



# Alcohol and drug use by student

Behaviour support and student management are key aspects of teaching. Teachers and other school professionals are constantly required to respond to challenging, difficult or emotionally 'needy' students on a day-to-day basis. The following strategies can be used as part of general teacher practice or more formally through the establishment of individual learning plans, behaviour support plans, student management plans or whole school management plans.

For guidelines, templates and more information on writing behavioural support plans, created by the Victorian State Government, Department of Education and Training, [click here](#).

## School approaches to drug and alcohol use or possession must have the health and safety of the student, and the school community as the primary concern.

Around 74% of Australian secondary school students have tried alcohol at least once, and 42% have tried tobacco by the time they turn 17.<sup>1</sup> Illicit drug use is less common with 2-3% reporting using drugs such as cocaine, ecstasy, amphetamines or heroin.<sup>2</sup> However research indicates that adolescents, like adults tend to underreport illicit drug use even when they know results are confidential.<sup>3</sup>

While there has been a downward trend in most substance use in Australia, the exception is alcohol and ecstasy, where use has increased.<sup>4</sup> In addition, the age of initiation to most types of alcohol and other drug use has decreased, making early intervention critical.<sup>5</sup> The two legal substances – alcohol and tobacco are associated with the greatest overall harm in Australia.<sup>6</sup>

While the ultimate goal related to drug use is prevention and for some abstinence, one goal at school at least in the short term is to minimise harm by controlling and managing any use of drugs and alcohol. Many of the strategies described below are applicable to use of most drugs, including alcohol.

### Principal strategy

1. Ensure all members of the school community are aware of school policies and state or territory laws.

**Purpose.** To implement an effective whole school approach to management of drug and alcohol issues.

- **Action.** Implement education department or governing authority guidelines for intervening and managing drug and alcohol related incidents at school or within the school community. Principals are ultimately responsible for implementing policy, and procedures for managing drug-related incidents in schools. They must ensure that school rules and consequences regarding the use and possession of

<sup>1</sup> 2011 Australian Secondary Students' Alcohol and Drug (ASSAD) Survey

<sup>2</sup> White, V & Bariola, E (December 2012). *Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit drugs in 2011*. Centre for Behavioural Research in Cancer: The Cancer Council Victoria

<sup>3</sup> [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/\\$File/National\\_Report\\_FINAL\\_ASSAD\\_7.12.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/BCBF6B2C638E1202CA257ACD0020E35C/$File/National_Report_FINAL_ASSAD_7.12.pdf)

<sup>4</sup> Delaney-Black V, Chiodo LM, Hannigan JH, Greenwald MK, Janisse J, Patterson G, Huestis MA, Ager J, Sokol RJ. (2012). Just say "I don't": lack of concordance between teen report and biological measures of drug use. *Pediatrics*, 126(5): 887-93. Accessed at <http://www.ncbi.nlm.nih.gov/pubmed/20974792>

<sup>5</sup> Rickwood, D., Magor-Blatch, L., Mattick, R., Gruenert, S., Zavrou, N., and Akers, A., (2008) Substance Use, A position statement prepared for the Australian Psychological Society, Melbourne, see <https://www.psychology.org.au/Assets/Files/PS-Substance-Use.pdf>

<sup>6</sup> Ibid



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legal and illegal drugs and alcohol at school, and school functions are in place, and well known by students, staff, and wider school community.

Have an up-to-date drug education strategy. It is recommended that this strategy is revised every four years to ensure that all students have access to up-to-date drug education curriculum, programs and support.

Support teaching staff with training to ensure they have the ability to teach and assess drug education against the state or territory's curriculum.

Understand your duty of care obligations in relation to student's use of alcohol and other drugs.

Provide staff with access to guidelines and policies and highlight these regularly to teachers, parents and students via multiple channels, for example, the newsletter, school website, other appropriate digital platforms, and information sessions.

