



PRIMARY PREVENTION
Drug education in middle primary

An evidence-based approach

An Australian Government Initiative

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Contents

Part 1: School drug education in the middle years of primary	1
Why school drug education in the middle years of primary?	1
What is the role of nurturing resilience?	2
What does effective drug education look like in the middle years of primary?	3
Part 2: Introduction to <i>One and All</i>	5
Aims of <i>One and All</i>	5
How does <i>One and All</i> contribute to effective drug prevention in middle primary?	5
Implementing <i>One and All</i>	7
Part 3: Further resources	9
The REDI website	9
Australian Drug Foundation website	9
Bibliography	9

School drug education in the middle years of primary

Why school drug education in the middle years of primary?

Primary schools can play a very important role in preparing children for healthy and fulfilling lives and in contributing to drug prevention efforts across the school years. Although drug education can be controversial, particularly in the primary years of schooling, recent research provides us with important findings on the type of drug prevention that is appropriate in middle primary years.

Traditional approaches to school drug education either ignored the middle primary years as too early and irrelevant, or provided targeted drug-focused programmes in an attempt to ‘inoculate’ children against a range of drugs. Poor practices in the past tended to use ‘scare tactics’ to frighten children from future harm. This type of approach failed and may well have caused greater harm. Focusing on fear can glamorise drug use behaviours. Other poor drug education practices in the past included focusing simply on providing information about drugs on the assumption that somehow this would guard against experimentation and use. Rather, effective drug education focuses on skills development, providing students with the capacity to make healthy decisions for their own and others’ wellbeing. Providing learning opportunities and a school environment that nurtures a sense of belonging and connectedness and thereby nurtures resilience is what is important in reducing the likelihood of problematic substance use in young people (Loxley et al, 2004).

It is important that primary schools understand the role they can play in nurturing resilience and appreciate the complexity of factors that can affect young people’s health and educational outcomes. It is useful to acknowledge that problematic drug use is not a simple or individual issue. Problematic drug use derives from a complex range of factors associated with the individual’s temperament, family, peers, school, community and the broader social and economic environment. The more risks a young person experiences the more likely that drug problems and related issues may occur. These risks interplay with the strengths and assets a person has available – their protective factors. An understanding of the risk and protective factors impacting on patterns of youth drug use can assist schools to work more effectively at both prevention and intervention levels (Meyer and Cahill, 2004).



What is the role of nurturing resilience?

‘Resilience is the ability to bounce back from adversity’ (Wolin and Wolin, 1999). It’s been called ‘the happy knack of being able to bungy jump through the pitfalls of life – to rebound and spring back after the hard times’ (Fuller, 2001).

The strengthening of social competencies, emotional intelligence and resilience in young people is associated with the prevention of substance abuse, violence and suicide, as well as being linked to academic and life success. Research tells us that the factors of connectedness and belonging that foster resilience are also the factors that reduce the level of problematic substance use in young people.

Research into resilience has its origins in the observation that many people who have been exposed to extremely adverse circumstances maintain high levels of functioning in spite of this. This led researchers to try to identify those factors that increased the risk, likelihood and severity of health and social problems for people, and to attempt to identify those factors that are protective. Protective factors lessen the risk of a person developing a disorder when exposed to adverse circumstances.

The promotion of protective factors and the reduction of risk factors at critical points in a young person’s schooling are predictive of academic success and positively adapting to life’s adversities and range of experiences (Fuller, 2001).

Recent research (Benard, 1995, 1997; Fuller, 2001; Howard and Johnson, 1999, 2000) has identified three key protective factors that contribute to the resilience of young people:

- sense of belonging through caring relationships
- meaningful participation and contribution
- high but achievable expectations.

There is clearly an important interconnection between learning, resilience and outcomes for young people:

- Learning and performing well at school are protective factors against drug-related harm.
- The same strategies and skills that foster resilience also promote learning – caring relationships, authentic participation and positive but realistic expectations.

The crucial issue for school drug prevention and health promotion in the middle primary years, and in fact across all schooling, is that resilience can be strengthened. We know that:

- increasing young people’s sense of belonging and connectedness is protective and fosters resilience

- using a comprehensive approach across family, schools and community is more effective than simply focusing on one aspect
- parents and schools are particularly significant as protective factors.

