schools that were measuring changes in students' drug-related knowledge, attitudes towards drugs or social competencies. A recent national study of schools found that a minority (between 7 and 25 per cent) of Australian schools adopted pre-testing and post-testing techniques to assess changes in students' attitudes, knowledge and behaviour as a result of their drug education programs. ***(para. 5.20)***

1.32 In 2002, the Department commenced developing the Drug Education Evaluation and Monitoring (DEEM) project to complement existing initiatives in monitoring the implementation of drug education in schools. The Department's monitoring strategy will include:

- maintenance of the Implementation Database, which measures the inputs of drug education programs in schools, such as the number of schools with 3 year Action Plans;
- half-yearly reports on outputs, which measures the outputs of drug education such as number of teachers who receive professional development;
- inclusion of questions on school drug education in the annual survey (or "census") of government and participating non-government schools;
- developing tools to evaluate student outcomes in drug education curriculum and welfare support;
- Drug Education Effective Practice Project, which aims to identify and promote effective drug education programs and practice; and
- Student Survey Tool to measure changes in attitudes, beliefs and knowledge of drug-related matters. ***(para. 5.11)***

RECOMMENDATIONS

Paragraph number	*Recommendation*
Individual school drug education strategies	
3.58	We recommend that the Department review its monitoring and accountability framework for non-government schools in relation to drug education programs. This is particularly the case where funding (as with *Turning the Tide in schools*) is provided outside the targeted schools funding program and without service level agreements.
Quality of drug education in schools	
4.105	We recommend that the Department study secondary schools that effectively deliver drug education in Years 11 and 12 to identify how these schools have managed to implement drug education in the VCE years. The Department will need to support the wider dissemination of these good practices for drug education across targeted secondary schools.
4.106	We recommend that primary schools that rely on the Life Education program enter into partnership agreements with life educators for the delivery of a more comprehensive drug education program, e.g. ensuring that primary school students receive at least 10 hours of tuition during the school year.
4.107	We recommend that the Department ensure that the number of hours of drug-specific education meets at least minimum standards and is focused on the key year levels (i.e. Years 7 and 8, and the VCE).
4.108	We recommend that the Department ensure that school teachers have continued access to professional development in drug education. The Department should also explore with universities the inclusion of drug education in pre-service teacher education.
4.109	We recommend that the Department and schools identify successful strategies that engage more parents in school drug education, in particular, targeting the parents of VCE students to involve them in the education of their children about licit and illicit drugs.
4.110	We recommend that schools develop closer partnerships with community agencies in order to strengthen the implementation of school drug education programs.
4.111	We recommend that the Department and schools continue to develop and implement strategies aimed at ensuring the long-term sustainability of drug education in the State's school system.
Monitoring and evaluation	
5.25	We recommend that the Department, regions and individual schools commence monitoring changes in students' knowledge, attitudes and social skills arising from their participation in school drug education. In addition, the Department should evaluate the outcomes of school drug education programs once these monitoring systems have been established across the school system.
5.26	We recommend that the Department provide guidance and training to schools on how to measure and evaluate students' knowledge, attitudes and social skills relating to school drug education through an appropriate set of performance indicators and related survey tools.
5.27	We recommend that drug education be included in the Department's accountability framework for schools.

***RESPONSE** provided by Secretary, Department of Education and Training*

The Department of Education and Training welcomes the audit report's conclusion that the Department has successfully increased the amount and quality of drug education provided in Victorian schools. The report confirms the Department's view that almost all government schools have an Individual School Drug Education Strategy that is well-designed and complies with its developmental guidelines.

The report acknowledges the Department's close monitoring of the development and establishment of drug education in government schools. This monitoring has provided data that is consistent with the audit's conclusion that drug education is delivered to all government school students in the compulsory years of education through a drug education curriculum that is ongoing and designed to build the knowledge and capacity of students to appropriately and safely deal with drugs in Australian society.

The audit's conclusion that virtually all government school teachers who teach drug education have received appropriate professional development highlights the significance of teacher training and confidence in delivering drug education as a central strategy in any broad, systemic implementation of drug education.

Part 2

Introduction

DRUG USE BY YOUNG PEOPLE

2.1 In 1996, the Premier's Drug Advisory Council reported extensive misuse of drugs in the Victorian community and that experimentation with drugs among young people was common[1]. A 1999 survey of secondary school students[2] indicated that the use of pain relievers (analgesics), alcohol and tobacco was a large part of the experience of adolescents in Victoria. Of illicit substances, marijuana (cannabis) was the most widely used. However, fewer students reported using cannabis on a regular basis compared with students who were using tobacco or alcohol.

2.2 Adolescence is typically a period of experimentation, irrespective of parenting skills and influence. Young males are more likely than young females to experiment with illicit substances. Parents are concerned about their children becoming addicted to hard drugs, such as heroin, cocaine or amphetamines, but these drugs are only used by a small minority of young people. The more common threat to the long-term health of teenagers is the regular use of legal drugs such as tobacco and alcohol[3].

2.3 There is an increasing recognition by education and health authorities of the need to equip young people with skills to make informed decisions regarding the use of drugs. Effective educational programs to provide these skills need to place drug use within the developmental and social context of the adolescent.

DEVELOPMENT OF DRUG EDUCATION IN GOVERNMENT SCHOOLS

Harm minimisation

2.4 Harm minimisation has been the key principle underpinning Australia's Drug Strategy since 1985. Victorian Government policy for drug education has been based on the principles of harm minimisation since 1992.

2.5 Harm minimisation refers to policies and programs aimed at reducing drug-related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of integrated approaches, including:

- supply reduction strategies designed to disrupt the production and supply of illicit drugs;

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[1] Premier's Drug Advisory Council, *Drugs and our Community: Report of the Premier's Drug Advisory Council*, Victorian Government, Melbourne, March 1996, p. 119.

[2] Victorian Department of Human Services, *School Students and Drug Use 1999 Survey of Use of Over-the-Counter and Illicit Substances Among Victorian Secondary School Students*, Drugs Policy and Services Branch, Victorian Government, Melbourne, 2001, p. v.

[3] Better Health Channel, *Teenagers and drugs*, http://www.betterhealth.vic.gov.au/…/Teenagers and drugs, October 2002.

- demand reduction strategies designed to prevent harmful drug use, including abstinence-oriented strategies to reduce drug use; and
- a range of targeted harm reduction strategies designed to reduce drug-related harm for particular individuals and communities[4].

2.6 Harm minimisation encompasses a range of strategies for safe, minimal use of drugs and includes actively teaching safe ways to use drugs. School-based programs which utilise this approach accept that some degree of drug use is part of everyday life. Harm minimisation identifies a spectrum of conditions and forms of drug use, from informed, controlled and responsible drug use to excessive, harmful, inappropriate and dependent drug use.

2.7 Under harm minimisation, the legal status of particular drugs, such as tobacco, alcohol, prescription drugs, cannabis or heroin, is of secondary importance to the risks to an individual's health, and the associated social and economic harms. These risks are determined by the interactions between the physical, social and economic characteristics of the drug user and their environment, and the properties of the drug.

2.8 Table 2A summarises the development of drug education in Victorian government schools.

TABLE 2A
DEVELOPMENT OF DRUG EDUCATION IN VICTORIA

Pre - 1970	There was no formal drug education in Victoria's schools and the traditional role of most educators was to scare young people away from using or experimenting with any form of illegal drugs.
1970	Drug education was first formally adopted in Victoria under the National Drug Education Program, which aimed to provide appropriate information to students about health and drugs over several years of schooling.
Late 1970s	Drug education was directed at personal development, such as enhancing self-esteem, resisting peer pressure and improving decision-making skills, although these programs did not specifically mention drugs.
1985	National Campaign Against Drug Abuse adopted a nationwide drug policy that aimed to minimise the harmful effects of drugs on Australian society. Under this policy framework, the objective of drug education in Victoria's schools moved from a focus on preventing drug use among students to minimising the harmful effects of drug use.
1993	Directorate of School Education established the Drug Education Support for Schools Project (DESS).
1995	*Get Real,* an educational resource for parents and students, addressed legal drugs such as tobacco and alcohol, and was based on a harm minimisation approach to drug education.
1996	In relation to drug education, Premier's Drug Advisory Council recommended a sustained and integrated information and education strategy dealing with both illicit and licit drugs based on a harm minimisation approach. Government responded with the *Turning the Tide in schools* initiative.

[4] Ministerial Council on Drug Strategy, *National Drug Strategic Framework 1998-99 to 2002-2003*, Commonwealth of Australia, Canberra, November 1998.

TABLE 2A
DEVELOPMENT OF DRUG EDUCATION IN VICTORIA - *continued*

1997	Between 1997 and 1999, all Victorian government schools, the majority of Catholic schools and an unknown proportion of independent schools developed and implemented 3 year Individual School Drug Education Strategies (ISDES).
1998	*Drugs, Legal Issues and Schools: A Guide for Principals of Government Schools* distributed to all government schools in August 1998 (revised in 2000).
1999	School drug education initiatives delivered within the context of the *Framework for Student Support Services in Victorian Government Schools* for the provision of a positive and supportive school environment and the delivery of co-ordinated and comprehensive welfare services for students.
2000	*Guidelines for Reviewing Drug Education in Victorian Schools* issued and a drug education kit *Get Wise: Working on Illicits in School Education* was distributed to provide specific strategies for educating students about illicit drugs and to guide school responses to incidents involving illicit drug use.
2002	All government schools and many non-government schools, have reviewed their ISDES to develop an enhanced drug education program or *3 year Action Plan* for implementation over the next 3 years.

Source: Victorian Auditor-General's Office, 2002.

Premier's Drug Advisory Council

2.9 In March 1996, the Victorian Premier's Drug Advisory Council (PDAC) recommended, among other things, that the Victorian Government support a sustained and integrated information and education strategy dealing with both illicit and licit drugs such as alcohol and tobacco. The full recommendations of the PDAC in relation to drug education are shown in the following table.

TABLE 2B
PREMIER'S DRUG ADVISORY COUNCIL 1996,
RECOMMENDATIONS FOR DRUG EDUCATION

Rec. no.	*Recommendation*
1.1	The Victorian Government supports a sustained and integrated information and education strategy that deals with both illicit and licit drugs such as alcohol and tobacco.
1.2	Drug education should be included as a core component in the health curriculum in schools.
1.3	Action should be taken, as a matter of priority, to ensure sufficient teaching staff are trained in drug education.
1.4	Guidelines on the approach to drug education to be used in schools should be circulated as a matter of urgency. The guidelines should be based on the principles detailed in the *Get Real* package recently prepared by the Directorate of School Education.
1.5	Targeted marketing strategies should be developed to improve community awareness of existing telephone information and advice services.
1.6	Opportunities for the integration of the 2 specific drug telephone services should be explored and more consistent data gathering systems introduced.
1.7	Arrangements for providing information to people from differing ethnic and cultural backgrounds should be enhanced.
1.8	Printed materials should be reviewed and, where appropriate for use in conjunction with other information dissemination activities, be translated into languages other than English.

TABLE 2B
PREMIER'S DRUG ADVISORY COUNCIL 1996,
RECOMMENDATIONS FOR DRUG EDUCATION - *continued*

Rec. no.	*Recommendation*
1.9	Media campaigns should be used to communicate major changes in policy and arrangements in Victoria. Where appropriate, this should be in co-operation with the Commonwealth Government.
1.10	Course structure and content for selected tertiary courses should be amended to ensure that appropriate and relevant graduates have a basic knowledge regarding drugs and the harm minimisation framework.
1.11	Expanded in-service training and professional development opportunities should be provided to assist various workers to communicate with, and assist people dealing with, drug issues.
1.12	Consideration should be given to including drug and alcohol studies within the Master of Public Health Program.
1.13	Strategies should be developed to provide information to parents to assist them provide information and support to their children. These strategies should include information about where they get further information, or personal assistance for themselves or for their children.
1.14	Peer education and outreach services should be developed in consultation with drug user groups.

Source: Premier's Drug Advisory Council (1996), *op. cit.*

2.10 The Government's response to the PDAC's recommendations was a comprehensive, 4 year, $100 million drug reform strategy called *Turning the Tide* that addressed drug education, legislative reform, and treatment and rehabilitation. The implementation of the strategy involved the Departments of Human Services, Education and Training, Justice (Corrections and Victoria Police), and Premier and Cabinet.

TURNING THE TIDE IN SCHOOLS

2.11 The overall objective of *Turning the Tide in schools* was:

"To enhance and sustain drug education in Victorian schools in order to contribute to the minimisation of the harm associated with drug use by young people".

2.12 The 1996 *Turning the Tide* school drug education strategy aimed to:

- include drug education as a core component of the school curriculum and provide appropriate training for teachers to ensure its practice and effective delivery in the classroom; and
- initiate strategies to provide information to parents to assist them to educate, inform and support their children.

2.13 Given that around one-third of Victorian children attend non-government schools, the strategy attempted to involve the non-government sector. This involvement was voluntary, with non-government schools having access to the same curriculum materials and professional development for teachers.

2.14 The Department of Education and Training introduced the following projects under *Turning the Tide in schools*:

- Individual School Drug Education Strategy (ISDES) Project (1997-2000), now called the "3 year Action Plan" (2003 - 2006), to establish a drug education curriculum in all schools. Participation in this Project was offered to non-government schools;
- Connect Project (1997 - 1999), to research intervention strategies for students "at risk" or with problematic drug use in a small number of schools, to reintegrate and restore the wellbeing of these particular students;
- Backgrounds Project (1997 - 1999), to obtain an understanding of how students with different cultural backgrounds approach the issue of drug use/misuse using a small sample of schools and to provide guidance/lessons for the wider school community; and
- Parent Information, Consultation and Education Project (1997 - 1999), to provide parents with an opportunity to access drug education sessions and support clusters of schools across the State to develop a sustainable parent education program.

2.15 The central strategy of *Turning the Tide in schools* was the development of an ISDES by each school and the other 3 projects were designed to supplement this development. The findings of the Connect and Backgrounds projects were disseminated at a conference in 1999 and the Department published the conference papers in June 2001[5].

Prevention framework

2.16 The framework for drug education and student support services in schools is based upon primary prevention but also includes various interventions for managing drug-related incidents in schools. The *Framework for Student Support Services in Victorian Government Schools* provides the following definitions of each level of activity:

- Primary prevention:
    - Aims to raise awareness of what makes students vulnerable, and develop strategies to reduce vulnerabilities and increase coping skills;
    - Refers to population-based strategies that may be universally or selectively targeted;
    - Is an approach that needs to account for the co-existence of risk factors such as substance abuse, family conflict, homelessness, abuse and neglect, and a range of emotional disorders; and

[5] Department of Education and Training, *Taking it On – Putting Research into Practice*, Office of School Education, Victorian Government, Melbourne, June 2001.

  - Relates to drug education and involves managing those factors that add to the risk of drug use and enhancing factors that provide protection from habitual drug use. Appendix B of this report, *Risk and resilience factors*, identifies some of the risk and protective factors that may be addressed in the primary prevention programs conducted in schools;

- Early intervention:
  - Aims to target those at risk of ongoing social, emotional and/or physical harm in order to reduce the intensity, severity and duration of the risk behaviour; and
  - Intends to minimise potential harm by improvements in identifying, assessing and managing students at risk;

- Intervention:
  - Involves providing effective treatment and support to students in crisis;
  - Includes ensuring access to affordable and appropriate counselling, care and treatment services; and
  - Is concerned with providing skills for professionals who are dealing with students at crisis point; and

- Postvention:
  - Aims to provide appropriate support to students, their families and other members of the school community affected by emergency situations or traumatic incidents, particularly those involving death due to suicide, accident or illness.

Funding

2.17 In 1996-97, *Turning the Tide* was funded $25 million per annum for 3 years and in 1997-98 the Government extended the strategy by a further year, bringing the total funding to $100 million over 4 years. Of the total funding, between July 1996 and June 2001 the Department of Education and Training received and spent about $17 million on implementing *Turning the Tide in schools*.

2.18 In November 2000, the Government announced a new drug initiative, *Saving Lives*, which represents a $77 million commitment over 3 years to improve the State's drug services system, including prevention, treatment, rehabilitation and law enforcement. The initiative provided about $3.8 million per annum for the continuation of professional development in drug education for teachers for 3 years to 30 June 2003.

2.19 Table 2C shows where the funding for *Turning the Tide in schools* was expended by the Department from 1996-97 to 2001-02.

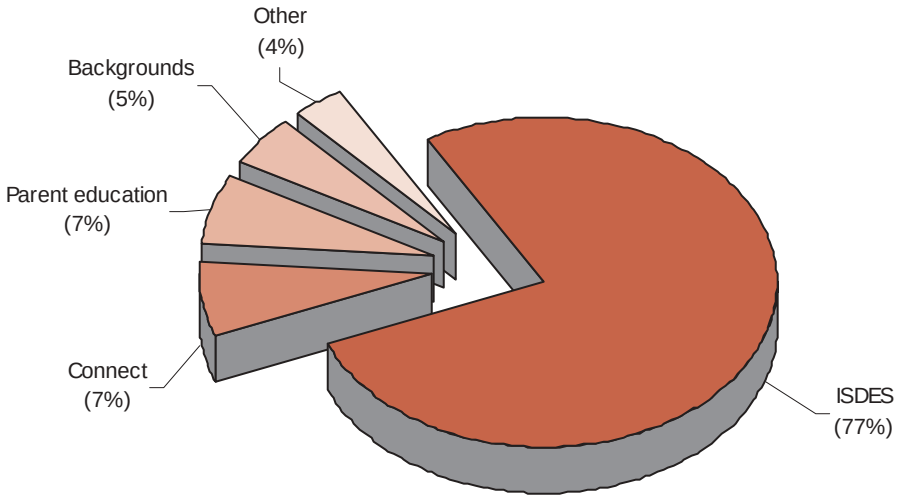
TABLE 2C
FUNDING FOR *TURNING THE TIDE IN SCHOOLS*
($)

Project	*1996-97*	*1997-98*	*1998-99*	*1999-2000*	*2000-01*	*2001-02*
ISDES	987 642	2 979 703	3 445 599	3 290 278	2 271 332	3 370 600
Connect	135 807	388 760	541 225	183 163	270 167	-
Backgrounds	117 360	294 344	375 223	148 830	113 125	-
Parent education	9 801	100 506	224 353	248 015	537 256	349 126
Get Real	-	6 472	3 630	358	-	-
Other	-	-	200 000	261 437	163 851	137 880
Total	**1 250 610**	**3 769 785**	**4 790 030**	**4 132 081**	**3 355 731**	**3 857 606**

Source: Department of Education and Training, 2002.

2.20 Chart 2D shows that the majority of funds were invested in the Department's project to establish an ISDES in every government school and in participating non-government schools. Of the total funds of $21.1 million for *Turning the Tide in schools* since 1996-97, $16.3 million, or 77 per cent, has been allocated towards the ISDES project.

CHART 2D
ALLOCATION OF FUNDS FOR *TURNING THE TIDE IN SCHOOLS*, 1996-97 TO 2001-02



Source: Adapted from budget data supplied by Department of Education and Training, 2002.

Progress to date in drug education

2.21 By 2002, the Department of Education and Training has established a drug education program in nearly every government school, offered involvement in the program to all non-government schools, provided schools with drug education materials based on harm minimisation and implemented a professional development program in drug education for all school teachers.

ABOUT THIS AUDIT

2.22 The objectives of this audit were to determine, in respect of primary prevention programs, whether:

- Victorian government schools have well-designed school drug education strategies in place;
- drug education is delivered to Victorian students in a manner consistent with Department of Education and Training policy, guidelines and local community needs; and
- student educational outcomes are monitored, reported and used to inform the further development of school drug education strategies.

2.23 We examined the primary prevention activities in schools in terms of the curriculum content and welfare policy frameworks. These represent the largest component of expenditure under *Turning the Tide in schools*, and form the foundation of the intervention and related student welfare activities in schools. The audit did not examine the intervention phases of drug prevention in schools, including the welfare activities undertaken by schools generally, or in response to drug-related incidents. These were excluded because:

- outcome measures and school evaluation processes for student wellbeing are yet to be properly established or widely adopted across government schools; and
- drug-related student welfare incidents are not consistently recorded or reported by all government schools and departmental regional data on drug-related incidents is unreliable.

2.24 The audit methodology included a survey of 406 drug education teachers in 100 government schools, examining the compliance of 100 government schools with government policy and departmental guidelines, interviews with 13 of the Department's 18 Senior Program Officers, and consultations with key stakeholders in the government and non-government sector.

2.25 See Appendix A of this report, *Conduct of the audit*, for details of the audit's objectives, scope and methodology.

Part 3

Individual school drug education strategies

INTRODUCTION

3.1 Between 1997 and 1999, almost all Victorian government schools developed and implemented an Individual School Drug Education Strategy (ISDES). The ISDES development process involved consultations between the school Principal, the school council, parents, teachers, students, community welfare agencies and support services. This provided an opportunity for all members of a school community to participate in the planning, adoption, implementation and review of an agreed 3 year Action Plan for drug education.

