

## MANAGING DRUG ISSUES IN CATHOLIC SCHOOLS POLICY AND PROCEDURES

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### Context

Catholic schools in the Archdiocese of Melbourne affirm that every individual person is made in the image of God (Gen 1: 27), and that life and physical health are precious gifts entrusted to people by God. As such, Catholic schools in the Archdiocese of Melbourne prohibit all unsanctioned drug use while a student is:

- attending school or is within the school vicinity
- engaging in any school activity away from the school, including the travel to or from school or a school activity.
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All Catholic schools take strategic action to prevent drug experimentation and use by students. Schools are able to respond appropriately to drug-related issues and the harm that may arise from the misuse of drugs.

Our Catholic school communities are conscious of our Catholic vision, mission and values. Therefore, this policy ensures that young people are sensitively attended to during times of difficulty and gives them hope for the future.

When managing drug issues, the school leaders at our schools work within the requirements of the law. They balance the immediate wellbeing and educational needs of students involved in the issue with the students' ongoing growth and development, as well as the wellbeing and educational interests of the broader school community.

### Scope

This policy applies to:

- the possession, supply, distribution, and use of licit and illicit drugs or drug-related equipment by students who are attending school or within the school vicinity, or are engaging in a school activity away from the school, including the travel to or from school or a school activity
- inappropriate use by students of prescribed or over-the-counter drugs
- inappropriate use by students of volatile substances or inhalants
- the strategies undertaken to prevent and minimise student uptake of harmful drug use through curriculum-based drug education
- the strategies taken to regulate and respond to drug use, possession, trafficking, distribution, and supply in the school context

## **Definitions**

**Drug:** Any substance (with the exception of food and water) which, when taken into the body, alters the body's function either physically or psychologically (State of Western Australia 2018). This includes all licit and illicit substances that produce psychoactive or physiological effects on the person who consumes the drug (Commonwealth of Australia 2010, p.30).

**Drug-related incident:** An occasion involving illicit or unsanctioned drug use, or the possession, trafficking or distribution of a drug or drug-related equipment, except for legal medical use.

**Drug-related issues:** All issues associated with drugs, including those that arise from personal use and use by another person or persons.

**Harm minimisation:** Policies, approaches and programs aimed at reducing drug-related harm from licit and illicit drugs. Harm minimisation aims to promote better health, social and economic outcomes for the community and the individual, and encompasses a wide range of approaches. Harm minimisation includes the promotion of abstinence of drug use, prevention of anticipated harm and reduction of actual harm.

**Illicit drug:** A drug in which production, sale, possession, trafficking or use is prohibited by law. An alternative term is 'illegal drug'.

**Inhalant:** See 'volatile substances'

**Intervention:** Strategies implemented when responding to drug-related issues.

**Licit Drug:** A drug that is legally available by medical prescription or sometimes (depending on age or jurisdiction) a drug legally available without medical prescription (World Health Organization 1994, p.44). Licit drugs also include pharmaceutical drugs. An alternative term is 'legal drug'.

**Over-the-counter drug:** A drug that can be sold or administered without a prescription

**Pharmaceutical drug:** A drug available through pharmacies, supermarkets or stores, including over-the-counter and prescription medicines. Caffeine, anti-histamines, codeine and alcohol are the most common psychoactive constituents of over-the counter drugs (World Health Organization 1994, p.51).

**Prescription drug:** A drug that legally requires a medical prescription for a pharmacist or authorised healthcare professional to dispense it.

**Prevention:** Strategies used to prevent drug use from occurring or to delay the onset of use.

**Possession:** Occupying or holding a substance either with or without rights of ownership. Possession also includes jointly possessing a drug together with another person (Commonwealth of Australia 2014, p.2).

**Psychoactive effect:** The effects produced by a drug or substance that alter mental processes, including mood, cognition, thinking or behaviour.

**School drug education:** A term to encompass all policies, practices, programs, initiatives and events in schools connected with the prevention and reduction of drug-related harm (Commonwealth of Australia 2004, p.5).

**Trafficking:** Providing or offering to provide an illegal drug to another person. Traditionally, a trafficker is someone who exchanges a drug or drugs for money, property or services. However, if any illegal drug is passed onto others, even friends, this is also considered to be trafficking (Commonwealth of Australia 2014, p.2).

**Unsanctioned drug:** A drug in which use is restricted by law, school authorities, or school policies and guidelines. It includes illicit, licit and prescription drugs (National Centre for Education and Training on

Addiction 2004, p.292).

