Information for curriculum coordinators

It is important that schools respond to the use of cannabis by young people by the delivery of cannabis prevention messages. As cannabis is the most commonly used illicit substance in Australia, many young people gain access to or are exposed to the use if the drug during secondary schooling. Although rare, some cannabis use can take place within school hours.

Schools educate young people about medicines, prescription and over-the-counter drugs and legal drugs such as alcohol and tobacco. Of all the illegal drugs, cannabis is the most commonly used among Australian teenagers and many parents find it a difficult topic to discuss with their children. Some classroom teachers may also find it a confronting topic.

School-based education is important. Schools play an important role in promoting health enhancing attitudes and behaviour. They can assist students to gain accurate knowledge about cannabis, develop informed attitudes and reflect on their own behaviour and the behaviour of others. Students can anticipate situations which may expose them to cannabis, and develop strategies to reject or delay use and reduce the possibility of harm.

Why deliver cannabis programs in school?

- Cannabis is the most commonly used illicit substance in Australia
- First use of cannabis may often occur between the ages of 12 and 17
- Adolescents are particularly vulnerable to the harmful effects of cannabis and this appears to be closely associated with quantity and frequency of use
- Schools are an appropriate and efficient place to provide alcohol and other drug education and prevention programs to young people
- The Australian curriculum provides a sound framework for the delivery of alcohol and other drug education programs
- Universal preventative approaches reach young people with higher level of risk factors for developing substance use problems as well as those without risk factors
- Alcohol and other drug education should be incorporated into a whole-of-school approach
- Interactive and multi-modal approaches that incorporate social-learning theories are most effective in preventing cannabis use in schools

Prevalence

Adolescence is a period that involves the development of identity, autonomy, popularity with peers, and more. It is a time when adolescents seek fun, adventure and frequently push against authority and as such, experimentation with alcohol, tobacco and other drugs is common (1). Cannabis is the most commonly used illicit substance in Australia, with 35.4 per cent of people over the age of 14 years reporting to have used the substance at some time in their life (2). The 2010 National Drug Strategy Household Survey (NDSHS), found that 8.8 per cent of young people aged between 12 and 17 years reported using cannabis in the previous 12 months, and this prevalence more than doubled (to 21.3%) among those aged 18-29 years (2).

In comparison to this general population data, a 2011 survey conducted in Australian secondary schools reported that 14.8 per cent of all secondary school students aged between 12 and 17 reported cannabis use at some time in their lives (3). Notably, while only 3.4 per cent of 12 year olds reported having ever tried cannabis, 29.2 per cent of 17 year olds report trying it at some time in their life, suggesting that the early teenage years is a particularly vulnerable period for initiation into cannabis use (3).

The majority of young people who use cannabis do so in an experimental context (4) and most will not progress to frequent or regular use (approximately 80% of females and 60% of males) (5). As such, adolescent males are more likely than females to have tried cannabis and become long-term entrenched users (6).

Harmful effects experienced by young people

Those who initiate use early and progress to heavy use are at greatest risk of the most harmful effects from cannabis (7). These harms include cannabis dependence, respiratory health impairments, and psychological impairments including the development of symptoms of psychosis and cognitive impairments (7). In particular, the impact of substance use on the developing brain is of specific significance to young people (8-10).

A growing literature has identified that, compared to no cannabis use, the early use of cannabis (typically described as use before 16 years) is associated with poor educational achievement due to dropping out of school early (11-19), failing to continue with tertiary education (14; 17; 20), and failing to complete tertiary education (14; 18; 20). There is some contention as to whether early cannabis use is causal to these effects. Recent evidence suggests that shared factors, such as familial liability (e.g., parenting style, deviant behaviours) and socio-demographic factors, may attenuate the relationship through a shared effect on both education and likelihood of cannabis use (21-23).

In order to prevent any probable harm from cannabis use, it follows that efforts must focus on those still unlikely to have experimented with drug use. As such, schools are an appropriate and efficient place for the delivery of alcohol and other drug education and prevention programs as they offer several years of access to a large number of young people (1; 24; 25). Providing drug education in schools should be considered as a part of a larger well-coordinated series of programs aiming to prevent substance use. These programs could include earlier interventions (including the whole family) through to additional support for adults (26).