Developmental pathways approach

The research on resilience suggests that at various stages in life, individuals go through particular types of transitions that they may negotiate more or less successfully depending on their own capacity to cope, skills and supports. By taking a ‘developmental pathways approach’, schools can appreciate that children in the middle primary years are likely to be seeking to manage the challenges of friendships, fitting in at school and developing a sense of identity. Drug prevention from a resilience perspective suggests that helping students at this stage to focus on those key areas of concern will help them to negotiate these years and manage more ably as they journey on in their life trajectory.

Importantly for schools that are planning and developing their strategies for learning and drug prevention in primary schools, we now have increasing evidence of the developmental influences in young people’s lives that can lead to subsequent patterns of harmful drug use.

Indicative attributes/behaviours in primary years associated with drug-related harm in later years

It is now understood that the following are indicative attributes/behaviours in the primary years associated with drug-related harm in later years.

- Early school failure is a risk factor for alcohol abuse.
- Childhood behaviour problems through the primary school-age period are important risk factors for the development of drug use problems.
- Aggression in childhood is a risk factor for early adolescent poly-drug use.

It is now understood that the following are indicative attributes in the primary years of protecting against drug-related harm in later years.

- Social and emotional competence in childhood is a protective factor, reducing the influence of risk factors for alcohol abuse and illicit drug use.
- Cautious temperament in childhood is a protective factor, reducing the influence of risk factors for early adolescent poly-drug use.

What does effective drug education look like in the middle years of primary?

In providing drug prevention programmes that will be effective in the middle years of primary, schools need to target the issues that are of relevance to children at this stage of their schooling.

For more information on indicative attributes/behaviours in the primary years associated with drug-related harm in later years, see Loxley et al (2004) Chapter 6, in particular 6.7, available on the REDI website, www.redi.gov.au



From the years following entry to primary school, parents continue to exert an important influence on child development. However, other factors, including relationships with teachers, adjustment to school and experiences with peers, begin to play an increasingly important role in the child's development. (Loxley et al, 2004, p 78)

Establishing and consolidating friendships is a key social competency in the Middle Primary Years ... reasoning and morality become more sophisticated ... and children can be supported in developing empathy and moral reasoning. Programs that seek to promote positive peer relationships and prevent bullying are important at this stage of schooling. (Fuller, 2001)

Key findings

Importantly for schools focusing on the middle primary years and drug prevention:

- it is the quality of children's relationships and feeling safe, valued and able to learn that are more significant to their life trajectory and likelihood of future drug-related harm than providing drug education curriculum at this stage of their schooling.

In particular the available evidence suggests that for the middle primary years:

- effective programmes focus on social competency skills and developing positive relationships with peers and others
- focusing on improving primary school environments can make an important contribution to reducing risk factors for drug use. (Loxley et al, 2004)

Introduction to *One and All*

Primary schools can play a significant preventative role in addressing drug-related harm in young people's lives. *One and All* is a programme aimed at assisting schools to plan and implement drug prevention in the middle primary years through developing students' social and emotional competence and nurturing their resilience. It is part of a larger collection of multimedia resources, REDI – Resilience Education and Drug Information, that focuses on preventing and reducing harm associated with drugs by fostering resilience in students and their school communities.

This booklet is intended for primary school Principals, the school executive and staff. It provides background information on recent research that has informed *One and All* and provides advice on where further information can be found to support schools in providing effective drug prevention in the middle primary years.

Aims of *One and All*

The aims of *One and All* are to provide learning opportunities for students to:

- develop understandings, values and skills relevant to promoting the health and wellbeing of self and others
- foster their sense of connectedness and belonging within and beyond the classroom
- enhance their interpersonal skills for engaging in positive relationships with peers and adults
- develop their safety and help-seeking skills for minimising risks to themselves and others across a range of situations, including those that may involve drug-related issues
- engage in a range of group activities that support collaboration and inclusion of all students.

How does *One and All* contribute to effective drug prevention in middle primary?