**Volatile substances (also known as inhalants or solvents):** Substances that vaporise at ambient temperatures and are inhaled for psychoactive effects (World Health Organization 1994, p. 63). The term 'volatile substances' refers to a range of products that produce chemical gases or fumes at room temperature. Although there are minor variations in the classification of volatile substances, they are generally grouped as solvents, aerosols, gases or nitrates.

Volatile substance use can cause uninhibited behaviour, decreased heart and breathing rates, suffocation, heart failure, unconsciousness, and death by accident (State of Victoria 2018). Running or engaging in other physical activities after inhaling a volatile substance can cause death due to cardiac sensitisation (Alcohol and Drug Foundation 2018). As solvents make the body more sensitive to adrenaline, do not frighten or chase solvent users (State of Victoria 2018).

Note: please see the Victorian Department of Education and Training's policy on Volatile substance use, which is available as part of the department's school policy and advisory guide.

### **Guiding Principles**

The following guiding principles inform our procedures in managing and responding to drug-related incidents at Avila College.

#### **1. Transparency and Accountability**

We are committed to strong, ethical practices, and transparency and accountability in dealing with and responding to drug-related incidents.

#### **2. Consistency**

Policy and practice consistently informs and manages our responses to drug-related incidents.

#### **3. Trust and Confidentiality**

The highest standards of trust is maintained in the relationships between staff, parents or carers, and students. In responding to drug-related incidents, appropriate confidentiality and privacy is maintained, with information being provided to those who have a legal right or pastoral need to be informed.

#### **4. Student Wellbeing**

All people working in our school, as well as the wider school community, are responsible for the care of all young people to promote their wellbeing, and protect them from any form of harm. Our responses to drug-related incidents ensure the wellbeing and individual needs of all students.

#### **5. Safe and supportive school environment**

A supportive environment based on positive and collaborative relationships is promoted as part of seeking to prevent or reduce drug-related harm. This is achieved within our school environment that is safe, supportive, inclusive and empowering. Our school environment is also one where diversity is respected and valued, human rights and the common good are honoured, inter-relationships are positive, students experience connectedness and engagement, and those who are vulnerable, experiencing difficulty or special needs receive particular care and support (Commonwealth of Australia 2004, p.24).

#### **6. Collaboration and shared commitment with community**

Parents and carers are recognised by our school as significant and essential partners in actively supporting and nurturing the educational and wellbeing outcomes of their daughters.

Our school and families share a commitment to developing and maintaining open and co-operative relationships, which are characterised by respect, trust, goodwill and a willingness to engage collaboratively. It is vital that parents, carers and staff work together to provide a consistent and supportive environment in which their daughter/s may develop and grow towards maturity

#### **7. Harm minimisation**

We use a harm-minimisation approach to review and implement school drug-education programs and activities, with the aim of preventing and reducing drug-related harm. The Australian Government's National Drug Strategy, available from the Department of Health, is also based on this philosophy of

harm minimisation.

## **8. Whole-school approach**

Our whole-school approach to drug education encompasses formal teaching and learning programs, student wellbeing and pastoral-care programs, school ethos and values, interpersonal relationships, and effective partnerships with parents, carers and services in the wider community. A whole-school approach provides a systematic and practical framework that we can use to manage drug-related issues, and to ensure that the wellbeing and individual needs of all students is supported.

### **Prevention: whole-school approach**

#### **1. Safe and supportive school environments**

Wellbeing is enacted through the school's vision and mission, and its policies and procedures, which are grounded in Catholic teaching and tradition. Student wellbeing is fostered and sustained in environments that are safe, supportive and inclusive, where the common good is honoured, and authentic partnerships with families, parish and the broader community are nurtured (Catholic Education Melbourne 2017, p.4).

Catholic schools honour the role of parents and carers as the first and ongoing nurturers and educators of their children (Catholic Education Melbourne 2017, p.8). Catholic schools recognise parents and carers as significant and essential partners, who actively support and nurture the educational and wellbeing outcomes of children and young people in the school's care. Therefore, we engage in creating a collaborative partnership with parents and carers when planning drug-education approaches or responding to a drug-related issue or incident.

#### **2. Drug-education approaches**

Our school's formal teaching and learning program, and its informal curriculum, provides students with the knowledge, skills, attitudes and values that will assist them to develop their problem-solving, decision-making, assertiveness and help-seeking skills in relation to drug use.

The most effective drug-education programs originate from an evidence-based understanding of the factors contributing to problematic drug use, as well as the strategies that help to prevent such use and the associated harms. This understanding comes from the integration of theoretical concepts and empirical findings. The national Principles for School Drug Education from the Department of Education, Science and Training (Commonwealth of Australia 2004) reflects the best practice in drug education. Our educational strategies take into account our school environment, culture and attitude of the local community towards the use of various drugs, and reasons students may be likely to use drugs. Such strategies also provide:

- opportunities for students to develop resiliency skills that enable them to better cope with change and effectively manage everyday stressors
- a harm-minimisation approach that encompasses a range of strategies, including non-use which aims to reduce harmful consequences of drug use
- clear expectations on positive behaviours, boundaries and respect for others
- information on the consequences of drug use and safety messages about risks.

