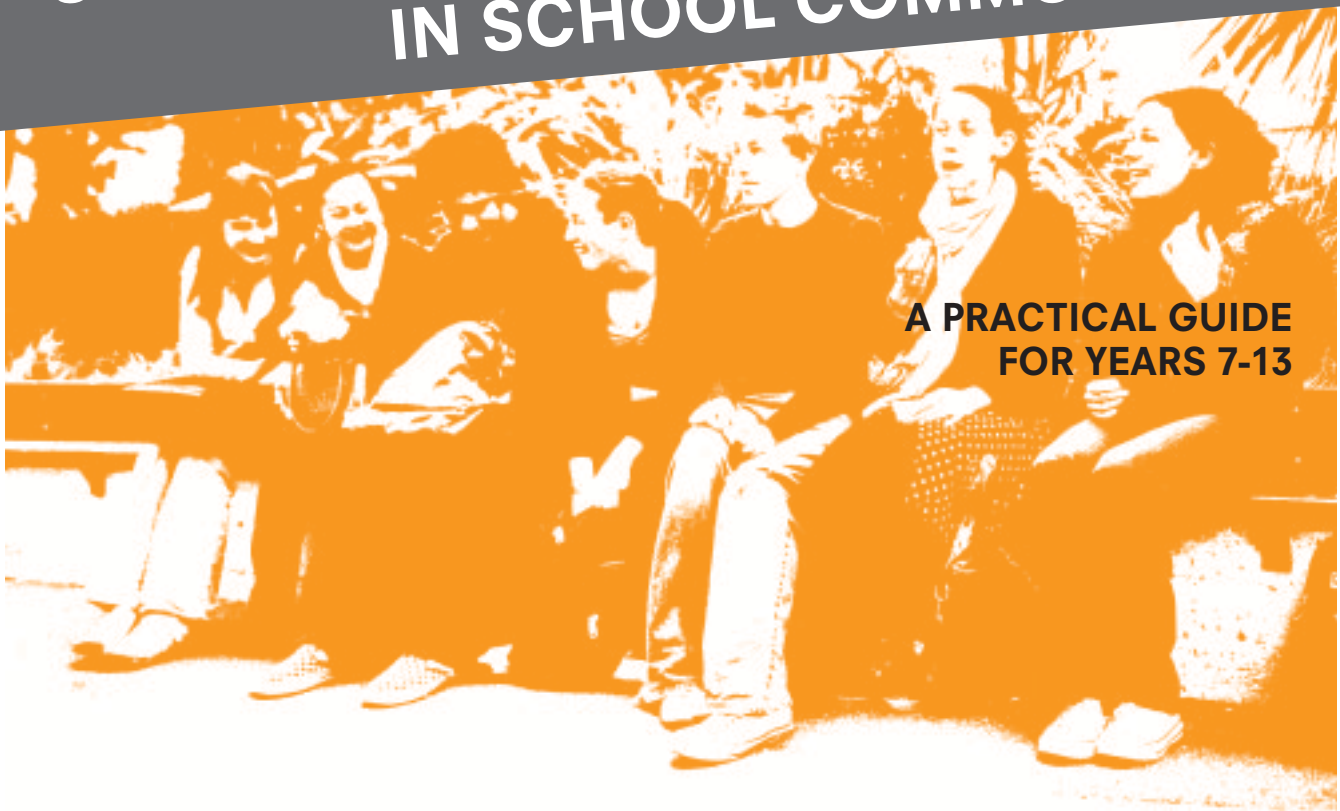




STRENGTHENING DRUG EDUCATION IN SCHOOL COMMUNITIES



**A PRACTICAL GUIDE
FOR YEARS 7-13**



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The Ministry of Youth Development recommends that schools use a curriculum-based approach to drug education, which is delivered by qualified teachers, and only use external providers or programmes if those providers or programmes can provide evidence that:

- demonstrates how their drug education session plans are linked to the *Health and Physical Education in the New Zealand Curriculum*; and
- the programmes have had an acceptable independent, external evaluation according to the evaluation guidelines in this handbook; and
- the 16 principles of best practice have been fully implemented in the design, delivery and evaluation of the drug education programme by the provider; and
- the enhancement of students' social skills, knowledge and safe attitudes towards preventing and reducing drug-related harm has taken place as a result of these programmes.