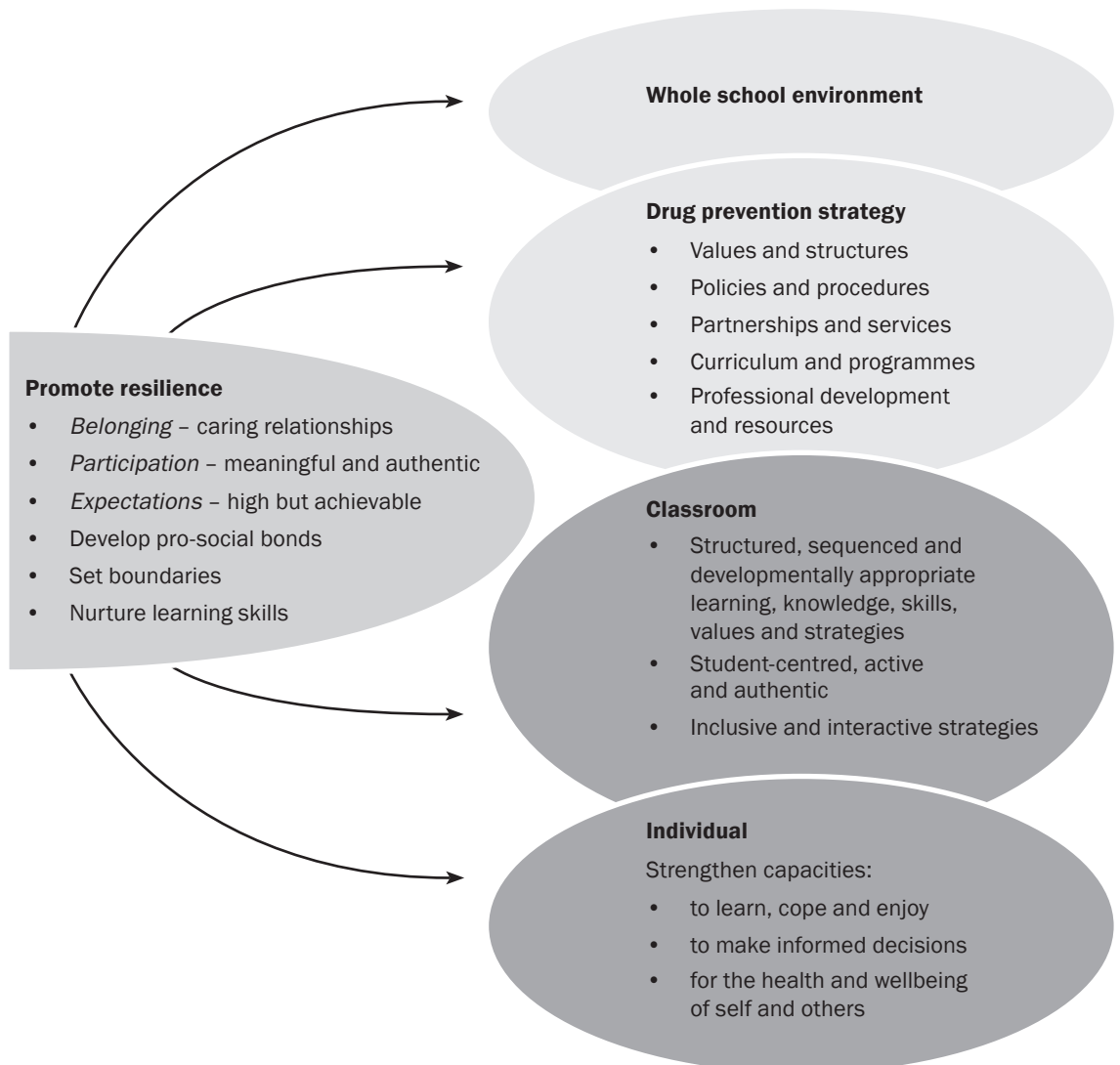
One and All has been designed to nurture the resilience and wellbeing of primary school students. It does not explicitly focus on drugs. Rather it provides an approach that is designed to foster students' sense of belonging and capacity to engage in meaningful relationships and activities. It supports the development of emotional intelligence and social competency. This approach has been designed to support schools in their drug prevention efforts as they are taken up more directly in later primary and/or secondary schooling.



In implementing *One and All*, schools are advised to adopt a comprehensive approach that looks beyond the classroom-based learning activities within the accompanying Teacher Guide and video. The *One and All* programme is intended to be seen as providing a range of classroom-based learning activities appropriate to drug prevention in the middle years that can be complemented and supported by other school-based strategies for nurturing resilience within the school community.