Note: please see Appendix 3 for further information regarding drug education at school.

#### **3. Professional learning for staff**

Professional learning provides school staff with opportunities to plan and implement age and developmentally appropriate drug-education initiatives and preventative strategies. Professional learning also keeps staff up to date on current research, trends, resources and practices in drug education.

Successful intervention strategies require staff to undergo professional learning so that our school can promote the wellbeing of young people, establish appropriate information channels, referrals and procedures, and ensure staff clearly understand the school's procedures for managing drug-related issues.

#### **4. Community partnerships**

We establish meaningful links with community agencies and services, from both a prevention and intervention perspective, to strengthen our ability to manage and respond to drug-related issues. These partnerships are essential and may include Victoria Police (though youth initiatives such as the Youth

Resource Officer program), community and health agencies and services, the parish priest, relevant canonical administrators and those at the local church.

We play a critical role in referring students and their families to professional agencies and services that can provide them with necessary support and advice. Further, we will offer support and assistance to the student in maintaining the student's engagement with the school.

### **5. Engagement and partnership with parents and carers**

Catholic schools honour the role of parents and carers as the first and ongoing nurturers and educators of their children (Catholic Education Melbourne 2017, p.8). Catholic schools recognise parents and carers as significant and essential partners, who actively support and nurture the educational and wellbeing outcomes of children and young people in the school's care. Therefore, schools engage in creating a collaborative partnership with parents and carers when planning drug-education approaches or responding to a drug-related issue or incident.

We have an important role to play in providing information to parents and carers about drug-related issues through strategies like parent information forums and seminars.

### **Procedures for responding to drug-related incidents in Catholic schools**

A student possessing, using, distributing, trafficking or selling illicit or unsanctioned drugs while attending school or within the school vicinity, including engaging in a school activity away from school or travelling to or from that engagement, is prohibited.

Members of the school community who have knowledge of illicit or unsanctioned drug use by others are expected to act morally and with a duty of care by reporting the matter to a responsible member of our school community. This is usually the school's principal or nominee. In the case of a drug-related incident, initial actions and responses focus on the safety and wellbeing of those directly and indirectly involved.

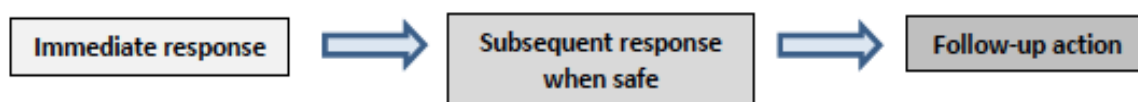
Where a student is found in possession, using, selling, trafficking or otherwise distributing illicit drugs, the student's parents or carers will be informed and the locally designated police officer will be notified. Our school will work collaboratively and continually with Victoria Police to safeguard the wellbeing of the young person and the wider community, and to ensure appropriate action is taken in response to the drug-related incident.



Under this policy and procedure our school is encouraged to consult with CEM for advice on wellbeing, media and legal issues.

Our Principal (or delegate), in consultation with wellbeing staff, must respond to a drug-related incident in a way that is consistent and fair, taking into account:

- the nature of the incident
- the circumstances of the student involved (including the student's age, development, gender, and cultural and social needs)
- the needs and safety of the student and others
- legal requirements
- our school's policies and procedures, and CEM's policies and procedures

The following procedure identifies immediate and subsequent responses, plus follow-up actions to drug-related incidents involving students.



Timing	Response
<p><b>Immediate response</b></p> <p>The immediate priority in any drug-related incident is to ensure the safety and wellbeing of students and staff</p> 	<ul style="list-style-type: none"> <li>• call 000 if there is immediate risk of harm or danger</li> <li>• call 000 in case of fumes or poisons, and 13 23 60 for accidents at school</li> <li>• ensure the immediate safety, welfare, and health needs of those directly and indirectly involved, including staff and students</li> <li>• stay calm and approach in a non-threatening way</li> <li>• make a first-aid assessment (if necessary seek medical support – i.e. first aid or ambulance)</li> <li>• gather any facts and relevant information</li> <li>• monitor the student and do not leave them unattended</li> <li>• seek assistance as soon as possible</li> <li>• safely collect any suspected drugs and drug paraphernalia (refer to ‘Seizure of property’ below or within the CECV’s <a href="#">Catholic schools operational guide</a>)</li> <li>• inform the principal (or delegate)</li> <li>• isolate the situation from other students, if possible</li> <li>• assess the impact on other students (e.g. Are others involved? Are others affected?)</li> </ul>
<p><b>Subsequent response when safe</b></p> 	<ul style="list-style-type: none"> <li>• contact the local police station, noting that:             <ul style="list-style-type: none"> <li>○ police must be notified where students are suspected of possessing, using, distributing or trafficking illicit drugs or drug implements, or are involved in the illegal use of licit substances or drugs</li> <li>○ police should be notified in situations where an unidentifiable substance is suspected of being an illicit drug</li> </ul> </li> <li>• subject to and following the police’s advice, inform the parents or carers of students involved in incident</li> </ul>