Disclaimer: Please note that the information in this practical guide is the best advice and guidance at the time of printing, but anybody seeking to use an external provider or external programme should still seek independent advice as appropriate to ensure that the programme meets all necessary requirements.

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INTRODUCTION

Background

AS PART of the Government's Action Plan on Alcohol and Illicit Drugs, the Ministry of Youth Development (MYD) was directed in 2002 to identify and to encourage evidence-based best practice for drug education.

To begin with, MYD undertook a literature review in 2003, called *Effective Drug Education for Young People: A Literature Review and Analysis*.¹ The findings from this review highlighted 16 best practice principles that can help schools provide drug education that is effective in improving young people's drug-related knowledge, skills and safe attitudes.

Definitions

Drug: includes legal drugs (such as coffee, tea, tobacco and alcohol) and illegal drugs (such as cannabis, ecstasy, methamphetamines and mushrooms), volatile substances (such as petrol, solvents and inhalants) and other substances used for psychoactive effects, recreation or enhancement ('legal highs'), culturally significant (such as kava) as well as prescription and pharmacy-only drugs used outside medical or pharmaceutical advice. All drugs are considered potentially harmful.

Effective drug education: implements the following 16 principles of best practice in the design, delivery and evaluation of school-based drug education, and enhances young people's skills, knowledge and attitudes to prevent and to reduce drug-related harm.

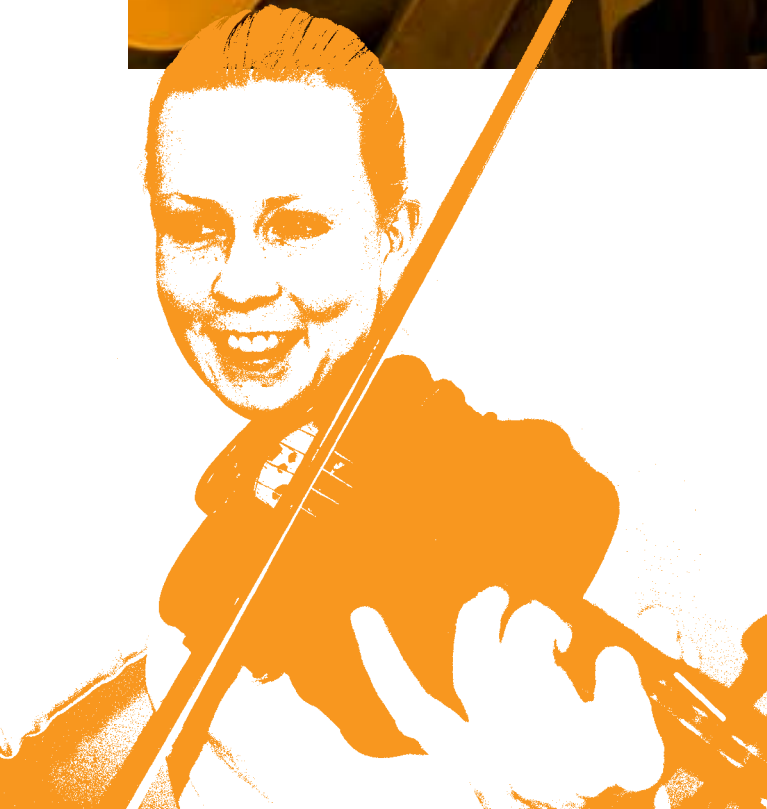
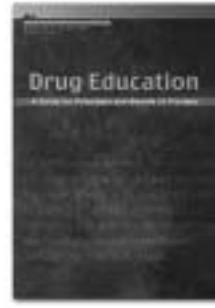
For further information

MYD's website has details on the drug education initiative (www.myd.govt.nz/pag.cfm?i=358) and the literature review on which the information in this guide and the handbook is based (www.myd.govt.nz/pag.cfm?i=394).

