

# Preparing students to live in a world where alcohol and drugs exist



## PROBLEMS WITH SUBSTANCES START EARLY

Perhaps surprisingly, half of all New Zealanders with a substance dependency issue became dependent by the time they were 19. This is why it is so important to support young people now rather than later.



## EXCLUSION AND EXPULSION: THE LAST RESORT

Sadly, in 2014, the most common reason for expulsion from a New Zealand secondary school was “drugs (including substance abuse)”. The statistics for this reason for expulsion include both alcohol and other drugs. Expulsion should be the last resort because the negative effects on a young person’s future can be huge. Keeping young people in school leads to higher employment rates and longer life expectancy.

We all want young people to succeed. New Zealand schools help young people to take their place in a society where a wide range of drugs exist by building their knowledge, skills and resilience and helping them to shape a positive character.

Unfortunately, some young people have challenges that get in the way of their education, and drug and alcohol use is one of these.

The good news is that we know a lot more about how to deal with this now than we did a few years ago. We used to believe that exclusion or expulsion from school would act as

a deterrent for others, and we tried that approach for decades. This contributes to more and more young New Zealanders becoming displaced from their educational pathway. We now know that this approach has not helped to either reduce drug-related harm to young people or to support positive educational outcomes.

There is a better way. We want to keep students engaged in education and help them to re-engage when they are drifting away. That is an approach that many organisations and their associated policies stand behind and reflect, including the Ministry of Education,<sup>1</sup> Positive Behaviour for Learning,<sup>2</sup> Ministry of Social Development,<sup>3</sup> Ministry of Health, the National Drug Policy,<sup>4</sup> New Zealand Youth Courts<sup>5</sup> and of course the New Zealand Drug Foundation.<sup>6</sup>

## SOME FACTS OF LIFE <sup>7</sup>

**EVERY** student will make a decision whether or not to use alcohol and other drugs.

**MANY** students will try alcohol and other drugs.

**SOME** students will suffer short-term harms.

**A FEW** students will develop long-term problems.

**3** IN 10 AGE 13 | **8** IN 10 AGE 17

**SECONDARY SCHOOL STUDENTS**

### ALCOHOL

Most alcohol consumption starts during secondary school years.

- At age 13, 3 in 10 students have tried alcohol, with only 2 in 10 students currently drinking.
- By 17 years of age, that number dramatically increases to over 8 in 10 students who have ever tried alcohol, and 7 in 10 students currently drinking.

### CANNABIS

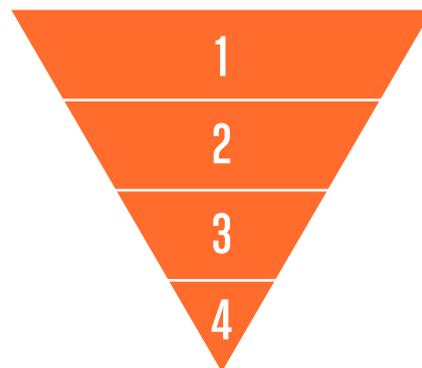
Cannabis is the most common illegal drug tried, with most use being infrequent and occasional and regular use uncommon for secondary school students. Junior students tend to use cannabis with other people.

- 1 in 4 secondary school students have tried cannabis.
- 1 in 8 secondary school students currently use cannabis.
- 1 in 30 secondary school students use cannabis weekly or more often.

## WHAT WORKS

**We need to acknowledge that alcohol and drugs are part of our society. Preparing students to take their place in society means working with this as a whole-school community.**

With a whole-school approach, interventions for addressing the scenarios above fall into four increasingly targeted tiers, which overlap many existing education initiatives:



**1** Positive school environments

**2** Deliver effective education

**3** School-based support

**4** Professional treatment interventions

### 1. POSITIVE SCHOOL ENVIRONMENTS

Students learn values mainly through experience. Positive school environments involve the entire school community. They focus on student wellbeing, promote positive relationships and encourage the development of social, emotional and intellectual skills. There is good national<sup>8,9</sup> and international<sup>10</sup> evidence to support the effectiveness of positive school environments at keeping students engaged and at school, and it is part of the foundation of the Ministry of Education's Positive Behaviour for Learning programme. In fact, an evaluation of one initiative in Australia found that a focus on school climate and student connectedness "may be equally, if not more effective in addressing health and problem behaviours than specific, single issue focused education packages".<sup>10</sup>

The Education Review Office has published guides to help schools and their boards review and develop how well their school promotes wellbeing. The *Wellbeing for Young People's Success at Secondary School* guide and resource can be found on the Education Review Office website.<sup>11,12</sup>

<3%

**OTHER DRUGS**

Other drug use is very uncommon:

- 3 percent of all secondary school students had used ecstasy.
- 1 percent had used methamphetamine (P).

1 IN 10

**HARM**

Some students will suffer short-term harm:

- Just over 1 in 10 secondary school students had done things that could have got them in serious trouble while drunk.
- Just under 1 in 20 secondary school students had had unwanted sex while drunk.
- The impacts of some of these harms can last a long time.

11%

**IMPACTS**

A few students will develop long-term problems:

- Just over 1 in 10 (11 percent) of secondary school students had used substances at levels that were likely to cause significant current harm and may cause long-term problems.
- Two-thirds of those most at-risk students had never worried about their substance use.

**CHANGE TAKES TIME**

Change in a school’s environment doesn’t happen overnight. It takes at least five years. Why? Well, it’s older students who become positive role models, and it takes five years for a year 9 student to reach year 13.

**2. DELIVER EFFECTIVE EDUCATION**

This tier targets all school students and staff. Through the New Zealand curriculum, secondary schools are already actively teaching students about health, physical education, critical thinking, drugs and alcohol, and how to self-manage. Where we can improve is continuing to provide this education in later years when it is most relevant. Most health education happens in the junior years when health and physical education is a compulsory learning area.

**AVOID SCARE TACTICS**

Though it may seem like a good idea, hard-hitting horror stories employed to steer young people away from alcohol and drugs don’t work. A more effective approach involves building on a young person’s strengths, recognising their personal circumstances and sharing values, skills and both factual and normative information

through a social influence approach. The Ministry of Education has guidelines to help schools review their substance education.<sup>13</sup>

**3. SCHOOL-BASED SUPPORT**

School-based support works for young people experiencing short-term harm from alcohol and drugs. Though school-based support varies, it can come in the form of help from school counsellors, nurses, deans or full-time social and youth workers. It is most effective when schools treat it as an essential part of student support.

**MAKING SUPPORT ACCESSIBLE**

Did you know that many young people see their form teachers, deans, and assistant principals as key supports? Being able to bring up conversations about drugs and alcohol when a student is truanting may help them to get support earlier and help them feel like someone cares.<sup>14</sup>

Why might a young person not seek support? The most common reasons young people reported in the Youth 2012 survey were:

- lack of transport
- a hope that the problem will go away
- not wanting to make a fuss.

School-based support is accessible because it integrates with a young person’s routine.

**ON THE FLIP SIDE**

Of course, a school-based service is more visible to peers, and receiving a note in class to attend an appointment is embarrassing to say the least. This is why it is so important that schools foster a help-seeking culture.

**4. PROFESSIONAL TREATMENT INTERVENTIONS**

In the final tier of a whole-school approach, additional specialist support complements a school’s existing services – as needed or through a regular arrangement. All interventions must share the same philosophies and integrate as seamlessly as possible with a young person’s routine.

**STAND UP!**

Odyssey’s *Stand Up!* programme is an example of a specialist alcohol and drug service integrated within secondary schools. In the programme, for one day a week, two alcohol and drug practitioners become part of the school support team.

Most young people refer themselves to the programme.

However, it may surprise you to learn that many had no intentions of stopping their substance use – until they received guidance from a drug and alcohol counsellor. Integrating specialist services within the school community means that young people receive help earlier than they might otherwise.