Timing	Response
	<ul style="list-style-type: none"> <li>• implement the school's pastoral care and behavioural support procedures, with appropriate support in place for the student (if drugs are illicit, police may also initiate intervention procedures)</li> <li>• contact health, community and welfare services as appropriate to the situation</li> <li>• inform the parish priest or other relevant school governing authority</li> <li>• inform CEM and seek advice as required from the               <ul style="list-style-type: none"> <li>○ regional general manager</li> <li>○ student wellbeing unit</li> <li>○ legal unit</li> <li>○ marketing and communications unit</li> </ul> </li> <li>• establish a student support group (this may comprise the deputy principal, student wellbeing leader, school nurse, classroom teacher, school administration staff and health professionals) to:               <ul style="list-style-type: none"> <li>○ gather, verify and document information</li> <li>○ allocate tasks and roles</li> <li>○ develop a 'Student support, safety and return-to-school plan' (please see Appendix 1) if required</li> <li>○ develop a 'Student learning plan' (please see Appendix 2) if required</li> <li>○ develop a communication strategy</li> <li>○ consider interventions</li> <li>○ consider sanctions in line with school pastoral care and behavioural support policies</li> <li>○ monitor ongoing student needs</li> </ul> </li> <li>• notify school staff as relevant, maintaining confidentiality requirements</li> </ul>
<p><b>Follow-up action</b></p> <p>The principal (or delegate) must ensure appropriate follow-up actions are implemented once the immediate safety and wellbeing of students have been attended to</p> <p>The goals of follow-up action are to:</p> <ul style="list-style-type: none"> <li>○ support the student to continue their education</li> <li>○ assist the student to overcome problems related to drug use</li> <li>○ ensure the ongoing safety and wellbeing of students and staff</li> </ul>	<ul style="list-style-type: none"> <li>• collaborate with the local Victoria Police youth services officer</li> <li>• inform school staff, students and families on a need-to-know basis, maintaining confidentiality and privacy (including relevant support services involved)</li> <li>• if relevant, develop a 'Student support, safety and return-to-school plan' (please see Appendix 1), including a safety-and-supervision plan for monitoring the student on return to school</li> <li>• debrief staff where appropriate and offer then assistance as required such as the Employee Assistance Program (EAP)</li> <li>• debrief students who may have witnessed the incident</li> <li>• provide the student with school wellbeing support, and link student and family with community support if appropriate</li> <li>• assess the need to refer students and staff to other agencies or professionals, within established protocols, to provide:               <ul style="list-style-type: none"> <li>○ advice and resources for school staff, parents, carers and students</li> <li>○ medical assessment</li> <li>○ counselling and support services for students involved with illicit and other unsanctioned drugs</li> <li>○ professional development for school staff.</li> </ul> </li> <li>• conduct a school debrief and review of management of the incident, including school drug-education initiatives and strategies</li> </ul>



Considerations related to the management of illicit or unsanctioned drug use. The following table provides some key considerations that need to be made when managing a drug-related incident.