For examples of policy advice, tools to support schools when self-evaluating, reviewing and planning a comprehensive drug education program see:

- [Department for Drug education](#)
- Overview of current national drug policies and programs on *The Department of Health*.
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## Teacher strategy

**2. Initiate conversations and referral to school counsellor/psychologist or trusted teacher for a student you suspect is using or at-risk of using drugs.**

**Purpose.** To offer appropriate and targeted support to the student.

**Action.** Speak with the student privately.

- **Don't use scare tactics** or 'always' and 'never' statements to try and change the student's attitudes or knowledge about health related behaviours. Do not accuse the student of using drugs.
- **Use 'I statements' that state what you've noticed or heard.** 'I am concerned about you; you've been missing a lot of school and coming late over the past month. You look very tired and pretty down. Is everything okay?' Talk about the immediate concerns, focusing on things you have observed, and ask the student how they think their current situation is impacting on their day-to-day lives. Encourage the student to identify the problem/s.
- **Help the student to recognise the potential for self-help or self-initiated change** by asking if they have any changes planned to improve their



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situation. Promote optimism by saying to the student, for example, 'I know several adolescents your age who had a bad experience. They talked it through with someone they trusted, and found ways to cope which did not include drugs or alcohol.'

- **Talk with the student about seeking help.** Discuss an appropriate referral such as a GP, Psychologist, or helplines such as [Cannabis information and helpline](#), [Family Drug online tool](#). Also see the Australian Drug Foundation as it [lists support services nationally, by state and by territory](#).
- **Encourage the student to talk with their parents or a senior staff member** such as the welfare coordinator or the deputy or assistant principal. Let them know there are other teachers or specially trained professionals who can follow up on a student disclosure or issue of concern.
- **In the case of alcohol**, talk about the potential harm to the student and those around them. If the student doesn't believe their use is risky, suggest they request their school counsellor, psychologist or GP use the [Alcohol Use Disorders Identification Test \(AUDIT\) screening instrument](#).
- **If drug use is disclosed** ensure you comply with your school's drug policy, and your duty of care obligations.

## Teacher strategy

### 3. Teach the student (and/or the whole class) 'productive coping' strategies.

**Purpose.** To help the student adopt positive proactive ways of coping with stress by building resilience and problem solving skills.

**Action.** Productive coping includes pro-social behaviour such as focusing on solving the problem by working harder, putting things in perspective, using humour, and exercising.

Less productive strategies include ignoring the problem, withdrawing, worrying, yelling, and using alcohol or drugs. These are all self-defeating behaviours that don't assist in building personal resilience.

**Implement a skills based approach**, where one productive coping activity is discussed and practised weekly. Ideas and activities to promote productive coping and problem solving can be found in teacher programs such as [Developing Everyday Coping Skills in the Early Years](#), [Think positively! A course for developing coping skills in adolescents](#), or free resources such as [Mindmatters' Resilience 2: Coping](#).

**Implement a resilience-based curriculum.** Resilience is the ability to cope, adapt and thrive in the face of difficult experiences, setbacks or adversity. Skills taught in a resiliency based curriculum can include effective coping and problem solving, emotional awareness and regulation, pro-social skills and values, developing optimistic thinking, and building self-efficacy and self-worth. Access a range of free online evidence-based learning materials and resources at: [Building Resilience: A model to support children and](#)



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*young people .*

For many of these activities, have students discuss in pairs or small groups and report back to the class.

## Teacher strategy

### 4. Build protective factors and minimise risk factors for the student.

**Purpose.** To support an individual student to control or stop alcohol or drug use at school. This is best done in consultation with the student's GP, psychologist or drug and alcohol counsellor.