The handbook that accompanies this guide, *Strengthening Drug Education in School Communities: Best Practice for Design, Delivery and Evaluation*², provides more in-depth explanations about a best practice approach to drug education in schools and the 16 best practice principles identified from MYD's literature review.

Both the handbook and this guide complement *Drug Education: A Guide for Principals and Boards of Trustees*, published by the Ministry of Education in 2000.³

1. Allen & Clarke Policy and Regulatory Specialists (2003) *Effective Drug Education for Young People: A Literature Review and Analysis*, Wellington: Ministry of Youth Development.
2. Ministry of Youth Development (2004) *Strengthening Drug Education in School Communities: Best Practice for Design, Delivery and Evaluation*, Wellington: Ministry of Youth Development.
3. Ministry of Education (2000) *Drug Education: A Guide for Principals and Boards of Trustees*, Wellington: Ministry of Education.



Role of schools and providers

School-based drug education can be covered in many subject areas such as Social Studies, English, Science, Media Studies and Technology. This handbook contributes to the key area of mental health in the *Health and Physical Education in the New Zealand Curriculum* (health and physical education curriculum⁴) for Years 7-13.

It recommends schools deliver their core drug education units of learning as part of the health and physical education curriculum using qualified health education teachers.

External providers may be used to support this curriculum-based approach but they should not be the primary providers of drug education in schools.

Guide aims

Provide a summary of the key findings from MYD's literature review relating to school-based drug education

Encourage best practice principles in the design, delivery and evaluation of school-based drug education

Strengthen the curriculum-based approach to drug education

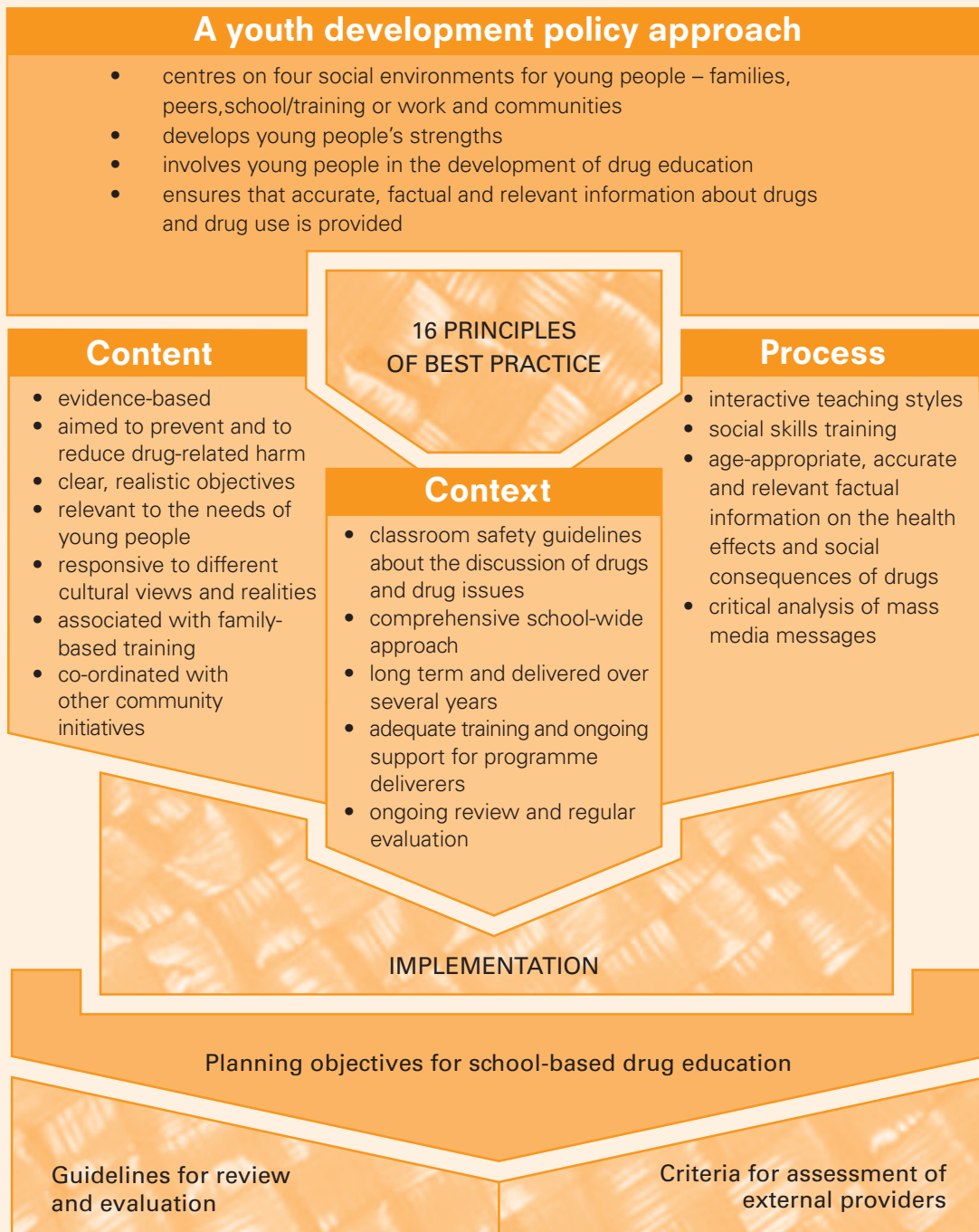
Provide schools with a checklist for assessing the effectiveness of external providers of drug education