Item	Description
<b>Confidentiality and privacy: general</b>	<ul style="list-style-type: none"> <li>maintain confidentiality at all times</li> <li>share only information that needs to be shared with those who need to know (please refer to <a href="#">2.21 Privacy policy</a>)</li> </ul>
<b>Confidentiality: detoxification and pharmacotherapy treatment</b>	<ul style="list-style-type: none"> <li>information about detoxification, methadone or alternate pharmacotherapies:               <ul style="list-style-type: none"> <li>is a private matter</li> <li>only needs to be shared between students and their                   <ul style="list-style-type: none"> <li>parent or carer</li> <li>supporting community agency</li> <li>designated school student wellbeing staff</li> </ul> </li> <li>may be provided, at the principal's discretion, only                   <ul style="list-style-type: none"> <li>with the student's consent</li> <li>to staff who have direct responsibility for the student (i.e. if the student's concentration or alertness may be affected by prescribed medication)</li> </ul> </li> </ul> </li> </ul> <p><i>Note: students should not be excluded from attending school based on their ongoing detoxification</i></p>
<b>Drug testing</b>	<ul style="list-style-type: none"> <li>any form of drug testing in schools is not supported as it raises:               <ul style="list-style-type: none"> <li>a lack of trust between schools, families and students</li> <li>legal, technical, ethical and financial issues</li> </ul> </li> </ul>
<b>Duty of care</b>	<ul style="list-style-type: none"> <li>Teachers have a duty of care to pass on information to the principal (or delegate) if they have knowledge about illicit or unsanctioned drug use, possession, distribution or trafficking by students or members of a student's family. This is irrespective of:               <ul style="list-style-type: none"> <li>whether the use, possession, distribution or trafficking                   <ul style="list-style-type: none"> <li>is confirmed, suspected or likely to occur</li> <li>occurs on or outside school grounds</li> </ul> </li> <li>the drug used</li> </ul> </li> </ul> <p><i>Note: under this duty of care, staff cannot promise unconditional confidentiality to students</i></p>
<b>Educational access during absence</b>	<ul style="list-style-type: none"> <li>any student who is absent from school due to a drug-related incident or resultant treatment should be provided with a 'Student learning plan' (please see Appendix 2) as determined by the school in consultation with parents or carers</li> </ul>
<b>Legal</b>	<ul style="list-style-type: none"> <li>principals are encouraged to contact the CEM legal unit on 9267 0228 for legal advice</li> </ul>
<b>Media</b>	<ul style="list-style-type: none"> <li>principals are responsible for media contact; advice and support is available through the CEM marketing and communications unit on 9267 0228</li> </ul>
<b>Parents and carers</b>	<ul style="list-style-type: none"> <li>principals should notify parents and carers as soon as practicable</li> <li>generally, parents and carers should always be informed about and involved in the management of drug-related incidents</li> </ul> <p><i>Note 1: at times, Victoria Police may advise or request the principal not to contact the parents or carers; the principal (or delegate) has to follow advice from</i></p>



Item	Description
	<p><i>Victoria Police</i></p> <p><i>Note 2: teachers and principals do not breach criminal law by failure to notify parents or carers of the use of an illicit drug, but there may be civil and duty-of-care implications</i></p>
<b>Police</b>	<ul style="list-style-type: none"> <li>principals must:             <ul style="list-style-type: none"> <li>advise the local police contact person when they have knowledge of an alleged criminal offence, including the possession, trafficking, use and distribution of illicit drugs</li> <li>document internal procedures and actions undertaken</li> </ul> </li> </ul> <p>Please see <a href="#">2.19a Police and DHHS interview protocols</a></p>
<b>Professional learning</b>	<ul style="list-style-type: none"> <li>staff should be:             <ul style="list-style-type: none"> <li>informed of relevant policies and procedures</li> <li>provided with professional learning in responding to drug-related incidents</li> </ul> </li> </ul>
<b>Record keeping</b>	<ul style="list-style-type: none"> <li>all records pertaining to a drug-related incident must be carefully recorded, filed and retained</li> <li>ensure confidential records of drug-related incidents at school are maintained to support monitoring and evaluation of intervention policies and procedures</li> </ul>
<b>Seizure of property</b>	<ul style="list-style-type: none"> <li>follow the procedures in the CECV's <a href="#">Catholic schools operational guide</a>.             <p><i>Students can be instructed by teachers to hand over certain items. For example, items in the student's possession such as cigarettes and other items prohibited by school policy or by law, or items that are used to disrupt classes or distract students such as mobile phones, can be requested to be handed over.</i></p> <p><i>If a student refuses to hand over these items, then action should be taken in accordance with the pastoral care policy of the school and discipline procedures.</i></p> <p><i>If the items are suspected weapons or drugs then the staff member needs to follow the directives of the protocol for dealing with suspected serious offences. Always, the safety of the students is of prime importance in managing potentially difficult or dangerous situations.</i></p> <p><i>Where items are confiscated, the responsibility for their preservation and security rests with the school. When this has occurred, a receipt should be issued to the student indicating that such an item has been impounded for safekeeping, pending further actions. The ownership of such items remains with the lawful owner of the property.</i></p> <p><i>If material is found to be a prohibited substance or an illegal substance, then the person holding such materials can be charged with possession of an illegal substance. Therefore, staff members need to act in a proper way when dealing with such a situation. Usually, the police deal with alleged criminal matters and are the appropriate authority for handling such matters. The CECV has signed a memorandum of understanding with government and independent schools sectors that it will collaborate with Victoria Police in drug-related incidents.</i></p> </li> </ul>