3.2 In developing an ISDES, all government schools were supported by the Department of Education and Training through:

- the creation of 19 positions for regional drug education facilitators - now 18 Senior Program Officers (SPOs), who are trained by the Department to provide professional development in drug education for teachers;
- the establishment of professional development programs for teachers and parents in drug education, including a program of Statewide community drug forums;
- the issue of guidelines on how to develop an ISDES in accordance with government policies and departmental requirements;
- funding for casual relief teachers (CRT) to allow schools to release teachers from their classrooms for training in the ISDES process and professional development in drug education; and
- the distribution of drug specific classroom resource materials that are based on best practice and the principles of harm minimisation.

3.3 Non-government schools were also invited to develop an ISDES and were provided the same opportunities, resources (such as CRT release funding and access to professional development) and materials as government schools to participate in the ISDES development process.

3.4 An independent evaluation of *Turning the Tide in schools* in 2000 concluded that the framework developed by the Department for the implementation of ISDES was excellent and that it was a significant achievement for all schools to have a plan to implement drug education and welfare[1].

3.5 Guidelines issued by the Department under *Turning the Tide in schools*, include:

- *ISDES Guidelines* and *Core Team Support Material*, 1998;
- *ISDES Review Guidelines*, 2000, including the Quality Standards for Drug Education[2];

[1] J McLeod and Gaye Stewart, *An Evaluation of Turning the Tide in Schools*, McLeod Nelson & Associates Pty Ltd, Middle Park, Victoria, May 2000.

[2] The Quality Standards for Drug Education are in *Guidelines for Reviewing Drug Education in Victorian Schools*, Department of Education and Training, 2nd edition, Melbourne, Australia, January, 2001.

- Principles for Best Practice in Drug Education, in *Get Wise*, 2000;
- Curriculum Standards Framework (CSF), which was revised in 2000 to include references to drug education at all year levels from P-10;
- drug education curriculum resources and course materials; and
- *Drugs, Legal Issues and School: A Guide for Principals of Government Schools*, 1998 (Revised, June 2000).

3.6 Many of the above guidelines and course materials were not in place when the ISDES was first implemented across 800 government and non-government schools in 1997. However, the Department had issued ISDES guidelines based on the findings of its earlier Drug Education Support for Schools initiative. These guidelines were later revised, based on the experience of those schools that developed an ISDES in 1997. Whereas in 1997 schools were encouraged to determine their own goals for drug education, the revised guidelines specified 4 goals for an ISDES, as:

- implement relevant and comprehensive drug education as an ongoing core component of the curriculum;
- provide each student with appropriate drug education prevention and intervention programs;
- develop and review drug-related, school-based policies; and
- provide a supportive environment that involves parents and the wider school community in drug-related curriculum and welfare issues.

3.7 In our audit of 100 government schools we interviewed drug educators and drug education co-ordinators, school Principals and Assistant Principals and found that 98 per cent of schools believed that the above goals for an ISDES were appropriate.

THE ISDES PROCESS

3.8 The ISDES guidelines, if correctly followed, established a change management process that would ensure the inclusion of drug education in a school's curriculum and student welfare programs. The key to this process was the establishment of a "core team" in each school to provide leadership within the school community on the drug education reforms under *Turning the Tide in schools*. Core teams were to comprise the Principal or Assistant Principal, teachers and representatives from parent, student and community groups.

3.9 The Department trained core teams to develop an ISDES in accordance with central guidelines. The intent was for these core teams to provide ongoing in-service training for other teachers and staff in their respective schools.

3.10 Core teams were to develop an ISDES in accordance with 5 development phases:

- Establishment;
- Information gathering;
- Identification of needs;

- Preparing the ISDES; and
- Implementation of the ISDES.

3.11 To establish whether ISDES were well-designed, we examined the level of compliance in a representative sample of 100 government schools with the Department's drug education policies and ISDES development guidelines. The detailed results of the audit are shown in Appendix C of this report, *Results tables: ISDES compliance*.

Phase 1: Establishment

3.12 The establishment phase comprised the formation of a core team of people to take responsibility for program and policy implementation. An ISDES core team would ideally represent a wide cross-section of a school's community.

3.13 In the 100 schools audited, 92 per cent believed that they had formed a core team that was representative of their wider school community. Table 3A shows the actual composition of core teams across the schools audited.

TABLE 3A
COMPOSITION OF CORE TEAMS
(per cent)

	Schools			
Core team representatives	*Metropolitan (n=51)*	*Rural (n=49)*	*Primary (n=60)*	*Secondary (n=40)*
Principal or Assistant Principal	82	69	77	75
Parents	35	63	49	49
Students	16	14	5	31
Community agencies	8	39	22	26

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

3.14 Table 3A indicates that students and community agencies were the least represented groups on core teams. However, the majority included the school's Principal or Assistant Principal. The different results between metropolitan and rural schools, and primary and secondary schools, were due to:

- more defined and closer knit communities in rural regions compared to metropolitan Melbourne; and
- teacher/school council perceptions that secondary students would contribute more effectively, compared with primary school students, to the development of an ISDES.

3.15 Of the 100 schools audited, almost all core teams (98 per cent) received professional development in drug education provided by the Department and 97 per cent of schools had taken steps to inform their local school community about the ISDES initiative.

3.16 The requirement for core teams to take responsibility for program and policy implementation was well conceived by the Department and effectively managed by the majority of government schools. The establishment of a leadership team within each school representing the views of the wider school community was a sound change management strategy.

Core teams consulted widely to identify drug education issues in their school and local community.
(Photograph courtesy of the Department of Education and Training.)

Phase 2: Information gathering

3.17 The information gathering phase entailed writing a school profile to provide an overview and context for the school's ISDES, collecting associated background information, and conducting curriculum and welfare reviews. Information was to be gathered using both qualitative and quantitative methods for data collection from the whole school community.

3.18 We found that core teams in 75 of the 100 schools audited had conducted reviews of their school's whole curriculum to identify areas where drug education could become a major area of focus. A higher proportion of secondary schools (85 per cent) reviewed their whole curriculum compared with primary schools (68 per cent), which related to the greater need for secondary schools to identify potential focus areas. Drug education has always formed a part of the Health curriculum in Victoria's government primary schools.

3.19 A larger percentage of core teams (90 per cent compared with 75 per cent, above) reviewed their school's student welfare program in relation to student drug use and student wellbeing. These student welfare reviews were conducted to the same high level of compliance across all metropolitan, rural, primary and secondary government schools.

3.20 The main form of data collection used by core teams (77 per cent) involved staff meetings, parent forums, interviews and discussions. Formal surveys of parents, students and community agencies were conducted to a lesser degree across all schools (43 to 60 per cent) with this form of data collection mainly used in secondary schools. These results indicate that it is a challenge for schools to widely engage their students, parents and community agencies in gathering information in relation to local youth drug issues.

3.21 The audit found schools complied to a high level with the information gathering phase as detailed in the Department's ISDES guidelines. We found that schools which had experienced drug-related incidents were the most effective schools in terms of establishing networks, engaging parents and community groups, and gathering necessary information in relation to local drug issues.

Phase 3: Identification of needs

3.22 Phase 3 of an ISDES involved the collation and analysis of information gathered from phase 2 in order to identify specific areas of focus for each of the overall goals of an ISDES, as well as possible implementation strategies and achievement outcomes.

3.23 We found that all schools collated and analysed the information that was gathered to identify their schools' drug education strategy needs.

3.24 Our audit found and the Department confirmed that a small number of schools used the completed ISDES of a neighbouring school as a template for their own ISDES, in order to meet planning deadlines. It is not known whether these schools subsequently modified the ISDES to incorporate their own curriculum focus areas or other local needs for drug education.

3.25 In small rural communities, clusters of schools were formed to develop a regional ISDES. For example, the ISDES Mt Worth cluster comprises Bona Vista, Cloverlea, Darnum, Ellinbank, Nilma and Shady Creek primary schools with a combined total student population of 208.

3.26 Similarly, some rural schools' core teams formed groups to develop regional drug education policies to cover a number of schools. For example, the *Portland and Heywood District Primary Schools Drug Education Policy and Procedures* (March 2001) covers 11 government and non-government schools in the Barwon South Western Region.

Phase 4: Preparing an ISDES

3.27 Phase 4 involved drafting an ISDES document to give direction for the implementation phase of the ISDES process. The ISDES document would recognise the specific context in which it is to be developed and implemented, using the 4 overall goals and the key outcomes of effective drug education in schools.

3.28 The audit found very high levels of compliance across the 100 government schools audited with the ISDES drafting requirements. For example,

- focus areas for the school's drug education curriculum and student drug-related welfare were identified in 99 per cent and 96 per cent of schools, respectively; and
- departmental administrative processes requiring the completion of ISDES endorsement and report pro-formas were complied with in 95 and 96 per cent of schools, respectively.

3.29 We found that all of the 100 government schools audited had prepared an ISDES. The Department advised that in February 2002 only 14 of the State's 1 625 government schools did not have an ISDES.

3.30 We were advised that some schools did not refer to their ISDES document following its completion because the final document was too large and complex. We were informed that teachers need practical documents that can be immediately useful in their daily management of classes or school programs.

3.31 To address the accessibility of the ISDES document, the Gippsland regional office of the Department of Education and Training has presented the ISDES of several schools as a single poster sheet that can be exhibited for all teachers and staff around their school premises. The posters remind teachers of the drug education curriculum and promote common understandings about the program between staff and students.

3.32 Appendix D of this report, *ISDES posters*, includes 3 examples of the ISDES in a poster format. The Gippsland regional office also responded to local community resistance to "drug" education by naming the ISDES as "Health and Welfare Plans", to increase the community's acceptance of the strategy.

Phase 5: Implementation of an Individual School Drug Education Strategy

3.33 We found that 99 of the 100 schools audited implemented the drug-related curriculum and student welfare focus areas identified during the development of their ISDES.

3.34 The Department's census data shows that a lower proportion of schools (94 per cent for P – 10 year levels in 2002)[3] have a drug education program in place, which suggests that the preparation of an ISDES by schools does not guarantee that the strategy will be implemented by teachers.

[3] See Table 4C, Department of Education and Training Census Data, Hours of drug education per year, 2001 and 2002.

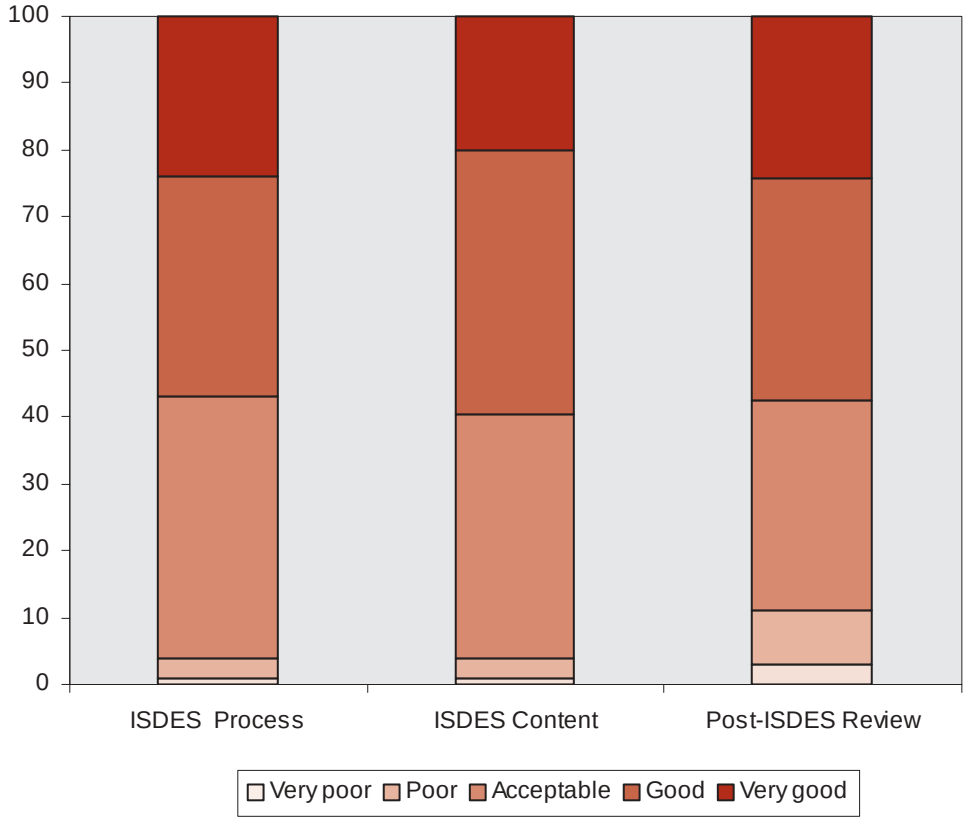
Compliance with ISDES review process

3.35 In 2000, the Department issued *Guidelines for Reviewing Drug Education in Victorian Schools* and invited all schools that had implemented drug education for 3 years to review their ISDES. The review process resulted in a 3 year Action Plan to guide schools in implementing their reviewed drug education program for a further 3 years.

3.36 At the time of our audit, schools that had commenced implementing drug education in 1999 were still developing their 3 year Action Plans. However, we found that 78 per cent of audited secondary schools and 75 per cent of audited primary schools had formally completed 3 year Action Plans.

3.37 In terms of the review processes, we found high levels of compliance with the review guidelines across all government schools. Chart 3B shows the overall compliance of government schools with the ISDES development processes, ISDES content and post-ISDES review processes established by the Department.

CHART 3B
SCHOOL COMPLIANCE WITH ISDES GUIDELINES
(per cent)



Source: Victorian Auditor-General's Office, 2002.

3.38 Chart 3B shows that only a small percentage of schools failed to comply with departmental processes and guidelines for the development and review of an ISDES.

Summary and conclusions

3.39 The Government's 1996 *Turning the Tide in schools* initiative, has resulted in almost all government schools now having a drug education program in place. This is a substantial improvement on the past. In 1993, the majority of government schools (56 per cent) did not have formal policies to address drug education or drug-related student welfare[4].

3.40 Our audit found high levels of compliance among government schools with the ISDES development guidelines, and this has ensured that the majority of school drug education strategies are well designed. This positive outcome can be attributed to the following factors:

- an effective change management process was incorporated in the ISDES guidelines through the establishment of core leadership teams in schools;
- the implementation process included a strategy to involve parents and the local community in the planning and development of school drug education programs; and
- the Department made the development and implementation of a drug education program a clear expectation of all schools.

NON-GOVERNMENT SCHOOLS

3.41 Non-government schools provide education for 34 per cent of Victoria's school students. The registration and inspection of Catholic and independent non-government schools is the responsibility of the Registered Schools Board constituted under the *Education Act* 1958[5]. The Department of Education and Training does not prescribe the curriculum in non-government schools. However, the Registered Schools Board must be satisfied that the instruction given in non-government schools is maintained at the standard appropriate to their registration. The Registered Schools Board reviews each non-government school every 6 years to ensure that they meet their individual school registration requirements.

3.42 The PDAC in 1996 recommended that drug prevention and education services be available for all school children, including those attending non-government schools. However, reflecting their independence, the participation of non-government schools is voluntary and appears less extensive than government schools[6].

[4] National Health and Medical Research Council and National Centre for Health Program Evaluation, *Drug Education in Victorian Schools: Policies and Practices in Curriculum and Welfare*, Drug Education Support for Schools Project, Directorate of School Education, Victoria, 1994.

[5] The Board comprises the Secretary of the Department of Education and Training, who acts as chairperson, and a panel of 7 members: 3 departmental officers or teachers, and 4 representatives from the non-government schools sector.

[6] Government policy statements on drug education only refer to government schools, for example, Office of the Premier, *Drugs: It's our problem, let's fight it together*, Media release, Melbourne Victoria, 28 November, 2000.

3.43 The Department of Education and Training invited all non-government schools to participate in *Turning the Tide in schools* and distributed funds to those schools accepting the offer. The decision as to whether a non-government school accepted the Department's offer was made by each school in the context of its priorities at the time. These schools were funded directly by the Department, rather than through peak organisations, such as the Catholic Education Office or the Association of Independent Schools, that usually act as the distributors of the Government's targeted program funds.

3.44 All 3 sectors, Government, Catholic and independent schools, have co-operated on the drug education initiative and had input into the Government's drug education policy through the Intersectoral Education Group. Initially, the *Turning the Tide in schools* strategy provided a regional drug education facilitator, who was responsible for supporting Catholic and independent schools, however, this resource was eventually withdrawn. Non-government schools, however, may use the Department's regional Senior Program Officers to supplement professional development in drug education provided through their own peak organisations.

3.45 Under the State's drug education strategy, non-government schools have the same access to casual relief teacher (CRT) funds and professional development in drug education as government schools. Although the Department offered all non-government schools access to *Turning the Tide in schools* funds, we found that it was accepted by a higher proportion of Catholic schools than independent schools.

Catholic schools

3.46 In 2002, there were 489 Catholic schools in Victoria, comprising 389 primary schools, 7 special schools and 93 secondary schools. The Department advised that, in April 2002, of the total there were 53 Catholic primary schools (11 per cent) that did not have an ISDES, 3 year Action Plan or did not participate in the ISDES program.

3.47 Catholic schools adhere to the Government's Curriculum and Standards Framework II, which now includes reference to drug education in the Health and Physical Education Key Learning Area at all compulsory school levels (P-10). All schools received a copy of the Department's *Get Real* resource and most secondary schools received the *Get Wise* resource, which was dependent upon teachers attending departmental training in drug education.

3.48 Drug education is provided within the Pastoral Care, Christian Education for Personal Development and School Focused Youth Services frameworks. Within these structures, the Catholic Education Office assists schools in developing strategies in primary prevention, early intervention, intervention and postvention arenas. For example, the Catholic Education Office employs 2 education officers, whose duties include delivering professional development for teachers in drug education and student wellbeing.

3.49 Our consultations with the Catholic Education Office established that Catholic schools have experienced challenges in delivering drug education. These include:

- Parents initially resisted attending school drug education forums because they associated "drug education" with illegal drugs, when in fact, the sessions were to learn about the most commonly used drugs - alcohol and tobacco. Finding a model for sustainable drug education and the need for broader community understanding about what drug education means are unresolved issues for both sectors;
- There is only limited drug education provided in senior secondary school, i.e. the years covered by the Victorian Certificate of Education;
- Not all school drug education programs are centrally monitored or evaluated and it is unknown whether they have sequence, progression and continuity over time throughout schooling;
- Some Catholic schools have not formally reviewed their ISDES, preferring to apply the Quality Standards for Drug Education to develop new drug education strategies; and
- Changes in teaching personnel can result in the loss of drug education expertise from the school. In secondary schools, this loss may occur across several year levels.

3.50 Overall, Catholic schools have progressed similarly to government schools, including drug education in their curriculum and student welfare systems. They face the same issues as government schools in ensuring that their drug education programs have sequence, progression and continuity over time throughout schooling.

3.51 In relation to drug education, the Catholic schools sector expressed its appreciation of the close working relationship it has developed with the Department over the past 7 years. The Creating Conversations program, which has been successful in bridging the parent-child divide in relation to discussing drug issues, first emerged as a concept from the Catholic school system and led to an arrangement whereby a Catholic school teacher spent some time in the Department working with departmental officers to develop the program and train staff.

Independent schools

3.52 There are 216 independent, non-government, non-Catholic schools in Victoria, of which 210 are represented by the Association of Independent Schools Victoria. The Department informed us that, in April 2002, there were 85 independent non-government schools (39 per cent) that did not have an ISDES, 3 year Action Plan or did not participate in the ISDES program.

3.53 The Association acts as an authority for the distribution of certain funds, such as targeted programs, otherwise independent schools have autonomy with respect to their education policies and practices. The Association has one staff resource who is partly involved in drug education. Reflecting the independence of its members, the Association does not have a role in centrally monitoring school activities or educational outcomes unless it is a requirement attached to the distribution of government funding for targeted programs.

3.54 While independent schools have access to government-provided professional development as other schools, some schools have chosen not to use the professional development available. The Association advised that there is a perception in some regions that the Senior Program Officers devote their efforts towards government schools. The Department is aware of these perceptions and is taking steps to improve access for non-government teachers to its professional development program for drug education.

3.55 Many independent schools use the Curriculum and Standards Framework II[7]. The Association believes that the diversity of independent schools may have produced differing approaches to drug education across the sector, and that some of these strategies could be effective. Neither the Department nor the Association, however, knows the actual level of involvement with State drug education policy or the effectiveness of school drug education programs in the independent schools sector.

Summary and conclusions

3.56 Non-government schools were given the same opportunities as government schools to participate in *Turning the Tide in schools* and to develop an ISDES. Most Catholic schools and over half of the independent schools in Victoria have developed an ISDES. However, the extent to which drug education is actually delivered in the classroom, its quality and support by schools is not known.

3.57 The Department of Education and Training undertakes some limited monitoring of drug education in the non-government sector, however, neither of the non-government schools' peak bodies is centrally monitoring the delivery and effectiveness of drug education. This reflects the voluntary nature of non-government schools' participation in the program.

Recommendations

3.58 We recommend that the Department review its monitoring and accountability framework for non-government schools in relation to drug education programs. This is particularly the case where funding (as with *Turning the Tide*) is provided outside the targeted schools funding program and without service level agreements.

[7] The CSFII is a curriculum framework established by the State Government for the compulsory years of schooling in all government schools. Although not mandatory, the CSFII is also used by many non-government schools.