- **Action.** Promote the following:
- **Reduce subject demands for a short period,** as appropriate, to assist in reducing the student's stress and to enable planning and implementation of support.
- **Support regular sessions with the counsellor or preferred adult at school.**
- **Maximise school attendance.** Students who attend school are less likely to be involved in illicit drug use. The positive nature of school attendance appears to be a protective factor against use of illegal drugs, although this does not include alcohol abuse.
- **Help with school achievement.** Academic competence is a protective factor. Assist the student to be successful at school. Provide modified work or extra assistance if required. Increase the student's access to preferred teachers. Support attendance at extra-curricular activities. If the student is not actively involved in an activity, help them find a role that aligns with their interests such as tech crew support for school productions, assemblies and events. Being a support crewmember for sporting groups, for example, acting as runner, timekeeper, or scorer; attendance at homework club or the local library.
- **Identify (previous) strengths, interests, abilities and likes.** Talk with the student about reinvolvement in sport, hobbies, people and places now and previously enjoyed. Encourage the student to relax by listening to music or similar activities.
- **Teach the student how to cope with stress, conflict or fighting.** Use coping strategies such as mindfulness, relaxation, meditation, walking.
- **Link with a positive pro-social peer group at or outside the school.** De-normalise antisocial or risk-taking behaviour by encouraging the student to spend more time with family members, friends, peers and others who don't involve themselves with conflict, drugs or alcohol.
- **Engage the student.** Support the student to be actively involved in the development of an area of the curriculum and/or school-based activities they are



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interested in to give them some sense of belonging and ownership of their school environment.

- **Increase parental involvement.** Provide information to help parents understand the importance of positive parental or adult involvement as a protective factor in the lives of children and adolescents. Talk to the student (and their parent) to identify what it would take for the student to feel more connected with a parent or other significant adult. For example, spending one hour a fortnight doing something enjoyable together. Encourage parents to support their adolescent child by inviting them to social activities, providing an additional comfortable space at home to 'chill out' in or retreat.
- **Provide parenting strategies and resources** to help prevent adolescent alcohol misuse, see *Parenting strategies or the Department of Education and Early Childhood Development's Engaging Parents resources*.

## Teacher strategy

5. Implement first aid, if necessary, followed by the behaviour management policy, if the student is affected by drugs and/or alcohol while at school.

**Purpose.** To ensure the safety and welfare of the student, other students, and staff members. In all cases health and safety must be the primary concern.

**Action.** Follow your school, education department or governing authority guidelines for intervening and managing drug and alcohol intoxication at school or at a school event.

1. Request the student leave the classroom, yard or school activity as discretely as possible. In some cases where a student is uncooperative or violent, a lock down of the area may be warranted so the student can be safely monitored and supported before being assisted to the principal's office or other appropriate safe space.
2. Do not leave a drug or alcohol affected student alone. A staff member needs to be present at all times.
3. If the student is unwell, implement first aid procedures immediately. This may involve sending the student to sickbay or calling an ambulance in an emergency.
4. Alert the Principal and the student's parents/guardians in line with school policy.
5. Principal or delegate to contact police, if required, and other health and welfare services if needed.
6. Establish a team of staff members (this may include the assistant or deputy principal, school psychologist, year level coordinator or homeroom teacher) to gather information, support the student and implement appropriate school based and community interventions.
7. Implement steps outlined in the school's behaviour management policy. It can be beneficial to include drug education and/or community service in consequences



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given to the student. For example, suspensions for drug use may include community service to support a drug and alcohol organisation. Students caught smoking at school may be requested to volunteer support to the anti-cancer council as part of their 'punishment', or plan an anti-smoking campaign.

## Principal strategy

**5. Avoid excluding the student from school if they continue to use or bring drugs and/or alcohol to school. It may be beneficial, however, for the student to stay at home with a parent or guardian until they have their usage under control or if they are intoxicated or otherwise drug affected**

**Purpose.** To ensure the safety and welfare of the student, other students, and staff members. The focus is to reduce harm and support the student in returning to school and maximising school attendance. Attendance at school is a protective factor for many anti-social behaviours.

**Action.** Follow your school, education department or governing authority guidelines for continued drug and alcohol use. It may be helpful to consider the following when developing a support plan.