Item	Description
	<p><i>Staff should not confiscate illegal drugs or prohibited items (flick knives, etc.) without informing the police immediately after. A member of staff (or any other person) in possession of such an item might be in a breach of the law. However, the safety and welfare of all students are of prime importance when considering what actions need to be taken.</i></p> <p><i>Please also see the Victorian Government's school policy to <a href="#">Ban, search and seize harmful items</a>, on the Department of Education and Training's school policy and advisory Guide.</i></p>
<b>Staff wellbeing</b>	<ul style="list-style-type: none"> <li>ensure staff wellbeing and safety, including additional support if required. This may be activated through the EAP</li> </ul>
<b>Student wellbeing: general</b>	<ul style="list-style-type: none"> <li>establish a student support group to assess student needs and provide support</li> <li>avoid labelling the student or jumping to conclusions</li> </ul>
<b>Student wellbeing: continuing the student's engagement with their education</b>	<ul style="list-style-type: none"> <li>schools should aim to have the student returned to school and resume normal school activities as soon as possible – careful facilitation and planning is required</li> <li>the school's response to a drug-related incident must not isolate and marginalise the student as this is likely to put them at further risk</li> <li>the school's role is to: <ul style="list-style-type: none"> <li>educate</li> <li>provide support focusing on the student's wellbeing</li> <li>encourage the student to continue on an education pathway</li> <li>where appropriate, assist the student and family to link to appropriate community support services</li> </ul> </li> <li>every effort should be made to maintain appropriate educational pathways for students involved in drug-related issues</li> </ul>
<b>Volatile substances</b>	<ul style="list-style-type: none"> <li>if it is suspected that the incident involves a volatile substance or inhalant, schools should refer to the <a href="#">Volatile substance use</a> policy, which is available as part of the department's school policy and advisory guide.</li> </ul>

Content adapted from State of Victoria 2018a, 'School policy drug use', Department of Education and Training, accessed 30 May 2019  
<https://www.education.vic.gov.au/school/principals/spag/safety/pages/druguse.aspx>

## **Contact information for support**

### **Emergency services (police, ambulance, fire) – 000**

- Victoria Police youth support officer – contact local police station
- Headspace – [www.headspace.org.au](http://www.headspace.org.au)
- National Alcohol and Other Drug Hotline – 1800 250 015
- DirectLine, Department of Health Victoria – 1800 888 236
- Youth Drugs and Alcohol Advice (YoDAA) – 1800 458 685 or [www.yodaa.org.au](http://www.yodaa.org.au)
- Alcohol and Drug Foundation Information Line – 1800 85 85 84
- National Drugs Campaign – [campaigns.health.gov.au/drughelp](http://campaigns.health.gov.au/drughelp)

## **Resources**

- CEM student wellbeing unit – 03 9267 0228
- CEM legal unit – 03 9267 0228
- CEM marketing and communications unit – 03 9267 0228
- Kids Helpline – 1800 55 1800
- Lifeline – 13 11 14

## **Resources**

### **Catholic Education Melbourne**

- Horizons of Hope: Vision and Context
- Horizons of Hope Foundation Statement: Wellbeing in a Catholic School
- eXcel: Wellbeing for Learning in Catholic School Communities

### **The Catholic Education Commission of Victoria**

- Positive Behaviour Guidelines (available from the Catholic Education Victoria network)

### **Department of Education and Training, Victoria**

- Drugs and Schools: Legal Issues: A Guide for Principals
- School policy drug prevention
- School policy drug use
- School policy drug education
- School policy volatile substance use
- School policy alcohol

## **Australian Government**

- National Drug Strategy 2017–2026 – describes the national framework for building safe, healthy and resilient Australian communities through preventing and minimising alcohol, tobacco and other drug- related health, social and economic harms among individuals, families and communities
- Australian Student Wellbeing Framework website – supports Australian schools in promoting positive relationships, and the wellbeing of students and educators within safe, inclusive and connected learning communities
- Positive Choices website – provides a central access point for school-based drug-prevention resources and information linked to the Australian Curriculum, plus resources for parents and teachers
- Principles for School Drug Education – provides a framework of core concepts and values for effective drug-education practice in schools, drawn from drug-prevention research
- Australian Sports Anti-Doping Authority website – provides a range of resources for individuals, schools, sports clubs and organisations on anti-doping education
- Australian drug information directory website – the Alcohol and Drug Foundation’s alcohol and drug search directory

## Related legislation

- Drugs, Poisons and Controlled Substances Act 1981 (Vic)
- Drugs, Poisons and Controlled Substances Regulations 2017 (Vic)
- Crimes Act 1958 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Training Reform Act 2006 (Vic)
- Children and Young Persons Act 1989 (Vic)
- Information Privacy Act 2000 (Vic)