***RESPONSE** provided by Secretary, Department of Education and Training*

Para. 3.58

The Department agrees that it needs to review its monitoring and accountability mechanisms for non-government schools in relation to drug education programs. While the Department has annually maintained records of non-government school drug education participation, it is currently reviewing its broader funding and accountability arrangements for non-government schools. This will result in agreed principles and processes for future funding and accountability focusing on:

- *Financial Accountability and Reporting;*
- *Performance Monitoring and reporting; and*
- *School Registration and Review.*

Part 4

Quality of drug education in schools

DRUG EDUCATION RESEARCH

4.1 International research indicates that effective drug education programs can produce moderate reductions in drug use that are lasting and meaningful[1]. Such programs for young adolescents include social skills training and resilience education, which can reduce drug use throughout high school and into young adulthood[2]. It shows that, as a group, young people who receive effective drug education also have:

- a reduction in risky driving[3]; and
- a reduction in the need for treatment of drug use problems[4].

4.2 Our literature review of current research in drug education indicated that:

- there is little research evidence to suggest that prevention programs reduce the rate of experimentation with drugs, but that they are reasonably effective in reducing the number of young people who take up regular substance use as a way of life;
- interactive teaching strategies, as opposed to the traditional lecture approach, produce better outcomes for drug education; and
- there is good evidence that a harm minimisation approach to education for alcohol use is effective.

4.3 Table 4A shows some promising approaches to drug prevention in schools identified by research, as well as those approaches that have had limited success.

[1] Jonathan Caulkins, Rosalie Pacula, Susan Paddock and James R Chiesa, *School-based Drug Prevention: What kind of drug use does it prevent?* RAND Corporation, 2002 (available at http://www.rand.org/publications/MR/MR1459).

[2] Joel H Brown, *Youth, Drugs and Resilience Education*. J. Drug Education, 2001, 31(1), pp. 83-122.

[3] G J Botvin, E Baker, L Dusenbury, E Botvin, T Diaz, "Long term followup results of a randomised drug abuse prevention trial in a white middleclass population." *Journal of the American Medical Association*, 1995; 273, pp. 1 106-12.

[4] M A Pentz, E A Trebow, W B Hansen, D P MacKinnon, J H Dwyer, et al., "Program implementation on adolescent drug use behaviour: The Midwestern Prevention Project (MPP)" *Eval. Review*, 1990; 14, pp. 264-89.

TABLE 4A
PREVENTION OF SUBSTANCE ABUSE

PROMISING APPROACHES	• Parenting programs • Harm minimisation along with prohibitive school and family cultures • Family, peer and school connectedness • Positive social development, transition programs • Academic success/access to employment • Interactive teaching strategies *(a)*
MIXED RESULTS	• Reducing availability
DISAPPOINTING	• Prohibition, Just Say No • DARE *(b)* and Life Education • Global advertising programs

(a) As advised by our specialists in drug education.

(b) "DARE" Drug Abuse Resistance Education is a social resistance skills program used in the USA.

Source: adapted from A Fuller *Background Paper on Resilience*: Northern Territory Principals' Association, 2002.

4.4 The audit included a review of the research used by the Department of Education and Training to develop the drug education program for Victoria's primary and secondary schools. Our review indicated that:

- the Department has an effective research capacity for investigating developments in drug prevention and keeping abreast of current research knowledge in drug education;
- the approach of the Department towards providing drug education in schools is consistent with the approach recommended in the research; and
- the Department's review of student participation and peer education was consistent with a recent study of drug education in Australian schools carried out for the Commonwealth Department of Education, Science and Training[5], which recommends a greater emphasis on peer education within school programs.

4.5 The Department has also conducted a number of reviews since 1997 of its drug education program including studies on peer education, parent participation, retention and reintegration of students, volatile solvent use and tobacco education. The reviews have enabled the Department to keep its advice to government and schools aligned with the continuing developments in drug education as reported in the scientific literature.

[5] Alison Murnane, Pamela Snow, Fiona Farrington, Geoffrey Munro, Richard Midford, Bosco Rowland *Effective Implementation Practice in Relation to School Drug Education*, Centre for Youth Drug Studies, Australian Drug Foundation; National Drug Research Institute, Curtin University, National School Drug Education Strategy, Final Report, Commonwealth Government, Canberra, July 2002.

QUALITY STANDARDS FOR DRUG EDUCATION

4.6 The Quality Standards for Drug Education[6] in Victoria's schools bases effective drug education on the provision of both drug specific information and the social skills needed to cope with living in a drug-using society. There is evidence that links reduced risk of substance abuse with the development of social competencies and life skills through school programs delivered in primary school[7]. Although these elements can be delivered in the curriculum, to be most effective they also need to be supported with effective drug-related school welfare policies and practices.

4.7 In conducting our audit we selected the following standards from the Quality Standards for Drug Education pertaining to the primary prevention activities in schools:

- drug education is based on the principles of harm minimisation;
- the school provides comprehensive, sequential drug education;
- all students receive drug education as a core component of the school curriculum;
- drug education is placed within a broader health promoting framework;
- the school encourages supportive relationships which promote connectedness;
- drug education is taught in a supportive, student-centred classroom;
- drug education teachers have the appropriate knowledge, skills and techniques to teach drug education effectively;
- the school actively involves parents in a whole-of-school approach to drug education; and
- the school has positive working relationships with student support staff and community agency personnel which facilitate collaborative responses to drug-related issues.

4.8 These standards for drug education are shown as extracts in Appendix E of this report *Quality standards for drug education* and relevant findings are presented under each standard in the following paragraphs.

Drug education curriculum based on harm minimisation

4.9 Government standards require the drug education curriculum to be based on the principles of harm minimisation, that is, the curriculum should:

- provide accurate, age-appropriate information on licit and illicit drugs;
- enable students to acquire knowledge and develop skills that will assist them in making informed decisions about drug use or non-use;
- respond in a non-judgemental way to young people's drug use;

[6] Quality Standards for Drug Education, *previously cited, p. 23*.

[7] C Lloyd, R Joyce, J Hurry, and M Ashton, *The Effectiveness of Primary School Drug Education*, Drugs: Education, Prevention and Policy, 2000, 7(2), pp. 109-126.

- assist students to develop an awareness of risk situations and how to avoid and manage situations of risk;
- encourage students to discuss, debate, plan, rehearse and evaluate harm minimisation strategies; and
- focus on the social context of drug use rather than on the drug itself.

4.10 Following a well-funded and continuous professional development program for drug educators, with a third of the State's government schools having delivered drug education for 7 years, we expected to find most government schools complying with a harm minimisation approach to drug education.

4.11 Our results[8] indicate that the drug education curriculum taught in Victoria's government schools is based on the principles of harm minimisation. Each of the above criteria for a harm minimisation approach was found in the drug education curriculum across almost all the year levels examined.

Comprehensive and sequential drug education

4.12 In 1998, the Department issued guidelines to help schools design a developmentally appropriate drug education curriculum as part of their ISDES. Developmentally appropriate drug education targets the correct age group by addressing those drug-related health and safety issues that each group is experiencing in their daily life.

4.13 For example, in the early years of primary school (preps to year 4), drug education addresses safety issues around the use of medicines (e.g. for asthma, antibiotics, sleeping pills), analgesics (e.g. painkillers such as paracetamol), vitamins, caffeine (coffee, tea) and needle-stick injuries (e.g. hepatitis C). Lessons concerning alcohol, tobacco, steroids and cannabis commence in years 5 or 6 and continue with follow-up sessions throughout the middle years of secondary school (years 7 to 9). Senior secondary students (years 10 to 12) should have drug-specific lessons on poly-drug use, including alcohol and cannabis, amphetamines (speed), cocaine, ecstasy, LSD and other hallucinogens and heroin. (See Appendix G of this report, *Guide for designing age-appropriate drug education curriculum.*)

4.14 Under the Quality Standards, schools should provide a comprehensive and sequential drug education, where:

- drug education lessons are sequential, building on existing knowledge and skills;
- drug education is age and developmentally appropriate;
- students are provided with opportunities to practise skills such as co-operation, communication, problem solving, assertiveness, negotiation, help-seeking behaviours, goal setting and decision-making; and
- students are consulted to identify relevant drug-related issues.

[8] As detailed in Table F1 in Appendix F of this report, *Results tables: Curriculum content.*

4.15 The Department has a service agreement with Life Education Victoria for the delivery of drug education in primary schools through visits by the company's Life Education exhibition vans. In 2002, Life Education vans visited 663 (54 per cent) of government primary schools where about half the teachers conducted drug education lessons prior to the visit and 70 per cent provided follow-up drug education[9]. The visit of Life Education vans appears to provide a focus for drug education in Victoria's government primary schools.

4.16 Research indicates that brief drug-related information sessions may raise curiosity in young people without leading to a reduction in the use of illicit substances[10]. It is important that primary school teachers undertake class activities that supplement the visit made by Life Education Victoria. The Department has amended its service agreement with Life Education Victoria to encourage the greater involvement of class teachers.

4.17 We found that students are increasingly consulted to identify relevant drug-related issues as they move through school year levels. Our survey of teachers found relatively high levels of agreement with propositions that all students are exposed to sequential and age-appropriate drug education, and are given opportunities to build on existing knowledge and skills in drug education.

4.18 We were advised that teachers needed practical assistance in developing age-appropriate lessons and that some Senior Program Officers had prepared, or were developing, lesson materials for particular CSFII levels[11]. We also found that some Health and Physical Education key learning area (KLA) co-ordinators had prepared age-appropriate curriculum materials for their school. Unfortunately, these local initiatives and other curriculum initiatives that have effectively supported drug education have not been shared across all schools.

4.19 The Department advised us that it is introducing "collegiate networks" in 2003 to facilitate a co-ordinated dissemination of proven drug education curriculum materials across all schools. This initiative could be supported with an intranet-based repository of drug education curriculum materials that is accessible to all schools.

4.20 Teaching about the risks of poly-drug use was least observed in our audit, especially in primary schools. The Department advised us that knowledge about poly-drug use is not age-appropriate for the majority of children in years 5 to 8[12].

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[9] Life Education Victoria, *Executive Summary Report and 2002 Achievements*, Yearly Report of Service Delivery, Department of Education and Training, Melbourne, December, 2002.

[10] Dr G Hawthorne, Dr J. Garrard and Assoc. Prof. David Dunt, *Primary School Drug Education: An Evaluation of Life Education Victoria*. National Health and Medical Research Council, National Centre for Health Program Evaluation, Research Report No. 2, September 1992.

[11] Curriculum and Standards Framework has 6 levels, each covering 2 grades of students from P – 10, and 8 Key Learning Areas per level.

[12] Table F2 in Appendix F of this report *Results tables: Curriculum content*, shows the detailed results of our audit in relation to compliance with the Quality Standard for a comprehensive and sequential drug education curriculum.

4.21 In summary, we found that the majority of government schools audited provided a comprehensive, age-appropriate and sequential drug education curriculum.

All students to receive drug education as a core component of the curriculum

4.22 The Quality Standards for Drug Education require all students to receive drug education as a core component of the school curriculum, that is:

- the school should provide drug education for all students;
- the drug education curriculum should be ongoing and include intensive drug education units followed-up by later sessions to reinforce, and extend key learnings and skills;
- the drug education curriculum should be based on the levels of the Curriculum and Standards Framework II (CSFII) and incorporate CSFII course advice where appropriate; and
- the drug education curriculum should be designed to be culturally and linguistically sensitive and inclusive.

4.23 In 2000, the Department revised the Curriculum and Standards Framework and embedded drug education in the Health and Physical Education KLA for all levels (P – 10). Drug education, however, was not incorporated as part of the core curriculum for the Victorian Certificate of Education (VCE).

4.24 We found that primary schools are more likely to incorporate CSFII course advice in the drug education curriculum than secondary schools. The majority of schools (96 per cent) provide drug education for students in the compulsory years of education. However, only about a third the State's VCE students (35 per cent) receive drug-specific education[13].

4.25 Under the VCE, formal drug education curriculum is mostly delivered in year 11 in elective health subjects, rather than in core subjects that are delivered across the VCE curriculum. This is of concern as year 11 and 12 students are more likely to use both licit and illicit drugs compared with younger students[14], and they need to learn a greater range of harm minimisation strategies to match their increased exposure to drugs in society. The drug education curriculum at the senior secondary level introduces students to the risks associated with a different range of drugs such as heroin, amphetamines, hallucinogens, cocaine and ecstasy.

[13] Table F3 in Appendix F of this report shows the detailed results in relation to the Quality Standard that all students should receive drug education as a core component of curriculum.

[14] For example, the Premier's Drug Prevention Council *Victorian Youth Alcohol and Drug Surveys*, Department of Human Services, Melbourne, Number 1 (March, 2002), Number 2 (June, 2002) and Number 3 (September, 2002).

4.26 The 2000 review of drug education in schools recommended that the Department negotiate with the Victorian Curriculum and Assessment Authority (formerly the Board of Studies) to explore ways of developing drug education in years 11 and 12[15]. The Department advised that the view of the Authority was that drug education could not be formally tied to core curriculum for all students in the VCE.

4.27 We found that some secondary schools did deliver drug education to all VCE students through their home group and pastoral care programs. The Department has also been developing a Senior Resource for drug education for a number of years and has initiated the *Celebrating Safely* project which is aimed at senior secondary students. We found many secondary schools that claimed they could not fit any further subject matter into their VCE program. The Matthew Flinders Girls Secondary College was noted as having managed quite effectively to incorporate drug education in the VCE years through school camp and leadership programs, as well as pastoral care and home group activities.

Time spent on drug education

4.28 Almost all of the research on primary prevention and drug education is based on the North American experience, which shows that the minimum time needed in the classroom for effective drug prevention outcomes is 10 hours per year across all school years[16]. The Department has based its school drug education strategy for Victoria on the best practice principles arising from this research.

4.29 For the 100 schools audited, Table 4B shows how the time spent on drug education is divided between the delivery of drug-specific knowledge and drug-related training in social skills. That is, a school's drug education curriculum includes both drug-specific knowledge and the social skills needed to manage situations where drugs may be offered or used.

[15] J McLeod and Gaye Stewart, *previously cited, p. 23*

[16] J Shope, L Copeland, B Marcoux, and M Kamp, "Effectiveness of a school-based substance abuse prevention program", *Journal of Drug Education*, 1996, Volume 26, pp. 323-37.

TABLE 4B
HOURS OF DRUG EDUCATION-RELATED CURRICULUM, 2002
(number of hours per year for those students who receive drug education)
(average)

Year level and school type	*Social competencies*	*Drug-specific knowledge*	***Total***
All year levels *(a)*	38.2	11.4	**49.6**
CSF Level 4 (yrs 5+ 6)	51.5	11.6	**63.1**
CSF Level 5 (yrs 7+ 8)	33.5	9.8	**43.3**
CSF Level 6 (yrs 9+10)	29.6	13.0	**42.6**
VCE	16.4	7.1	**23.5**
Metropolitan	39.4	12.5	**51.9**
Rural	34.7	9.1	**43.8**
Primary	49.0	12.0	**61.0**
Secondary	28.0	10.0	**38.0**

(a) The "All year levels" result excludes the VCE. n=100 government schools.
Source: Victorian Auditor-General's Office 2002.

4.30 Table 4B shows that in 2002 our sample of 100 government schools provided an average of 49.6 hours each of drug education-related curriculum to students annually, which mainly comprised training in social competencies. The average number of hours of drug-specific education (11.4 hours) is above the effective minimum of 10 hours per year.

4.31 Research indicates that year 7 in Australia is the point at which to focus the effort in drug prevention education, with follow-up in later years to reinforce key understandings and explore new, age-appropriate harm minimisation strategies[17]. Our data reveals that there is less time devoted to drug-specific knowledge for years 7 and 8 (9.8 hours) compared with other year levels (average of 12.3 hours). The 35 per cent of VCE students who receive formal drug education also receive the least amount of drug education of all students in government schools.

4.32 Since 2001, the Department has included additional questions in its annual school census on the amount of time spent on drug education in government schools. A summary of this data is shown in Table 4C.

[17] This research is cited but not referenced in Health Outcomes International Pty Ltd, *Evaluation of Turning the Tide: Final Report*, prepared for the Department of Premier and Cabinet, Melbourne, Victoria, April 2000, p. 54.

TABLE 4C
DEPARTMENT OF EDUCATION AND TRAINING CENSUS DATA:
HOURS OF DRUG EDUCATION PER YEAR
(per cent of all Victorian government schools)

	None		1–10 hours		11–20 hours		21-30 hours		30+ hours	
CSFII Level	*2001*	*2002*	*2001*	*2002*	*2001*	*2002*	*2001*	*2002*	*2001*	*2002*
Primary school -										
4 (yrs 5+ 6)	2.8	2.3	42.7	40.4	33.9	33.8	12.8	14.2	8.0	9.5
Secondary school -										
5 (yrs 7+ 8)	8.0	7.1	47.6	51.6	30.6	27.0	7.8	7.7	6.2	6.6
6 (yrs 9+10)	8.3	8.5	37.2	39.5	37.3	31.0	9.7	11.0	7.6	10.0

Note: Rows may not add to 100 per cent because of data limitations.
Source: Department of Education and Training, 2002. Census of 1 623 government schools.

4.33 Table 4C shows that drug education is not provided in 7.8 per cent (average) of years 7 – 10 in secondary schools and 2.3 per cent of years 5 and 6 in primary schools. The majority of schools, however, provided up to 20 hours of drug education in 2002. The Department's census figures also indicate that drug education is least delivered in years 7, 8 and 10.

4.34 In summary, with the exception of VCE students, drug education curriculum is delivered to the vast majority of primary and secondary students in Victoria's government schools and an adequate level of drug-related tuition is delivered to most students. year 7 and VCE students receive less drug education compared with other year levels.

Drug education in a health promoting framework

4.35 The Quality standards require drug education to be delivered within a broader health promoting framework, that is, drug education should be within:

- a broader health education framework in government schools, e.g. using the outcomes of the Health and Physical Education KLA;
- the Health Promoting Schools Framework[18]; and
- a framework which links student support with curriculum programs, school operations and school management policies and practices.

[18] *National Framework for Health Promoting Schools in Australia*, 1999. A Health Promoting School provides 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 wider community in efforts to promote health.

4.36 Our school audit results confirmed that drug education is normally placed within the Health and Physical Education KLA of the CSFII in primary schools (95 per cent) and to a lesser extent in the Health and Physical Education KLA in secondary schools (76 per cent). Sixteen per cent of the schools in our random sample of 100 government schools were Health Promoting Schools[19].

4.37 There are fewer links at the VCE level between the drug education curriculum and student support programs. It appears that the whole school approach to drug education is more limited at the senior secondary school level, precisely the time when students are most likely to experience drugs in their lives and be in need of support services.

4.38 Sixty per cent of all teachers surveyed agreed that drug education was also introduced in curriculum areas other than health. We found drug education spread throughout school programs in subject areas such as the Integrated Studies curriculum, pastoral care programs, Health and Human Relations, Human Development, Life Skills programs, Studies of Society and the Environment, Science (Biology, Chemistry and Psychology), English (the issues-based curriculum), Drama, Art and Legal Studies. This diverse placement of drug education demonstrates a depth of commitment towards drug education in Victoria's government schools and highlights the need for a broader group of teachers to undertake professional development in drug education.

4.39 In summary, we found that government schools had, where possible, presented drug education in a broad health promoting framework. This was mainly achieved through the inclusion of drug education in the Health and Physical Education curriculum, however, many schools have also incorporated drug education in other curriculum areas or are a Health Promoting School.

Health Promoting Schools are well-positioned for a whole-of-school drug education strategy.
(Photograph courtesy of the Department of Education and Training.)

[19] Table F4 in Appendix F of this report shows the results of our audit in determining where drug education is located in the curriculum and welfare practices of 100 government schools.

Relationships that promote connectedness

4.40 The Quality Standards require schools to promote supportive relationships which, in turn, promotes connectedness, which promotes protective factors that reduce the level of drug use and misuse among students. To promote supportive relationships, the Standards require schools to:

- promote and facilitate the establishment of positive and caring relationships between staff and students through formal structures and programs;
- have specific programs aimed at easing the transition of students at key developmental stages (e.g. pre-school to primary, primary to secondary school, school to work); and
- have a range of pastoral care structures (e.g. home groups, sub-schools) which provide students with regular and ongoing access to teachers who know them well and care about them.

4.41 The Department's view is that student learning cannot be separated from student welfare and that student welfare is the responsibility of all staff working in schools. All staff are responsible for identifying children with higher needs ("children at risk"), follow policies and processes for reporting drug-related incidents or knowledge about students to the school's Principal, and to protect the safety of the child or others who are directly affected.

4.42 In 1998, in response to concerns that schools were not meeting the social and emotional health requirements of all young people[20], the Department issued the *Framework for Student Support Services in Victorian Government Schools.* The Framework places emphasis on preventive approaches and early intervention activities in schools and provides a policy platform for schools to strengthen the resilience of students.

4.43 We found relationship programs in all 100 government schools audited. We also found that about three-quarters of the schools audited had introduced new strategies to deal with drug-related incidents and new welfare programs in relation to harm minimisation. A greater proportion of secondary schools than primary schools have introduced welfare programs based on harm minimisation, which relates to the greater number of drug-related incidents in secondary schools[21].

