### Drug education in schools what works, what doesn't

Commissioner for Children & Young People Position Brief September 2019

# **Commissioner's Position**

The Commissioner for Children and Young People believes that 'any' antidrug program introduced to an SA school should first be able to demonstrate evidence that it is safe and effective.

They should be part of an approach to drug education that includes appropriate and inclusive policies and practices that support and encourage students to engage in positive and healthy behaviours and lifestyles.

Under the *Children and Young Person* (Safety) Act 2017 it is a duty for every person in the State to safeguard children and young people from harm and to promote their right to enjoy a healthy lifestyle. This includes safeguarding them from well intentioned, but harmful "shock" programs.



### What works?

International and domestic research over many years has found that the most successful programs at minimising or preventing drug use are those which focus on reducing risks and building resilience. Other indicators of successful programs are that they:

- incorporate active learning and student-to student interaction. Specifically
  the most effective programs involve substantial amounts of interaction
  between instructors and students, supporting them to develop social skills
  and providing opportunities to practice these skills with other students
- normalise the non-use of alcohol and other drugs use data and information to counter misconceptions that drug use is wide spread
- ensure students leave thinking that people who take drugs are the exception, not the norm
- actively address perceptions of risk associated with substance use, emphasising immediate negative consequences
- include a series of sessions reinforced over time, as children mature and encounter different environments

#### What doesn't work?

Programs that:

- Are based on fear and aimed to scare young people into not using.
- Use one-sided communications, such as lecturing.
- Address only ethical or moral decision-making or values.
- Use ex-drug users as trainers to tell their story.
- Use police officers to deliver the program.

are delivered by trained facilitators.

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### What we should be aiming for

- A whole-of-school approach to policy and practice, including a substance-free school premises for both students and staff.
- Responding in a non-punitive manner to students found using substances and providing them with the supports they need to prevent individual disengagement and ensure the school environment is inclusive for all.
- Governments and schools investing in a school based anti-drug education program, that has been developed from world's best practice using evidence based resources, provided by qualified health and education professionals who specialise in drug and alcohol education.
- Destigmatising drug and alcohol dependence by responding to it as a health issue to remove the stress and shame that prevents young people from seeking treatment and allow opportunities for early intervention

# **Best Practice**

### SHAHRP Program – School Health and Alcohol Harm Reduction Project

SHAHRP is an evidenced-based classroom program aimed at reducing alchohol-related harm and risky consumption. The structured program is conducted in two phases over a two year period. The first phase is undertaken during the first year of secondary school and consists of 17 skill-based activities conducted over 8-10 sessions. The second phase is undertaken in the next year and consists of 12 activities delivered over 5-7 weeks.

The SHAHRP Program was initially run through the National Drug Research Institute, Curtin University's SHAHRP Project – "a world first research study assessing the behavioural impact of classroombased alcohol harm reduction on students' alcohol consumption and harm in alcohol use situation." The study was conducted over a 32 month period.

The study found that the program had an immediate effect in reducing harm. Furthermore, it was noted that students who participated in SHAHRP (as compared to the control group):

- consumed 20% less alcohol
- were 19.5% less likely to drink to harmful and hazardous levels
- had 10% greater alcohol related knowledge
- experienced 33% less harm associated with their own use of alcohol
- experienced 10% less harm associated with other people's use of alcohol.

National Drug Research Institute, Preventing harmful drug use in Australia, accessed at http://ndri.curtin.edu.au/research/research-specific-sites/school-health-and-alcohol-harm-reduction-project/about-shahrp on 20 December 2018

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