## References

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Horizons of Hope: Vision and Context, accessed 23 October 2018

<https://www.cem.edu.au/CatholicEducationMelbourne/media/Documentation/HoH%20Documents/HoH-vision-context.pdf>

Catholic Education Melbourne 2017, Horizons of Hope Foundation Statement: Wellbeing in a Catholic School, accessed 23 October 2018 <https://www.cem.edu.au/Our-Schools/Curriculum-Learning-Programs/Student-Wellbeing.aspx>

Catholic Education Melbourne 2018, Excel: Wellbeing for Learning in Catholic School Communities, accessed 23 October 2018

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## VERSION HISTORY

Version	Date Issued	(Minor, Major Change)
November 2019	January 2020	New
November 2020	November 2020	Minor

Document approved by Principal and ratified by Executive Team	
<b>Next Review Date</b>	November 2021
<b>Person/s Responsible</b>	Deputy Principal Student Wellbeing Principal
<b>Related Documents</b>	
<b>References</b>	As above





contact	Position	
	Phone number	
	Email	
Academic goal (1)		Academic goal (2)
Resources and support		Resources and support
Social goal (1)		Social goal (2)
Resources and support		Resources and support
Wellbeing and health support (at school)		
Wellbeing and health support (other)		
How the return to school plan will be monitored and reviewed		

This student support, safety and return-to-school plan is an agreement reached between *[insert names]*.  
All parties agree to act in good faith and work together with respect and openness.

Student signature: \_\_\_\_\_  
 Parent or carer signature: \_\_\_\_\_  
 Key school contact: \_\_\_\_\_  
 Principal signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Appendix 2: student learning plan

### Purpose of this document

The student learning plan is designed to support academic engagement during a student's absence from school due to a drug-related incident.

Where appropriate, the student learning plan is developed in consultation with the student, their parent or carer and relevant school staff.

Student information				
Student name				
Date		Year level		
Number of days absent		From		To

Work program			
Subject			
Task set			
Additional resources and support			
Teacher		Due date	
Subject			
Task set			
Additional resources and support			
Teacher		Due date	

<b>Work program</b>			
Subject			
Task set			
Additional resources and support			
Teacher		Due date	
Subject			
Task set			
Additional resources and support			
Teacher		Due date	

<b>Supports</b>	
Role of parent or carer in supporting educational program	
Name of key school contact	
Position	
Phone number	
Email	

Student signature: \_\_\_\_\_  
 Parent or carer signature: \_\_\_\_\_  
 Key school contact: \_\_\_\_\_  
 Principal signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Appendix 3: school drug education

Schools play an important role in supporting the development of knowledge, understanding, behaviours and skills that enable students to make responsible, healthy and safe choices.

Effective school drug education uses a whole-school approach to health promotion, prevention and early intervention, based on the principles of [harm minimisation](#), as defined by the Victorian Department of Education. School drug education encompasses all policies, practices and initiatives connected with the prevention and reduction of drug-related harm, and the building of resilience in individuals and school communities.

Engaging students in drug education activities builds their capacity to:

- identify risky situations
- make healthy and safe choices
- make informed decisions
- develop strategies to prepare them for challenging situations.

These activities contribute to reducing the incidence of drug use and the impact of drug-related harm.

Drug education is an essential focus area of Victorian Curriculum's [Health and Physical Education](#), which supports the wellbeing of children and young people. Schools should implement an ongoing and embedded approach to drug education as an integral part of the schools' health-curriculum program. The school drug education should include explicit and developmentally appropriate teaching and learning opportunities aligned to the Victorian Curriculum F–10.

Educational strategies should take into account the school environment, culture and attitude of the local community towards the use of various drugs, and reasons students may be likely to use drugs. Such strategies will also need to provide:

- opportunities for students to develop resiliency skills that enable them to better cope with change and effectively manage everyday stressors
- a harm-minimisation approach that encompasses a range of strategies, including non-use which aims to reduce harmful consequences of drug use
- clear expectations on positive behaviours, boundaries and respect for others
- information on the consequences of drug use and safety messages about risks.

### Delivery of school drug education

A comprehensive whole school approach is widely acknowledged as best practice in working holistically to promote student health and wellbeing. Through the inter-relationship of evidence-based practice, curriculum, effective pedagogy, ethos and a positive and supportive environment, school drug education is consolidated by effective links, connections, and partnerships with family and the community. Research demonstrates that drug education is more likely to achieve positive outcomes when schools, parents/carers and communities work together to plan, implement, support and sustain drug education strategies and practices within the school community.

