

THE MILLENNIUM CHANGE FOR DRUG AND ALCOHOL EDUCATION AND TRAINING:

From Knowledge and Skills to Policy and Organisations

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A paradigm shift in the conceptualisation of drug and alcohol education and training is enunciated in this paper. This re-conceptualisation has been achieved by combining approaches in health promotion, particularly capacity building, a focus on settings and the role of public policy with current directions in professional development and organisational change in educational institutions. A case study from recent research with school principals is used to exemplify the need for a shift in practice. In doing so, the paper draws on theories, models and frameworks from a number of fields.

This Workforce Development Symposium represents a range of sectors and different professional groupings signalling a shift in the conceptualisation of who and what might influence drug and alcohol training issues. By using issues surrounding the concept of drug abuse prevention, this paper will present a broader view of what and who might influence drug and alcohol workforce development. The paper will not focus on the simple solution of advocating that all we need to do is find better dissemination strategies for the way we translate research in education and training, nor will it present arguments that we need to find better ways to use workplace practice in training. Instead, it will be argued that all the factors that can influence education and training need to be identified and utilised.

Much of the shift in thinking has come about because of better understanding of the determinants of health and drug and alcohol problems within that broader understanding. Many of those determinants are outside the reach of health and human service workers and/or more importantly, require an approach that focuses on organisational, policy and wider social forces that shape the practice of workers.

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For too long education and training has focused on knowledge and skills based on the roles and responsibilities of individuals without examining and improving the infrastructure that supported workers' practice. A cross-disciplinary understanding is now being adopted. This has resulted in:

- a greater emphasis on partnerships within the health sector and between the health sector and other sectors
- an increased awareness of active role for consumers.

Current activity in health promotion provides those involved in drug and alcohol education and training with some excellent frameworks for how to bring about changed practice at a systems level in health, education, justice and other sectors. Concepts from capacity building such as partnerships, resources, infrastructure development and policy support (NSW Health Department, 2001) will be used to articulate strategies that could be drawn upon to improve workplace practice.

Along with a focus on drug abuse prevention, this paper examines Education as a discipline and as it applies to drug and alcohol issues in the school environment. The focus on schools demonstrates, both educationally and conceptually, the shifts that have occurred around drug issues. This turning point represents an ideal opportunity to recognise teachers in schools as frontline drug and alcohol workers, and to support them in this role without them becoming drug and alcohol specialists. The term "frontline" used here relates not to the degree of drug and alcohol specialisation, but to the role of primary care worker - that is, the first to encounter and manage drug and alcohol issues for young people. Currently drug and alcohol training advances for education as a sector are at risk of being isolated because they are not linked into most of the existing drug and alcohol training initiatives. This is due more to politics than ideology, yet the outcomes of this separation might have serious consequences given current trends for collaborative practice in the drug and alcohol field.

WHAT IS CONSIDERED EVIDENCE?

Education as a discipline area reflects two themes of this Symposium - "what is considered evidence" and "best practice". Concepts related to evidence and best practice in the drug and alcohol field have their origins, naturally enough, in the health sector. Evaluation researchers in the health and medical fields have traditionally been concerned with acquiring data to provide proof of the health impact of an intervention. They also aspire to maximise the IF or Impact Factor. This is not measured, as the name suggests, by how much the research actually influences practice but on publication status. In the health and medical fields this publication status is based on the status ascribed to evidence, where the randomised controlled trial (RCT) is the esteemed research method - level 1 in the hierarchy of evidence. But there are growing calls to develop different forms of evidence in the health field (Baum, 1998; Nutbeam, 1998). The "hierarchy of evidence" was developed specifically to appraise the quality of evidence about clinical interventions and to provide guidelines for practice. This framework is based on a hierarchy of research methods that holds the RCT as the research method that provides the best evidence. This may be appropriate to find the best clinical intervention but the health field is also advocating that this is the scientific framework against which drug and alcohol educational interventions should be judged. It is a framework which best suits medical investigations rather than those answering social or educational questions.