4.44 Our survey of 406 drug education teachers found that 94 per cent of teachers agreed that their school provided transition programs and 91 per cent agreed that their school had formal structures in place that promoted caring relationships between staff and students. Most teachers surveyed agreed that their school had:

[20] See Kirby, *et. al.*, *Report of the Victorian Suicide Prevention Taskforce*, Department of Human Services, Victorian Government, 1997.

[21] Table F5 in Appendix F of this report shows the detailed results of our audit in relation to initiatives that promote connectedness in schools.

- a range of pastoral care structures (83 per cent), student welfare practices and prevention strategies (78 per cent) for drug-related situations in place; and
- made effective links between the harm minimisation curriculum (what is taught about drugs) and their student welfare practices (what is done about drug-related incidents in schools) (79 per cent).

4.45 The audit of 100 government schools found that 75 introduced new formal structures, policies and student welfare practices to promote student-staff connectedness.

4.46 In summary, we found that government schools generally promote staff-student connectedness, indirectly contributing protective factors in their school community that reduce the level of use and misuse of drugs among young people.

Inclusive practices which promote resilience

4.47 Research shows that the factors of connectedness and belonging (inclusiveness) that lead to resilience are also factors that reduce the level of problematic drug use in young people[22]. Under the Quality Standards for Drug Education, school staff should use inclusive practices which promote resilience in students. For example:

- students should be provided with a range of meaningful opportunities to participate and successfully contribute both within the classroom and broader school programs such as community service, sport, creative and performing arts and student leadership;
- the school should provide programs which enable students to develop the skills required to contribute effectively;
- the school should ensure that students' efforts and achievements both within the classroom and broader school programs are valued and recognised; and
- teachers should acknowledge, value and cater for the cultural, linguistic and individual diversity of students in all school programs and activities.

4.48 The audit found that over 96 per cent of the government schools audited provided opportunities for students to be recognised for their achievements in sport, creative and performing arts and student leadership. Opportunities in community services were provided in 77 per cent of government schools, with greater opportunities presented by metropolitan rather than rural schools[23].

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[22] D Hawkins, R Catalano and J Miller, "Risk and Protective Factors for alcohol and other drug problems in adolescence and early childhood: Implications for drug abuse prevention." *Psychological Bulletin*, 1992, 112 (1), pp. 64-105; m D Resnick, P S Bearman, R W Blum, *et al* "Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health", *Journal of the American Medical Association*, 1997, 278 (10) pp. 823-832. From Andrew Fuller, Karen McGraw and Melinda Goodyear (2001) *Resilience – The Mind of Youth, Taking it On, Conference papers*, Department of Education, 2001.

[23] Table F6 in Appendix F of this report shows the detailed results of our school audit in relation to inclusive practices.

4.49 The results of our teacher survey indicated that 61 per cent considered that the drug education curriculum was relevant to the different cultures represented in their school. This was a stronger view among teachers in rural schools, possibly because their classes have fewer students with ethnically diverse backgrounds. Primary school teachers also expressed lower levels of agreement compared with secondary teachers that drug education and information dissemination occurs within culturally inclusive and supportive environments.

4.50 In summary, we found that government schools promote resilience through inclusive practices such as providing students with opportunities to contribute, valuing and recognising their contributions and retaining students within their school community.

Recognition of students' achievements helps to promote resilience, which is a protective factor.
(Photograph courtesy of the Department of Education and Training.)

Drug education taught in a supportive classroom

4.51 The Quality Standards require drug education to be taught in a supportive, student-centred classroom, i.e. drug educators should:

- provide a safe, trusting environment to enable open and honest discussion;
- utilise a variety of teaching and learning strategies such as group discussion, role-playing and values clarification;
- encourage student-centred decision-making and responsibility; and
- provide students with opportunities for:
    - self-analysis and reflection;
    - exploring public health issues; and
    - reflecting on the diversity of knowledge, experience, values, languages and lifestyles of the whole school community.

4.52 In our sample of 100 schools we found that CSFII levels 4, 5 and 6 had a high level of compliance with the Quality Standard and that there was an increasing level of compliance as students progressed through the year levels[24]. Of the 35 per cent of VCE students that do receive drug education, 52 per cent are given opportunities to explore drug-related situations appropriate to their lives and social context[25].

4.53 Our teacher survey revealed that teachers feel that drug education is, by and large, taught in a supportive, student-centred classroom, although primary school teachers reported that they were more likely to respond in judgmental ways to young people's drug use. This latter finding is understandable given the age of the children, their naivety and vulnerability to drugs and concern for their health and safety.

4.54 All teachers have a legal obligation to report drug-related issues concerning children in their care (e.g. information volunteered by children, drug-related incidents and student safety or welfare considerations) to their school Principal[26]. We were informed that teachers say they find it difficult to be "open and honest" when teaching students about illegal drugs. The illicit nature of many drugs creates tension between the value systems of individual teachers and the role they have in providing young people with the knowledge they need to manage drug-related experiences. Teachers are in the awkward position of having to report their knowledge of illegal drug use among students while creating a supportive classroom in which to deliver effective drug education.

4.55 In summary, we found that drug education is generally delivered within a supportive, student-centred classroom in the 100 schools examined. Teachers involved in educating students about illegal drugs have a particularly difficult and sensitive task in delivering harm minimisation strategies.

Teachers have appropriate knowledge and skills

4.56 According to the Quality Standards for Drug Education, drug education teachers should have appropriate knowledge, skills and techniques, for example:

- using effective techniques to protect confidentiality and handle disclosures;
- having accurate and relevant knowledge of drugs, their classification and related issues;
- being confident in addressing controversial and sensitive issues;
- using an objective, non-judgemental approach which promotes mutual respect; and
- having access to effective, ongoing professional development which includes current research, cultural issues, resources, and teaching and learning strategies.

[24] Table F7 in Appendix F of this report shows the detailed audit results in relation to supportive, student-centred classrooms.

[25] These findings for the VCE are in Table F3 in Appendix F of this report.

[26] Department of Education and Training, *Drugs, Legal Issues and Schools: A Guide for Principals of Government Schools* (Revised edition), Communications Division for the School Programs and Student Welfare Division, Melbourne, Victoria, June 2000.

4.57 Professional development in drug education is modelled by Senior Program Officers on the interactive style, using actual lesson materials in *Get Real* and *Get Wise* to demonstrate the teaching techniques needed to be an effective drug educator in the classroom.

4.58 According to teachers surveyed, the professional development provided by the Department increased the confidence and skills in 96 per cent of drug educators across the government schools audited[27].

Drug education requires knowledge of harm minimisation strategies and new teaching skills.

(Photograph courtesy of the Department of Education and Training.)

4.59 We found that the majority of schools (75 per cent) introduced new teaching methods in relation to drug education following the development of their ISDES. The introduction of new teaching methods was a more significant change for rural schools and secondary schools, which was to be expected because:

- drug education has been an integral part of the CSFII Health and Physical Education KLA in primary schools (but not secondary schools) before *Turning the Tide* and the ISDES; and
- health as a curriculum in secondary schools was and still is a less established area of secondary education and pre-teacher training.

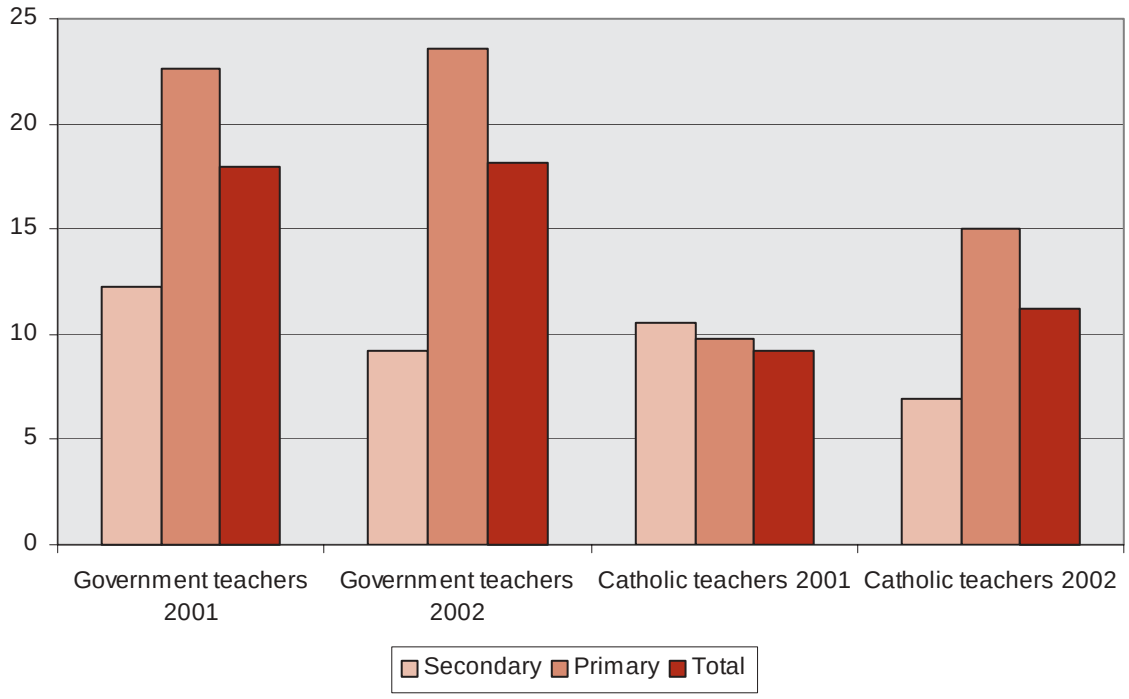
[27] Table F8 in Appendix F of this report show the results of our audit in relation to the confidence and skills of teachers in delivering drug education.

4.60 Teaching young people about drugs is a challenging experience that involves major cultural shifts and the introduction of new teaching methods and approaches. The results of our survey indicate that the professional development provided by the Department and the development of an ISDES has contributed significantly to increasing confidence and skills of teachers and the development of new teaching methods.

Professional development

4.61 Chart 4D shows the percentage of teachers receiving professional development for drug education in government and Catholic schools in Victoria (data for independent schools is not available).

CHART 4D
TEACHERS RECEIVING PROFESSIONAL DEVELOPMENT IN DRUG EDUCATION
(per cent)



Source: Graph developed from data supplied by Department of Education and Training, 2002.

4.62 A total of 6 963 (7 128 in 2001) government school teachers and 692 (620 in 2001) Catholic school teachers received professional development in drug education by Senior Program Officers in 2002. In addition, 1 499 Catholic teachers received professional development through the Catholic Education Office over the same period. An average of 4 teachers per government school and 3 teachers per Catholic school have been trained in drug education. These numbers of teachers provide a core of trained drug educators who could facilitate in-school staff training in government and Catholic schools.

4.63 Given a total government teacher population of 38 000 (and 17 600 Catholic teachers) and the number of CSFII curriculum areas in which drug education can play a part (see paragraph 4.38), a large proportion of teachers have not received professional development in drug education. This finding is underpinned by the Department's observation through regional and central staff, that many teachers who received training in the earlier years of *Turning the Tide in schools* are now returning for their second or third training sessions.

4.64 Our survey of 406 drug education teachers in 100 government schools found that only 60 per cent believed that their school provides for sufficient, ongoing, current and relevant professional development for staff. Current funding across all government schools allows approximately 2 casual relief teacher days per teacher per year for all forms of professional development. Our survey results indicate that teachers have an unmet demand for professional development that may be related to the capacity of schools to fund or release teachers for professional development.

4.65 Professional development could be more strategically targeted by the Department – focusing professional development towards poorly performing schools, which do not provide adequate drug education, and for new or returning teachers. Eventually, when the majority of schools have self-sustaining drug education programs, professional development could be delivered by experienced drug educators within schools.

4.66 Pre-service teacher training in drug education would complement the professional development for teaching staff. It is noted that the Commonwealth has received recommendations for pre-service teacher training as part of the National School Drug Education Strategy[28].

Classroom resources for drug education

4.67 The Department developed and issued a classroom resource for drug education in primary and secondary schools titled *Get Real: A Harm Minimisation Approach to Drug Education* in 1995. This resource is mainly concerned with legal drugs such as tobacco and alcohol. In 2000, to provide classroom resources that address illicit drugs, the Department released *Get Wise: Working on Illicits in School Education*. *Get Wise* is mainly targeted at secondary school students.

4.68 Table 4E shows which drug education lesson materials are mainly used in our sample of 100 government schools.

[28] Dr L Rowling, J Pettingell, B Summerville, *National Review of Pre-Service Teacher Training in School Drug Education*, NACSDE, Commonwealth Department of Education, Training and Youth Affairs, Health Evaluation Unit, University of Sydney, November, 2001.

TABLE 4E
LESSON MATERIALS USED IN SCHOOL DRUG EDUCATION, 2002
(per cent)

	CSFII level					CSFII level school type			
Classroom resource	*4 n=63*	*5 n=39*	*6 n=38*	*All levels (a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=76*	*Prim. n=60*	*Sec. n=108*
Get Real	94	90	89	91	12	74	85	93	71
Get Wise	79	82	95	85	19	66	82	81	69
Candidly cannabis	0	25	86	38	15	30	27	n.a.	44
Rethinking Drinking	2	47	92	47	20	38	35	2	56
Creating Conversations	2	35	61	29	19	25	28	n.a.	41
Other	78	74	91	81	56	72	81	78	74

(a) "All levels" result excludes the VCE.
Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

4.69 We found that the majority of schools in our audit sample used the Department's drug education resources *Get Real* and *Get Wise*, and that their use in schools was age-appropriate.

4.70 A large proportion of schools reported that they made use of "other" resources. The 100 schools in our audit sample were using over 150 different individual programs and classroom materials. The majority of these were relationships, resilience and connectedness programs but also a significant array of harm minimisation-based education resources were identified by teachers. These resources were collected from a wide range of organisations such as the Anti-Cancer Council, Australian Drug Foundation, interstate bodies such as the Centre for Information and Education on Drugs and Alcohol (NSW), the Western Australian Department of Education and the national *Drug Offensive*.

4.71 Around 84 per cent of teachers found materials such as *Get Real*, *Get Wise* and the *Creating Conversations* manual both available and effective for delivering drug education in their classrooms[29]. Primary school teachers, however, were less confident, felt less comfortable teaching about illicit drugs and felt they needed more knowledge to teach about drugs.

4.72 Our specialists advised that *Rethinking Drinking* is now an older resource in need of revamping with current issues and data, e.g. there is now a lower age of initiation into drinking alcohol and the availability of new alcoholic products such as "alcopops" are especially popular with girls.

4.73 In summary, we found that drug educators in Victoria's government schools are appropriately trained, have acquired the skills needed for the effective delivery of drug education, and have access to appropriate classroom resources and materials. Emerging issues include:

[29] Table F8 in Appendix F of this report includes data on teacher attitudes towards the education material supplied by the Department.

- An unmet demand for professional development in drug education, particularly for rural and returning teachers;
- Drug education has been correctly targeted at teachers of the Health and Physical Education KLA, where drug education is most effectively delivered in terms of the harm minimisation approach. However, teachers from other curriculum areas could also be exposed to professional development in drug education and student welfare in order to promote a consistent whole school approach to drug-related student welfare issues;
- The training currently provided by Senior Program Officers is critical to sustaining drug education in schools. The funding for Senior Program Officers is currently provided by the Community Support Fund on an annual basis. The Department will need to ensure ongoing funding for Senior Program Officers and/or alternative methods for delivering professional development in drug education to school teachers; and
- Classroom materials will continue to need updating as more current data on drug use by young people becomes available. Schools need to be kept informed of trends and issues in young people's drug use, teaching techniques and more effective lesson materials.

Parental involvement

4.74 Research has shown that effective drug education programs target or incorporate the family, the wider community and the media[30].

4.75 The Quality Standards for Drug Education require schools to actively involve parents in a whole-of-school approach to drug education. For example:

- schools should encourage the development of partnerships with parents and the school community;
- parents should be consulted in identifying local drug-related issues;
- schools should provide access to drug education forums for all parents;
- schools should provide a range of pro-active parent support programs;
- information regarding drug education programs should be regularly communicated to parents;
- the School Council or Board should be familiar with, and support, the school's drug education curriculum and welfare programs; and
- contact and liaison with parents should be sensitive to issues of cultural and linguistic diversity.

[30] L Dusenbury and M Falco, "Eleven components of Effective Drug Abuse Prevention Curricula", *Journal of School Health*, December, 1995, p.65.

4.76 We found that parent drug education forums were undertaken in most of our sample of 100 schools (74 per cent) during the first year of their ISDES. Unfortunately, due to limited parent participation, many of these forums have since been discontinued. Only 38 per cent of teachers surveyed for this audit reported that their school had conducted a parent drug forum in the last 12 months[31].

4.77 Our survey indicated that 45 per cent of teachers agreed that their school had actively involved parents in the school's drug education program. We noted the involvement of parents in core teams when an ISDES was established (refer to Table 3A, in Part 3 of this report) and 3 years later when the ISDES was reviewed by schools (refer to Table C6, in Appendix C of this report). Over the past 5 years, active parent involvement has increased for metropolitan schools (from 35 to 56 per cent) but decreased for rural schools (from 63 to 46 per cent).

4.78 Table 4F shows departmental data on the approximate number of parents involved in school drug education programs between 1997 and 2002.

TABLE 4F
PARENT INVOLVEMENT IN SCHOOL DRUG EDUCATION PROGRAMS, 1997 TO 2002
(estimated numbers)

Program	*Estimated no. parents*
Parent Information, Consultation and Education, 1998-2000	13 509
Parent Drug Education, 2000-2002	3 144
In First Language parent program, 2000-2002	969
School Community Drug Forums, 2001-2002	4 433
Creating Conversations, 1998-2002	3 384
Parent evenings conducted by Senior Program Officers 1997- ongoing	9 100
Total	**34 539**

Source: Department of Education and Training, 2003. Estimates based on the proportion of parents who completed course evaluation sheets in 1998 and 1999.

4.79 These data indicate that, since 1997, about 34 500 parents have attended Department initiatives designed to provide information about school drug education programs. The total number of families with school-aged children in Victoria is around 195 000[32]. Of the above programs, the *In First Language* parent program, School Community Drug Forums and *Creating Conversations* continue to be conducted.

[31] Table F9 in Appendix F shows the detailed results of our audit in relation to parent involvement.

[32] Australian Bureau of Statistics, *Census of Population and Housing, Victoria*, Catalogue No. 2001.0, Table B17, Canberra, 2002.

4.80 Schools also utilise Senior Program Officers, Student Support Services Officers, agency personnel and school staff to conduct a variety of parent evening forums on issues concerned with student welfare. We were advised by Senior Program Officers that drug-related incidents in schools act as catalysts for stronger than normal parent and community participation in school drug education policies, practices and programs. Otherwise, parents tend not to participate in school drug education programs.

4.81 The *Creating Conversations* program for senior secondary students was widely reported by Senior Program Officers to have been highly successful in attracting relatively larger numbers of parents to attend schools and in engaging them in discussions with students on drug-related issues. For this reason, the *Talking Tactics Together* program, based on the same model but for primary school students, has been enthusiastically adopted by many primary schools, even before the Department has completed the pilot program.

4.82 School drug education programs that require students to ask their parents to complete homework about drug-related matters have been used in Western Australia to increase parent participation in their children's drug education. Such programs have been shown to improve parents' knowledge of drugs and of the nature of drug education in schools.

4.83 The Department's Gippsland regional office responded to poor attendances by parents at school community drug education forums by publishing monthly *Parent Newsletters*, which provide an essential educational link between schools and parents. The newsletters have proved to be very popular across the Gippsland community. Two examples, the first *Parent Newsletter* issued in Gippsland in March 2000 for secondary schools and another for primary schools, are shown on the following pages.

Parent involvement in school drug education is important.

(Photograph courtesy of the Department of Education and Training.)

Turning the Tide Gippsland Region
School and Parent Newsletter

Contact:Kaye Dennis Regional Drug Education Facilitator Phone 51 270400 Mobile 0409 194 705

Parents often worry about how to raise the issue of discussing drugs (or other sensitive areas) with their adolescent child. A media item on the television, in the newspaper or a scenario such as the one I will write below, is often a good way to broach the subject without it seeming pointed.

You will then be able to time your questions so:

- there are not too many (or it will come across as interrogation)
- there are not too few (or your child will start to think, "*What is this all about?"*

Keep the lines of communication open, listen carefully, be non-judgemental, ***so that if a difficult situation arises for your child in the future they will feel they can come to you for help.***

Also let them know how hard it is to be a parent, and that each of us does the best we can based on what we have learnt from our own parents,friends,and other life's experiences.

PROBLEM SOLVING SCENARIO

***Discuss the following with your child*:**

"You are at a party not far from your own house. A small group of kids at the party have taken a whole lot of medicines with alcohol to see what would happen. Now one of them is acting very strangely, and people are getting scared. Some people want to get help, but others are saying that they will get into heaps of trouble if anyone's parents find out what has been going on. It seems pretty bad to you."