4. Ministry of Education (2000) *Health and Physical Education in the New Zealand Curriculum*, Wellington: Ministry of Education.



BEST PRACTICE

Overview of best practice for drug education in schools



A youth development approach to school-based drug education

MYD's literature review findings on drug education for young people are consistent with the youth development approach in the *Youth Development Strategy Aotearoa* (YDSA) published by the Ministry of Youth Affairs in 2002.⁵

The YDSA describes a positive, holistic youth development approach that draws on an understanding of what young people need. The principles of the youth development approach as they apply to drug education:

- centre on four social environments for young people (families, peers, school/training or work and communities) and the need for young people to have positive connections with these environments and positive relationships with people within these environments
- develop young people's strengths
- involve young people in the development of school-based drug education
- ensure that accurate, factual and relevant information about drugs and drug use is provided.

Key findings from MYD's literature review

The key findings show that:

- Consideration of the social, cultural and economic contexts for young people is important in developing effective drug education for them.
- Effective drug education requires co-ordinated messages and active support from all levels of government and the community.
- The development of young people's strengths is likely to reduce their chances of experiencing drug-related harm.
- Young people should be involved in the development of drug education to ensure their needs and attitudes are reflected.
- Drug education is more effective when interactive learning and teaching strategies are used.
- Information about young people's drug use is essential.
- Effective drug education involves the provision of factual and relevant information about drugs and drug use.
- Young people are more at risk of drug-related harm if they have poor relationships with their families, communities, school or peers. Improving these relationships is part of effective drug education.



5. Ministry of Youth Affairs (2002) *Youth Development Strategy Aotearoa*, Wellington: Ministry of Youth Affairs.



16 BEST PRACTICE PRINCIPLES FOR DRUG EDUCATION



THIS SECTION outlines the 16 best practice principles for effective drug education as described in MYD's literature review, *Effective Drug Education for Young People: A Literature Review and Analysis* (2003). A copy of the literature review is available on MYD's website www.myd.govt.nz/pag.cfm?i=394.

It is recommended that school-based drug education is based on these 16 best practice principles. Drug education designed and delivered by teachers can be reviewed against these principles, as can drug education offered to schools by external providers.

Each of the best practice principles and examples of how to apply them, are described in detail in MYD's handbook, *Strengthening Effective Drug Education in School Communities: Best Practice for Design, Delivery and Evaluation – Years 7-13* (2004). The best practice principles are grouped in three themes: content, process and context.