Cannabis prevention in schools

Cannabis prevention programs in schools can be implemented in many ways, from a whole-school approach which includes efforts from all school staff, to stand-alone single teacher discussions, through to a range of extra-curricular activities (27). Across the literature on drug prevention in schools there is yet to be consistent support for one delivery approach over another, however the whole-school approach is likely to be most effective and multiple facilitator types are recommended over teacher-only facilitation (28-32). In addition, prevention programs are typically delivered using a universal or selective/targeted approach (1). In the context of cannabis prevention, universal approaches are delivered to a broad student population with the aim of preventing the onset of cannabis use. They vary from selective/targeted approaches which target a subpopulation of students who are considered to be at risk of cannabis use (including current cannabis users). As universal approaches have the advantage of being suitable for a broader base of students and can also be extended to those at risk of substance use, this approach is popular in schools and is thought to be more effective than targeted programs (29; 33).

Whole-school approach

The whole-school approach to addressing health-related topics, including drug education, recognises the individual and collective importance of students, teachers, parents and broader community, as well as the school policy, culture and ethos (34). In particular, school culture and the promotion of a positive school ethos appear influential in reducing the likelihood of substance use (Bisset, Markham, & Aveyard, 2007)(28; 32; 35-37). A school culture which promotes drug abstinence may reduce the risk that a student chooses to associate with peers who are substance users (38), which is itself a risk factor for continued cannabis use (39; 40). The impact of school culture is especially important in the first years of secondary school, where students' early experiences of high school and school connectedness have been found to predict substance use two to four years later (32; 41).

This package is consistent with a whole-school approach. It provides a range of activities that can be shared across the curriculum and provides opportunities for links between the school community (teachers, support staff, parents and students) and the broader community. In addition, the activities and the content of this package are designed to be flexible to fit individual school needs.

Effective drug education

The success of a given drug education program depends on many different factors ranging from the school ethos toward substance use and the relationships between teachers and students (25; 32; 37; 42), to the commitment or belief in the necessity of drug education by the delivering staff (24; 31; 43; 44), along with teacher training (45) and the flexibility of their academic agenda (46-48). Multiple review articles have shown cannabis prevention program to

have a medium and mostly short-term impact on student cannabis use (29; 33; 49) as well as improving education skills and other positive behaviours which contribute to healthy youth development (33; 50).

The most recent review of cannabis prevention programs identified 25 unique studies and found that universal, multi-modal programs (those that focus on general student populations and utilize a combination of delivery modalities) with booster sessions had the most promise for preventing cannabis use (29). Although multiple modes of program delivery are suggested, the social-influence model that encourages students to resist pro-drug attitudes, and focuses on how cannabis effects people's daily lives and social relationships has been found to be most effective (49). As such, social-influence models recognise that young people with poor personal and social skills are at higher risk of developing substance use problems than peers without these challenges (1).

Best evidence cannabis education and prevention practices

A large body of work has contributed to current knowledge of the most supported education and prevention practices in schools. The most consistent findings are summarised here:

- Providing information on drug use and harms alone is not likely to be effective in preventing substance use uptake (51), however, when combined with drug refusal skills and practical intrapersonal skills, this information is more effective than no intervention (52-54)
- Universal, multimodal programs are best for those in early adolescence (29). That is, best evidence programs utilise a whole school approach as well as involving the outside community and parents whenever the available resources permit (29; 54; 55)
- Programs should be intensive and interactive and of a long duration (16+ hours), delivered to a small group (less than 400 students) for more than one year (31; 42; 53; 56-59). In this respect, booster sessions have been found to be particularly effective (29)
- It is important to recognise the student's own experiences with substance use (60) and facilitating school-based substance prevention can be improved by including the assistance of peer leaders (61). Consistent with this is the finding that cannabis prevention programs which utilise both non-teacher facilitators, such as peer leaders or health workers, in addition to teaching staff are most effective (29)
- Facilitator training prior to program delivery has been shown to improve outcomes and minimise deviation from intervention protocol (62; 63)

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