Schools that deliver drug education, within a broadly defined health curriculum, make a greater impact on students. In these schools, there is recognition that drug education is more than teaching essential information only in a discrete subject, such as health. School drug education includes an emphasis on:

- developing students' life skills and protective behaviours
- promoting the range of relationships in which students can engage
- ensuring that students are connected to their schooling
- external influences such as, media, family and peers).

Evidence suggests that school drug education delivered by their teachers is most effective because they know their students and have already formed a relationship with them. Teachers are also best placed to provide young people with the skills and knowledge to make sound choices and decisions (see Principle 10 from the Australian Government's [Principles for School Drug Education](#)). If schools choose to engage external agencies or speakers, they must use their professional judgement to determine if they:

- are appropriate for the age and development of the students
- align with school community culture, attitudes and context
- include safe drug education messages.

A range of resources to assist teachers is available on the [Department of Education and Training's website](#), under teaching materials for health and physical education.

#### Effective school drug education

According to the Victorian Government (State of Victoria, 2018a), the available evidence-based research suggests that effective drug education programs should:

- increase students' knowledge, social and life skills, and refusal skills towards licit and illicit drug use
- include content relevant to young people's experiences and interests
- contain highly interactive pedagogies that engage students in problem-solving and critical thinking
- commence activities prior to initial experimentation and continue as young people grow and mature
- provide significant coverage of relevant issues complemented by follow-up sessions
- position drug education within a broader health and personal learning curriculum that focuses, among other things, on mental-health issues such as stress and coping
- respond to cultural and social needs of the school community
- engage parents or carers.

#### Using a harm-minimisation approach

Schools use a harm-minimisation approach to review and implement drug-education programs and activities. According to the Victorian Government (State of Victoria, 2018a) this entails that programs and activities:

- are comprehensive and evidence-based
- promote a positive school climate and relationships
- are targeted to needs and contexts identified through consultation with students, staff and parents or carers
- embed timely, developmentally appropriate drug education programs within a curriculum framework that utilises effective pedagogy.

The aims of harm minimisation stop and reduce drug-related harm, including:

- prevention through education and creating respectful and safe schools
- early intervention to prevent later harmful drug use.

In addition, harm minimisation:

- ensures the response is well managed
- student wellbeing is paramount
- uses partnerships with parents or carers, and the police when necessary
- ensures the response does not cause any secondary harm such as social stigmatisation, reduced self-worth and associated truancy.

Please see further information on the [Department of Education and Training's website](#).

## Principles for school drug education

The most effective drug-education programs originate from an evidence-based understanding of the factors contributing to problematic drug use, and the strategies that help to prevent such use and the associated harms. The Australian Government's [National Principles for School Drug Education](#) reflect the best practice in drug education and should be considered when planning whole-school drug-education strategies.

Comprehensive and evidence-based practice		
<i>School practice based on evidence</i>	Principle 1	Base drug education on sound theory and current research, and use evaluation processes to inform decisions
<i>A whole-school approach</i>	Principle 2	Embed drug education within a comprehensive whole-school approach in promoting health and wellbeing
<i>Clear educational outcomes</i>	Principle 3	Establish drug education outcomes that are appropriate to the school context and contribute to the overall goal of minimising drug-related harm
Positive school climate and relationships		
<i>Safe and supportive environment</i>	Principle 4	Promote a safe, supportive and inclusive school environment as part of seeking to prevent or reduce drug-related harm
<i>Positive and collaborative relationships</i>	Principle 5	Promote collaborative relationships between students, staff, families and the broader community in the planning and implementation of school drug education
Targeted to needs and contexts		
<i>Culturally appropriate and targeted drug education</i>	Principle 6	Provide culturally appropriate, targeted and responsive drug education that addresses local needs, values and priorities
<i>Recognition of risk and protective factors</i>	Principle 7	Acknowledge that a range of risk and protective factors impact on health and education outcomes, and influence choices about drug use
<i>Consistent policy and practice</i>	Principle 8	Use consistent policy and practice to inform and manage responses to drug-related incidents and risks
Effective pedagogy		
<i>Timely programs within a curriculum framework</i>	Principle 9	Locate programs within a curriculum framework, thus providing timely, developmentally appropriate and ongoing drug education
<i>Programs delivered by teachers</i>	Principle 10	Ensure that teachers are resourced and supported in their central role in delivering drug-education programs
<i>Interactive strategies and skills development</i>	Principle 11	Use student-centred, interactive strategies to develop students' knowledge, skills, attitudes and values
<i>Credible and meaningful learning activities</i>	Principle 12	Provide accurate information and meaningful learning activities that dispel myths about drug use, and focus on real life contexts and challenges

## References

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