### WHERE TO NEXT?

The evidence shows that a whole-school approach works to both keep students engaged in education and reduce drug and alcohol-related harm. And while, individually, all four tiers of intervention have positive effects, multiple levels of intervention make the difference. To achieve the best results, everyone – young people, whānau, communities, specialist services and schools – must work together.

**Being proactive will give your school more options to keep students engaged. Waiting until issues arise limits the options available. We are in the process of producing more resources to help schools to keep their students engaged and achieving.**

Here are some questions to help your school plan:

- **EVERY** student will make a decision whether or not to use alcohol and drugs.

*A positive school culture that explicitly promotes wellbeing and student connectedness helps to keep students engaged and at school. It also helps barriers to engagement and achievement to be identified and dealt with as early as possible.*

How well does your school explicitly promote wellbeing and student connectedness? What is your school doing to help students make an informed decision and help students communicate with each other that it is OK not to use drugs and alcohol?

- **MANY** students will try alcohol and drugs.

*Young people who were out of school have said that having help to re-engage with an extracurricular activity would have helped them before their problem got too bad.*

What is your school doing to provide many opportunities to engage or re-engage in extracurricular activities?

- **SOME** students will suffer short-term harm.

*Having the conversation is important. Some young people feel like their behaviour is very visible and that no one saying anything means that it is OK.*

Does your school proactively have conversations with students about slipping attendance at school?

Do school staff feel confident to raise alcohol and other drug use in these conversations, and would students feel OK to talk about it with them?

- **A FEW** students will develop long-term problems.

*The earlier students can be offered support the better.*

What is your school doing to identify need and get support for these students as early as possible?

Does your school and pastoral care team work collaboratively with professional treatment services?

### LOOKING FOR MORE HELP?

A resource is available to help schools, youth groups and organisations to have conversations with young people about alcohol and other drugs.

#### RESOURCE

[aodcollaborative.org.nz/didyouknow](http://aodcollaborative.org.nz/didyouknow)

You can keep in touch with our work about ensuring young people stay in education (sign up for case studies and updates).

#### SIGN UP FOR EMAIL UPDATES

[nzdrug.org/aod-in-schools-list](http://nzdrug.org/aod-in-schools-list)

1. Ministry of Education (2014) *Ministry of Education Statement of Intent 2014–2018*, Wellington.
2. Ministry of Education (2016) *PB4L – Positive Behaviour for Learning*, Wellington.
3. Ministry of Social Development (2015) *Statement of Intent 2015–2019*, Wellington.
4. Inter-Agency Committee on Drugs (2015) *National Drug Policy 2015 to 2020*, Wellington: Ministry of Health.
5. Brocroft, A.J. (2006) *Youth Offending: Factors that Contribute and How the System Responds*. Symposium of Child and Youth Offenders: What Works, Wellington, August.
6. New Zealand Drug Foundation (2013) *Aotearoa New Zealand Free from Drug Harm – Statement of Strategic Direction / Mahere Rautaki 2013–2017*, Wellington.
7. Adolescent Health Research Group (2013) *Youth '12 Prevalence Tables*, Auckland: University of Auckland.
8. Education Review Office (2014) *Improving Guidance and Counselling for Students in Secondary Schools*, Wellington.
9. Education Review Office (2014) *Towards Equitable Outcomes in Secondary Schools: Good Practice*, Wellington.
10. Bond, L., Patton, G., Glover, S., Carlin, J., Butler, H., Thomas, L., & Bowes, G. (2004) The Gatehouse Project: Can a multilevel school intervention affect emotional wellbeing and health risk behaviours? *Journal of Epidemiology & Community Health*, 997–1003.
11. Education Review Office (2015) *Wellbeing for Young People's Success at Secondary School*, Wellington.
12. Education Review Office (2016) *Wellbeing for Success: A Resource for Schools*, Wellington.
13. Ministry of Education (2009) *Promoting Student Health and Wellbeing: A Guide to Drug Education in Schools*, Wellington.
14. Community Action Youth and Drugs (2016) *Knowing Someone Cares*, Auckland.