("Get Wise" Drug Education Resource)

Have a go at the following Quiz

(1998 Household Survey…..Young People aged between 14 & 19 years of age)

1. **What percentage of teenagers have ever used illegal drugs?**
2. **What percentage of teenagers have consumed alcohol recently?**
3. **What percentage of teenagers who smoke, smoke between 11& 20 cigarettes a day?**
4. **What percentage of teenagers over the age of 14, have tried marijuana?**
5. **What percentage of underage teenagers who drink, obtain alcohol from retail outlets?**
6. **What percentage of teenagers have recently used heroin?**
7. **What is the average age of new users to illegal drugs?**
8. **What percentage of underage teenagers who smoke, obtain their cigarettes from retail outlets?**

ANSWERS

1.51% 2. 66% 3. 22% 4. 45% 5. 17% 6. 1% 7. 16.6yrs 8. 54%

As parents we wonder why? We also wonder what we can do to protect our children.

- **Young people need to feel they belong and are connected to their family**

(If they say they don't feel connected, ask them why and try to "put yourself in their shoes" to try to understand where they are coming from.)

- **A warm relationship even with one parent is significant and protective.**
- **Being able to solve problems by negotiating, and minimal conflict during infancy.**
- **Maintain family rituals such as birthdays and anniversaries etc. Family celebrations give a family a sense of progression through life and act against boredom.**

(Reference: Catalano and Hawkins)

Source: Gippsland regional office, Department of Education and Training, 2002.

"Turning the Tide" Parent Newsletter *for* Primary Schools Gippsland Region June-July 2000

Contact:Kaye Dennis Gippsland Drug Education Facilitator PH 51 270400 Mobile 0409 194 70

The New "Get Wise" Drug Education Resource

Parents an example of a lesson that you can also assist with at home. This is a valuable life lesson, that helps us develop skills to counteract tactics that others use to try get their own way.

"TALKING TACTICS."

The situation is:

Liam and Sam are at Sam's place after school. Sam suggests they take Liam's older brother's trail bike for a ride. Sam wants to ride the bike and have some action and fun. Liam is not allowed to ride the bike without permission or without an adult. He thinks it is not safe, and does not want to get into trouble.

1. Two members of the family could act out the situation in front of the others.

Then everyone discusses:

- What did it take to refuse each time?
- Which tactics (tempting/enthusing/persuading/encouraging) were more difficult to resist?
- What sort of tactics can a person use to refuse?
- What difference would it make if it was a group scene?

2.As a family discuss refusal tactics

- Making an excuse
- Changing the topic
- Saying you are not allowed
- Making a joke of it
- Saying you will let them know later
- Asserting your own opinion
- Getting others on your side
- Walking away

Being able to say no to peers, in a way that still allows young people to be part of the group, is very important to them. It is also a very important life skill to develop.

An Excellent Resource for Schools and Parents.

FRIENDS..Prevention of Anxiety and Depression (for children)
Dr Paula Barrett.
A Group Leaders Manual and Workbook.
This excellent resource for young people assists children and youth in developing life skills to effectively cope with difficult and/or anxiety provoking situations.
Available from: Australian Academic Press
32 Jeays Street, Bowen Hills
Queensland 4006.
www.australianacademicpress.com.au

PARENTS,TRY THIS ACTIVITY AROUND THE DINNER TABLE! ***(ALL OF YOU ! NOT JUST THE CHILDREN)***

Tell each other:

- Three things I really like about myself
- Two things I do well
- A recent or past success or accomplishment (no matter how big or small)

Even if some family members repeat something you have heard before, listen carefully and praise and encourage each other This builds confidence in the individual and closeness as a family unit.

Source: Gippsland regional office, Department of Education and Training, 2002.

4.84 In summary, while the difficulty of engaging parents is acknowledged, the involvement of parents in school drug education programs to date has been disappointing. However, the Department has developed some promising initiatives to increase parent involvement.

Collaborative responses to drug-related issues

4.85 The Quality Standards for Drug Education require schools to have positive working relationships with student support staff and community agency personnel to facilitate collaborative responses to drug-related incidents. Under this standard, schools should have:

- a current, comprehensive list of drug-related resources and agencies available in its community, including those which cater for culturally and linguistically diverse groups;
- a positive and pro-active working relationship, and clearly established protocols, with key drug and alcohol community agencies, the police and student support staff;
- external community agency and student support staff who enhance and support the school's drug education curriculum and welfare programs; and
- collaborative relationships with external agency and student support staff based on a harm minimisation framework.

4.86 Our audit of the implementation of ISDES supports teacher views that the wider school community has had limited involvement in the development of drug-related school policies[33]. Although many teachers (62 per cent) agree that their school has formed relationships and protocols to link in with community agencies, community agencies are not consulted to any great extent by schools. For example, in our sample of 100 schools, 46 per cent of schools consulted community agencies as part of the ISDES process (1997-1999) and 32 per cent of schools consulted community agencies as part of the ISDES review process (2000-2002)[34].

4.87 Our visits to departmental regional offices and 100 government schools identified several regions and schools that had developed directories of youth health services for distribution in schools. For example, the North East Victorian Division of General Practitioners has sponsored a "Youth Health Info Poster" for schools in the Goulburn North East region, Camperdown College (P-12) provides a Student Support Services Directory for all families with children at their school and the Gippsland regional office supplies a comprehensive youth services directory for Gippsland West.

[33] Table F10 in Appendix F of this report shows the results of our audit in relation to collaborative responses to school-based drug issues.

[34] See Tables C2 and C6 in Appendix C of this report for the results of the audit in relation to the level of community consultation.

4.88 There is a range of other programs through which schools engage their local communities, e.g. School Focused Youth Service and Police Involvement in Schools programs. The extent to which these assist in the delivery of drug education or collaborative responses to drug-related incidents is unclear.

4.89 To strengthen the implementation of school drug education programs, schools should develop closer partnerships with local community agencies. These partnerships could take the form of:

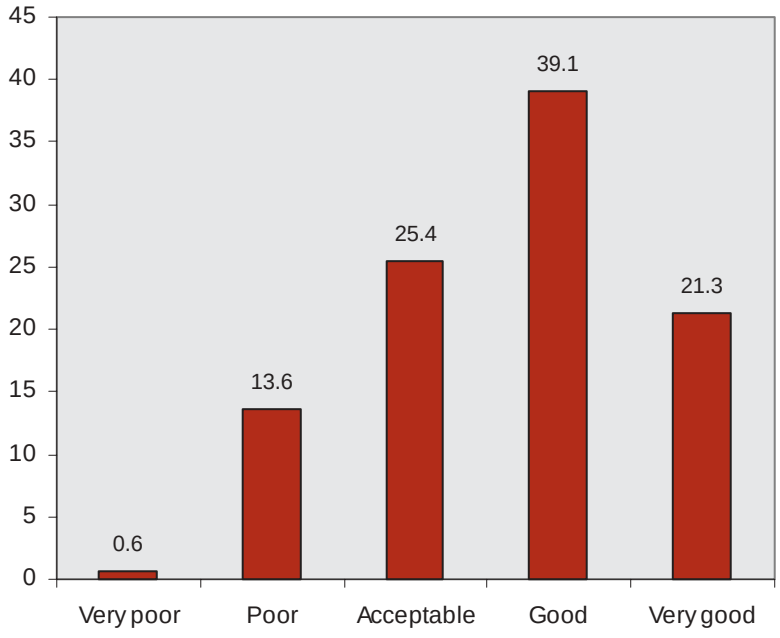
- sharing information and data concerning local drug-related issues;
- the formation of referral networks; and
- having protocols in place to facilitate a co-ordinated response to students in crisis.

4.90 In summary, schools have not linked in with their local community agencies to any great extent and schools should further encourage the involvement of community agencies in the development and implementation of their school drug education programs.

OVERALL QUALITY AND SUSTAINABILITY OF SCHOOL DRUG EDUCATION

4.91 Chart 4G shows the overall compliance ratings of the 100 audited government schools in meeting the Department's Quality Standards.

CHART 4G
SCHOOL COMPLIANCE WITH THE QUALITY STANDARDS OF DRUG EDUCATION: CURRICULUM
(per cent)



Source: Victorian Auditor-General's Office, 2002.

4.92 Chart 4G shows that 86 per cent of the 100 government schools audited had satisfied the Department's Quality Standards for school-based drug education to an "acceptable" to "very good" standard. While this is a good result, the overall objective of *Turning the Tide in schools* was to enhance *and sustain* drug education in Victoria's schools. Sustainability is important because drug issues will continue to arise in the community and effective primary prevention programs will need to be delivered over long periods of time.

4.93 Studies of school-based drug education in Victoria have identified several attributes of schools that will encourage the long-term sustainability of drug education programs. Such schools have:

- good student welfare policies and practices, i.e. welfare that is based on harm minimisation and congruent with the school's drug education curriculum;
- developed sustainable and meaningful links with community agencies;
- placed drug education within a strong health curriculum or health promoting framework;
- provided ongoing professional development in drug education for teaching staff;
- used monitoring and evaluation as a means of improving program effectiveness;
- developed interdependencies with other schools, e.g. the sharing of resources and drug education program initiatives; and
- developed strong educational links with parents so that harm minimisation messages are consistent between home and school[35].

4.94 Senior Program Officers advised that the key to sustaining drug education in schools were teachers who acted as champions of the program. They have noted that when these "good" teachers left a school, the school's drug education program generally suffered and, in small schools, ceased to be delivered.

4.95 The sustainability of drug education in schools also depends on a number of other factors that will support and facilitate the provision of high quality programs and teaching in drug education. These factors include:

- the management arrangements that the Department and schools put into place to ensure that drug education becomes part of the mainstream of curriculum and teaching within schools;
- evaluation and monitoring of drug education in a manner that allows for identification of good practice as well as the diagnosis of underperformance; and
- the regular updating and renewal of curriculum and teaching resources in drug education for use by teachers.

[35] For example, Nelson McLeod and Associates Pty Ltd, *previously cited;p. 23* Catherine Bell, "A study of the process of educational change through the implementation of *Turning the Tide in schools* drug education project", Master of Education, Faculty of Education, Deakin University, Geelong, Victoria, 2002, (unpublished).

4.96 Actions that could be taken by schools and the Department to address and promote sustainability are:

- succession planning within schools for drug educators;
- ongoing internal and external professional development for drug educators;
- teacher-operated networks of drug educators;
- linkages to leadership and management programs;
- updating of curriculum and teaching resources; and
- integration of the principles of drug education into teaching and assessment strategies.

4.97 We found that schools and the Department have only just begun to address some of these sustainability issues.

Summary and conclusions

4.98 Drug education is delivered to all government school students in the compulsory years of education, through a drug curriculum that is ongoing and designed to build the knowledge and capacity of students to appropriately and safely deal with drugs in Australian society. The formal drug education curriculum program, however, effectively ceases for the VCE years unless students choose appropriate electives in the health curriculum. A small number of the 40 secondary schools audited had innovative strategies in place to informally deliver drug education to VCE students.

4.99 It is important that primary school teachers undertake class activities that supplement the visits of Life Education Victoria. Research indicates that brief drug-related information sessions may raise curiosity in young people without leading to a reduction in the use of illicit substances.

4.100 Research also indicates that year 7 in Australia is the point at which to focus the effort in drug prevention education, with follow-up in later years to reinforce key understandings and explore new, age-appropriate harm minimisation strategies. Our data reveals that there is less drug-specific education for CSFII level 5 (years 7 and 8) (9.8 hours) compared with the other CSFII levels (12 hours).

4.101 Virtually all government school teachers who teach drug education have received appropriate professional development in drug education provided by the Department. Professional development currently sustains the State's school drug education program and continued access to professional development will be required as new teachers come into the system and as approaches to drug education and effective teaching strategies change.

4.102 Parental involvement in school drug education is often too limited to be a significant contributor to the effectiveness of school drug education programs. While the difficulty of engaging parents is acknowledged, strategies are needed to better involve parents in school drug education programs and student wellbeing initiatives.

4.103 The wider school community also has limited involvement in the implementation of drug-related school programs. The majority of government school drug education programs would benefit from building stronger partnerships with community agencies.

4.104 Currently, 86 per cent of schools have "acceptable" to "very good" drug education programs in place. As drug education moves from being a discrete initiative to a mainstream school activity, the Department will need to ensure that arrangements are in place to provide for the long-term sustainability of the program.

Recommendations

4.105 We recommend that the Department study secondary schools that effectively deliver drug education in years 11 and 12 to identify how these schools have managed to implement drug education in the VCE years. The Department will need to support the wider dissemination of these good practices for drug education across targeted secondary schools.

4.106 We recommend that primary schools that rely on the Life Education program enter into partnership agreements with life educators for the delivery of a more comprehensive drug education program, e.g. ensuring that primary school students receive at least 10 hours of tuition during the school year.

4.107 We recommend that the Department ensure that the number of hours of drug specific education meets at least minimum standards and is focused on the key year levels (i.e. years 7 and 8 and the VCE).

4.108 We recommend that the Department ensure that school teachers have continued access to professional development in drug education. The Department should also explore with universities the inclusion of drug education in pre-service teacher education.

4.109 We recommend that the Department and schools identify successful strategies that engage more parents in school drug education, in particular, targeting the parents of VCE students to involve them in the education of their children about licit and illicit drugs.

4.110 We recommend that schools develop closer partnerships with community agencies in order to strengthen the implementation of school drug education programs.

4.111 We recommend that the Department and schools continue to develop and implement strategies aimed at ensuring the long-term sustainability of drug education in the State's school system.

RESPONSE *provided by Secretary, Department of Education and Training*

Para. 4.105

The Department agrees with this recommendation as it reinforces current initiatives in this area. The Department is addressing this issue through 3 projects exploring drug education issues and promoting best practice at the VCE level. These are:

- *Engaging Parents in the Post Compulsory Years;*
- *Celebrating Safely; and*
- *Senior Students Drug Education Resource.*

***RESPONSE** provided by Secretary, Department of Education and Training - continued*

Para. 4.106

The Department agrees with this recommendation and has already conducted extensive consultations with Life Education Victoria around this issue. The Department has incorporated into its Service Agreement with Life Education Victoria an accountability framework which includes benchmarked data and targets to promote the delivery of comprehensive drug education programs. These targets include:

- *percentage of teachers that use both pre-visit and follow-up activities;*
- *percentage of teachers who are actively involved in Life Education program delivery; and*
- *percentage of schools that the Life Education educator assists with the development or preparation of curriculum materials.*

Para. 4.107

The Department agrees with the recommendation that it should ensure the minimum standards of drug education provision. The report clearly indicates that schools are exceeding the minimum number of hours required for drug-specific education, with those surveyed exceeding the minimum 10 hours per year at all year levels except for year 7 which was 9.8 hours.

The Department agrees that years 7 and 8 and VCE are important in terms of drug education, but believes that this provision should not be restricted to a narrow curriculum focus.

The Department recognises that transition from primary to secondary school and into VCE are times of heightened vulnerability for young people. It has developed the Student Transition and Resilience Training (START) resource to support and strengthen drug education provision at the year 5 to year 8 levels. Furthermore, the Department's "Middle Years" initiatives also address important protective factors against future substance abuse such as student engagement, retention, skills development, connectedness to school and the development of resilience.

The Department believes that the report does not adequately acknowledge the broad range of drug education programs provided by schools at the VCE level. Schools provide drug education programs at this level through pastoral care/home group programs, school camps, targeted programs on managing stress, leadership, safer celebrations, drink driving, and other harm minimisation programs.

Schools have a strong focus on ensuring that senior students are supported to remain engaged in education and training through programs and initiatives such as Managed Individual Pathways, the Advocacy Project, the Victorian Certificate of Applied Learning, and Vocational Education and Training. These strategies are consistent with the report which cites research indicating that such harm minimisation programs; family, peer and school connectedness; positive social development; transition programs; academic success and access to employment are effective in preventing substance abuse.

The Department will continue to maintain a strong focus on students at these levels.

***Further comment** by Auditor-General*

The Department agrees with research which indicates the need to focus effort in drug prevention education in Australia at transition points – year 7 and VCE.

As shown in Table 4B and discussed in paragraph 4.31, our data reveals that there is less time devoted to drug-specific knowledge for years 7 and 8 (an average of 9.8 hours per student) and at VCE (7.1 hours for the 35 per cent of students who receive formal drug education). The Department needs to ensure that schools focus drug education efforts at appropriate year levels for all students.

RESPONSE *provided by Secretary, Department of Education and Training*

Para. 4.108

The Department agrees with this recommendation, and the conclusion that virtually all government school teachers who teach drug education have received appropriate professional development.

In addition to the regular program of professional development for teachers, the Department has also initiated a comprehensive regional professional development program focusing on 2 new drug education resources: the "Student Transition and Resilience Training Resource" and "Volatile Solvents: A Resource for Schools".

The Department also recognises the importance of pre-service education for effective, sustainable drug education. Members of the Department have participated in consultations for the "Review of Pre-Service Teacher Training in School Drug Education" by the Health Education Unit at the University of Sydney. Issues identified in this review are being considered by the Taskforce on Teacher Quality and Educational Leadership which falls under the auspices of the Ministerial Council on Education, Employment, Training and Youth Affairs.

Para. 4.109

The Department agrees with the need to engage more parents in school drug education initiatives. However, it believes that the report does not adequately acknowledge the significant contribution to school drug education development and implementation that parents have already made, nor does it sufficiently acknowledge current parent involvement initiatives.

Parents have been targeted as key contributors to the effectiveness of the drug education strategy and have been involved at every level of the drug education program from participation in core teams for Individual School Drug Education Strategy development, in consultation processes to identify local drug-related issues, in the provision of feedback on the development of schools' drug policies and in parent information sessions. Every government school council has been actively involved in the endorsement of their school's Individual School Drug Education Strategy.

The Department recognises the need to continue to focus on strategies that engage parents and develop partnerships in the provision of drug education programs, including promotion of parent Drug Education sessions and Community Drug Forums. A significant element of these forums is focused on culturally and linguistically diverse communities to increase their level of engagement and involvement.

The Department is trialling, implementing and evaluating effective student-led interactive parent sessions for primary and secondary schools ("Creating Conversations" and "Talking Tactics Together"). It is also currently working on the "Engaging Parents in the Post Compulsory Years" Project which aims to develop a resource to provide advice and support to schools in engaging parents at the years 10, 11 and 12 levels.

Para. 4.110

The Department agrees with the report's recommendation that schools need to develop closer partnerships with community agencies in order to strengthen the implementation of school drug education programs. However, it believes that the report does not sufficiently acknowledge the considerable improvement in school/community partnerships as a direct result of drug education and student wellbeing initiatives over the last 6 years. The report indicates that 62 per cent of schools have already established individual protocols with their local community agencies. The Department's model for drug education has specifically focused on community partnerships and has ensured that close linkages operate between existing student welfare services and drug education initiatives.

A number of initiatives, such as the School Focused Youth Service, Secondary School Nurses and the Police Schools Involvement Program, have also been undertaken with other government departments to promote and enhance partnerships between schools and community agencies.

***RESPONSE** provided by Secretary, Department of Education and Training*

Para. 4.111

The Department agrees with this recommendation as it recognises the effectiveness of the model of implementation of drug education and the high levels of compliance already achieved by the drug education program. The Department continues to use this model in the Individual School Drug Education Strategy review process and the ongoing implementation and review of drug education programs, and this constitutes a strong base for sustainable drug education.

The Drug Education Evaluation and Monitoring Project will provide tools for schools to evaluate and benchmark their drug education programs in terms of program delivery and student outcomes. This will promote the sustainability of drug education programs by enabling schools to monitor student outcomes over time and develop new strategies for improvement.

Systemic benchmarks on student drug education outcomes will also assist with Statewide strategic planning to enhance long-term sustainability. The Department will continue to provide high quality professional development and develop research-based drug education resources that assist schools to better address a wide range of drug education issues.

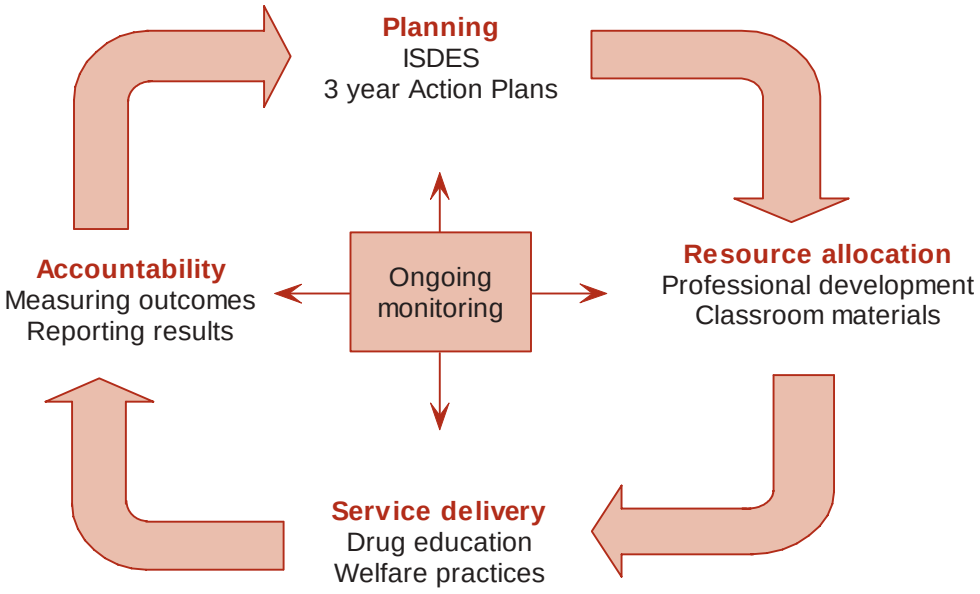
Part 5

Monitoring and evaluation

INTRODUCTION

5.1 As with all government agencies, the Department of Education and Training is required to follow sound management principles consistent with the Government's Integrated Management Cycle. Chart 5A shows the Integrated Management Cycle adapted for the State's school drug education program.