The following 16 best practice principles must be applied in a school's overall drug education plan for it to be effective.





1. Drug education is evidence-based

Drug education is based on sound evaluation studies and evidence on what works and what does not work. One-off sessions or sessions that only use ex-addicts, scare tactics or 'just say no' approaches have shown not to work. The 16 principles of best practice are based on the findings of MYD's literature review. Drug education that does not apply these best practice principles, may be ineffective and unsafe.

Information from sound evaluation studies and research is often available from universities, peer-reviewed journals specialising in alcohol and drug topics, Colleges of Education, government websites, government-funded information websites, and alcohol and drug clearing houses such as ALAC, the New Zealand Drug Foundation and ADANZ.

2. Drug education aims to prevent and to reduce drug-related harm

This best practice drug education approach is consistent with the youth development approach. It is inclusive of all young people whether they use drugs or not. The approach enables young people to access, enhance and gain knowledge and skills to make informed choices about drug use to prevent and to reduce drug-related harm. This approach also includes abstinence from drug use as a valid, healthy option in a range of possible healthy strategies for those who do not, and for those who do, use drugs.

Possible learning opportunities using a harm-prevention or harm-reduction approach to drug education:

The use of scenarios, either developed by the students or provided by the teacher, enables students to explore issues related to drugs without having to

focus on their own experiences. Scenarios should only include drug information that is relevant to the age group. Examples of scenarios are:

"being offered a ride home by a friend's parent who has been drinking beer for several hours"

"becoming aware a friend has brought alcohol to school"

"arranging safe transport before a party"

3. Drug education has clear, realistic objectives

Each drug education objective must have a related achievement objective, learning opportunity and learning outcome. All drug education objectives must be SMART: sensible, measurable, achievable, realistic and time-bound. Objectives must also relate to the evidence base, relate to preventing and to reducing drug-related harm and have input from students and, where appropriate, families and communities.

An example of a clear, realistic overall drug education goal, achievement objective and learning outcome:

Overall goal: *to strengthen students' abilities to resist pressure to use drugs*

Achievement objective: *students will demonstrate knowledge and skills to make safe choices about drugs (4A3)*

Learning outcome: *students will demonstrate refusal skills through skills practice and/or visual/written responses to three different situations involving pressure to use drugs.*





4. Drug education is relevant to the needs of young people

Drug education is more relevant to young people when it deals with the short-term consequences of drug use, including social consequences, as well as the long-term consequences. It should reflect young people's reality and respond to the specific drug-related issues in their community. Students should have input into the design and delivery of drug education units of learning to ensure they are relevant to young people's needs. The young people who took part in the MYD consultation groups highlighted that their learning depended on their ability to personally relate to the drug education teacher. It was important this person was a credible source of information and had expertise in engaging them in youth-friendly delivery methods such as the use of music, visual images and real-life scenarios.

Examples of some ways students and the community can have input into the development of drug education are:

conducting a school-wide 'post-box' exercise so young people, school staff, parents/caregivers and community groups can provide anonymous information guided by global questions such as "What are the important things that need to be included in school-based drug education?"

getting feedback from young people on the ways the drug education programme can be improved.

5. Drug education is responsive to different cultural views and realities

Drug education should reflect various cultural views about drugs, where appropriate. Exploring these views with students will help them to better understand the social and environmental factors that affect drug use in their communities or overseas. Cultural responsiveness can be achieved by involving cultural advisors to identify different cultural perspectives, by understanding the diversity of local Māori, Pacific and Ethnic young people, and by implementing processes for communities as described in *Drug Education: A Guide for Principals and Boards of Trustees* on pages 27-28.

Examples of the ways cultural responsiveness can be achieved are:

involving cultural advisors to identify different cultural perspectives

discussing customs and issues around alcohol and drugs in the local community

understanding the diversity of local Māori, Pacific and Ethnic young people

utilising information on Ethnic Affairs' website: www.ethnicaffairs.govt.nz .