This Symposium is about education and training about drugs. How is the impact of education to be measured? Do we still use the hierarchy of evidence with RCT as level 1 evidence? The richest source of information for assessing the impact of education is naturally the educational field. In this field, the RCT as a research method is not the only esteemed method that provides best information for guidelines for educational practice. Similarly, the concept of best practice, with its connotation of one ideal way of practising, may be useful for a clinical environment, but not for an

educational one. There are many educational pathways depending on opportunity, the person, the learning environment and the subject area.

Another issue of relevance is the current context of education and training in universities. The current political and economic policy environment is placing enormous constraints on these institutions. The push for larger lecture groups and smarter teaching, particularly through on-line “rote” learning, is resulting in fewer skills training opportunities. For academics there is also a major pressure, driven by funding demands, for each individual to increase their research quotient. This is the number of points from staff publications that the university acquires and which impacts on future funding. The impact factor of publications is an important point. For some researchers these publications are the main strategy by which to disseminate research findings. But IF is only awarded to publications in scholarly journals. Those publications that are in professional journals that are accessible to a wider audience are often rejected. That is, for academics the imperative is not to influence practice but to get research quotient (RQ) points from publications in scholarly journals.

This indicates that a policy change is important to bring about a greater transfer of research into practice. One example is a policy change that requires a demonstrable and direct link between research output and day to day practice in the field to obtain RQ points.

DRUG ABUSE PREVENTION AND SCHOOLS

Drug abuse prevention exemplifies the form that education has taken for prevention and the current policies and practice that are laying the basis for the future of young people. Two small excerpts from one of the futures papers on Education and Young People¹ illustrate how current social and economic policies may have an impact on learning. The following excerpt foreshadows a possible outcome in 20 years time of current education and other social policies.

A possible future in the year 2020 is described as:

The government’s slow withdrawal of support for public education has created a 3 tiered education system: the well resourced subsidised private system for the overclass, an under-resourced public system for the middle and working class and internet learning for the underclass. This last group possess few critical judgement skills to filter information they acquire electronically. They are joined by young people excluded from school, as a result of involvement in drugs, growing group of drug using disconnected youth. The rights of these children to a formal education have been ignored. They too have become relegated to a third class education through whatever information they can access electronically. These young people in greatest need, experience lack of opportunity for mainstream social interaction, the development of social skills, the building of trust, team spirit and independent decision making that schools now provide. They have become the ever growing alienated class of young people, by products of families with generational unemployment. Teacher training now focuses on developing in children, skills for the work force, so that teachers now perform robotic and mechanistic roles. They are no longer adults to whom young people can turn for support and advice.

(Intergovernmental Committee on Drugs, 2001:36)

This scenario foreshadows how a teacher training system driven by market forces, supported by a major change in educational practice, namely greater on-line learning, could impact on young people. Looking at this scenario we can see the inter-relationship of educational, economic, political and social issues for the drug and alcohol field, for employment, for social welfare, for

¹ Background reading for the Intergovernmental Committee on Drugs, Futures Prevention Workshop (Intergovernmental Committee on Drugs, 2001)

mental health professionals. This recognises the growing importance of developing a cross disciplinary perspective.

A more optimistic view was foreshadowed in the preferred futures scenario for young people which again show the links with education and training and the social impact of education:

The need to focus on social experiences [in education] emerged from the newly created risk condition of “the isolation of the virtual learning environments characteristic of all schools”. Graduating teachers were now well prepared for this environment being experts in helping young people think critically and creatively, acting as mentors and learning coaches especially creating social links between schools, families and the community.
(Intergovernmental Committee on Drugs, 2001:37)

These scenarios suggest a possible future which highlights the need to be alert to the way people are trained now and for the next 10-20 years. For example in working with final year teacher trainees current practice indicates that it is essential to spend time developing their skills in thinking creatively, critically and synthesising information as well as exploring current content areas. This is an essential strategy to prepare them for their possible futures in schools.