CHART 5A
INTEGRATED MANAGEMENT CYCLE FOR DRUG EDUCATION



Source: Adapted from the Department of Treasury and Finance Integrated Management Cycle.

5.2 The Department believes that strategic planning and review are key aspects of its role, including data collection and analysis. Through an integrated system of planning, monitoring, reporting and review, the Department aims to:

- establish standards of student achievement, and provide accountability and budget frameworks; and
- disseminate performance information and develop effective improvement strategies for schools[1].

5.3 After 7 years and an investment of over $21 million in school drug education by the State, it is appropriate to ask whether drug education has helped to "turn the tide" of drug use and drug-related harms in Victoria. The answer can only be determined through careful evaluations and investigations of the impacts of drug education on the lives of young people who have passed through the program.

[1] Department of Education and Training, *2001–02 Annual Report*, Department of Education and Training, Melbourne, Government of Victoria, 2002, p. 44.

5.4 The Victorian Centre for Adolescent Health is involved in several projects to measure the effectiveness of drug education and student wellbeing, including the Gatehouse Project that has assessed the emotional wellbeing of students across 148 schools in Victoria. The results of the project are yet to be published, however, the Centre advised that drug education and primary prevention was found to be most effective in schools that have social environments that promote student wellbeing.

5.5 The Centre for Adolescent Health is also conducting the Effective Drug Education (EDE) project in partnership with the Centre for Youth Drug Studies, on behalf of the Department. The EDE is developing and trialling instruments designed to assist schools to evaluate their drug education programs and is to report its findings in 2003. The Department intends to further develop the instruments within the new Drug Education Evaluation and Monitoring (DEEM) project in 2003.

5.6 In October 2002, as part of a broader policy initiative, the Department's Office of School Education launched a research-based project on social competencies in schools. The Office of School Education is currently piloting the project in 19 government schools in order to evaluate the social competencies model of whole school improvement. The project is a 3 year study that aims to integrate student learning and wellbeing, and promote engagement and resilience, through whole school functioning and practices, including primary prevention initiatives.

5.7 Research to date, such as the Gatehouse Project, suggests that schools that promote resilience and good mental health in their students will also strongly contribute to the goal of primary prevention.

PERFORMANCE MONITORING

Central Office

5.8 The Department's Student Wellbeing Branch has centrally monitored the implementation of drug education in Victoria's government schools since 1997. Regional offices have submitted quarterly reports to the Student Wellbeing Branch, which has monitored program expenditures as required by the Department of Premier and Cabinet for continuation of funding under the Community Support Fund.

5.9 Centrally collected data also includes the number of teachers and other participants undertaking professional development, the number of parents attending parent drug education forums and attendance at school community forums.

5.10 The outcomes of school drug education programs, however, have not been centrally reported. Measuring outcomes such as the level of drug-related harm would be difficult given the numerous factors that influence different patterns of drug use in the community. However, outcomes such as changes in a student's knowledge, attitudes and social competencies as a result of individual school drug education strategies can and should be monitored by schools and centrally by the Department.

5.11 In 2002, the Department commenced developing the DEEM project to complement existing initiatives in monitoring the implementation of drug education in schools. The Department's monitoring strategy will include:

- maintenance of the Implementation Database, which measures the inputs of drug education programs in schools, such as the number of schools with 3 year Action Plans;
- half-yearly reports on outputs, which measures the outputs of drug education such as number of teachers who receive professional development;
- inclusion of questions on school drug education in the annual survey (or "census") of government and participating non-government schools;
- developing tools to evaluate student outcomes in drug education curriculum and welfare support;
- Drug Education Effective Practice Project, which aims to identify and promote effective drug education programs and practice; and
- Student Survey Tool to measure changes in attitudes, beliefs and knowledge of drug-related matters.

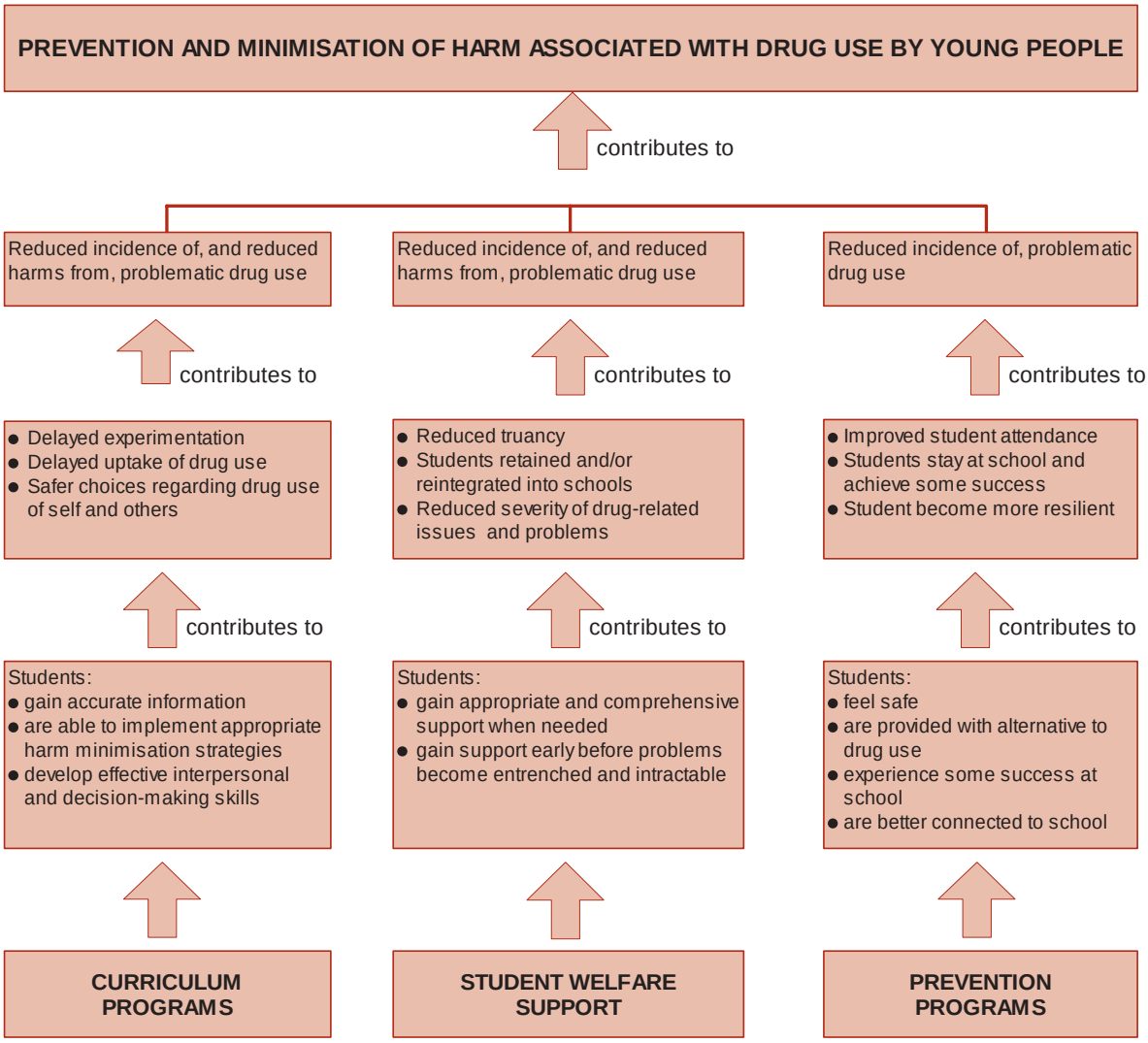
5.12 The above projects will enable central oversight and the continued monitoring of ISDES in schools, the quality of professional development and parent education, the time devoted to drug-specific education for all students and the effectiveness of school drug education programs in terms of student educational outcomes, their knowledge, attitudes and awareness of harm minimisation strategies.

5.13 In 2003, the Drug Education Effective Practice Project will be replaced by a strategy through which funding is being made available to schools for extended trialing and implementation of targeted programs such as:

- parent engagement in the senior years;
- evaluating and monitoring drug education outcomes;
- peer drug education;
- Talking *Tactics Together*; and
- restorative justice (community conferencing).

5.14 To assist in determining student outcomes, the Department recently developed a "Hierarchy of Outcomes" for school drug education. Chart 5B shows the student level outcomes that could be measured in relation to school-based drug education programs.

CHART 5B
HEIRARCHY OF OUTCOMES



Source: Department of Training and Education, 2002.

5.15 The Department has the opportunity to link drug education and the accountability framework for schools. For example, the triennial review process assesses the effectiveness of school leadership, staff professional development, staff goal congruence and professional interaction. This major review process provides an opportunity for assessing the performance of schools with respect to their individual drug education strategy outcomes and achievements.

Schools

5.16 Individual schools are responsible for self-evaluation, including their performance against a 3 year business plan and associated annual reports to school councils, an annual report to the Minister for Education and are subjected to a triennial review by the Department of Education and Training.

5.17 The principles of best practice in drug education and the Quality Standards for Drug Education require schools to include program evaluation as part of their drug education strategy. We found that the ISDES review process gave most government schools their first opportunity to assess and evaluate whether they achieved the 4 goals of their ISDES.

5.18 Our survey indicated that most teachers (77 per cent), mainly primary school teachers, agreed that there are processes in place to review and update their school's drug education program at a macro-level, but fewer teachers agreed (64 per cent) that their school regularly evaluates the program[2]. Our audit determined that some schools surveyed teachers on their drug education skills, attitude and confidence, but had not attempted to measure program outcomes for students. The outcomes that can be measured relate to changes in attitudes and knowledge about drugs as well as social skills such as decision-making and assertiveness.

5.19 In 2000, the Department of Education and Training made available pro-forma survey tools for students, staff and parents to enable schools to measure changes in student attitudes and feelings of self-esteem and connectedness to their school.

5.20 In our sample of 100 government schools we did not find any schools that were measuring changes in student's drug-related knowledge, attitudes towards drugs or social competencies. A recent national study of schools found that a minority (between 7 and 25 per cent) of Australian schools adopted pre-testing and post-testing techniques to assess changes in students' attitudes, knowledge and behaviour as a result of their drug education programs[3].

Summary and conclusions

5.21 However, the Department's historical focus on monitoring inputs and outputs has been effective in ensuring high levels of accountability among government schools for the development and establishment of drug education programs.

5.22 The Department, regional offices and individual schools have not monitored changes in student knowledge, attitudes or social competencies, and have missed early opportunities to establish baseline performance data to allow it to measure changes brought about by the Government's school drug education initiative.

5.23 The Department has the opportunity to link drug education and the accountability framework for schools, e.g. the triennial review process. This will strengthen the accountability of individual schools and help to identify any trends in school drug education.

5.24 The long-term tasks for the Department are, foremost, to ensure that drug education continues in schools, remains consistent and relevant to students and local communities, and is evaluated to improve its efficiency and effectiveness.

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[2] Table F11 in Appendix F of this report shows the results of the teacher survey in relation to monitoring and evaluation in schools.

[3] Alison Murnane, Pamela Snow, Fiona Farrington, Geoffrey Munro, Richard Midford, Bosco Rowland *Effective Implementation Practice in Relation to School Drug Education*, Op. cit., p. 118.

Recommendations

5.25 We recommend that the Department, regions and individual schools commence monitoring changes in students' knowledge, attitudes and social skills arising from their participation in school drug education. In addition, the Department should evaluate the outcomes of school drug education programs once these monitoring systems have been established across the school system.

5.26 We recommend that the Department provide guidance and training to schools on how to measure and evaluate students' knowledge, attitudes and social skills relating to school drug education through an appropriate set of performance indicators and related survey tools.

5.27 We recommend that drug education be included in the Department's accountability framework for schools.

RESPONSE *provided by Secretary, Department of Education and Training*

Para. 5.25

The Department agrees with this recommendation as it reinforces the Department's progress in the development of strategies to monitor student drug education outcomes in individual schools and across the State. The report also acknowledges that the Department's past monitoring strategies have been effective in ensuring high levels of accountability among government schools for the development and establishment of drug education programs.

The Department commenced the Effective Drug Education Project to research and develop tools to evaluate school-based drug education. It has now developed the Drug Education Evaluation and Monitoring Project which will enable evaluation of school drug education programs in terms of student outcomes and to assist monitoring across the system over time.

Para. 5.26

The Department agrees with this recommendation as it endorses the aims of the Drug Education Evaluation and Monitoring Project. This Project will include detailed training for Senior Program Officers in the administration, implementation and interpretation of the survey tools. The Senior Program Officers will train teachers in the use of the survey tools as part of the review process, and will support schools in the analysis of the information gained and the development of strategies to address areas identified for improvement.

Para. 5.27

The Department agrees that there is a need for school level accountability in the evaluation of the drug education program. This is the intent of the Drug Education Evaluation and Monitoring Project which will provide schools with the ability to evaluate and benchmark their drug education programs and track improvement over time.

However, the Department does not believe that the school accountability framework (which includes the triennial review program) is the appropriate mechanism for this purpose. The review process is designed to provide an overall assessment of school performance based on a small number of key indicators. It is not designed for, or intended to be, an evaluation of individual programs, although there may be some consideration of them as contributing strategies to broader student outcomes. School level evaluation of the drug education program should be approached as a distinct task with its own structure and methodology as is the case with other programs.

Appendix A

Conduct of the audit

AUDIT OBJECTIVES

The objectives of this audit were to determine whether:

- Victorian government schools have well-designed school drug education strategies in place;
- drug education is delivered to Victorian students in a manner consistent with Department of Education and Training policy, guidelines and local community needs; and
- student educational outcomes are monitored, reported and used to inform the further development of school drug education strategies.

AUDIT SCOPE

Our focus on the development and implementation of Individual School Drug Education Strategies was chosen because it was the biggest component of the Government's school drug education program. The audit focuses on departmental data relating to the program and a randomly selected sample of 100 government schools; Catholic and independent schools were not audited, although the audit team did consult with the peak bodies of the non-government schools sector as part of this study.

We examined the primary prevention activities in schools in terms of curriculum content and welfare policy frameworks, however, the intervention phases of drug prevention in schools were not examined. That is, the following services were not subject to examination:

- student welfare practices and services;
- intervention activities or practices in relation to at risk children; and
- management and reporting of drug-related incidents by Principals, teachers and school communities.

The following agencies were subject to audit examination:

- Department of Education and Training, central office – the focus of examinations was within the Drug Education Unit, Student Wellbeing Branch;
- Department of Education and Training, regional offices – the focus of examinations involved the Senior Program Officers in every departmental region; and
- A random sample of 100 government schools comprising 60 primary and 40 secondary schools. Data supplied by the Department on "Like School Groups" established that our sample was representative of all government schools in Victoria. The focus of examinations concerned school compliance and implementation of Individual School Drug Education Strategies (ISDES), including curriculum content and the quality of service delivery.

AUDIT METHODOLOGY

The audit methodology comprised a teacher survey, compliance and substantive audit work in a representative sample of 100 schools, interviews with key stakeholders, and a review of relevant national and international research in drug education. Interviews were also conducted with regional Senior Program Officers and central staff in the Student Wellbeing Branch of the Department of Education and Training. Audit examinations were conducted at the central office to determine the reliability of the Department's research, monitoring information and data on the implementation of Individual School Drug Education Strategies across Victoria's schools.

Audit data collection tools

Two audit tools were developed based on the ISDES Guidelines and Core Team Support Material[1]. The first was used to measure the compliance of schools with the Guidelines in relation to the development and design of an ISDES and the second tool was used to measure the drug education curriculum across 3 Curriculum and Standards Framework (CSFII) levels (years 5-10) and the VCE (years 11-12).

Both tools were developed in consultation with the Drug Education Unit in the Department of Education and Training. The audit data collection tools were then applied by the Office's contracted reviewers who visited each school to interview drug educators and to view relevant documentation.

Teacher survey

The teacher survey questionnaire was developed in consultation with the Student Wellbeing Branch using the *Quality Standards for Drug Education*, first published by the Department of Education and Training in 2000[2]. The survey was distributed to all teachers who delivered drug education in our sample of 100 schools. A total of 406 teachers completed the survey, representing a response rate of 99 per cent of the drug educators in the 100 schools.

[1] Department of Education and Training, *Turning the Tide in Schools: Individual School Drug Education Strategy Guidelines: The Victorian Government's Strategy Against Drug Abuse, Core Team Support Material*, Victorian Government, Melbourne, 1998.

[2] Department of Education and Training, *Quality Standards for Drug Education* in *Guidelines for Reviewing Drug Education in Victorian Schools*, 2nd edition, Victorian Government, Melbourne, January 2001.

Interviews with key stakeholders

Interviews with key stakeholders included:

- central office staff at the Department of Education and Training, Students and Communities Division, Student Wellbeing Branch;
- Regional Senior Program Officers, Drug Education and Student Wellbeing, across all departmental regions, i.e. 4 metropolitan and 5 rural offices;
- Department of Premier and Cabinet, Community Support Fund;
- Centre for Adolescent Health;
- Victorian Council of School Organisations;
- Association of School Councils in Victoria;
- Parents Victoria Incorporated;
- Australian Education Union;
- Victorian Association of State Secondary Principals;
- Victorian Primary Principals Association;
- Turning Point Alcohol and Drug Centre;
- Premier's Drugs Prevention Council;
- Drug Policy Unit, Department of Human Services;
- Centre for Youth Drug Studies, Australian Drug Foundation; and
- key drug educators, Principals and Assistant Principals across 100 government schools.

School reviewers

We contracted 3 consultancy firms to undertake the audit of schools' drug education curricula and the compliance of schools with the Department's ISDES guidelines and review processes. Our reviewers completed our 2 audit tools, administered our teacher survey questionnaire, and interviewed the key drug educators and Principals in our school sample.

We would like to thank the following contractors for their assistance:

- DLF Consultancy;
- Educational Evaluators Australia Pty Ltd; and
- National Curriculum Services Pty Ltd.

PERIOD COVERED BY THE AUDIT

The audit considered developments in drug education in Victoria's schools since 1996, while fieldwork was conducted at 100 government schools across Victoria in the period October 2002 to November 2002. Pilot fieldwork was conducted in 3 schools during August and September 2002.

COMPLIANCE WITH AUSTRALIAN ACCOUNTING STANDARDS

The audit was performed in accordance with the Australian Accounting Standards applicable to performance auditing, and included such tests and procedures considered necessary to conduct the audit.

ASSISTANCE TO THE AUDIT TEAM

Specialist assistance

Two specialists; an expert in drug education and an expert in school curricula, provided ongoing advice and feedback during the course of the audit. The specialists also examined and reviewed the research used by the Department to develop the State's drug education program in schools. We would like to thank the following individuals for their assistance:

- Mr Bill Griffiths, Bill Griffiths Consulting; and
- Mr Geoff Munro, Director, Centre for Youth Drug Studies, Australian Drug Foundation.

Pilot schools

Eltham North Primary School, Forest Hill Secondary College and Cloverlea Primary School allowed the Office to pilot the teacher survey instrument and audit data collection tools. Their contribution to the conduct of the audit is gratefully acknowledged.

The Premier's Drug Prevention Council assisted in supplying the most recently available survey data on drug use by young people in Victoria.

Appendix B

Risk and resilience factors

TABLE B1
RISK AND RESILIENCE FACTORS FOR YOUNG PEOPLE

Level	*Risk factors*	*Protective factors*
Community	• Availability of drugs • Witnessing violence • Transitions and mobility • Low neighbourhood attachment and community disorganisation • Poverty	• Cultures of co-operation • Stability and connection • Good relationship with an adult outside the family • Opportunities for meaningful contribution
School	• Detachment from school • Academic failure, especially in middle years (years 5-9) • Early and persistent antisocial behaviour • Low parental interest in education	• A sense of belonging and fitting in • Positive achievements and evaluations at school • Having someone outside your family who believes in you • Attendance at pre-school
Family	• History of problematic alcohol or drug use • Inappropriate family management • Family conflict • Alcohol and/or drugs interfere with family rituals • Harsh and/or coercive or inconsistent parenting • Marital instability or conflict • Favourable parental attitudes toward risk taking behaviours	• A sense of connectedness to family • Feeling loved and respected • Pro-active problem solving and minimal conflict during infancy • Maintenance of family rituals • Warm relationship with at least one parent • Absence of divorce during adolescence • A “good fit” between parents and child
Individual and peer	• Constitutional factors, alienation, rebelliousness, hyperactivity, novelty-seeking • Seeing peers taking drugs • Friends who engage in problem behaviour • Favourable attitudes towards problem behaviour • Early aggressive behaviour/cruelty to animals • Early initiation of the problem behaviour	• Temperament/activity level, social responsivity, autonomy • Reading abilities • Developed a special talent and zest for life • Work success during adolescence • Demonstrated empathy and nurturance • High intelligence (not when paired with sensitive temperament)

Source: Andrew Fuller, *A Blueprint for Social Competencies* from internet site for the School Focused Youth Service at *http://www.sfys.infoexchange.net.au/good_ideas/menus/primary_school/education.shtml,* 2002.