1. The student must be seen by their GP, psychologist, or involved with an external drug and alcohol counsellor or rehabilitation program, as a strategy to support the student and help manage their re-entry and on-going attendance at school.
2. If the student has been suspended because they have posed a danger to themselves and/or others, implement an at home learning plan created in conjunction with the student's school case managers, and relevant health professionals working with the student. This ensures the student is not excluded from their education.
3. Link the student with a staff member who checks in with them regularly while at home and upon their return to school for a term or more.
4. Ensure the school's responses do not cause unintended harm to the student including breaches of confidentiality, social stigmatisation, or reduced self worth.

## Whole school strategy

**6. Consistently implement your education department or governing authority guidelines for drug education prevention programs at every level from beginners to Year 10**

**Purpose.** To deepen students' understanding of the effects and possible impacts of alcohol and drug use; and to provide the skills needed to keep safe when using or around drugs and alcohol. Teach an applied approach to harm minimisation including non-use or delayed use.





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**Action.** See your departments' guidelines. For example see [Department of Education and Early Childhood Development's programs](#) (Victoria)

Do not just teach students facts about drugs and alcohol. Teach young people how to think critically and sensibly about the choices they make.

When considering risks of using different drugs talk about all aspects including:

- health risks
- contextual risks (when, where and with whom use might take place)
- reasons for use (e.g. 'fun', curiosity, to cope, or escape, addiction, to fit in, boredom)
- positive effects of use
- negative effects of use
- strategies to refuse, avoid or delay use for:
  - individual's and groups
- how and where to get help for themselves or for a friend
- harm minimisation strategies for themselves, their friends, family and community.

## Teacher strategy

**7. As a class examine the ways in which parents, the media and others incorrectly emphasise the message that young people use alcohol and drugs to excess regularly.**

**Purpose.** To develop critical literacy skills around the mixed messages sent to young people about drug and alcohol use.

Note. Adults and young people often falsely assume that excessive alcohol use and experimentation with drugs is 'normal' adolescent behaviour (60% of 17-year-olds are not regularly drinking alcohol<sup>7</sup>). Doing so can send the message that it is okay, or even expected that students use drugs and alcohol. Some students may then believe that there is something wrong with them if they have not drunk to excess.

**Action.** Stimulate conversations with students to highlight that drug and regular alcohol use is not the norm amongst the majority of young people.

Engage in surveys of print and electronic media portrayals of young people. Then have students work in groups to investigate the facts. Ask them to research the actual numbers of young people using these substances. See the [National Drug Strategy](#) for up to date Australian statistics on alcohol and drug use amongst young people.

<sup>7</sup> Superintendent Tim Hansen, Victoria Police. Community Safety Drug and Alcohol Strategy Unit. Seminar at Wesley College, Melbourne. The crisis of alcohol – Australia's youth. 6 August 2014.



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Report back via short PSAs (public service announcements or advertisements), posters and short talks.

## Whole school strategy

**8. Educate the school community including parents on the dangers of drinking alcohol such as the impact on brain development in young people, how to keep them safe, and their legal obligations.**

**Purpose.** Educating parents about the risks and their legal responsibilities to help stop alcohol supply to students. Most young people get their alcohol from their parents, either directly or by taking it without the parent's knowledge, or accessing it from an older sibling.

**Action.** To educate parents through newsletter articles or information nights at the school. Ensure information is given about:

- **Effects of underage drinking on the brain.** There are differences on the effects alcohol has on the brain of children and adolescents, and adults.
- **Legal obligations.** In most Australian states and territories a parent or guardian must give consent (preferably in writing) before their child is given alcohol on private property, or they face a large fine. Check the *relevant legislation in your state*.
- **What parents can do** and how to talk with their child. Resources for helping parents talk to their children about drugs and alcohol can be found online. Good resources include *Drinkwise*, *Drug and Alcohol Research and Training Australia*, the Party safe program in *VIC, QLD, TAS*, and see *Kings College: Parents guide for developing responsible teenagers*.

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