6. Drug education is supported by family-based training

Families need information and skills on how to discuss drug-related topics with their children, how to reinforce classroom messages, how to set safe boundaries, how to recognise drug-related problems and where to go for help. Schools may be able to work in partnership with local community agencies and initiatives that provide family-based training.

Examples of how schools can strengthen a family-based approach:

update families on what is taught through information sheets

organise family meetings

help introduce family-based education programmes in the community.

7. Drug education is co-ordinated with other community initiatives

Drug education should be co-ordinated with other community initiatives aimed at reducing or controlling the supply or availability of drugs, or the treatment and support of drug users. This way, school-based drug education is more effective if its messages are reinforced by broader community interventions such as local community action programmes on alcohol and drugs, counselling services and public health services.

Examples of organisations within the community that support the messages provided through drug education are:

Police, youth education officers and enforcement activities

youth organisations and youth workers

Safer Communities activities

Māori and Pacific health services

ALAC's community action projects and campaigns

Land Transport Safety Authority's drink-driving campaigns.

8. Drug education uses interactive teaching styles

Interactive teaching approaches are student-focused, involve small group activities, include accelerated learning techniques for different learning styles and enable relationship building between teachers and students. The teacher's role is to facilitate a co-operative, supportive learning environment in which students can interact safely and positively with each other.

Methods of interactive teaching include:

students designing advertising campaigns using available multi-media

developing a documentary-style video

using structured debates on alcohol and drug issues.



9. Drug education teaches young people social skills

The health and physical education curriculum identifies essential social skills which can help students to avoid drug-related harm. They include self-management and competitive skills, communication skills, problem-solving skills and social and co-operative skills. For example, providing students with opportunities to rehearse refusal skills can help them to avoid harm in situations that involve legal and illegal drug use.

Learning opportunity:

In groups, students could work with scenarios related to drugs and drug use and identify the potential risk and the possible harm that could occur. Students could work with a decision-making model to explore the options and consequences related to the scenario. Students could then work in pairs to rehearse the ways different response behaviours (eg passive, aggressive, assertive) impact on their decision making.

10. Drug education provides age-appropriate, accurate and relevant factual information

Information should be based on sound research and be relevant to the students' age group, clarifying what they already know and what they need to know. Information provided must take into account the students' beliefs about and experience of drugs, must be of immediate practical use to students and must be based on the prevalence of drug use among similar age groups. Information should not be provided about solvents if students are not already using them because it may encourage experimentation by non-users and increase the risk of the sudden death syndrome.

Learning opportunity:

Students could work in groups with each student receiving a different set of factual information about drugs and drug use which they read, identify key points and share these points with the rest of the group. Each group could then share their findings, as a class, to check for consistencies in the interpretation of factual information.

11. Drug education critically analyses mass media messages

Young people should be provided with learning opportunities that encourage them to critically analyse media messages for any inconsistencies with the best practice principles. For example, students may explore the ways tobacco is promoted through different media and events, even though tobacco advertising is banned in New Zealand.

Learning opportunity:

Students could explore the messages and themes





of Smokefree promotions and the relevance of these messages for their age group.

12. Drug education is subject to classroom safety guidelines about the discussion of drugs and drug issues

Classroom safety guidelines about classroom discussions on drugs and drug use must be designed so these issues can be addressed generally in a positive, supportive environment. Disclosure of personal drug use or the drug use of other people such as family members should be avoided to prevent unwanted legal or personal consequences from revealing personal information.

At each year level, the establishment of safety guidelines is essential if students are to be able to work together in a safe, supportive environment. Students should spend time in small groups generating safety guidelines which can then be discussed and agreed on by the whole class. The teacher should participate in this process.