Appendix C

Results tables: ISDES compliance

TABLE C1
COMPLIANCE WITH ESTABLISHMENT PROCESSES
(Rate of compliance in audited schools, per cent)

		Schools			
Establishment processes	*All schools n=100*	*Metro. n=51*	*Rural n=49*	*Primary n=60*	*Secondary n=40*
Did the core team receive professional development in drug education?	98	98	98	98	98
Was a representative core team established?	92	96	88	93	90
Was the school community informed about ISDES?	97	96	98	97	98

Source: Victorian Auditor-General's Office, 2002.

TABLE C2
SCHOOL COMPLIANCE WITH PHASE 2 OF THE ISDES GUIDELINES
(Rate of compliance in audited schools, per cent)

		Schools			
Guidelines requirement	*All schools n=100*	*Metro. n=51*	*Rural n=49*	*Primary n=60*	*Secondary n=40*
A review of the school's whole curriculum was undertaken to identify focus areas for the ISDES	75	80	69	68	85
A review of the school's student welfare program as it relates to students' use of drugs and student wellbeing was undertaken to identify focus areas for the ISDES	90	88	92	90	90
Survey(s) or consultations with parents were conducted to identify local drug-related issues	59	57	60	54	65
Survey(s) or consultations with students were conducted to identify local drug-related issues	50	47	52	34	73
Consultation(s) or surveys of local community-based agencies were conducted to identify local drug-related issues	46	43	48	34	63
Data was collected from other sources, e.g. focus groups, interviews, discussions, staff meetings, community-parent forums etc.	77	78	75	71	85
A school profile established	92	96	88	87	100

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

TABLE C3
SCHOOL COMPLIANCE WITH PHASE 3 OF THE ISDES GUIDELINES
(Rate of compliance in audited schools, per cent)

		Schools			
Guidelines requirement	*All schools n=100*	*Metro n=51*	*Rural n=49*	*Primary n=60*	*Secondary n=40*
The school welfare review findings were collated	81	84	77	79	83
Drug-related curriculum review findings were collated	74	80	67	68	83
The findings of the parent, student and community agency surveys consultations were collated	57	56	58	50	68
The findings of the other data sources were collated and presented	43	43	44	34	58

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

TABLE C4
SCHOOL COMPLIANCE WITH PHASE 4 OF THE ISDES GUIDELINES
(Rate of compliance in audited schools, per cent)

		Schools			
Guidelines requirement	*All schools n=100*	*Metro n=51*	*Rural n=49*	*Primary n=60*	*Secondary n=40*
Focus areas for the school's drug-related curriculum were identified	99	98	100	100	98
The school's ISDES endorsement pro-forma was completed	95	100	90	95	95
Focus areas for the school's drug-related welfare were identified	96	100	92	95	98
The schools ISDES report pro-forma was completed	96	100	92	95	98

Source: Victorian Auditor-General's Office, 2002.

TABLE C5
SCHOOL COMPLIANCE WITH PHASE 5 OF THE ISDES GUIDELINES
(Rate of compliance in audited schools, per cent)

		Schools			
Guidelines requirement	*All schools n=100*	*Metro n=51*	*Rural n=49*	*Primary n=60*	*Secondary n=40*
Implementation strategies for the focus areas in the school's drug-related curriculum were developed	99	98	100	100	97
Implementation strategies for the focus areas in the school's drug-related welfare were developed	99	100	98	98	100
Strategies for drug-related curriculum focus areas were implemented	96	96	96	95	97
Strategies for drug-related welfare focus areas were implemented	97	98	96	95	100
The ISDES was reviewed and evaluated during its 3 year implementation period	77	77	78	73	83

Source: Victorian Auditor-General's Office, 2002.

TABLE C6
SCHOOL COMPLIANCE WITH THE ISDES REVIEW GUIDELINES
(Rate of compliance in audited schools, per cent)

		Schools			
Guidelines requirement	*All schools n=100*	*Metro n=51*	*Rural n=49*	*Primary n=60*	*Secondary n=40*
The core team was reconvened	72	75	69	72	73
The school community was consulted, including:					
• Students	46	54	38	40	55
• Teachers	91	92	90	93	88
• Parents	51	56	46	57	43
• The wider school community	32	32	31	26	40
The ISDES was reviewed to identify achieved and unachieved outcomes	93	96	89	91	95
The school's drug education program was reviewed using the Quality Standards for Drug Education	89	96	81	86	93
The ISDES Evaluation Sheet was filled for:					
• Level of implementation	87	86	88	91	80
• Recommended action	84	86	81	88	78
The core team developed a draft ISDES Action Plan	96	100	92	95	98
The ISDES Action Plan was approved and endorsed by the school council	76	85	67	75	78
The Record of Understanding for the ISDES Action Plan for Enhancement completed.	76	81	71	75	78

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

TABLE C7
SELF-ASSESSED OUTCOMES IN SCHOOLS BY YEAR OF COMMENCEMENT
(per cent agree)

	All schools		
Did the following improve?	*1997*	*1998*	*1999*
Overall student welfare support	99	100	99
The ability or preparedness to manage drug-related incidents	88	90	97
The ability to support students involved in drug-related incidents, including their retention and reintegration at school	75	89	84
Drug education programs that are relevant to students and address their drug-related concerns.	94	96	96
Competence and confidence of staff to deliver drug education programs	88	92	90
Parent awareness of drug education and school's drug education programs	73	84	69
Links with community agencies including police	94	96	94

Note: The above percentages are for 1 625 government schools.
Source: Department of Education and Training, 2002.

Appendix D

ISDES posters

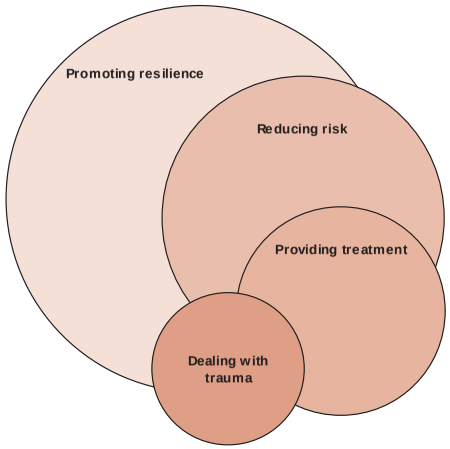
FRAMEWORK FOR LAKES ENTRANCE SECONDARY COLLEGE DRUG EDUCATION STRATEGY

Promoting resilience

- Welfare program with every staff member a welfare teacher, and a session per week dedicated to welfare activities - group decision-making, nomination of each student into the care of one of their welfare teachers
- Student Leadership Council - Drug and Alcohol Free Social Events, FREEZA
- Involvement of the college in the Reachout website, Kids Helpline, promoting various avenues for support, publicity/posters/pamphlets - availability
- Student advocacy - staff training and commitment, beginning 2002, target particular students outside normal classes, and develop caring adult conversation
- House structure, "belonging", building tradition/spirit
- Year 7 teaching teams - Middle School Initiative, Transition program, Camp, program, which develops ownership, group cohesion, respect.
- Peer medication - training of student team to teach and assist in conflict resolution, learning personal problem solving
- Further training of staff to use *Mind Matters* and *Get Wise* materials
- Compulsory ongoing study of Health Education for all students
- Welfare activities which focus on Drug Education, especially smoking, hepatitis, drink driving etc. revisiting, reminding of topics covered in depth in Health.
- Parent survey used as a means of deciding where to place the focus with respect to drug topics
- Student drug surveys used to gauge the change in drug use over several years and necessary response in curriculum delivery.
- Year 7 interviews 1:1 with College Nurse, wellbeing and concerns
- College Nurse involvement in Health Education, availability for student approach
- Mental Health Day - theme and promotion of youth and health agencies
- Programs within normal delivery in which students develop their own talents, stamina, commitment, belonging to a team, e.g. sport, music, drama
- Whole School Performances, EWS themes around personal issues
- Programs which involve work experience, community service
- Home - School communication, especially at enrolment, via welfare teachers, special occasions - invites, regular contact via newsletter, open door.

Promoting resilience - *continued*

- Positive behaviour recognition and reward system - gold sheets, pink sheets, displays, assembly routine, Student Leadership
- Cultural recognition and opportunity to participate in programs which will be significant in cultural ways
- Discipline approach - staff update via fortnightly compulsory welfare meetings of School Discipline. Approach with ownership of behaviour, rights/rules/responsibilities, opportunity to discuss concerns



Dealing with trauma

- Family and student support - bereavement, grief, family dysfunction
- Co-operative effort with Drug and Alcohol, Youth Workers, Koorie Juvenile Justice, Lakes Entrance Community Health Centre and Police - with respect to solvent abuse, absconding, depression, violence and aggression
- Family contact, designing of alternative education projects and activities which will be meaningful in a cultural sense
- Support for students where family members are involved in drug/alcohol abuse
- Human Services intervention where reporting is mandated
- Response to critical incidents and emergencies according to Department of Education and Training policy

Reducing risk

- QUIT opportunity for student smokers along with College Nurse and Teacher smokers
- Attendance monitoring - particular arrangements with certain parents to notify welfare staff and administration staff provision of individual support and counselling
- Yard duty - staff awareness of visitors and areas where presence is required most
- In-servicing for whole staff on *Dealing with Illicit Substances*
- Programs to build confidence for targeted students, e.g. Self-defence
- Recognition of students who have managed to change negative behaviours
- Recognition of isolation, victimisation, students demonstrating “non-coping” behaviours
- Counselling and support
- Managed Individual Pathways selecting students with greatest need first
- Harm minimisation approach used in teaching strategies regarding substances
- Victorian Certificate of Applied Learning program now running will deliberately include a health focus

Providing treatment

- Removal of students from class if thought to be affected by a substance
- Programs for students who have had referrals to agencies or Psychology Service - likely to be drug/alcohol factors they have to cope with - provides ongoing contact with Youth Workers
- Mental Health concerns referred to:
  - School Psychology Services
  - Gippsland Child and Adolescent Mental Health Service
  - Lakes Entrance Community Health Centre
  - Healthlink
  - Human Services
  - Community Policing
  - School Focused Youth Service

Source: Gippsland region office, Department of Education and Training, 2002.

LONGFORD PRIMARY SCHOOL,
"RESILIENCY, HEALTH AND WELLBEING ACTION PLAN
(DRUG EDUCATION) DRAFT 2002"

Primary prevention	*Early intervention*	*Intervention*	*Postvention*
Build belonging and promote wellbeing	**Strength coping and reduce risk**	**Access support and provide treatment**	**Manage trauma and limit impact**
Ways to encourage supportive relationships, practice inclusive teaching and learning, and implement curriculum to engage all students.	Ways to assess risks, identify needs, develop programs to improve skills and provide school-based support and counselling.	Ways to ensure continuity of care, monitor and evaluate intensive progress and clarify referral procedures.	Ways to plan for an emergency response, provide counselling and support while monitoring recovery.
• *Get Real* and *Get Wise.* • Health Relationships • Stop, Think, Do. • Strength cards • Life Education van • Helen McGrath resources. • Family Life - Catholic Education. • Transition K-P, 6-7. • Parental involvement, classroom, sport, camps. • Classroom co-operative group work. • Junior school council. • Parent information evenings. • Provide a safe, caring environment.	• Identify students with potential problems: literacy, numeracy, behavioural. • Teacher PD to improve children's personal skills. • Teacher consistency when monitoring outside inappropriate behaviour. • Clear procedures and understanding of the Student Code of Conduct, especially "Rights and Responsibilities". • Deal with incidents as they occur. • Positive recognition for appropriate behaviour Maintain good communication between staff, students and community. • Parent training for "Bridges". • Training and introduction of a grief and loss program "Seasons for Growth". • Purchase of "Healthy Relationships" resource. • Review "Transmissible diseases" policy to include disposal of syringes. • Teacher PD to enhance and improve teaching and learning strategies.	• Individual plans for children at risk. • "Bridges" program for children identifies in Grades 4 – 6. • Weekly recognition at assembly of student's achievements. • Publishing these achievements in the "Longford Gas". • Teacher consistency when monitoring outside inappropriate behaviour. • Identify children who need to be involved in a grief and loss program. • Regular publications of "Medicine Policy". • Ensure Health units are included in whole school 2 year curriculum plan of topics. • Support parents who need some assistance with parenting skills by either running a program at school or locate an appropriate venue for them.	• Monitor student progress of children at risk. • Regular communication with the children and their caretakers. • Adapt and modify programs to cater for individual needs. • Continually monitor and evaluate overall parent/school relationship. • Invite outside agencies to inform parents, pupils and staff of: asthma, diabetes, medications, speech therapists, occupational education, social workers, etc. • Review 2 year whole school curriculum plan. • Maintain high level of parent involvement. • Continue to encourage staff to attend PD to ensure teaching and learning strategies are implemented.

Source: Gippsland region office, Department of Education and Training, 2002.

HEYFIELD PRIMARY SCHOOL
"RESILIENCY, HEALTH AND WELLBEING PLAN",
2001-2003

Topic	*Curriculum detail*	*Responsibility*
Healthy Relationships Program	Continue Karen Brunskill's program from Beginners to 6. The Healthy Relationships Program covers pro-social and resiliency building behaviour while encouraging the creation of a co-operative and supportive learning environment. The parents are to be informed of course details at intervals through newsletters and reports.	Co-ordinator and teaching staff
Grief and loss	Awareness of a program which would target students experiencing separation, divorce or death. Giving students the opportunity to express, acknowledge, normalise and integrate their grief experience. Grief and loss workshops available through Kaye Dennis.	Principal and teaching staff
Resources	To enhance coping skills, self-esteem and social skills continue using resources such as *Get Real*, *Get Wise, Making a difference* or Helen McGrath's *Healthy Kids - Healthy Classrooms*.	Librarian and teaching staff
Linking resources to content	Linking library teacher resources, e.g. charts/poster/texts to content. Identification of where resources can be found and which CSFII level/strand they relate to.	Librarian and teaching staff
Welfare prevention and intervention		
Transition	Give grade 6 students the opportunity to discuss concerns. Orientation days, winter sports, etc. with other district schools to enable students to mix with peers.	Grade 6 teacher
Kinder to beginners		
	Transition for kinder to beginners students. Welcome parent involvement.	Beginners teacher
Buddy program	Between new beginners and grade 6's.	
	Lead younger students in leadership skills, greater awareness of their own abilities, communication and sense of belonging.	Grade 6 teacher and beginners teacher
Intervention programs	To support students at risk, e.g. Reading Recovery, PALS, Special Needs.	Principal, Reading Recovery Co-ordinator and all teachers
Life education van	Continue annual visit.	Principal
Personal	Puberty Program annually for grade 5 and 6 boys and grade 5 and 6 girls.	Principal
Safety behaviour management	Both in the yard and in the classroom. Behaviours monitored in the playground book. Clearly displayed school and class rules. Continue acknowledgement of students successes. All staff to attend Assertive Discipline professional development as required. Yard duty roster to be displayed.	Principal and all teachers
Policies		
Medications policy	Develop a pro-forma for when medications are bought to school.	Principal and all teachers
Medications and asthma	Plans filled in annually.	Principal and all teachers
First aid	Staff CPR update annually. First aid room, Grade kit and Excursion kit updated as necessary.	Health and Physical Education Co-ordinator, First Aid Room Coordinator, First aid supplies co-ordinator
Unsafe areas	Be aware of these in the school. Report to Principal and Environment Committee. Use of incidents register – CASES.	Principal and all teachers
Bullying policy	Intervention program for bullies and victims following steps from Heyfield Primary School anti-bullying policy.	
	Target: school, parent, bully, victim, peer group.	Principal and all teachers
Parent/School Relationship		
Parents	Encourage parental involvement in the classroom, Parent Club, working bees, school council, camps, sports and excursions.	Principal and all teachers
Newsletters	Continue to inform parents of drug-related issues, student achievements and *Turning the Tide* updates through school newsletter.	Principal and all teachers
Parents Club	Support the work of Parents Club, actively encouraging new members.	Principal and all teachers
Agencies	Community agencies displayed from Wellington Network.	Principal and all teachers
Parent education	Offer sessions on a variety of needs, e.g. School nurse/Life ed/Drug information night/classroom information.	Principal and all teachers

Source: Gippsland region office, Department of Education and Training, 2002.

Appendix E

Quality standards for drug education

In addressing our audit objectives, the following quality standards for drug education from the Department of Education and Training's *Guidelines for Reviewing Drug Education* were selected for assessment:

GOAL 1: Implement relevant and comprehensive drug education as an ongoing core component of the curriculum

Drug education curriculum is based on the principles of harm minimisation which:

- Provides accurate, age-appropriate information on licit and illicit drugs
- Enables students to acquire knowledge and develop skills that will assist them in making informed decisions about drug use or non-use
- Responds in a non-judgemental way to young people's drug use
- Assists students to develop an awareness of risk situations and how to avoid and manage situations of risk
- Encourages students to discuss, debate, plan, rehearse and evaluate harm
- Minimisation strategies
- Focuses on the social context of drug use rather than on the drug itself
- Aims to delay drug-use in young people.

The school provides comprehensive, sequential drug education:

- Drug education lessons are sequential, building on existing knowledge and skills
- Drug education is age and developmentally appropriate
- Students are provided with opportunities to practise skills such as co-operation, communication, problem solving, assertiveness, negotiation, help-seeking behaviours, goal setting and decision-making
- Students are consulted to identify relevant drug-related issues.

All students receive drug education as a core component of curriculum:

- The school provides drug education for all students
- Ongoing drug education curriculum includes intensive drug education units followed up by later sessions to reinforce and extend key learnings and skills
- Drug education curriculum is based on the levels of the Curriculum and Standards Framework II (CSFII) and incorporates CSF course advice where appropriate
- Drug education curriculum is designed to be culturally and linguistically sensitive and inclusive.

Drug education is taught in a supportive, student-centred classroom which:

- Provides a safe, trusting environment to enable open and honest discussion
- Utilises a variety of teaching and learning strategies such as group discussion, role playing and values clarification
- Encourages student-centred decision-making and responsibility
- Provides students with opportunities for self-analysis and reflection
- Provides opportunities for students to explore public health issues.
- Reflects the diversity of knowledge, experience, values, languages and lifestyles of the whole school community

Drug education teachers have the appropriate knowledge, skills and techniques to teach drug education effectively by:

- Using effective techniques to protect confidentiality and handle disclosures
- Having accurate and relevant knowledge of drugs, their classification and related issues
- Being confident in addressing controversial and sensitive issues
- Using an objective, non-judgemental approach which promotes mutual respect
- Having access to effective, ongoing professional development which includes current research, cultural issues, resources, and teaching and learning strategies.

GOAL 1: Implement relevant and comprehensive drug education as an ongoing core component of the curriculum - *continued*

Drug education is placed within a broader health promoting framework such as:

- A broader health education framework (in government schools, using the outcomes of the Health and Physical Education Key Learning Area of the CSFII
- The Health Promoting Schools Framework

A framework which links student support with curriculum programs, school operations and school management policies and practices.

GOAL 2: Provide each student with appropriate drug education prevention and intervention programs

The school encourages supportive relationships which promote connectedness

- Through its formal structures and programs the school promotes and facilitates the establishment of positive and caring relationships between staff and students
- The school has specific programs aimed at easing the transition of students at key developmental stages (e.g. pre-school to primary, Years 5-8, school to work)
- The school has a range of pastoral care structures (e.g. home groups, sub-schools) which provide students with regular and ongoing access to teachers who know them well and care about them.
- Staff use inclusive practices which promote resilience:
- Students are provided with a range of meaningful opportunities to participate and successfully contribute both within the classroom and broader school programs such as community service, sport, creative and performing arts and student leadership
- The school provides programs which enable students to develop the skills required to contribute effectively
- The school ensures that students' efforts and achievements both within the classroom and broader school programs are valued and recognised
- Teachers acknowledge, value and cater for the cultural, linguistic and individual diversity of students in all school programs and activities.

GOAL 3: Not applicable

GOAL 4: Provide a supportive environment that involves parents and the wider school community in drug-related curriculum and welfare issues

The school actively involves parents in a whole-school approach to drug education:

- The school encourages the development of partnerships with parents and the school community
- Parents are consulted in identifying local drug-related issues
- The school provides access to drug education forums for all parents
- The school provides a range of proactive parent support programs
- Information regarding drug education programs is regularly communicated to parents
- The school council/board is familiar with and supports the school's drug education curriculum and welfare programs
- Contact and liaison with parents is sensitive to issues of cultural and linguistic diversity.

The school has positive working relationships with student support staff and community agency personnel which facilitate collaborative responses to drug-related issues:

- The school has a current, comprehensive list of drug-related resources and agencies available in its community, including those which cater for culturally and linguistically diverse groups
- The school has positive and pro-active working relationships, and clearly established protocols, with key drug and alcohol community agencies, the police and student support staff
- External community agency and student support staff enhance and support the school's drug education curriculum and welfare programs
- The school ensures that external agency and student support staff collaborate within a harm minimisation framework.