The following diagram sets out how *One and All* fits within a comprehensive approach to drug prevention in middle primary. This programme’s focus and approach for nurturing resilience and drug prevention are located in the classroom and for the individual school child. (This is represented by the darker shaded areas in the diagram below.) However, for primary schools to engage in a comprehensive school approach to drug prevention, schools need also to consider nurturing a positive whole school environment underpinned by its values, structures, policies and procedures.

A resilience approach to drug education



Implementing *One and All*

To implement *One and All* effectively, the following key considerations for school staff are important.

- The programme will be most effective when understood and located within an holistic approach to promoting resilience for all students and staff across the school community.
- Nurturing resilience in children in the middle primary years can have a positive impact on children’s learning and health outcomes, including drug-related harm.
- *One and All* is not intended as ‘the’ drug education programme for middle primary but it offers a suite of activities that can support schools in designing programmes to meet their own needs and context.
- Complementary strategies that focus on building a positive school environment in and beyond the classroom are strongly recommended as part of the programme’s implementation.
- Involvement of parents and the broader community should be integrated within the planning and delivery of the programme.

Guidance on how schools might build a positive school environment and involve parents and the broader community as part of the implementation of *One and All* are outlined below.

Primary school environments that foster resilience

Research has identified that social environments characterised by trust, social support and positive role models are important to the health and development of young people (Benard and Constantine, 2000; Bond et al, 2001; Glover et al, 1998; Fuller, 2001). It is now clear that a sense of connectedness to family and to school are important protective factors against a range of health risk behaviours, including substance-related harm.

Nurturing a healthy social environment within the school involves staff consistently:

- promoting an inclusive environment in and beyond the classroom
- modelling positive behaviour
- setting clear and consistent boundaries for acceptable student behaviour.

Building a positive school environment requires attention to the culture, ethos, values, expectations and norms of the school community and their role in influencing educational outcomes and health behaviours. The social and organisational health of a school is therefore an important part of seeking to address drug-related issues in the school community.

(Principles for school drug education, 2004)



Schools can enhance the school environment and foster resilience by promoting the following:

- the school's values and organisation encourage positive and caring relationships
- students have a strong sense of belonging
- the school curriculum provides opportunities for meaningful participation and authentic activities
- high expectations are set and communicated
- equity, learning and extending learning boundaries are valued, promoted and discussed
- the school sets clear, consistent and agreed boundaries
- skills to enhance resilience including social and emotional skills are promoted
- celebrations of success are practised.

(Adapted from Howard and Johnson, 1999)

Engaging parents, family and community

Parent involvement in schools has been shown to have a positive impact on educational learning outcomes for children (Cairney, 2000; Fan and Chen, 1999). This is also true for health-related curriculum where the involvement of families and community in programmes can increase the likelihood of their effectiveness and promote longer-lasting results (Evans and Bosworth, 1997).

It is important that parental involvement in drug-related education is not seen as a separate and additional component to a programme but rather as integral to the learning process. How parents and family become involved in a programme such as *One and All* will need to be determined by the particular school and its preferred way of interacting with parents and the broader community.

Some possible strategies relevant to *One and All* include:

- communicating with parents about the approach and aims of the programme
- providing updates on key themes/topics being undertaken in the programme and how parents might reinforce key messages in the home (helping and staying safe)
- seeking feedback or input from families on how they might contribute to the learning programme and get involved
- parental and community involvement in school-based activities, from helping with school excursions to supporting a range of activities within the classroom
- parental support with learning at home through set take-home activities
- reporting on key achievements and providing opportunities for children to display/present their work in school and community settings.

Further resources

Principals and school staff interested in finding further information on current research and findings on school drug education, nurturing a positive school environment and strategies for enhancing resilience within the school community, including parent and community engagement, are advised to access the following.

The REDI website

www.redi.gov.au

The following documents available at this site are likely to be of particular use for primary schools planning and implementing *One and All* and broader drug prevention strategies in the middle primary years:

- *Principles for school drug education* (Meyer and Cahill, 2004)
- *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence and Summary* (Loxley et al, 2004)

Australian Drug Foundation website

www.druginfo.adf.org.au

The following fact sheets available at this site are likely to be of particular use for primary schools planning and implementing *One and All* and broader drug prevention strategies in the middle primary years:

- *Drug education approaches in primary schools*
Fact Sheet for Primary Schools, Drug Info Clearinghouse Number 1.7, 2002
- *Drug Prevention in the Family*
Fact Sheet for Families, Drug Info Clearinghouse Number 1.4, 2002

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