Mary MacKillop Memorial School

“This is what God asks of you only this
To act justly,
To love tenderly,
And walk humbly with your God”

Micah 6:8

Drug Education Substance Abuse Policy
MISSION STATEMENT

At Mary MacKillop Memorial School we, the parents, students and staff are committed to continuing the vision of our founders, Mary MacKillop and Julian Tenison Woods. We value and endeavour to provide an education of excellence and care in a family environment, being accessible to all while upholding the Catholic tradition based on the philosophy “In Omnibus Caritas” … In all things love and kindness.

RATIONALE

Mary MacKillop Memorial School aims to educate our students in all dimensions of life and provide opportunities to grow in all capacities. We strive to model Christian values by achieving justly, loving tenderly and walking humbly with our God.

We as a school community promote the responsible use of drugs as part of a healthy lifestyle.

AIMS

At Mary MacKillop Memorial School, we seek to:

• provide a safe and supportive environment for the community and particularly the students.
• educate young people about the responsible use of drugs as part of a healthy lifestyle by providing a comprehensive drug education program for all students.
• develop policies and procedures that give priority to student welfare and pastoral care in managing drug related incidents.
• inform parents, caregivers and students of the drug education policy and procedures.

POLICY GUIDELINES

Drug Education at Mary MacKillop Memorial School will reflect the principles of best practice (see Appendix 1); specifically:

• Drug Education is best taught in the context of an ongoing, developmentally appropriate school core curriculum conducted by the classroom teacher.
• The objectives of School Drug Education programs should include the development of student’s knowledge, attitudes and skills to enable them to make informed, responsible decisions about drug use as part of a healthy lifestyle. School Drug Education should
reflect an understanding of characteristics of the individual, the social context, the drug and the interrelationship of these factors.

- School Drug Education should include strategies to reduce harm associated with drug use in a way that is appropriate to the individual student, student group and school community.
- Drug Education Programs should cater for the many factors influencing drug use such as development, gender, language, culture, socioeconomic status, incidence of drug use and lifestyle differences of students.
- The achievement of School Drug Education objectives, processes and outcomes should be evaluated as expressed in the SACSA Framework.

We aim to prevent and reduce the harms associated with all drug use. In describing drugs we include:
- over the counter drugs
- prescription drugs
- tablets
- alcohol
- illicit drugs

**MEDICATION AND RESPONSIBLE DRUG USE AT MARY MACKILLOP MEMORIAL SCHOOL**

Student medication is dispensed according to First Aid Policy.

In addition the school does not allow students to use:
- tobacco
- alcohol
- any illicit drugs
- solvents or other chemical agents
- any prescription medication except with written permission from parents (as per first aid policy)
- possess drug related objects such as syringes, pipes, bongs etc
- attend school or authorised school activities whilst affected by drugs.
The school prohibits the possession, sale, supply, exchange or negotiation of the above when on school premises or any occasions when the staff have responsibility for an individual or a group of students.

RESPONSES TO DRUG RELATED INCIDENTS

With an emphasis on student welfare including confidentiality and natural justice in procedures, the school response to a drug related incident will be in line with the National Protocols and the Catholic Education Office Guidelines and will take into account:

- the nature of the incident
- the circumstances of the student’s involved including relevant age, developmental, gender, cultural and social considerations
- the safety and welfare of all members of the school community.

The school’s response may include:

- an assessment of a student’s health status and seeking medical assistance
- confiscating any substances or drug related objects
- investigating the incident including interviewing students
- informing parents and caregivers
- Police will be notified of all instances of use, possession or distribution of illicit drugs.

The consequences for involvement in a drug related incident may include some or all of the following:

- counselling
- detention
- suspension
- re-entry contracts
- expulsion

BASIS OF DISCRETION

The Principal reserves the right to inform parents and caregivers, interview students and take appropriate action if there is a reasonable suspicion that a student is involved in a drug related incident.
SUPPORT SERVICES

• Counselling for students at Mary MacKillop Memorial through School Counsellor, ACCESS Centacare project.
• Students and their families may be referred to Centacare Education Drug Diversion Intervention Team.
• 24 hour information and counselling is available through a number of agencies including:
  Kids Help Line 1800 551 800
  Parent Help Line 1300 364 100
  Alcohol & Drug Information Service 1300 131 340

RESOURCES

This policy is linked to:

• SACCS Vision Statement
• Program Achieve
• Family Life Education
• Mary MacKillop Memorial Vision Statement
• Personal Responsibility Policy
• OHS&W Policy
• Health Management Policy
• National Framework for Protocols for Managing The Possession, Use and/or Distribution of Illicit and Other Unsanctioned Drugs in Schools DEST
• SACCS Suspension and Expulsion Procedures

DEVELOPED 2008
RATIFIED BY MARY MACKILLOP MEMORIAL SCHOOL BOARD ON 02/03/2010
Implemented: 2010
DATE FOR REVIEW: 2013
APPENDIX 1

DRUG EDUCATION ~ PRINCIPLES OF BEST PRACTICE

Teachers need to consider the following principles of best practice when planning for student achievement of health and physical education learning areas outcomes in the drug education context. They are based on an extensive review of contemporary school drug education research, published as Ballard R, Gillespie A and Irwin R (1994). Principles for drug education in schools. Canberra: University of Canberra, as part of a national consultative process.

1. Drug Education is best taught in the context of an ongoing, developmentally appropriate school health curriculum.

2. Drug Education in schools should be conducted by the teacher of the health curriculum, with selected external drug education resources enhancing, not replacing, the teacher.

3. The objectives of School Drug Education programs should include the development of student’s knowledge, attitudes and skills to enable them to make informed, responsible decisions about drug use as part of a healthy lifestyle.

4. School Drug Education should include strategies to reduce harm associated with drug use in a way that is appropriate to the individual student, student groups and school community.

5. Drug Education resources and strategies used should be related directly to the achievement of the program and should contribute to long term positive outcomes in the school health environment.

6. Drug Education should address the values, attitudes and behaviours of society, the school community and the individual.

7. Drug Education should reflect an understanding of the drugs and drug use behaviour which cause most harm to society, effective curriculum practice and identified student needs.
8. Drug Education should reflect an understanding of characteristics of the individual, the social context, the drug and the interrelationship of these factors.

9. Drug Education programs should cater for the many factors influencing drug use such as development, gender, language, culture, socioeconomic status, incidence of drug use and lifestyle differences of students.

10. Strategies and processes that involve school staff, students, parents and the wider community should be used to plan and implement school Drug Education programs.

11. Drug Education is most successful when it is part of a health promoting school in which policies and practices support the classroom drug education program.

12. The achievement of school Drug Education objectives, processes and outcomes should be evaluated.