Source: Department of Education and Training, *Guidelines for Reviewing Drug Education in Victorian Schools*, 2001, *previously cited, p. 23*

Appendix F

Results tables: Curriculum content

TABLE F1
A DRUG EDUCATION CURRICULUM BASED ON HARM MINIMISATION, 2002
(Rate of compliance in audited schools, per cent

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels (a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=76*	*Prim. n=60*	*Sec. n=108*
Does the curriculum assist student to develop an awareness of risk situations and how to avoid and manage situations of risk?	98	95	97	97	52	89	99	98	91
Are students encouraged to discuss and debate local or broader community drug-related issues?	95	92	97	95	55	91	94	95	91
Does the curriculum enable students to acquire knowledge and develop skills that will assist them in making informed decisions about drug use or non-use?	95	97	97	96	48	89	95	95	90
Does the curriculum provide accurate age-appropriate information on licit and illicit drugs?	95	92	97	95	43	86	93	95	86
Does the curriculum focus on the social context of drug use rather than on the drug itself?	90	92	95	92	52	84	95	90	89
Drug education curriculum that gives students an opportunity to consider or rehearse possible responses to minimise the harm from drugs in a supportive environment?	89	95	97	93	43	86	90	90	86
Does the curriculum encourage students to discuss, debate, plan, rehearse and evaluate harm minimisation strategies?	89	92	97	92	40	86	87	88	85
Students are taught about the short-term and long-term effects of a range of different drugs?	81	97	97	90	46	80	92	82	88
Does the curriculum respond in a non-judgemental way to young peoples drug use?	76	92	95	86	52	84	83	76	88
Does the school provide drug education in relation to both licit and illicit drugs?	81	77	97	84	55	81	86	80	85
Include unit work taken from drug education material supplied by the Department, e.g. *Get Real, Get Wise*.	94	92	97	94	13	76	88	93	75

(a) The "All levels" result excludes the VCE.

Note: Statistically significant differences are shaded and boxed.

Source: Victorian Auditor-General's Office, 2002.

TABLE F2
A COMPREHENSIVE AND SEQUENTIAL DRUG EDUCATION CURRICULUM, 2002
(Rate of compliance in audited schools, per cent)

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels (a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=76*	*Prim. n=60*	*Sec. n=108*
Does the school ensure that students are consulted to identify relevant drug-related issues?	63	71	90	73	49	70	75	64	76
Does the drug education curriculum include drug education units followed-up by later sessions to reinforce and extend key learning and skills?	89	92	89	90	16	72	85	90	71
Does the school ensure the drug education lessons in this CSFII level are sequential, building on existing knowledge and skills?	91	92	95	92	25	78	88	92	78
Are students asked to identify the risks involved in mixing drugs (poly-drug use) in a variety of contexts?	22	45	89	46	43	58	37	22	64
Does the school ensure that students are provided with opportunities to practise skills such as co-operation, problem solving, assertiveness, negotiation, help-seeking behaviour, goal setting and decision-making?	100	97	97	99	57	94	97	100	94
				All teachers		*Teachers*			
Teacher survey (Percentage who agree or strongly agree)				*n=402*		*Metro. n=235*	*Rural n=167*	*Prim. n=194*	*Sec. n=208*
Students gain consistent messages on harm minimisation across my school at each Year level.	-	-	-	72	-	68	77	77	67
All students at my school are exposed to sequential and age-appropriate drug education.	-	-	-	74	-	70	79	76	72
Students at my school are given opportunities to build on existing knowledge and skills in drug education as they move through the Year levels.	-	-	-	80	-	76	85	84	76

(a) The "All levels" result excludes the VCE.

Note: Statistically significant differences are shaded and boxed. Data was not collected for the individual CSFII levels or the VCE in relation to the teacher survey questions.

Source: Victorian Auditor-General's Office, 2002.

TABLE F3
ALL STUDENTS TO RECEIVE DRUG EDUCATION AS A CORE COMPONENT OF THE CURRICULUM, 2002
(Rate of compliance in audited schools, per cent)

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels(a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=76*	*Prim. n=60*	*Sec. n=108*
Does the drug education curriculum incorporate CSFII course advice where appropriate?	92	87	87	89	15	71	85	92	69
Is the drug education curriculum based on the levels of the CSFII?	97	95	95	96	12	79	86	97	74
Does the school provide drug education for all students in this CSFII level?	98	97	92	96	35	84	92	98	82
Are students given opportunities to explore drug-related situations that are appropriate to their social and cultural context-community?	95	97	97	96	52	90	95	95	91
				All teachers		*Teachers*			
Teacher survey (Percentage who agree or strongly agree)				*n=404*		*Metro. n=236*	*Rural n=168*	*Prim. n=195*	*Sec. n=209*
Drug education is embedded in my school's curriculum.	-	-	-	83	-	82	85	82	84
Drug education is part of an ongoing sustainable program in my school.	-	-	-	88	-	86	92	88	89
In my school, drug education is about making students aware of the issues, as well as providing the skills to help them minimise the harms of drug use.	-	-	-	92	-	90	95	92	92

(a) The “All levels” result excludes the VCE.

Note: Statistically significant differences are shaded and boxed. Data was not collected for the individual CSFII levels or the VCE in relation to the teacher survey questions.

Source: Victorian Auditor-General’s Office, 2002.

TABLE F4
DRUG EDUCATION IN A BROADER HEALTH PROMOTING FRAMEWORK, 2002
(Rate of compliance in audited CSF levels/schools, per cent)

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels(a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=77*	*Prim n=60*	*Sec. n=109*
Is drug education placed within a framework which links student support with:									
• Curriculum programs?	98	95	97	97	*(b)*	91	95	98	90
• School management policies and practices?	97	90	90	94	*(b)*	90	96	97	91
• School operations?	97	92	90	94	*(b)*	91	94	97	90
Is drug education placed within a broader health education framework, using the outcomes of the Health and Physical Education KLA of the CSFII?	95	92	92	94	n.a.	79	87	95	76
Is the drug education part of the school's Health and Physical Education KLA for this CSFII level?	92	90	87	90	n.a.	75	83	93	71
Is drug education placed within the Health Promoting Schools framework?	13	21	19	17	10	16	16	13	18
						Schools			
ISDES survey				*n=100*		*Metro. n=51*	*Rural n=49*	*Prim n=60*	*Sec. n=40*
Following the development of its ISDES did the school introduce new student welfare policies?	-	-	-	76	-	75	78	77	75
Following the development of its ISDES did the school introduce lessons about drugs in other curriculum areas?	-	-	-	60	-	61	59	58	63
Following the development of its ISDES did the school introduce lessons about drugs in its Health curriculum	-	-	-	91	-	92	90	95	85

(a) "All levels" result excludes the VCE.

(b) These results were significantly different but anomalous. All ISDES include school welfare practices and policies in relation to drug use by all students.

Note: Statistically significant differences are shaded and boxed.

Source: Victorian Auditor-General's Office, 2002.

TABLE F5
RELATIONSHIPS THAT PROMOTE CONNECTEDNESS IN SCHOOLS, 1997 TO 2002
(Rate of compliance in audited schools, per cent)

	Schools				
ISDES survey	*All schools n = 100*	*Metro. n=51*	*Rural n=49*	*Prim. n=60*	*Sec. n=40*
Following the development of its ISDES did the schools introduce:					
• New strategies to deal with drug-related incidents?	76	78	74	75	78
• New welfare programs related to harm minimisation?	74	80	67	65	88
	Teachers				
Teacher survey (Percentage who agree or strongly agree)	*All teachers n = 401*	*Metro. n=234*	*Rural n=167*	*Prim. n=193*	*Sec. n=208*
My school has specific programs aimed at easing the transition of students at key developmental stages.	94	91	97	96	92
Through its formal structures and programs my school promotes positive and caring relationships.	91	89	94	94	88
My school has a range of pastoral care structures which provide students with regular and ongoing access.	83	80	87	80	85
My school does not view its drug-education programs in isolation from its student welfare practices.	79	77	82	83	76
My school has comprehensive drug education policies which are based on the principles of harm minimisation.	79	75	84	78	79
My school has drug-related welfare policies and procedures in place.	78	74	83	74	81
My school's drug-education policies include prevention strategies.	76	72	82	77	76

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

TABLE F6
INCLUSIVE PRACTICES WHICH PROMOTE RESILIENCE
(Rate of compliance in audited CSFII levels, per cent)

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels(a) n=140*	*VCE n=40*	*Metro. n=91*	*Rural n=70*	*Prim. n=59*	*Sec. n=102*
Are students provided with a range of opportunities, such as :									
• Community service?	78	67	87	77	55	82	73	77	79
• Sports?	98	97	95	97	68	100	95	98	97
• Creative and performing arts?	97	95	97	96	68	99	94	97	96
• Student leadership?	98	92	97	96	65	98	95	98	95
• Other?	73	63	63	67	32	60	69	71	60
Does the school provide programs which enable students' to develop skills required to contribute effectively?	97	97	100	98	65	96	100	97	98
Does the school ensure that students efforts and achievements, both within the classroom and broader school programs, are valued and recognised?	100	100	100	100	68	100	100	100	100
				All teachers		*Teachers*			
Teacher survey (Percentage who agree or strongly agree)				*n=399*		*Metro. n=234*	*Rural n=165*	*Prim. n=191*	*Sec. n=208*
My school's drug education programs are relevant to the different cultures represented in the school.	-	-	-	61	-	58	66	62	60
In my school, drug education and information dissemination occurs within culturally inclusive and supportive environments.	-	-	-	70	-	68	74	65	75

(a) The "All levels" result excludes the VCE.

Note: Statistically significant differences are shaded and boxed. Data was not collected for the CSFII levels or the VCE in relation to the teacher survey questions.

Source: Victorian Auditor-General's Office, 2002.

TABLE F7
DRUG EDUCATION IS TAUGHT IN A SUPPORTIVE, STUDENT-CENTRED CLASSROOM WITH OPPORTUNITIES FOR SELF-ANALYSIS AND REFLECTION
(Rate of compliance in audited CSFII levels, per cent)

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels(a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=77*	*Prim. n=60*	*Sec. n=109*
Are students at this CSFII level taught about the potential harms a drug-related situation can have, not only on the individual but a family or community?	90	92	97	93	76	85	96	90	90
Are students at this CSFII level provided a drug education curriculum that gives them time to evaluate beliefs, behaviours and consequences of living in a drug using society?	92	95	97	94	66	88	91	92	88
				All teachers		*Teachers*			
Teacher survey (Percentage who agree or strongly agree)				*n=397*		*Metro. n=231*	*Rural n=166*	*Prim. n=190*	*Sec. n=207*
I respond in a non-judgemental way to young people's drug use.	-	-	-	86	-	88	84	80	91
I give consideration to the way the drug curriculum is delivered and not simply to the curriculum content.	-	-	-	88	-	87	88	87	87
I use a range of teaching and learning strategies in delivering drug education to my students.	-	-	-	91	-	92	90	90	92
When I deliver drug education to my students I provide a safe, supportive classroom environment.				96		96	97	96	97

(a) The "All levels" result excludes the VCE.

Note: Statistically significant differences are shaded and boxed. Data was not collected for the CSF levels or the VCE in relation to the teacher survey questions.

Source: Victorian Auditor-General's Office 2002.

TABLE F8
TEACHERS' CONFIDENCE, SKILLS, KNOWLEDGE AND PROFESSIONAL DEVELOPMENT
(Rate of compliance in audited schools, per cent)

	CSFII level					*CSFII school type*			
Curriculum survey	*4 n=63*	*5 n=39*	*6 n=38*	*All levels(a) n=140*	*VCE n=40*	*Metro. n=92*	*Rural n=77*	*Prim. n=60*	*Sec. n=109*
Are students at this CSFII level provided a drug education curriculum that gives them involvement in peer support or peer drug education programs?	35	62	74	53	35	62	40	37	61
						Schools			
ISDES survey				*All schools n=100*		*Metro. n=51*	*Rural n=48*	*Prim. n=60*	*Sec. n=39*
Following the development of its ISDES, did the school introduce new teaching methods related to drug education?	-	-	-	75	-	65	85	70	83
Was the confidence of teachers to deliver drug-related curriculum increased by the professional development?	-	-	-	95	-	96	94	95	95
Did the professional development offered under *Turning the Tide* help to increase the skills of teachers?	-	-	-	96	-	94	98	97	95
						Teachers			
Teacher survey (Percentage who agree or strongly agree)				*All teachers n=404*		*Metro. n=235*	*Rural n=169*	*Prim. n=196*	*Sec. n=208*
I use effective techniques to protect student confidentiality and to handle disclosures.	-	-	-	91	-	91	90	89	92
I am confident in addressing controversial and sensitive drug education issues in my classroom.	-	-	-	85	-	87	82	79	90
Classroom resources eg lesson materials, are available for me to effectively deliver drug education to my students.	-	-	-	84	-	81	88	86	82
I have a good understanding of the harm minimisation approach to drug education.	-	-	-	84	-	86	83	81	87
I feel comfortable teaching my students about the use and misuse of illicit drugs.	-	-	-	81	-	84	78	72	90
I have the appropriate knowledge, skills and techniques to effectively deliver drug education.	-	-	-	74	-	74	73	69	78
I have accurate and relevant knowledge of drugs, their classification and related issues.	-	-	-	72	-	73	71	65	79
My school provides for ongoing, current and relevant professional development and training for staff.	-	-	-	61	-	58	64	58	64

(a) The "All levels" result excludes the VCE.

Note: Statistically significant differences are shaded and boxed. Data was not collected for the individual CSF levels or the VCE in relation to the teacher survey questions.

Source: Victorian Auditor-General's Office, 2002.

TABLE F9
ACTIVE PARENT INVOLVEMENT IN DRUG EDUCATION, 1997 TO 2002
(Rate of compliance in audited schools, per cent)

		Schools			
ISDES survey	*All schools n = 98*	*Metro. n=50*	*Rural n=48*	*Prim. n=58*	*Sec. n=40*
ISDES, 1997-1999:					
• Parents were on the core team	49	35	63	49	49
• Parents were consulted	59	57	60	54	65
• Parent drug education forums were held	74	69	80	70	80
3-year Action Plan, 2000+					
• Parents were consulted	51	56	46	57	43
• Parents were on the core team	51	57	43	56	46
		Teachers			
Teacher survey (Percentage who agree or strongly agree)	*All teachers n=405*	*Metro. n=236*	*Rural n=169*	*Prim. n=196*	*Sec. n=209*
My school has provided parent drug education forums in the past 12 months.	38	37	40	34	42
My school regularly communicates information regarding drug education programs to parents.	41	34	51	46	36
My school involves parents in a collaborative partnership to deal with students and drug-related issues.	45	40	51	47	43

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

TABLE F10
COLLABORATIVE COMMUNITY RESPONSE TO SCHOOL DRUG EDUCATION PROGRAMS, 1997 TO 2002
(per cent)

		Schools			
ISDES survey	*All schools n = 100*	*Metro. n=51*	*Rural n=49*	*Prim. n=60*	*Sec. n=40*
Audit of ISDES, 1997-1999					
• Community agencies consulted	46	43	48	34	63
Audit of 3 year Action Plan, 2000+					
• Community agencies consulted	32	32	31	26	40
		Teachers			
Teacher survey (Percentage who agree or strongly agree)	*All teachers n=406*	*Metro. n=236*	*Rural n=169*	*Prim. n=197*	*Sec. n=209*
The wider school community is aware and involved in the development and review of my schools drug-related policies.	30	28	33	34	26
My school has relationships with available key drug and alcohol agencies the police and student support staff.	67	64	73	65	70
My school has developed a protocol to link in with available community agencies.	62	58	68	61	63

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

TABLE F11
MONITORING AND EVALUATION: TEACHER SURVEY, 2002
(Percentage who agree or strongly agree)

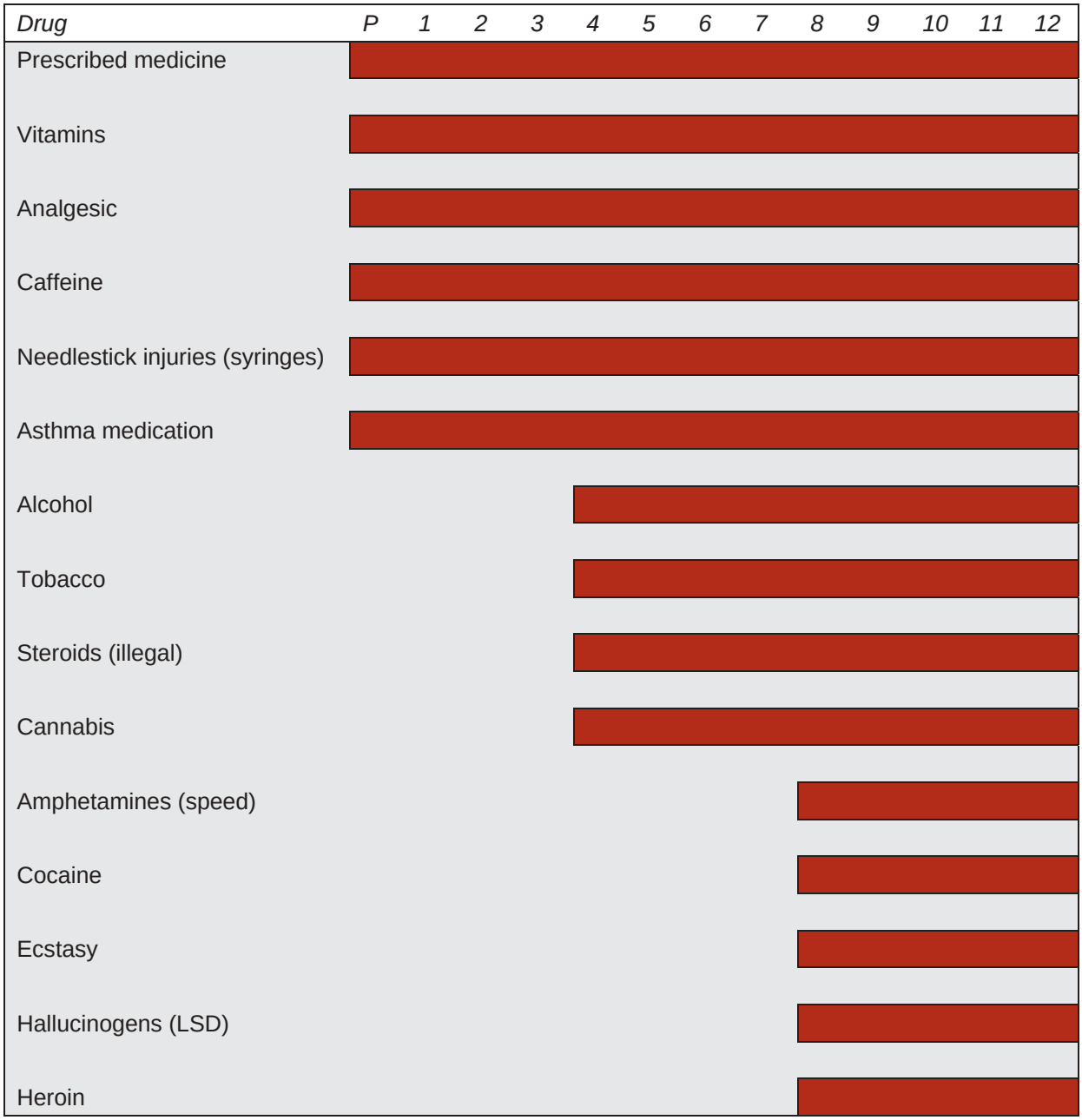
		Teachers			
	All teachers n=405	*Metro. n=235*	*Rural n=170*	*Prim. n=196*	*Sec. n=209*
Processes are in place to review and update my schools drug education program.	77	75	78	81	72
My school regularly evaluates its drug education program.	64	63	67	66	62

Note: Statistically significant differences are shaded and boxed.
Source: Victorian Auditor-General's Office, 2002.

Appendix G

Guide for designing age-appropriate drug education curriculum

A BROAD GUIDE FOR DESIGNING AGE-APPROPRIATE DRUG EDUCATION CURRICULUM



Note 1: This is a broad indication only. Different school communities will have different drug-related issues and will need to address these according to local needs. Also, it is assumed that when students bring the topic of specific drugs up other than the above levels, these will be discussed at the time and dealt with appropriately.

Note 2: Inhalants are not included as it is felt more appropriate to teach about these in response to specific incidents as they occur. Response will vary according to the inhalant used, the number of students involved and a range of other factors. If in doubt, teachers should consult their Senior Program Officer.

Source: Core Team Support Material, Department of Education and Training, 1998.

Appendix H

Glossary

GLOSSARY

CRT	Casual relief teacher
CSF	Community Support Fund
CSFII	Curriculum and Standards Framework, revised in 2000
DEEM	Drug Education Evaluation and Monitoring project
HPE	Health and Physical Education
ISDES	Individual School Drug Education Strategy
KLA	Key learning area
LSD	Lysergic acid diethylamide
NACDSE	National Advisory Committee on School Drug Education
PDAC	Premier's Drug Advisory Committee
RSB	Registered Schools Board
VCE	Victorian Certificate of Education

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Management of food safety in Victoria	October 2002
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Managing risk across the public sector	March 2003

(a) This report is included in Part 3.2, Human Services section of the *Report on Ministerial Portfolios,* June 2001.

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