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19th November 2018

Ms Cathy Taylor
Department of Child Protection
Level 1 East
31 Flinders Street
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cc: AMA, SANDAS, Law Society, Children & the Law Committee

Dear Cathy

Australian Anti Ice Campaign In-School Education Workshop

As South Australia's Commissioner for Children and Young People my mandate under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* (the Act) is to advocate for the rights, interests and wellbeing of all children and young people in South Australia. It is also my role to ensure that the State, at all levels of government satisfies its international obligations under the Convention on the Rights of the Child (CRC).

I am writing in relation to recent reports in the media about the Australian Anti Ice Campaign In-School Education Workshop (program) where ex-ice addicts talk about their personal addiction experiences to school students. The reports also say that the organisation's founder is currently lobbying the South Australian Government to introduce the program to all schools in the state.¹

I have serious concerns about this program being run in South Australian schools. From the information publically available the program lacks any evidence base that the program is both effective and safe. Given the amount of global research on the potential harm from inappropriate drug education programs there appears to be potential for harm to participants. It may also impinge upon children's fundamental rights under the CRC as well as their statutory rights. This includes the *Children and Young Person (Safety) Act 2017* which states that "it is a duty for every person in the State to safeguard and promote"² children and young people from harm and to enjoy a healthy lifestyle.³

Article 3 of the CRC says that actions that effect children should be made in their best interests, this includes ensuring any educational measures, including programs like this, should be based on substantial evidence that they work, and at worse do no harm. Research by the Australian National Council on Drugs have specifically advised against programs that use "scare tactics" on the basis that for some young people the risk of using substances increases after the programs.

¹ 'Australian Anti-Ice Campaign 2018', radio news, ABC Radio, Adelaide, 15 November. Novak L., 'Shock and awe tactics aim to turn kids away from ice through new program run by reformed addicts', The Advertiser, 15 November 2018.

² Section 5 of the *Children and Young People (Safety) Act 2017*.

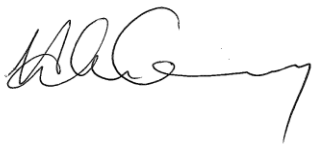
³ Section 4 of the *Children and Young People (Safety) Act 2017*.

Furthermore the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales expressed significant concern regarding the program being rolled out by the Australian Anti Ice Campaign.⁴ An evaluation of the US program – Montana Meth Project – on which the Australian program is based, showed no evidence of positive outcomes. In fact, it found an increase in the acceptability and “normalisation” of methamphetamine use and a decrease in the perceived danger of using drugs among school students who were exposed to the program.⁵

I have attached a short summary document that outlines what the research tells us works and doesn't work in relation to programs being run for children and young people to decrease and prevent drug use. Ideally we should invest in a comprehensively funded schools based education program, developed from world's best practice and evidence based resources, provided by qualified alcohol and other drug health and education professionals. As we work towards this outcome the endorsement and implementation of an experimental fear based approach is neither in the best interests of our children or affords them a level of protection and safety they are entitled to under law.

I trust that information on the potential harm from the Australian Anti Ice Campaign will be shared with schools to ensure the rights of children are promoted and protected.

Yours sincerely



Helen Connolly

Commissioner for Children and Young People



⁴ Newton, N, 'The wrong school drug prevention program can do more harm than good', *National Drug and Alcohol Research Centre, University of New South Wales*, 9th September 2016, accessed 16 Nov 2018:

<<https://ndarc.med.unsw.edu.au/news/wrong-school-drug-prevention-program-can-do-more-harm-good>>

⁵ Anderson, M. D. 'Does Information Matter? The Effect of the Meth Project on Meth Use among Youths', *Journal of Health Economics*, 2010, 29:5, pp. 732-742.

What does work

Although there have not yet been any long-term studies (10 years or more) on the programs and approaches that have demonstrated positive results; there is some research that the following factors in programs that bring about a more positive outcome. Particularly some effective program elements that have been identified by experts in the field that:⁶

- Use interactive methods;
- Are delivered by trained facilitators;
- Are delivered through a series of structured sessions;
- Normalise the non-use of alcohol and other drugs;
- Impact perceptions of risk associated with substance use; and
- Provide opportunities to practise and learn personal and social skills.