13. Drug education is supported by a comprehensive school-wide approach

Health Promoting Schools provides a model for a school-wide approach. The model offers schools a framework for developing health promotion initiatives in a way that enhances their existing structures, programmes and policies. Health Promoting Schools aim to enhance the links between schools and their communities in promoting positive health and learning outcomes for young people. Schools should adopt harm-prevention and harm-reduction principles for drug policies. School policies and practices should support the objectives of drug education, support

professional development for staff that reflects the best practice principles and ensure adequate resourcing is available to implement drug education.

A comprehensive school-wide approach may cover:

- the mental health of the whole school community, including staff*
- legal and illegal drug use on the school grounds, including the use of these drugs by staff, Board members and visitors*
- the safe handling and administration of prescription drugs*
- access to health services*
- partnerships between schools and communities.*

14. Drug education is long term and delivered over several years

Drug education is more effective when it is implemented as multi-levelled units of learning over several years that build on and reinforce learning over time. It is important young people have access to drug education during Years 11-13, as well as during the compulsory years for health education (Years 1-10). Ideally there should be six to 10 sessions each year, revisited in successive years as young people progress through adolescence.

Education on alcohol, tobacco and illegal drugs will require a specific focus in different sessions. For example, initial drug education will focus on preventing use and delaying first use. Subsequent sessions will address ways to prevent experimentation from developing into regular use, and later sessions will provide strategies for managing real-life situations that involve alcohol and drug use.



15. Teachers get adequate training and ongoing support

Teachers and drug educators need to be competent in their ability to deliver drug education in a manner consistent with drug education objectives and the achievement objectives of the health and physical education curriculum. Education providers, such as Colleges of Education, offer professional development in the key learning area of mental health for teachers delivering the health curriculum. Drug education training should focus on developing teachers' competencies in quality teaching as well as their knowledge and understanding of drugs, drug-use issues for young people and related topics.

Teachers could also keep their drug education up to date by participating in mentoring or support networks and in email discussions.

16. Drug education has regular evaluation

Self-review and evaluation ensure drug education is based on the health and physical education curriculum, the 16 best practice principles, and appropriate delivery and learning opportunities that effectively enhance students' knowledge, social skills and safe attitudes towards drugs and drug-related behaviour in ways that are healthy and safe for them.



EVALUATION OF SCHOOL-BASED DRUG EDUCATION

THIS SECTION outlines criteria for schools and external providers to use to review and to evaluate drug education. The evaluation criteria have been developed from the findings of MYD's literature review.

The evaluation guidelines will help schools and external providers in assessing whether drug education is working as well as expected and whether it is being implemented as set out in the drug education programme plan.

Evaluation activities should assess the ways in which the 16 best practice principles have been integrated into the design and delivery of the drug education programme.

The evaluation must include:

- Pre and post implementation questionnaires.
- An assessment/observation of students' social skills in relation to drugs.
- Post implementation feedback from students that focuses on their overall satisfaction with the drug education (content, learning opportunities, delivery, factual knowledge, social skills developed/enhanced).
- Feedback from teachers, parents, Board of Trustees and community members, where applicable.
- A record of student participation (class roll, actual participation in the learning opportunities provided, number of satisfaction forms completed).
- A review of how well the unit of learning has been implemented and which of the principles of best practice have been applied. This review enables teachers to reflect on their practice.
- A report of evaluation findings which can then be communicated to key school personnel and community members.



CRITERIA FOR SCHOOLS TO ASSESS THE EFFECTIVENESS OF EXTERNAL PROVIDERS

ON PAGE 21 of *Drug Education: A Guide for Principals and Boards of Trustees*, it identifies that effective drug education programmes in schools are based on the health and physical education curriculum and delivered by appropriately trained and supported teachers.

At times, however, schools may decide to use external providers to strengthen their curriculum-based approach. To meet quality standards for best practice drug education, providers must be able to supply schools and government agencies with evidence of how their programmes meet students' learning needs and the following criteria relating to session planning, self-evaluation and external evaluation.

If providers do not meet the quality standards, schools are encouraged to develop their own drug education sessions.

The provider should be able to show the ways their sessions meet quality standards for drug education through:

1. session planning
2. self-evaluation
3. external evaluation.