Whilst looking into the future is only guesswork, the past reveals trends in practice. A paper prepared for an NCETA conference for tertiary educators in the early 1990s reveals trends and challenges of 10 years ago. In that paper, the question was asked “*Did school personnel see drug and alcohol education as their concern?*” (Rowling, 1993). Surprising as it may seem to people new to the field, the answer for some schools was “No”, drug education was not part of the school curriculum. The conclusion stated at that time was that there was a continuing lack of recognition of the need and consequent commitment to education and training for drug education from systems and sectors. Through the 1990s debates around education and training have centred around school personnel as role models, the need for consistent messages between parents, peers and school drug curriculum (Drug Education in Schools, 1991) and what approach to use - information based, developmental, syllabus based, embedding in other topics, a non drug focus, a social influence and/or a whole school approach. But since the early 1990s there has been a real shift in resource allocation and education system priority - two components of capacity building. Both the National Initiative in Drug Education and the current National School Drug Education Strategy have established a solid infrastructure for school drug education, but is this the current demand being placed on school personnel and is education and training keeping pace?

Unlike 10 years ago, the legitimacy of lessons about drugs in the school curriculum is now firmly established. A review for Department of Education Training and Youth Affairs of preservice teacher training in school drug education has recently been conducted (Rowling and Pettingell, 2001). The research identified that what passes as drug education varies from life skills and peer support, to sequential curricula across many years of schooling focusing on over the counter preparations, smoking and alcohol use, to education about cannabis and other illicit substances. Yet some training institutions are still producing graduates who see drug education as a life skills approach, a non drug focus (Rowling and Pettingell, 2001) and many do not have drug education as a compulsory area of study. Despite this the research, involving focus groups of stakeholders identified that addressing drugs in schools is now seen as necessary, legitimate and an expectation of society to be undertaken by a group of specialist teachers and, increasingly, by all teachers.

In 1991 at the author’s own institution, the University of Sydney, lobbying during curriculum reorganisation resulted in increased Faculty time allocation for all trainees to receive some education about drugs. The enabling factor for these changes was a policy decision outside the University. Policy is an element of capacity building. The policy decision was that the state education system (Drug Education in Schools, 1991) make drug education a mandatory component of education in the schools. In addition, the content of what is considered drug education continues

to change. When drug education became compulsory in NSW it certainly did not include any illicit drugs. Even five years ago in NSW teaching about illicit drugs was highly controversial. Now there is teaching about cannabis, and increasingly other illicit drugs.

It is also evident that drug issues have moved from a variety of curriculum approaches to a whole school community approach about consistent messages, and incorporating the current practice in schools of developing policies for handling incidents. A kit, the National Framework for protocols for managing the possession, use and/or distribution of illicit and other unsanctioned drugs in schools, has been produced about handling drug incidents (Department of Education, Training and Youth Affairs, 2000). But is this enough? It is a classic example of using a single strategy to address a complex issue. Whilst there are other strategies that are part of this initiative, most of these have not yet had an impact on schools. Unless there is a conceptualisation presented to schools that includes all the elements, then piecemeal attempts will be made about drug and alcohol issues in schools. Is a more advanced conceptualisation of drug education in schools needed?

WHAT ARE ALL THE WAYS SCHOOLS ENCOUNTER DRUG ISSUES?

Does the demand on workplace practice involve a need to review the term “drug education”? Demands have come from outside and in particular the politicisation of education, enhanced by the role of the media. Some recent research with school principals (Rowling, 2000) illustrates the changed demands. It points to external and internal pressures on schools. In this research the intent was to interview school principals as a school leader about their experiences when they had a critical incident. Volunteers were called for to relate how they managed events such as the suicide of students or staff, or accidents where students and/or staff were killed. The number of interviewees who also reported drug incidents as critical incidents in their work lives was a surprise. That is, the workplace demands on principals and wider school community members now include being frontline interventionists for drug issues involving students. As indicated above, a kit has been released at the national level, and systems have provided guidance about developing policies. But is this enough? Do the bodies responsible for educating school personnel really understand the shift that has occurred for schools? Below are how three school principals encountered drug incidents (names and incidents have been de-identified).