Successful prevention approaches for young people need not always be specific to alcohol and drugs but may generally focus on reducing risks and building resilience.⁷

School programmes that are based on a combination of social competence and social influence approaches for example, have demonstrated some consistent results in preventing alcohol and drug use, while skills based programs have appeared to be effective in deterring early-stage drug use.⁸

One study found that the most effective programs involved substantial amounts of interaction between instructors and pupils teaching students the social skills they need and giving them the opportunity to practice these skills with other pupils.⁹ Specifically, interactive approaches, which incorporate active learning and pupil-to-pupil interaction, are more likely to reduce drug use.¹⁰

A 2011 review of substance prevention programs in the United States found that effective programs considered behavioural norms and countered misconceptions that drug use is wide spread - ensuring that students do not leave thinking that people that don't take drugs are the exception.¹¹

Further, programs which unfold over many sessions – ideally over several years – achieved the strongest results; this indicated that they provided pupils with lessons reinforced over time, as children mature and encounter different environments.¹²

⁶ Newton, N, 'The wrong school drug prevention program can do more harm than good', *National Drug and Alcohol Research Centre, University of New South Wales*, 9th September 2016, accessed 16 Nov 2018:

<https://ndarc.med.unsw.edu.au/news/wrong-school-drug-prevention-program-can-do-more-harm-good>.

⁷ Mentor-ADEPIS, 'School-based alcohol and drug education and prevention – what works?', Alcohol and Drug Education and Prevention Information Service, 2017, accessed 16 November 2018: <http://mentor-adepis.org/wp-content/uploads/2017/09/FINAL-What-Works-Briefing-Paper-22.3.2017.pdf>.

⁸ Faggiano F., et al., 'School-based prevention for illicit drugs' use.', *Cochrane Database System Review*, 2014.

⁹ Cuijpers P., 'Effective ingredients of school-based drug prevention programs. A systematic review.' *Addictive Behaviors*, 2002, 27(6), pp. 1009-1023.

¹⁰ Stead M. and Angus K., 'Literature Review into the Effectiveness of School Drug Education', Scottish Executive Education Department, March 2006.

¹¹ Stigler, M. H., Neusel, E., & Perry, C. L. School-based programs to prevent and reduce alcohol use among youth. *Alcohol Research and Health*, 2011, 34(2), 157.

¹² Arkowitz, H. and Lilienfeld, S., 'Why "Just Say No" Doesn't Work', *Scientific American*, 1st January 2014, accessed 16 November 2018: <https://www.scientificamerican.com/article/why-just-say-no-doesnt-work/>.

Campaigns that incorporate positive emotions and social norms, appealing to emotions such as love, excitement, hope or humour have also been considered more likely to generate positive results.¹³

What doesn't work

NDARC at University New South Wales identified that programs are more likely to be ineffective if they:¹⁴

- Use non-interactive methods like lecturing;
- Are information-only, particularly if they are based on fear;
- Are based on unstructured chat sessions;
- Focus only on building self-esteem and emotional education;
- Address only ethical or moral decision-making or values;
- Use ex-drug users as testimonials; and
- Use police officers to deliver the program.

There is significant, repeated long term evidence that programs such as the one being conducted by the Australian Anti Ice Campaign, that are based on fear do not result in changes to young people's behaviours and can in fact encourage those at risk to engage in the behaviour.

For example one such study from 2017 found that graphic images placed in a replica convenience store to deter young people from engaging in a behaviour actually made the participants previously identified as "high risk" more likely to engage in the behaviour.¹⁵

Whilst fear campaigns may be effective in generating a short term response, they cause no change in long term behaviours and actual decision making.¹⁶ They also increase complacency through fear management with individuals distancing the behaviour from their own or ignoring it completely rather than thinking about how they might prevent themselves from being involved in the behaviour.¹⁷

Well intended programs or presentations that provide "powerful" messages may trigger short term responses but they do not become related to future decision making or behaviour as no contextual framework or connection is established between the speaker and the young person.¹⁸ Particularly young people pick up on speakers being one-sided and as a result are often led to disbelieve or discredit the message as one sided and bias.¹⁹

¹³ Hastings G., Stead M. and Webb J., 'Fear appeals in social marketing: Strategic and ethical reasons for concern' *Psychology and Marketing*, November 2004.

¹⁴ Above n. 6.

¹⁵ Dunbar M. et al, 'Placing Antismoking Graphic Warning Posters at Retail Point-of-Sale Locations Increases Some Adolescents' Susceptibility to Future Smoking', *Nicotine & Tobacco Research*, December 2017.

¹⁶ Abadi P. K. et al., 'The effects of framing and fear on ratings and impact of antimarijuana PSAs. *Substance Use & Misuse*, 2014, p. 1-12.

¹⁷ Hastings G., Stead M. and Webb J., 'Fear appeals in social marketing: Strategic and ethical reasons for concern' *Psychology and Marketing*, November 2004.

¹⁸ Brown, J. H., D'Emidio-Caston, M. and Pollard. 'Students and Substances: Social Power in Drug Education' *Evaluation Review*. 1997, 19 (4), pp. 451-492.

¹⁹ Beck, J. '100 Years of 'just say no' versus 'just say know': Re-Evaluating Drug Education Goals for the Coming Century.' *Evaluation Review*, 1998, 22 (1), pp. 15-45.