1. Session planning

The provider has submitted planned sessions and other evidence to show the best practice approach to drug education as outlined in this guide, and more fully in the handbook that accompanies this guide, has been implemented. The planned sessions must:

link to the health and physical education curriculum	yes	
integrate each of the 16 best practice principles for school-based drug education	yes	
clearly state the goals, objectives and learning outcomes	yes	
include a mix of drug-related knowledge, social skills and attitudes, and promote a harm-prevention and harm-reduction approach	yes	
show how young people have provided input into the session planning	yes	
show how learning opportunities are relevant to students	yes	
ensure that cultural responsiveness and the diverse needs of students and their communities are addressed	yes	
show the ways sessions are co-ordinated with local community initiatives	yes	
show how media messages will be addressed	yes	



include research sources for the information included in the session	yes	<input type="checkbox"/>
show how this information will be delivered in a practical, credible, interactive and youth-friendly way	yes	<input type="checkbox"/>
include safety guidelines on disclosure and confidentiality that ensure classroom safety, and clearly state the process for communicating these guidelines to students	yes	<input type="checkbox"/>
be consistent with school policies on drug issues	yes	<input type="checkbox"/>
state the teaching qualifications, training and experience of the drug educators who will deliver the sessions, and the ways these educators will have ongoing support and appropriate professional development	yes	<input type="checkbox"/>
clearly indicate the session's outline, the number of sessions, specific details on the content of each session and the relevance of the content for various age groups	yes	<input type="checkbox"/>

2. Self-evaluation

The provider has submitted a report, completed in the previous three years, on their self-evaluations which assess the effectiveness of their sessions according to the best practice approach to drug education as outlined in this guide and more fully in the handbook that accompanies this guide. Evidence on the effectiveness of sessions is provided on:

the process and timing of the needs analysis of the students' families and communities, and the needs that were identified	yes	<input type="checkbox"/>
the methods used for the self-evaluation, including collecting baseline information, and the process and tools used to measure changes in students' knowledge, attitudes and social skill levels	yes	<input type="checkbox"/>
students' participation rates for each session	yes	<input type="checkbox"/>
the positive and negative feedback on each session and suggestions for improvement	yes	<input type="checkbox"/>
the effectiveness of the implementation of the session plan	yes	<input type="checkbox"/>
the effectiveness of the session in improving students' drug-related knowledge, skills and attitudes	yes	<input type="checkbox"/>
the changes made and/or intended to be made in response to evaluation findings	yes	<input type="checkbox"/>
the process for ongoing, adequate self-evaluation by the provider of their session	yes	<input type="checkbox"/>



3. External evaluation

Evaluation should also be carried out by external and independent evaluators, where appropriate. The effectiveness of the sessions should be measured in three ways to ensure objectivity:

- The evaluation must show young people’s increased drug-related skills and knowledge and changes in safe attitudes.
- The evaluation must reflect the best practice approach to drug education as outlined in this guide and more fully in the handbook.
- The provider must have submitted a report, completed within the last three years by independent, external evaluators, on the effectiveness of their sessions. The report should describe and assure:

the evaluation qualifications and expertise of the evaluators	yes	
robust evaluation methods	yes	
that the provider has the appropriate qualifications and expertise to deliver drug education in New Zealand schools	yes	
the effectiveness of the needs analysis in identifying the needs of the students, families and communities	yes	
how closely the session plan is linked to the health and physical education curriculum	yes	
how effectively the 16 principles of best practice have been incorporated into the session plan	yes	
how effectively the session has been implemented	yes	
how effective the session has been in meeting its objectives and meeting students’ needs	yes	
what particular changes in students’ drug-related knowledge, social skills and attitudes have been as a result of the session	yes	
how effective the provider has been in self-evaluation on an ongoing basis	yes	
how young people and their families were involved in the evaluations, and the cultural appropriateness of this process	yes	
how the findings from the self-evaluations have lead to improvements in and the increased effectiveness of the session	yes	





**MINISTRY OF
YOUTH DEVELOPMENT**
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2004