Thomas described the impact by saying:

The first time you have to deal with things [drug incidents] ...your personal beliefs... When we've had in the school an absolute zero tolerance of drugs. I would have liked to have gone down the path the Principal at Hillview did: "this is my attitude to drugs, you have broken my beliefs [and] values, you're expelled from the school, end of argument!" Now I would love to do that, go straight to expulsion, with their parents knowing there is a police interview to follow. Now I would really love to be able to make a stand and say "this is a drug free school, if you bring drugs to school, I will expel you, no argument". The policy does not allow me to do that and so there is a bit of conflict between system's values and I suppose community values and my values.

Another perspective was described by Sean. He said:

I suppose the ones (the critical incidents) that have hit me more than others have always been in the area of drugs, where a person has suffered long term damage.... I don't know, I always find that they are particularly, to me personally, it is a waste of a life..... You see whole lives change, often with no great drug usage, they just happen to be the wrong personality for the mixture of drugs. They affect me. I must admit they do affect me. Yeah they have probably been the most traumatic thing I have had to deal with because you see the effect from that point on.

And then a different viewpoint from Bob, he sees the issue in educational terms. He spoke about taking in students expelled from elsewhere because of drug issues. Bob said:

I know that there are some people who disagree, but I suppose I have always said, loudly and publicly that you don't ever give up on children. If you walk away from children then what sort of future do they have? Childhood is a time when people experiment, they spread their wings and it is up to us to guide and educate. So I just saw that what I was doing was just a reflection of that. For me, as I said, I was never in doubt that those children would come to our school. If they walked in the front door, [we would decide] what sorts of conditions would we put on them. Yeah. I can see that as me living out what I say.

Thomas and Sean's concerns highlight a number of pressures involving the changing demands on schools. These include:

- accountability to parents and increasingly the wider community
- greater calls upon schools to support families when crises arise
- changing personal demands on school personnel involving moral, legal and ethical issues that may over-ride educational concerns.

Parents, ex-students, self appointed spokespeople all weigh in when there is a controversy about drugs in schools. Many schools are still being caught on the wrong foot when it comes to managing the fallout from a drug incident.

But the incidents have highlighted the need to step outside the normal professional field of education and form partnerships with organisations and individuals who may be able to assist with the demands placed upon schools by drug incidents. The process of development of partnerships is on-going. In developing school drug policy, collaboration with students, parents, outside health, drug and youth agencies, joint understanding of issues is needed. Policies would articulate who should do what, what can reasonably be expected of schools, the contribution of families and outside agencies all within the context of the local community. This demands a shift in conceptualisation from drug education to a comprehensive approach. From incidents being seen as based on negotiations for individuals, to issues that demand an organisational response at a local school level.

If we examine what is driving this change in the workplace we get some indication of how capacity building strategies may help, along with the need for shifts in education and training and how we prepare new professionals for this changing context. What needs to be asked is "Do schools have the capacity to make this shift and is current education and training building that capacity?" Additionally, "do other personnel and agencies have the capacity or are they being given the skills to work with schools in a different way?"

It is in the area of drugs that the issues of partnerships for schools, with parents and the wider community such as drug and alcohol agencies and police, are being used as test cases and hopefully productive partnerships are developing. But individual schools and agencies cannot do it alone, they need policy and organisational support at local, state and national systems levels.

In conclusion, it is to be hoped that at another NCETA Symposium in the future someone will be able to reflect back and say "in 2001 drug issues in schools were mainly addressed through classroom education, now drug abuse prevention involves a comprehensive approach involving well developed partnerships".



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